

COVID-19 and Future Implications on Telemedicine Reimbursement: A look at New CMS Guidelines

Cheryl C. Onwu, MSPH

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Imagine a time where doctors' offices see a significant decrease in patient volume, medical procedures are postponed, and in-person clinical appointments are now virtual sessions. Undoubtedly, the COVID-19 pandemic has impacted many lives in a way which will be remembered for decades, and may have long term effects on medicine and insurance coverage of telehealth. Highly established Hospitalist/Internist Dr. Bato Amu, MD believes the future of telemedicine has benefits such as the ease of obtaining healthcare for certain treatments. As one of many newly transitioned telehealth practitioners due to the "safe social distancing" measures, he believes virtual medicine can allow patients to be conveniently treated online for certain ailments.

Telemedicine is useful for patients seeking treatment from the comfort of their own home. However, some insurance companies in the past did not provide full coverage for these online visits, or would only cover a minute portion. Contrastly, in the new era of medicine, what was once a poorly reimbursed virtual visit in many states, is now being reevaluated to benefit both patient and provider.

Section 1135 of the Social Security Act (SS) has the ability to temporarily waive specific Medicare, Medicaid, CHIP, or HIPAA requirements. This group of modifications are titled 1135 waivers, and the Secretary of the Department of Health and Human Services (HHS) has the ability to use this flexible measure in emergency situations, such as a health pandemic liken to COVID-19. Section 1135 or 1812(f) of the SSA enables CMS to distribute these blanket waivers to assist patrons with access to care. Healthcare providers can also be granted flexibility to ensure millions of Americans continue to access the necessary health care, compared to the limited number of providers in the previous years, prior to safe distancing measures.

Just last year, as of February 2019, we could see the expansion of the use of telehealth, with live-video conferencing serving as the most common telehealth modality that is reimbursed in all 50 states and the District of Columbia. A major difference from last year to this year in 2020 amidst the pandemic is the laxity of restrictions on the type of provider, facility, or services. Previously, only certain specialties such as dermatology were reimbursed for store-and-forward (a process of electronically collecting and sending clinical information to other sites for evaluation) telehealth in only 11 states. An additional example of previous Medicaid Telehealth measures includes remote patient monitoring that was reimbursed in only 20 states. By September 2019, the number of states which cover both store-and-forward collection and remote

patient monitoring reimbursement increased, totaling 14 and 22 Medicaid programs respectively. Since then, additional health insurance reimbursement of telehealth was revisited.

As of April 2020, in order for Medicaid to cover telemedicine applications, they must satisfy federal requirements of efficiency, economy and quality of care. Each state is urged to create functional payment methods which incorporate telehealth technology. An example can include states reimbursing a physician who may have worked in a different location, and reimbursing the original site. It is vital to link the billing and covered costs to Medicaid services, in the event they are billed separately.

Telemedicine is viewed as cost-effective and safe alternatives compared to in person physical consultation or exam between patient and healthcare provider. States have flexibility regarding how to cover telemedicine, how to cover virtual medicine, the specialties of qualified practitioners to be reimbursed, and the amount of reimbursement of telemedicine services which do not exceed Federal Upper Limits. Once a provider understands what is covered, the protocol on how to get reimbursed is also an important topic to understand.

Currently, states are not required to submit separate state plan amendments (SPAs) for reimbursement of telemedicine services, if the method of reimbursement for telemedicine is equivalent to the same for face-to-face services. However, SPAs must be submitted if the reimbursement is different from physical in-person visits. CMS website gives advice and tips on how to submit a coverage SPA, and the necessary information to assist in the process. Services such as Center for Connected Health Policy (CCHP) and CMS work to stay current with the dynamic and intricate layout of telehealth policies and reimbursements, and can be useful resources for medical offices.

It is important to note that 50 states essentially means fifty different approaches can be utilized regarding telemedicine reimbursement and coverage. It is best for providers to stay vigilant and up-to-date with any changes in their state regarding CMS, due to the many large private and employment based health insurance companies following Medicare and Medicaid guidelines. Additionally, an increase in the number of Americans covered by government programs like Medicare and Medicaid is present. Whereas, a decline in the use of private health insurance companies has occurred over the past 20 years. However, private health insurance is still utilized four times as much compared to government programs. With new changes of the world, a temporary waiver such as the 1135, has the potential to have long-lasting effects for the reimbursements of healthcare providers. Virtual medicine, telehealth, and telemedicine is here to stay, and the long term impact of the COVID-19 pandemic can result in higher efficient use of accessible telemedicine for millions of Americans and their health care providers.

Resources

1. <https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html>
2. <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>
3. <https://www.census.gov/data/tables/2019/demo/health-insurance/p60-267.html>
4. <https://usafacts.org/articles/how-most-americans-get-their-health-insurance-medicare-employers/>
5. <https://www.cchpca.org/sites/default/files/2019-03/TELEHEALTH%20REIMBURSEMENT%202019%20FINAL.pdf>
6. <https://www.telehealth.org.nz/telehealth-forum/what-is-telehealth/store-and-forward/>
7. Interview with Hospitalist/Internist Dr. Bato Amu, MD on May 7, 2020