

CMS Division of Tribal Affairs



Telehealth and COVID-19

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What is Telehealth?

Telehealth is the utilization of technology to provide health care services to patients

- Two-way audio/visual
- Audio-only
- Store and forward
- Remote patient monitoring
- E-visits
- Virtual check-ins



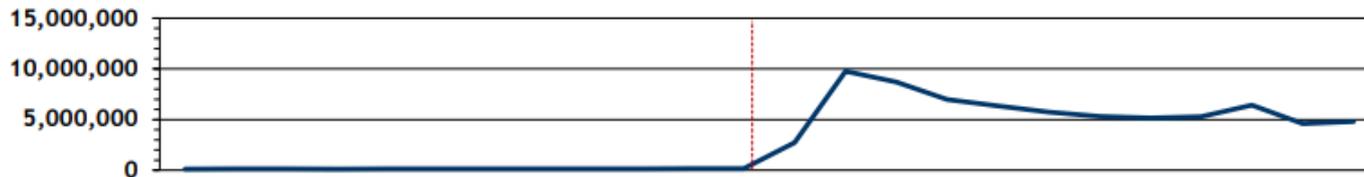
Telehealth Utilization



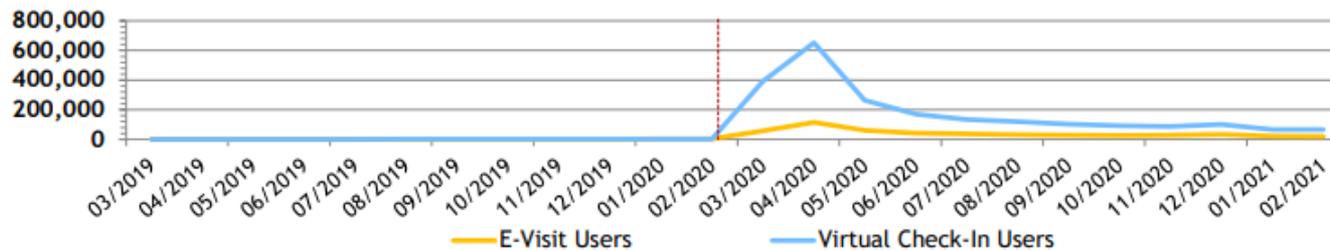
Medicare

Telemedicine Users: Pre-Pandemic and Pandemic Period				
	Total	Telehealth	E-visit ¹	Virtual Check-In
Pre-pandemic (March 1, 2019 - Feb 29, 2020)	910,490	892,121	5,220	14,088
Pandemic (March 1, 2020 - Feb 28, 2021)	28,255,180	27,691,878	367,467	1,601,033

