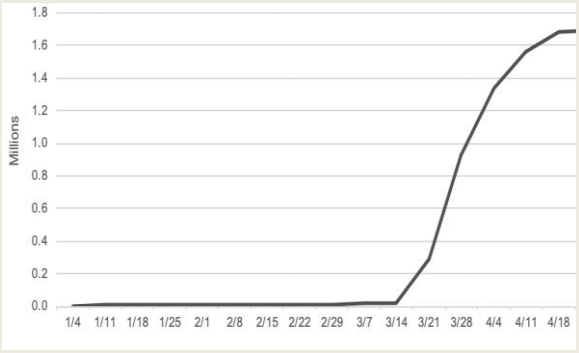
Telehealth in the Medicare Program

Background

Early in the COVID-19 pandemic, Congress and the U.S. Department of Health and Human Services (HHS) temporarily lifted longstanding barriers to expanding telehealth in the Medicare Program, enabling seniors to maintain access to services, hospitals to meet surge capacity, and protecting beneficiaries and healthcare workers against preventable spread of the disease.

These new flexibilities accelerated a transformational redesign of our healthcare delivery system by utilizing technology and increasing clinician and patient familiarity with virtual care. According to an HHS report issued July 2020, nearly half (43.5%) of Medicare primary care visits were provided via telehealth during April, compared with less than one percent prior to the pandemic.[1] By the last week of April, more than 1.5 million Medicare beneficiaries in traditional Medicare accessed care through telehealth, compared to just 11,000 during the week ending March 7.[2] [3] [See Figure 1.] Medicare Advantage plans also expanded access to telehealth services during the pandemic and found that 91% of seniors reported a favorable experience.[4]

Figure 1: Medicare FFS beneficiaries receiving telemedicine per week January through April 2020.



Source: Health Affairs

Expanded coverage and payment of telehealth in the Medicare Program benefits Illinois seniors by reducing costs and other burdens associated with in-person appointments, removing barriers to access, reducing unnecessary emergency department and urgent care visits, and limiting exposure to COVID-19. Hospitals and health systems have rapidly increased access to virtual services by investing in new technology, adjusting clinical workflows and educating staff, patients, and clinicians. **However, going forward, absent action from Congress, providers will not have the certainty they need to continue to invest in and utilize new care delivery tools, and seniors will abruptly lose access to the telehealth services they have relied on during the pandemic.**

[1] https://aspe.hhs.gov/system/files/pdf/263866/HP_IssueBrief_MedicareTelehealth_final7.29.20.pdf
[2] https://www.healthcaredive.com/news/medicare-seniors-telehealth-covid-coronavirus-cms-trump/578685/
[3] https://www.healthaffairs.org/do/10.1377/hblog20200715.454789/full/
[4] https://www.bettermedicarealliance.org/news/poll-seniors-give-telehealth-high-marks-medicare-advantage-_satisfaction-smashes-new-record-2/

Action Requested

Congressional action to extend telehealth flexibilities in the Medicare Program beyond the public health emergency will help ensure access to patient-centered, high-quality, affordable care for Illinois seniors. IHA urges support for policies that provide a sustainable regulatory and reimbursement framework for telehealth, including:

- **Lifting restrictions on the location of the patient** by removing geographic and originating site requirements in section 1834(m) of the Social Security Act (*Telehealth Modernization Act*, S. 368);
- **Allow temporary licensing reciprocity for health care professionals** to practice in all states during the remainder of the COVID-19 pandemic (*TREAT Act,* S. 168/H.R. 798);
- **Aligning payment for telehealth with in-person services** and ensuring payment reflects the differences in cost structure of the entity providing the service;
- **Expanding the types of facilities eligible to serve as distant sites** to permanently include federally qualified health centers (FQHCs) and Rural Health Clinics (RHCs) (*Telehealth Modernization Act*, S. 368);
- **Expanding the types of practitioners eligible to provide and bill for virtual services** to include, among others, occupational therapists, physical therapists, and speech-language pathologists (*Telehealth Modernization Act*, S. 368);
- **Expanding the list of services eligible for coverage and payment** (*Telehealth Modernization Act*, S. 368);
- **Expanding telehealth services for substance use disorder treatment** by making permanent key waivers, including the ability to prescribe Medication Assisted Therapies without requiring a prior in-person visit and allowing providers to bill Medicare for audio-only telehealth services (*TREATS Act*, S. 340);
- **Allowing hospital outpatient departments to bill an originating site fee** when patients are located in their homes;
- **Providing coverage and payment of audio-only communication** when clinically appropriate;
- **Expanding access to broadband connection** by increasing investment in the Federal Communications Commission's Rural Health Care Program;
- **Improving nationwide coordination of licensure requirements** to allow patients to receive care from practitioners located in another state; and
- **Allowing certain home health and hospice services to be provided through telehealth**, including face-to-face visits to recertify hospice services and face-to-face encounters for home health.