ASPR TRACIE Technical Assistance Request

Request Receipt Date (by ASPR TRACIE): 16 June 2022
Response Date: 15 July 2022
Type of TA Request: Complex

Request:

ASPR TRACIE received a request for information on telehealth as it relates to maximizing the benefits of telehealth services via the Centers for Medicare & Medicaid Services (CMS). Specifically, the requestor asked for resources on the use and impact of telehealth during the COVID-19 pandemic and beyond; CMS telehealth policies (before and during COVID-19); telehealth implementation lessons learned; and the future of telehealth.

Response:

The ASPR TRACIE Team reviewed existing resources within our COVID-19 Telemedicine/Virtual Medical Care Resources page and Virtual Medical Care Topic Collection. We also conducted online searches and consulted ASPR TRACIE subject matter experts to further identify relevant material.

Section I of this document includes telehealth-specific legislative and regulatory resources developed prior to the COVID-19 pandemic. Section II includes legislative and regulatory resources developed during the pandemic. Section III contains telehealth coverage, reimbursement, and benefit information. Section IV includes resources on telehealth lessons learned as they relate to implementation and use. Resources marked with an asterisk (*) appear in more than one category.

The ASPR TRACIE Team would also like to highlight our COVID-19 and Telehealth Quick Sheet, a snapshot on telehealth use and trends during the COVID-19 pandemic and our COVID-19 and Telehealth Tip Sheet that describes telehealth use during the pandemic and the associated challenges and changes identified.

I. Legislative and Regulatory Telehealth Resources PRIORT to the COVID-19 Pandemic


This document provides frequently asked questions and answers related to the Telehealth Expansion Waiver. The first section includes questions regarding waiver policy, and the second section includes questions on data submission requirements.

This article provides a general overview of limitations in state laws that may create liability issues associated with the delivery of behavioral health services through telehealth technology.


The authors summarize major changes and benefits related to the passage of expanded telehealth legislation that was signed into law in February of 2018.


This resource discusses the increased risk for medical malpractice associated with the rise in telemedicine usage. It outlines complex challenges associated with implementing new care models and technology under outpaced legal and regulatory guidelines.


This paper examines secondary data to assess increases in mental telehealth services in states with expanded Medicaid programs. Results show that from 2014-2017 Medicaid expansion states had 54% more telemental health claims than non-expansion states.


This article describes trends in telehealth use among privately insured patients from 2010-2015. Using commercial claims data, the authors evaluated changes in use of telehealth services among states that enacted legislation requiring reimbursement versus those that did not.


The author conducted a detailed review of the ASHRM Telemedicine Whitepaper, which users must login to obtain. It provides a general overview of telemedicine and discusses potential vulnerabilities, as part of a ASHRM risk management framework.
This report reviews the state of integrating telehealth capabilities into public health emergencies and disaster medical responses. It includes an overview of initiatives and summarizes the benefits, deficiencies, and challenges identified during that time.

II. Legislative and Regulatory Telehealth Resources DURING the COVID-19 Pandemic


This regularly updated website details the status of COVID-19 emergency waivers and telehealth licensing flexibilities by state. It tracks and highlights those that have expired or been extended.


This document lists the necessary legislative and regulatory actions needed to maintain expanded telehealth flexibilities that were made available during the COVID-19 public health emergency. They are organized provider/patient location, eligible providers and facilities, types of services, technologies, and billing, payment, and coverage information.


The COVID-19 pandemic rapidly changed how healthcare was delivered. In particular, the use of telehealth increased significantly as providers and consumers had to comply with social distancing regulations. This tip sheet describes the use of telehealth pre-pandemic, the changes it has undergone, and the challenges faced.


This website provides regular updates regarding telehealth-related state policy changes. To review the COVID-19 updates, see the section marked “Summary of Changes”.


This resource provides a summary of changes CMS has made to telehealth policy for Fee-for-Service Medicare.

This fact sheet provides information on CMS post-public health emergency telehealth policy changes related to Medicare payments under the Physician Fee Schedule (PFS). For more information on the PFS, visit the following CY 2022 PFS Final Rule website: https://www.cms.gov/medicare-fee-service-payment/physician-payment/physicianfeeschedule-federal-regulation-notices/cms-1751-f.


This website provides links to information on various COVID-19 waivers and flexibilities. NOTE: The most significant telehealth developments were in the first and second IFCs (dated 3/30/2020 and 4/30/2020, respectively). The links to “Frequently Asked Questions to Assist Medicare Providers” and “COVID-19 Emergency Declaration Blanket Waivers & Flexibilities for Health Care Providers” are also useful resources for this TA request.