Two Year Trend - Telehealth



Two Year Trend - E-Visits and Virtual Check-Ins

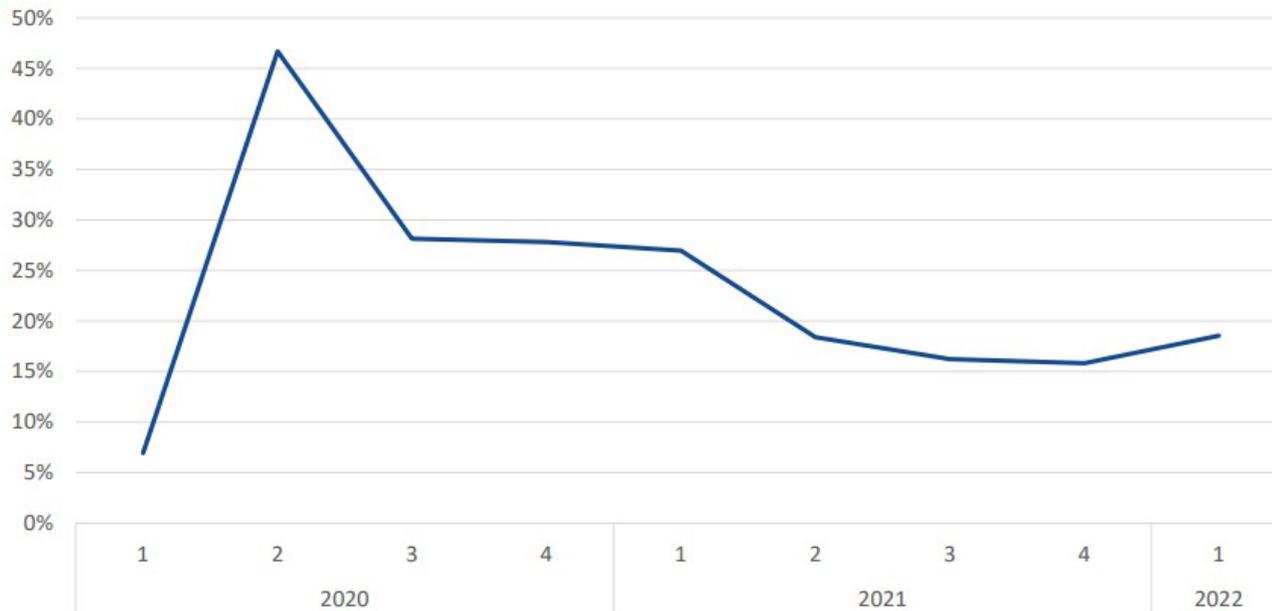


Source: Centers for Medicare and Medicaid Service. *Medicare Telehealth Snapshot*.



Medicare

Percentage of Medicare Users with a Telehealth Service by Quarter:
Overall



Disclaimer: All data presented in this report are preliminary and will continue to change as CMS processes additional claims for the reporting period.

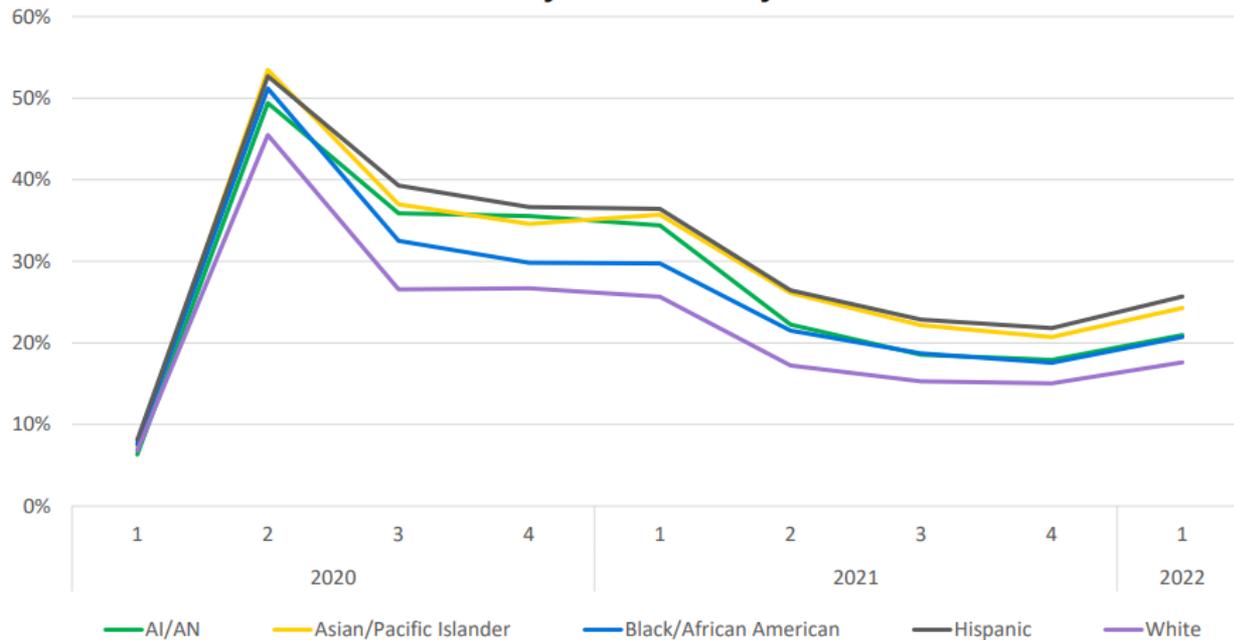


Source: Centers for Medicare and Medicaid. *COVID 19 Data Snapshot Public Release.*



