Telehealth Equity, Payment Variation and Denied Claims in Colorado

CIVHC
CENTER FOR IMPROVING VALUE IN HEALTH CARE

February 22, 2024

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Agenda

- About CIVHC
- OeHI request
- Telehealth Equity Analysis
- Payment Variation Analysis
- Denied Claims Analysis
- Next Steps
- Q&A

Housekeeping

- All lines are muted
- Please ask questions in the Chat box
- Webinar is being recorded
- Slides and a link to the recording will be posted on the Event Resources page at: **civhc.org**

Who We Are

CIVHC

CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Our Mission

To equip partners and communities in Colorado and across the nation with the resources, services and unbiased data needed to improve health and health care.

Our Vision

Everyone has the opportunity to be healthy and has access to equitable, affordable, high-quality health care.

We Are

- Non-profit
- Independent and objective
- Service-oriented

Who We Serve

Change Agents

Individuals, communities, or organizations working to lower costs, improve care, and make Colorado healthier.

How We Serve

Public CO APCD Data

Identify opportunities for improvement in your community through interactive reports and publications

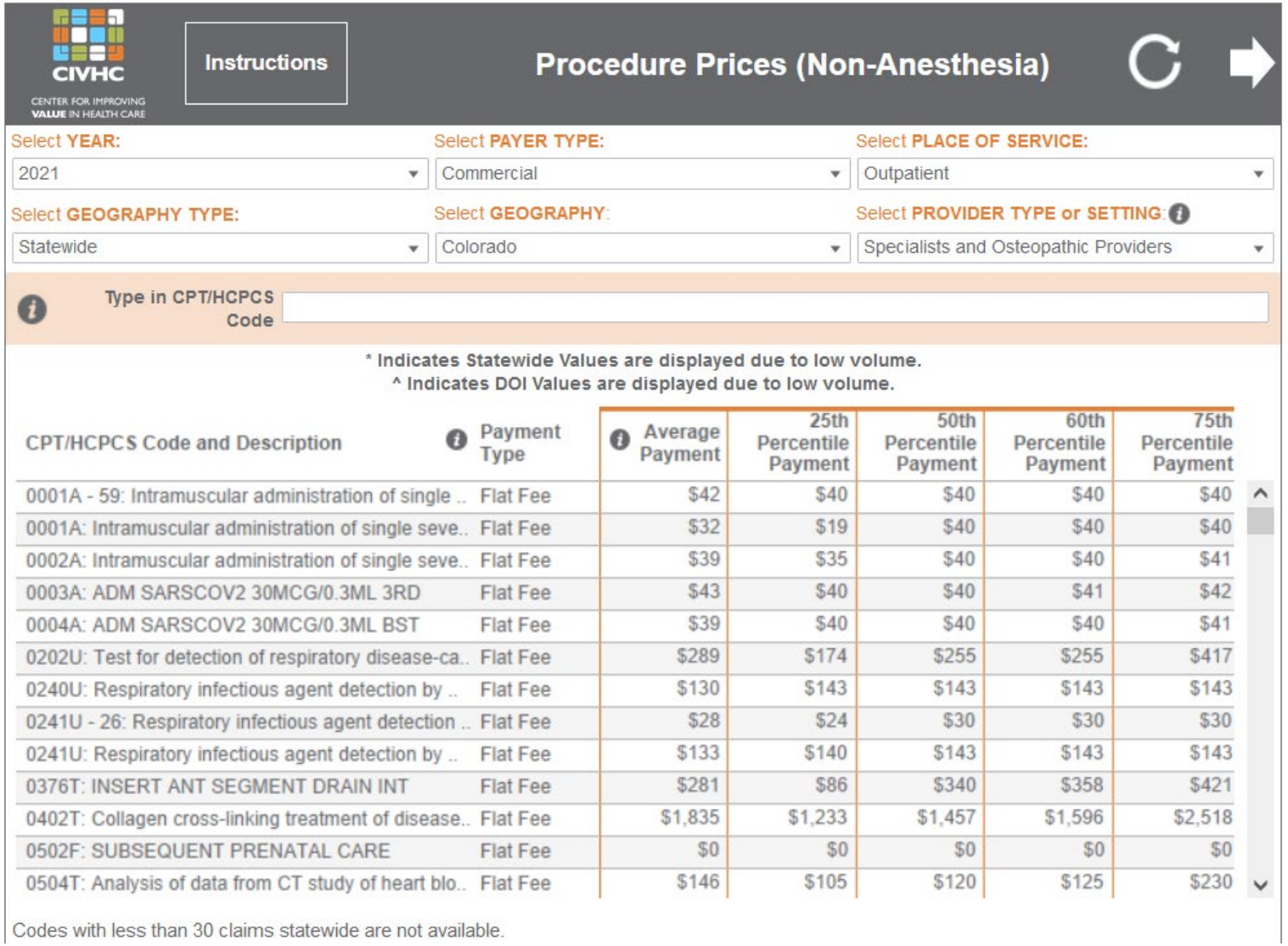
Non-Public CO APCD Data

License data from the most comprehensive claims database in CO to address your specific project needs

