# UTAH TELEHEALTH CLAIMS DASHBOARD

EXECUTIVE SUMMARY
(10/5/2022)

## INTRODUCTION

The Utah Telehealth Claims Dashboard is a public resource providing valuable insights for healthcare providers and systems, insurers, patients, researchers, and policymakers. It displays the use of telehealth in the State of Utah, both before, during, and after the COVID-19 Public Health Emergency (PHE).

The Utah Education and Telehealth Network (UETN), developed the dashboard in partnership with the Utah Department of Health and Human Services (DHHS), which maintains the All Payer Claims Database (APCD) and provided the raw data. The COVID-19 PHE was a major catalyst in exponentially increasing the use of telehealth in the country because of emergency waivers that enabled greater access to health care. During the PHE, patients were allowed to receive services via telehealth when they were at home, and providers were reimbursed for these services at near-in-office visit rates. Many of the regulatory flexibilities allowed during the PHE have not been rescinded at this point in 2022. UETN intends to continue collecting data for at least one year beyond the end of the PHE so that we can evaluate the overall effect these policy changes have had. Many of the waivers and flexibilities will terminate at the end of the PHE.

The Utah Telehealth Claims Dashboard can be viewed online at the following URL: https://utn.org/about/dashboards/claims.shtml

## METHODOLOGY AND DATA

A methodology document has been developed to explain the specific Current Procedural Terminology (CPT) codes used to identify qualifying claims and has been posted to the website at the following link (https://utn.org/about/downloads/Methodology-Telehealth-Claims- Dashboard.pdf). The data and charts in the dashboard are updated each month. Data is pulled from the raw data servers after two months of data is validated. Care is taken to ensure that claims are only counted once by removing any secondarily paid claims and previous versions of the claims.

Only certain professional claims are used for this dashboard. The CPT procedure codes used to identify qualified claims and the procedure cost are the following 99201-99205 (new patient office or other outpatient visit), 99211-99215 (established patient office or other outpatient visit), various telehealth claims (99421-99423, 98966-98968, 99441-99443, 98970-98972, 98968, 99443, G2010, G2012, G0425-G0427, G0406-G0408, G0459, G0508, and G0509).

Telehealth claims were identified by one of three different methods. 1) Specific CPT codes, 2) Procedure modifier of '95','GQ', or 'GT', or 3) Place of service indicator of '02' or '10'. Behavioral health claims are identified by CPT codes between 90785 and 90899 or a Principal Diagnosis code starting with an "F".

The data for this project was pulled from the APCD and contains monthly aggregate numbers to avoid compromising personally identifiable information. The data displayed begins Jan. 1, 2019 (pre-pandemic), and will be updated each month for at least one year after the end of the PHE. Key data metrics represented in the dashboard include the following:

- Total Telehealth Claims per Month
- Percent of Total Medical Claims classified as Telehealth vs. In-Office
- Average Allowed Payment Amount for Telehealth vs. In-Office
- Percent of Telehealth Claims classified as Behavioral Health vs. Not Behavioral Health
- Total Telehealth Claims by Age Group
- Percent of Telehealth Claims by LHD (normalized by population in 2020)
- Total Telehealth Claims by Male and Female
- Total Telehealth Claims by Small Health Area
- Total Telehealth Claims by Urban, Rural, and Frontier areas
- Total Telehealth Claims by Specialty Type

**RESULTS**

Before the COVID-19 PHE (which was declared on January 31, 2020), total telehealth claims per month averaged about 2,000. By April 2020, the total number of telehealth claims increased to 163,486, which is an increase of 8,074%. By March 2022, total telehealth claims had decreased to 77,404, which still represents an increase of 3,770% since before the PHE began (Figure 1).