Medicare

**Percentage of Medicare Users with a Telehealth Service by Quarter:
By Race/Ethnicity**



Note: AI/AN = American Indian/Alaska Native

Disclaimer: All data presented in this report are preliminary and will continue to change as CMS processes additional claims for the reporting period.



Source: Centers for Medicare and Medicaid. *COVID 19 Data Snapshot Public Release.*



Medicaid and CHIP

Number of any telehealth services (all) per 1,000 beneficiaries in the US

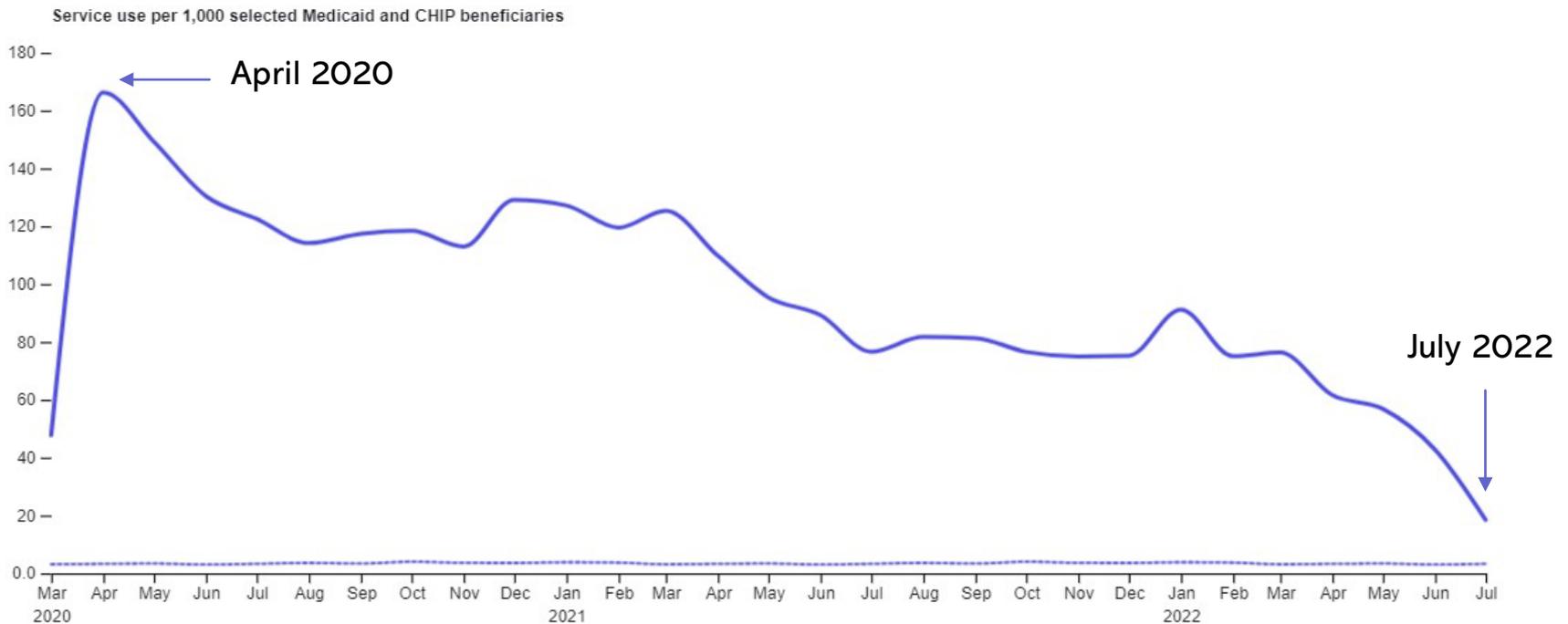
Selection includes all ages, all sexes

Data Source: TAF

Lines in chart represent unique combinations of the following:

Telehealth services: All

Values: PHE period —, pre-PHE average



Source: T-MSIS Claims Data



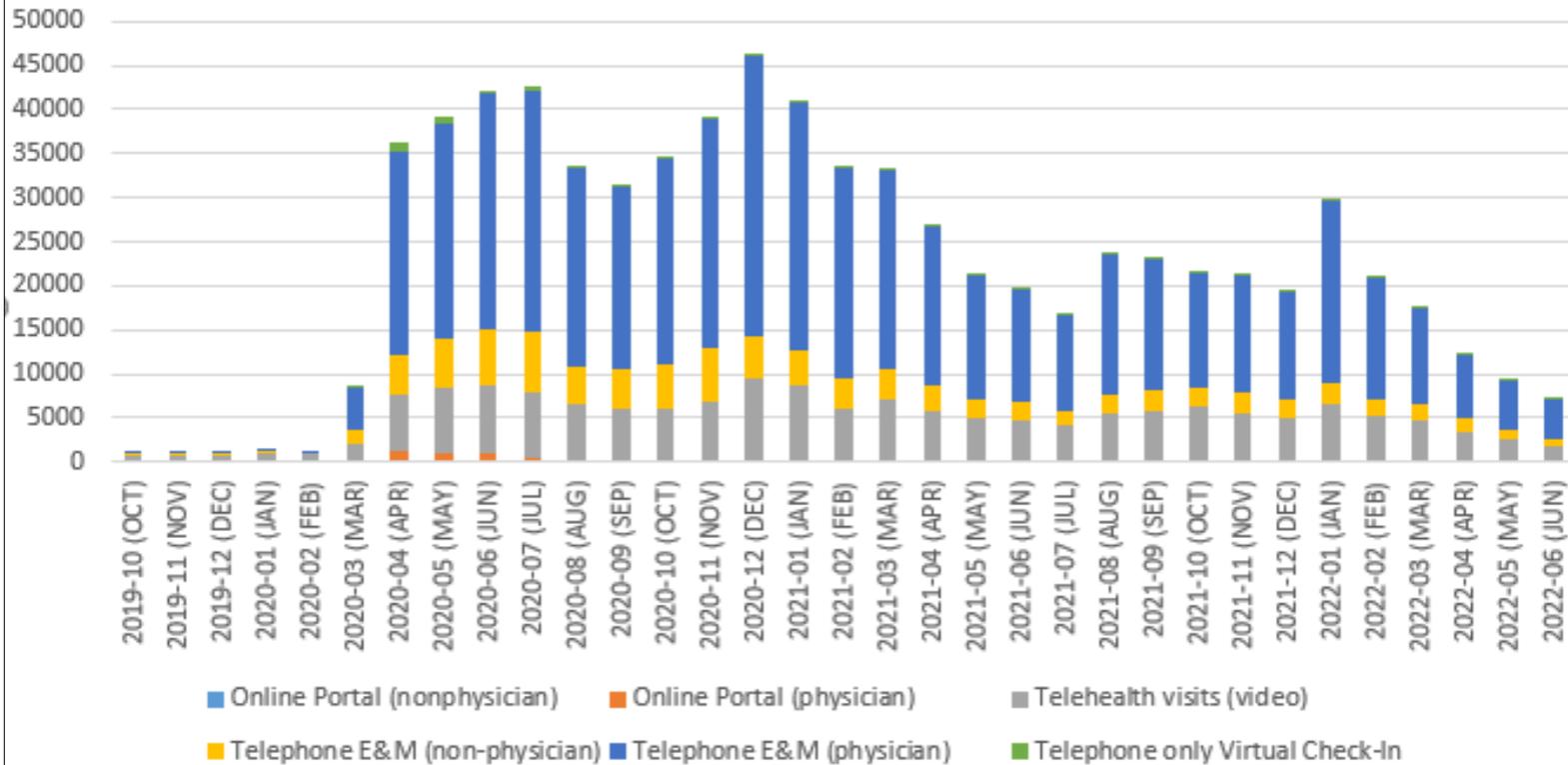
Utilization of Telehealth in IHS Clinics

