BIENNIAL TELEHEALTH UTILIZATION REPORT

April 2024

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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BACKGROUND

In response to the onset of the COVID-19 public health emergency (PHE) in 2020, the Department of Health Care Services (DHCS) implemented numerous additional telehealth flexibilities to meet the needs of Medi-Cal members and ensure they could continue to receive necessary care.

In an effort to better understand the use of telehealth across Medi-Cal, DHCS created a Research and Evaluation Plan (the Plan) in December 2022 that not only described DHCS' current state of telehealth data collection processes and capabilities, but also outlined opportunities to support more comprehensive data collection and analyses in the future so that DHCS can continue to implement and refine telehealth policies and guidance that best serve the needs of Medi-Cal members. Additionally, DHCS released a Telehealth Policy Paper that expands on and provides additional context around Medi-Cal's policy pertaining to delivery of covered benefits and services via telehealth modalities.

To this end, DHCS created this *Biennial Telehealth Utilization Report* (the Report), which will include the measures identified in *Appendix A,* be updated every other year and aim to address many of the near-term research questions and evaluation approaches outlined in the Plan, which include:

1. How does telehealth contribute to access to care for different populations, regions, and types of services? Is the availability of telehealth changing patterns of utilization and improving access?
2. What are the most common services delivered via telehealth? How has utilization of those services via telehealth changed over time?
3. How is the volume of telehealth versus in-person visits changing over time? Is telehealth replacing or supplementing in-person care?
4. What is the baseline of telehealth utilization post-PHE?
5. Compared to in-person visits, how does telehealth utilization vary across member populations (race/ethnicity, primary language spoken, location (urban vs rural), and age)?

DHCS recognizes that the most pressing need in the near-term is to better understand the impact of all telehealth modalities on access and utilization of care among Medi-Cal members. All the near-term research questions listed above can be addressed, in whole or in part, using available fee-for-service (FFS) claims and managed care encounter data

stratified by certain variables[1], contingent upon various dependencies/limitations[2] explored in this Report. For all the data in this Report, please note that DHCS uses Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes to track the delivery of covered Medi-Cal services, which are used for both in-person services and services provided via telehealth modalities. Although Medi-Cal policy requires the use of a modifier to allow DHCS to identify and track services provided via telehealth modalities, the CPT and HCPCS will pay with or without the modifier. As a result, in cases where a telehealth modifier is not included on a FFS claim or managed care encounter along with the applicable CPT/HCPCS code, DHCS would not be able to determine whether a service was provided in-person versus a telehealth modality, which can result in underreporting of visits provided via telehealth modalities.

EXECUTIVE SUMMARY

Medi-Cal's telehealth coverage began in 1996 with the passage of the California Telemedicine Advancement Act (SB 1665), which established telemedicine payment and provision of care requirements, and additional legislation continued to expand access to services through the 2000s. The passage of the Telehealth Advancement Act (Assembly Bill (AB) 415) in 2011 laid the foundation for Medi-Cal to drastically expand coverage of telehealth in Medi-Cal, eliminating the ban on email and telephone-delivered services, permitting patients to verbally consent to telehealth, and enabling all California-licensed and Medi-Cal enrolled providers to practice via telehealth. In 2017-18, DHCS undertook internal policy work to again expand Medi-Cal's telehealth policy by removing and/or loosening certain requirements to ensure Medi-Cal providers were able to deliver broad-based, clinically appropriate services via various telehealth modalities. As a result, through 2019, DHCS observed a relatively consistent and unchanging telehealth utilization pattern based upon its policy in this space.

In response to the COVID-19 PHE, DHCS implemented additional telehealth flexibilities via waivers and Disaster Relief state plan amendments (SPAs). This enabled Medi-Cal's health care delivery systems to meet the health care needs of our Medi-Cal members in an environment where in-person encounters were not recommended and, at times, not available. Additionally, pursuant to Section 380 of Assembly Bill (AB) 133 (Committee on

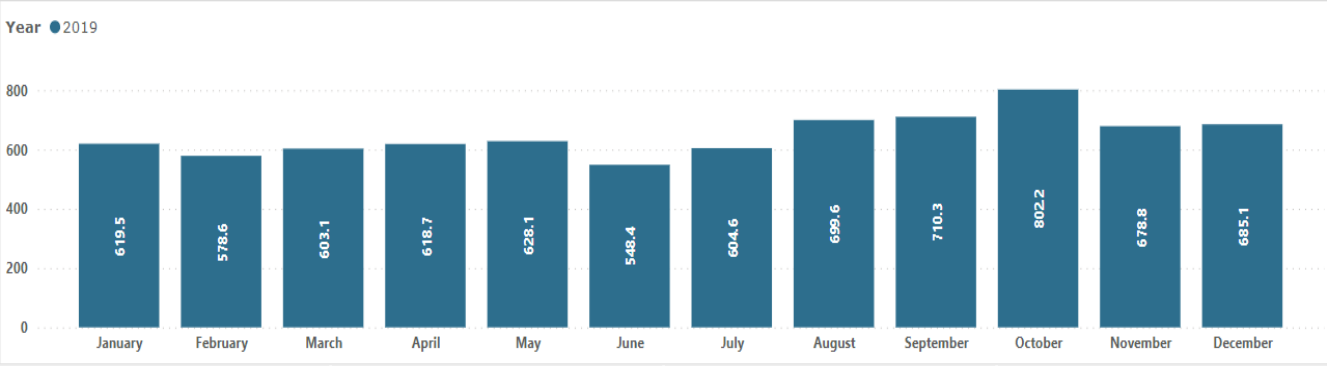
[1] DHCS' available FFS claims and managed care encounter data can be stratified by the following variables: telehealth modality (synchronous video vs. audio-only); in-person modality; demographics (age, race/ethnicity, primary language spoken, rural vs. urban, among others); delivery system (FFS or managed care); provider type (e.g., primary care, behavioral health, specialty care, among others); billing/procedure codes, and service type (e.g., physician versus mental health, etc.

[2] DHCS' ability to report on utilization of different telehealth modalities will depend upon the timing of guidance release, systems changes, provider adoption and consistent use of the new audio-only modifier. Additionally, some stakeholders expressed a desire for DHCS to report on telehealth utilization across a broader range of race/ethnicity categories and primary language spoken beyond those that are currently reported on; however, DHCS is limited in its ability to stratify data by more detailed demographic categories as more granular reporting may be limited by small cell sizes and DHCS data de-identification guidelines.

Budget, Chapter 143, Statutes of 2021), DHCS convened a Telehealth Advisory Workgroup for the purposes of informing the 2022 – 2023 Governor's Budget and the development of post-public health emergency (PHE) telehealth policies.

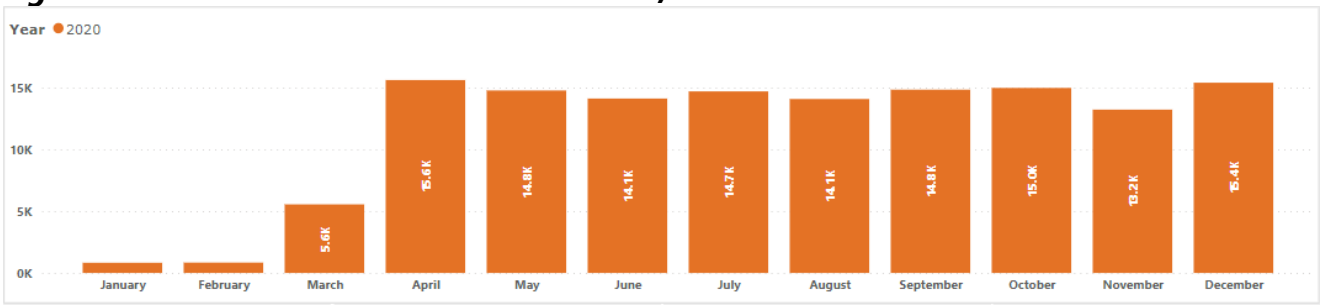
This Report evaluates telehealth utilization between 2019 and 2022 and includes consideration of medical services billing using the twenty (20) most common Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes and stratifies the utilization data based on different variables. DHCS – like many other states – considers 2019 to be the pre-COVID-19 "baseline" year in terms of telehealth utilization, and so changes in utilization trends in subsequent calendar years are being considered with this starting point in mind. In 2019, DHCS observed an average of 649 telehealth visits per 100,000 members (see *Figure 1*).

Figure 1 – CY 2019 Telehealth Visits Per 100,000 Medi-Cal Members



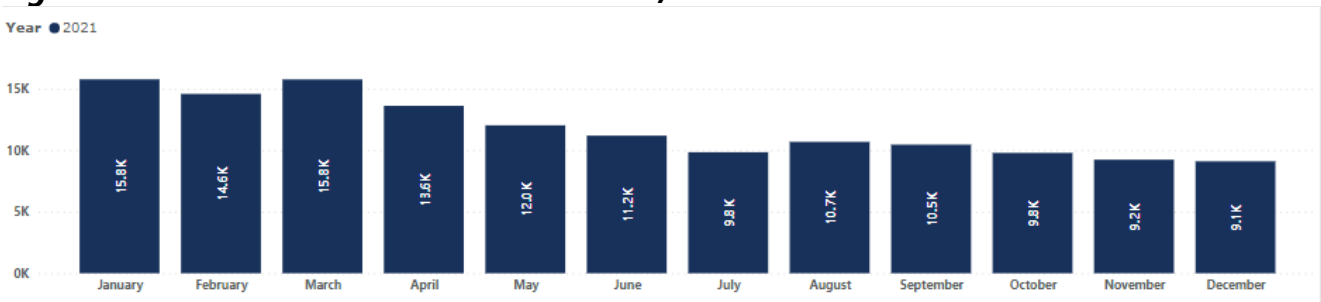
Starting in 2020, DHCS has observed a sudden, dramatic increase in telehealth utilization data, due to the additional telehealth flexibilities implemented as part of DHCS' COVID-19 PHE response as well as the unprecedented challenges posed by the COVID-19 pandemic and the necessity for accessing health care services through various telehealth modalities versus in-person. In 2020, DHCS observed an average of 11,581 telehealth visits per 100,000 members with a very significant spike starting in March 2020, which coincided with the initial COVID-19 surge in California, and a predominately upward and consistently high utilization trend throughout the remaining months in 2020 (see *Figure 2*).

Figure 2 – CY 2020 Telehealth Visits Per 100,000 Medi-Cal Members



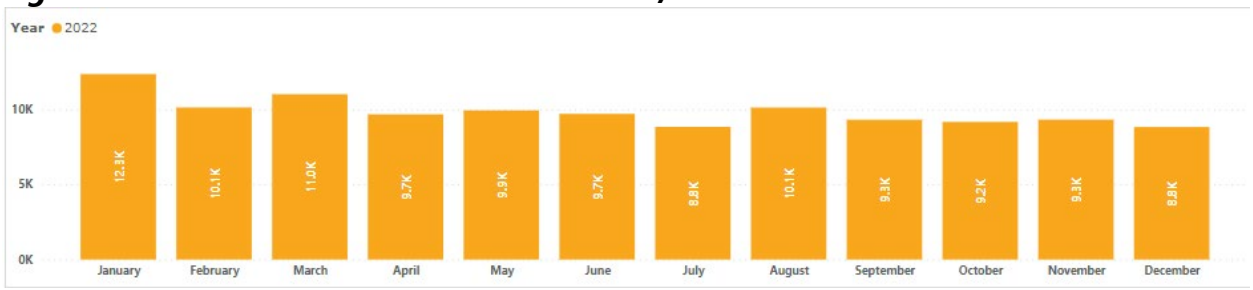
In early 2021, DHCS continued to observe high telehealth utilization trends as it did throughout the end of CY 2020, which started to decline slightly in April/May 2021 and continued a downward trend throughout the remaining months in 2021 (see *Figure 3)*. Between January and May 2021, DHCS observed an average of 14,360 telehealth visits per 100,000 members, and between June and December 2021, DHCS observed an average of 10,043 telehealth visits per 100,000 members.

