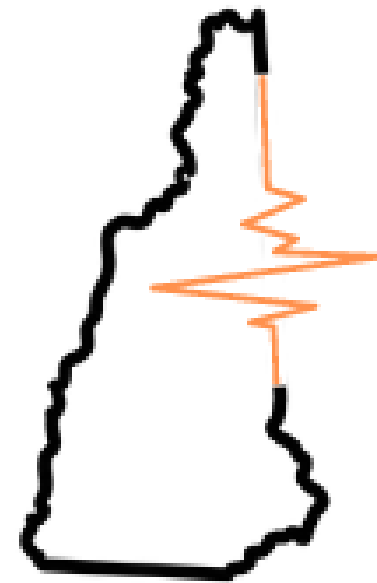


New Hampshire
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presents

The Year Behind and the Year Ahead for Telehealth

Jim Monahan, Founder, NH Telehealth Alliance

Deb Fournier, Policy Advisor, NH Telehealth Alliance & Senior Associate, UNH's Institute for Health Policy and Practice

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.

Agenda

- **2021: WHAT HAPPENED**
 - Federal
 - State
- **2022: NHTA's ROADMAP**





2021: WHAT JUST HAPPENED?!

- **Federal**
 - **State**
- 

Telehealth Activities Federal Level 2021



Federal public health emergency continues – all federal flexibilities remain in place.



Medicare permanently adds reimbursement and audio-only coverage for mental health care.



Emergency broadband benefit rolled out by FCC provides affordability support for low-income people to own hardware and pay for minutes.



ARPA provided initial \$122M broadband investment funds; Infrastructure Investment and Jobs Act (IIJA) adds additional \$100M in broadband funds.

COVID-19 transformed telehealth into a commonly used modality and vital public health tool.

At the FEDERAL LEVEL: Medicare Telehealth Flexibilities



- Are temporary
- Tied to the Federal Public Health Emergency Declaration, which has been renewed every 90 days since 2020. **It currently runs until January 15, 2022.**
- States will receive at least 60 days notice before the emergency ends.

Medicare Telehealth Flexibilities



- 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 Flexibilities



- 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.

REMINDER

- Through the CY2022 Physician Fee Schedule Final Rule, coverage for services temporarily added to the Medicare Telehealth Services List during the pandemic is extended from the end of the public health emergency (PHE) to the end of CY 2023.
- Absent any additional congressional action, at the end of the PHE, waivers and policies will expire, payment will once again be limited by section 1834(m) of the SSA and CMS will return to the policies previously established.
- In other words, the requirement for the patient to be located in a rural area and in a specific type of facility (i.e. NOT the home) will go back into effect, which will severely limit the ability to utilize the codes.
- The only exceptions will be treatment for mental health, substance use disorder, ESRD treatment and acute stroke.

Telehealth Activities State Level 2021



State of Emergency ended June 2021, ending waiver of in person requirements for Primary Care, SUD, and wide availability of interstate licenses for out-of-state providers.



OPLC extends emergency licenses until October; legislation extends emergency licenses until 2022.



Health and Human Services and Elderly Affairs sent to HB602 to interim study. A Jan 5th proceeding expected on HB602; language to remove in person requirements for MAT via telehealth were added to HB503.



Commission to Study Telehealth continued its work. Legislature showed restraint in changing the broad state level telehealth landscape.



