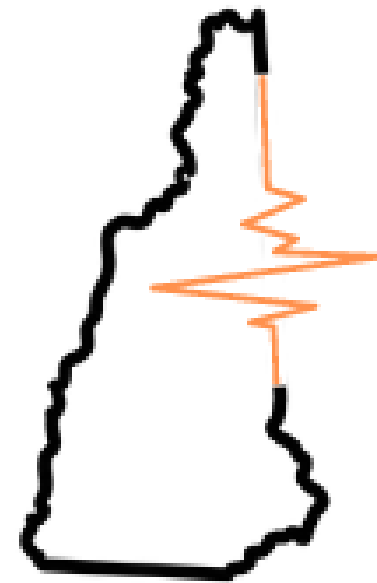


New Hampshire
telehealth
alliance





presents

What's Next for Telehealth at the Federal Level

Jim Monahan, Founder, NH Telehealth Alliance

Deb Fournier, Policy Advisor, NH Telehealth Alliance & Senior Associate, UNH's Institute for Health Policy and Practice

Peter Clark, Special Assistant for Projects & Policy in the Office of U.S. Senator Jeanne Shaheen

How to Participate:



Questions will be at the end of the webinar.



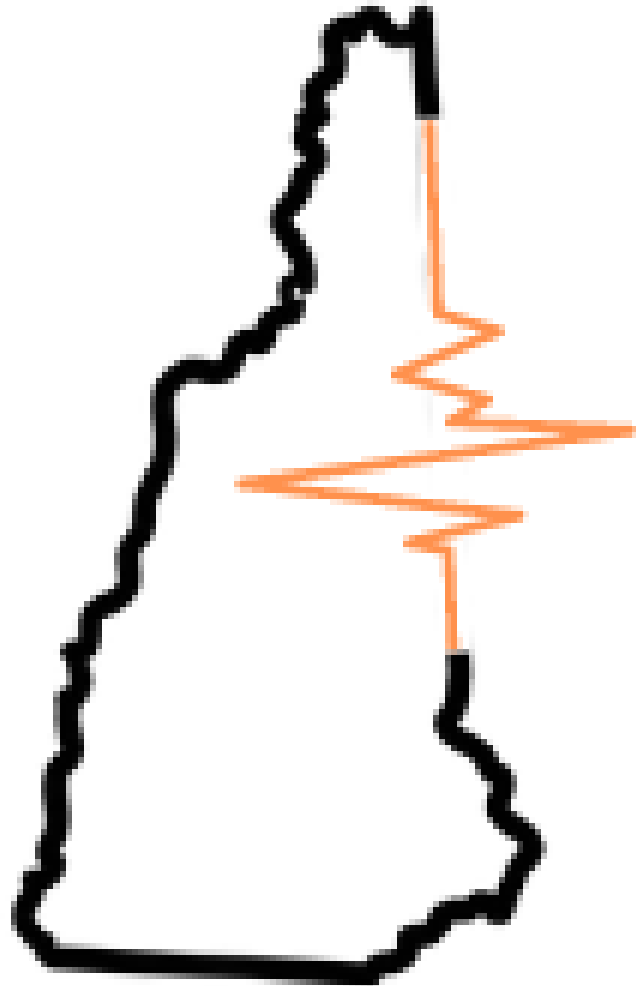
Submit a question via the “Q&A” feature in the black toolbar located at the top or bottom of your screen.



Only questions submitted via Q&A will be read by our host for the panelists to address.



A recording of this webinar will be made available to members.



Deb Fournier

Policy Advisor, NH Telehealth Alliance

&

*Senior Associate, UNH's Institute for
Health Policy and Practice*

DISCLAIMERS

- Any information provided in this webinar is not to be regarded as legal advice. The webinar is purely for informational purposes.
- Always consult with legal counsel.

Insurance Coverage for Telehealth Is Governed At Two Levels

FEDERAL: Medicare, Medicaid (hybrid with states), Self-Funded Plans (exempted from state regulation by ERISA).

