

Frequently Asked Questions Regarding Telehealth During COVID-19

April 13, 2020

Question	Answer
What are the new telehealth flexibilities within Medicaid?	<p>The NYS Medicaid program has released and is continuously updating a comprehensive guidance document and FAQs that outline new flexibilities to deliver care via telehealth to Medicaid members during the State of Emergency. Notable flexibilities include:</p> <ul style="list-style-type: none"> • Enables <u>all</u> Medicaid providers in <u>all</u> situations to use a variety of communication methods (audiovisual technology, telephone, remote patient monitoring, store and forward) to deliver services remotely during the State of Emergency, as is appropriate for the care of the member. • Relaxes rules on the types of clinicians, facilities, and services eligible for billing under telehealth rules. <ul style="list-style-type: none"> ○ Distant site, where the provider is located, can now be any location within the United States. ○ Originating site, where the patient is located, can be anywhere the member is located at the time services are delivered. • Adds broad coverage for telephonic services. • Ensures payment parity (equal payment for in-person and telehealth services) in Medicaid programs.
What are the new telehealth flexibilities within Medicare?	<p>CMS has made several modifications to their telehealth policies in response to the COVID-19 pandemic. Notable changes include:</p> <ul style="list-style-type: none"> • Within Traditional Medicare: <ul style="list-style-type: none"> ○ Extends coverage of telehealth services to member regardless of where they are located. ○ Allows FQHCs/RHCs to serve as both the originating and distant site for telehealth delivered services. ○ Adds more than 80 additional services that can be delivered via telehealth, including various inpatient and ED visits, clinical social work, clinical psychology, physical therapy, occupational therapy, and speech language pathology. ○ Adds flexibilities related to telephonic visits, e-Visits, and remote patient monitoring. ○ Reduces frequency limits for inpatient visits, SNF visits and critical care consult codes. • Within Medicare Advantage, expands ability of plans to cover telehealth services and waive cost sharing. <p>For more information on Medicare coverage of telehealth services during the pandemic, see the CMS Medicare Telemedicine Health Care Provider Fact Sheet, List of Services Payable Under the Medicare Physician Fee Schedule, and Medicare Telehealth FAQs.</p>
What are the flexibilities in commercial plans?	<p>The New York State Department of Financial Services has adopted a new emergency regulation and issued guidance requiring all New York State insurance companies (including Medicaid MCOs) to waive cost-sharing, including, deductibles, copayments (copays), or coinsurance for in-network telehealth visits.</p> <p>NYS has a long-standing payor parity law that requires commercial plans to cover telehealth services as they would in-person services.</p>
Do providers need to utilize HIPAA compliant technology for telehealth?	<p>New York’s Medicaid program typically requires that services provided via telehealth be delivered via HIPAA-compliant technology; however, this requirement is not currently being enforced. During the COVID-19 pandemic the Office of Civil Rights (OCR) at Health and Human Services (HHS) issued guidance noting that “covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency.”</p>

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<p>Are providers licensed in another state able to deliver care to patients in NY?</p>	<p>In response to the HHS waiver, Governor Cuomo issued an Executive Order that waived various sections of state law to allow physicians licensed and in current good standing in any state in the United States to practice medicine in New York State without civil or criminal penalty related to lack of licensure. There are similar waivers in place for physician assistants, registered nurses, and nurse practitioners.</p>
<p>How can providers receive funding for telehealth investments made in response to COVID-19?</p>	<p>The Coronavirus Aid, Relief and Economic Security (CARES) Act includes a few funding opportunities for providers interested in recouping expenses related to the deployment of telehealth capabilities in response to COVID-19:</p> <p><i>Federal Communications Commission - COVID-19 Telehealth Program</i></p> <ul style="list-style-type: none"> • \$200M program that provides funding to eligible providers who have purchased telecommunications and/or telemedicine equipment after March 13, 2020. Funding can be used to cover those or any subsequent purchases. • Program eligibility and application information available here. The program’s online application portal opens Monday, April 13. <p><i>Provider Relief Fund - \$100B Grant Program to Pay for Expenses or Lost Revenues Related to COVID</i></p> <ul style="list-style-type: none"> • Eligible uses include—but are not limited to—construction of temporary structures, leasing of properties, medical supplies and equipment, increased workforce and trainings, emergency operation centers, retrofitting facilities, and surge capacity. <ul style="list-style-type: none"> ○ Note: This definition is broad and we believe it can include expenses related to telemedicine. • CMS recently distributed \$30B of the \$100B to hospitals who bill Medicare fee-for-service. CMS has not yet announced plans to distribute the remaining funds. Providers can choose to spend a portion of their grant funding on telemedicine expense. <p><i>Health Center Supplemental Awards</i></p> <ul style="list-style-type: none"> • \$1.4B supplemental award for health centers. Center-specific funding is available here.
<p>What other strategic issues should providers consider as they rapidly scale new telehealth service offerings?</p>	<ul style="list-style-type: none"> • Assess current technology needs and invest in infrastructure that will support your health system for the long-term—telehealth is likely going to be a more prominent feature of our health care delivery system post-COVID. • Build new telehealth offerings upon current successful digital or telehealth capabilities—this will help speed up time to launch and enable a more seamless roll-out. • Train providers on how to effectively deliver care via telehealth—this is a new mode of care delivery for many providers, and ensuring they are comfortable using the new technology is critical. • Consider delivering outpatient and inpatient care via telehealth—utilizing telehealth for a broad range of services, including acute care, can help offload crowded hospitals and urgent care sites, and reduce exposure during this unprecedented time. • Communicate telehealth visit changes and options with patients—most patients don’t have experience receiving care via telehealth. Contact patients about this new care delivery option during COVID-19 and utilize social media platforms or other communication tools to let the public know they can still receive care from your institution via telehealth. • The following resources may be helpful in rapidly launching telehealth programs: AMA Telehealth Playbook, CMS Telehealth Toolkit, AHA Telehealth Page, ATA Quick Start Guide to Telehealth.