Figure 3 – CY 2021 Telehealth Visits Per 100,000 Medi-Cal Members



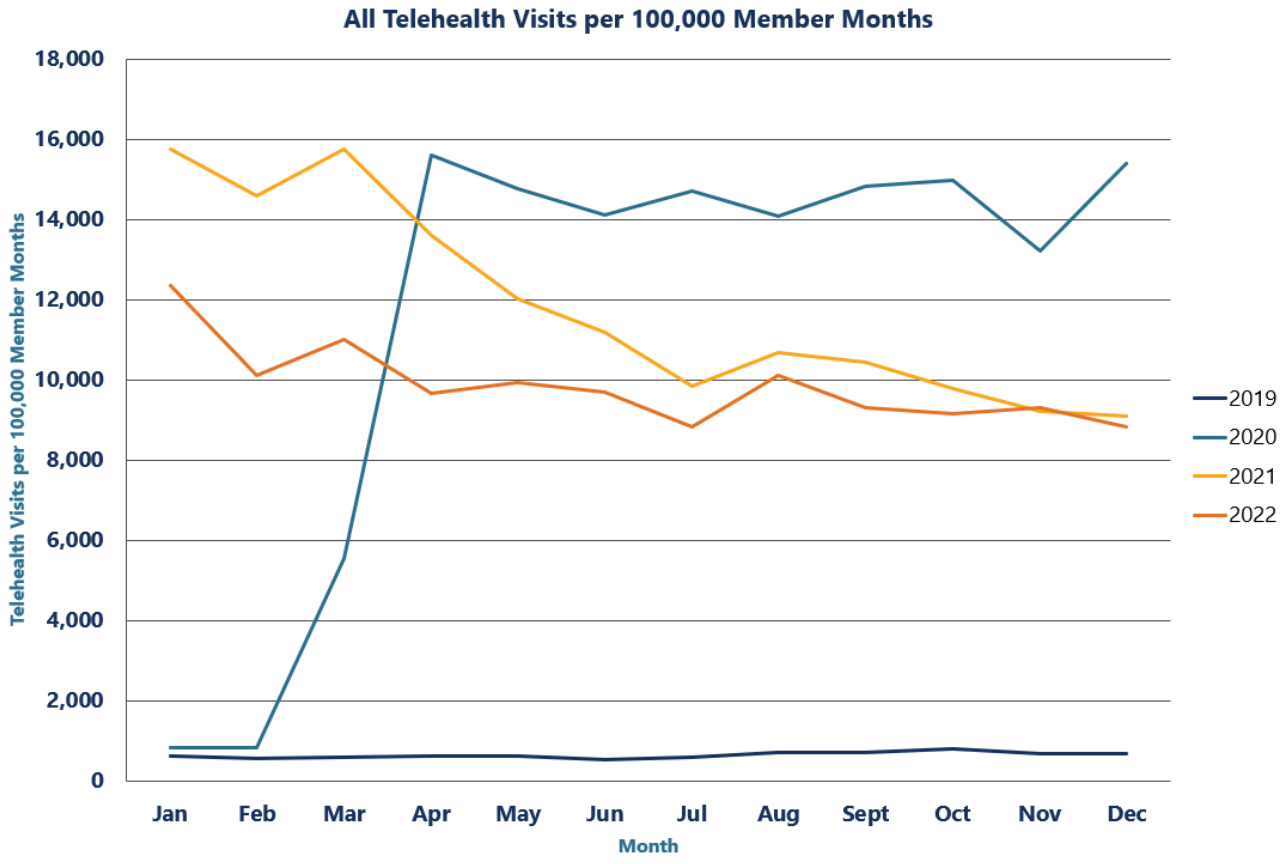
In 2022, DHCS observed several small spikes in utilization (January and March 2022), but overall, the data showed consistently lower telehealth utilization trends when compared to 2020 and 2021, although the trends remained notably higher than pre-pandemic 2019 levels (see *Figure 4)*. In 2022, DHCS observed an average of 9,850 telehealth visits per 100,000 Medi-Cal members.

Figure 4 – CY 2022 Telehealth Visits Per 100,000 Medi-Cal Members



Overall, DHCS believes that this trend of increased telehealth utilization observed in 2022 likely suggests that there will be a new baseline as it relates to telehealth utilization going forward, potentially signaling a paradigm shift and dynamic evolution in terms of how individuals want to access health care services in what appears to be an ever-changing health care landscape (see *Figure 5*). The remainder of this Report takes a deeper dive into some of the telehealth data utilization trends and provides additional commentary on some particular areas of interest for DHCS and stakeholders in terms of how Medi-Cal members, stratified using different demographic filters, are utilizing various telehealth modalities for different Medi-Cal covered services.

Figure 5 – CY 2019-CY 2022 Comparison: Telehealth Visits Per 100,000 Medi-Cal Members



ADDITIONAL STRATIFICATION OF TELEHEALTH UTILIZATION TRENDS

For this Report, DHCS' available FFS claims and managed care encounter data for calendar years 2019 through 2022 has been stratified by certain variables, as described in more detail in this section.

Telehealth Utilization by Age

DHCS' data shows that telehealth utilization by age varied significantly between 2019 and 2022. In 2019, DHCS observed that Medi-Cal members between the age of 10-19 were the highest utilizers of telehealth, with ages 50-59 being the second highest utilizers. Other age ranges varied, but overall utilization was relatively consistent. In 2020, DHCS observed a significant increase in overall telehealth utilization, but notably saw expanded age ranges utilizing telehealth with greater frequency, which was likely a function of the COVID-19 PHE and recommendations for certain populations to avoid spending time in public places and attending in-person activities. To this end, Medi-Cal members between the age of 50-64 because the highest utilizers of telehealth services, with ages 5-19 being the second highest utilizers. This was again true for these same age ranges in 2021. Finally, in 2022, DHCS observed some decline in telehealth utilization; however, utilization has remained notably higher than 2019. Medi-Cal members between the age of 50-64 continue to be the highest utilizers, but other age ranges are now much closer in utilization and there is less widespread variation within similar, consecutive age ranges.

(Continued on next page)

Figure 6 – Telehealth Visits per 100,000 Member Months: Age

Telehealth Visits per 100,000 member months, by Age Group (2019-2022)				
Age Group	**2019**	**2020**	**2021**	**2022**
0-4	251.4	7,423.9	8,404.0	6,820.0
5-9	872.8	13,290.5	13,611.2	9,142.3
10-14	1,190.7	13,268.0	13,873.8	9,819.8
15-19	1,088.6	12,321.8	12,826.3	9,825.7
20 - 24	404.1	8,984.9	9,555.7	8,201.7
25 - 29	458.2	10,172.5	10,859.0	10,009.9
30 - 34	489.0	10,678.3	11,306.2	10,692.7
35 - 39	522.7	10,716.6	11,105.2	10,493.8
40 - 44	532.7	11,159.5	11,292.2	10,411.8
45 - 49	595.6	12,638.2	12,135.4	10,878.5
50 - 54	748.8	15,389.9	14,400.7	13,107.6
55 - 59	778.6	17,247.3	16,071.8	14,474.3
60 - 64	702.1	17,448.4	16,312.5	14,701.4
65 - 69	406.3	10,473.8	9,212.0	7,700.0
70 - 74	264.1	9,001.8	7,823.7	6,208.2
75 - 79	190.3	8,089.9	6,972.0	5,302.8
80 - 84	135.5	7,935.2	6,723.2	4,993.4
85+	129.6	7,218.1	6,252.0	4,783.6

Telehealth Utilization by Sex

DHCS' data shows that telehealth utilization by sex (male/female) varied significantly between 2019 and 2022. In 2019, utilization when stratified by sex as very similar, hovering between 1,000 to 2,000 visits per 100,000 member months. In 2020, DHCS observed a significant increase in telehealth utilization around March/April 2020, which remained high for the duration of the year. Utilization in 2021 and 2021 started out high, consistent with the end of 2020, and then there was a downward trend; however, utilization by females, on average, across all calendar years (2019-2022) was higher than males.

Figure 7 – Telehealth Visits per 100,000 Member Months: Sex, Male

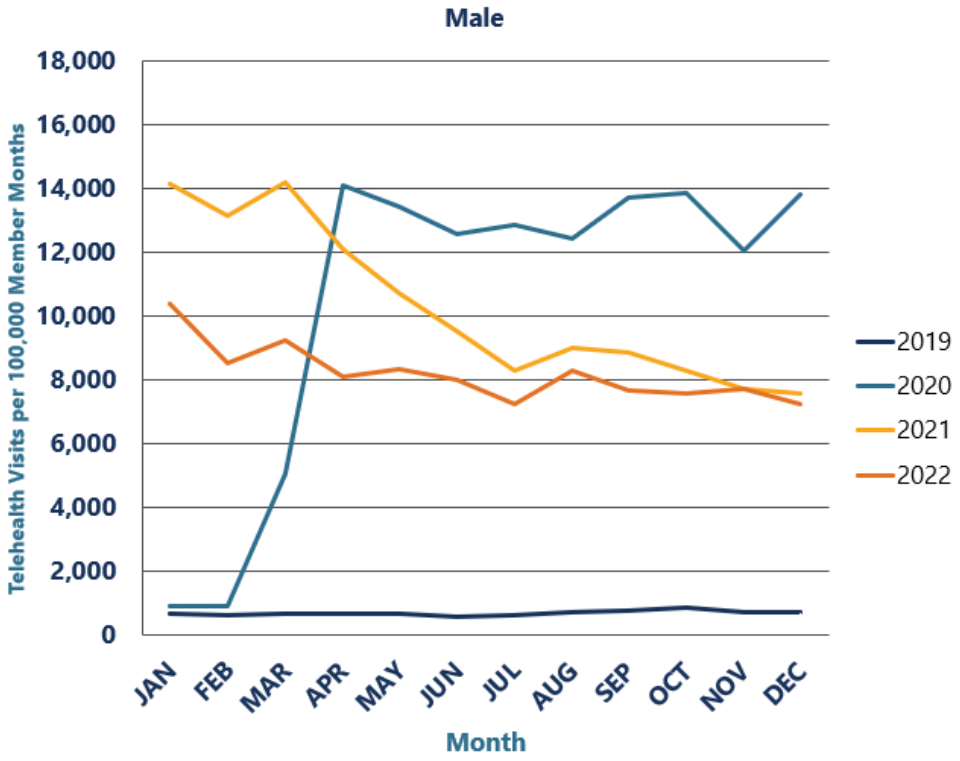
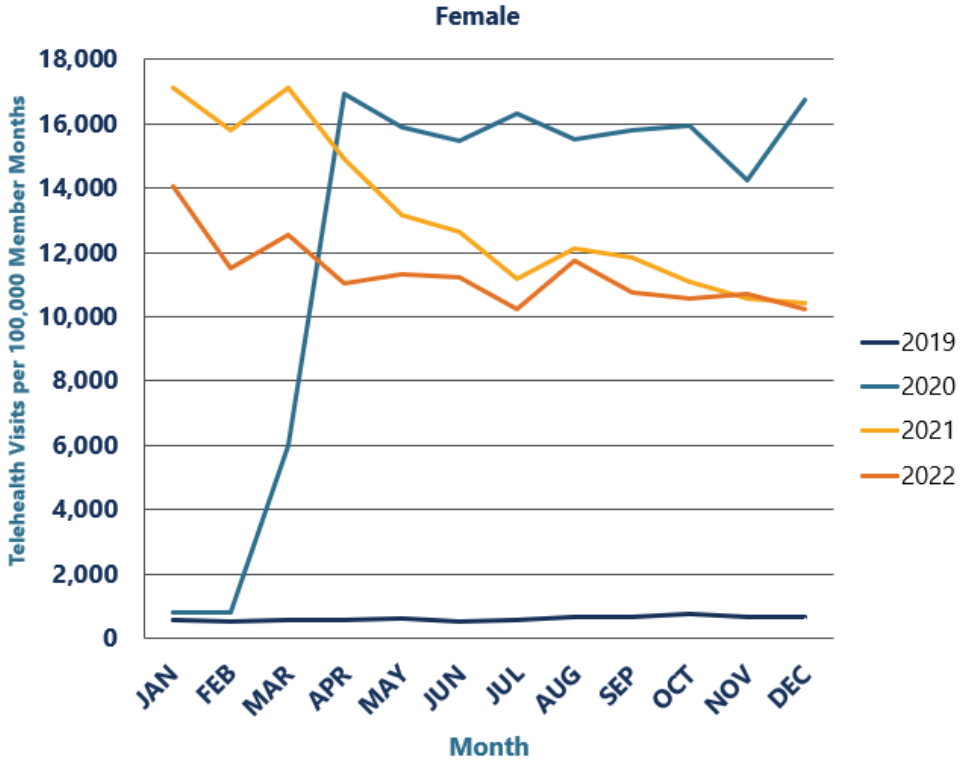


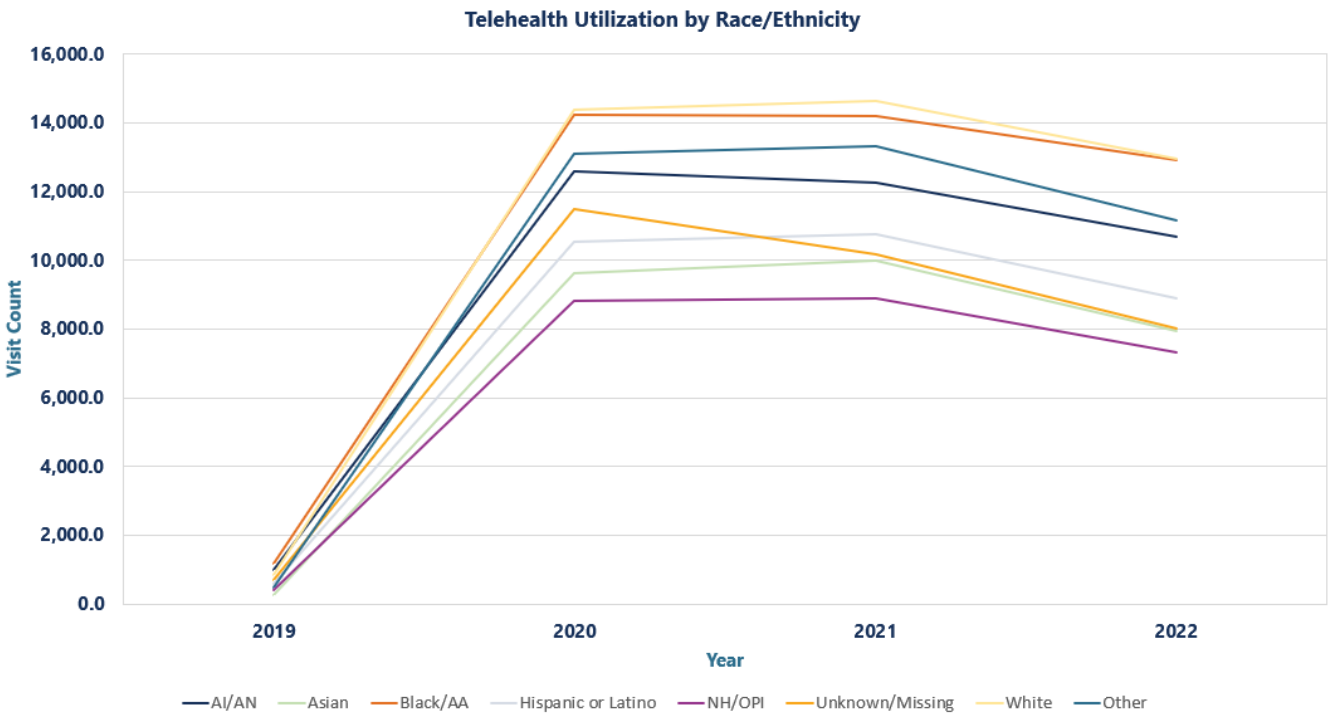
Figure 8 – Telehealth Visits per 100,000 Member Months: Sex, Female



Telehealth Utilization by Race/Ethnicity[3]

DHCS' data shows that telehealth utilization by race/ethnicity varied significantly between 2019 and 2022. DHCS observed an overall, significant increase in telehealth utilization across all racial/ethnic groups starting in late 2019, continuing throughout 2020, leveling off in 2021, and slightly declining and plateauing in 2022. Overall, DHCS observed the highest telehealth utilization, on average, from White individuals, with Black/African American individuals being the second highest. DHCS observed the lowest utilization, on average, from Native Hawaiian or other Pacific Islander (NH/OPI) individuals.