- Administrator of the Colorado All Payer Claims Database
- Research & Evaluation Services
- Program Focus Areas: Advance Care Planning, Palliative Care, Aging
- Community Engagement

Public Reports

- Shop for Care
- Community Dashboard
- Drug Rebates
- Low Value Care
- Alternative Payment Models
- Medicare Reference Pricing
- Telehealth Services Analysis
- Health Equity Analysis
- Provider Payment Tool
- Additional Excel Files on Varying Topics



What's in the CO APCD

Over 1 Billion Claims (2013-2022)

Over 70% of Covered Lives (medical only, 2021)

5.5+ Million Lives*, Including 1M of self-insured

48 Commercial Payers, + Medicaid & Medicare*

Trend information (2013-Present)

**Reflects 2022 calendar year only*

What's not in the CO APCD

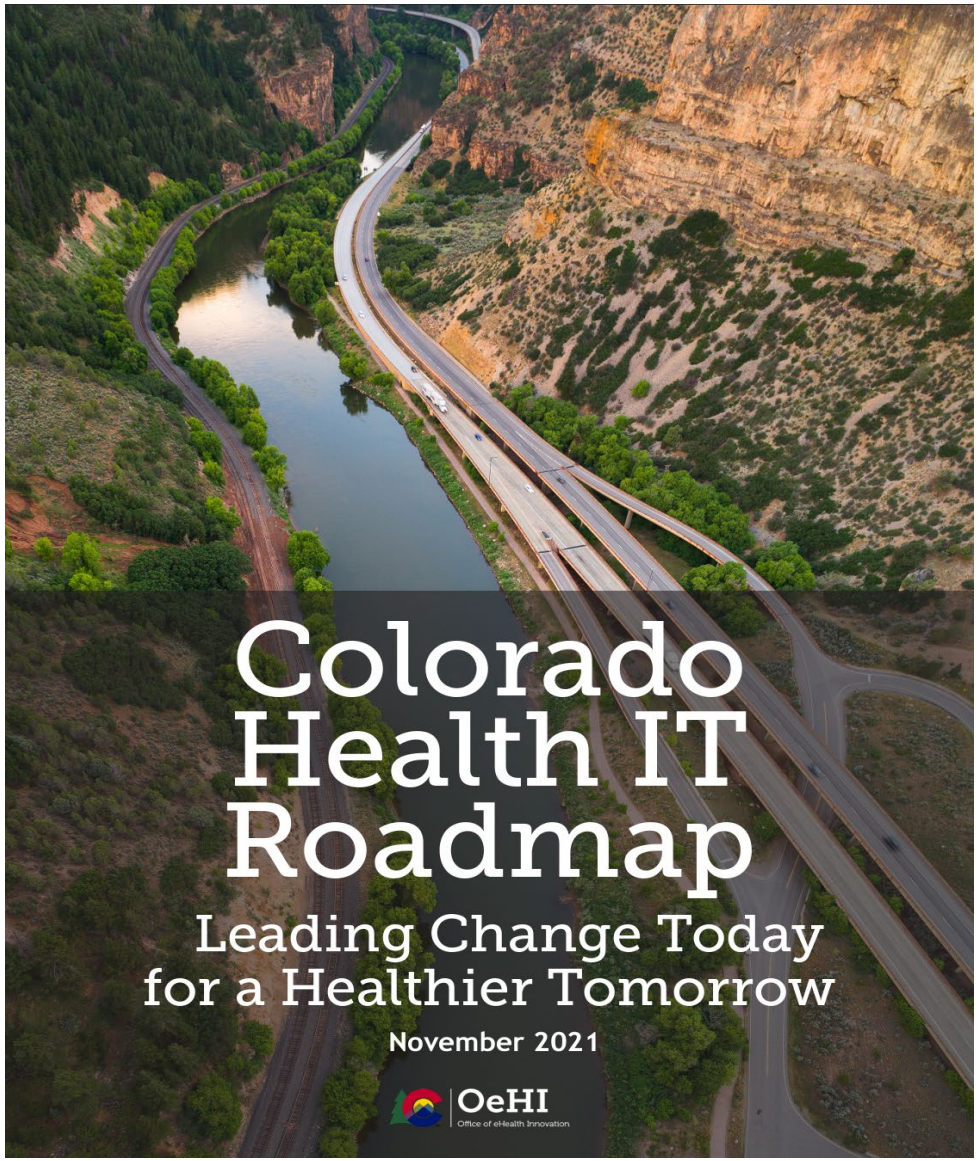
Federal Programs - VA, Tricare, Indian Health Services