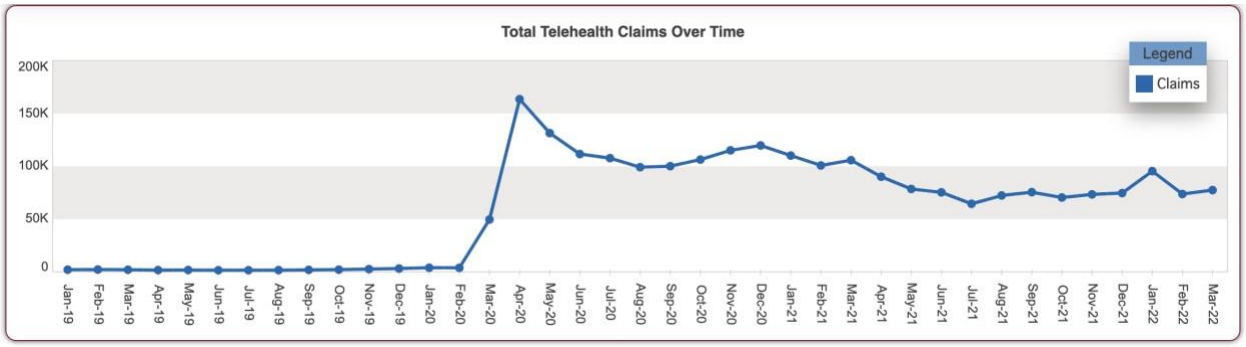


Figure 1 – Total telehealth claims from January 2019 to March 2022

Telehealth claims represented approximately 0.5% of total medical claims in 2019. At the peak, in April 2020, telehealth claims accounted for 43% of all medical claims in the State of Utah. That percentage slowly declined to 19.3% in March 2021 and 12.8% in March 2022 (Figure 2).

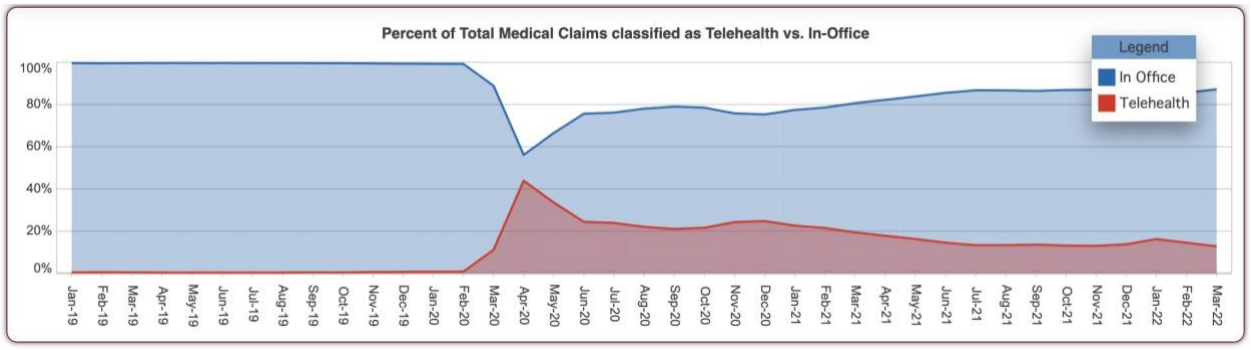


Figure 2 – Percent of total medical claims classified as telehealth vs. in-office

Understanding the demographics of patients who use telehealth was one of the primary goals of this project. There has been virtually no change in the data comparing the use of telehealth between males and females from January 2019 through March 2022. Females have consistently accounted for 65% of all telehealth claims compared to 35% for males.

Another consistent trend in the data is the age group most likely to use telehealth services. From January 2019 through March 2022, ages 25-44 accounted for the majority of telehealth claims (40%). More specifically, ages 30-34 represented the largest group of telehealth claims month-over-month with 11% of total claims. The age group that represented the smallest percentage of telehealth claims over the study period was those who are 60 years old and older (14%), followed by ages 45-59 (22%), and the youngest group ages 5-24 (24%) (Figure 3).