STATE: Medicaid (hybrid with states), Individual, Small Group, and Fully Insured Commercial Insurance Products.

Grid
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 and
 produced by
 Center for
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<https://www.cchpca.org/2021/07/CY-PFS-2022-JULY-2021.pdf>

TELEHEALTH POLICY CHANGES IN COVID-19

FEDERAL		STATE (Most Common Changes)	
MEDICARE ISSUE	CHANGE	MEDICAID ISSUE	CHANGE
Geographic Limit	Waived	Modality	Allowing phone
Site limitation	Waived	Location	Allowing home
Provider List	Expanded	Consent	Relaxed consent requirements
Services Eligible	Added additional 80 codes	Services	Expanded types of services eligible
Visit limits	Waived certain limits	Providers	Allowed other providers such as allied health pros
Modality	Live Video, Phone, some srvs	Licensing	Waived some requirements
Supervision requirements	Relaxed some		
Licensing	Relaxed requirements		
Tech-Enabled/Comm-Based (not considered telehealth, but uses telehealth technology)	More codes eligible for phone & allowed PTs/OTs/SLPs & other use		

- Private payer orders range from encouragement to cover telehealth to more explicit mandates
- Relaxed some health information protections

•DEA – PHE prescribing exception/allowed phone for suboxone for OUD
 •HIPAA – OCR will not fine during this time

At the FEDERAL LEVEL: Medicare Telehealth Flexibilities



- Are Temporary
- Tied to the Federal Public Health Emergency Declaration, currently set to expire on October 18, 2021.



Medicare Telehealth Flexibilities



- Removed geographic and site of service/ originating site restrictions;
- Removed restrictions on the types of practitioners who may furnish telehealth services;
- Allowed services to be delivered audio-only.

Medicare Telehealth Flexibilities



- Currently 240 services can be provided via telehealth under Medicare.
- Requires reimbursement for telehealth services to be at the same rate as in-person visits for all diagnoses, not just services related to COVID-19.
- Physicians may reduce or waive cost-sharing for telehealth visits.



CY2022 Medicare Physician Fee Schedule Changes

<https://www.federalregister.gov/documents/2021/07/23/2021-14973/medicare-program-cy-2022-payment-policies-under-the-physician-fee-schedule-and-other-changes-to-part>

Summary from Center for Connected Health Policy

<https://www.cchpca.org/2021/07/CY-PFS-2022-JULY-2021.pdf>

Physician Fee Schedule

Released every summer for the following year proposing changes the Medicare program

Telehealth policy changes that can be made administratively typically are made here

Public comment period for 60 days

Finalized in November/December

Comments for this PFS will be due 5 pm September 13, 2021

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- Adding services to the permanent eligible telehealth list for Medicare
 - Adding services to the list is within CMS purview
 - Category 1 or 2 Test
 - Did not accept any suggestion received from public to add additional services
 - Category 3 services will be extended to end of CY 2023
 - Other temporarily eligible services on the telehealth COVID list that are not already permanently approved or in Category 3 will disappear when the PHE is declared over. CMS asks the public to provide comments on whether any of those services should be moved to Category 3.

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➤ **Mental Health Services**

- Consolidated Appropriations Act (CAA) passed in Dec 2020 would allow mental health services to be provided in the home and without geographic limitations if the patient has an in-person visit with the telehealth provider within the 6 months prior to telehealth services taking place.
- The the visit within the 6 months would need to take place before **each** telehealth visit.

➤ **Emergency Rural Hospitals** – Add as eligible originating site in 2023

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➤ **Audio-Only**

CMS this year is redefining the definition of “telecommunications system” which is not defined in federal law.

CMS proposes allowing the use of audio-only to provide **mental health** services **if** certain conditions met

- Established patient
- Patient at home
- Provider has capability of doing live video
- Patient cannot or does not want to do it via live video
- Has an in-person visit with the telehealth provider 6 months prior

CY2022 Medicare Physician Fee Schedule Changes

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➤ FQHC/RHC

CMS is redefining what a **mental health visit** is for an FQHC/RHC. The new definition would "also include encounters furnished through interactive-real-time telecommunications technology."

