Medicare Telemedicine Data Snapshot Methodology

Overview

The Medicare Telemedicine Data Snapshot presents information on Medicare beneficiaries who used telemedicine services between March 1, 2020 and February 28, 2021. All data presented in this update are preliminary and will continue to change as the Centers for Medicare & Medicaid Services (CMS) processes additional claims and encounters for the reporting period.

Methodology

Data Source: Data are sourced from CMS's Integrated Data Repository (IDR) using final action Medicare Fee-for-Service claims data and Medicare Advantage encounter data. Medicare enrollment data and beneficiary characteristics are sourced from CMS's Chronic Conditions Warehouse (CCW).

Medicare Population: Beneficiaries enrolled in Medicare Part B, either Fee-for-Service (i.e., Original Medicare) or Medicare Advantage at any time from March 1, 2020 through February 28,2021.

State: The state of the beneficiary is based on mailing address. The snapshot reports the 50 States, the District of Columbia, Puerto Rico, US Virgin Islands, and all other outlying areas of the US aggregated into a "Territories" category. If a beneficiary's state of residence is unknown, the beneficiary is assigned to the "Missing Data" category.

Rural/ Urban: Rural/Urban status is defined using the beneficiary's mailing ZIP code and the Rural Urban Commuting Area Crosswalk (RUCA). The RUCA crosswalk relies on commuting data from the US Census, as well as ZIP Codes to define ***Rural*** and ***Urban*** locations. This definition of rural/urban is different from how Medicare defined rural geographic areas when determining eligibility for payment of telehealth services prior to the pandemic. Telehealth services used to be limited to sites located in either a rural health professional shortage area (HPSA) or counties outside of a Metropolitan Statistical Area (MSA). The Health Resources and Services Administration (HRSA) classified HPSAs and the Census Bureau classified MSAs.

Medicare Entitlement: Medicare entitlement is available to three basic groups of "insured individuals" - the *Aged*, the *Disabled*, and those with *end stage renal disease (ESRD)*. Medicare entitlement can change over time for beneficiaries that were initially entitled to Medicare because of disability or ESRD before the age of 65. For purposes of this reporting, beneficiaries who at any time during the snapshot time period had ESRD, were Aged with ESRD or were Disabled with ESRD are classified as ESRD; otherwise beneficiaries are classified as Disabled or Aged.

Medicaid Eligibility Status: A beneficiary can be eligible for Medicare and/or Medicaid. Beneficiaries enrolled in both Medicare and Medicaid simultaneously at any time during the snapshot time period are considered *Dual Medicare and Medicaid*. A beneficiary enrolled in Medicare alone is *Medicare Only*. Please note that for beneficiaries enrolled in both Medicare and Medicaid, only claims and encounters covered by Medicare are included in this reporting.

Age: A beneficiary's age is measured at the end of the snapshot time period, February 2021.

Race/ Ethnicity: In the snapshot, a beneficiary's race/ ethnicity is created by taking the beneficiary race code that has historically been used by the Social Security Administration (and is in turn used in CMS's

enrollment database) and applying an algorithm that improves the race/ethnicity classification, particularly for those who are Hispanic or Asian/Pacific Islander. This algorithm, developed by the Research Triangle Institute (RTI) and is thus often referred to as the "RTI race code", uses Census surname lists for Hispanic and Asian/Pacific Islander origin as well as geography[1]. The race/ethnicity classifications are: American Indian/Alaska Native (AI/AN), White, Black/African American, Asian/ Pacific Islander, Hispanic, and Other/Unknown. For more information on the RTI race algorithm, see https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4195038/.

Beneficiary Sex: A beneficiary's sex is available from the CMS enrollment database and is classified as Male/Female.

Medicare Telemedicine: Telemedicine refers to the exchange of medical information from one site to another through electronic communication to improve a patient's health. Prior to March 2020, Medicare paid for these services under limited circumstances; for example, most of the time, beneficiaries were only eligible for telemedicine services if they lived in a rural area and had an established relationship with the provider. Additionally, the types of providers who were eligible to deliver telehealth was restricted.

In response to the COVID-19 public health emergency, telemedicine services have been expanded in various ways to increase access to care. Examples of expansions include:

a) both new and established patients;
b) originating sites in any healthcare facility and/or in the beneficiary's home;
c) all service areas including non-rural;
d) new eligible services and the types of practitioners permitted to provide telehealth services; and
e) a select set of telehealth services now permitted using audio-only.

For additional details on Medicare telemedicine expansions, please visit https://telehealth.hhs.gov

There are three main types of virtual telemedicine services that are summarized in this snapshot: Medicare telehealth visits (including audio-only telehealth), virtual check-ins and e-visits.

Telehealth Visits: Telehealth Visits are routine office visits provided via video (requires synchronous, real-time audio and video communication) with new or established patients. Audio-Only telehealth visits are evaluation and management services via telephone provided by eligible physicians or other qualified health care professionals to both new and established patients. For the purposes of this snapshot, audio-only telehealth is reported in the same category as traditional telehealth services.

We identify telehealth eligible services in FFS and MA data using either Place of Service(POS) Code = "02" and/or a combination of HCPCS Modifier Codes and HCPCS/CPT Codes included in the CMS list of covered telehealth services, effective August 2021. Only services that are on the Medicare telehealth services list are classified as telehealth eligible and those HCPCS codes billed with the POS = "02" or "95", "GT", "GQ", or "GO" modifiers are considered delivered via a telecommunication system and not in-person.

[1] Eicheldinger, C and Bonito, A. Health Care Financing Review/Spring 2008/Volume 29, Number 3

Virtual Check-ins: Remote evaluations of recorded video or images submitted by a patient followed by a brief (5-10 minute) check-in with a physician or other provider via telephone or other telecommunications device to decide whether an office visit or other service is needed. Virtual check-ins were identified using HCPCS codes G2010, G2012 or G0071, as reported by the health care professional on the Part B Claim.

E-visits: Asynchronous (not real-time) communication with a patient through a patient portal or other online method, resulting in a digital evaluation and management service. E-visits were identified using the CPT codes 99421-99423 or HCPCS codes G2061-G2063, as reported by the rendering health care professional on the Part B Claim.

Telemedicine Users: Number of unique Medicare beneficiaries with telemedicine (defined as E-visit, virtual check-in, or telehealth (including audio-only telehealth)). We only include those users where the line payment amount was greater than $0 or it was an MA claim.

Telemedicine Eligible Users: Number of unique Medicare beneficiaries who received telemedicine eligible services (via Telemedicine or non-telemedicine). We only include those users where the line payment amount was greater than $0 or it was an MA claim. We define telemedicine eligible as any E-visit, virtual check-in, or telehealth eligible code identified from the CMS list of covered telehealth services, effective August 2021.

Percentage of Medicare Users with a Telemedicine Service: The number of unique Medicare Part B beneficiaries who received at least one telemedicine service divided by the number of unique beneficiaries who received at least one telemedicine ***eligible*** service (either in-person or via a telecommunication device). To calculate this measure, we divide **Telemedicine Users** by **Telemedicine Eligible Users**.