Uninsured and self-pay claims

Majority of ERISA-based self-insured employers

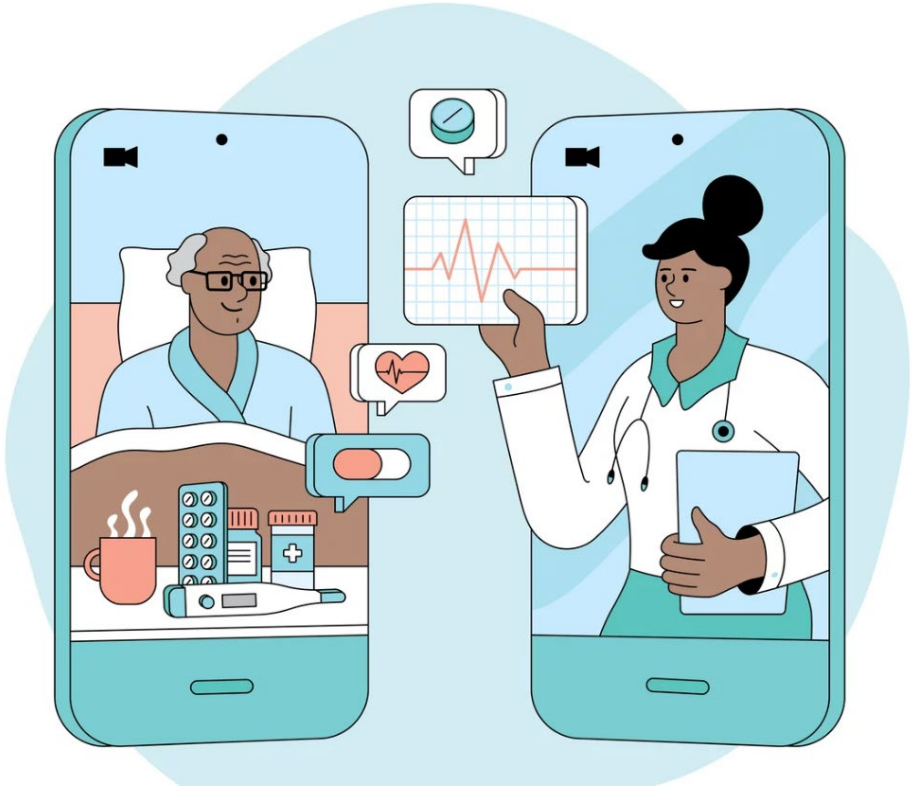
Office of eHealth Innovation

- Established in 2015 through EO 2015-008
- Advance Polis and Primavera health priorities through Colorado's Health IT Roadmap
- The eHealth Commission advises OeHI and State and steers Roadmap efforts
- Goals guiding our work:
  - Data sharing and equitable access
  - Coordinated in-person, virtual, and remote services
  - Improving digital health equity



Office of eHealth Innovation: Telehealth Initiatives

- **Goal:** Improved equity in telehealth access for Coloradans, and support to community providers in offering telehealth services
  - Regional Telemed Learning Collaboratives (RTLCs) with Prime Health and HCPF: Western Slope, NE CO, and NE Denver
  - Colorado Provider Telehealth Survey
    - 2021 Report
    - 2022 Report



Provider Barriers to Telehealth

- Confusing, duplicative, ineffective training
- Outdated EMRs
- Vendor challenges
- **Complexities, challenges, and claims denials when billing for telehealth, particularly with commercial payers**

The Ask

1. Leverage the CO APCD to explore payment parity and denials parity to confirm or rule out wide-scale issues with telehealth reimbursement
2. Leverage the CO APCD to understand telehealth utilization disparities at a more granular level, and explore if there are social factors that impact utilization

What are Social Determinants of Health & Why are they Important?

"Nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems".

- *Centers for Disease Control and Prevention*

Up to 80% of a person's health is related to social factors out of their control.

(https://pubmed.ncbi.nlm.nih.gov/26526164/)

Telehealth Equity Analysis

- **Goal:** Shows the relationship between social factors in U.S. Census data and use of telehealth visits and in-person visits that *could* have been delivered via telehealth using information in the CO APCD.

- **Use Cases:**
  - Understand how telehealth and in-person visits differ across the state and by county and neighborhood.
  - Investigate which social factors have a relationship to high or low use of in-person or telehealth services for your community.
  - Develop programs or initiatives to support increased access to telehealth or in-person services, specifically addressing social factors impacting your community

What's Included? Social Factors

Data from the Census American Community Survey

- **% of Individuals:** People of Color, Veterans, Limited English, Disability, Unemployed, Without a H.S. Diploma

