



Office of Medicaid Policy & Planning

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THE MONTHLY LEGISLATIVE NEWSLETTER

Office of Medicaid Policy and Planning | Vol. 1, Issue 8, February 2023

OMPP Behavioral Health Initiatives

In this month’s issue, we will look at the many ways in which Indiana Medicaid is making strides to address the behavioral health needs of Hoosiers. Through our partnership with the Division of Mental Health and Addiction (DMHA), we have been able to expand Hoosier’s access to much-needed services, through the continuation of telehealth services and the implementation of Mobile Crisis Units – allowing us to meet our members where they are, and when they are most in need of help. Indiana Medicaid has made behavioral health a priority, and we encourage you to read on and learn more about these important efforts. We are excited to share this information with you, and to carry on as champions of positive change in the state of Indiana.

Telehealth

Indiana Medicaid’s commitment to health equity is reflected in our desire to eliminate barriers many Hoosiers encounter when attempting to access healthcare. The expansion of telehealth coverage is one example of that commitment. Prior to the COVID-19 public health emergency (PHE), Indiana Health Coverage policies only included a limited set of services in the Telemedicine Code Set. In response to COVID-19, the Governor issued Executive Orders [20-05](#), [20-12](#), and [20-13](#), allowing Indiana Medicaid to drastically expand access to behavioral health services by allowing any behavioral health care service to be reimbursable under Indiana Medicaid when rendered via telehealth, including audio-only forms of telecommunication. These telehealth flexibilities were later codified in [SEA 3 \(2021\)](#). In response, Indiana Medicaid updated our Telemedicine Code Set to permanently reflect the telehealth flexibilities that were implemented during the COVID-19 PHE and codified in SEA 3. This final code set went into

effect on July 21, 2022 and includes several important services that are specific to behavioral health, including, but not limited to: psychotherapy, health behavior intervention, crisis intervention services, peer support

What is a Code Set?

All services rendered under Indiana Medicaid have a CPT or HCPCS code that is used to identify the services in our billing system.

A code set is therefore a list of codes (e.g. services) billable for certain types of services and by certain provider types or specialties.

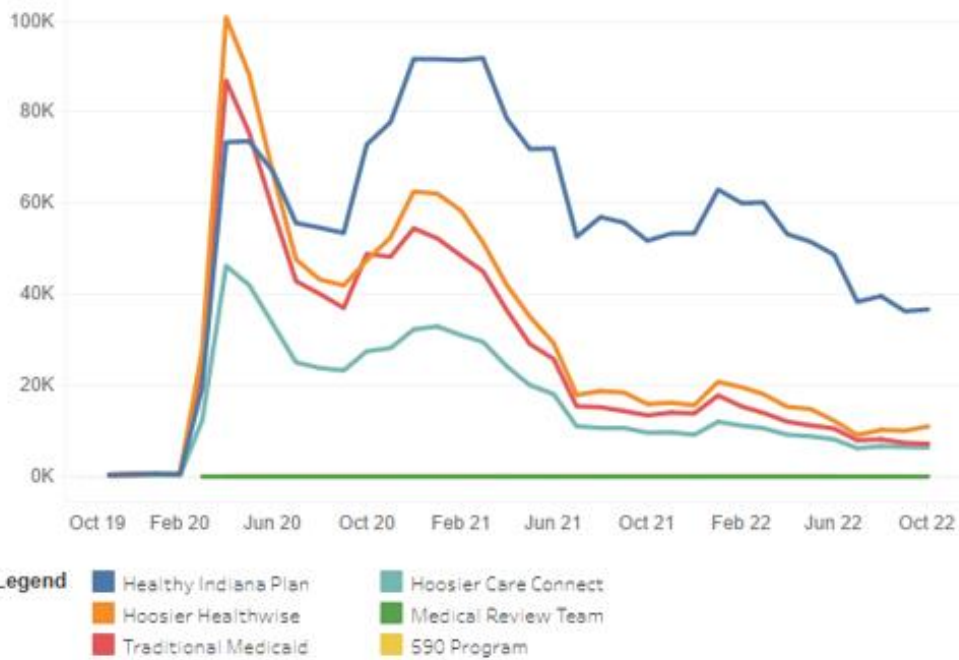
Think of the code set as a menu: It is the services we will pay for, and if the service is not on the menu it will not be reimbursed.

services, opioid treatment program services, and Intensive Outpatient Treatment. Additionally, Indiana Medicaid maintains audio-only telehealth coverage, allowing for a majority of our behavioral health services. For a complete list of services available on our telehealth code set, please [click here](#).

Indiana Medicaid continually updates this list as we receive valuable stakeholder input. Since the publication of our finalized list, more services have been deemed reimbursable via audio-only telehealth, such as the addition of 10-20 minute office visits via audio-only telehealth, as published in provider bulletin [BT202297](#).