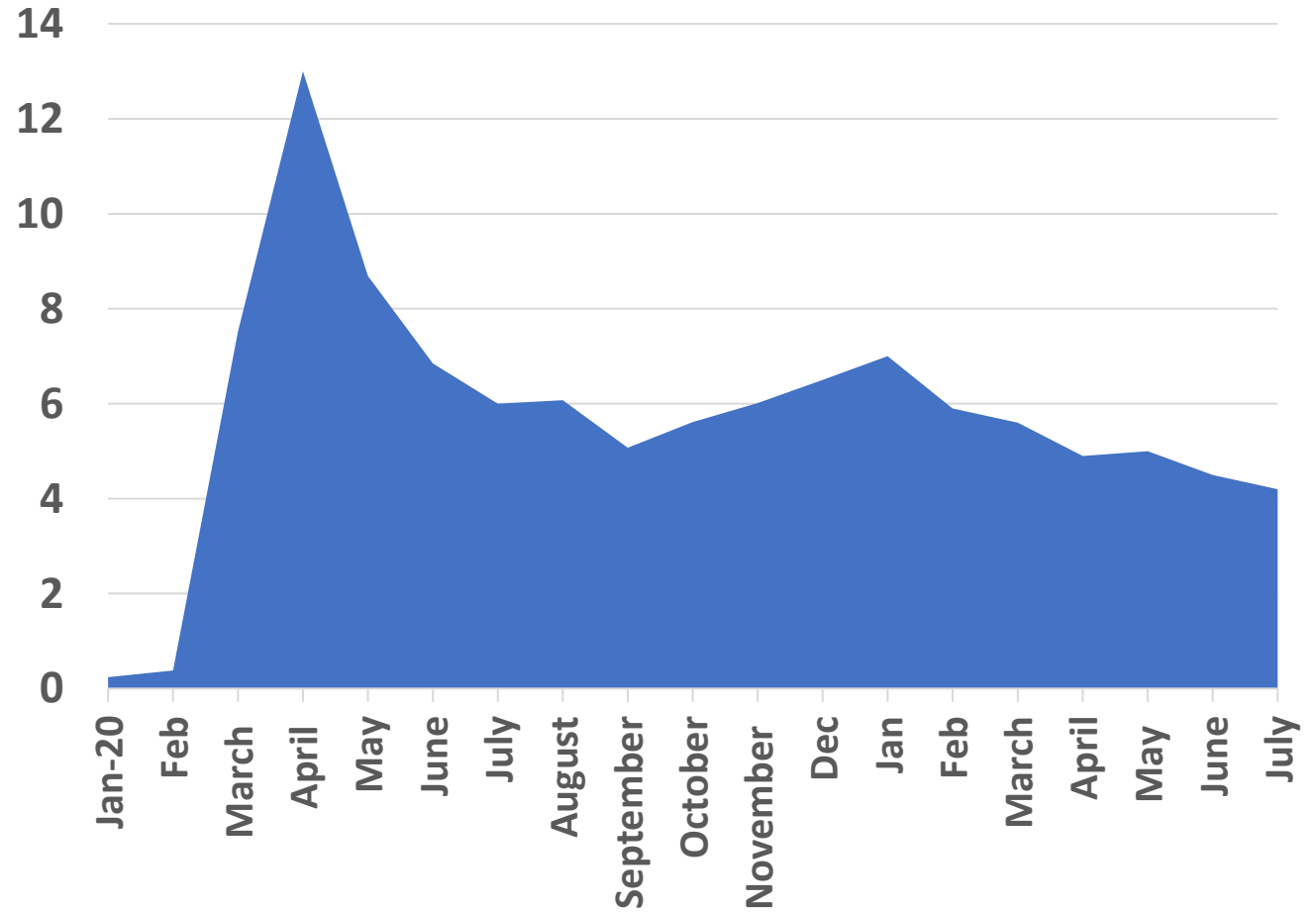
National Telehealth Utilization Data

FAIRHEALTH, <https://www.fairhealth.org/states-by-the-numbers/telehealth>

Privately Insured Data,
Excludes Medicare Advantage and Medicaid

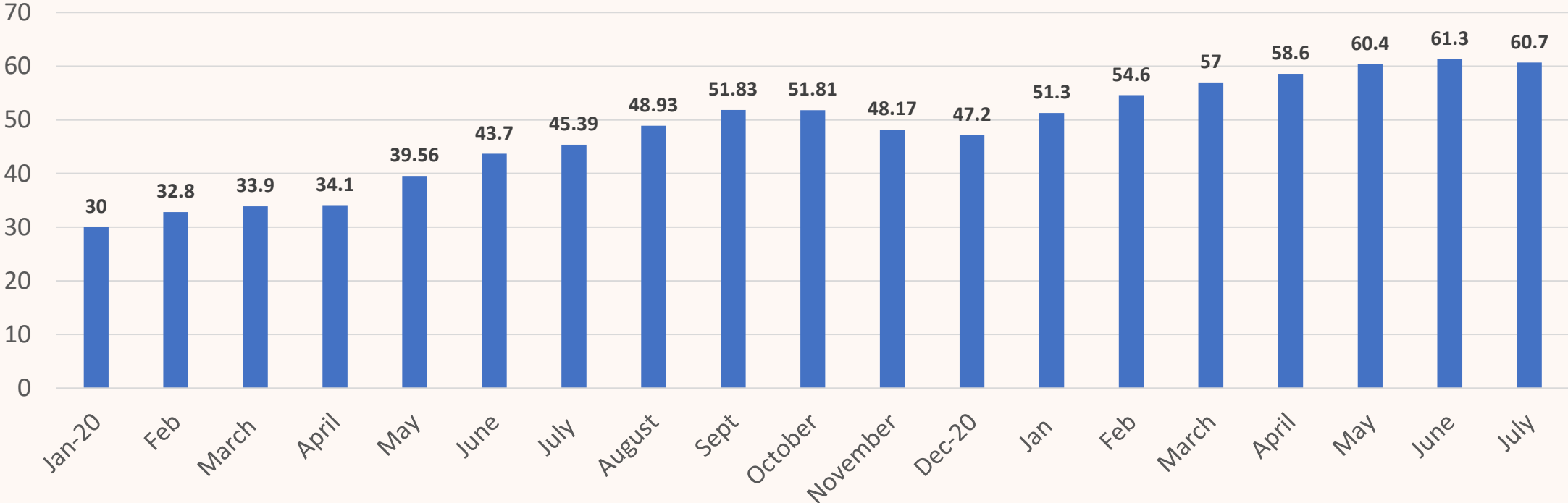
Nationwide, telehealth as a percentage of privately insured medical claims reached high of 13% of claims in April 2020

Excludes Medicare Advantage and Medicaid
As reported by FAIRHealth, <https://www.fairhealth.org/states-by-the-numbers/telehealth>