- FQHCs/RHCs would be able to provide mental health services via live video & audio-only (next slide)
- This will not be regarded as "telehealth"
- PPS & AIR rates will be paid

CY2022 Medicare Physician Fee Schedule Changes

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➤ FQHC/RHC (Audio-Only)

CMS is will also allow FQHCs/RHCs to provide mental health visits via audio-only as well if

- Patient cannot use live video or consents to the use of audio-only

➤ CMS is seeking comments whether to also require the 6 months prior in-person visit as well for FQHCs/RHCs

REMINDER

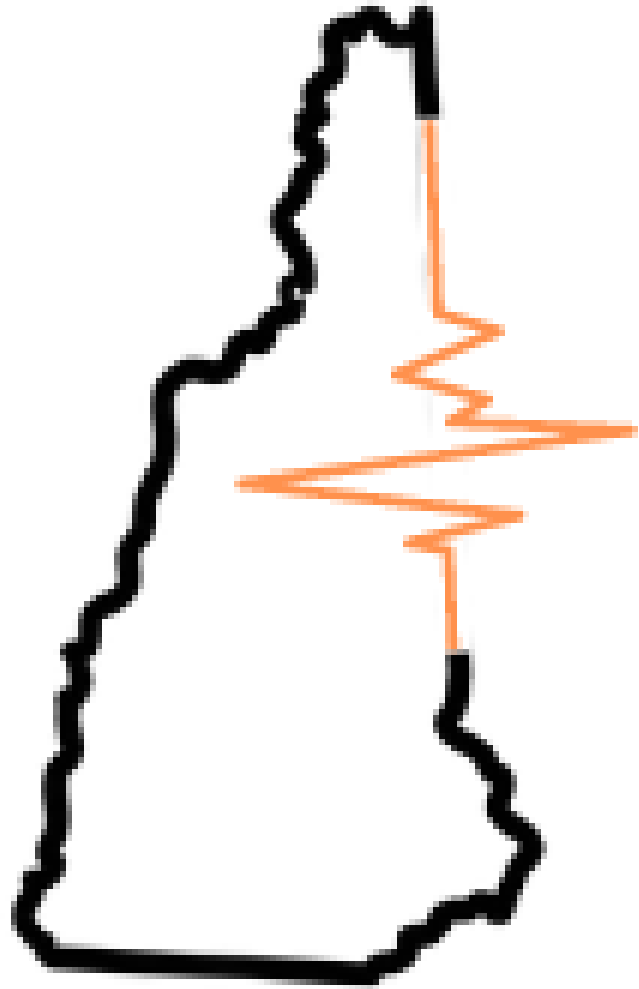
- Absent additional congressional action, at the end of the PHE, waivers and policies will expire, payment will once again be limited by section 1834(m) of the SSA and CMS will return to the policies previously established.
- HIPAA enforcement flexibility will also end.

Federal Legislation to Address End of Public Health Emergency

*Federal legislation that is tracked by
CCHP available at
<https://www.cchpca.org/federal/pending-legislation/>*

There are more than 100 bills in Congress that touch on telehealth. They address a variety of topics including:

- Private payer reimbursement
- Medicare Reimbursement
- Broadband
- Pilot or Demonstration Programs
- Cross State Licensure
- Online Prescribing
- Substance Use Disorder
- Racial and ethnic health disparities
- Addressing the gaps in policy created by end of the PHE.



Peter Clark

*Special Assistant for Projects & Policy in
the Office of U.S. Senator Jeanne Shaheen*

Telehealth Bills-117th Congress

PETER CLARK- SPECIAL ASSISTANT FOR PROJECTS & POLICY
OFFICE OF U.S. SENATOR JEANNE SHAHEEN

Protecting Rural Telehealth Access Act

- Allow payment-parity for **audio-only telehealth** services for clinically appropriate appointments.
- Permanently waive the geographic restriction allowing patients to be treated from their homes.
- Permanently allow rural health clinics and Federally Qualified Health Centers to serve as distance sites for providing telehealth services.
- Allow Critical Access Hospitals (CAHs) to directly bill for telehealth services.