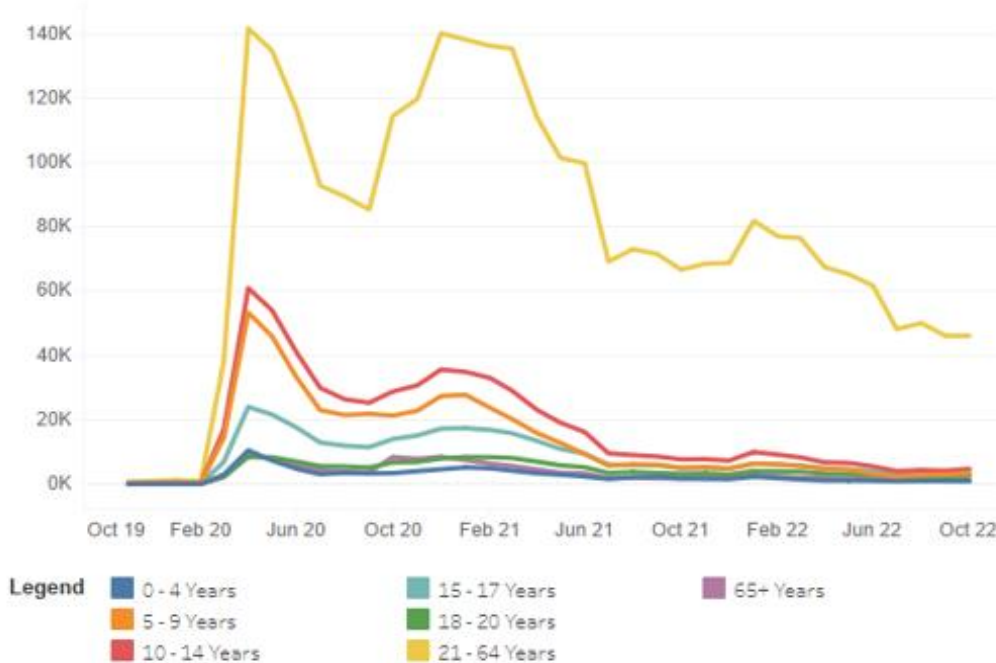
The Office of Medicaid Policy and Planning has monitored telehealth usage among our members, gathering claims data prior the public health emergency to compare with current telehealth utilization levels. Through this analysis, we see that telehealth utilization continues at heightened levels, with the greatest utilization by our Health Indiana members and those members aged 21-64.

Claim Count by Date of Service



The number of claims for telehealth services hit its peak in April 2020, the start of the PHE, with 100,876 claims paid for Hoosier Healthwise members within that month. Since July 2022, the implementation of our telehealth code set, Healthy Indiana Plan members have maintained the most telehealth claims, holding steady at about 40,000 claims paid a month for those members.

Claim Count by Date of Service



The number of claims for telehealth services was at its peak around April 2020, with 141,721 claims paid for members aged 21-64. Our members aged 10-14 maintain the second highest use of telehealth, with 60,909 claims paid in April 2020. There was a second peak in December 2020, however utilization by both age groups has since dropped over time, with utilization now around 50,000 claims a month for those aged 21-64.

The top 10 services rendered via telehealth are:

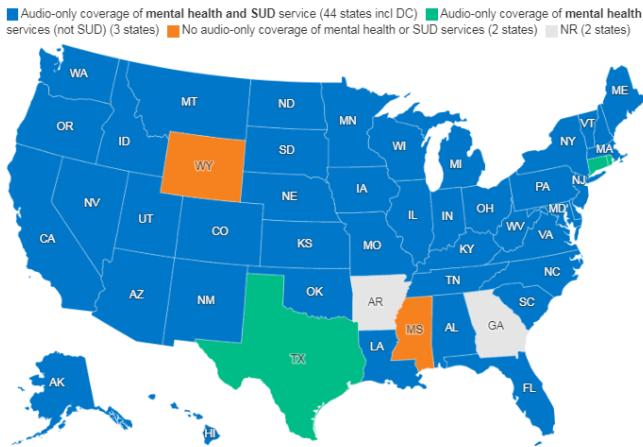
% Of Paid Telehealth Claims from July 2022 through October 2022

Rank	Service	% Of Paid Telehealth Claims
1	Office visit of an established patient, 30-39 minutes	15.79%
2	Psychotherapy, 45 minutes	15.44%
3	Group psychotherapy	14.76%
4	Office Visit of an Established patient, 20-29 minutes	14.50%
5	Psychotherapy, 60 minutes	12.30%
6	Psychotherapy, 30 mins	6.21%
7	Psychiatric Diagnostic Evaluation	2.88%

8	Office Visit of an Established Patient, 10-19 mins	1.75%
9	Case Management	1.69%
10	Skills Training and Development, 15 mins	1.42%

