June 27, 2025

Arizona Health Care Cost Containment System
801 E. Jefferson
Phoenix, AZ 85034

Dear AHCCCS:

Thank you for the opportunity to comment on AHCCCS's proposed changes to AHCCCS Medical Policy Manual (AMPM) 320-I, Telehealth. These comments are offered by the Arizona Hospital and Healthcare Association (AzHHA), the Arizona Alliance for Community Health Centers (AACHC), and the Arizona Council of Human Services Providers (The Council). AzHHA is a statewide association comprising more than 80 hospitals, healthcare providers, and affiliated health systems, including approximately 25 healthcare providers that offer behavioral health services. The Arizona Council of Human Service Providers is a long-standing, statewide nonprofit trade association dedicated to advocacy, policy shaping, and unified representation for over 100 human service organizations throughout the state. The Arizona Alliance for Community Health Centers (AACHC), founded in 1985, serves as Arizona's Primary Care Association, leading and supporting the state's largest network of Community Health Centers (CHCs). AACHC advocates for accessible, high-quality primary and preventive care by offering Arizona's 24 CHCs (with over 200 clinic sites statewide) comprehensive training, technical assistance, workforce development, data and HIT support, and policy advocacy.

We appreciate AHCCCS's dedication to ensuring its members receive the highest quality of care possible. We understand the agency has concerns about the quality of telehealth services compared with in-person services. We also know AHCCCS is dedicated to preserving and enhancing access to care across the state. We all share the same goal of ensuring access to quality health care for all Arizonans, and with these comments, we offer our views on how the agency can further this goal.

Effectiveness of Telehealth Visits and Consequences of Removing Payment Parity for Telemedicine

First, we would like to share with you the research we have reviewed on the relative effectiveness of telehealth visits compared with in-person visits. A recent systematic research study incorporating evidence from 77 studies on the effectiveness of telehealth versus in-person care for all types of conditions and visits during the pandemic found that, overall, there were **no significant differences in health outcomes** between the two modes of care.[1] Moreover, this comprehensive study found that telehealth was **more effective** than in-person care for mental healthcare visits overall. A 2023 retrospective study of 544 patients with SUD even found that patients beginning treatment via telehealth had **higher retention** and were less likely to drop out[2]. A 2021 SAMHSA study concluded that "[t]elehealth is effective across the continuum of care for SMI [Serious Mental Illness] and SUD, including screening and assessment, treatments, including pharmacotherapy, medication management, and behavioral therapies, case management, recovery supports, and crisis services."[3] Additionally, SAMHSA found that telehealth services "generate positive outcomes for the client, including engagement in treatment, retention in care, and client satisfaction, which in turn lead to improved long-term health outcomes."[4]

It is well-known that telehealth increases access to care for individuals in certain geographic areas and communities who otherwise would not have access to trained providers. In Arizona, residents in rural areas may travel up to 73 miles to reach outpatient mental health or primary healthcare, which is compounded by the difficulty low-income individuals may have accessing a mode of transportation.[5] There is also a significant workforce shortage in rural areas. According to the University of Arizona, while 10% of Arizonans live in rural areas, only 4.3% of behavioral healthcare providers are located in those areas.[6] Some individuals have obligations, such as employment and caretaking responsibilities for children or other family members, that prevent them from accessing services that are not available via telehealth. Additionally, some patients prefer to receive behavioral health services partially or wholly by telehealth due to persisting stigma.

Inevitably, without payment parity for telehealth services, many providers will stop or reduce the amount of telehealth services they provide. All the positive impacts that telehealth has

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[1] Hatef, E., Wilson, R.F., Zhang, A. *et al.* Effectiveness of telehealth versus in-person care during the COVID-19 pandemic: a systematic review. *npj Digit. Med.* **7**, 157 (2024). https://doi.org/10.1038/s41746-024-01152-2

[2] *Id.*

[3] https://library.samhsa.gov/sites/default/files/pep21-06-02-001.pdf

[4] *Id.*

[5] AiomEHR Blog, April 30, 2025, available at hcup-us.ahrq.govaxiomehr.com+1azdhs.gov+1.