Figure 9 – Telehealth Visits per 100,000 Member Months: Race/Ethnicity



[3] Race/ethnicity categories include the following: White, Black/African American, Hispanic or Latino, American Indian or Alaska Native (AI/AN), Native Hawaiian or other Pacific Islander (NH/OPI), all Asian, Other, or Unknown/Missing.

Telehealth Utilization by Aid Code Groups[4]

DHCS' data shows that telehealth utilization by aid code group varied significantly between 2019 and 2022. For this Report, DHCS focused on a subset of aid code groups, as outlined in *Figure 10* below. Overall, DHCS saw significant increases in utilization of telehealth visits across all aid code groups between 2019 and 2020, with very significant increases seen for the ACA Expansion Adults Ages 19 to 64 and Aged/Blind/Disabled (ABD) populations. Like other trends, DHCS observed continued higher telehealth utilization for most aid code groups throughout 2020 and 2021 with a decline and eventual plateauing in 2022.

Figure 10 – Telehealth Visits per 100,000 Member Months: Aid Code Groups

Telehealth Visits per 100,000 member months, by Aid Code Group (2019-2022)				
Aid Code Groupings	**2019**	**2020**	**2021**	**2022**
ACA Expansion Adults Ages 19 to 64	411.8	10,887.1	11,119.5	10,177.2
Aged/Blind/Disabled	1,138.5	18,404.4	17,482.5	14,379.4
Children	491.6	8,639.7	9,471.8	7,256.7
Former Foster Youth	971.7	9,376.7	9,949.4	8,954.6
Pregnant Women	58.8	8,491.5	7,780.7	6,966.4

Telehealth Utilization by Primary Language

DHCS' data shows that telehealth utilization by primary language varied significantly between 2019 and 2022, but largely followed similar trends as with other data points. In 2019, DHCS observed the highest utilization by individuals for which Cambodian was their primary language, followed closely by English as second highest. In 2020, telehealth utilization increased significantly across all languages; however, DHCS observed the highest utilization from individuals for which Arabic was their primary language, followed by Cambodian as the second highest, and Farsi as the third highest. The highlight utilization trend was the same into 2021. In 2022, DHCS observed the highest utilization from individuals for which Arabic was their primary language, followed by Cambodian as the second highest, and English as the third highest. Please note that this Report does not include all of DHCS' threshold languages due to variances in data reporting, i.e., some claims and/or encounter data did not contain information on primary language spoken.

[4] Aid code groups include the following: Foster Care, Adoption Assistance, Aged/Blind/Disabled (ABD), ACA Expansion Adults 19 to 64, Low Income Families, Former Foster Youth (FFY), Pregnant Women, SCHIP, MCHIP, Children, Presumptive Eligibility, Not Medical, and Other.

Figure 11 – Telehealth Visits per 100,000 Member Months: Primary Language

Telehealth Visits per 100,000 member months, by Primary Language (2019-2022)				
Primary Language	**2019**	**2020**	**2021**	**2022**
ASL	744.1	12,548.6	12,127.9	8,595.7
Arabic	170.3	17,477.6	18,050.3	15,063.0
Armenian	299.0	10,713.4	10,181.8	8,276.6
Cambodian	886.2	15,686.4	15,533.9	13,919.7
Chinese_Cantonese	192.0	12,341.9	12,590.2	10,117.2
Chinese_Mandarin	168.2	8,646.6	9,538.3	8,114.6
Chinese_Other	169.9	7,526.7	8,765.5	6,804.6
English	803.8	13,049.1	13,255.9	11,381.4
Farsi	338.7	14,385.5	14,268.9	10,868.3
Hmong	292.7	6,470.9	6,461.7	4,826.7
Korean	271.6	9,662.3	9,658.7	7,239.6
Other	243.3	10,336.1	10,020.3	7,538.4
Russian	147.4	7,650.7	7,650.9	5,623.7
Spanish	417.8	9,025.7	9,014.0	7,033.2
Tagalog	185.8	9,750.5	9,139.8	7,088.4
Unknown	743.8	9,561.5	5,447.0	2,774.3
Vietnamese	126.6	7,799.4	7,911.1	5,830.3

Telehealth Utilization by Medi-Cal Managed Care Plan

DHCS' data shows that telehealth utilization increased significantly across virtually all Medi-Cal managed care plans (MCPs) between 2019 and 2020, which is consistent with other utilization trends in this Report. Similarly, telehealth utilization continued to remain high for most MCPs during 2021, and while 2022 showed declines for most MCPs, utilization remained much higher across the board when compared to 2019.

The overall telehealth visit average across all MCPs was just below 10,000 visits, underlining the varying degrees of reliance on telehealth services between 2019 and 2022. Ultimately, DHCS believes that these trends highlight the diverse approaches and levels of engagement observed among different MCPs.

Inland Empire Health Plan stands out with the highest average of over 14,000 telehealth visits with a peak of over 19,000 visits in 2022. In contrast, CenCal Health recorded the lowest telehealth visit utilization average of under 6,000 visits.

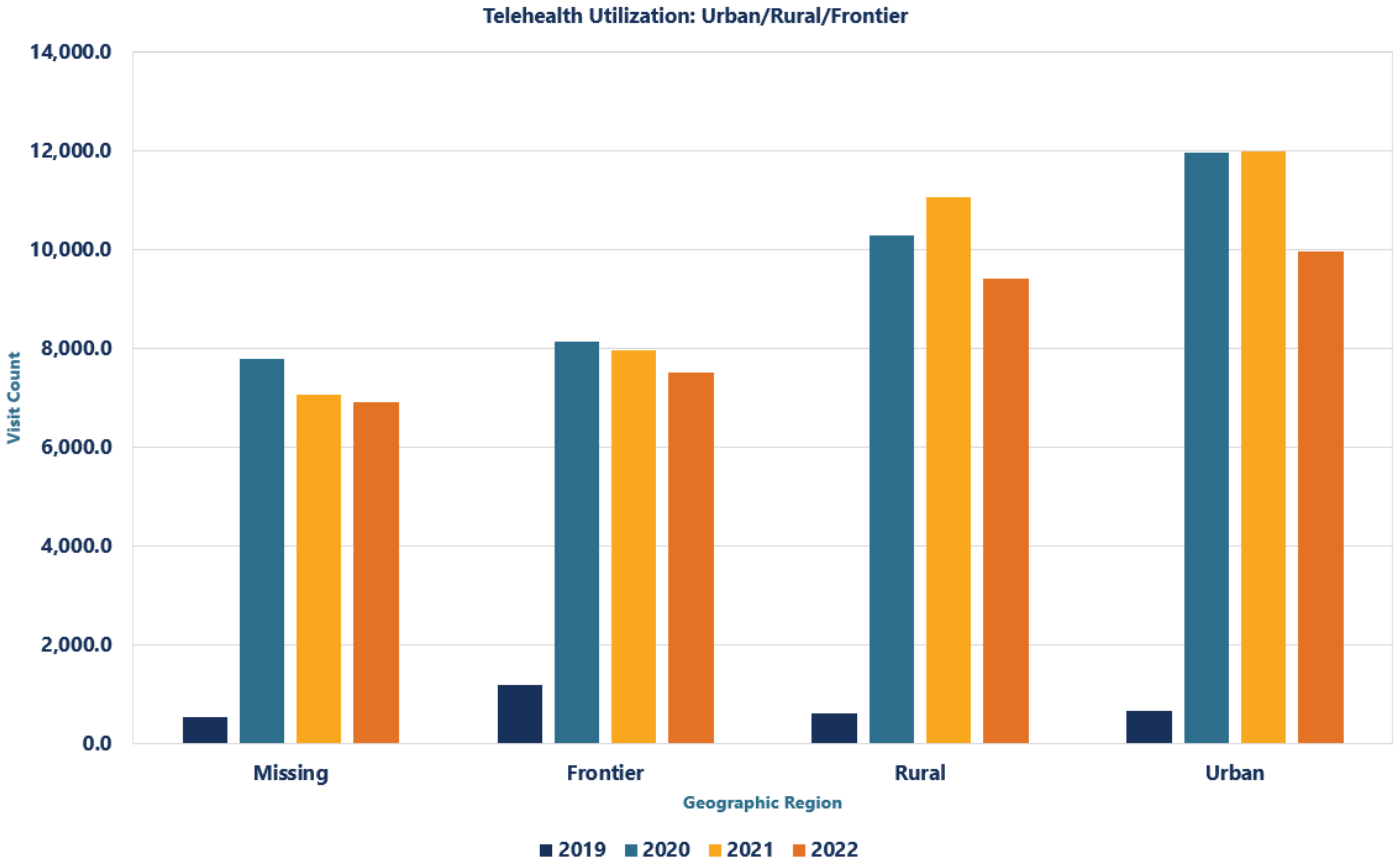
Figure 12 – Telehealth Visits per 100,000 Member Months: Medi-Cal MCPs

Telehealth Visits per 100,000 member months, by Managed Care Plan (2019-2022)				
Plan Parent	**2019**	**2020**	**2021**	**2022**
Aetna Better Health of California	332.4	9,378.6	9,092.4	10,108.9
Alameda Alliance for Health	818.1	19,264.1	18,752.4	13,603.9
Anthem Blue Cross	660.4	11,417.8	12,117.1	9,482.7
Blue Shield of California Promise	1,639.8	19,988.5	17,066.1	14,082.3
CalOptima	33.4	8,904.5	9,715.7	7,786.3
CalViva Health	891.5	9,115.3	12,566.0	9,818.6
California Health and Wellness Plan	822.7	11,770.7	11,299.9	11,586.1
CenCal Health	274.6	8,089.6	8,105.0	7,020.6
Central California Alliance for Health	392.4	13,464.3	12,717.1	10,214.0
Community Health Group	368.4	18,063.9	17,790.5	15,846.3
Contra Costa Health Plan	802.2	14,262.5	14,975.1	19,767.7
Gold Coast Health Plan	123.1	12,882.5	11,638.1	2,869.6
Health Net Community Solutions	828.1	12,564.6	12,867.1	17,730.3
Health Plan of San Joaquin	373.6	14,058.8	13,485.7	11,193.1
Health Plan of San Mateo	1,082.2	19,676.2	17,909.0	7,566.1
Inland Empire Health Plan	473.8	14,226.8	14,088.8	28,932.1
Kaiser Permanente	187.4	13,822.4	15,463.0	2,153.3
Kern Health Systems	381.0	10,182.1	11,936.2	13,063.0
L.A. Care Health Plan	1,161.8	14,382.3	14,311.4	12,334.5
Molina Healthcare of California	366.6	12,198.5	11,474.0	8,826.5
Partnership Health Plan of California	628.0	13,176.5	13,600.9	10,776.7
San Francisco Health Plan	395.6	18,746.5	19,238.3	14,861.0
Santa Clara Family Health Plan	848.0	16,631.1	17,212.5	10,753.4
United Healthcare Community Plan	314.7	9,684.6	9,604.5	8,908.5

Telehealth Utilization by Urban/Rural/Frontier

DHCS' data shows that telehealth utilization by geographic area (urban/rural/frontier) varied between 2019 and 2022, but largely followed similar trends as with other data points. All three geographic areas saw a significant increase in telehealth utilization between 2019 and 2020. The greatest increase in telehealth utilization, on average, occurred in urban areas, with rural areas following closely behind. Urban areas saw consistent utilization, on average, between 2020 and 2021 with a moderate decline in 2022. Rural areas saw an increase in utilization from 2020 to 2021 and saw a moderate decrease in 2022. Frontier areas saw the least overall increase in telehealth utilization, and it also saw the most consistent utilization between 2020 and 2022, with only a slight decrease between 2021 and 2022.