Connect for Health Act

- 59 bipartisan cosponsors, including Senators Shaheen and Hassan
- Permanently remove all geographic restrictions on telehealth services and expand originating sites to include the home and other sites
- Allow health centers and rural health clinics to provide telehealth services
- Provide HHS Secretary with the permanent authority to waive telehealth restrictions
- Require a study to learn more about how telehealth has been used during the current COVID-19 pandemic.

Telehealth Modernization Act

-Permanently eliminate geographic and originating site restrictions on the use of telehealth in Medicare and establish the patient's home as an eligible distant site.

-Allow the U.S. Secretary of Health and Human Services authority to permanently expand the types of telehealth services covered by Medicare: hospice and home dialysis care and the types of care providers who are able to deliver services: PT, OT, Speech therapists and other allied health professionals.

HEAT Act

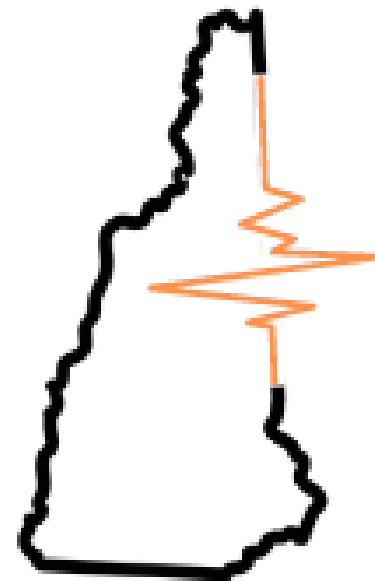
-Authorize Medicare reimbursement for home health services provided through telehealth during a public health emergency.

-To ensure that the Medicare home health benefit does not become a telehealth-only benefit, Medicare reimbursement would only be provided if the telehealth services constitute no more than half of the billable visits made during the 30-day payment period.

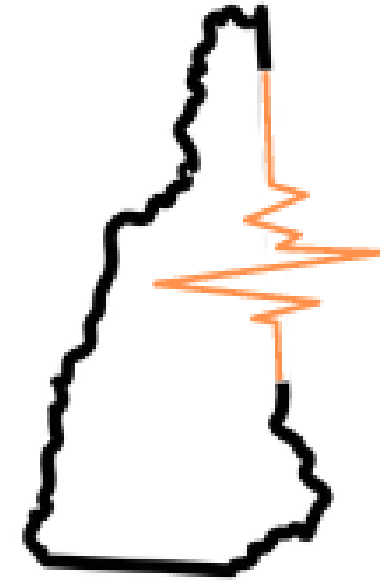
Infrastructure Package: Broadband

- Senator Shaheen led negotiations on the broadband portion of the Bipartisan Infrastructure Framework (BIF)
- Includes \$65 billion investment to ensure access to high-speed, reliable internet.
- Provisions to help with low-income assistance to access high-speed internet.
- Cloture has been invoked on the bill to begin debate.

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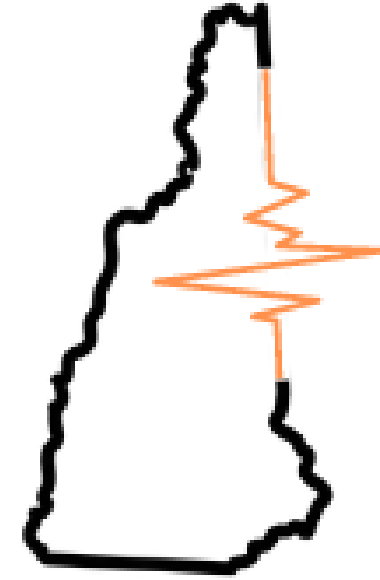


Q&A



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Thank you for joining us!

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