- Prior to the COVID-19 public health emergency (PHE), the IHS reported that there were less than **1,300** telehealth visits on average each month
- During the initial COVID surge during the summer of 2020, IHS clinics averaged **43,000** telehealth visits each month

Source: Indian Health Service. *IHS Expanded Telehealth to Provide Care During COVID-19 Pandemic*



All Telehealth Encounters IHS Only NPIRS Data, HCPCS CPT Coding

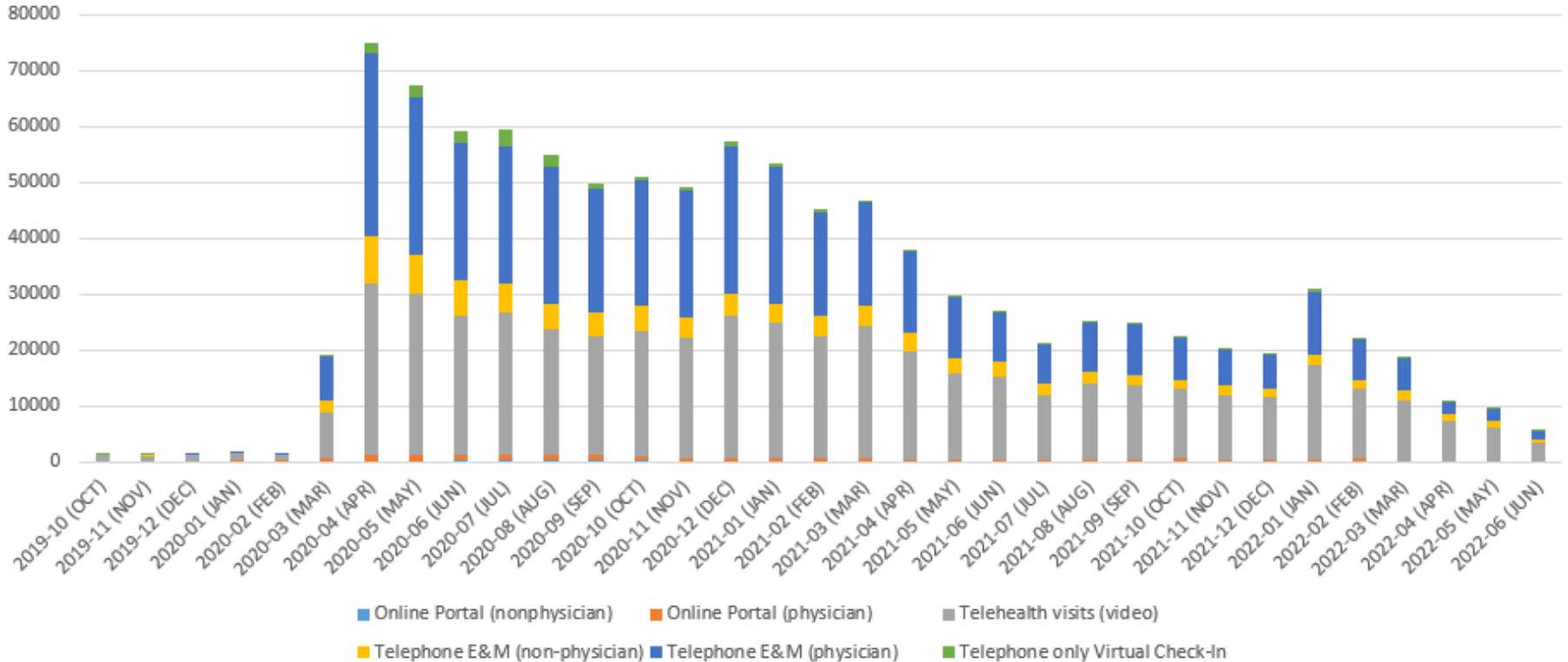


HCPCS GROUP	2022-01 (JAN)	2022-02 (FEB)	2022-03 (MAR)	2022-04 (APR)	2022-05 (MAY)	2022-06 (JUN)
All Visits	251469	174331	198509	179927	154225	130804
OTHER (non-telehealth)	221891	153488	181071	167808	144999	123560
All Telehealth	29578	20843	17438	12119	9226	7244
Percent Telehealth	11.76%	11.96%	8.78%	6.74%	5.98%	5.54%
Video only telehealth	22%	25%	27%	27%	27%	25%
Phone only telehealth	78%	75%	73%	72%	73%	74%

Source: Data courtesy of Indian Health Service



All Telehealth Encounters Tribal Only NPIRS Data, HCPCS CPT Coding



	2022-01 (JAN)	2022-02 (FEB)	2022-03 (MAR)	2022-04 (APR)	2022-05 (MAY)	2022-06 (JUN)
All Visits	378402	284809	322418	265753	271123	214136
OTHER (non-telehealth)	347523	262491	303633	254769	261568	208486
All Telehealth	30879	22318	18785	10984	9555	5650
Percent Telehealth	8.2%	7.8%	5.8%	4.1%	3.5%	2.6%
Video only telehealth	55%	55%	58%	66%	65%	60%
Phone only telehealth	44%	42%	41%	33%	35%	39%

Source: Data courtesy of Indian Health Service



Future Telehealth Developments in IHS Clinics

- IHS awarded a new telehealth system and is currently in their implementation planning stage
- Education and outreach efforts
 - Hosted webinars to internal and external partners
 - Expanded resources for both patients and providers
 - Developed an [IHS Telehealth Toolkit](#)
 - Launched their [Telehealth Website](#)
 - Conducted surveys with IHS providers to understand their use and evaluate their needs related to telehealth

Source: Information courtesy of Indian Health Service



Medicare and Telehealth