Figure 13 – Telehealth Visits per 100,000 Member Months: Urban/Rural/Frontier

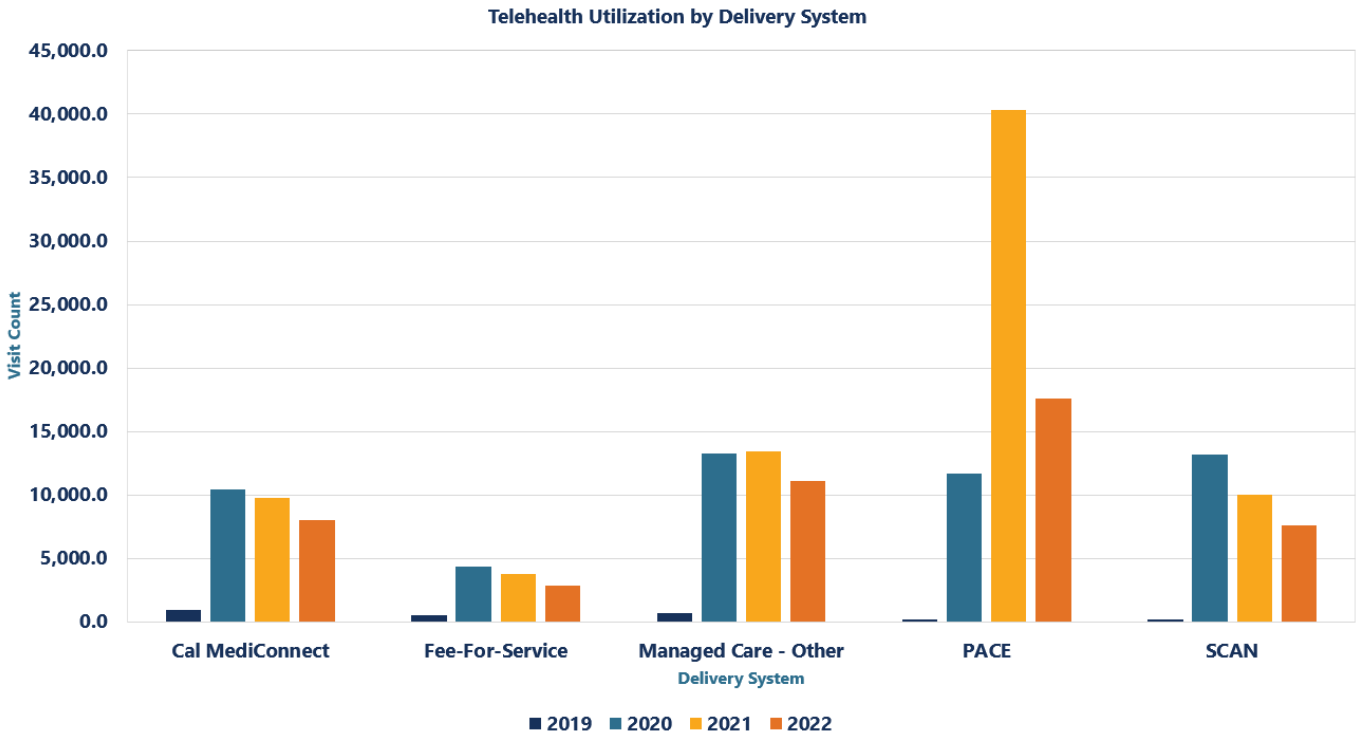


Telehealth Utilization by Delivery System

DHCS' data shows that telehealth utilization by delivery system varied between 2019 and 2022, but largely followed similar trends as with other data points. All delivery systems saw significant increases in telehealth utilization between 2019 and 2020. The Program of All-Inclusive Care for the Elderly (PACE) plans had the highest utilization overall between 2020-2022, with a dramatic increase in 2021 and the highest 2022 utilization. Medi-Cal managed care remained relatively consistent, seeing only a slight increase in 2021 and then a small decrease in 2022. Medi-Cal FFS saw the lowest overall utilization between 2020-2022, although utilization was relatively stable year-over-year with a slight declining trend. DHCS believes that the spike in visits for PACE plans in 2021 can be attributed to several factors, including but not limited to delayed implementation of broad-based telehealth services, and slower member uptake as to widespread adoption and acceptance of telehealth services in response to the COVID-19 pandemic. Additionally, 2021 marked a significant period during which individuals, including the elderly population enrolled in PACE, and therefore increasingly relied on remote healthcare options to avoid potential exposure to COVID-19. Telehealth visits became a crucial means for PACE members to access necessary medical care when they may not have been previously doing so in 2019 and 2020. Further, the utilization spike observed in 2021 could also be attributed to the utilization ratio relative to the number of members enrolled in PACE. For example, if the PACE program experienced an

increase in its member base or if existing members sought more frequent healthcare interactions, then the utilization ratio would naturally rise. Mirroring this trend, telehealth utilization remained consistently high within both PACE delivery systems and under the aid code groupings Aged/Blind/Disabled, which encompass overlapping populations.

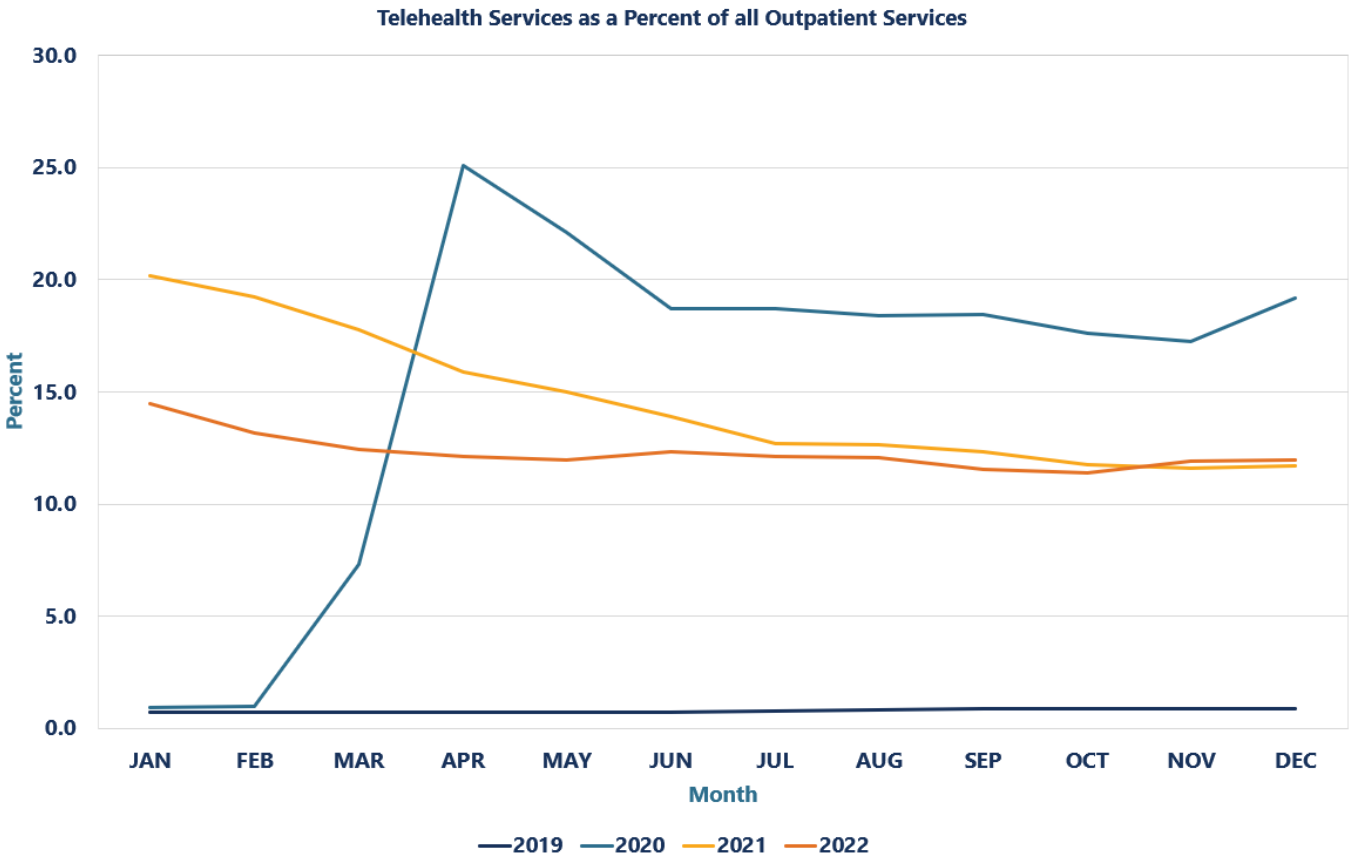
Figure 14 – Telehealth Visits per 100,000 Member Months: Delivery System



Telehealth Services as a Percentage of all Outpatient Services

When looking at outpatient services as a broad category, DHCS analyzed the percentage of services that were provided via a telehealth modality. Throughout 2019, telehealth utilization was very steady and remained relatively low (less than 2-3 percent. Starting in March of 2020, DHCS saw a significant and dramatic increase in provision of outpatient services via a telehealth modality, rising to over 20 percent briefly and remaining at approximately 15 percent for the remainder of 2020 with a small spike near the end of 2020. In early 2021, telehealth utilization slowly declined through July 2021 and leveled out at or slightly below 10 percent for the remainder of 2021. In 2022, DHCS saw a fairly steady trend with telehealth utilization at approximately 10 percent of all outpatient services.

Figure 14 – Telehealth Services as a Percentage of all Outpatient Services



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Most Common Procedure Codes for Medical Outpatient Telehealth, 2019-2022

DHCS analyzed the twenty (20) most commonly used medical outpatient procedure codes, both Healthcare HCPCS and CPT codes, for 2019-2022 (see *Figures 15-18*). In 2019, DHCS observed that HCPCS code H2015, *Comprehensive Community Support Services, per 15 minutes*, was the highest utilized service via a telehealth modality by a notable margin. Other highly utilized HCPCS codes included H2010 for *Comprehensive Medication Services, per 15 minutes,* and HCPCS Code T1017 for *Targeted Case Management, each 15 minutes*. The top ten (10) codes also included two outpatient office visit (Evaluation and Management (E&M)) codes.

Figure 15 – 10 Most Commonly Used Procedure Codes: 2019

Rank	Procedure Code	Code Description	Visit Count
1	HCPCS Code H2015	Comprehensive Community Support Services, per 15 minutes	1,245,549
2	HCPCS Code H2010	Comprehensive Medication Services, per 15 minutes	568,599
3	HCPCS Code T1017	Targeted Case Management, each 15 minutes	296,496
4	HCPCS Code H0032	Mental Health Service Plan Development, non-physician	196,584
5	HCPCS Code H2017	Psychosocial Rehabilitation Services, per 15 minutes	162,435
6	HCPCS Code G9008	Coordinated Care Fee, Physician Coordinated Care Oversight Services	89,390
7	CPT Code 99213	Outpatient Office Visit with an Established Patient, 20-29 minutes (low complexity)	68,284
8	CPT Code 99214	Outpatient Office Visit with an Established Patient, 30-39 minutes (moderate complexity)	49,176
9	CPT Code 99451	Interprofessional Telephone/Internet/Electronic Health Record Assessment & Management Service, 5 minutes or more	44,635
10	CPT Code 90837	Psychotherapy, 60 minutes	26,517

(Continued on next page)

In 2020, DHCS observed a shift in the most commonly used procedure codes, but there was still notable overlap. In 2020, DHCS observed that CPT Code 99213, *Outpatient Office Visit with an Established Patient, 20-29 minutes (low complexity)*, was the highest utilized service via a telehealth modality. The second highest utilized service was HCPCS code H2015, *Comprehensive Community Support Services, per 15 minutes*. Other highly utilized CPT codes included CPT code 99212 for *Outpatient Office Visit with an Established Patient, 10-19 minutes (straightforward)*, and CPT code 99214 for *Outpatient Office Visit with an Established Patient, 30-39 minutes (moderate complexity).*

Figure 16 – 10 Most Commonly Used Procedure Codes: 2020

Rank	Procedure Code	Code Description	Visit Count
1	CPT Code 99213	Outpatient Office Visit with an Established Patient, 20-29 minutes (low complexity)	3,902,672
2	HCPCS code H2015	Comprehensive Community Support Services, per 15 minutes	3,285,554
3	CPT Code 99212	Outpatient Office Visit with an Established Patient, 10-19 minutes (straightforward)	1,624,925
4	CPT Code 99214	Outpatient Office Visit with an Established Patient, 30-39 minutes (moderate complexity)	1,433,708
5	HCPCS Code H2010	Comprehensive Medication Services, per 15 minutes	840,893
6	CPT Code 90837	Psychotherapy, 60 minutes	683,382
7	CPT Code 92508	Treatment (Therapy) of Speech, Language, Voice, Communication, and/or Auditory Processing Disorder	578,315
8	HCPCS Code T1017	Targeted Case Management, each 15 minutes	481,824
9	HCPCS Code G2012	Brief Communication Technology-Based Service with an Established Patient, 5-10 minutes	457,781
10	HCPCS Code H2017	Psychosocial Rehabilitation Services, per 15 minutes	423,499

Like in 2020, DHCS observed that CPT Code 99213, *Outpatient Office Visit with an Established Patient, 20-29 minutes (low complexity)*, was the highest utilized service via a telehealth modality as well in 2021. The second highest utilized service was also again HCPCS code H2015, *Comprehensive Community Support Services, per 15 minutes*. Other highly utilized CPT codes included CPT code 99214 for *Outpatient Office Visit with an Established Patient, 30-39 minutes (moderate complexity) and* 99212 for *Outpatient Office Visit with an Established Patient, 10-19 minutes (straightforward)*. HCPCS code H0032 for

Mental Health Service Plan Development, Non-Physician also appeared for the first time in the top ten (10) most utilized telehealth services.