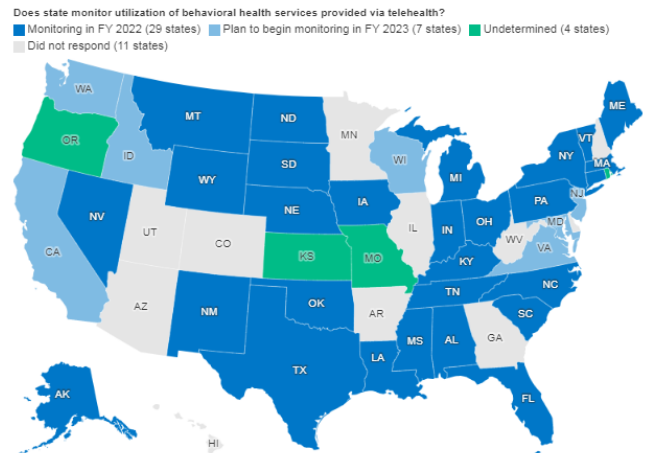
As reported in the Kaiser Family Foundation’s Study [Telehealth Delivery of Behavioral Health Care in Medicaid: Findings from a Survey of State Medicaid Programs](#), Indiana Medicaid is 1 of 44 states that continues to offer audio-only flexibilities post-PHE and is 1 of 29 states that monitors telehealth utilization. Continuing to maintain the accessibility of telehealth services is incredibly important and valuable, as it allows us to continue to push for better health outcomes, a better quality of life, and reduced health disparities for our members.

States Providing Medicaid Coverage of Behavioral Health Services Delivered via Audio-Only Telehealth, as of 7/1/2022



NOTE: Findings are from KFF’s 22nd annual budget survey of Medicaid officials conducted by KFF and Health Management Associates (HMA).
SOURCE: Telehealth Delivery of Behavioral Health Care in Medicaid: Findings from a Survey of State Medicaid Programs • PNG

State Monitoring of Behavioral Health Telehealth Utilization in Medicaid



NOTE: Findings are from KFF’s Behavioral Health Survey of state Medicaid programs, fielded as a supplement to the 22nd annual budget survey of Medicaid officials conducted by KFF and Health Management Associates (HMA).
SOURCE: Telehealth Delivery of Behavioral Health Care in Medicaid: Findings from a Survey of State Medicaid Programs • PNG

Behavioral Health Provider Accessibility

As outlined in our Serious Mental Illness waiver, the Office of Medicaid Policy and Planning is federally required to submit a provider availability assessment every year demonstrating the successes of the program in increasing behavioral health provider networks.

In the most recent annual report submitted to the Centers of Medicare and Medicaid Services Indiana Medicaid reported 2,200 practitioners certified and licensed to independently treat mental illness currently enrolled in our program (excluding psychiatrists, psychologists, APRNs, etc.) as of February 2022. This is almost a doubling in our provider network size in comparison to 2021, where only 661 mid-level behavioral health providers were identified as rendering services under Indiana Medicaid. This increase is most likely due to our efforts to directly enroll licensed behavioral health providers into our program, first effective November 2020

(for more details, please reference [BT2020108](#)), which allows us to better monitor and measure the current size of our behavioral health provider network. The expansion of our provider network is important, as it allows for us to connect more Hoosiers to the important services that can make a positive impact in their lives and communities.

Mobile Crisis

The Office of Medicaid Policy and Planning is continuing to collaborate with the Division of Mental Health and Addiction (DMHA) in the roll out of our 9-8-8 initiatives. These initiatives were introduced and enacted per [HB1468 \(2021\)](#) designating DMHA to have primary oversight over suicide prevention and crisis services through the enactment of a 988 lifeline. This crisis and suicide lifeline has been live since July 16, 2022, and OMPP and DMHA are continuing to work together to ensure individuals experiencing a crisis can access the life-saving assistance they need.

In order to fully implement 988, DMHA is currently working to establish a designation process for Indiana Medicaid to directly enroll mobile crisis units within the state of Indiana. This would allow providers enrolled with Indiana Health Coverage Programs to be reimbursed for mobile crisis unit services such as performing a suicide screening and assessment, stabilization and de-escalation of a crisis situation, crisis and safety planning, and care coordination to link the individual experiencing a crisis to ongoing services as needed. This connection would allow IHCP members calling the 988-response line to not only be connected to a mobile crisis unit as needed but also provides program sustainability by guaranteeing those units are reimbursed for the services, they provide to an IHCP member. Similarly, all IHCP members are guaranteed access to these services as part of their Medicaid benefits.

The current state plan amendment for this item is slated for submission to CMS with a targeted July 2023 enactment date, and we are excited to continue to grow and strengthen this safety net for our members.