Beginning March 6, 2020, Medicare began reimbursing for telehealth services with several flexibilities that were not offered before the PHE.



Medicare Telehealth Flexibilities Introduced During the PHE

- **Geographic Site of Patient**
 - No restrictions on where the patient may be located during telehealth visit
- **Modality**
 - Live video communication allowed, with audio-only acceptable for certain E/M visits, behavioral health visits, and educational services



Medicare Telehealth Flexibilities Introduced During the PHE

- **Provider Type**
 - All Medicare enrolled providers may bill for telehealth services, including FQHCs and RHCs during the PHE
- **Service Type**
 - Over 250 codes were approved to be reimbursed for telehealth visits. Full list of codes may be found [here](#)
 - During the PHE, any Medicare approved telehealth service is allowed to be provided by an FQHC and RHC via telehealth



Medicare Telehealth Flexibilities Introduced During the PHE

- **Reimbursement**

- Payment parity between in-person visits and telehealth visits, with payment rate varying depending on where provider is located
 - Providers in a non-facility setting receive a higher rate than providers in a facility setting
- For FQHCs and RHCs, the reimbursement rate is \$97.24 (per the [FY '22 Medicare PFS ruling](#))

Changes to Medicare Telehealth Policy

- Consolidated Appropriations Act of 2021
 - Medicare will reimburse for telehealth services, including audio-only visits, for the diagnosis, evaluation, and treatment of **mental health/behavioral health conditions** if certain conditions are met, regardless of where the patient is located



Changes to FQHCs and RHCs Telehealth Policy

- CY 2022 Medicare Provider Fee Schedule
 - A **mental health visit** for a FQHC or RHC was redefined to include continued coverage real-time telecommunication visits (including audio-only) for established patients who have been seen in-person in past 6 months and will continue to be seen once in-person every 12 months after