- **% Households Without:** Internet, Computer, Smartphone

**Note: the CO APCD does not contain Veterans Administration (VA) data*

What's Included? Health Care Measures

Data from the CO All Payer Claims Database

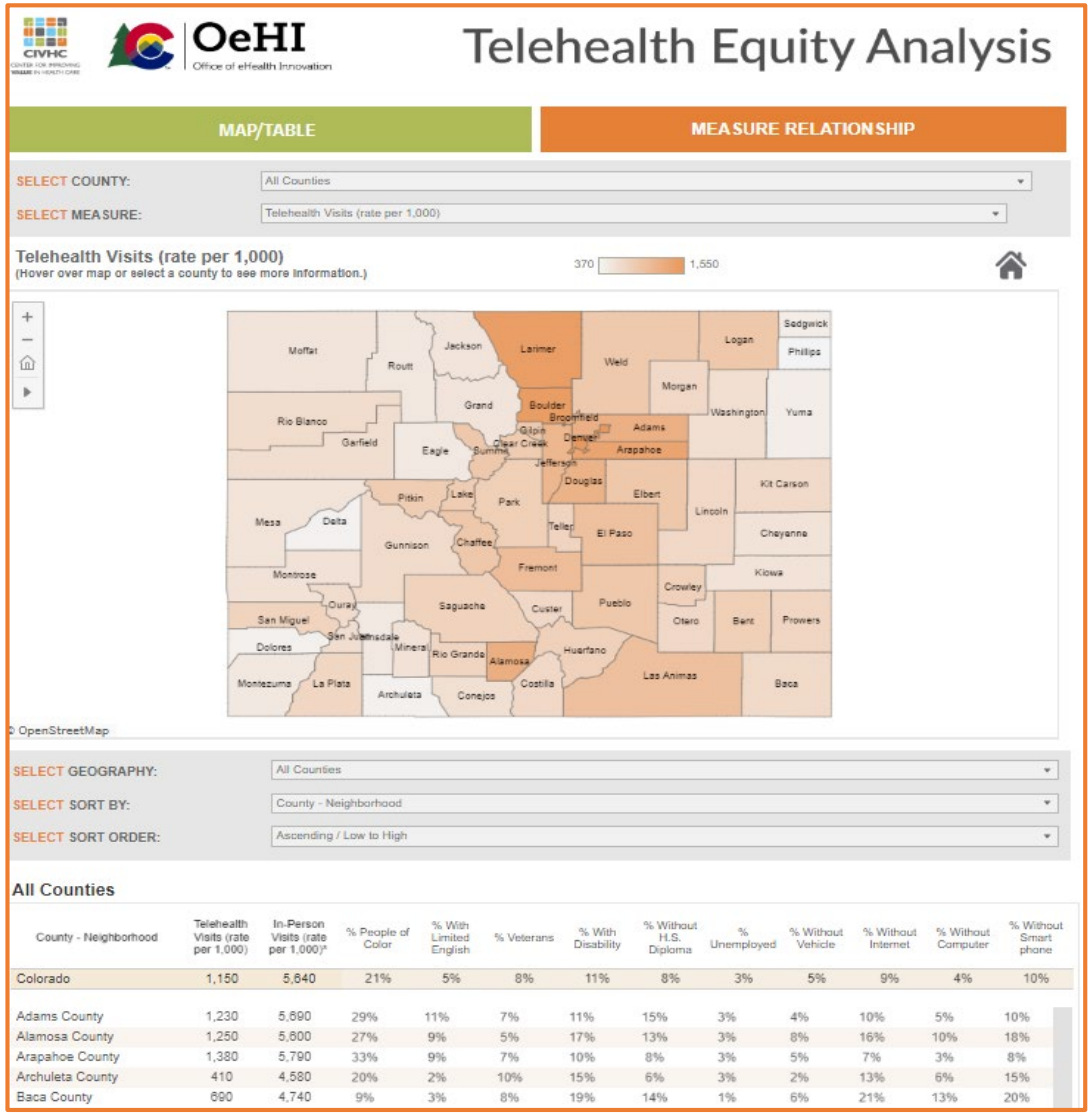
- **Telehealth Utilization** is defined as the number of visits for any reason (any diagnosis), recorded in claims as telehealth
  - Number of telehealth **visits per 1,000 people** in the CO APCD

- **In-person Utilization** is defined as the number of in-person visits (identified using the same set of CPT codes used above).
  - Number of in-person **visits per 1,000 people** in the CO APCD

In-person services were limited to **ONLY services that *COULD* have been performed via telehealth** and do not include things like surgery or lab tests that require an in-person visit.

Demo

civhc.org > Get Data> Public Data> Focus Areas >Telehealth Analyses> Telehealth Equity Analysis



- **The first tab (map and table view),** allows you to select a geography and service category or social factor of choice.

- **The second tab (relationship view)**, shows the relationship (if any) between individual social factors and both in-person and telehealth use.

Insights and Findings

Statewide Insights

Lack of Computers had a moderate relationship to **lower Telehealth Visit Rates**

