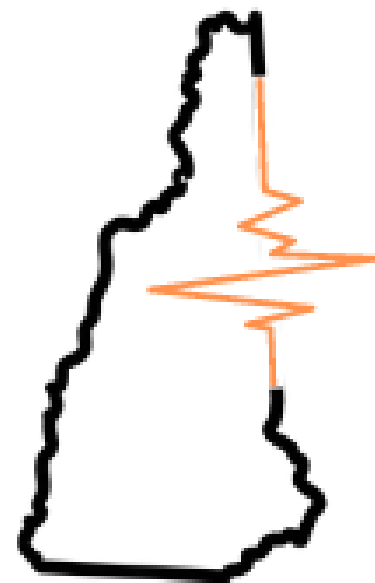


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The State of Telehealth Policy in New Hampshire

Deborah H. Fournier, JD, Senior Associate, Health Law and Policy, Institute for Health Policy & Practice, University of New Hampshire

David de Gijzel, MD, MSc, MPH, Assistant Professor of Medicine, Geisel School of Medicine; Staff Physician, Section of Infectious Disease, Dartmouth-Hitchcock Medical Center; Medical Director, Better Life Partners

Senator Tom Sherman, Health and Human Services Committee, Gastroenterologist with Core Gastroenterology

How to Participate:



Questions will be addressed at the end of the webinar.



Submit a question via the “Q&A” feature in the black toolbar located at the top or bottom of your screen.

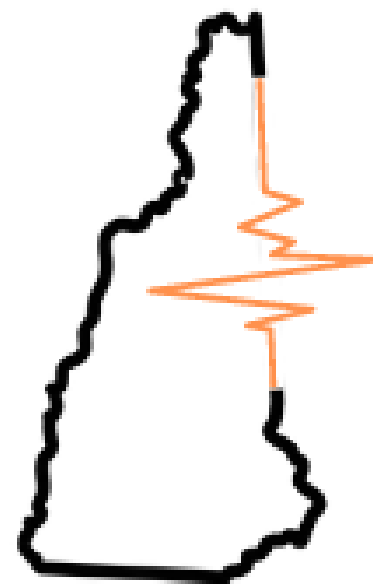


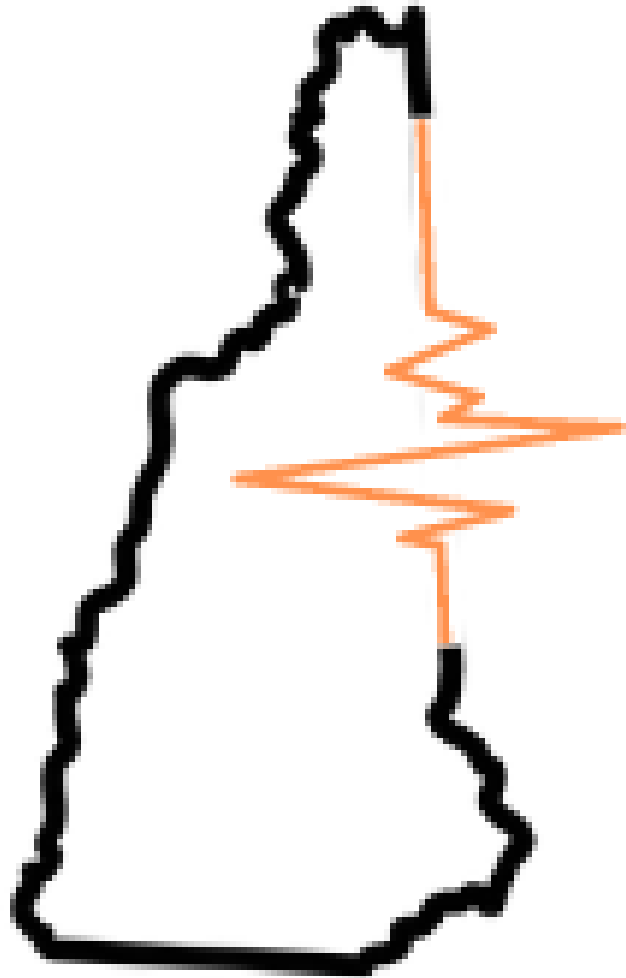
Only questions submitted via Q&A will be read by our host for the panelists to address.



A recording of this webinar will be made available to members.