Consolidated Appropriations Act of 2022

- Telehealth flexibilities tied to the PHE will be extended for 151 days past the end of the PHE
 - Please note that the Act specifically includes the following providers as eligible to continue to receive reimbursement for telehealth for the 151 days: physical therapists, occupational therapists, speech-language therapists, audiologists, FQHCs, and RHCs
- The Act directed the Medicare Payment Advisory Commission (MedPAC) to begin analyzing and evaluating impacts of telehealth expansion, and for HHS to release data on telehealth utilization

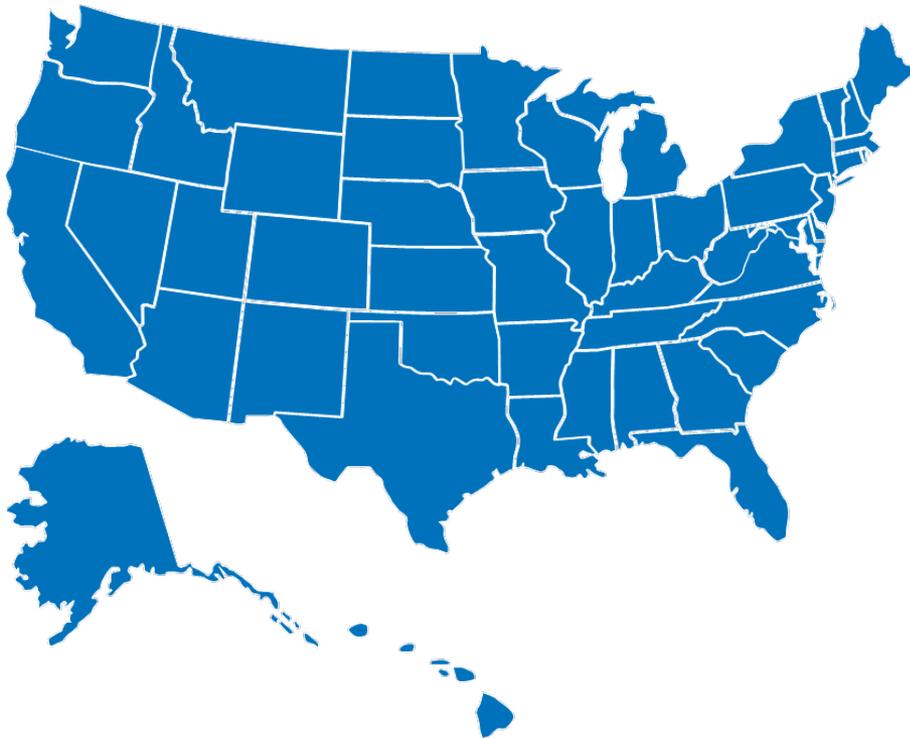
Source: Center for Connected Health Policy. *Telehealth PHE Expansion to Continue 151 Days Post-PHE*

CY 2023 PFS Final Rule

On November 1st, 2022, CMS published the 2023 PFS Final Rule which included provisions related to telehealth services. They are:

- Making several temporary telehealth services available on a Category III basis until the end of 2023
 - Examples include: audiology services, group therapy services, and ophthalmology services
- Implementing Medicare telehealth provisions in the 2022 Consolidated Appropriations Act via program instruction or other subregulatory guidance
- Adding a telehealth indicator on clinician group and provider profile pages to help patients identify which of their providers may provide telehealth services

Medicaid and Telehealth



During the onset of COVID-19, states responded by making changes to their telehealth policies to ensure the patients were maintaining access to their health care providers



Medicaid and Telehealth

- States have flexibility when covering telehealth:
 - What services to cover
 - What providers to cover
 - What types of technology may be used
 - How services will be reimbursed
- Services must be provided within practitioners' scope of practice
- States are not required to submit a (separate) SPA for coverage or reimbursement of telehealth services, if they decide to reimburse for services the same way/amount that they pay for face-to-face services/visits/consultations.