At the same time, mental health conditions continued to grow as single largest percentage of diagnoses among privately insured telehealth claim lines since 2020

Mental Health Diagnoses as Percentage of Telehealth Claim Lines
Excludes Medicare Advantage and Medicaid
FAIRHEALTH, <https://www.fairhealth.org/states-by-the-numbers/telehealth>





Looking
Forward

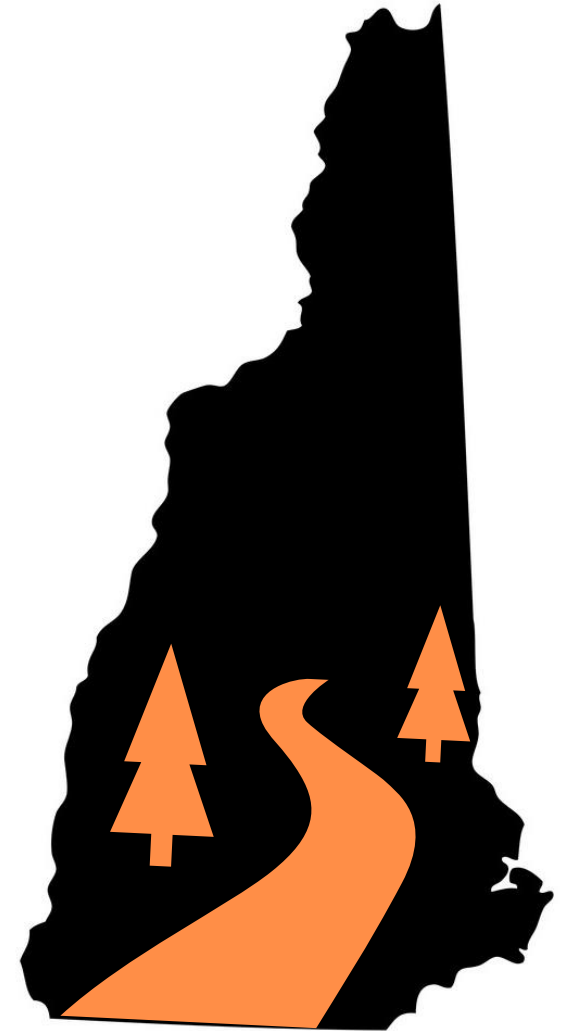
- **2022: NHTA's ROADMAP**



New Hampshire Telehealth Alliance 2022 Roadmap

Three arenas of activity:

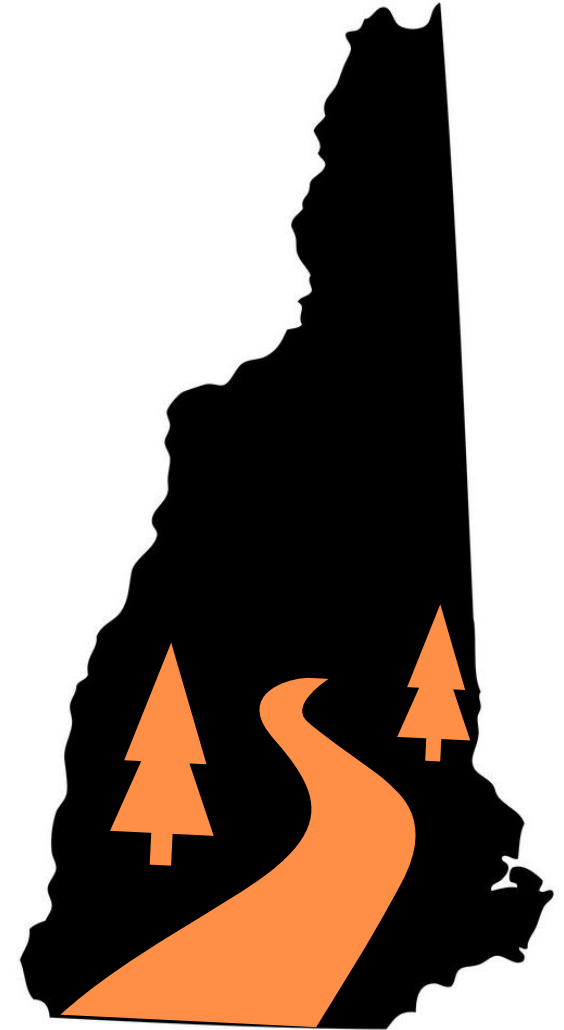
1. Public policy & advocacy
2. Clinical practice support
3. Broadband



New Hampshire Telehealth Alliance 2022 Roadmap

1. Public Policy & Advocacy

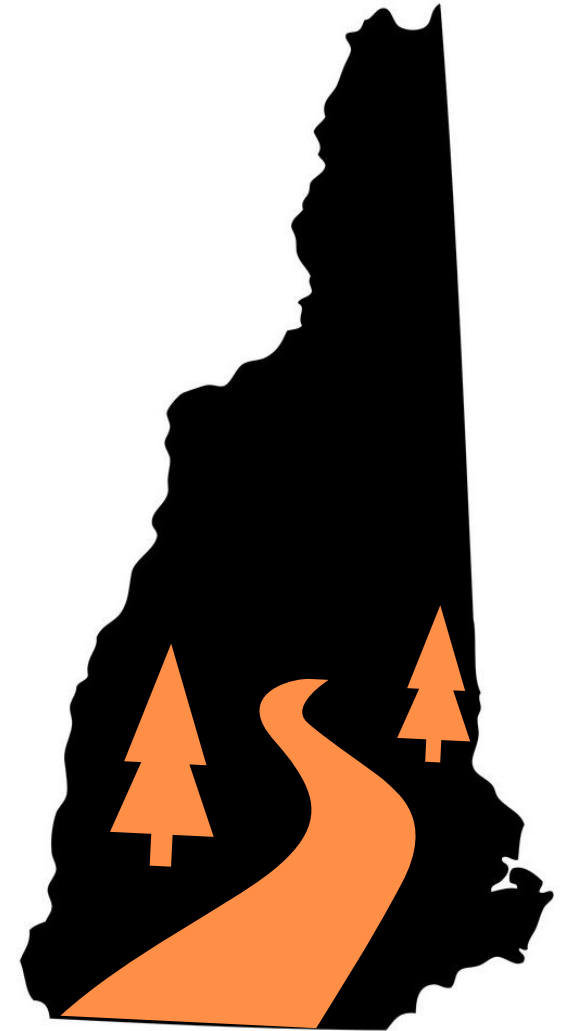
- Federal
 - PHE
 - Regulation
 - Federal Legislation
- State
 - Legislation
 - MAT
 - Other (developing)
 - Rules and Regulations
 - OPLC
 - Insurance
 - DHHS



