2021 MHA Health Summit
Virtual Conference

The Future of Telehealth and Virtual Care

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Telehealth

- Use of technology to accomplish what would otherwise be a face-to-face interaction

Virtual Services

(Communication Technology-Based Services)

- Use of technology defines nature of the service

Medicare Coverage Pre-COVID-19

- **Section 1834(m)**
  - **Geographic**
    - Patient must reside in rural area
  - **Location**
    - Patient must be physically present at healthcare facility when service is provided (facility fee)
  - **Service**
    - Coverage limited to CMS' list of approved telehealth services (CPT and HCPCS codes)
  - **Provider**
    - Service must be provided by physician, non-physician practitioner, clinical psychologist, clinical social worker, registered dietician, or nutrition professional licensed in state in which patient is located
  - **Technology**
    - Must utilize telecommunications technology with audio ***and*** video capabilities that permits real-time, interactive communication

Medicare Coverage Pre-COVID-19

Telestroke

- Effective 01/01/2019, geographic and location requirements do not apply to services furnished to diagnose, evaluate, or treat symptoms of acute stroke

Substance Use Disorder

- Effective 07/01/2019, geographic and location requirements do not apply to services relating to SUD and co-occurring behavioral health conditions

ESRD

- Effective 01/01/2019, geographic and location requirements do not apply to ESRD services relating to home dialysis

Medicare Advantage

- For 2020 plan year, MA plan may eliminate geographic and location requirements

Medicare Shared Savings Program

- Waiver of geographic and location requirements for ACO participants in risk models

