Telehealth and COVID-19

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What is Telehealth?

Telehealth is the utilization of technology to provide health care services to patients.

- Two-way audio/visual
- Audio-only
- Store and forward
- Remote patient monitoring
- E-visits
- Virtual check-ins
Telehealth Utilization
Medicare

### Telemedicine Users: Pre-Pandemic and Pandemic Period

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Telehealth</th>
<th>E-visit¹</th>
<th>Virtual Check-In</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-pandemic (March 1, 2019 - Feb 29, 2020)</td>
<td>910,490</td>
<td>892,121</td>
<td>5,220</td>
<td>14,088</td>
</tr>
<tr>
<td>Pandemic (March 1, 2020 - Feb 28, 2021)</td>
<td>28,255,180</td>
<td>27,691,878</td>
<td>367,467</td>
<td>1,601,033</td>
</tr>
</tbody>
</table>

Medicare

Percentage of Medicare Users with a Telehealth Service by Quarter:
Overall


Disclaimer: All data presented in this report are preliminary and will continue to change as CMS processes additional claims for the reporting period.
Medicare

Percentage of Medicare Users with a Telehealth Service by Quarter:
By Race/Ethnicity

Medicaid and CHIP

Number of any telehealth services (all) per 1,000 beneficiaries in the US

Selection includes all ages, all sexes
Data Source: TAF

Lines in chart represent unique combinations of the following:
Telehealth services: All
Values: PHE period — , pre-PHE average ....

Service use per 1,000 selected Medicaid and CHIP beneficiaries

Source: T-MSIS Claims Data
Utilization of Telehealth in IHS Clinics

• Prior to the COVID-19 public health emergency (PHE), the IHS reported that there were less than 1,300 telehealth visits on average each month.

• During the initial COVID surge during the summer of 2020, IHS clinics averaged 43,000 telehealth visits each month.

Source: Indian Health Service. IHS Expanded Telehealth to Provide Care During COVID-19 Pandemic.
All Telehealth Encounters IHS Only
NPIRS Data, HCPCS CPT Coding

Source: Data courtesy of Indian Health Service
All Telehealth Encounters Tribal Only
NPIRS Data, HCPCS CPT Coding

Source: Data courtesy of Indian Health Service
Future Telehealth Developments in IHS Clinics

- IHS awarded a new telehealth system and is currently in their implementation planning stage

- Education and outreach efforts
  - Hosted webinars to internal and external partners
  - Expanded resources for both patients and providers
  - Developed an IHS Telehealth Toolkit
  - Launched their Telehealth Website
  - Conducted surveys with IHS providers to understand their use and evaluate their needs related to telehealth

Source: Information courtesy of Indian Health Service
Beginning March 6, 2020, Medicare began reimbursing for telehealth services with several flexibilities that were not offered before the PHE.
Medicare Telehealth Flexibilities Introduced During the PHE

• Geographic Site of Patient
  – No restrictions on where the patient may be located during telehealth visit

• Modality
  – Live video communication allowed, with audio-only acceptable for certain E/M visits, behavioral health visits, and educational services
Medicare Telehealth Flexibilities Introduced During the PHE

• Provider Type
  – All Medicare enrolled providers may bill for telehealth services, including FQHCs and RHCs during the PHE

• Service Type
  – Over 250 codes were approved to be reimbursed for telehealth visits. Full list of codes may be found here
  – During the PHE, any Medicare approved telehealth service is allowed to be provided by an FQHC and RHC via telehealth
Medicare Telehealth Flexibilities Introduced During the PHE

• **Reimbursement**
  – Payment parity between in-person visits and telehealth visits, with payment rate varying depending on where provider is located
  - Providers in a non-facility setting receive a higher rate than providers in a facility setting
  – For FQHCs and RHCs, the reimbursement rate is $97.24 (per the [FY ‘22 Medicare PFS ruling](#))
Changes to Medicare Telehealth Policy

- Consolidated Appropriations Act of 2021
  - Medicare will reimburse for telehealth services, including audio-only visits, for the diagnosis, evaluation, and treatment of mental health/behavioral health conditions if certain conditions are met, regardless of where the patient is located.
Changes to FQHCs and RHCs Telehealth Policy

