



Improving Access to Quality Medical Care Webinar Series

Presented by

The Southwest Telehealth Resource Center,
Arizona Telemedicine Program, the Center for
Telehealth & eHealth Law and the Arizona
Department of Health Services

Welcome

- SWTRC region - AZ, CO, NM & NV
- Fellow HRSA Grantees
- All other participants



Land Acknowledgement

We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O'odham and the Yaqui. Committed to diversity and inclusion, the University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.



The **Arizona Department of Health Services**, the **Arizona Telemedicine Program**, and the **Southwest Telehealth Resource Center** welcome you to this free webinar series.

The practice & deliver of healthcare is changing, with an emphasis on **improving quality, safety, efficiency, & access to care.**

Telemedicine can help you achieve these goals!



Webinar Tips & Notes

- When you joined the webinar your phone &/or computer microphone was muted
- Time is reserved at the end for Q&A, please use the **Chat function** to ask questions
- Please fill out the post-webinar survey
- Webinar is being recorded
- Recordings will be posted on the ATP website
 - <http://telemedicine.arizona.edu/webinars/previous>





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What's Next for Telehealth? A State and Federal Policy Debrief.

Who is CTeL?

- CTeL is a 501(c)3 nonprofit, political and vendor-agnostic research institute.
- CTeL focuses on all laws, policies and regulations impacting the delivery of virtual care.
- For 25 years, CTeL has met the research needs of stakeholders and government entities- including the White House, HHS and Congress.
- CTeL is committed to making high-quality, accessible virtual care a reality for all through our data- and research-backed policy initiatives.

CTeL Research

- CTeL produces two kinds of research:

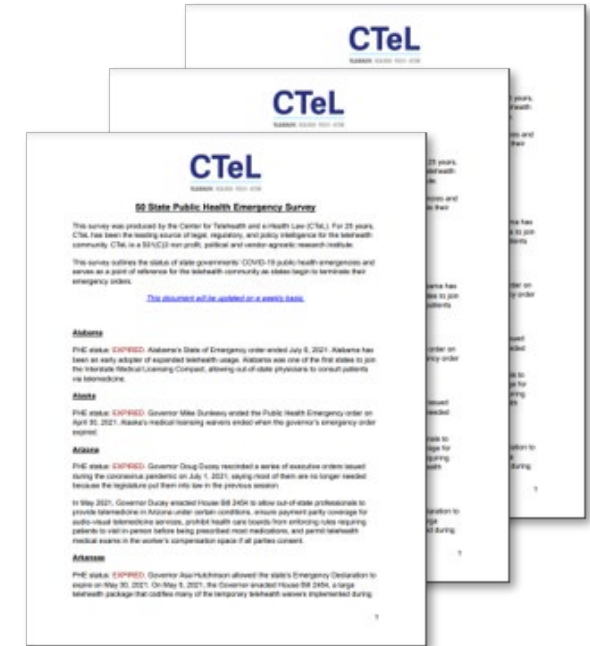
- State and Federal Policy Analysis

Recent research reports include:

- 50 State Survey on Remote Patient Monitoring Laws
 - 50 State Survey on RPMMAC Guidance on Telehealth
 - 50 State Informed Consent Laws
 - 50 State Corporate Practice of Medicine Laws

- Data-Driven Cost Impact Research

- CTeL is conducting largescale research into the cost impact of telehealth. This research is unlike anything else being done right now and could have a profound impact on telehealth reimbursement.



How we got here?

- In 2001, the Congressional Budget Office (CBO) scored telehealth using data that was likely incomplete.
- CTeL determined that CBO's cost estimate inflated telehealth's cost to Medicare by as much as 83%.
- This resulted in the 2008 passage of Medicare telehealth reimbursement restrictions and geographic location requirements designed to suppress telehealth utilization.

Changing Public Policy Through Research

- In 2015, congressional staff and officials at the Centers for Medicare and Medicaid Services (CMS) cited the void of accurate telemedicine cost data and called on CTeL to undertake this endeavor.
- CTeL consulted with CBO and began working on a 3-phase telehealth cost-impact research study to help enable more accurate scoring of telehealth legislation.
 - 2015-2017, Phase 1: Literature Review.
 - 2017-2019, Phase 2: Data Dictionary.
 - 2020-2021, Phase 3: Cost Impact Study.