[6] University of Arizona, *The Arizona Behavioral Health Workforce,* November 2020, available at https://crh.arizona.edu/sites/default/files/2022-03/20210702_AZ_BH_WorkforceReport_FINAL_0.pdf?utm.

made in the state to increase AHCCCS beneficiaries' access to care will dissolve, and health outcomes will begin to suffer as a result. As advocates for hospitals, primary care providers, and behavioral health providers, we also support individuals in the communities we serve and the integrity of the state's overall healthcare system. When individuals forgo necessary treatment and end up in an emergency room, this raises costs for AHCCCS and managed care organizations. It also reduces the effectiveness of the overall system of care in Arizona, which AHCCCS has worked so hard to improve through AHCCCS Complete Care.

Recommended Changes to Sections III(A) and (E) of AMPM 310-I

As explained above, the evidence supports telehealth as an effective and equivalent alternative to in-person visits, with similar clinical outcomes overall and often superior outcomes for behavioral health services. When one also considers the decline in access to care that will inevitably result, especially in rural areas, there is insufficient justification for removing payment parity for telehealth services. In particular, when there is evidence for superior outcomes for behavioral health care patients, this policy change would seem to put into jeopardy not only access to care but also health outcomes for those populations.

Therefore, we strongly urge AHCCCS to:

- Amend the proposed changes to Section III(A) to retain payment parity for telehealth services for all behavioral healthcare services.
- Retain the current language of Section III(E) requiring full payment parity for audio-only visits for mental health and substance use disorder services.

Additional Recommended Changes for Audio-Only Visits

In addition to our recommendations regarding Section III of AMPM 320-I, we would like to provide AHCCCS with further input on the agency's audio-only telehealth policies.

Audio Only Services. Many patients served by Community Health Centers (CHCs), rural hospitals, and behavioral health providers lack access to broadband, smartphones, or private spaces. Additionally, digital literacy remains a significant challenge in many communities. Requiring video to be offered first creates an unnecessary barrier to care and increases administrative burden without improving patient care. While we appreciate the intent to prioritize higher-fidelity modalities, this requirement is likely to have a disproportionate impact on rural and underserved communities that lack reliable broadband infrastructure. Behavioral health providers in these regions report significant challenges initiating video appointments, particularly with high-need populations such as those experiencing housing instability, older adults, or individuals in crisis.

We urge AHCCCS to recognize audio-only services as an equally valid first-line modality when clinically appropriate, without a mandated video-first prerequisite.

Asynchronous Modalities. We strongly support the inclusion of behavioral health in the disciplines eligible for asynchronous telehealth services. Given the ongoing shortage of specialty behavioral health providers, particularly in rural and underserved areas, leveraging asynchronous modalities offers a practical, clinically appropriate, and efficient way to expand access to care. These services—when properly implemented—can support assessments, care coordination, medication management follow-ups, and certain therapeutic interventions where real-time interaction is not essential.

However, we are concerned that limiting asynchronous services to a narrow scope or to specific specialties may constrain innovation and delay access to care. Expanding access to asynchronous telehealth can reduce wait times, improve care coordination, support member engagement, and make more efficient use of limited specialty care resources.

We recommend that AHCCCS:

- Expand the list of specialties eligible for store-and-forward telehealth;
- Broaden the range of disciplines allowed to use asynchronous or store-and-forward services beyond dermatology and a limited set of specialties; and
- Include clear expectations around documentation, clinical appropriateness, and care coordination to maintain quality and ensure positive member outcomes.

Telehealth Capacity. The removal of geographic limitations on telehealth is a welcome change that promotes health equity across Arizona. However, without parallel investment in provider capacity and infrastructure, this policy may inadvertently overburden rural providers and increase wait times, especially in behavioral health, where staffing shortages already exist.

We urge AHCCCS to monitor regional access trends and consider support mechanisms—such as provider incentives, cross-county contracting flexibility, or expanded telehealth infrastructure grants—to mitigate unintended strain on the system.