Specific to the Hospital Outpatient Prospective Payment System, there was a comment solicitation in the CY 2022 OPPS rule on the availability of mental health services furnished by clinical staff of the hospital to beneficiaries in their homes following the public health emergency. That comment solicitation begins on page 63748 of this document.


This document contains links to reliable sources of information regarding telehealth and telemedicine, including specific documents useful for choosing telemedicine vendors, initiating a telemedicine program, remote patient monitoring, and developing documentation tools. It also includes guidance for providers on caring for patients via virtual services that may be temporarily used during COVID-19.


This toolkit assists Medicare providers in understanding regulatory flexibilities associated with provision of telehealth visits, virtual check-ins, and e-visits during the COVID-19 pandemic. It provides information that may be helpful in establishing a telemedicine program, including policy and implementation guidance, links to state statutes, telehealth setup basics, technical assistance sources, vendor selection information, and resources for nursing homes, patients, and the community.

This guide helps states identify which aspects of their statutory and regulatory infrastructure may impede the rapid deployment of telehealth capabilities in their Medicaid program. It also includes a list of questions state policymakers can use to assess whether they have addressed potential obstacles.

Center for Telehealth and e-Health Law. (2021). Telehealth Cost Impact Study. (Contact the ASPR TRACIE Assistance Center for a copy of this document).

This infographic summarizes information about a 2017 study, conducted on behalf of CMS and congressional staffers, that researched the impacts of telehealth services on healthcare costs, including its benefits, and overall effectiveness. It includes project history, key findings, and conclusions.


Data from six large health systems were analyzed across a variety of services and demographic profiles to help understand how patients, healthcare organizations, and providers utilized telehealth services during the COVID-19 pandemic. The document reviews the overall impacts to healthcare access, costs, and quality of care.


This issue brief, developed early in the pandemic, addresses federal guidance to assist Medicaid programs in developing telehealth policies in response to COVID-19. It discusses trends in state Medicaid activity to expand coverage and access, as well as state and federal efforts to support provider infrastructure and patient access to telehealth.


This webpage provides information on the agreement between 29 states, the District of Columbia, and the Territory of Guam, where licensed physicians can qualify to practice medicine across state lines if they meet the agreed upon eligibility requirements.


This resource packet provides guidance for health centers wanting to implement telehealth and virtual services within their organization. It includes information on telemedicine reimbursements, legal considerations, operationalizing telehealth services, and includes telehealth-based clinical workflows.

This article reviews the major changes that occurred in healthcare as a result of the COVID-19 pandemic. It discusses the issues, challenges, and benefits such as payment parity, patient privacy regulations, and licensing flexibilities.


This guidance document is intended to help covered healthcare providers understand how they can continue to benefit from audio-only telehealth by clarifying how they can provide these services in compliance with the Health Insurance Portability and Accountability Act (HIPAA) Rules and by improving public confidence that covered entities are protecting the privacy and security of their health information.

*U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (ASPE).

Multiple reports from HHS ASPE include the following:


This webpage provides telehealth guidance for providers, including information on best practices, and an overview of uses and summaries of COVID-19 related policy changes, billing, and legal considerations.


On March 15, 2022, President Joe Biden signed into law the Consolidated Appropriations Act (CAA), 2022, which was passed by Congress on March 8, 2022. The CAA temporarily extends meaningful changes for reimbursement of Medicare services
delivered via telehealth. All CAA provisions regarding telehealth amendments will last for 151 days following the expiration of the public health emergency.

### III. Telehealth Services, Coverage, and Reimbursement Resources


This factsheet provides an overview of two payment plans to be tested under the ET3 model that includes paying for eligible patient transport to alternative destination partners and providing treatment in place at either the scene of an emergency response, or via telehealth. Information includes conditions for use and guidance on billing and coding.


This fact sheet provides instructions for Qualified Health Care Partners submitting claims for Treatment in Place services provided either on-scene or via telehealth using the ET3 payment model. Guidance is also relevant for use by downstream practitioners that are part of the practitioner agreement.

Centers for Medicare & Medicaid Services. (2022). [List of Telehealth Services](https://www.cms.gov/). This downloadable Excel file is a list of services payable under the Medicare Physician Fee Schedule when furnished via telehealth for coverage through 2022.


This webpage provides general information on the coronavirus and lists what items and services are covered by Medicare, including virtual check-ins, vaccines, and testing.

