

TELEHEALTH 301: Deep Dive Medicare Mental Health Policies for 2022

(February 2022)



Center for Connected
Health Policy

THE NATIONAL
TELEHEALTH POLICY
RESOURCE CENTER



CENTER FOR CONNECTED HEALTH POLICY (CCHP)

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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.

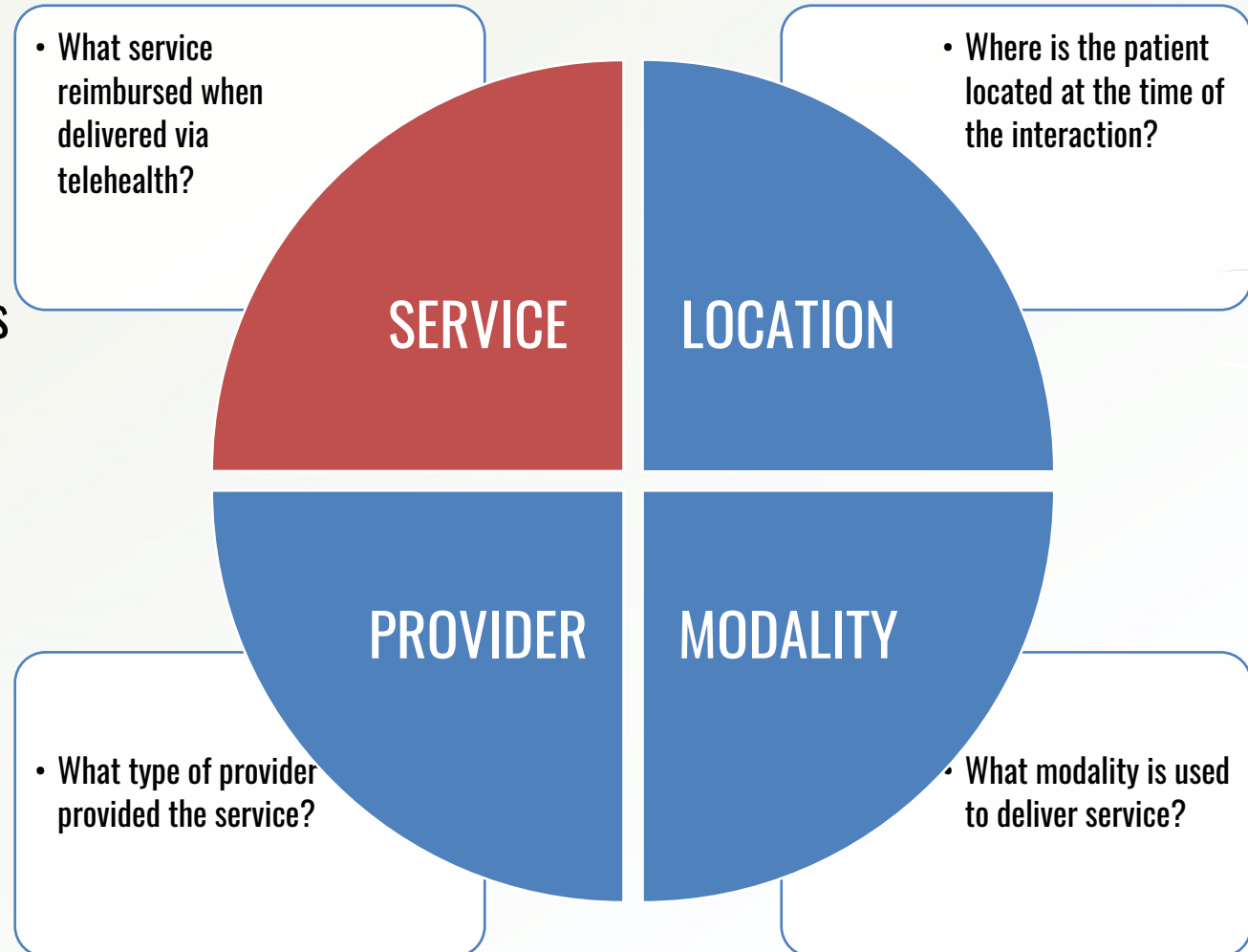
DISCLAIMERS

- **Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.**
- **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.**



MEDICARE POLICY ISSUE AREA IMPACTS

- **Most established telehealth policies are on reimbursement**
 - 4 typical elements make up reimbursement policy
 - Most limitations are around these 4 elements
- **Medicare telehealth policy touches on all four issues**
- **Most of these areas require statutory changes and cannot be changed by CMS**



POLICY CHANGES - FINAL PFS CY 2022

- **Significant Changes Made Mental Health Services Provided Via Telehealth For 2022**
 - Consolidated Appropriations Act (CAA) passed in Dec 2020 implementation related to provision of mental health visits via telehealth. Certain conditions applied – **Legislative Change**
 - Allowing use of audio-only to provide mental health visits if certain conditions met – **Administrative Change**
 - FQHC/RHC redefinition of mental health visit, not considered telehealth – **Administrative Change**



PERMANENT MEDICARE TELEHEALTH POLICY THAT EXISTED BEFORE 2022 (no PHE in place)