New Hampshire Telehealth Alliance 2022 Roadmap

2. Clinical Practice Support

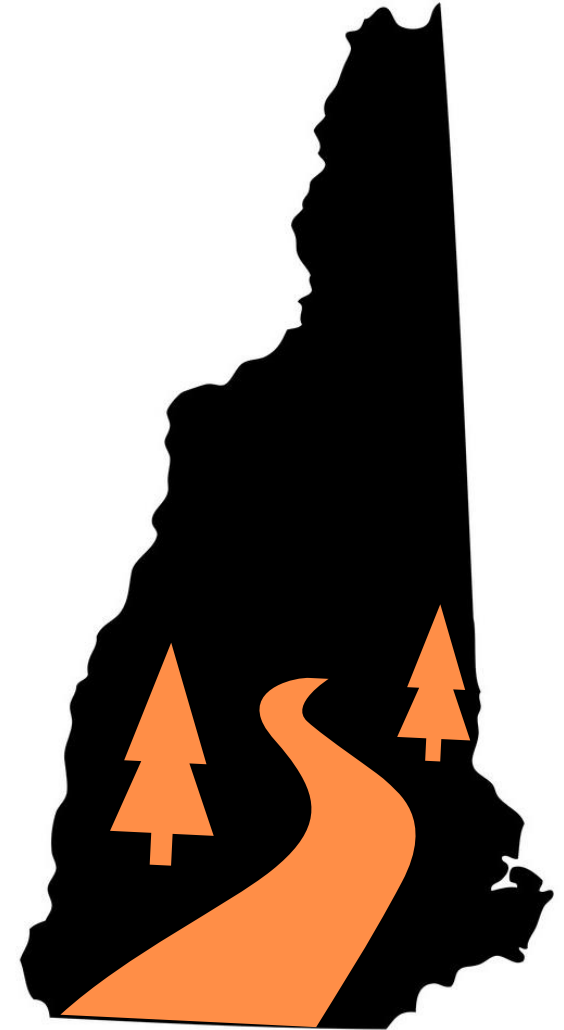
- Strong interest
- NHTA partnership efforts



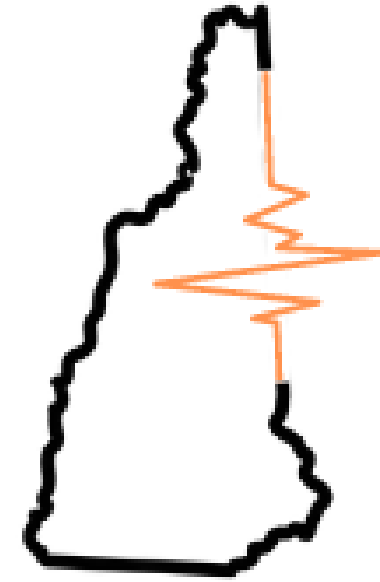
New Hampshire Telehealth Alliance 2022 Roadmap

3. Broadband Deployment

- Goals: Universal access & future-proofing
- State match program rule making
- Flow of and rules of federal infrastructure dollars
 - Mapping
 - Emerging Disputes



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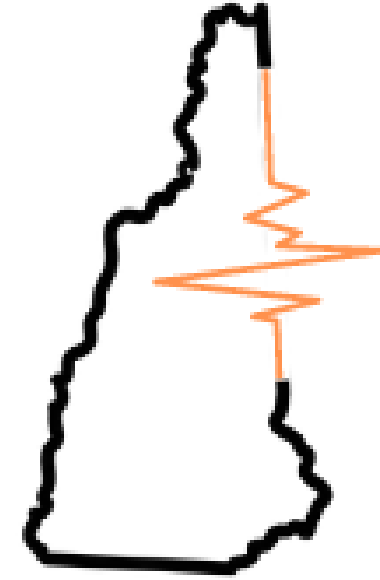


Q&A



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