

CCIIO-led

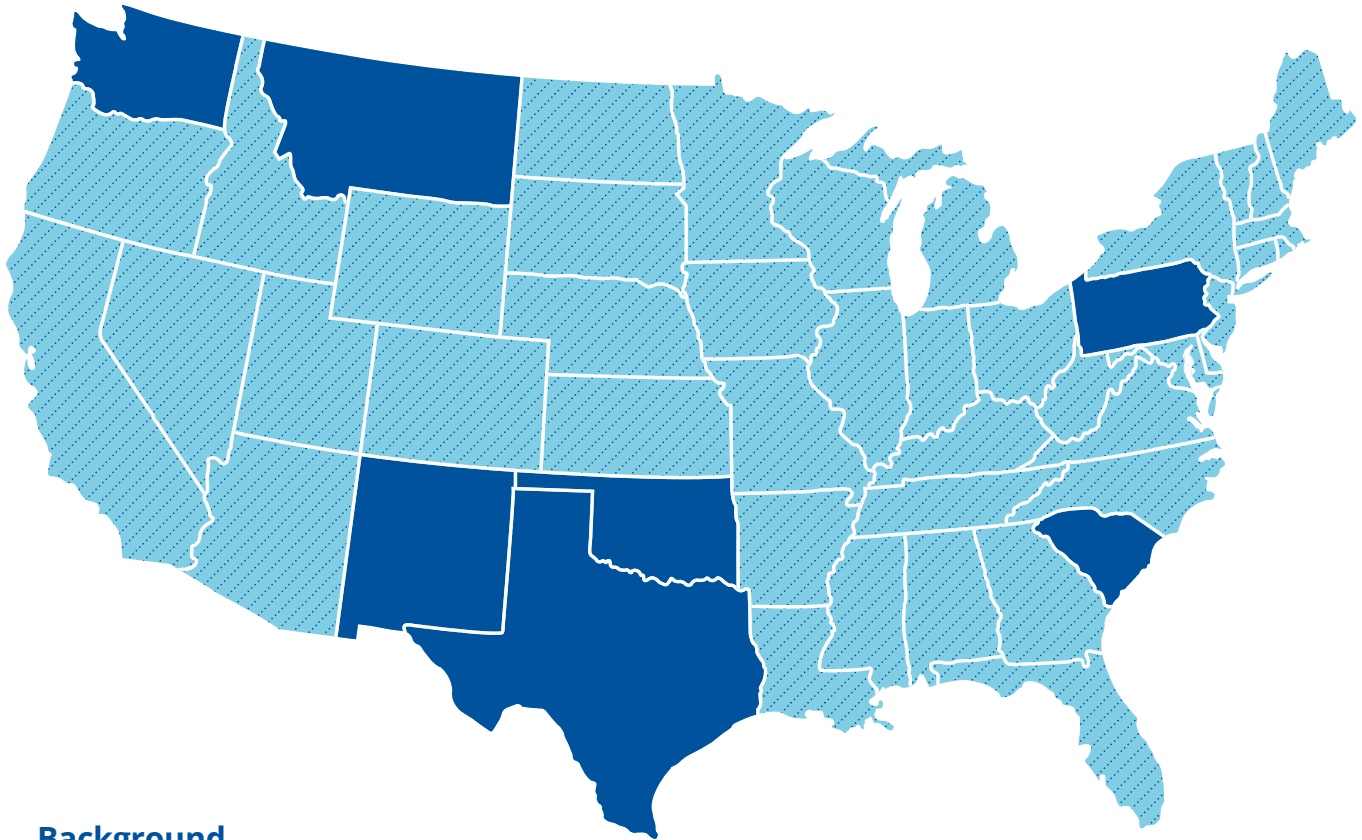
Behavioral Health & Telehealth

Learning Collaborative in Seven States

Final Report



CCIIO-led Behavioral Health & Telehealth Learning Collaborative in Seven States



Background

The Biden-Harris administration has consistently prioritized improving the nation’s behavioral health, including through strategies such as **telehealth**, as outlined in White House Fact Sheets released on **March 1, 2022**, and **May 31, 2022**. To support this effort, the Center for Consumer Information and Insurance Oversight (CCIIO) within the Centers for Medicare & Medicaid Services (CMS) developed a learning collaborative with the goal to identify and address state-based barriers to accessing behavioral health services (for example, mental health and substance use disorder services) provided via telehealth, both in general and across state lines. The purpose of the Behavioral Health & Telehealth Learning Collaborative (Learning Collaborative) was to support information sharing among states and to identify paths forward for greater adoption of telehealth for privately-insured

consumers accessing behavioral health services. CCIIO brought together Department of Insurance (DOI) officials from seven states—Montana, New Mexico, Oklahoma, Pennsylvania, South Carolina, Texas, and Washington—representing a mix of geographies, demographic makeups, and experiences with behavioral telehealth policy efforts.

This report outlines the Learning Collaborative’s initiatives and summarizes the key findings from three Learning Collaborative sessions held from October 2022 through February 2023. CCIIO encourages other states to leverage information and resources in this report to increase access to behavioral health services for consumers with private health insurance coverage in their respective states.