Figure 17 – 10 Most Commonly Used Procedure Codes: 2021

Rank	Procedure Code	Code Description	Visit Count
1	CPT Code 99213	Outpatient Office Visit with an Established Patient, 20-29 minutes (low complexity)	4,265,570
2	HCPCS code H2015	Comprehensive Community Support Services, per 15 minutes	3,063,143
3	CPT Code 99214	Outpatient Office Visit with an Established Patient, 30-39 minutes (moderate complexity)	1,827,072
4	CPT Code 99212	Outpatient Office Visit with an Established Patient, 10-19 minutes (straightforward)	1,646,197
5	CPT Code 90837	Psychotherapy, 60 minutes	1,064,255
6	HCPCS Code H2010	Comprehensive Medication Services, per 15 minutes	728,023
7	CPT Code 92508	Treatment (Therapy) of Speech, Language, Voice, Communication, and/or Auditory Processing Disorder	527,763
8	HCPCS Code T1017	Targeted Case Management, each 15 minutes	525,583
9	HCPCS Code G2012	Brief Communication Technology-Based Service with an Established Patient, 5-10 minutes	508,845
10	HCPCS Code H0032	Mental Health Service Plan Development, Non-Physician	451,639

In 2022, DHCS observed that the top four (4) most utilized services via a telehealth modality were identical to 2020 and 2021, with CPT Code 99213, *Outpatient Office Visit with an Established Patient, 20-29 minutes (low complexity)* and HCPCS code H2015, *Comprehensive Community Support Services, per 15 minutes*, being the two highest utilized services. One note is that the rankings swapped (rank 3 versus rank 4) for CPT code 99214 for *Outpatient Office Visit with an Established Patient, 30-39 minutes (moderate complexity) and* 99212 for *Outpatient Office Visit with an Established Patient, 10-19 minutes (straightforward)*. CPT Code 90832 for *Psychotherapy, 30 minutes* also appeared for the first time in the top ten (10) most utilized telehealth services. In 2019, DHCS had observed the 60-minute version of this code series (CPT 90837) in the same rank spot.

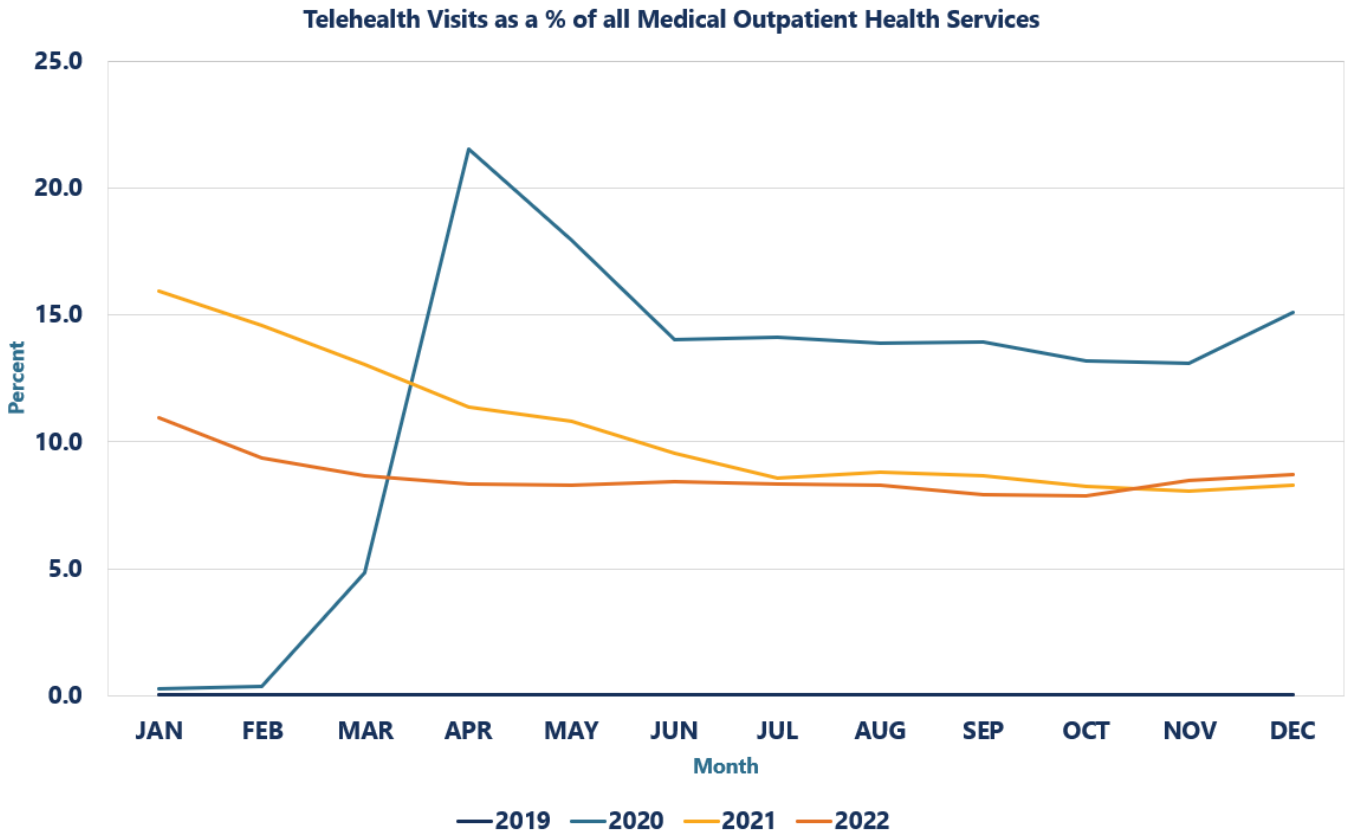
Figure 18 – 10 Most Commonly Used Procedure Codes: 2022

Rank	Procedure Code	Code Description	Visit Count
1	CPT Code 99213	Outpatient Office Visit with an Established Patient, 20-29 minutes (low complexity)	3,636,429
2	HCPCS code H2015	Comprehensive Community Support Services, per 15 minutes	1,989,097
3	CPT Code 99214	Outpatient Office Visit with an Established Patient, 30-39 minutes (moderate complexity)	1,662,538
4	CPT Code 99212	Outpatient Office Visit with an Established Patient, 10-19 minutes (straightforward)	1,414,986
5	CPT Code 90837	Psychotherapy, 60 minutes	1,221,478
6	HCPCS Code G9012	Other Specified Case Management Service, not otherwise classified	754,266
7	HCPCS Code G2012	Brief Communication Technology-Based Service with an Established Patient, 5-10 minutes	602,968
8	HCPCS Code T1017	Targeted Case Management, each 15 minutes	482,188
9	HCPCS Code H2010	Comprehensive Medication Services, per 15 minutes	481,004
10	CPT Code 90832	Psychotherapy, 30 minutes	418,520

Telehealth Visits as a Percentage of All Medical Outpatient Services

In 2019, DHCS observed a statistically insignificant number of telehealth visits relative to all medical outpatient services. However, starting in March 2020, DHCS saw a significant and dramatic increase in this figure. In 2020, DHCS observed a peak where over 20 percent of all medical outpatient services were being delivered by a telehealth modality, and this figure leveled off to at or just below 15 percent for the duration of 2020. In 2021, DHCS observed that the year started out around 15 percent and then decreased approximately 5 percent over several months, finally leveling out a few percentage points below 10 percent for the duration of the year. In 2022, DHCS observed a similar trend, with approximately 10 percent overall at the beginning of the year, which decreased to near 2021 levels for the duration of 2022. Overall, DHCS believes that the approximate 10 percent trend is likely to be the new baseline going into future years.

Figure 19 – Telehealth Visits as a Percentage of All Medical Outpatient Services



Most Common Outpatient Mild-to-Moderate Mental Health Telehealth Services[5]

In 2019, DHCS observed that CPT code 99213, *Outpatient Office Visit with an Established Patient, 20-29 minutes*, was the highest utilized mild-to-moderate mental health service via a telehealth modality by a notable margin. Other highly utilized CPT codes included 99214 for *Outpatient Office Visit with an Established Patient, 30-39 minutes,* and 99792 for *Psychiatric Diagnostic Evaluation Services, with medical services.* The top five (5) codes also included a psychotherapy code and another outpatient office visit code for higher complexity cases. Of interest, DHCS observed all three CPT codes for low, moderate, and high complexity office visits in the top five (5) for 2019.

[5] This telehealth measure will be accessible via the DHCS Telehealth Utilization Interactive Dashboard in the Summer of 2024.

Figure 20 – Five (5) Most Commonly Used Procured Codes: 2019

Rank	Procedure Code	Code Description	Visit Count
1	CPT Code 99213	Outpatient Office Visit with an Established Patient, 20-29 minutes (low complexity)	14,514
2	CPT Code 99214	Outpatient Office Visit with an Established Patient, 30-39 minutes (moderate complexity)	9,941
3	CPT Code 99792	Psychiatric Diagnostic Evaluation Services, with medical services	8,311
4	CPT Code 90837	Psychotherapy, 60 minutes	8,273
5	CPT Code 99215	Outpatient Office Visit with an Established Patient, 40-54 minutes (high complexity)	6,264

In 2020, DHCS observed overlap in terms of the highest utilized procedure codes but there was shifting relative to rankings. Specifically, CPT code 90837 for *Psychotherapy, 60 minutes,* was the highest utilized mild-to-moderate mental health service via a telehealth modality. Other highly utilized CPT codes included 99213, *Outpatient Office Visit with an Established Patient, 20-29 minutes*, and 90832 for *Psychotherapy, 30 minutes*. The top five (5) codes also included another psychotherapy code for more complex cases and another outpatient office visit code for moderate complexity cases.

Figure 21 – Five (5) Most Commonly Used Procured Codes: 2020

Rank	Procedure Code	Code Description	Visit Count
1	CPT Code 90837	Psychotherapy, 60 minutes	683,382
2	CPT Code 99213	Outpatient Office Visit with an Established Patient, 20-29 minutes (low complexity)	423,154
3	CPT Code 90832	Psychotherapy, 30 minutes	362,716
4	CPT Code 90834	Psychotherapy, 45 minutes	255,268
5	CPT Code 99214	Outpatient Office Visit with an Established Patient, 30-39 minutes (moderate complexity)	243,053

In 2021, DHCS again observed overlap in terms of the highest utilized procedure codes, with the three highest CPT codes remining the same. Specifically, CPT code 90837 for *Psychotherapy, 60 minutes,* was the highest utilized mild-to-moderate mental health service via a telehealth modality. Other highly utilized CPT codes included 99213, *Outpatient Office Visit with an Established Patient, 20-29 minutes*, and 90832 for *Psychotherapy, 30 minutes*. The top five (5) codes also included another psychotherapy code for moderately complex cases and another outpatient office visit code for

moderate complexity cases. Of interest, DHCS observed all three CPT codes pertaining to psychotherapy services (30, 45, and 60 minutes) in 2021.

Figure 22 – Five (5) Most Commonly Used Procured Codes: 2021

Rank	Procedure Code	Code Description	Visit Count
1	CPT Code 90837	Psychotherapy, 60 minutes	1,064,255
2	CPT Code 99213	Outpatient Office Visit with an Established Patient, 20-29 minutes (low complexity)	521,481
3	CPT Code 90832	Psychotherapy, 30 minutes	444,783
4	CPT Code 99214	Outpatient Office Visit with an Established Patient, 30-39 minutes (moderate complexity)	389,268
5	CPT Code 90834	Psychotherapy, 45 minutes	360,974

In 2022, DHCS again observed overlap in terms of the highest utilized procedure codes, with the two highest CPT codes remining the same and the others just changing rank order. Specifically, CPT code 90837 for *Psychotherapy, 60 minutes,* was the highest utilized mild-to-moderate mental health service via a telehealth modality. Other highly utilized CPT codes included 99213, *Outpatient Office Visit with an Established Patient, 20-29 minutes*, and 99214 for *Outpatient Office Visit with an Established Patient, 30-39 minutes*. The top five (5) codes also included the two other psychotherapy codes (30 and 45 minutes), thus again, DHCS observed all three CPT codes pertaining to psychotherapy services (30, 45, and 60 minutes) in 2022.