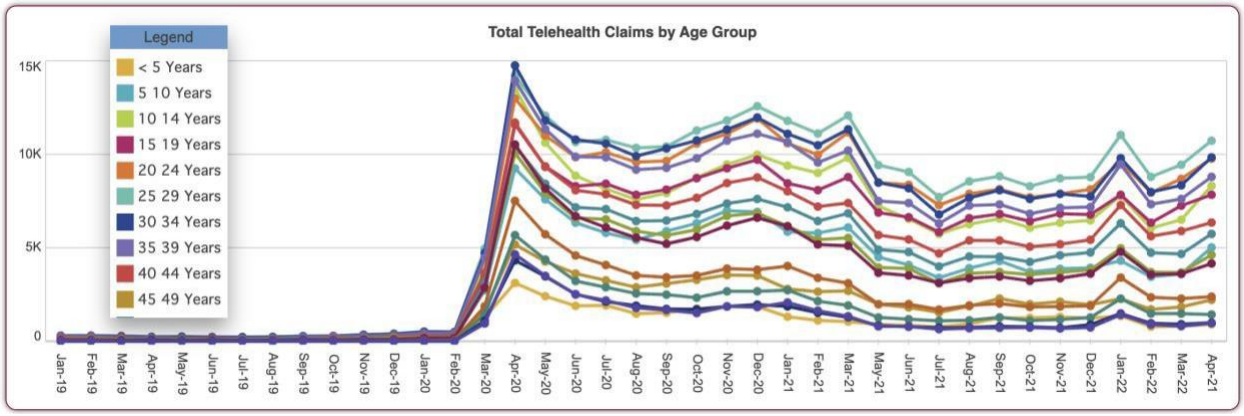


Figure 3 – Total telehealth claims by age group

Before the PHE, telehealth claims were only paid by Medicare when the patient was in a rural area. This requirement was waived by CMS so that the service would be reimbursable regardless of location. The Utah Telehealth Claims Dashboard displays claims data by urban, rural, and frontier areas as well as by local health departments. As defined by the DHHS, urban areas represent counties where the population is greater than 100 people per square mile, rural areas have more than 6 but less than 99 people per square mile, and frontier areas have less than 6 people per square mile. When considering the number of claims per month in urban, rural, and frontier areas divided by the total number of claims, urban areas account for 83% of the claims, followed by 15% in rural areas, and 2% in frontier areas. These percentages reflect the population of the state living in these areas very well (Figure 4).

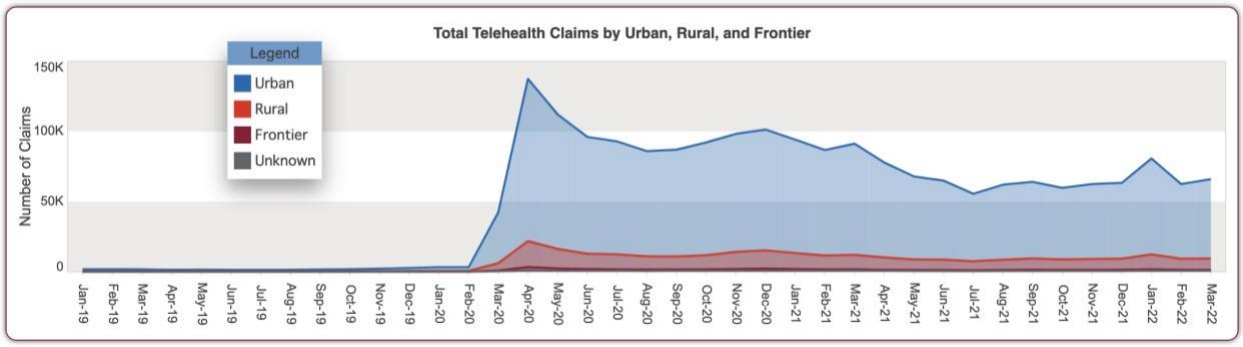


Figure 4 – Total telehealth claims by urban, rural, and frontier areas

Even when taking into account differences in population, urban areas still represent the majority of telehealth claims since January 2019, although all three areas saw a large increase in the number of claims overall, due to the PHE (Figure 5).