ISSUE	POLICY	EXCEPTION
Patient Location	Patient must be in rural or non-MSA location when telehealth service takes place. Specific list of locations, home not included.	Geographic & home exception for treatment of SUD and co-occurring mental health condition & ESRD treatment Geographic exception for telestroke
Modality	Federal law says must be through telecommunication system, no statutory definition. CMS in regulations says must be <i>interactive</i> telecommunication system	None
Providers	Specific list of eligible providers who can provide services via telehealth & be reimbursed by Medicare. FQHCs & RHCs are not eligible providers	None
Services	CMS can select services to put on the eligible services list that will be reimbursed by Medicare if provided via telehealth	None



CHANGES TO MEDICARE TELEHEALTH POLICY DUE TO CAA (no PHE in place)

ISSUE	POLICY	EXCEPTION	CAA
Patient Location	Patient must be in rural or non-MSA location when telehealth service takes place. Specific list of locations, home not included.	Geographic & home exception for treatment of SUD and co-occurring mental health condition & ESRD treatment Geographic exception for telestroke	Mental health services can be provide in the home and w/o meeting the geographic requirement IF 6 month in-person visit w/telehealth provider takes place prior to telehealth services being delivered.
Modality	Federal law says must be through telecommunication system, no statutory definition. CMS in regulations says must be <i>interactive</i> telecommunication system	None	N/A
Providers	Specific list of eligible providers who can provide services via telehealth & be reimbursed by Medicare. FQHCs & RHCs are not eligible providers	None	N/A
Services	CMS can select services to put on the eligible services list that will be reimbursed by Medicare if provided via telehealth	None	N/A



CHANGES TO MEDICARE TELEHEALTH POLICY DUE PFS FOR 2022

(no PHE in place)

ISSUE	POLICY	EXCEPTION	CAA	PFS CHANGES
Patient Location	Patient must be in rural or non-MSA location when telehealth service takes place. Specific list of locations, home not included.	Geographic & home exception for treatment of SUD and co-occurring mental health condition & ESRD treatment Geographic exception for telestroke	Mental health services can be provide in the home and w/o meeting the geographic requirement IF 6 month in-person visit w/telehealth provider takes place prior to telehealth services being delivered.	<i>Implementing CAA</i> , require in-person visit w/telehealth provider prior to telehealth services taking place. Subsequent 12 month in-person visit required, some narrow exceptions.
Modality	Federal law says must be through telecommunication system, no statutory definition. CMS in regulations says must be <i>interactive</i> telecommunication system	None	N/A	Allow the use of audio-only phone to be used to deliver <i>mental health services</i> if certain conditions met including the 6 month/12 month in-person visit.
Providers	Specific list of eligible providers who can provide services via telehealth & be reimbursed by Medicare. FQHCs & RHCs are not eligible providers	None	N/A	FQHC/RHC allow to provide <i>mental health visits</i> via live video or audio-only (certain conditions need to be met if patient receiving services in the home)
Services	CMS can select services to put on the eligible services list that will be reimbursed by Medicare if provided via telehealth	None	N/A	Certain COVID-19 temporary telehealth services will remain available until end of 2023 even if PHE declared over before then

CHANGES TO MEDICARE TELEHEALTH POLICY DUE PFS FOR 2022

(no PHE in place)

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Modality	Federal law says must be through telecommunication system, no statutory definition. CMS in regulations says must be <i>interactive</i> telecommunication system	None	N/A	audio-only phone <i>mental</i> maintain during the 6 person visit.
Providers	Specific list of eligible providers who can provide services via telehealth & be reimbursed by Medicare. FQHCs & RHCs are not eligible providers	None	N/A	FQHC/RHC allow to provide <i>mental health visits</i> via live video or audio-only (certain conditions need to be met if patient receiving services in the home)
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Not considered telehealth



WHAT DOES IT ALL MEAN?

- If you meet the requirements or fall into one of the exceptions that existed before the CAA exceptions, you don't have to worry about the 6 month in-person prior/12 month in-person subsequent visit requirement
- If you are don't fall into one of the pre-CAA exceptions, and you want to provide those mental health services, you need to meet that 6 month in-person prior/12 month in-person subsequent visit requirement
- If you want to provide mental health services via audio-only you need to meet certain conditions including a 6 month in-person prior/12 month in-person subsequent visit requirement



WHAT DOES IT ALL MEAN?

- If you are an FQHC/RHC you can provide mental health visits with live video or audio-only, some conditions apply
- If you are an FQHC/RHC and the patient is receiving those mental health visits in the home, you have to meet the 6 month in-person prior/12 month in-person subsequent visit requirement
- If you are an FQHC/RHC, these services are NOT considered telehealth. They are considered a mental health visit which means the conditions your entity faces when providing a mental health visit would still apply



AS OF FEB 2022



WHAT DOES IT ALL MEAN?

- **Currently, as of February 2022 when this video is being recorded, none of these policies created by the CAA or the PFS for 2022 apply because we are in a Public Health Emergency for COVID-19 and those waivers are still in effect.**
- **However, once the PHE is declared over, these these policies WILL go into effect unless there are other changes that occur between now and when the PHE is declared over.**





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Thank You!

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