



Practices

CMS: Upcoming Medicare payment rule to include permanent telehealth expansions

by Heather Landi | Jun 25, 2020 4:30pm



Under Administrator Seema Verma, the Centers for Medicare & Medicaid Services has made sweeping, temporary changes to telehealth reimbursement policies. (HIMSS)

An upcoming Medicare payment rule will include proposals outlining how the Trump administration plans to permanently expand reimbursement for telehealth services.

Providers have cheered the Trump administration's actions to open up access to telehealth with sweeping—but temporary—changes to reimbursement policies. What remains up in the air is whether the regulatory flexibility on



publishes in July, said Emily Yoder, an analyst in the division of practitioner services at the Centers for Medicare & Medicaid Services (CMS).

CMS' annual Physician Fee Schedule and Quality Payment Program update Medicare payment rates.

"The changes that we can make through the standard rule-making process, actions such as adding services to the telehealth list and making those permanent, those will appear in the physician fee rule," said Yoder, speaking during the American Telemedicine Association's virtual conference Thursday.

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"Practitioners and stakeholders should watch for that rule and look at the proposals that we're making and provide comments. Tell us your experiences to help us decide on the flexibilities that we implemented that we want to see made permanent," she said.

For some changes, congressional action is needed to make Medicare reimbursement telehealth policy changes permanent, she said.

In a matter of weeks, most of the barriers to telehealth reimbursement fell away, enabling many of the changes that provider groups have wanted for years: payment parity for virtual visits, the ability to provide telehealth to patients at home and allowing more providers to offer telehealth visits.

As of March 30, CMS is now allowing more than 100 additional services through telehealth.

The response to these changes has been "tremendous and very positive," Yoder said.

She added, "We know there are still areas of confusion and we're working quickly to provide clarity on those issues."

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Department of Health and Human Services (HHS) policies have helped remove reimbursement and regulatory barriers for providers and access challenges for patients, said HHS official Will Brady.

In March, the HHS Office for Civil Rights announced temporary flexibilities to enable providers to use common virtual platforms like Skype and FaceTime to do telehealth visits, which are not HIPAA-compliant.

Patients initially used virtual care as a necessity during the pandemic but are now demanding it for convenience.

"The patient trust barrier has been broken. There is no going back," said Brady, who serves as chief of staff to the deputy secretary and senior adviser to HHS Secretary Alex Azar. "Telehealth is now the preferred method. People want this as the first site of care. We are seeing a demand from consumers."

The surge in telehealth coincides with HHS' data-sharing regulations published in February that will give patients easier access to their medical records.

"It will be interesting to see how all this overlaps with interoperability," Brady said. "When patients have access to data and you give them remote virtual care we will see how that combination will help people make better decisions to live healthier lives."

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Heather Landi

Senior Editor for Health IT



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