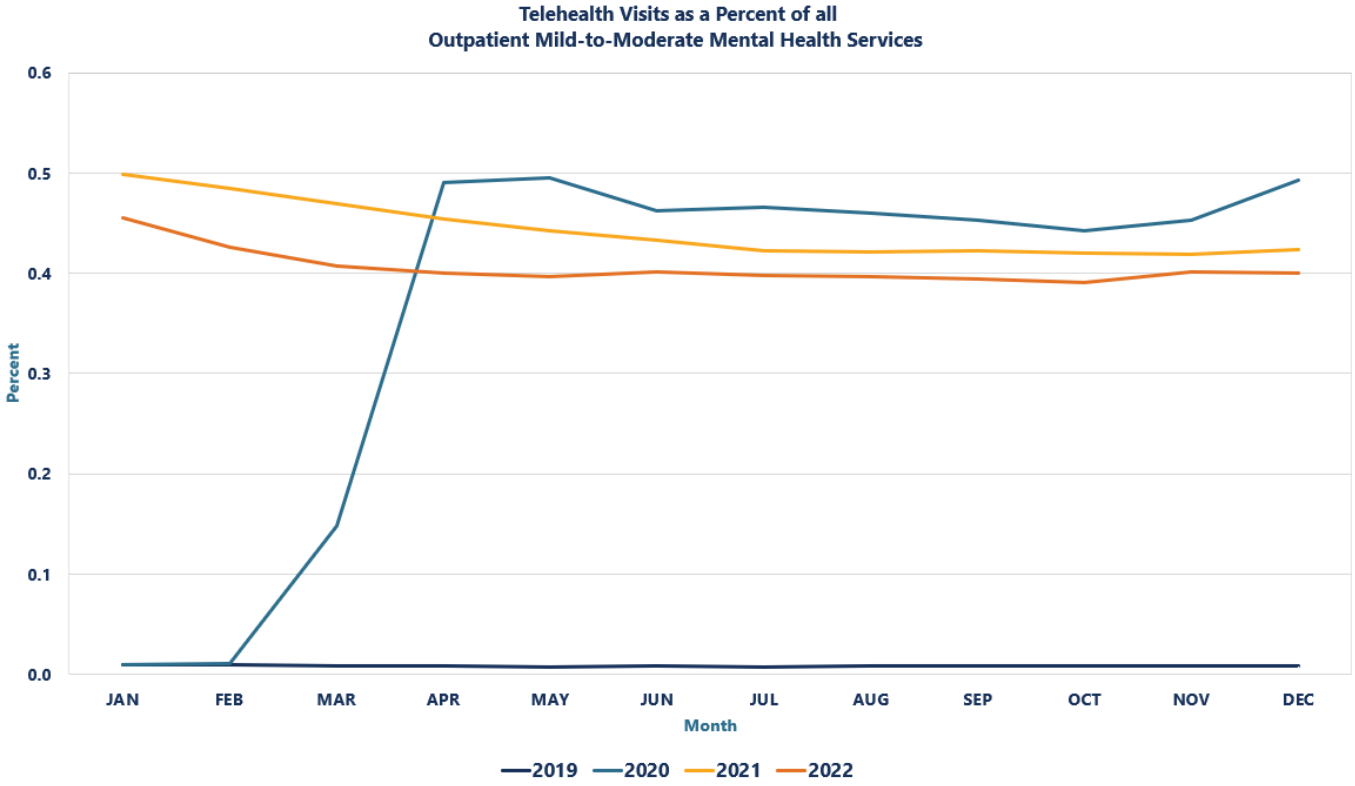
Figure 23 – Five (5) Most Commonly Used Procured Codes: 2022

Rank	Procedure Code	Code Description	Visit Count
1	CPT Code 90837	Psychotherapy, 60 minutes	1,221,478
2	CPT Code 99213	Outpatient Office Visit with an Established Patient, 20-29 minutes (low complexity)	511,437
3	CPT Code 99214	Outpatient Office Visit with an Established Patient, 30-39 minutes (moderate complexity)	441,818
4	CPT Code 90832	Psychotherapy, 30 minutes	418,520
5	CPT Code 90834	Psychotherapy, 45 minutes	361,249

Telehealth Visits as a Percentage of All Mild-to-Moderate Mental Health Services[6]

In 2019, DHCS observed that less than 1 percent of visits were conducted via telehealth modalities relative to all mild-to-moderate mental health services. However, starting in March 2020, DHCS saw a significant and dramatic increase in this figure. In 2020, DHCS observed a peak where approximately 5.5 percent of all mild-to-moderate mental health services were being delivered by a telehealth modality, and this figure leveled off to between 4 percent and 5 percent for the duration of 2020. In 2021, DHCS observed that the year started out just under 5 percent and then decreased slightly over several months, finally leveling just above 3 percent for the duration of the year. In 2022, DHCS observed a similar trend, with approximately 3.5 percent overall at the beginning of the year, which decreased slightly throughout the year and settled just around 3 percent.

Figure 24 - Telehealth Visits as a Percentage of All Mild-to-Moderate Mental Health Services



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[6] This telehealth measure will be accessible via the DHCS Telehealth Utilization Interactive Dashboard in the Summer of 2024.

Most Common Outpatient Specialty Mental Health Telehealth Services[7]

In 2019, DHCS observed that HCPCS code H2015, for *Comprehensive Community Support Services, per 15 minutes*, was the highest utilized specialty mental health service via a telehealth modality by a notable margin. Other highly utilized HCPCS codes included H2010 for *Comprehensive Medication Services, per 15 minutes,* and T1017 for *Targeted Case Management, each 15 minutes*. The top five (5) codes also included a mental health plan development code and a psychosocial rehabilitation service code.

Figure 25 – Five (5) Most Commonly Used Procured Codes: 2019

Rank	Procedure Code	Code Description	Visit Count
1	HCPCS Code H2015	Comprehensive Community Support Services, per 15 minutes	412,010
2	HCPCS Code H2010	Comprehensive Medication Services, per 15 minutes	183,516
3	HCPCS Code T1017	Targeted Case Management, each 15 minutes	86,510
4	HCPCS Code H0032	Mental Health Service Plan Development, non-physician	64,834
5	HCPCS Code H2017	Psychosocial Rehabilitation Services, per 15 minutes	49,638

In 2020, DHCS observed the same procedure codes in the top five (5); however, there were minor rank shifts. HCPCS code H2015, for *Comprehensive Community Support Services, per 15 minutes*, remained the highest utilized specialty mental health service via a telehealth modality by a notable margin. Other highly utilized HCPCS codes included H2010 for *Comprehensive Medication Services, per 15 minutes,* and H2017 for *Psychosocial Rehabilitation Services, per 15 minutes*.

[7] This telehealth measure will be accessible via the DHCS Telehealth Utilization Interactive Dashboard in the Summer of 2024.

Figure 26 – Five (5) Most Commonly Used Procured Codes: 2020

Rank	Procedure Code	Code Description	Visit Count
1	HCPCS Code H2015	Comprehensive Community Support Services, per 15 minutes	3,060,256
2	HCPCS Code H2010	Comprehensive Medication Services, per 15 minutes	813,281
3	HCPCS Code H2017	Psychosocial Rehabilitation Services, per 15 minutes	343,421
4	HCPCS Code T1017	Targeted Case Management, each 15 minutes	342,573
5	HCPCS Code H0032	Mental Health Service Plan Development, non-physician	225,422

In 2021, DHCS observed the same procedure codes in the top five (5); however, there were again minor rank shifts. HCPCS code H2015, for *Comprehensive Community Support Services, per 15 minutes*, remained the highest utilized specialty mental health service via a telehealth modality by a notable margin. Other highly utilized HCPCS codes included H2010 for *Comprehensive Medication Services, per 15 minutes,* and T1017 for *Targeted Case Management, each 15 minutes.*

Figure 27 – Five (5) Most Commonly Used Procured Codes: 2021

Rank	Procedure Code	Code Description	Visit Count
1	HCPCS Code H2015	Comprehensive Community Support Services, per 15 minutes	2,846,199
2	HCPCS Code H2010	Comprehensive Medication Services, per 15 minutes	699,258
3	HCPCS Code T1017	Targeted Case Management, each 15 minutes	393,460
4	HCPCS Code H2017	Psychosocial Rehabilitation Services, per 15 minutes	342,300
5	HCPCS Code H0032	Mental Health Service Plan Development, non-physician	259,161

In 2022, DHCS observed the same procedure codes in the top five (5) and the ranks were identical to 2021. HCPCS code H2015, for *Comprehensive Community Support Services, per 15 minutes*, remained the highest utilized specialty mental health service via a telehealth modality by a notable margin. Other highly utilized HCPCS codes included H2010 for *Comprehensive Medication Services, per 15 minutes,* and T1017 for *Targeted Case Management, each 15 minutes.*

Figure 28 – Five (5) Most Commonly Used Procured Codes: 2022

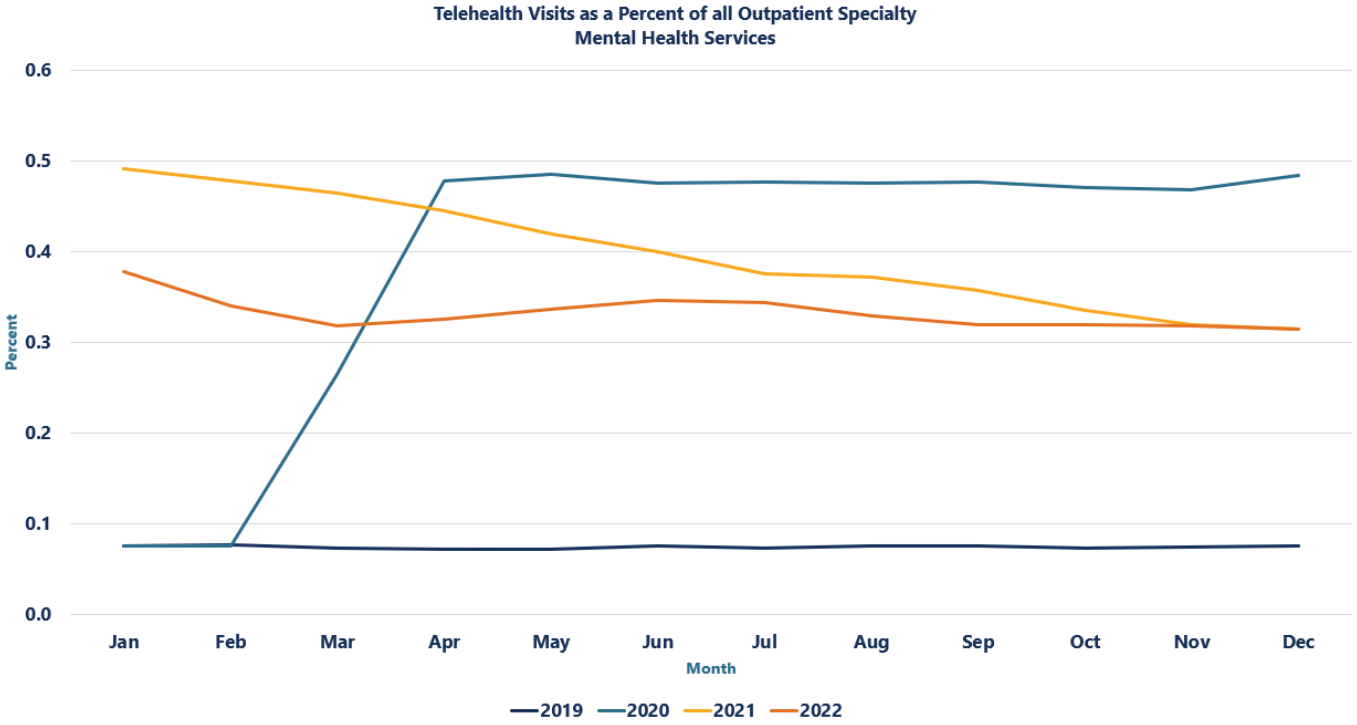
Rank	Procedure Code	Code Description	Visit Count
1	HCPCS Code H2015	Comprehensive Community Support Services, per 15 minutes	1,883,197
2	HCPCS Code H2010	Comprehensive Medication Services, per 15 minutes	737,928
3	HCPCS Code T1017	Targeted Case Management, each 15 minutes	391,664
4	HCPCS Code H2017	Psychosocial Rehabilitation Services, per 15 minutes	228,066
5	HCPCS Code H0032	Mental Health Service Plan Development, non-physician	198,844

Telehealth Visits as a Percentage of All Specialty Mental Health Services[8]

In 2019, DHCS observed that less than 10 percent of visits, on average, were conducted via telehealth modalities relative to all specialty mental health services. However, starting in March/April 2020, DHCS saw a significant and dramatic increase in this figure. In 2020, DHCS observed a peak where approximately 50 percent of all specialty mental health services were being delivered by a telehealth modality, and this figure remained constant for the duration of 2020. In 2021, DHCS observed that the year started out around 50 percent and then decreased over several months, finally leveling just above 30 percent. In 2022, DHCS observed a similar trend, with just under 40 percent utilization overall at the beginning of the year, which decreased somewhat throughout the year and settled just above 30 percent.

[8] This telehealth measure will be accessible via the DHCS Telehealth Utilization Interactive Dashboard in the Summer of 2024.

Figure 29 - Telehealth Visits as a Percentage of All Specialty Mental Health Services



Most Common Outpatient Drug Medi-Cal Telehealth Services[9]

In 2019, DHCS observed that CPT code 99213, for *Outpatient Office Visit with an Established Patient, 20-29 minutes (low complexity)*, was the highest utilized Drug Medi-Cal service via a telehealth modality but total visit count was only 290. Other utilized procedure codes included HCPCS codes included S0311 for *Comprehensive Management and Care Coordination, Advanced Illness,* and CPT 99214 for *Outpatient Office Visit with an Established Patient, 30-39 minutes (moderate complexity.* Of interest, the top five (5) codes also included two home visit codes, one for new and another for established patients.

[9] This telehealth measure will be accessible via the DHCS Telehealth Utilization Interactive Dashboard in the Summer of 2024.

