TELEHEALTH POLICY IMPACTS OF THE 2022 CONSOLIDATED APPROPRIATIONS ACT

Below is a quick reference regarding the major impacts on federal telehealth policy on Medicare. For the most part, the policies focus on the temporary changes that were made to Medicare telehealth policy in response to COVID-19.

MEDICARE			
ISSUE	CHANGE MADE BY BUDGET BILL		DIFFERENCE FROM CURRENT WAIVER
Patient Location – Geographic	Extension of waiver on the geographic location of patient requirement to continue an additional 151 days after the Public Health Emergency (PHE) is declared over.		No difference from current COVID-19 temporary waiver.
Patient Location – Site	Extension of waiver on the site location of patient requirement to continue an additional 151 days after the PHE is declared over.		No difference from current COVID-19 temporary waiver.
Eligible Providers	Allow FQHCs, RHCs, PTs, OTs, Speech-Language Pathologists and Audiologists to continue to be reimbursed for services delivered via telehealth an additional 151 days after the PHE is declared over.		Under the current COVID-19 waivers, the category of providers is all eligible Medicare providers.
Audio-Only	Extension of waiver on the use of audio-only as a modality to continue an additional 151 days after the PHE is declared over.		No difference from current COVID-19 temporary waiver.
Recertification of eligibility for hospice care	Extension of waiver on the use of telehealth to continue to be used an additional 151 days after the PHE is declared over.		No difference from current COVID-19 temporary waiver.
OTHER TELEHEALTH POLICY ISSUE			
ISSUE			CHANGE MADE BY BUDGET BILL
In post-PHE environment, requirement of an in-person visit before a mental health visit via telehealth takes place when not meeting geographic and site requirements imposed on telehealth for Medicare program (Includes FQHCs, RHCs and audio-only requirement)		Delay requirement 151 days after the PHE is declared over.	
Concern over fraud/waste and utilization		MedPAC will do a report for Congress on utilization and other issues in Medicare/OIG will do a report on fraud and waste. Due to Congress June 2023	