

Background

Medicare pays for a limited number of Part B services furnished by a physician or practitioner to an eligible beneficiary through telecommunications systems. For eligible telehealth services, the use of a telecommunications system substitutes for an in-person encounter. Medicare beneficiaries are eligible for telehealth services only if the services are provided from an “originating site” (including SNFs). An originating site is the location of an eligible Medicare beneficiary at the time the service furnished via a telecommunications system occurs. Medicare beneficiaries are eligible for telehealth only if they are presented from an originating site located in either a rural Health Professional Shortage Area (HPSA) located either outside of a Metropolitan Statistical Area (MSA) or in a rural census tract; or a county outside of a MSA.

As a condition of payment, an interactive audio and video telecommunications system must be used that permits real-time communication between the “distant site” and the beneficiary. The Centers for Medicare & Medicaid Services (CMS) has approved a small number of practitioners, including physicians and physician extenders, who can receive payment for covered telehealth services, which is also subject to state law. Currently, physical and occupational therapists (PTs & OTs) and speech language pathologists (SLPs) are not included in the list of eligible telehealth practitioners.

Congressional Activity

The **Medicare Telehealth Parity Act of 2017 (H.R. 2550)**, which was introduced during the 115th Congress by Representatives Mike Thompson (D-CA), Diane Black (R-TN), Gregg Harper (R-MS) and Peter Welch (D-VT), will be reintroduced during the 116th Congress. Representatives Thompson and Welch, along with Representatives Bill Johnson (R-OH) and David Schweikert (R-AZ) plan to reintroduce the bill in the coming months. The bill expands telehealth coverage under Medicare in three phases and allows the services to be administered in several metropolitan areas. Most importantly, it authorizes reimbursement for OT, PT and SLP services in originating sites and as additional covered telehealth providers. NASL remains supportive of this important measure.

NASL also supported the **CONNECT for Health Act of 2017 (S. 1016/H.R. 2556)**, which was originally introduced during the 115th Congress by Senators Brian Schatz (D-HI), Roger Wicker (R-MS), Thad Cochran (R-MS), Benjamin Cardin (D-MD), John Thune (S-SD), and Mark Warner (D-VA). House sponsors included Representatives Diane Black (R-TN), Peter Welch (D-VT), Gregg Harper (R-MS), and Mike Thompson (R-CA). The CONNECT for Health Act will also be reintroduced during the 116th Congress, and it promotes cost savings and quality under the Medicare program through the use of telehealth and remote patient monitoring services (RPM). The major provisions of the bill would create a “bridge program” to help providers transition to the goals of MACRA and the Merit-based Incentive Payment System (MIPS) through using telehealth and RPM, without most of the current restrictions. The proposal would also permit the use of remote patient monitoring for certain patients with chronic conditions; allow, as originating sites, telestroke evaluation and management sites, and in certain cases, dialysis facilities for home dialysis patients; and allow telehealth and RPM to be basic benefits in Medicare Advantage.

Ask Congress

Expand Medicare Telehealth Services that authorize reimbursement for OT, PT & SLP services in originating sites & expand the list of eligible telehealth providers.

Key Facts

Medicare pays for a limited number of Part B services furnished by a physician or practitioner to an eligible beneficiary via telehealth.

For eligible telehealth services, the use of a telecommunications system substitutes for an in-person encounter.

Medicare beneficiaries are eligible for telehealth services only if they are presented from certain originating sites.

Interactive audio & video telecommunications systems must be used that permit real-time

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The ***Bipartisan Budget Act of 2018*** incorporated the ***Creating High-Quality Results & Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2017*** and was signed into law by President Trump on February 12, 2018. The ***CHRONIC Care Act***, which NASL supported, allows telehealth services to be used for end-stage renal disease (ESRD) treatments, stroke evaluations, accountable care organizations (ACOs), and Medicare Advantage plans.

The ***Reducing Unnecessary Senior Hospitalizations (RUSH) Act of 2018 (H.R. 6502)***, which was originally introduced during the 115th Congress by Reps. Adrian Smith (R-NE) and Diane Black (R-TN), is expected to be reintroduced during the 116th Congress. The bill seeks to reduce unnecessary hospitalizations by allowing for the use of telehealth technology in skilled nursing facilities (SNFs), to treat patients in place rather than transferring them to the hospital. Specifically, the legislation would allow the Medicare program to selectively enter into value-based arrangements with qualified physician group practices furnishing a combination of telehealth and qualified clinicians. The legislation would allow for an on-site clinician equipped with mobile diagnostics to coordinate treatment for patients with acute care needs through a telehealth connection to a physician. NASL believes there are problems with the bill in its current format; however, NASL lobbyists are actively working with stakeholders and sponsors to make it more workable for the SNF sector.

NASL Asks Congress

- Expand telehealth coverage to better serve Medicare beneficiaries and allow the services to be administered in several metropolitan areas;
- Authorize PTs, OTs and SLPs as reimbursable Medicare telehealth services practitioners; and when the bill is introduced; please consider co-sponsoring this important legislation.