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Deborah H. Fournier, JD

*Senior Associate, Health Law and
Policy, Institute for Health Policy &
Practice, University of New Hampshire*



presents

Telehealth Policy Federal Reminders

*Deborah H. Fournier, JD
Senior Associate, Health Law and Policy
Institute for Health Policy & Practice
University of New Hampshire*

Insurance Coverage for Telehealth Is Governed At Two Levels

FEDERAL: Medicare, Medicaid (hybrid with states), Self-Funded Plans (exempted from state regulation by ERISA)

STATE: Medicaid (hybrid with states), Individual, Small Group, and Fully Insured Commercial Insurance Products,

At the FEDERAL LEVEL: Medicare Telehealth Changes



- Are Temporary
- Tied to the Federal Public Health Emergency Declaration, currently set to expire on April 21, 2021.

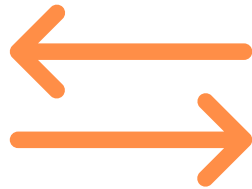


Medicare Telehealth Changes



- Removed geographic and site of service/ originating site restrictions;
- Removed restrictions on the types of practitioners who may furnish telehealth services;
- Allowed services to be delivered audio-only.

Medicare Telehealth Changes



- Currently 240 services can be provided via telehealth under Medicare.
- Requires reimbursement for telehealth services to be at the same rate as in-person visits for all diagnoses, not just services related to COVID-19



- Physicians may reduce or waive cost-sharing for telehealth visits
- FQHCs and RHCs had different modifiers to use for care provided first half of 2020. As of July 1, 2020, FQHC/RHS are to only submit G2025.

Telehealth and the Consolidated Appropriations Act for 2021

- Consolidated Appropriations Act for 2021, Enacted Dec. 22, 2020
- Waives the geographic and originating site requirements for mental health services delivered via telehealth, allowing beneficiaries to receive tele-mental health services in their homes and in any area of the country. To take advantage of this flexibility, beneficiaries will be required to receive at least one in-person mental service during the six months prior to the first telehealth service; Congress authorizes the HHS Secretary to develop additional in-person requirements.

Telehealth and the Consolidated Appropriations Act for 2021

- The Consolidated Appropriations Act provided \$3.2B in emergency funds for for low-incomes families to access broadband through FCC;
- \$1B tribal broadband fund;
- \$249m for telehealth funding through FCC; \$285M to address broadband needs of historic black colleges and university, tribal colleges and universities and minority serving education institutions and \$65M to complete broadband maps to effectively disperse funding to the areas most in need.
- \$2B was included for small telecommunications providers to take out Huawei/ZTE equipment and replace it with secure equipment and establishes a new \$300M grant program to fund broadband in rural regions.

Congressional Policy Options on Telehealth

- At least 10 different federal policy proposals involve telehealth, including:
- HR. 9035: Permanency for Audio-Only Telehealth Act; Had been referred to Energy & Commerce Committee and Ways and Means Committee on 12/18/20; Full Bill Text Released, 1/5/21
- HR 8727 / S.4375 (Synonymous Proposals)- Telehealth Modernization Act HR 8727- Referred to Energy and Commerce Committee & Ways and Means Committee- 11/5/20; S.4375- Referred to Finance Committee 07/30/20; the bill extends certain flexibilities that were initially authorized during the public health emergency relating to COVID-19 Among other things, the bill allows (1) rural health clinics and federally qualified health centers to serve as the distant site (i.e., the location of the health care practitioner); (2) the home of a beneficiary to serve as the originating site (i.e., the location of the beneficiary) for all services (rather than for only certain services); and (3) all types of practitioners to furnish telehealth services, as determined by the Centers for Medicare & Medicaid Services.

CMS Issues correction to 2021 Medicare rules for RPM services.

The correction is effective January 1, 2021 and revises the preamble commentary in the Medicare Physician Fee Schedule Final Rule, [previously published](#) on December 1, 2020.