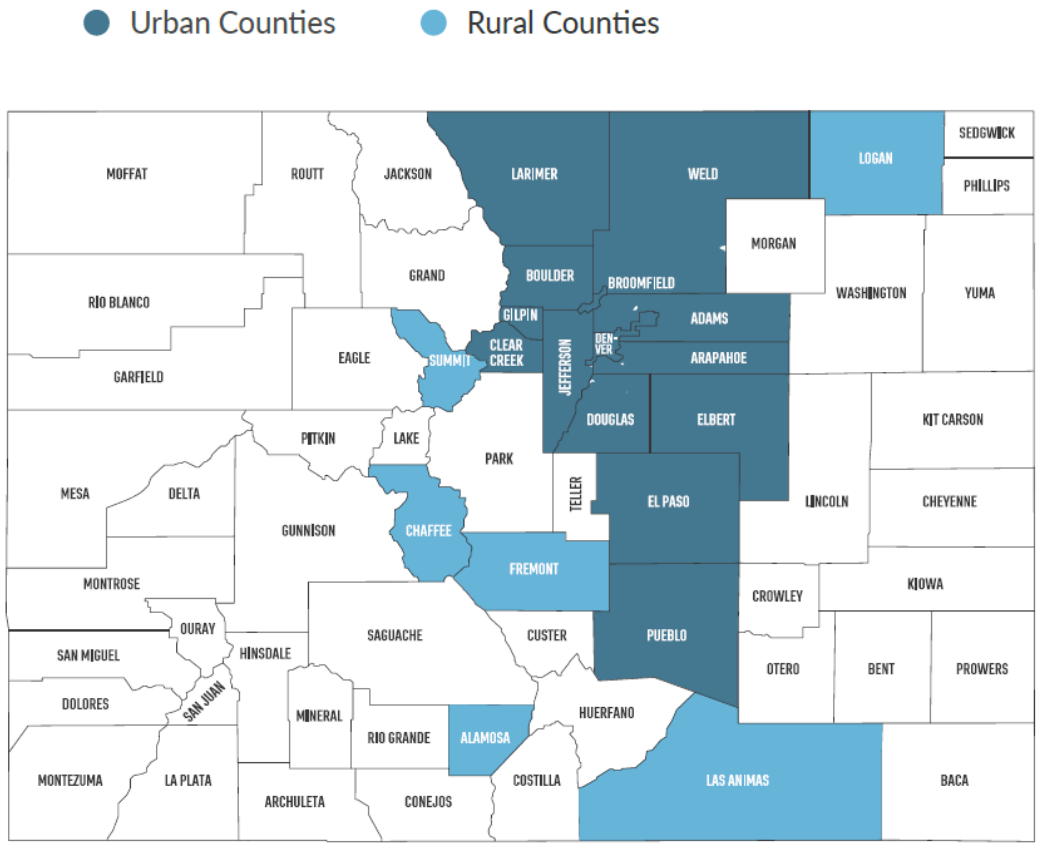
Lack of Smartphones had a moderate relationship to **lower Telehealth Visit Rates**

Lack of Access to a Vehicle had a moderate relationship to **higher Telehealth Visit Rates**

Veterans* had a moderate relationship to **lower Telehealth Visit Rates**

Insights and Findings

Most of the **top 20 counties** with the **highest telehealth utilization rate** were **urban.**

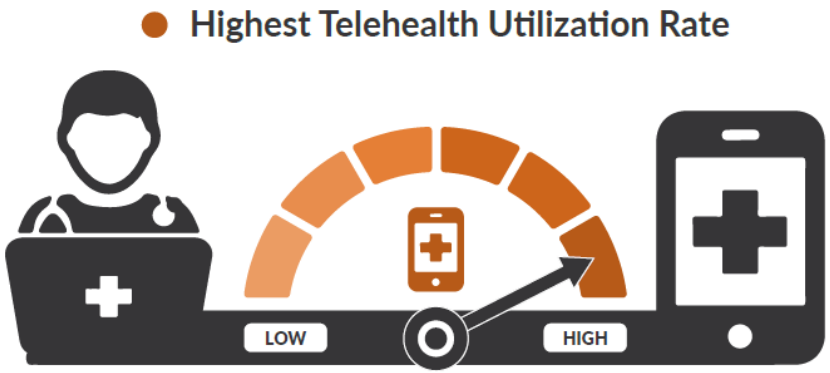


Compared to statewide, these counties have a **lower percentage of individuals or households**:

With **People of Color**

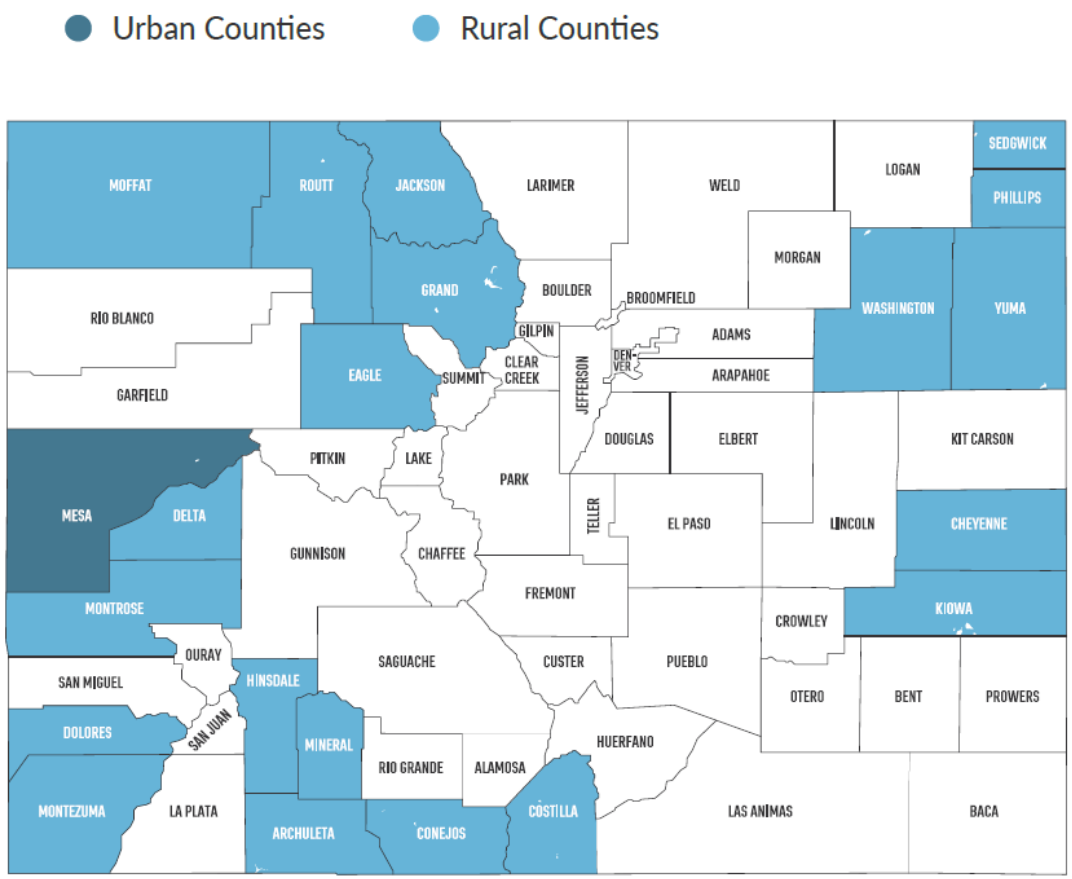
Without a **Vehicle**

With Limited **English**



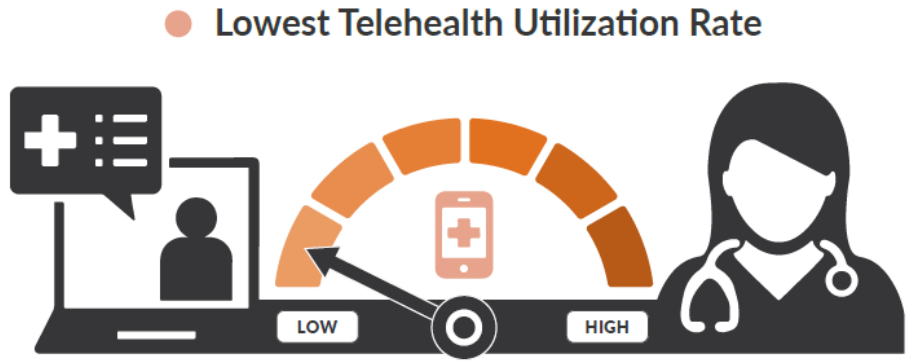
Insights and Findings

Most of the **top 20 counties** with the **lowest telehealth utilization rate** were **rural.**



Compared to statewide, nearly all these counties had a **higher percentage of individuals or households:**

- Without a **Computer**
- Without a **Smartphone**
- Without **Internet**
- With **Disabilities**



Telehealth vs. In-Person Services Payment Variation Analysis

- **Goal:** Utilize CO APCD claims data to determine if there is, in fact, payment equality between in-person telehealth services.
- **Methodology:** Compared median and interquartile ranges of allowed amounts.
  - Analysis was comprised of nine generalized linear models and included place of service (telehealth vs. in-person) as the primary variable of interest.
    - Data analyzed included 8.6 million total claims across 27 commercial payers.

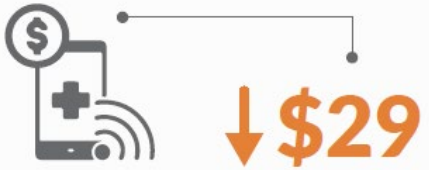
Telehealth vs. In-Person Services Payment Variation Analysis

Insights and Findings

Statewide payments for telehealth were lower than some in-person visits in 2020 and 2021, although the gap is closing

2020

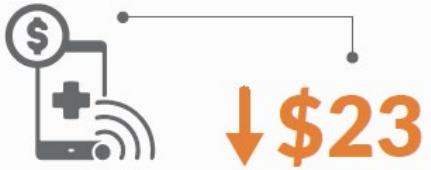
Over half of codes evaluated had a lower payment for telehealth than in-person



Median payment for telehealth visits was **$29** less than in-person

2021

Fewer than half of codes evaluated had a lower payment for telehealth than in-person



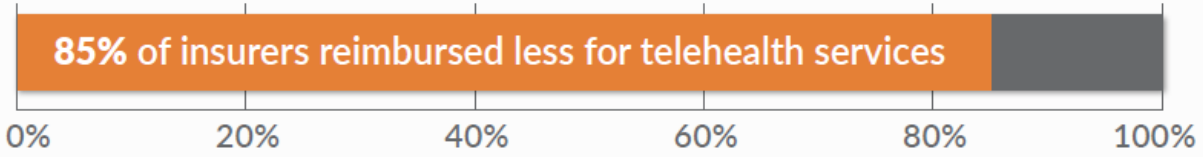
Median payment for telehealth visits was **$23** less than in-person