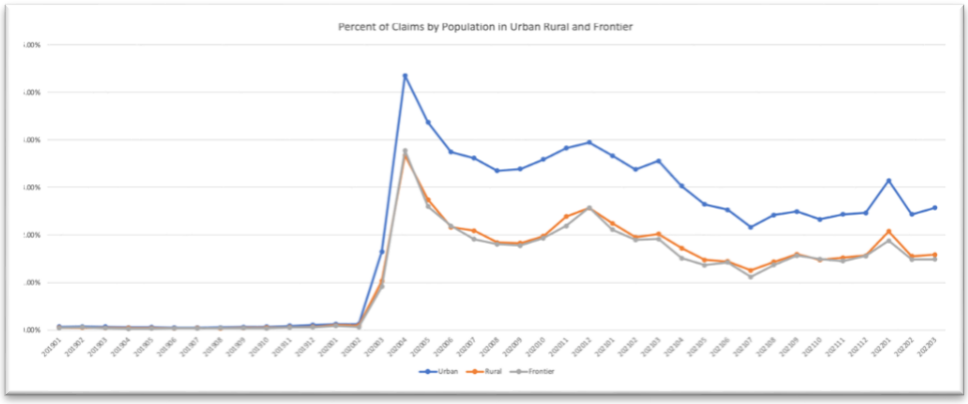


Figure 5 – Percent of telehealth claims by population in urban, rural, and frontier areas

In terms of the percentage of telehealth claims by local health department, and normalized by population in 2020, Summit County had the highest percentage of claims followed by Salt Lake, Davis, Wasatch, and Tooele Counties. The LHD's with the smallest percentage of telehealth claims normalized by population were Central Utah, Bear River, Southeast, Southwest, and Tri-County (Figure 6).

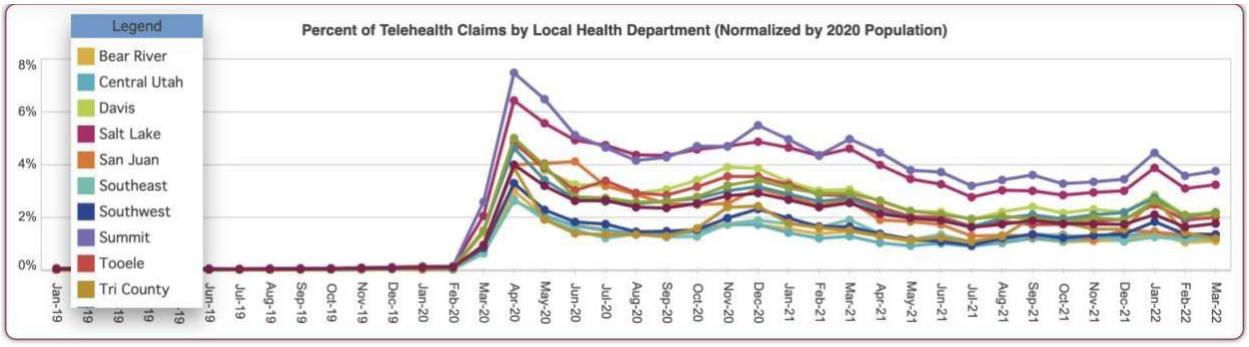


Figure 6 – Percent of Telehealth claims by LHD (normalized by population in 2020)

As noted in many studies, telehealth is well suited for the delivery of mental and behavioral health services (Mehrotra et al., 2017). There are a number of ways to evaluate the percentage of telehealth claims for behavioral health services in particular, but to keep things simple, we decided to identify tele-behavioral health claims by CPT codes between 90785 and 90899 or a principal diagnosis code starting with an "F". Based on this methodology, tele-behavioral health claims accounted for 10.9% of all telehealth claims in January 2019. This percentage increased steadily until it accounted for the majority of all claims (52.9%) in June 2020 and reached its peak of 69.5% of all telehealth claims in June 2021. As of March 2022, tele-behavioral health claims accounted for 68.5% of all telehealth claims (Figure 7).

