

Regulatory Changes pertaining to Telehealth during the COVID-19 Public Health Emergency (PHE)

	Telehealth Services defined under the Social Security Act Sec. 1834(m)	Waiver under the Telehealth Services During Certain Emergency Periods Act of 2020
Geographic Area	A county outside a Metropolitan Statistical Area (MSA) or a rural Health Professional Shortage Area (HPSA) in a rural census tract	All geographic requirements have been waived – beneficiaries in rural or urban areas can be seen.
Originating Site	Physician and practitioner offices, Hospitals, Critical Access Hospitals (CAHs), Rural Health Clinics, Federally Qualified Health Centers, Hospital-based or CAH-based Renal Dialysis Centers (including satellites), Skilled Nursing Facilities (SNFs), Community Mental Health Centers (CMHCs), Renal Dialysis Facilities, Homes of beneficiaries with End-Stage Renal Disease (ESRD) getting home dialysis, and Mobile Stroke Units	All originating site requirements have been waived Patient's home deemed an eligible site
Distant Site Practitioners	<ul style="list-style-type: none"> ● Physicians ● Nurse practitioners (NPs) ● Physician assistants (PAs) ● Nurse-midwives ● Clinical nurse specialists (CNSs) ● Certified registered nurse anesthetists ● Clinical psychologists (CPs) and clinical social workers (CSWs) ● Registered dietitians or nutrition professional 	No change
State Licensure Requirements	Providers can only treat patients in states where they are licensed.	Although HHS can waive certain federal licensing regulations, providers must also adhere to state licensing regulations. Many states have announced they intend to waive license requirements via interstate reciprocity or implement temporary emergency medical permits, but these waivers and workarounds often involve caveats. Amwell Medical Group, formerly Online Care Group, is closely monitoring these waivers as well as the associated restrictions.

<p>Modality</p>	<p>Interactive audio and video telecommunications system that permits two-way, real-time communication. Telephones do not meet the definition of an interactive telecommunications system.</p>	<p>Eliminates the limitations on telephones, as long as the phone is equipped with audio and video capabilities that are used for two-way, real-time interactive communication (e.g., a smartphone). Audio-only consults are still prohibited.</p> <p>HHS Office for Civil Rights will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through technologies such as FaceTime or Skype.</p>
<p>Covered Services</p>	<p>In the fall of 2019, CMS published an updated list of services payable under the Medicare Physician Fee Schedule when furnished via telehealth. The list of services and codes can be accessed here</p>	<p>To support social distancing recommendations, the telehealth waiver applies to treatment of all diagnosis during the PHE, not just COVID-19 related visits.</p> <p>For example, a beneficiary can visit with their doctor before receiving a prescription refill. Providers should continue to use telehealth billable codes, linked to the left.</p>
<p>Medicare Provider Enrollment</p>	<p>All Qualified Distant Site providers must be enrolled in FFS Medicare</p>	<p>No change</p>
<p>Pre-existing Relationship/ Qualified Provider</p>	<p>Providers could only see patients with whom they had an established relationship (claims history in the prior 3 years).</p>	<p>This requirement was eliminated by the CARES Act on March 27, 2020.</p>
<p>Copays and out of pocket costs (anti-kickback laws)</p>	<p>Use of telehealth does not change out of pocket costs for beneficiaries.</p>	<p>HHS OIG notified physicians on March 17th that they will not be subject to administration sanctions for reducing or waiving any cost-sharing obligations for services delivered to Federal health care beneficiaries over telehealth.</p>