

compliance

Telehealth After the Public Health Emergency

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Through the current public health emergency (PHE) is anticipated to be extended through the end of 2021 by Health and Human Services Secretary Xavier Becerra, the fate of telehealth after the PHE remains a concern for providers. The most recent extension of the PHE signals the Centers for Medicare & Medicaid Services' (CMS) intent to continue the extensions and waivers for beneficiaries initiated in March and April 2020. Even with the understanding that telehealth reimbursement may remain status quo for the rest of the year (for CMS at least), many questions remain.

- What happens after the PHE ends?
- Will CMS still cover telehealth services for beneficiaries as it did during the PHE?
- What about private payers—are they even covering telehealth services in 2021?
- What about after 2021? How do providers prepare for what is coming next for telehealth?

Some of these questions may be answered through federal legislation—with the reintroduction of two bills that appear to have some traction to move forward.

The first is the Telehealth Modernization Act, S.368.¹ This rather brief bill focuses primarily on the continuation of certain waivers and extensions established in response to COVID-19 relief. If passed, this bill would allow rural health clinics and federally qualified health centers to be designated as “distant sites,” the location where the physician is present for the telehealth visit. Additionally, this bill would allow for the patient’s home to serve as an

originating site—for all services not just specifically designated ones—and for all types of practitioners to be able to furnish telehealth services as defined by CMS. This bill was one of two keys “asks” at the May 12 ACCC Virtual Hill Day (read more on page 83).

The CONNECT for Health Act of 2021 is a similar but more comprehensive bill originally introduced in October 2019.² Similar to the Telehealth Modernization Act, the CONNECT for Health Act proposes to remove all geographic restrictions for telehealth services and expand sites that can be designated as originating sites. The bill also addresses how to report telehealth services and how to monitor for fraud and abuse and expands the healthcare professionals permitted to provide telehealth services.

If either of these bills is passed into legislation, it would expand telehealth services beyond the PHE and more closely mirror services allowed during the pandemic. But a big question remains: what about private payers?

Several state governors established regulations directing private payers operating within their states to cover telehealth services beyond the federal requirements. To know what states designated telehealth service coverage—and the status of these designations—one must review every state’s guidelines and all contracted payers. Providers can begin their search by reviewing the information provided by the Center for Connected Health

Policy at cchpca.org. This organization’s interactive website provides information at various levels, including private payers at the state level and their associated telehealth policies updated as of Feb. 28, 2021. For example, the Center for Connected Health Policy indicates that the state of California established access to telehealth services and this access is active until the end of the California state of emergency.³ In the state of Colorado, coverage of telehealth services has expired.³ Generally, at the state level, it appears that if telehealth services are still covered, that coverage ends either at the end of the state’s PHE or at the end of the federal PHE.

Prior to the pandemic most private payers provided some type of coverage for telehealth services. Many of these payers looked to CMS to establish a baseline or standard from which the private payers have built their policies. Below is information from a recent website review of the top private payers to help understand how they are addressing ongoing coverage for telehealth services:


- **United Healthcare (UHC).** According to its website, UHC will reimburse appropriate claims for telehealth services in accordance with a member’s benefit plan. Some markets and plans may also match the waiver on the originating site requirements to those currently in effect by CMS. More information from UHC can be found at uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services.html.

- **Humana.** At a minimum, Humana is following CMS telehealth guidelines or state-specific requirements for telehealth coverage for the duration of the PHE. Learn more at humana.com/provider/coronavirus/telemedicine.
- **Cigna.** According to its website, Cigna established a Virtual Care Reimbursement Policy, which went into effect Jan. 1, 2021. This policy includes services such as routine checkups, general wellness visits, new patient exams, and behavioral assessments—all provided virtually. More information about Cigna’s telehealth coverage can be found online at static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwCVirtualCare.html.
- **Blue Cross Blue Shield Association (BCBS).** This association includes a system of 35 independent, locally operated companies. To understand telehealth service coverage in any given state, one must review each BCBS company

separately. BCBS does provide an interactive map to help you access the appropriate contact for a given state at bcbs.com/coronavirus-updates.

- **Aetna.** Per the Aetna website, this payer is encouraging the use of telehealth visits to limit exposure. Some of the cost share waivers ended Jan. 31, 2021, but other coverage components may be available, depending on the member’s plan. Aetna provides a COVID-19: Telemedicine FAQs site, which provides updates to coverage for patients at aetna.com/health-care-professionals/covid-faq/telemedicine.html#acc_link_content_section_responsivegrid_responsivegrid_accordion_1.

Knowing for certain what any private payer will do post-PHE or in the years to come is anyone’s guess. Ask healthcare professionals or patients and they will likely say they believe that telehealth services are here to stay—in some form or fashion. Though telehealth existed prior to the COVID-19 pandemic, the experiences during the PHE

have given a light and direction to where healthcare is going, including telehealth post-PHE. Two big questions remain. From a payment perspective, what value do payers (public and private) place on telehealth? How do we ensure equitable access to technology needed to provide telehealth—for providers and patients alike? 

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References

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3. Center for Connected Health Policy. Policy Finder. Available online at: cchpca.org/all-telehealth-policies. Last accessed June 21, 2021.