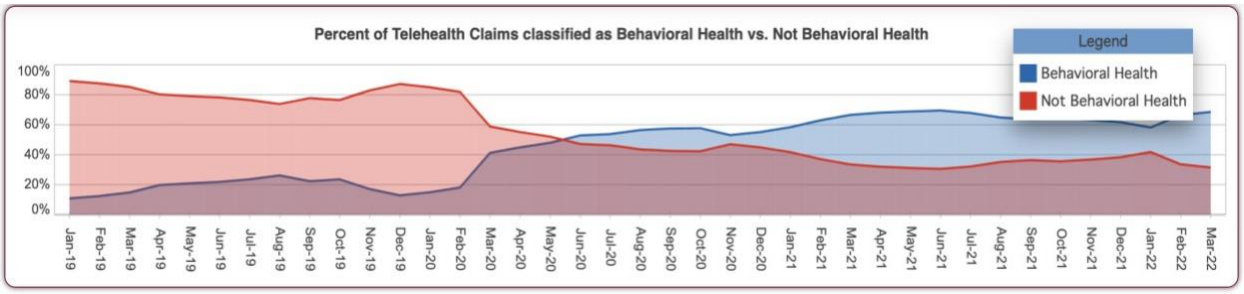


Figure 7 – Percent of claims classified as behavioral health.

UETN evaluated the total number of telehealth claims by specialty type in order to determine what specialties are using telehealth the most and how this has changed throughout the PHE. Certain specialty types were not allowed to bill for telehealth services before the PHE began, including physical and occupational therapies. In January 2019, 81% of all telehealth claims were from family medicine. As the PHE began, this percentage decreased to 17% in June 2020 as the other specialty areas' use of telehealth increased. By March 2022, family medicine only accounted for 14% of all telehealth claims. Social workers' use of telehealth grew from 2% in January 2019 to 21% in June 2021 and was still as high as 17% in March 2022. Other notable increases were in internal medicine, psychiatry & neurology, physical medicine and rehabilitation, and pediatrics (Figure 8).

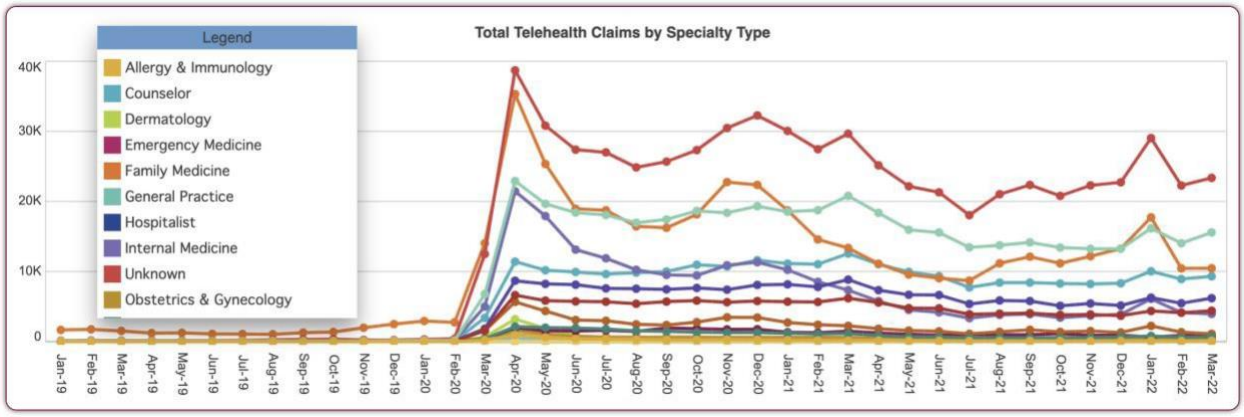


Figure 8 – Total telehealth claims by specialty type

Lastly, UETN explored the average allowed payment amount for telehealth claims versus in-office claims. This variability has been a heavily debated topic in telehealth over the past few years at the

