

PUBLICATION

Proposed Telehealth Expansion of Medicare Reimbursement

June 09, 2017

Telehealth continues to be a frontrunner on one strategy to achieve the triple aim, an effort to improve patient experience, population health and reduce per capita cost. To date, government reimbursement for telehealth services has lagged behind. However, on May 18, the Senate Finance Committee unanimously approved a bill that could possibly change all of that.

The Act proposes to loosen the current telehealth limitations for dialysis, Medicare Advantage Plans, ACOs and stroke victims. Set forth below is a brief overview of the proposed changes.

Dialysis

Commencing January 1, 2019, Medicare ESRD beneficiaries undergoing home dialysis can have practitioners conduct required monthly clinical assessments using telehealth. The expansion would allow sites such as freestanding dialysis facilities and a beneficiary's home to qualify as an originating site. Additionally, the originating site need not be located in a health professional shortage area or a county outside of a metropolitan statistical area.

Medicare Advantage Plan

Commencing 2020, Medicare Advantage plans would be allowed to offer telehealth benefits in its annual bid. No later than November 30, 2018, the Secretary of HHS will solicit comments on appropriate types of telehealth activities to be included in telehealth plans with the option for the beneficiary to always be treated in person rather than by telehealth.

Expansion for ACOs

Currently, ACOs do not receive any additional funds for providing any telehealth services. Under the proposed changes, ACOs would be permitted to furnish telehealth services originating from the patient's home and other locations. No facility fee would be provided for any services that occur in the home. However, additional funds would now be available for ACOs providing telehealth services.

Telestroke

As with the changes above, the proposed law as of January 1, 2020 would eliminate the current limitations on the originating site for evaluating a stroke patient. Now, stroke patients would be able to be assessed even in a hospital located in a metropolitan statistical area.

These changes in the Act, if ultimately approved, will allow care to be provided more efficiently by not needing to always transfer or send patients for treatment to a different facility. Additionally, patients are now able to receive stroke treatment and assessments in a hospital, which is not located in a rural area due to the elimination of the originating site requirements; however, it lacks a certain specialty (e.g., neurologist on call). For emergent reasons a telehealth consult is invaluable and potentially life-saving, as with telestroke. Furthermore, elderly and frail Medicare beneficiaries will be able to be treated via telehealth in their homes rather than being transported by ambulance and other means to physicians' offices and hospitals.

We will monitor this bill and update you on developments. If you should have any questions, please contact any member of the Baker Ober Health Department.