Highlights of PHE-related telehealth flexibilities introduced by states

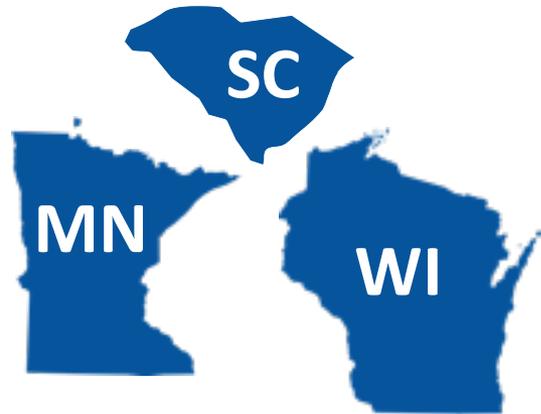
Flexibilities have included:

- Allowing reimbursement for audio-only visits
- Expansion of services covered via telehealth
 - Common expansions have included: behavioral health services, physical therapy, occupational therapy, speech therapy, and teledentistry
- Payment parity for in-person and telehealth visits
 - Pre-pandemic only 15 states had payment parity laws in place, but as of now there are 26 states total who have payment parity policies that will extend beyond the PHE

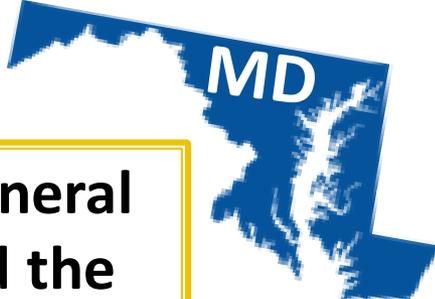
Ongoing efforts by states to ensure continued access to telehealth services beyond the PHE



Telehealth advisory work groups have been created to examine the benefits of telehealth service expansions



Department of Health agencies have begun issuing guidance related to permanent telehealth policy changes that will remain at the end of the PHE



The Maryland General Assembly passed the “Preserve Telehealth Access Act of 2021”

Medicaid and CHIP Telehealth Toolkit

CMS developed a [toolkit](#) and a [supplemental toolkit](#) for states to use as they look to expand their telehealth flexibilities beyond the PHE; it will help states decide:

- What policies will be permanent vs temporary
- When flexibilities will expire
- What services and providers may be eligible for telehealth
- The types of modalities that will be approved for telehealth services



Telehealth Workgroups & Organizations

- FedTel: Cross-Federal Workgroup on Telehealth
 - Comprised of members from CMS, IHS, HRSA, CDC and AHRQ
- National Cancer Institute's [Telehealth Research Centers of Excellence Initiative](#)
 - NIH awarded NCI \$23 million to establish and supports 4 centers that will conduct research
- Center for Connected Health Policy
 - [National Telehealth Resource Center Partners](#)
 - 12 regional and 2 national telehealth resource centers



Telehealth and Health Equity

While telehealth greatly can expand a patient's access to connect with their health care providers, there are several considerations that need to be made by providers to ensure access is equitable to all patients

- Providers must be aware of barriers patients may have when accessing telehealth, such as:
 - Lack of internet or technology access
 - Not having a private space to conduct telehealth visits
 - Language barriers that may prevent them from filling out online forms or communicating with providers

Expansion of Broadband and Telehealth Funding

- Through the CARES Act, \$140 million in grant funding was dedicated to increase telehealth and broadband funding efforts in Tribal communities in 2021
 - HRSA distributed over [\\$16 million in grants to 57 Tribes](#) through the **Rural Tribal COVID-19 Response Program**
 - The USDA distributed \$125 million in grants between two programs: **Distance Learning and Telemedicine grants**, and **ReConnect Broadband grants**



Future Funding Opportunities

Tribal Connectivity Technical Amendments Program

- Administered by the [National Telecommunications and Information Administration \(NTIA\)](#)
- Receiving \$2 billion in funding through the Bipartisan Infrastructure Law
- This funding will strengthen their current Tribal Broadband Connectivity Program (TBCP), which has an existing \$1 billion in funding
- Applications will open early 2023



Thank You!

Questions or comments?

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