20 Minutes of Time Includes, but Not Limited to, “Interactive Communication” with Patient

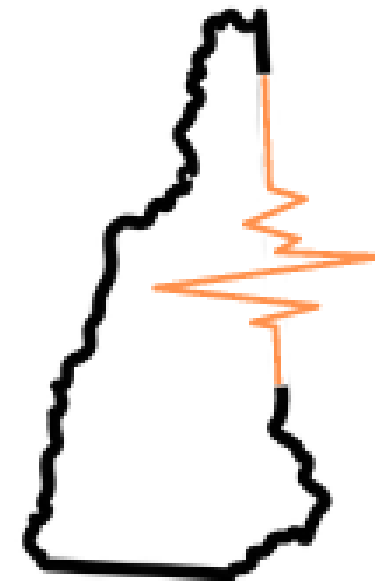
RPM Billing by One Practitioner, Per Patient, Per Period

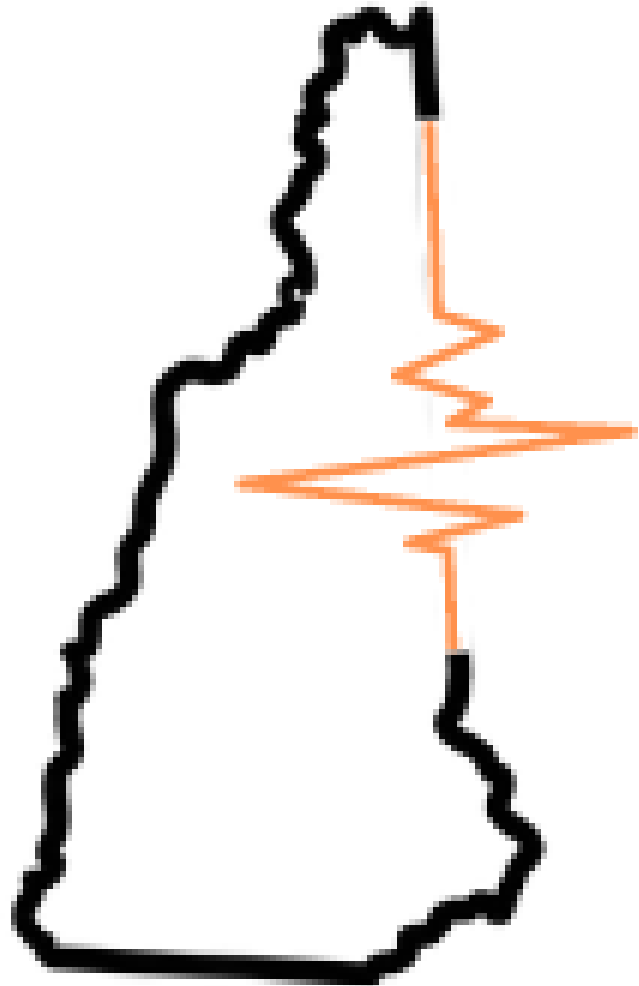
Only one practitioner can bill CPT codes 99453 and 99454 during a 30-day period and only when at least 16 days of data have been collected on at least one medical device.

Know Your Remote Monitoring Codes

CMS reminded practitioners the universe of RPM-related codes is not limited to just CPT codes 99091, 99453, 9454, 94557, and 99458.

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Senator Tom Sherman

*Health and Human Services Committee,
Gastroenterologist with Core
Gastroenterology*