- CY 2022 Medicare Provider Fee Schedule
  - A mental health visit for a FQHC or RHC was redefined to include continued coverage real-time telecommunication visits (including audio-only) for established patients who have been seen in-person in past 6 months and will continue to be seen once in-person every 12 months after
• Telehealth flexibilities tied to the PHE will be extended for 151 days past the end of the PHE
  – Please note that the Act specifically includes the following providers as eligible to continue to receive reimbursement for telehealth for the 151 days: physical therapists, occupational therapists, speech-language therapists, audiologists, FQHCs, and RHCs

• The Act directed the Medicare Payment Advisory Commission (MedPAC) to begin analyzing and evaluating impacts of telehealth expansion, and for HHS to release data on telehealth utilization

Source: Center for Connected Health Policy. *Telehealth PHE Expansion to Continue 151 Days Post-PHE*
On November 1st, 2022, CMS published the 2023 PFS Final Rule which included provisions related to telehealth services. They are:

• Making several temporary telehealth services available on a Category III basis until the end of 2023
  • Examples include: audiology services, group therapy services, and ophthalmology services

• Implementing Medicare telehealth provisions in the 2022 Consolidated Appropriations Act via program instruction or other subregulatory guidance

• Adding a telehealth indicator on clinician group and provider profile pages to help patients identify which of their providers may provide telehealth services
During the onset of COVID-19, states responded by making changes to their telehealth policies to ensure the patients were maintaining access to their health care providers.
Medicaid and Telehealth

• States have flexibility when covering telehealth:
  – What services to cover
  – What providers to cover
  – What types of technology may be used
  – How services will be reimbursed

• Services must be provided within practitioners’ scope of practice

• States are not required to submit a (separate) SPA for coverage or reimbursement of telehealth services, if they decide to reimburse for services the same way/amount that they pay for face-to-face services/visits/consultations.
Highlights of PHE-related telehealth flexibilities introduced by states

Flexibilities have included:

• Allowing reimbursement for audio-only visits
• Expansion of services covered via telehealth
  • Common expansions have included: behavioral health services, physical therapy, occupational therapy, speech therapy, and teledentistry
• Payment parity for in-person and telehealth visits
  – Pre-pandemic only 15 states had payment parity laws in place, but as of now there are 26 states total who have payment parity policies that will extend beyond the PHE
Ongoing efforts by states to ensure continued access to telehealth services beyond the PHE

Telehealth advisory work groups have been created to examine the benefits of telehealth service expansions.

The Maryland General Assembly passed the “Preserve Telehealth Access Act of 2021”

Department of Health agencies have begun issuing guidance related to permanent telehealth policy changes that will remain at the end of the PHE.
CMS developed a toolkit and a supplemental toolkit for states to use as they look to expand their telehealth flexibilities beyond the PHE; it will help states decide:

- What policies will be permanent vs temporary
- When flexibilities will expire
- What services and providers may be eligible for telehealth
- The types of modalities that will be approved for telehealth services
Telehealth Workgroups & Organizations

• FedTel: Cross-Federal Workgroup on Telehealth
  – Comprised of members from CMS, IHS, HRSA, CDC and AHRQ

• National Cancer Institute’s Telehealth Research Centers of Excellence Initiative
  – NIH awarded NCI $23 million to establish and supports 4 centers that will conduct research

• Center for Connected Health Policy
  – National Telehealth Resource Center Partners
    • 12 regional and 2 national telehealth resource centers
Telehealth and Health Equity

While telehealth greatly can expand a patient’s access to connect with their health care providers, there are several considerations that need to be made by providers to ensure access is equitable to all patients

• Providers must be aware of barriers patients may have when accessing telehealth, such as:
  – Lack of internet or technology access
  – Not having a private space to conduct telehealth visits
  – Language barriers that may prevent them from filling out online forms or communicating with providers
Expansion of Broadband and Telehealth Funding

• Through the CARES Act, $140 million in grant funding was dedicated to increase telehealth and broadband funding efforts in Tribal communities in 2021
  – HRSA distributed over $16 million in grants to 57 Tribes through the Rural Tribal COVID-19 Response Program
  – The USDA distributed $125 million in grants between two programs: Distance Learning and Telemedicine grants, and ReConnect Broadband grants
Future Funding Opportunities

Tribal Connectivity Technical Amendments Program

• Administered by the National Telecommunications and Information Administration (NTIA)
• Receiving $2 billion in funding through the Bipartisan Infrastructure Law
• This funding will strengthen their current Tribal Broadband Connectivity Program (TBCP), which has an existing $1 billion in funding
• Applications will open early 2023
Thank You!

Questions or comments?

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