federal and state level for numerous reasons. In January 2019, the average allowed payment amount for a telehealth visit was $54, compared to $106 for an in-office visit. By April 2019, this gap had narrowed significantly with the average allowed payment amount for a telehealth visit increasing to $82, while in-office visits stayed level at $107. By April 2020, the payment amount for a telehealth visit increased to $94 and has continued to climb at a steady rate to a peak of $111 for a telehealth visit in March 2022 compared to $114 for an in-office visit (Figure 9). A deeper dive into the number of claims and the average allowed payment amount by specialty area is warranted.

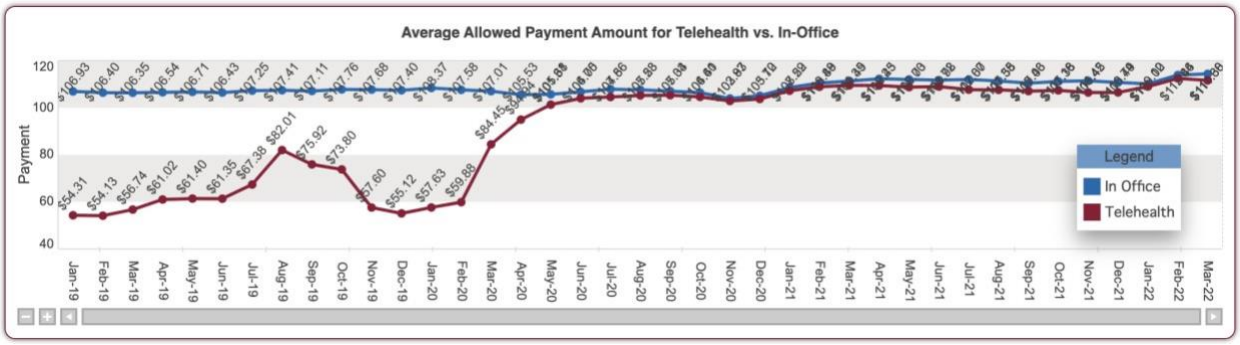


Figure 9 – Average allowed payment amount for telehealth vs. in-office claim

## CONCLUSION

The COVID-19 PHE had a dramatic effect on the overall use of telehealth in the State of Utah and the amount that was paid for telehealth services. From January 2019 to January 2022 there was a 4,586% increase in telehealth claims statewide. There will likely be a continual decrease in the number of telehealth claims over time as patients return to clinics as the federal waivers and extensions come to an end. One thing that the PHE highlighted is that telehealth improved access to care when it was needed most and has proven to be an effective means of delivering care when in-person visits are not possible. The Centers for Medicare and Medicaid Services (CMS) have already determined that some of the waivers and extensions put in place to improve access to care during the PHE will remain even after the PHE has come to an end. For more information about current and future policies at the federal and state level please visit the Center for Connected Health Policy website at https://www.cchpca.org .

The Utah Telehealth Claims Dashboard is a powerful resource for healthcare providers, systems, insurers, patients, researchers, and policymakers looking for accurate and up-to-date data on telehealth claims in the State of Utah. As the host of the dashboard, UETN welcomes suggestions to improve the collection and display of data on the dashboard. Please send questions and comments to us at info@utn.org.

## REFERENCES

Mehrotra, A., Huskamp, H. A., Souza, J., Uscher-Pines, L., Rose, S., Landon, B. E., Jena, A. B., & Busch, A. B. (2017). Rapid growth in mental health telemedicine use among rural Medicare beneficiaries, wide variation across states. *Health Affairs*, *36*(5), 909-917.

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