Centers for Medicare & Medicaid Services. (2022). [Medicare Telemedicine Snapshot](https://www.cms.gov/). Prior to March 2020, Medicare paid for telehealth services under limited circumstances. In response to the COVID-19 pandemic, these services were expanded to increase access
to care. This snapshot includes data on the use of telemedicine for people with Medicare, specifically for services between March 2020 and February 2021.

Centers for Medicare & Medicaid Services. (2020). **Telehealth Benefits in Medicare are a Lifeline for Patients During Coronavirus Outbreak.**

This article explains how CMS has worked to advance virtual and telehealth services amid the COVID-19 pandemic. It underscores historical efforts, the major benefits of expanding coverage, and specific coverage information.

Centers for Medicare & Medicaid Services. (2021). **Telehealth Services.**

This short guide discusses the following in the context of reimbursable services: originating sites; distant site practitioners; telehealth services; billing and payment for professional services furnished via telehealth; billing and payment for the originating site facility fee; and includes a resource list for reference.


This guide provides answers to frequently asked questions related to the provision of telehealth and virtual care services to Medicare beneficiaries during COVID-19.


This resource packet provides guidance for health centers wanting to implement telehealth and virtual services within their organization. It includes information on telemedicine reimbursements, legal considerations, and operationalizing telehealth services, as well as provides clinical workflows.


This document provides a comprehensive overview of telehealth and details how it can be used in response to the COVID-19 pandemic. It includes information on policies, lessons learned, and lists additional relevant resources.


This report provides a summary on the feedback that the PTAC received from the public during its meeting on telehealth. The discussion included topics such as perspectives on the role telehealth can play in optimizing healthcare delivery and value-based transformation in the context of alternative payment models (APMs) and Physician-Focused Payment Models (PFPMs). Additional information can be found in the following
documents: Environmental Scan on Telehealth in the Context of APMs and PFPMs, and Supplement to the Environmental Scan on Telehealth in the Context of APMs and PFPMs.


This report addresses the role of telehealth in “optimizing healthcare delivery” during the public health emergency, including the exponential increase in its use, the ability of providers using alternative payment models to adapt quickly, and its impact on improving access to care. It also identifies topics for future consideration.


This article reviews the major changes that occurred in healthcare as a result of the COVID-19 pandemic. It discusses the issues, challenges, and benefits such as payment parity, patient privacy regulations, and licensing flexibilities.


This report reviews the state of integrating telehealth capabilities into public health emergencies and disaster medical responses. It includes an overview of initiatives and summarizes the benefits, deficiencies, and challenges identified during that time.

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IV. Implementation and Use of Telehealth Lessons Learned Resources

ASPR TRACIE. (2020). Virtual Medical Care Topic Collection.

Resources in this Topic Collection highlight lessons learned from recent disasters and health emergencies. It includes information on strategies for implementing virtual medical care during a variety of scenarios. NOTE: Please review the entire Event-Specific Lessons Learned section to find specific telehealth lessons learned, relevant to disasters, that are not COVID-19 specific.


This two-page document addresses geographic and site-of-service restrictions related to audio-visual technologies. It also includes key points for Congress to consider when ensuring telehealth services remain covered and available at the end of the current public health emergency.


Denver Health is a Level 1 Trauma Center and Urban Safety Net hospital with 550 beds and nine federally qualified community health centers located throughout the city. Before the pandemic, the hospital had 227 adult medical surgery/critical care beds, forty-seven were intensive care unit (ICU)-level beds, and twelve were intermediate care beds. They ran near or at capacity and often experienced adult emergency department boarding. Patrick Ryan, MD, MPH, and Connie Savor Price, MD (from Denver Health and the University of Colorado School of Medicine) shared their experiences creating the “Virtual Hospital at Home” model to manage the significant surge in COVID-19 patients in the fall of 2020.

This brief provides examples of how various state and territorial health agencies are responding to COVID-19 through telehealth policy and operational changes.


This brief details the impact of the pandemic on telehealth utilization from the perspective of a national telehealth provider. It discusses trends in demand, increased use of behavioral health services, health equity, and the future of telehealth.


This slide deck provides an overview of telehealth services provided during the COVID-19 pandemic at Cheyenne Regional Medical Center. It details the challenges, issues, and implementation solutions utilized by the organization.


This resource provides guidance to EMS and 911 organizations on establishing telemedicine programs to expand services and healthcare capabilities. It includes information on implementation, knowledge building, stakeholder assessments, and program sustainment.


This resource identifies the top five lessons learned in healthcare during the COVID-19 pandemic from the perspective of a healthcare information technology vendor.


