CMS Analysis Finds Medicare Telehealth Usage Increase to Over 27 Million During Pandemic

December 2021

In December 2021, the Center for Medicare and Medicaid Services ("CMS") released a Medicare Telemedicine Data Snapshot[1] highlighting telehealth and telemedicine (hereinafter collectively referred to as "telehealth") usage during the COVID-19 Public Health Emergency ("PHE").

The analysis looked at Medicare Fee-for-Service ("FFS") claims data, Medicare Advantage encounter data and Medicare enrollment information, which included telehealth visits, virtual check-ins and e-visits, between the dates of March 1, 2020 and February 28, 2021.

As a result of this analysis, CMS found that Medicare beneficiary use of telehealth increased from approximately 900,000 users pre-pandemic to over 27 million users during the pandemic. Around April 2020 - the height of the pandemic - Medicare telehealth usage spiked to around 10 million users and remained relatively steady in the months that followed, averaging approximately five million users a month. The below table, provided by CMS, highlights the increase in telehealth visits as a result of the PHE.

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Pre-Pandemic vs. Pandemic Telehealth Services

	Total	Telehealth	E-Visit	Virtual Check-In
Pre-Pandemic (March 2019 - Feb 2020)	910,490	892,121	5,220	14,088
Pandemic (March 2020 – Feb 2021)	28,255,180	27,691,878	367,467	1,601,033

The analysis examined usage by geography and found that Medicare beneficiaries in urban areas were utilizing telehealth at a higher rate of 55%, than beneficiaries in rural areas. Among states, California, Massachusetts, Maryland and Delaware had the highest percentage of telehealth users. While, several states in the Western region, including Montana, Idaho and Wyoming, had the lowest percentage of users.

In response to the PHE, CMS issued emergency waivers and flexibilities to expand access to telehealth services. Namely, CMS waived the telehealth geographic area restriction, allowing telehealth services to be delivered from a patients' home. CMS also expanded the list of eligible telehealth provider types and added numerous services to the Medicare eligible telehealth services list on a temporary basis.

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These changes, among others, contributed to the increase in access to telehealth services.

Similar to the CMS analysis, the U.S. Department of Health and Human Services ("HHS"), Office of the Assistant Secretary for Planning and Evaluation ("ASPE") released a report in December 2021 highlighting Medicare beneficiary use of telehealth during the pandemic, focusing on beneficiary characteristics and location.[2] The ASPE analysis revealed that Medicare FFS beneficiary telehealth visits increased 63-fold in 2020, to around 52 million visits. The report highlighted the following:

- 92% of beneficiaries received telehealth visits from their homes.

- Behavioral health had the largest increase in telehealth visits in 2020. Approximately 38% of visits to behavioral health providers were delivered via telehealth in 2020, up from 1% in 2019.

- Black and rural beneficiaries utilized telehealth services at a lower rate than White and urban beneficiaries. Data shows that the increase in telehealth utilization was in large part driven by urban beneficiaries who had a 50% higher use of telehealth services than rural beneficiaries.

While the aforementioned data will help inform Medicare telehealth policy, CMS has noted that additional research is needed to further understand impacts on quality of care related to the PHE temporary policy changes. For more information on Polsinelli's Telehealth practice group, **click here**.

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[1] *CMS Medicare Telemedicine Snapshot*, released December 2021, available **here**.

[2] Samson, Lok Wong, Wafa Tarazi, et. al., *Medicare Beneficiaries' Use of Telehealth in 2020: Trends by Beneficiary Characteristics and Location*, Research Report HP-2021-27, December 2021, available **here**.