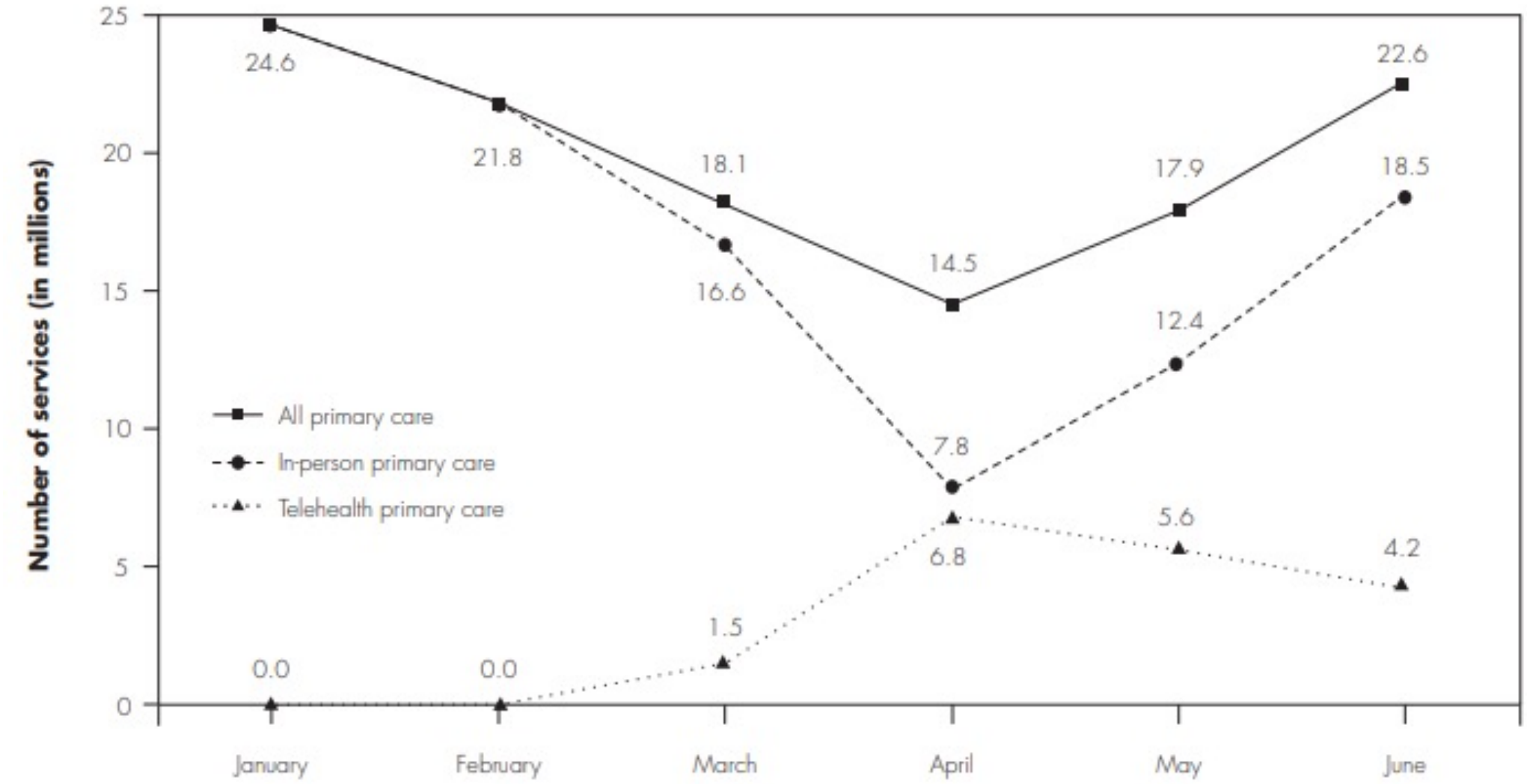
CMMI Initiatives

With Some Exceptions

Medicare COVID-19 Telehealth Coverage Expansion

- **Section 1135 Waiver**
  - Coronavirus Preparedness and Response Supplemental Appropriations Act (March 2020) expands Secretary's authority to waive ***geographic*** and ***location*** restrictions for duration of COVID-19 PHE
- **CMS Interim Final Rules**
  - Suspends certain ***service*** restrictions for duration of COVID-19 PHE
    - Expands list of covered services
    - Eliminates frequency requirements
    - Permits use of telehealth for required face-to-face visits, direct supervision for incident-to billing, teaching physician virtual presence
  - Suspends certain ***provider*** restrictions for duration of COVID-19 PHE
    - Permits therapists and S/L pathologists to provide covered services via telehealth
    - Creates special reimbursement for RHCs and FQHCs
    - Waives state licensure requirement
  - Authorizes payment for certain audio-only E/M services
- **Agency Notices of Enforcement Discretion**
  - OCR – Will not impose penalties if, in good faith, use any non-public remote audio/visual communication product for duration of COVID-19 PHE – reducing ***technology*** restrictions
  - OIG – Permits waiver of co-insurance

MedPAC 2021 Report on Medicare Payment Policy



OIG Work Plan

January 2021

"Because of telehealth's changing role, the OIG will conduct a series of audits of Medicare Part B telehealth services in two phases.

Phase one audits will focus on making an early assessment of whether services such as evaluation and management, opioid use order, end-stage renal disease, and psychotherapy meet Medicare requirements.

Phase two audits will include additional audits … related to distant and originating site locations, virtual check-in services, electronic visits, remote patient monitoring, use of telehealth technology, and annual wellness visits to determine whether Medicare requirements are met."

Post- COVID-19 Telehealth Coverage Retraction

- Return of geographic and location restrictions
- Eliminate reimbursement for telephone E/M
- Eliminate coverage for services furnished by physical/occupational therapists and S/L pathologists
- Eliminate special payment for RHCs/FQHCs
- Eliminate licensure waiver
- Maintain some – but not all – expanded services
- Maintain telehealth as substitute for in-person requirements
- OIG and OCR notices expire

Consolidated Appropriations Act

- Amends 1834(m) to eliminate geographic and location restrictions for "purposes of diagnosis, evaluation, or treatment of a mental health disorder" ***but only if*** …
  - Billing practitioner "furnishes an item or service in person without the use of telehealth" for which there is Medicare coverage:
    - Within the 6 month-period prior to initial telehealth service
    - With such frequency thereafter as CMS determines appropriate
  - Does not impact existing coverage for SUD services furnished via telehealth
- Rulemaking
  - Definition of services relating to mental health disorder
  - Frequency of subsequent face-to-face visits
  - Exceptions for homebound patients
  - Other 1834(m) restrictions?