Overview

Telehealth utilization surged¹ during the COVID-19 Public Health Emergency (PHE), especially for behavioral health services. CMS recognized the importance of telehealth utilization in a changing health care climate and published guidance² at the beginning of the PHE encouraging efforts to increase access to behavioral health services provided via telehealth. CMS' guidance strongly encouraged all health insurance companies and group health plans to promote the use of telehealth services, including by notifying policyholders and beneficiaries of their availability, by ensuring access to a robust suite of telehealth services, including mental health and substance use disorder services, and by covering telehealth services without cost sharing or other medical management requirements. CMS also actively monitored the availability of benefits for telehealth services provided under health insurance coverage offered in the Marketplace and throughout states. In conjunction with these efforts, CCIIO strategically developed a Learning Collaborative to further support state DOIs in addressing telehealth access barriers. To best structure the Learning Collaborative, we worked with other components in the Department of Health and Human Services (HHS) including the Office of the Assistant Secretary for Planning and Evaluation (ASPE), Health Resources and Services Administration (HRSA), and Substance Abuse and Mental Health Services Administration (SAMHSA). CCIIO also collaborated with the **CMS Behavioral Health Steering Committee** and external partners at the **National Association of Insurance Commissioners** (NAIC).

CCIIO launched the Learning Collaborative in October 2022 and held three 90-minute sessions in total, finishing the Learning Collaborative in February 2023. CCIIO developed a semi-structured interview guide to facilitate informal, state-to-state sharing of best practices and experiences in handling policy issues pertaining to behavioral health services provided via telehealth. During the first session, participants from each of the seven state DOIs provided an overview of their respective behavioral health care and telehealth policies. The second session delved deeper into themes and issues raised during the first session to better understand access barriers. The third session concluded the discussion of state-identified priority topics, including a presentation on one state's legislation and the implementation of their telehealth parity act.



¹ Mulvaney-Day N, Dean D Jr, Miller K, Camacho-Cook J. Trends in Use of Telehealth for Behavioral Health Care During the COVID-19 Pandemic: Considerations for Payers and Employers. *Am J Health Promot.* 2022 Sep;36(7):1237-1241. doi: 10.1177/08901171221112488e. PMID: 36003014; PMCID: PMC9412131.

² CMS Center for Consumer Information & Oversight. FAQs on Availability and Usage of Telehealth Services through Private Health Insurance Coverage in Response to Coronavirus Disease 2019 (COVID-19) (March 24, 2020). Retrieved from <https://www.cms.gov/files/document/faqs-telehealth-covid-19.pdf>. See also CMS Center for Consumer Insurance & Insurance Oversight. FAQs about Families First Coronavirus Response Act and Coronavirus Aid, Relief, and Economic Security Act Implementation Part 42 (April 11, 2020). Retrieved from <https://www.cms.gov/files/document/ffcr-a-part-42-faqs.pdf>.

Key Findings

Participants from each state DOI brought a unique perspective regarding behavioral health care and telehealth policies, and the participants provided valuable examples of both challenges and successes in increasing access within their state. The small-group Learning Collaborative setting facilitated successful collaboration and sharing of best practices for behavioral telehealth policies and operations among state DOIs. A number of topics rose to the surface throughout these state conversations, as detailed below.

Provider Shortages: The most frequently cited barrier to increasing access to and provision of behavioral health services (both in-person and via telehealth) was the impact of the **national shortage** of behavioral health care providers. Participants indicated that provider shortages manifest in several ways, which exacerbate the challenges that health insurance companies face with maintaining adequate behavioral health provider networks. States subsequently are seeing disproportionately high out-of-network utilization for behavioral health services at facilities that are in-network but employ out-of-network providers. States are also experiencing disproportionately high rates of provider turnover in more affordable care settings such as those that are **essential community providers**. State DOI participants believe low reimbursement by health insurance companies for behavioral health care services worsen these shortages. Some states are considering whether and how to permit telehealth-only and out-of-state behavioral health providers to satisfy **network adequacy** requirements to develop a more robust behavioral health workforce. Other states are considering how more stringent enforcement of the **Mental Health Parity and Addiction Equity Act** (MHPAEA) could improve reimbursement rates for behavioral health services.

Payment Parity: As previously discussed, several state DOI participants expressed concerns regarding whether health insurance companies effectively provide coverage for behavioral health care provided in-person or via telehealth at parity with care for physical health. Several DOI participants specifically discussed payment parity for telehealth services, compared to coverage for the same services when provided in-person. They indicated the significant legislative interest in this

area increased during the COVID-19 pandemic and has continued even as the PHE came to an end. They also indicated a range of state experiences with regard to payment parity. Of the seven participating states, one state issued guidance before the COVID-19 pandemic that required telehealth coverage be provided in parity with in-person coverage, but actual parity in payment for telehealth services was not required in such state until the COVID-19 pandemic. Similarly, another state issued an emergency executive action during the COVID-19 pandemic to ensure telehealth payment parity. A third state enacted telehealth-related legislation during the COVID-19 pandemic which required parity of reimbursing telehealth services in the same amount as in-person services. A participant of an additional state that does not currently have telehealth reimbursement parity noted that they anticipated the introduction of new legislation on this topic, and participants from other states indicated this is a topic of discussion in their states. Interestingly, one participant noted that although health insurance companies seem more comfortable with telehealth payment parity for behavioral health services specifically, there is more disagreement regarding parity for other health care services delivered remotely.

