Changes to Telehealth Will Require YOUR Advocacy

Congress Considering Permanent Telehealth Changes

When the Coronavirus pandemic first struck the United States, healthcare facilities across the country suffered a steep decline in patient volume that threatened the financial viability of many hospitals and offices. In fact, researchers from Phreesia, a healthcare technology company, and Harvard University found that outpatient visits alone declined by nearly 60 percent in early April.

In response to serious concerns about healthcare facilities closing for good, policymakers in the Department of Health and Human Services (HHS) quickly realized (after resisting expansion for decades) that telehealth services would be an invaluable tool in keeping healthcare facilities open during the pandemic. Telehealth services were an obvious solution that would both allow clinicians to maintain patient volume and encourage patients to seek out care that may have been otherwise deferred during the Public Health Emergency (PHE).

With this realization, HHS issued waivers in March that significantly expanded the scope of Medicare telehealth services. The waivers allowed Medicare patients to have telehealth visits with their clinicians from the comfort of their own home for the first time. HHS permitted these visits to occur through smartphones and other devices, using establish videoconferencing apps like Zoom, Skype, etc. HHS also removed key geographic restrictions that had significantly limited who could seek a telehealth service. Together, these changes represented a tectonic shift in Medicare telehealth policy. However, one important waiver was missing - HHS did not use their authority to allow Rural Health Clinics (RHCs) to be distant site providers (which allows the clinician to provide telehealth services).

This meant that fee-for-service offices and their Medicare patients were able to reap the benefits of telehealth, whereas patients of RHC clinicians had to choose between deferring care and risking their health for an in-person visit. This clear injustice rallied the RHC community to reach out to their Members of Congress on this issue.

“When RHCs were initially excluded from providing telehealth services, the community found a really strong voice. Congressional offices were reaching out to us asking what needed to be done to fix this,” said Nathan Baugh, Director of Government Affairs for the National Association of Rural Health Clinics. “Because of that grassroots advocacy, we were able to get the distant site provision into the CARES Act.”

While the Coronavirus Aid, Relief, and Economic Security (CARES) Act allowed RHCs to provide distant site telehealth services to patients for the first time, it also mandated that the Centers for Medicare and Medicaid Service (CMS) create a “special payment rule” to reimburse RHCs for these telehealth services. Instead of paying RHCs through their normal payment mechanisms like our fee-for-service peers, the CARES Act mandated that our telehealth reimbursement be different than our in-person reimbursement. As a result, RHCs had to wait another month for CMS to create this “special payment rule” before we were finally able to bill for these services.

Unfortunately, this special payment rule has many flaws. First, the policy does not result in payment parity between in-person services and telehealth services. As a result, most RHCs will be paid significantly less for a telehealth visit than they would for in-person visit. Second, the special payment rule collapses all telehealth codes into one code, resulting in inaccurate claims data which makes tracking something like annual wellness visits provided via telehealth impossible. And finally, it also requires RHCs to remove all costs and visits associated with telehealth from their cost report, which can be an administrative nightmare.

“It was simultaneously one major step forward and a half a step back.” Baugh explained.

As things stand, all of these massive Medicare telehealth policy changes are set to expire at the end of the Public Health Emergency. However, most healthcare policy experts expect Congress to pass legislation to keep many of these telehealth changes in place after the PHE…

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Thankfully, there is widespread and bipartisan agreement that we should not return to pre-COVID telehealth rules. However, it is unclear exactly what the post-COVID era of telehealth policy looks like and as such, it is vital that RHCs make their voices heard now.

"Our fear is that Congress will lock into place this less-than-ideal system," said Bill Finerfrock, Executive Director of the National Association of Rural Health Clinics. "We have a chance to get this right for RHCs, but if we simply keep the current policy, it will leave us behind our fee-for-service peers."

There are currently three pieces of bipartisan legislation that fix the issue for RHCs.

The Improving Telehealth for Underserved Communities Act (H.R. 6792) is aimed at reimbursing RHCs through the all-inclusive rate system for the duration of the PHE. While the HEALTH Act (H.R. 7187) and the Protecting Access to Post-COVID Telehealth Act would allow RHCs to remain as distant site telehealth providers after the PHE while also mandating that CMS reimburse RHCs through the normal cost-based mechanisms.

"All three pieces of legislation are pulling telehealth in the right direction. The NARHC supports all of these bills." Finerfrock says, "The bottom line is that, moving forward, RHCs must be able to bill as distant site providers through their normal reimbursement mechanisms."

If we are going to achieve this policy, the RHC community must once again find their voice to ensure that that we get the telehealth policy we want. Congress is currently considering what the post-COVID Medicare telehealth policy should be so we must reach out to them now to ensure that they get it right.

We know that grassroots advocacy can work. In fact, it was a grassroots effort that resulted in the introduction of The Improving Telehealth for Underserved Communities Act in the Senate.

"Through a coordinated campaign, RUSH Health Systems was able to draw attention to the shortcomings of current telehealth policy," says Susan Campbell, Director of Clinic Operations for RUSH Health Systems, "We were very pleased to see that Senator Hyde-Smith listened to us and introduced the Improving Telehealth for Underserved Communities Act in the Senate."

We need the entire community to come together now. From freestanding clinics to provider-based RHCs in large systems, from the office administrator to the clinicians to the owners to the c-suite, the entire community needs to use their voice.

We need YOUR advocacy now. The National Association of Rural Health Clinics (NARHC) urges you to contact your Representatives and Senators by phone, email, or mail.

For NARHC resources regarding telehealth, click here.

If you need help advocating or have questions about how you can do your part, contact nathan.baugh@narhc.org

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