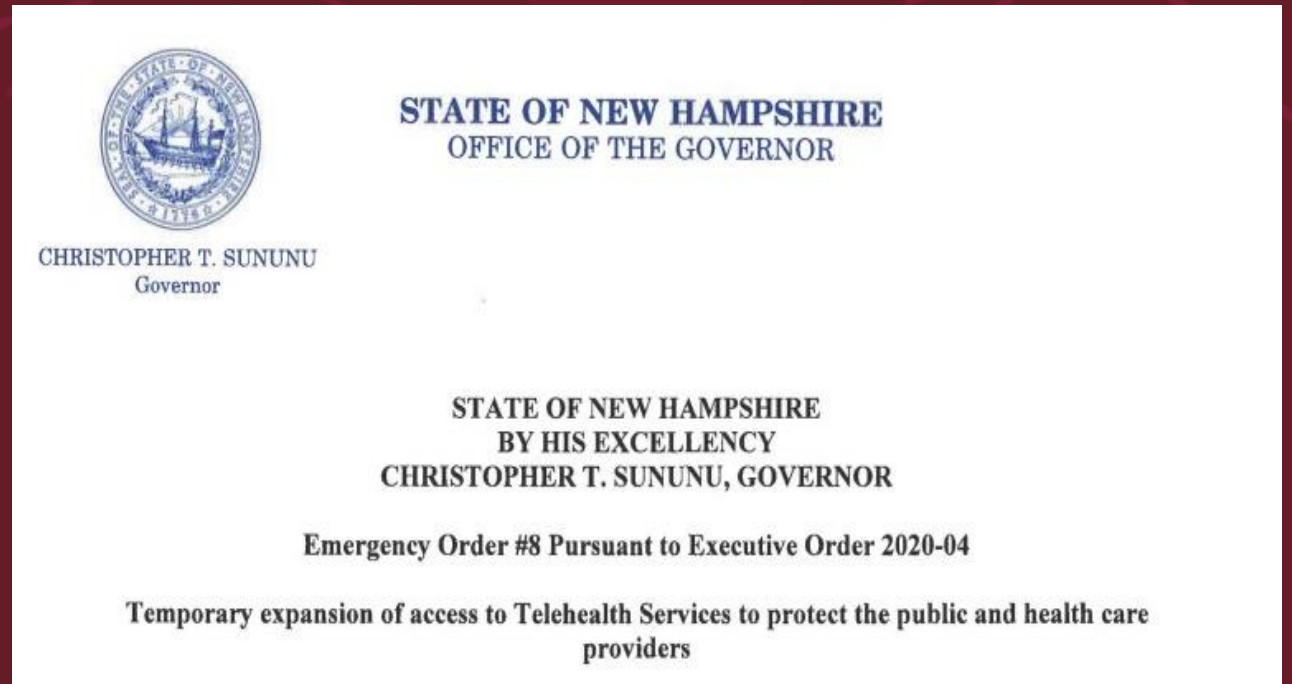


Telehealth in 2021: A Legislative Update

Thomas M. Sherman, MD

NH State Senate District 24

COVID-19



- ❑ March 2020 - Legislature recesses
- ❑ March 2020 - Hospitals suspend all non-emergency activity
- ❑ March 2020 - Emergency Order #8
 - ❑ Parity with in-person visits
 - ❑ Reimburse telephonic
 - ❑ Expand covered providers
 - ❑ No cost sharing
 - ❑ No originating site restrictions

COVID-19

May 2020 - Hospitals gradually resume elective office visits and procedures



COVID - 19

HB 1623

- ❑ Included Rep Marsh's House bill and Senator Kahn's Senate Bills
- ❑ Incorporated Emergency Order #8
- ❑ Additional wording changes and parity guarantees negotiated with carriers
- ❑ Created the Commission to Study Telehealth Services

2020 SESSION

20-2023
01/05

HOUSE BILL ***1623-FN***

AN ACT relative to telemedicine.

SPONSORS: Rep. Marsh, Carr. 8; Rep. Allard, Merr. 21; Rep. MacDonald, Carr. 6; Rep. Edwards, Rock. 4; Rep. Baldasaro, Rock. 5; Rep. M. Pearson, Rock. 34; Rep. Snow, Hills. 19; Rep. Crawford, Carr. 4; Rep. Schapiro, Ches. 16; Sen. Bradley, Dist 3; Sen. Kahn, Dist 10

COMMITTEE: Health, Human Services and Elderly Affairs

AMENDED ANALYSIS

This bill:

- I. Ensures reimbursement parity, expands site of service, and enables all providers to provide services through telehealth for Medicaid and commercial health coverage.
- II. Enables access to medication assisted treatment (MAT) in specific settings by means of telehealth services.
- III. Amends the Physicians and Surgeons Practice Act to expand the definition of telemedicine.
- IV. Amends the relevant practice acts to expand the definition of telemedicine.
- V. Enables the use of telehealth services to deliver Medicaid reimbursed services to schools.

Clinical Impact

- ❑ Mental Health
- ❑ SUD
- ❑ Physical Medicine
- ❑ Limitations
 - ❑ No physical exam
 - ❑ Impact on provider-patient relationship
 - ❑ Patients can just disconnect



2021

- HB 602
- LSR 21-0277
- Commission to Study Telehealth Services

2021 SESSION

21-0568
08/10

HOUSE BILL **602-FN**

AN ACT relative to reimbursements for telemedicine.

SPONSORS: Rep. Edwards, Rock. 4; Rep. J. Osborne, Rock. 4; Rep. Hunt, Ches. 11

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill makes changes to the reimbursement limits for telemedicine. This bill also further defines telemedicine.

