Polling Question #1

Please use the polling function to help us learn more about you to better tailor next week’s Office Hours.
Polling Question #2

Please use the polling function to help us learn more about you to better tailor next week’s Office Hours.
CCHP Projects

• 50 State Telehealth Policy Report
• Administrator National Consortium of Telehealth Resource Centers
• Convener for California Telehealth Policy Coalition
National Consortium of TRCs

TelehealthResourceCenter.org

2 National Resource Centers

12 Regional Resource Centers

ASPR

COVID-19 has changed the landscape for telehealth dramatically
Telehealth Reimbursement Policy

Federal

State
Telehealth Reimbursement Policy

What, who and how one gets reimbursed depends on a variety of factors including:

• What payer is covering the service (Medicare, Medicaid, a commercial payer?)
• What type of provider is providing the service?
• What does the law say?
• What do regulations say?
Telehealth Policy Landscape in the US

- Patchwork quilt among the states
- State and Federal policies differ
Documentation vs. Coding vs. Billing

Documentation provide you with the information you need to get reimbursed.

For coding you take the information necessary from the service provided in order to determine which medical is right to use.

For billing those codes are used to create claims and bills that are sent to the insurer or client.
Much of the telehealth policy that exists revolves around reimbursement, what gets paid. The policy is further broken down into who, what, where and how.
## Existing Telehealth Policy Before COVID-19

<table>
<thead>
<tr>
<th>ISSUE AREA</th>
<th>MEDICARE POLICY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where: Patient Location</td>
<td>Rural or non-MSA Area, set list of eligible facilities with limited services offered in the home.</td>
</tr>
<tr>
<td>What: Services that are covered</td>
<td>Specific list of services, approximately 90 CPT/HCPCS Codes</td>
</tr>
<tr>
<td>Who: Providers allowed to use telehealth</td>
<td>Limited list of nine types of health professionals</td>
</tr>
<tr>
<td>How: What modality can be used?</td>
<td>Live video only unless in a demonstration program located in Alaska or Hawaii</td>
</tr>
</tbody>
</table>

Some of these limitations are in federal law though some changes can be made Administratively.
## Telehealth Policy Changes in COVID-19

### Federal

<table>
<thead>
<tr>
<th>MEDICARE ISSUE</th>
<th>CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographic Limit</td>
<td>Waived</td>
</tr>
<tr>
<td>Site limitation</td>
<td>Waived</td>
</tr>
<tr>
<td>Provider List</td>
<td>Expanded</td>
</tr>
<tr>
<td>Services Eligible</td>
<td>Added additional 80 codes</td>
</tr>
<tr>
<td>Visit limits</td>
<td>Waived certain limits</td>
</tr>
<tr>
<td>Modality</td>
<td>Live Video, Phone, some srvs</td>
</tr>
<tr>
<td>Supervision requirements</td>
<td>Relaxed some</td>
</tr>
<tr>
<td>Licensing</td>
<td>Relaxed requirements</td>
</tr>
<tr>
<td>Tech-Enabled/Comm-Based (not considered telehealth, but uses telehealth technology)</td>
<td>More codes eligible for phone &amp; allowed PTs/OTs/SLPs &amp; other use</td>
</tr>
</tbody>
</table>

### State

<table>
<thead>
<tr>
<th>MEDICAID ISSUE</th>
<th>CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modality</td>
<td>Allowing phone</td>
</tr>
<tr>
<td>Location</td>
<td>Allowing home</td>
</tr>
<tr>
<td>Consent</td>
<td>Relaxed consent requirements</td>
</tr>
<tr>
<td>Services</td>
<td>Expanded types of services eligible</td>
</tr>
<tr>
<td>Providers</td>
<td>Allowed other providers such as allied health pros</td>
</tr>
<tr>
<td>Licensing</td>
<td>Waived some requirements</td>
</tr>
</tbody>
</table>

- 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
## Telehealth Policy Changes in COVID-19

<table>
<thead>
<tr>
<th>SUBJECT AREA</th>
<th>POLICY DURING COVID-19</th>
<th>POLICY FQHC/RHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographic/Site location for patient</td>
<td>No geographic restrictions, patient allowed to be in home during telehealth interaction</td>
<td>No geographic restrictions, patient allowed to be in home during telehealth interaction</td>
</tr>
<tr>
<td>Services</td>
<td>Approximately 240 different codes available for reimbursement if provided via telehealth. List available HERE.</td>
<td>Can only provide the services on THIS list via telehealth and be reimbursed by Medicare.</td>
</tr>
<tr>
<td>Modality</td>
<td>Live Video. Phone will be allowed for codes audio-only telephone E/M services and behavioral health counseling and educational services. Other modalities allowed for Communications Based Services</td>
<td>Live Video. Phone will be allowed for codes that are audio-only telephone E/M services and behavioral health counseling and educational services. Other modalities allowed for Communications Based Services</td>
</tr>
<tr>
<td>Type of provider</td>
<td>All health care professionals to bill Medicare for their professional services.</td>
<td>Temporarily added to list of eligible providers by CARES Act</td>
</tr>
</tbody>
</table>
CY 2021 Proposed Physician Fee Schedule

- Proposal to make some of the temporary Medicare telehealth changes permanent
  - Included some of the services allowed during COVID-19 to be on permanent list
  - Proposed to allow some of the services to remain around temporarily until the end of the year the PHE is over
  - Request for comments on relaxing some of the supervision requirements
  - Clarifies that PTs, OTs, SLPs, clinical social workers, and clinical psychologists can furnish brief online assessment and management services, virtual check-ins and remote evals
  - Some modifications to remote physiologic monitoring
Medicaid Reimbursement by Service Modality (Fee-for-Service)

- **Live Video**: 50 States and DC
- **Store and Forward**: Only in 16 States
- **Remote Patient Monitoring**: 23 States

*As of February 2020*
Reimbursement Requirements for Private Payers

42 states and DC have telehealth private payer laws. Some go into effect at a later date.

Parity is difficult to determine:

Parity in services covered vs. parity in payment

Many states make their telehealth private payer laws “subject to the terms and conditions of the contract”

As of February 2020
State Policy Changes in Response to COVID-19

• Common telehealth policy changes
  ▪ Allowing home to be an eligible originating site
  ▪ Allowing telephone to be used to provide services
    ○ Note: May only allow G2012/G2010
  ▪ Requiring health plans, managed care and private to cover telehealth services and offer parity
State Policy Changes in Response to COVID-19

• Less common telehealth policy changes
  ▪ Expanding use of other modalities besides phone
  ▪ Expanding the list of eligible providers to include others such as allied health professionals
  ▪ Waiving consent requirements, usual an adjustment made such as allowing it to be verbal consent
CCHP

• CCHP Website – cchpca.org
• Subscribe to the CCHP newsletter at cchpca.org/contact/subscribe
Your Telemedicine Questions, Answered

Please submit your questions through the Q&A box