CTeL's Telehealth Cost Impact Study

- Scheduled to be released in the Fall of 2021.
- Includes data from more than 1.5 million telehealth encounters from March 2020 to September 2020.
- CTeL has collected data from Medicare Part A, Medicare Part B, Medicare Advantage, Medicaid, commercial insurers, and self-pay encounters.
- CTeL's study will give policymakers a thorough analysis of telehealth access, utilization, services provided, and cost.

Initial Findings...

- CTeL's initial findings show that expanded telehealth is cost-saving or cost-neutral to the federal government, depending on service area.
- A significant portion of the telehealth services provided during the Public Health Emergency were for treating mental and behavioral health conditions.
- No evidence that telehealth is inherently more fraudulent than in-person care.

Congress and the Administration

- Sticking Points
 - Health Disparities
 - Fraud, Waste, and Abuse
 - Is expanded telehealth an additive or substitutive service?
- Legislative Package
 - When will Congress consider telehealth?
 - Which waivers have received bipartisan support and which waivers are still being debated?

Proposed 2022 Medicare Physician Fee Schedule

- CMS' deadline for submitting comments is September 13, 2021.
- The proposed rules would make some of the telehealth flexibilities issued during the public health emergency permanent, while extending most others until December 2023.
- The most significant telehealth proposals are in the mental and behavioral health field, as well as proposals to add a new category of CPT codes called “Remote Therapeutic Monitoring” (RTM).

Proposed 2022 Medicare Physician Fee Schedule Mental and Behavioral Health

- Proposals include:
 - **Telemental Health/Removal of Geographic Restrictions.** Eliminate geographic restrictions on telemental health care coverage and allow the patient's home to be considered an originating site, as long as the patient and telemental health care provider meet in-person within six months of beginning telehealth services and at least once every six months after.
 - **Telemental Health/Audio-Only.** Amend requirements for interactive telecommunications systems to include audio-only telehealth when used for the diagnosis, evaluation or treatment of mental health issues in a patient's home and requests comment on whether a different interval may be necessary or appropriate for mental health services furnished through audio-only communication technology;
 - **Telemental Health/Underserved Areas.** Expand Medicare coverage to telemental health services delivered by federally qualified health centers (FQHCs) and rural health Clinics (RHCs).

Proposed 2022 Medicare Physician Fee Schedule Remote Therapeutic Monitoring Proposals

- In addition to existing remote patient monitoring (RPM) codes, CMS is proposing a new category of CPT codes called “remote therapeutic monitoring” (RTM).
- The new codes would give providers additional opportunities for reimbursement in RPM programs.
- The proposed RTM code set covers patient data such as “musculoskeletal system status, respiratory system status, therapy (medication) adherence and response, and pain.”
- Payment Parity with RPM: CMS is proposing paying RTM service codes at the same rate as RPM service codes.
- Some providers have been critical of the new RTM category, arguing the codes are too similar to the RPM category and additional guidance is necessary.

National Public Health Emergency

- On July 20, 2021, HHS Secretary Xavier Becerra extended the National Public Health Emergency (PHE) for an additional 90 days, meaning that telehealth and other waivers and flexibilities that have been implemented will remain in effect until at least October 20, 2021.
- HHS Secretary Becerra is expected to extend the National PHE order until at least December 2021.
- Proposed Medicare Physician Fee Schedule would extend most telehealth waivers until December 2023.

50 State Review of Public Health Emergency Orders

- 19 states and the District of Columbia currently have active public health emergency (PHE) orders.
- 31 states have terminated their states' PHE orders.
- Some governors with active PHE orders have indicated that they will terminate their state's PHE orders when they achieve 70% vaccination rates, others have indicated they will continue to extend their PHE orders to help curb the spread of the Delta Variant.
- Interstate licensure continue to be a challenge in some states.

What's Next for Telehealth?

- CTeL is cautiously optimistic that Congress and the Administration will likely make some telehealth waivers permanent, while continuing to extend certain flexibilities until they can receive additional data and evidence.
- There has been a lot of bipartisan support, both at the state and federal levels, for expanding access to mental and behavioral health telehealth services.
- The telehealth community should continue to engage with their state departments of health and plan for the eventual end of telehealth flexibilities.

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and events

<http://www.telemedicine.arizona>



Your opinion is valuable to us.
Please participate in this brief survey:

<https://www.surveymonkey.com/r/SWTRCWebinar>

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