

## TELEHEALTH

The *Coronavirus Preparedness and Response Supplemental Appropriations Act*, the *Coronavirus Aid, Relief, and Economic Security (CARES) Act*, and the *Coronavirus Response and Relief Supplemental Appropriations Act* (COVID relief law) provide new flexibilities to increase access to telehealth in Medicare during the coronavirus public health emergency.

Telehealth will allow patients to continue to receive medically necessary care and avoid travel, when possible, to physicians' offices, clinics, hospitals, or other health care facilities. In addition, the Department of Health and Human Services (HHS) has used regulatory authority to establish many new policies regarding telehealth and virtual services during the pandemic.

### Medicare Telehealth

The *Coronavirus Preparedness and Response Supplemental Appropriations Act* and the *CARES Act* authorize the HHS Secretary to waive certain telehealth restrictions in Medicare for the duration of the public health emergency. HHS has implemented this new authority in the following ways:

- Medicare now pays for office, hospital, and other visits provided via telehealth in all areas of the country and in patient's places of residence as of March 6, 2020.
- More types of health care providers—including physical therapists, occupational therapists, and respiratory therapists—can provide and bill for telehealth services.
- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) can serve as distant site providers—meaning that they will be reimbursed for providing telehealth services to patients, including in patients' homes. HHS guidance on this policy is available [here](#).
- Beneficiaries can use certain telehealth services using audio-only communications technology (telephones or other audio-only devices).
- For home dialysis patients, a nephrologist no longer must conduct some of the required periodic evaluations for patients face-to-face, allowing these vulnerable beneficiaries to get more care in the safety of their homes.
- Hospice physicians and nurse practitioners can conduct recertification encounters using telehealth to recertify beneficiaries for the Medicare hospice benefit.
- Additionally, HHS is allowing health care providers to reduce or waive cost-sharing for telehealth visits paid by federal health care programs.

Prior to the public health emergency, Medicare could only pay for telehealth on a limited basis: when patients are in a designated rural area and when they leave their home and go to a clinic, hospital, or certain other types of medical facilities.

More information on these new policies in Medicare is available [here](#) and [here](#).

### Medicare Telehealth – Mental Health

The COVID relief law includes a permanent telehealth change in Medicare—the geographic restrictions are permanently removed for mental health services and the home is added as an originating site. This means that all Medicare beneficiaries across the country can use telehealth for mental health services, and they can use these services in their homes.

### Use of FaceTime, Skype, and Other Tools

HHS is allowing health care providers to use everyday communications technologies, such as FaceTime or Skype, to provide telehealth during the COVID-19 public health emergency. HHS will waive penalties for Health Insurance Protection and Portability Act (HIPAA) violations against health care providers that serve patients in good faith through these technologies even if the technologies are not HIPAA-compliant. More information is available [here](#).

**Other Types of Virtual Services**

Medicare also pays for Virtual Check-Ins, which are short patient-initiated communications with a health care practitioner, and for E-visits, which are non-face-to-face patient-initiated communications through an online patient portal. More information on these services is available at [this link](#).

**Other New Policies for Telehealth**

In addition to the telehealth authority that Congress provided, HHS has also issued new blanket waivers and interim final rules to allow the following in Medicare during the pandemic:

- HHS will pay for more types of services to be provided through telehealth, including emergency department visits, initial nursing facility and discharge visits, and home visits.
- HHS is removing frequency limitations for certain telehealth services.
- HHS is allowing telehealth to fulfill many face-to-face visit requirements for clinicians to see their patients in inpatient rehabilitation facilities, hospice and home health. During the pandemic, individuals can use commonly available interactive apps with audio and video capabilities to visit with their clinician.
- Home health agencies can provide more services to beneficiaries using telehealth, so long as it is part of the patient's plan of care and does not replace needed in-person visits.
- Hospice providers can provide services to a Medicare patient receiving routine home care through telehealth, if it is feasible and appropriate to do so.
- If a physician determines that a Medicare beneficiary should not leave home because of a medical contraindication or due to suspected or confirmed COVID-19, and the beneficiary needs skilled services, he or she will be considered homebound and qualify for the Medicare Home Health Benefit. As a result, the beneficiary can receive services at home.
- Virtual check-in services, or brief check-ins between a patient and their doctor by audio or video device, could previously only be offered to patients that had an established relationship with their doctor. Now, doctors can provide these services to both new and established patients.
- Additional types of providers, such as physical therapists, occupational therapists, and speech-language pathologists, can bill for virtual check-in services and remote evaluation of images/video.
- Clinicians can provide remote patient monitoring services for patients, no matter if it is for the COVID-19 disease or a chronic condition and if it is a new or established patient. For example, remote patient monitoring can be used to monitor a patient's oxygen saturation levels using pulse oximetry.

In addition, HHS is instructing physicians and practitioners who bill for Medicare telehealth services to report the place of service (POS) code that would have been reported had the service been furnished in person, as well as to use a CPT telehealth modifier, modifier 95, which should be applied to claim lines that describe services furnished via telehealth.

More information on these and other telehealth policies is available at [CMS](#).

**Medicaid**

Coverage for telehealth in Medicaid is determined by the state. Please contact [Med-QUEST](#) or your Medicaid insurance plan for more information.

**Private Insurance**

The *CARES Act* allows for high-deductible health plans with a health savings account to cover telehealth services prior to a patient reaching their deductible.

For information on how your private insurance plan covers telehealth, please contact your plan.

**Telehealth Network and Telehealth Resource Center Grant Programs.**

The *CARES Act* reauthorizes the Telehealth Network and Telehealth Resource Center (TRC) Grant Programs, which promote the use of telehealth technologies for health care delivery, education, and health information services. It also provides additional funding to these programs.

TRCs provide assistance, education and information to organizations and individuals who are actively providing or interested in providing health care at a distance. The TRC in Hawaii is the [Pacific Basin TRC](#).

**Tribal Broadband Connectivity Grant Program, Department of Commerce**

- The COVID relief law provides \$1 billion for a dedicated Tribal Broadband Connectivity Grant Program to be administered by the National Telecommunications and Information Administration, which is part of the Department of Commerce.
- The grants will be available for broadband deployment and affordability, telehealth, distance learning, and digital inclusion. At least \$30 million must be allocated for the Hawaiian Homelands and Native Hawaiian communities.
- More information about the program will become available in 2021.

**Distance Learning and Telemedicine (DLT) Grant Program, Department of Agriculture**

- The COVID relief law provides \$97 million for the DLT Program, which is an existing grants initiative that supports the use of telecommunications-enabled information, audio and video equipment, and other advanced technologies to support students, teachers, medical professionals, and residents in rural areas.
- Previously, the *CARES Act* provided \$25 million to the DLT Program. More information about the DLT Program can be found [here](#).

**COVID-19 Telehealth Program, Federal Communications Commission (FCC)**

- The COVID relief law provides \$250 million to expand the FCC's COVID-19 Telehealth Program, which was first launched in 2020 to help health care providers in hard hit areas purchase equipment and connectivity services for telehealth deployment during the pandemic.
- Previously, the *CARES Act* provided \$200 million for this initiative, all of which has been allocated.
- The COVID-19 Telehealth Program is part of the FCC's Universal Service Fund's Rural Health Care Program. More information about the program is available [here](#).

**Connected Care Pilot Program, FCC**

- The FCC launched the Connected Care Pilot Program in 2020, which is a reimbursement program that provides up to \$100 million from the Universal Service Fund over three years to support connected care services.
- The program reimburses 85 percent of the eligible costs of broadband connectivity, network equipment, and information services necessary to provide connected care services to specific patient populations, including low income communities and veterans.
- This a stand-alone pilot program supporting telehealth and does *not* include pandemic-related appropriations from Congress. More information about the program, including announcements of any future application windows, is available [here](#).