Clarify and Streamline Audio-Only Policies. The agency's audio-only policies place considerable weight on providers to make case-by-case decisions regarding the appropriateness of telehealth services based on diagnosis, age, location, and access to technology. While clinical discretion is essential, the current language introduces the potential for inconsistent application across providers and adds an administrative burden. Additionally, it may increase liability concerns for clinicians, particularly in behavioral health, where clinical acuity and communication challenges are often complex.

We recommend that AHCCCS provide clearer clinical guidance, standardized assessment tools, and/or decision-support criteria to aid in this determination and reduce variation in care.

Billing Requirements. Current billing rules involve multiple modifiers, location codes, and modality-specific requirements that increase the risk of errors and claim denials. Many CHCs, rural hospitals, and behavioral health providers operate with limited billing staff and cannot easily keep up with shifting requirements. Additionally, new billing or documentation rules may necessitate costly updates to electronic health record systems. These providers may need to purchase new code sets, wait for vendor updates, or invest in IT support to integrate new requirements. These changes do not always happen quickly and can delay implementation.

We recommend that AHCCCS:

- Simplify billing requirements by allowing a consistent modifier for all telehealth visits; and
- Provide detailed implementation toolkits, sample consent templates, billing education sessions, and ongoing technical assistance to ensure provider readiness and reduce billing errors and audit exposure.

Telehealth Infrastructure. While this policy authorizes telehealth, it does not provide the necessary infrastructure to utilize it effectively. This includes not only hardware and broadband but also software updates to electronic health record systems that may be necessary to comply with new billing and tracking requirements. Without dedicated funding, under-resourced CHCs, rural hospitals, and behavioral health providers are at a disadvantage and may be delayed in meeting policy expectations.

We urge AHCCCS to provide financial support for telehealth infrastructure and create funding opportunities to help CHCs, rural hospitals, and behavioral health providers invest in secure platforms, staff training, and patient access tools, including broadband support or equipment loans.

Documentation. The current documentation burden places a strain on busy providers and administrative teams. Streamlining these requirements would reduce audit risk and allow more time for patient care.

We recommend that AHCCCS make consent and documentation requirements more practical by allowing verbal consent to be documented in the patient record and reducing the frequency and formality of required documentation for telehealth visits.

Clarify Eligible Telehealth Visits. There remains uncertainty in the provider community around whether certain telehealth visits count toward Federally Qualified Health Center or Rural Health Center reimbursement. This prevents providers from fully utilizing available modalities, even when they would benefit patients.

We urge AHCCCS to issue clear guidance affirming that all eligible telehealth visits, including audio-only and asynchronous care when clinically appropriate, qualify as reimbursable encounters under the Prospective Payment System and All Inclusive Rate methodologies.

Overall Recommendations

These comments are offered by AzHHA, the AACHC, and the Council, in partnership with AHCCCS, due to our shared commitment to provide all Arizonans with access to high-quality healthcare. We applaud AHCCCS for continuing to lead with innovation and inclusion in its telehealth policies. Behavioral health providers are committed to delivering high-quality, accessible services across modalities, and we welcome the opportunity to collaborate on implementation supports that allow these policy changes to achieve their full potential.

However, we believe that AHCCCS's proposed changes to AMPM 320-I would be detrimental to beneficiaries' access to care, particularly for individuals in need of behavioral health services and those residing in rural areas.

To mitigate inevitable declines in access to care that would result from AHCCCS' proposed changes, we urge AHCCCS to:

- Retain payment parity for telehealth services for all behavioral health services;
- Retain payment parity for audio-only telehealth visits for mental health and substance use disorder services; and
- Implement the changes to audio-only telehealth policies discussed above that would clarify requirements, reduce administrative burdens, remove unnecessary barriers to care, and result in improved patient care.
- Include hospitals, primary care providers, behavioral health providers, Community Health Centers, and other stakeholders in workgroups or advisory committees related to telehealth policy development, to ensure operational realities are reflected in final decisions.
- Collect and share utilization data on telehealth adoption, access disparities, and health outcomes to inform long-term telehealth policy.

Sincerely,

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