This article provides an overview of what went well and what challenges were faced as it pertains to the use of telehealth during the COVID-19 pandemic. The author notes that telemedicine has proven to be an effective tool that helped increase access to care and improve affordability for patients across various racial, economic, geographic, and technological demographics.

In this briefing the president and CEO of Intermountain Healthcare identifies seven major lessons learned experienced by his organization during the COVID-19 pandemic.


In this resource, the authors detail the lessons learned from utilizing telehealth and telemedicine services during outbreaks of SARS, MERS, and Ebola.


In this paper, the authors discuss telehealth-related lessons learned from the University of Colorado Health System’s primary care practice during the COVID-19 pandemic. Topics include preparing for innovation, promoting an innovation mindset, standardizing practices, understanding technological innovation, and open communication.


This slide deck discusses the benefits and challenges of implementing telehealth amid the COVID-19 pandemic. It includes physician concerns, charts and graphs outlining demographic statistics, and rural versus non-rural data.


This committee document highlights the benefits of telehealth and telemedicine services for EMS providers on-scene or enroute to a hospital. It includes recommendations from NEMSAC to the National Highway Traffic Safety Administration on audio-only telehealth use in remote areas and amending EMS education standards.


This webpage provides links to the “Telehealth for Community-Based Organizations Webinars” developed by ASPR's At-Risk Individuals Program. This three-part series focuses on implementing telehealth services to address the access and functional needs of at-risk individuals in partnership with HUD during the COVID-19 pandemic.

This article presents several lessons learned related to the adoption of technology and the increased use of telehealth services during the COVID-19 pandemic. It also discusses actions taken to ensure a successful transition of staff to a working-from-home model.

Quinn, M., Lee, J., and Pamplin, J. (2021). NETCCN: Delivering Needed Critical Care Expertise “From Anywhere, to Anywhere.” (Contact the ASPR TRACIE Assistance Center for a copy of this document if there is difficulty in accessing it online).

This document provides an overview of the capabilities and successes of the National Emergency Tele-Critical Care Network (NETCCN) and outlines how it can be used for future all-hazard responses. More detailed information and additional resources are available at the following NETCCN website: https://www.tatrc.org/netccn/.


This article addresses how digital health technologies are being, or could, be used in the future for COVID-19 mitigation and suggests the use of the NETCCN as a resource to respond to future emergencies.


This report tracked outpatient office visits in 2020 to better understand the clinical impacts of the pandemic on outpatient care. Researchers analyzed visit volumes for more than 50,000 providers following shifts in pediatric visits, telemedicine volume, and policy changes as well as the financial effects on healthcare providers.


This slide deck summarizes the major Telemedicine Working Group focus areas as part of a two phase strategy. These include, addressing telemedicine challenges in EMS and pre-hospital settings; hospitals and ambulatory care settings; and long-term care facilities.


This handbook describes "life hacks" for five telemedicine categories including, general workflows and documentation; billing and reimbursement; clinical best practices and tele-physical exams; and making telemedicine part of your permanent practice.

This webpage provides telehealth guidance for providers, including information on best practices, and an overview of uses and summaries of COVID-19 related policy changes, billing, and legal considerations.


This study examined Medicare claims data for telehealth services provided from March through December 2020 to determine the percentage of beneficiaries who received services from providers with whom they had an established relationship. Policymakers can use this data to inform decisions about how best to utilize telehealth in Medicare. It can also be used to address concerns about fraud, waste, and abuse of telehealth services.


This study assessed Medicare fee-for-service claims data, and Medicare Advantage encounter data, from March 2020 to February 2021, and from the year prior. It determined the total number of services used via telehealth versus in-person and calculated the number of services provided during the first year of the pandemic. Results indicated that telehealth was critical in delivering services at the onset of the pandemic. The use of telehealth by beneficiaries demonstrated the long-term potential of increased access to healthcare and additional services such as behavioral care.


Data from the GAO Analysis Center for Medicare and Medicaid Services showed that, in five states, over a one-year period, there was a marked increase in the number and percentage of telehealth services utilized among Medicaid beneficiaries that started at the onset of the COVID-19 pandemic. CMS recommends that additional analysis be conducted to understand the effects on quality of care and patient health outcomes.


This approximately 2-hour full committee hearing provides testimony from four healthcare professionals from around the U.S. on lessons learned utilizing telehealth during the COVID-19 pandemic.

The authors describe challenges, barriers, and lessons learned in implementing telehealth services during the COVID-19 pandemic.