.....

Section 1 Header

2021 SESSION

21-0277.0
10/05

SENATE BILL **[bill number]**

AN ACT relative to telemedicine provided by out of state psychologists.

SPONSORS: [sponsors]

COMMITTEE: [committee]

ANALYSIS

This bill establishes a tele-pass psychology license issued by the board of psychologists to out-of-state psychologists wishing to provide telepsychology, telehealth, or telemedicine services to patients in this state.

HB 602

- Removes parity provision
- Removes telephonic encounters
- Impact on...
 - Accessibility
 - Available participating providers
- Role of Commission

21-0568
08/10

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty One

AN ACT relative to reimbursements for telemedicine.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Medicaid Program Reimbursement. Amend RSA 167:4-d, III(b) and (c) to read as follows:

(b) The Medicaid program shall provide coverage and reimbursement for health care services provided through tele medicine ~~[on the same basis as the Medicaid program provides coverage and reimbursement for health care services provided in person].~~

(c) The combined amount of reimbursement that the Medicaid program allows for the compensation to the distant site and the originating site shall ~~[not be less]~~ **be no greater than** that the total amount allowed for health care services provided in person.

2 Medicaid Program Reimbursement. Amend RSA 167:4-d, III(e) to read as follows:

(e) The Medicaid program shall provide reimbursement for all modes of telehealth, including video and audio, ~~[audio-only]~~ or other electronic media provided by medical providers to treat all members for all medically necessary services.

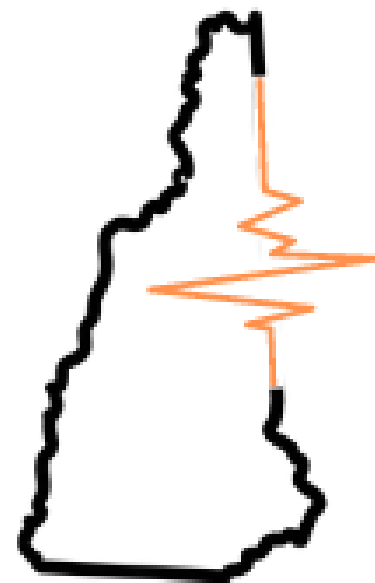
3 Telemedicine; Definition. Amend RSA 415-J:2, III to read as follows:

III. "Telemedicine," as it pertains to the delivery of health care services, means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. Telemedicine does not include the use of **audio-only telephone or** facsimile.

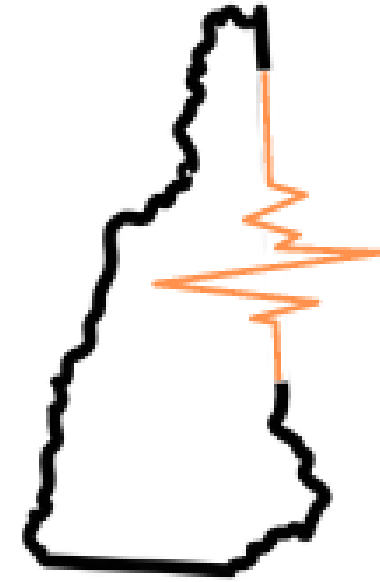
The Future

- ❑ Telehealth is here to stay
- ❑ Telehealth will not replace in-person encounters
- ❑ Will it result in lower health costs in NH
- ❑ Will it be provided by NH providers or become a separate, potentially less expensive, outsourced option
- ❑ What will impact be on local/NH providers

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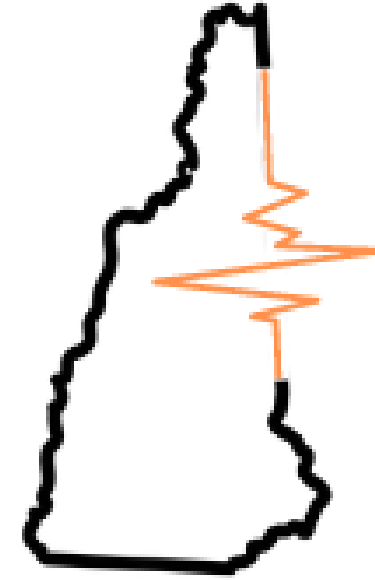


Q&A



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Thank you for joining us!

A recording of this webinar will be made available to NH Telehealth Alliance members.