

MEDPAC Recommendations on Telehealth

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CENTER FOR CONNECTED HEALTH POLICY (CCHP)

is a non-profit, non-partisan organization that seeks to advance state and national telehealth policy to promote improvements in health systems and greater health equity.

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- **Always consult with legal counsel.**
- **CCHP has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.**

ABOUT CCHP

- **Established in 2009 as a program under the Public Health Institute**
- **Became federally designated national telehealth policy resource center in 2012 through a grant from HRSA**
- **Work with a variety of funders and partners on the state and federal levels**
- **Administrator National Consortium of Telehealth Resource Centers**
- **Convener for California Telehealth Policy Coalition**



TELEHEALTH POLICY CHANGES IN COVID-19

FEDERAL

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

- Based on prescribing exception/allowed phone use for OUD
- HIPAA OCR, but not fines during this time

STATE (Most Common Changes)

MEDICAID ISSUE	CHANGE
Modality	Allowing phone
Location	Allowing home
Consent	Relaxed consent requirements
Services	Expanded types of services eligible
Providers	Allowed other providers such as allied health pros
Licensing	Waived some requirements

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

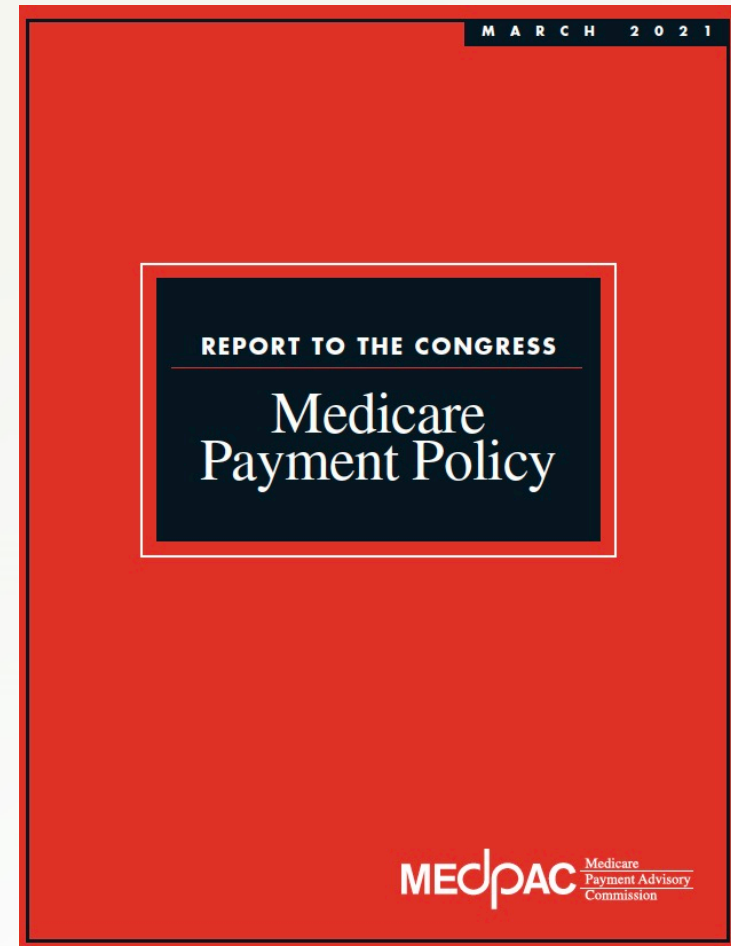
MEDPAC REPORT

WHAT IS MEDPAC?

- **Medicare Payment Advisory Commission (MedPAC)**
- **A non-partisan legislative branch agency that provides Congress with analysis and policy advice of Medicare**
- **Analyzes access to care, quality of care and other issues affecting Medicare**
- **Established in the Balanced Budget Act of 1997**
- **17 Commissioners**
- **Regularly issues reports to Congress**

MEDPAC – Medicare Payment Policy Report

- **Issued March 2021**
- **Report to Congress**
- **Contains a telehealth chapter**



REPORT RECOMMENDATIONS

- **MedPAC Report**
 - **Recommended temporary extension of some of the waivers**
 - **Continue audio-only coverage on certain services**
 - **Continue reimbursement for some services if potential clinical benefit**
 - **Allow for coverage of specified telehealth services regardless of location**

REPORT RECOMMENDATIONS

- **MedPAC Report**
 - **After PHE, only Physician Fee Schedule (PFS) facility rate should be paid**
 - **During the PHE, a non-facility rate has been paid which is higher than PFS facility rate**
 - **After PHE, providers should no longer be allowed to reduce or waive cost sharing costs**

REPORT RECOMMENDATIONS

- **Fraud Prevention**
 - **Added scrutiny to outlier clinicians**
 - **Look more closely at those clinicians who bill for a high number of services in a week or month**
 - **Require a face-to-face visit before ordering high cost DME or lab tests**
 - **Prohibit “incident to” billing for telehealth by any clinician who can bill Medicare directly**

WHAT'S MISSING FROM THE RECOMMENDATIONS

- **Expanded list of providers**
 - **FQHCs, RHCs, OTs, etc., keeping around expanded list of providers not mentioned**
- **HIPAA relaxations**

CCHP

- **CCHP Website – cchpca.org**
 - **Telehealth Federal Policies -**
<https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies>
 - **State Emergency Waivers/Guidance -**
<https://www.cchpca.org/resources/covid-19-related-state-actions>
- **Subscribe to the CCHP newsletter at**
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Thank You!

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