Broadband Access & Audio-Only Considerations:

Many participants raised questions and concerns regarding access to broadband connectivity for telehealth, access to the technology necessary to support video conferencing, digital literacy, and the drawback and advantages of increased reliance on audio-only telehealth methodologies. Participants agreed that inadequate access to such connectivity and technology is a persistent and central challenge to successful telehealth utilization. To address these issues, one state convened a commission

to leverage funding from the **American Rescue Plan Act** in order to enhance broadband access across their state. Participants from three states indicated that they are undertaking efforts to expand broadband access specifically to enable access to telehealth services. Several participants discussed the equity implications of ensuring audio-only telehealth and behavioral health services are available, particularly for **rural populations lacking connectivity** and populations with low digital literacy. Finally, several state DOI participants shared policy issues they have considered in regulating telehealth generally and audio-only telehealth specifically. For example, states have considered whether a prior in-person relationship needs to be established before behavioral health services are provided via telehealth and how to best administer provider education regarding billing codes applicable for telehealth reimbursement.

Interstate Practice & Licensure Reciprocity: Two participants shared how their respective state's provider licensure requirements, which do not allow delivery across state lines, can be a contributing factor that limits access to care in certain situations. For example, a patient traveling to another state may not be able to meet with their provider due to certain state licensure laws related to interstate practice. One participant indicated that providers licensed in their state could not provide behavioral telehealth care to state residents if and when the patient is not physically within the state. This participant indicated that one strategy providers used to mitigate this issue is obtaining licenses in surrounding states. Providers who obtain multiple state licenses or engage with a **licensure compact** are better able to maintain continuity of care with patients who travel out of state.

Novel Coverage Models Emphasizing Telehealth: Participants from two different DOIs shared that they received applications or interest from health insurance companies regarding telehealth-only insurance plans (for example, plans where enrollees access in-network services exclusively through telehealth). At the time of the Learning Collaborative sessions, no such plans had entered the private

health insurance market in the respective states. Nonetheless, several participants discussed concerns with such plans, particularly concerning emergency situations and other cases in which in-person care would be necessary. Participants also discussed other coverage models such as telehealth-first plan models, wherein consumers are first directed to a telehealth provider for care but could then be referred to or seek care from an in-person provider. One state participant indicated they would be more comfortable with a telehealth-first model than a telehealth-only model.

Virtual Crisis Care for Behavioral Health

Services: Using telehealth to meet the needs of behavioral health services can be challenging especially in emergency and crisis situations. One participant shared that their state recently passed legislation allowing law enforcement officials to leverage behavioral telehealth to evaluate individuals in crisis. This effort aims to enable law enforcement to divert patients toward treatment centers where they might otherwise become involved with the carceral system. Another participant indicated their state considered ways to arrange for health insurance coverage of the services provided to callers by the **988-emergency line**. The state found that implementing such a policy raised complex challenges around privacy and carried the potential to diminish the use of the hotline by those in need.

Substance Use Disorder & Telehealth Care: Three state participants shared initiatives their legislatures recently undertook to maintain or increase access to **substance use disorder** (SUD) care (including via telehealth), such as restricting utilization management techniques for SUD care and making explicit that **medication-assisted treatment** is an option via telehealth. One participant also indicated that expanding access to behavioral health services via telehealth facilitates access to group support services for SUD while a patient is away from home, better supporting continuity of care—however, group telehealth settings could also present unique privacy and anonymity concerns.

Conclusion

With more than **1 of every 5** US adults living with a mental illness, and over **16 million** Americans enrolled in Marketplace coverage, it is critical to expand access to behavioral health care, including through the use of telehealth. As noted in this report, the use of telehealth for behavioral health services presents significant opportunities for reaching rural populations and addressing health disparities, but with challenges such as low digital literacy and overall access to behavioral health services. Leveraging telehealth to meet behavioral health needs poses difficult legal, ethical, and operational questions. Complex initiatives such as expanding behavioral health care coverage requires the engagement of a broad set of stakeholders to overcome multifaceted barriers. CCIIO invites parties interested in these issues to review the additional resources included below.



Note: This document contains links to non-United States Government websites. We are providing these links because they contain additional information relevant to the topic(s) discussed in this document or that otherwise may be useful to the reader. We cannot attest to the accuracy of information provided on the cited third-party websites or any other linked third-party site. We are providing these links for reference only; linking to a non-United States Government website does not constitute an endorsement by CMS, HHS, or any of their employees of the sponsors or the information and/or any products presented on the website. Also, please be aware that the privacy protections generally provided by United States Government websites do not apply to third-party sites.

Resources

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