Figure 30 – Five (5) Most Commonly Used Procedure Codes: 2019

Rank	Procedure Code	Code Description	Visit Count
1	CPT Code 99213	Outpatient Office Visit with an Established Patient, 20-29 minutes (low complexity)	290
2	HCPCS code S0311	Comprehensive Management and Care Coordination, Advanced Illness	116
3	CPT Code 99214	Outpatient Office Visit with an Established Patient, 30-39 minutes (moderate complexity)	38
4	CPT Code 99349	Home Visit with an Established Patient	26
5	CPT Code 99345	Home Visit with a New Patient	20

In 2020, DHCS observed very similar procedure code utilization, with CPT code 99213 for *Outpatient Office Visit with an Established Patient, 20-29 minutes (low complexity)*, remaining the highest utilized Drug Medi-Cal service via a telehealth modality. DHCS would note that utilization of this code did increase from 2019 but overall utilization was still low. Other utilized procedure codes included HCPCS codes included S0311 for *Comprehensive Management and Care Coordination, Advanced Illness,* and CPT 99214 for *Outpatient Office Visit with an Established Patient, 30-39 minutes (moderate complexity.*

Figure 31 – Five (5) Most Commonly Used Procured Codes: 2020

Rank	Procedure Code	Code Description	Visit Count
1	CPT Code 99213	Outpatient Office Visit with an Established Patient, 20-29 minutes (low complexity)	715
2	HCPCS code S0311	Comprehensive Management and Care Coordination, Advanced Illness	275
3	CPT Code 99214	Outpatient Office Visit with an Established Patient, 30-39 minutes (moderate complexity)	273
4	CPT Code 99212	Outpatient Office Visit with an Established Patient, 10-19 minutes (straightforward)	186
5	CPT Code 99349	Home Visit with an Established Patient	33

In 2021, DHCS observed a notable shift in procedure code utilization. Most of the procedure codes from 2019 and 2020 dropped out of the top five (5) and were replaced with other codes, three of which involved alcohol and/or other drug services. HCPCS Code H0005 for *Alcohol and/or Other Drug Services: Group Counseling with Clinician* saw the highest utilization in 2021 at 17,174 visits, which represents a notable increase over the number one ranked service in 2020 (CPT Code 99213 at 715 visits). Other higher utilized HCPCS codes included H0004 for *Behavioral Health Counseling & Therapy, per*

15 minutes, and H0006 for *Alcohol and/or Other Drug Services: Case Management.* CPT code 99213 for *Outpatient Office Visit with an Established Patient, 20-29 minutes (low complexity)* rounded out the top five (5) but saw fewer overall visits than 2020.

Figure 32 – Five (5) Most Commonly Used Procured Codes: 2021

Rank	Procedure Code	Code Description	Visit Count
1	HCPCS Code H0005	Alcohol and/or Other Drug Services: Group Counseling with Clinician	17,174
2	HCPCS Code H0004	Behavioral Health Counseling & Therapy, per 15 minutes	7,846
3	HCPCS Code H0006	Alcohol and/or Other Drug Services: Case Management	1,509
4	HCPCS Code H0015	Alcohol and/or Drug Services; Intensive Outpatient	1,473
5	CPT Code 99213	Outpatient Office Visit with an Established Patient, 20-29 minutes (low complexity)	507

In 2022, DHCS observed very similar procedure code utilization as in 2021 with one rank shift between the third and fourth rank, and a new addition in the fifth rank. HCPCS Code H0005 for *Alcohol and/or Other Drug Services: Group Counseling with Clinician* continued to see the highest utilization in 2022 but saw a dramatic increase in total number of visits from 2021 (i.e., 17,174 visits in 2021 to 184,015 visits in 2022). Other higher utilized HCPCS codes included H0004 for *Behavioral Health Counseling & Therapy, per 15 minutes,* and H0015 for *Alcohol and/or Drug Services; Intensive Outpatient.* HCPCS code G9012 for *Other Specified Case Management Service, not otherwise classified* made rank five, knocking out the outpatient office visit code (CPT Code 99213) from 2021.

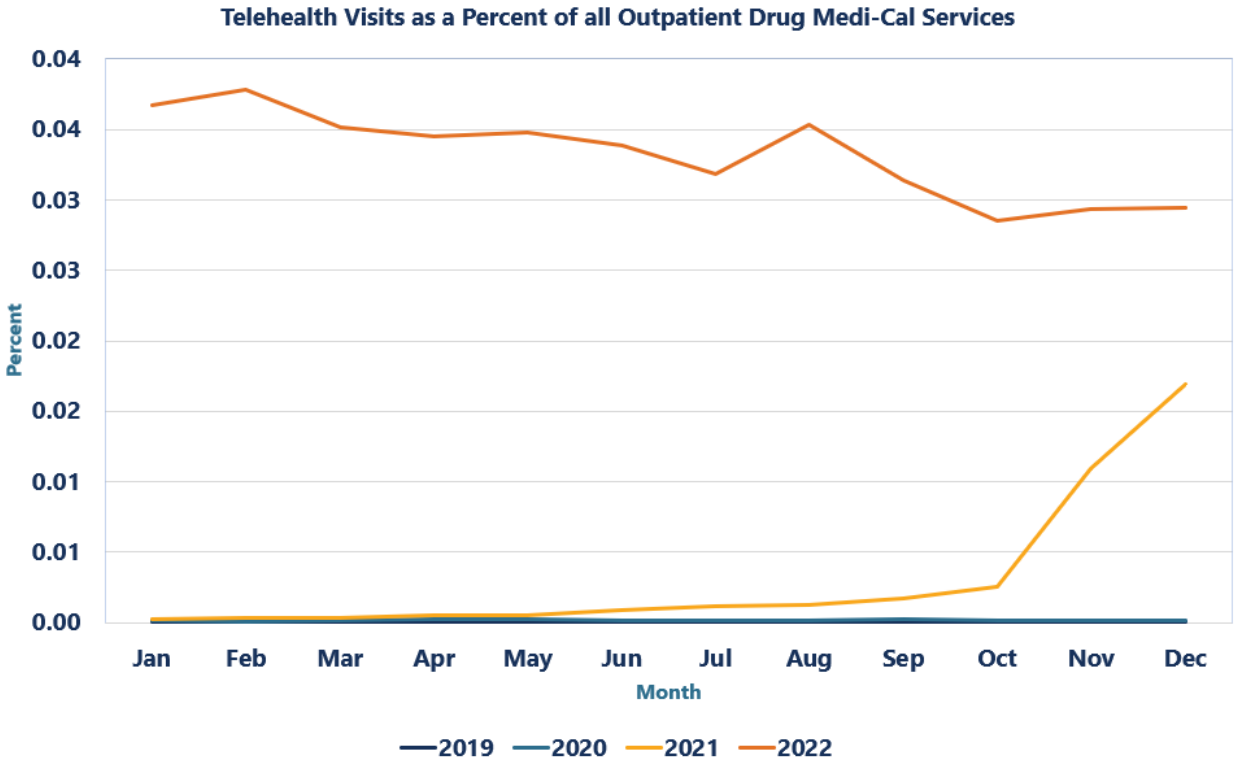
Figure 33 – Five (5) Most Commonly Used Procured Codes: 2022

Rank	Procedure Code	Code Description	Visit Count
1	HCPCS Code H0005	Alcohol and/or Drug Services; Group Counseling with Clinician	184,015
2	HCPCS Code H0004	Behavioral Health Counseling & Therapy, per 15 minutes	97,250
3	HCPCS Code H0015	Alcohol and/or Drug Services; Intensive Outpatient	18,001
4	HCPCS Code H0006	Alcohol and/or Drug Services; Case Management	12,984
5	HCPCS Code G9012	Other Specified Case Management Service, not otherwise classified	7,232

Telehealth as a Percentage of All Drug Medi-Cal Services, 2019-2022[10]

Throughout all of 2019 and 2020, as well as most of 2021, DHCS observed statistically insignificant utilization of outpatient Drug Medi-Cal services via telehealth modalities. In June of 2021, DHCS started to observe a small increase in utilization, however notable increases did not begin until around October 2021. Starting in October 2021, DHCS saw utilization increase to over 1.5 percent by the end of December 2021. In 2022, DHCS observed historically high utilization with overall utilization at over 3.5 percent in the beginning of 2022, which decreased slightly throughout the remainder of the year and levered out just under 3 percent (note: DHCS saw one spike in September 2022).

Figure 34 - Telehealth Visits as a Percentage of All Outpatient Drug-Medi-Cal Mental Health Services



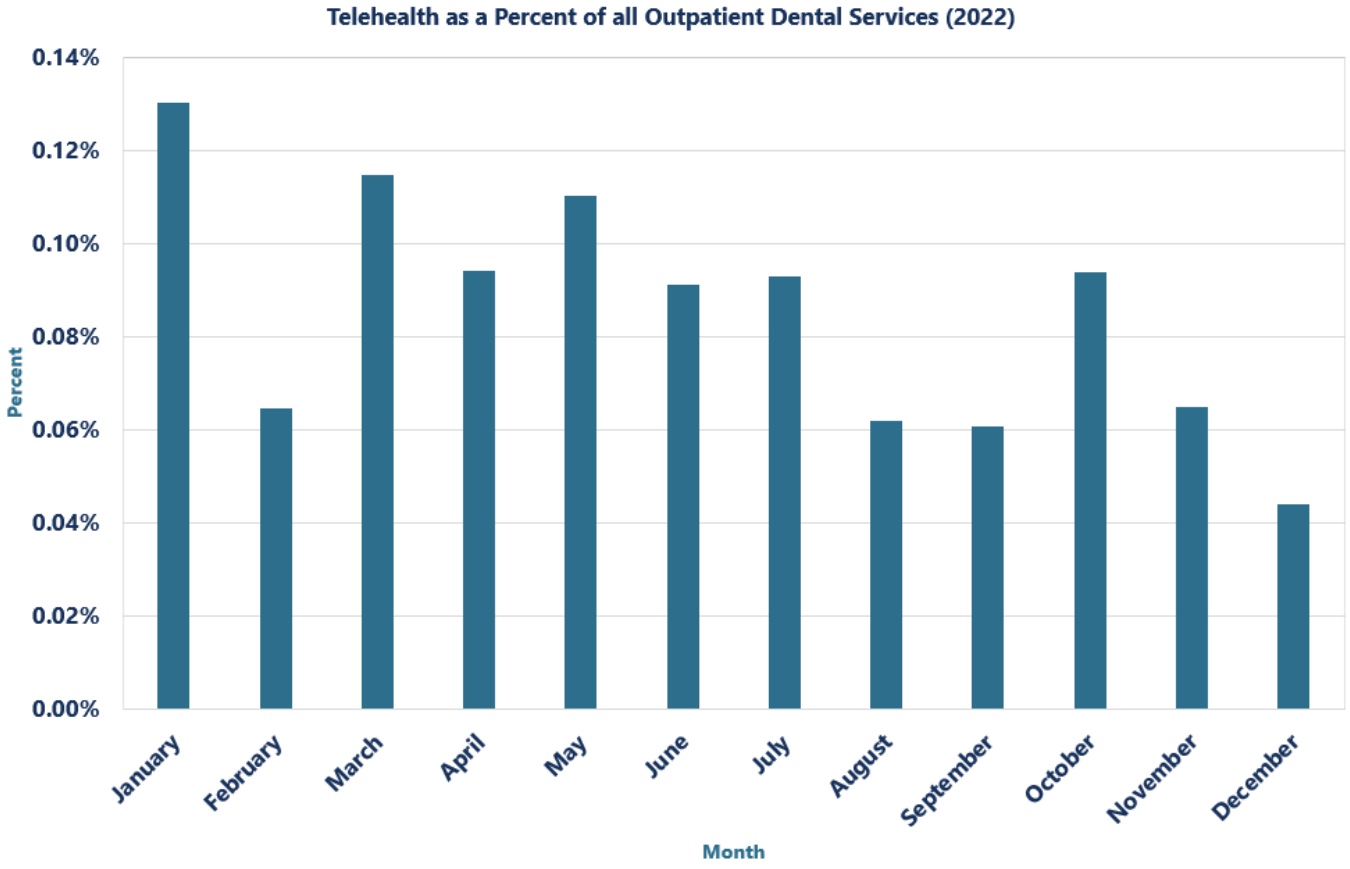
Telehealth as a Percentage of All Outpatient Dental Services, 2022 Snapshot[11]

In 2022, DHCS observed increases but still relatively small percentages of telehealth visits relative to all dental outpatient services, with less than 0.14 percent across all

[10] This telehealth measure will be accessible via the DHCS Telehealth Utilization Interactive Dashboard in the Summer of 2024.
[11] This telehealth measure will be accessible via the DHCS Telehealth Utilization Interactive Dashboard in the Summer of 2024

twelve months. During 2022, the highest utilization month was January with approximately 0.13 percent and the lowest utilization was December with just over 0.04 percent.