Telehealth vs. In-Person Services Payment Variation Analysis

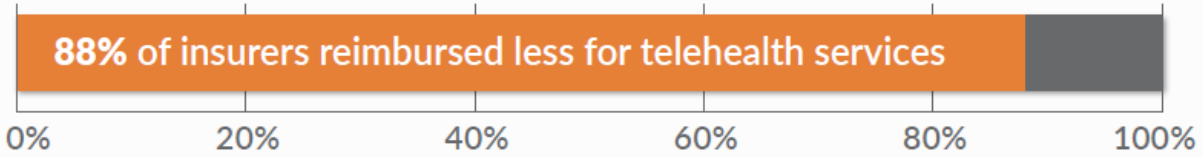
Insights and Findings

By individual commercial payer, payment variation was also different

2020: Payments were $2 to $59 lower for telehealth



2021: Payments were $1 to $54 lower for telehealth

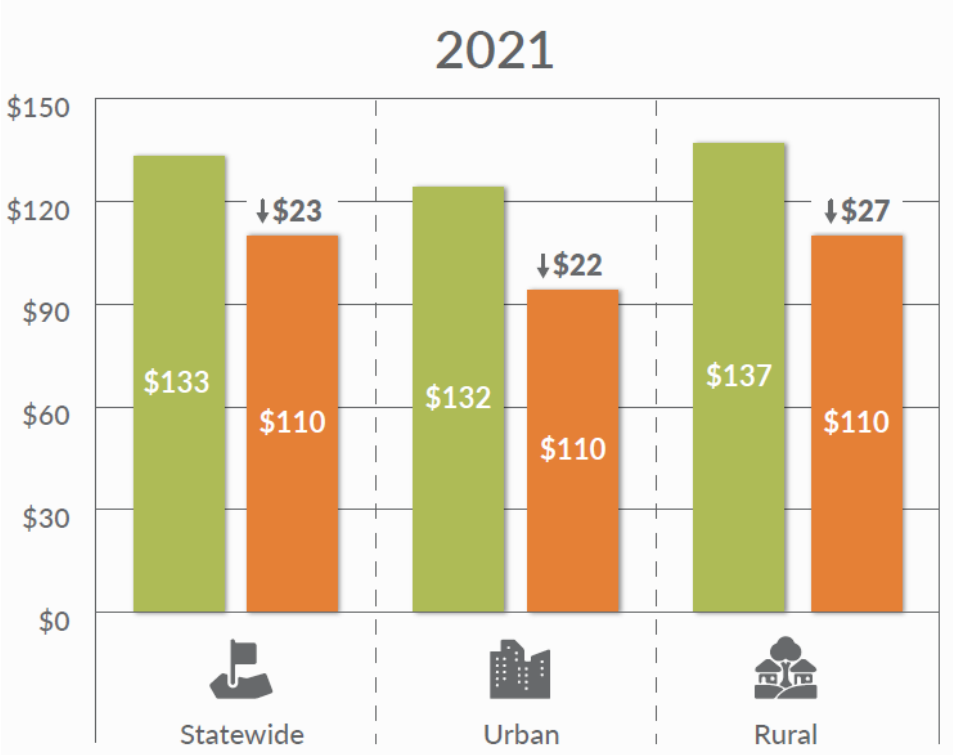


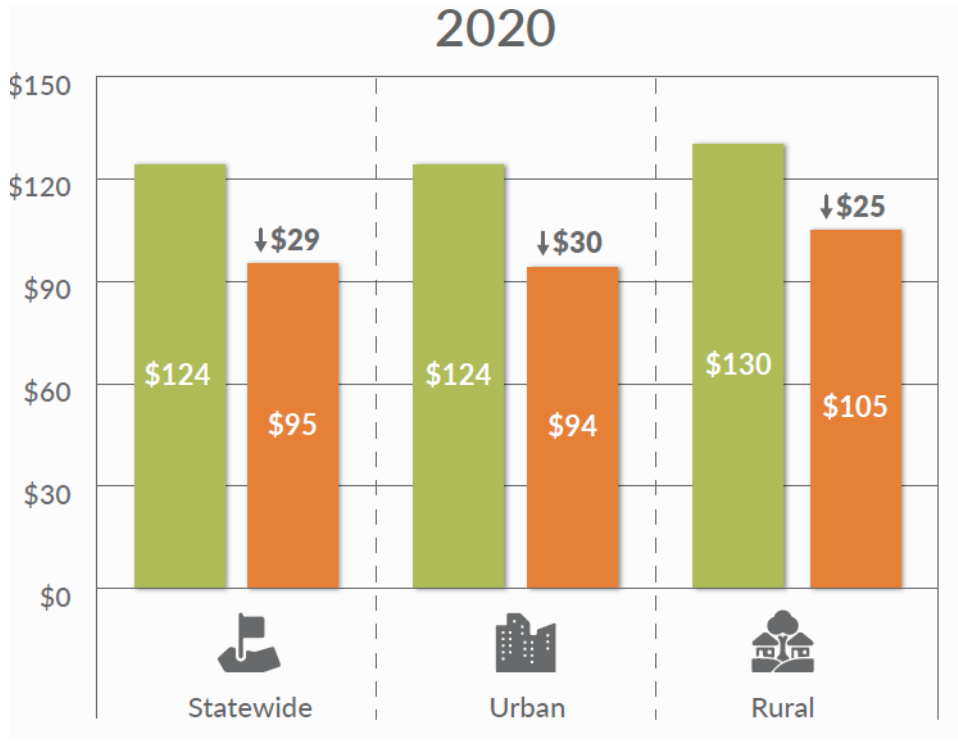
In 2021, only 8% (3 total) had equal or higher payments for telehealth, 60% of payers decreased the gap between payments, and 32% of payers showed an increase in the gap between payments for in-person versus telehealth.