Other Payers

- **Medicaid**
  - Pre-pandemic - state option to provide coverage
  - Pandemic – CMS approved state coverage expansions
  - Post-pandemic – reset to pre-pandemic
- **Fully-insured plans** (subject to state regulation)
  - Pre-pandemic - few states with reimbursement parity
  - Pandemic – most payers paid for telehealth services same as face-to-face services
  - Post-pandemic – many states (including Montana) considering payment parity laws
- **Self-insured plans** (subject to ERISA)
  - Pre-pandemic
    - No legal requirements regarding telehealth coverage
    - Growing use of remote telehealth providers
  - Pandemic – most plans paid for telehealth services same as face-to-face services
  - Post-pandemic
    - Proposed ERISA amendments
    - Even more rapid growth of remote telehealth providers

Virtual Services

- Not subject to Section 1834(m) restrictions
- Enhance patient management outside usual office visit
- Expanded Medicare reimbursement since 2013
  - Transitional care management
  - Chronic care management
  - Remote patient monitoring
  - Virtual check-ins
- Implementation challenges, centralized services

Consumer Attitudes

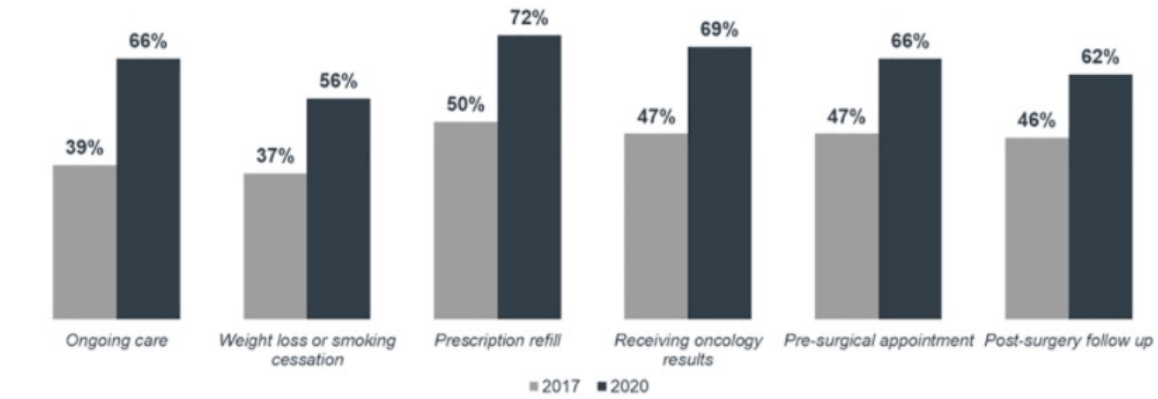
Consumers who would consider a virtual visit if in-person visit requires a wait

Wait time for in-person visit

	One day	One week	Two weeks	One month
2017 National (n = 4,879)	34%	51%	56%	59%
2020 National (n = 7,452)	60%	63%	65%	66%
Percent Change from 2017 to 2020	**+76%**	**+24%**	**+16%**	**+12%**

Consumers who would consider virtual care in different scenarios

n=7,452



The Disrupter(s)

THE PATIENT COMPANY

ro

amazon care

CVS HealthHUB

Hinge Health

tytocare

Find Care
Walgreens.com/FindCare

dr on demand

98point6

Heartbeat Health

strive HEALTH

hims & hers

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