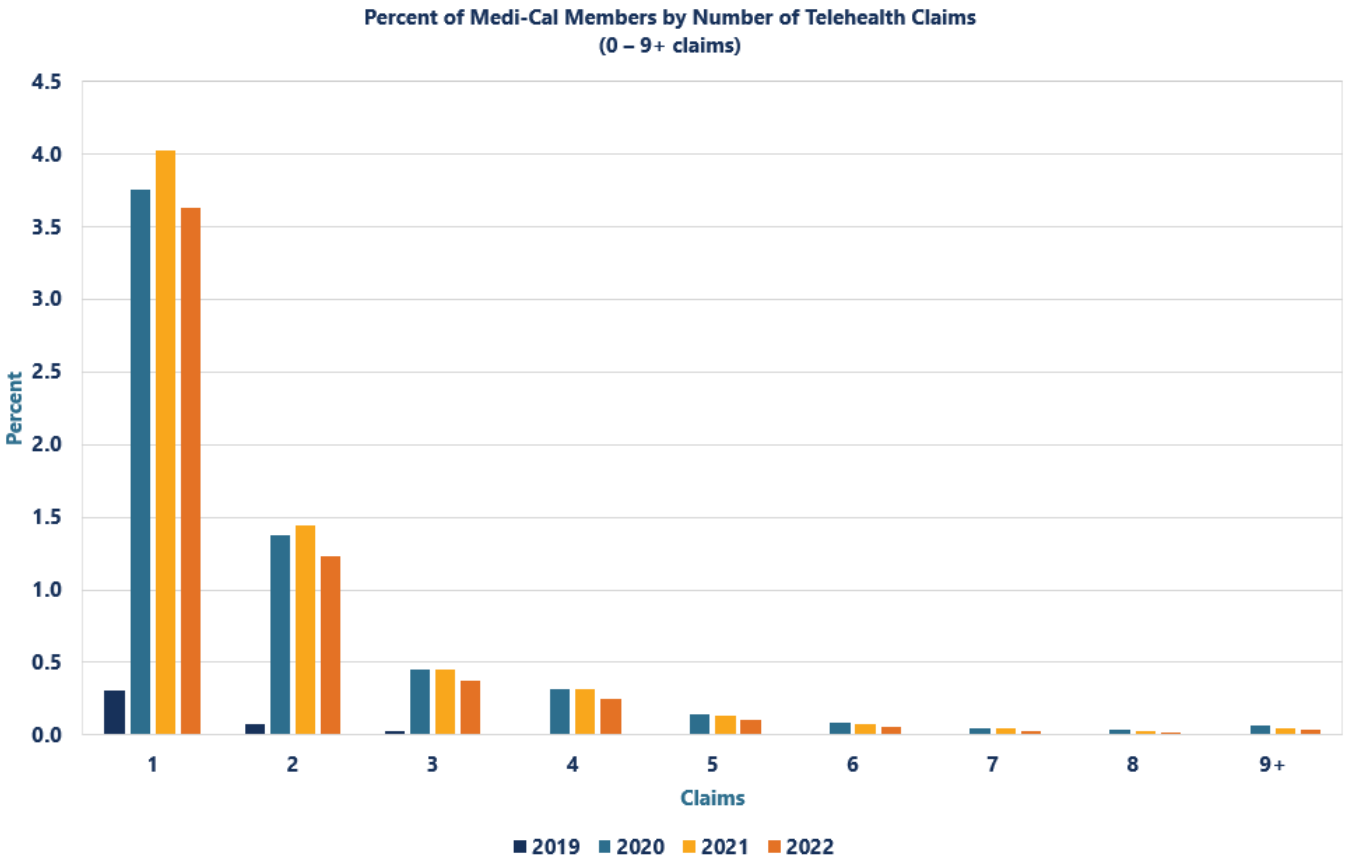
Figure 35 - Telehealth Visits as a Percentage of All Outpatient Dental Services



Percent of Medi-Cal Members by Number of Telehealth Claims

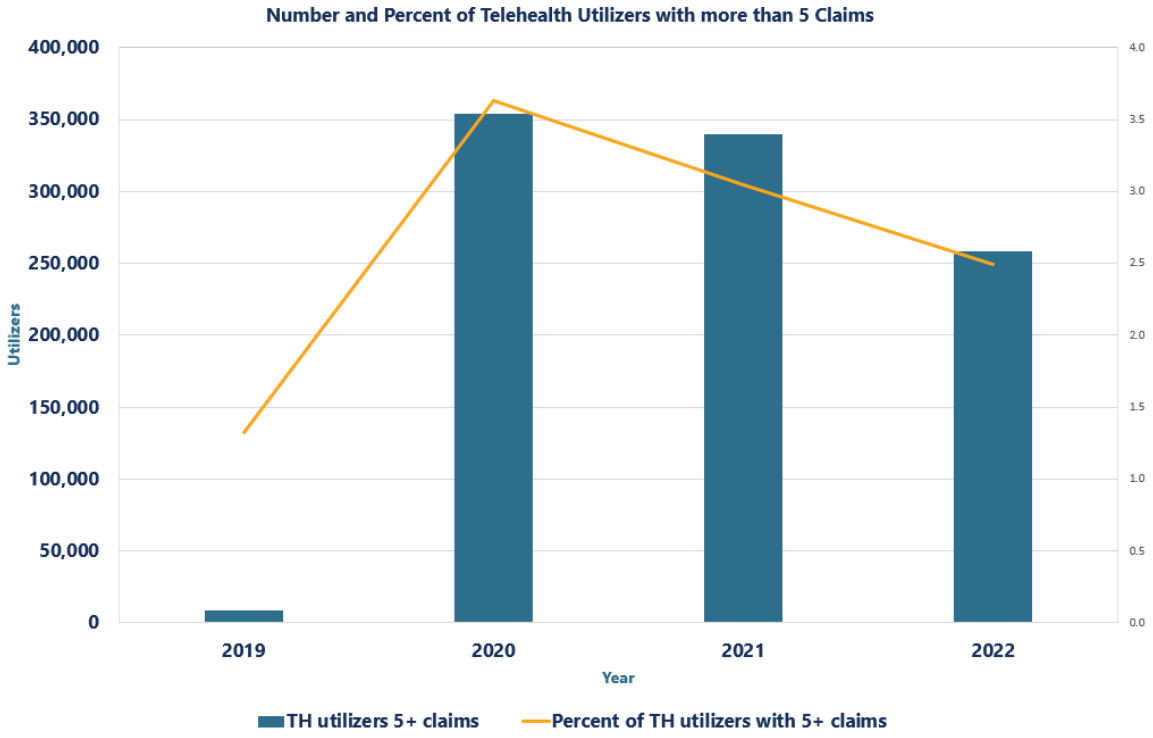
Overall, for 2019-2022, DHCS observed that most Medi-Cal members received services via a telehealth modality a total of one (1) time per year. In 2019, less than 0.5 percent of Medi-Cal members received services via a telehealth modality. In contrast, in 2020, 2021, and 2022, DHCS saw these figures jump to between 3.5-4 percent. Additionally, between 2020-2022, DHCS similarly saw an increase in the number of telehealth claims per Medi-Cal member, with between 1-1.5 percent having two (2) visits, which was a dramatic increase from 2019. Moreover, DHCS observed that approximately 0.5 percent of Medi-Cal members had three (3) visits, and more members than ever before were having multiple telehealth visits.

Figure 36 – Percent of Medi-Cal Members by Number of Telehealth Claims, 1-9+



Relative to number and percent of telehealth utilization, DHCS most closely examined those Medi-Cal members with five (5) or more claims, which are considered by DHCS to be higher utilizers of telehealth services. In this subcategory, DHCS saw a very significant increase from 2019 to 2020 (from essentially very low utilization to approximately 3.5 percent), which was maintained in 2021 (just under 3.5 percent) and declined slightly in 2022 (just over 2.5 percent).

Figure 37 – Percent of Medi-Cal Members by Number of Telehealth Claims, 5+



Observations on Telehealth Modality Mix

In this analysis, DHCS also considered the modality mix, i.e., whether something was delivered via asynchronous, synchronous, or unspecified (meaning not identified on the claim/encounter). Relative to modality mix, DHCS acknowledges that there appears to be some incomplete data as not all FFS claims and managed care encounters clearly articulating the modality utilized for deliver of the Medi-Cal service. Specifically, a portion of the telehealth modality mix data is currently recorded as "unspecified", which means that the Medi-Cal provider did not identify the specific telehealth modality used for the delivery of Medi-Cal covered services. While DHCS strives to capture comprehensive insights into the modality mix, the presence of "unspecified" entries presents an ongoing challenge in obtaining a complete understanding of how telehealth services are being delivered. To this end, DHCS is actively investigating this issue and hopes to provide more complete data on this front for future iterations of this Report.

For the data DHCS does have currently on telehealth modality mix, DHCS saw a relatively even split in terms of types of modalities utilized for delivery of covered Medi-Cal benefits, which was often tied to the underlying type of service. For example, most new patient outpatient office visits were synchronous whereas many established outpatient office visits were asynchronous. DHCS assumes this modality variation can be attributed to the patient having a pre-established relationship with the Medi-Cal provider versus not. Additionally, certain types of services saw higher telehealth utilization, e.g., office visits were some of the highest utilized services, and mental health services saw higher utilization than dental services.

A portion of the telehealth modality mix data is currently recorded as 'unspecified' in certain instances. This classification indicates that the specific modality used for the delivery of telehealth services was not identified in the claim/encounter records, potentially introducing gaps in the available data. While DHCS strives to capture comprehensive insights into the modality mix, the presence of 'unspecified' entries highlights an ongoing challenge in obtaining a complete understanding of how telehealth services are being delivered.

DHCS is hopeful that, over time, as Medi-Cal providers continue to utilize telehealth, enhance and standardize their documentation practices, and more consistently record specific telehealth modalities used to deliver Medi-Cal covered services, DHCS' data will be more complete and will allow DHCS to provide further commentary on overall modality mix trends and a more nuanced and comprehensive portrayal of how these services are being utilized to help increase access to and improve quality of health care services. . Ultimately, this iterative process aligns with DHCS' commitment to data accuracy and continuous improvement.

Conclusions & Next Steps

Overall, DHCS is encouraged by the utilization trends observed in the data between 2019 and 2022. By treating 2019 as a pre-COVID-19 "baseline" year in terms of telehealth utilization, DHCS can more meaningfully track and assess changes in utilization trends between 2020-2022. As noted elsewhere in this Report, starting in 2020, DHCS has observed a sudden, dramatic increase in telehealth utilization data, due to the additional telehealth flexibilities implemented as part of DHCS' COVID-19 PHE response as well as the unprecedented challenges posed by the COVID-19 pandemic and the necessity for accessing health care services through various telehealth modalities versus in-person. In early 2021, DHCS continued to observe high telehealth utilization trends as it did throughout the end of CY 2020, which started to decline slightly in spring and continued a downward trend throughout the remaining months in 2021. In 2022, DHCS observed several small spikes in utilization, but overall, the data showed consistently lower telehealth utilization trends when compared to 2020 and 2021, although the trends remained notably higher than pre-pandemic 2019 levels.

Going forward, DHCS believes that this trend of increased telehealth utilization observed in 2022 likely suggests that there will be a new baseline as it relates to telehealth utilization going forward, potentially signaling a paradigm shift and dynamic evolution in terms of how individuals want to access health care services in what appears to be an ever-changing health care landscape.

DHCS is optimistic about the future of telehealth, recognizing its immense promise in various aspects of healthcare. The belief in improved access, increased utilization,

enhanced quality of care, better health outcomes, improved health equity, and an overall positive experience for both Medi-Cal providers and members that is grounded in the data-driven insights gained from observed trends. To reinforce this commitment to data-driven decision-making, DHCS intends to leverage the information in this Report and corresponding public, interactive Data Dashboard to monitor telehealth trends. DHCS' ongoing analysis will serve as a foundation for informed policymaking, ensuring that future healthcare policies are aligned with the evolving preferences and needs of providers and members. Through a multi-faceted approach that centers on data collection, analytics, and continuous improvement through the use of data, DHCS' intent overtime is for telehealth services to become more responsive, efficient, and aligned with the evolving needs of Medi-Cal members and providers.

APPENDIX A: TELEHEALTH UTILIZATION MEASURES

DHCS produced the following measures for the DHCS Stakeholder Advisory Committee and COVID-19 Impact on Medi-Cal Utilization reports[12]:

Measure
Telehealth Visits per 100,000 Beneficiaries, By Age Group
Telehealth Visits per 100,000 Beneficiaries, By Sex
Telehealth Visits per 100,000 Beneficiaries, By Race/Ethnicity
Telehealth Visits per 100,000 Beneficiaries, By Aid Code
Telehealth Visits per 100,000 Beneficiaries, By Delivery System
Telehealth Visits per 100,000 Beneficiaries, By Managed Care Plan,

In addition, DHCS analyzed paid claims for the twenty (20) most commonly-used CPT and HCPCS codes for outpatient telehealth visits, which produced the following additional measures for the Telehealth Advisory Workgroup:

Telehealth Claim Volume and Percentage of Evaluation & Management (E&M) Procedures - New Patients (CPT Codes 99201 – 99205)
Telehealth Claim Volume and Percentage of E&M Procedures - Established Patients (CPT Codes 99211 – 99215)
Telehealth Claim Volume and Percentage of E&M Procedures - Treatment of Speech, Language or Hearing Disorders (CPT Codes 92507 – 92508)
Telehealth Claim Volume and Percentage of E&M Procedures – Behavioral Health (CPT Codes 90791, 90832, 90834, 90837, H0032, etc.)
Percentage of Medi-Cal Members by Number of Telehealth Claims – E&M Claims Mix by Service Modality (Telehealth Only/Office Only/Mixed
New Patient E&M Claims Mix by Service Modality, by Age Group (Telehealth/In-person)
New Patient E&M Claims Mix by Service Modality, by Sex (Telehealth/In-person)

[12] Please note that analysis of telehealth data in November 2022 updated these measures from telehealth visits per 100,000 members (as previously reported) to telehealth claims per 100,000 member months to more accurately describe the data and methods.

Established Patient E&M Claims Mix by Service Modality, by Age Group (Telehealth/In-person)
Established E&M Claims Mix by Service Modality, by Sex (Telehealth/In-person)
New Patient E&M Claims Mix by Service Modality, by Race/Ethnicity (Telehealth/In-person)
Established Patient E&M Claims Mix by Service Modality, by Race/Ethnicity (Telehealth /In-person)
New Patient E&M Claims Mix by Service Modality, by Aid Code (Telehealth/In-person)
Established Patient E&M Claims Mix by Service Modality, by Aid Code (Telehealth/In-person)

In addition, DHCS analyzed claims data to understand visit modalities by these demographic groupings:

Age Composition of Member Groups by Modality Mix (0-20, 21-40, 41-64, 65+)
Race/Ethnicity Composition of Member Groups by Modality Mix
Sex Composition of Member Groups by Modality Mix
Claim Type by Primary Language Spoken (Telehealth/In-person/Mixed)