Changes to Medicare & Medicaid Telehealth Policies

Considerations for FQHCs implementing Telehealth in support of patient care during the COVID-19 outbreak

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Telehealth Policy

Medicare
FQHCs and RHCs can only act as the originating site for telehealth delivered services. The geographic and site limitations will still apply with only certain exceptions that were in place prior to COVID-19.

FQHCs and RHCs can utilize some of the technology-enabled services to treat patients such as the virtual check-in and some of the chronic care management codes but not others like eConsult. For these technology enabled codes, FQHCs and RHCs will receive a fee for service rate (not PPS).

Medicaid
This will vary from state to state, with some states allowing FQHC’s and RHC’s to act as distant site providers, and some allowing them to receive their PPS rate and others not. Some states prohibit FQHCs and RHCs from being the distant site provider but may allow them to be the originating sites. Other states are silent.

<table>
<thead>
<tr>
<th>Pre COVID-19</th>
<th>Policy change (in response to COVID-19)</th>
<th>Coverage at this time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reimbursement has varied from state to state. If the state Medicaid Program has managed care, telehealth reimbursement can vary from plan to plan.</td>
<td>A Medicaid FAQ was issued stating that state Medicaid programs have broad authority to utilize telehealth within their Medicaid programs including using telehealth in place of face to face requirements when certain conditions are met</td>
<td>Still developing. Some states have encouraged providers &amp; utilize health plans to utilize telehealth more broadly to provide services but for many states the policies continue to be developed as they navigate this situation.</td>
</tr>
</tbody>
</table>

Federal Actions

DEA
The declaration of the national emergency enacted one of the exceptions to the Ryan Haight Act for telehealth (telemedicine as it is referred to in the Act).

For as long as the Secretary’s designation of a public health emergency remains in effect, DEA-registered practitioners may issue prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:

The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice

The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system.

The practitioner is acting in accordance with applicable Federal and State law.
https://www.deadiversion.usdoj.gov/coronavirus.html
HIPAA

A change was made regarding the Health Insurance Portability and Accountability Act (HIPAA) “Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime, Facebook Messenger, WhatsApp or Skype, during the COVID-19 nationwide public health emergency.” The technologies in use need to be non-public facing. https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

Strategic considerations for FQHCs when choosing a telehealth solution

As many FQHCs look to either implement or expand their telehealth offerings during the COVID-19 pandemic, it is important to take some time to review different options and choose a solution that you can use not only during the pandemic but that can easily scale as you expand your telehealth program in the future especially with the shift to value based care.

Some important functionality to consider include the following:

- A solution that is web/mobile based (both iOS & Android)
- Can be used in multiple areas including primary care, specialty, behavioral health, dentistry etc.
- Easy to scale with number of licenses as your needs continue to expand
- Compatible with USB peripheral devices such as stethoscopes, dermascopes, otoscopes, intraoral cameras etc.
- HL7/API Integration ready with your EHR (practice management, notes etc.)
- Offers not only synchronous video visits but also asynchronous (secure messaging)
- Remote Patient Monitoring and mHealth capabilities
- Virtual Waiting Room capabilities
- Bandwidth requirements for video call
- Underlying video architecture (VidYo, WebRTC)
- Solution that preferably charges a monthly subscription fee per provider and not a per visit fee
- HIPAA compatible and will sign a BAA
- White Label capabilities
# Telehealth Platform Comparison

## Vendor Agnostic

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Pricing (per month)</th>
<th>Synchronous Video</th>
<th>Secure Messaging</th>
<th>Patient &amp; Provider Lead Scheduling</th>
<th>USB Peripherals</th>
<th>Remote Patient Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zoom (Healthcare)</td>
<td>$20 (10 hosts min)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Skype for Business</td>
<td>Included (with E3/E5 licenses)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Certintell</td>
<td>$50 (Free Month)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes (athena)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>BlueJeans (Healthcare)</td>
<td>$20</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>doxy.me</td>
<td>Free</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

## Vendor Specific

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Pricing (per month)</th>
<th>Synchronous Video</th>
<th>Secure Messaging</th>
<th>Patient &amp; Provider Lead Scheduling</th>
<th>USB Peripherals</th>
<th>Remote Patient Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healow (eClinicalWorks)</td>
<td>$2 (per encounter)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>OttoHealth NextGen</td>
<td>*Pricing info can be gathered on request</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>ezTelemedicine (athena Centricity integration)</td>
<td>$70 for first provider; $30 for providers after + one time setup and training fees</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
Appendix A: State Actions

Alaska
House Bill 29 requires health care insurers to provide coverage for telehealth benefits and can reduce consumer and insurer costs. With the COVID-19 pandemic, the CDC and the Alaska Chief Medical Officer have encouraged those with flu-like symptoms to utilize telehealth benefits before overloading the healthcare system, especially emergency rooms. https://gov.alaska.gov/newsroom/2020/03/16/governor-issues-second-covid-19-health-mandate-signs-covid-19-legislation/

Arizona

California

Behavioral Health Bulletins -
https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral_HealthInformationNotice.aspx


Connecticut
Temporary Coverage for Telehealth -
New Coverage of Specified Telemedicine Services -

Colorado
Plans were directed to conduct outreach and education campaigns to remind enrollees of their telehealth options and to provide telehealth services to cover COVID-19-related in-network telehealth services at no cost share.https://drive.google.com/file/d/1_9Z6CVhzAxNNxUWBKeAfVHgf3mXQB_T/view?inf_contact_key=2825%202f60b0e45481d432c387e674dd83

District of Columbia
Medicaid Program Update -
Licensure Waiver -

Guidance on the use of Telehealth -

Florida

Louisiana
Maryland
Coronavirus Update: Governor Hogan Announces New Directive Requiring State Insurers to Waive Costs for Testing, Provides Additional Details on Confirmed Cases

Massachusetts
Medicaid Managed Care Plans required to cover telehealth and certain telephonic services as a means by which members may access all clinically appropriate, medically necessary covered services.

Michigan
Medicaid will allow homes to be an eligible originating site. https://www.michigan.gov/whitmer/0,9309,7-387-90499_90640-521549--,00.html

Mississippi

Missouri
Medicaid will waive requirement of pre-existing relationship prior to providing services via telehealth and allow services to be provided to enrollee while at home via telephone. https://dss.mo.gov/mhd/providers/pdf/bulletin41-20-2018.pdf

New York
Providers who submit a “self-attestation” form will be able to provide telemental health for people affected by disaster emergency for a time-limited period. Reimbursement for phone services -

North Carolina

Tennessee

Texas
Allowing phone consults and easing some regulations - http://www.tmb.state.tx.us/dl/920E0677-1BAF-C306-781B-A570AD6795A1

Washington
Licensing Waiver - https://content.govdelivery.com/accounts/WAMC/bulletins/2809de0

West Virginia
Appendix B: References & Resources

Centers for Medicare & Medicaid Services
https://www.cms.gov/

Center for Connected Health Policy
https://www.cchpca.org/

Zoom (Healthcare)
https://zoom.us/healthcare

Skype for Business

Certintell
https://certintell.com/

BlueJeans
https://www.bluejeans.com/

doxy.me
https://doxy.me/

Healow (eClinicalWorks)

OttoHealth (NextGen)
https://www.ottohealth.com/

ezTelemedicine (athena Centricity)
https://www.ezaccessmot.com/eztelemedicine/