Telehealth vs. In-Person Services Payment Variation Analysis

Insights and Findings

The payment gap was larger in urban areas in 2020 and in rural areas in 2021.





In-Person Telehealth

Claim Denial Analysis

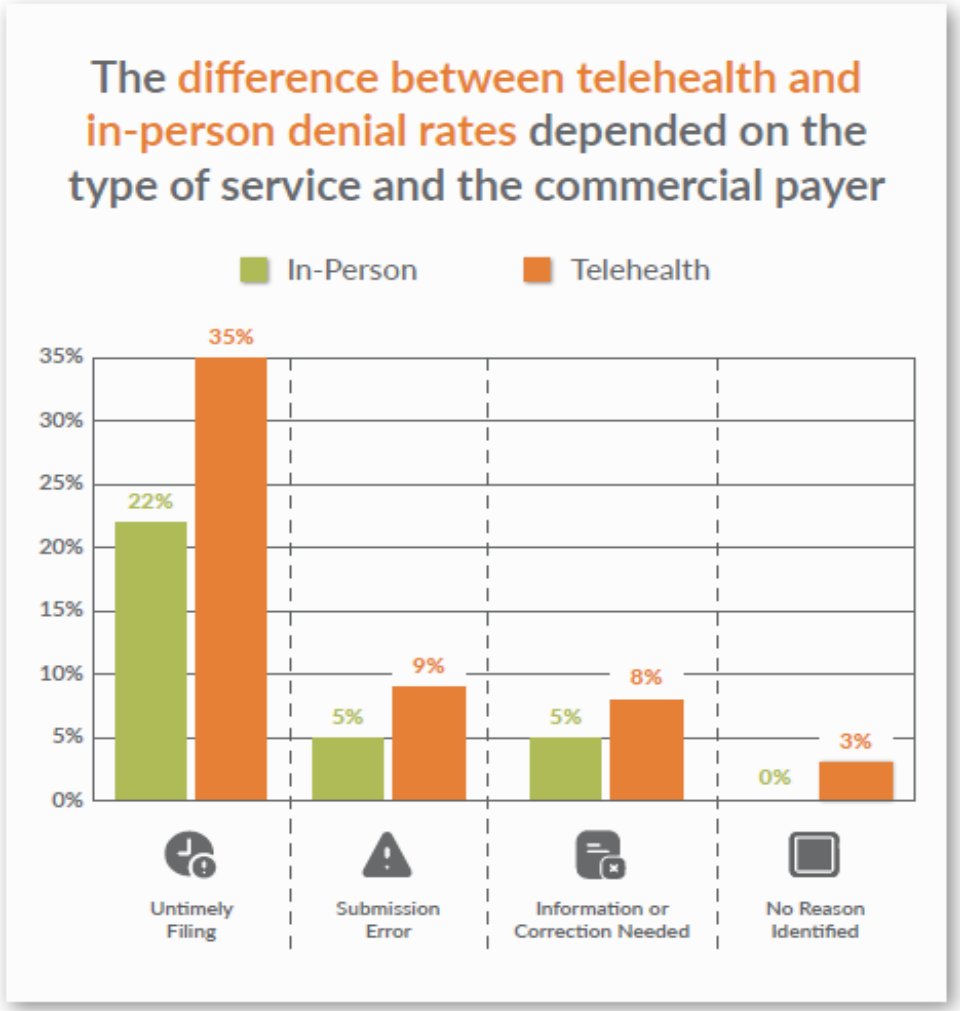
- **Goal:** Assess whether there is parity between the rate of claims denial between telehealth and in-person services.

- **Methodology:** Issued a data call to five commercial health insurance companies requesting individual claim lines for services delivered in 2020 and 2021.
  - Explanations for reduction or denial were grouped into themes
  - Chi-squared tests of independence were performed to compare the distribution of claim denial reasons
  - Logistic regressions were then performed to determine whether the place of service influenced the odds of a claim being denied by company, service type, or geography.

Claim Denial Analysis

Insights and Findings

Claims Denial Variation



Looking Ahead

- Refresh the payment parity analysis to understand if trends in telehealth reimbursement disparities are continuing, and what the financial impact of these disparities are on providers
- Conduct research in Colorado communities with the lowest telehealth utilization (based on the Telehealth Equity Dashboard) on perceptions and barriers to telehealth

Questions and Feedback

Reach out to: info@civhc.org

Questions for OeHI? Reach out to: gov_ask_oehi@state.co.us

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