Telehealth Before and After COVID-19
Telehealth in Original Medicare Fee for service

CARAVANHEALTH.

WHO HAS ACCESS?

BEFORE COVID-19

Patients had to be in a remote or rural coverage area. In 2018, only about 21.5% of original Medicare beneficiaries resided in rural areas (7.8 Million).

AFTER COVID-19

There are no restriction on coverage area. Now all 36 million* Original Medicare beneficiaries have access to the service.

CAN PROVIDERS SEE PATIENTS FROM THEIR HOME?

THE DISTANT SITE REFERS TO WHERE THE PHYSICIAN OR NON-PHYSICIAN PROVIDER WHO IS FURNISHING THE EXAM IS PHYSICALLY LOCATED DURING THE EXAM

BEFORE COVID-19

Providers must be located in a Medicare eligible place of service, such as a clinic or hospital.

AFTER COVID-19

There are no restrictions on practitioners furnishing telehealth services from their home.

WHAT SERVICES CAN YOU FURNISH VIA TELEHEALTH?

BEFORE COVID-19

A limited number of services was approved to be delivered via telehealth with real-time audio and video.

AFTER COVID-19

CMS has rapidly expanded the list of services that are temporarily allowable during the PHE. CMS is also allowing some services to be delivered via audio-only. A complete list of allowable telehealth and audio-only services is available on **the CMS website.**

ARE THERE TECHNOLOGY RESTRICTIONS?

BEFORE COVID-19

Technology was required to be HIPAA compliant interactive audio and video telecommunications system that permits real-time communication between provider at the distant site, and the beneficiary at the originating site. These technologies often required high up-front investment in platforms and hardware.

AFTER COVID-19

HIPAA regulations are not being enforced, which opens up a variety of apps and technologies that could be utilized while getting started in telehealth. The platform must support real-time audio and video, such as FaceTime, WhatsApp, and Facebook Messenger.

DO PATIENTS HAVE TO PAY FOR TELEHEALTH SERVICES?

BEFORE COVID-19

Cost sharing (deductible and co-insurance) applies for originating site fee and distant site services.

AFTER COVID-19

Healthcare providers now have the option to reduce or waive all cost sharing for telehealth visits provided under Medicare.

CAN PATIENTS RECEIVE TELEHEALTH SERVICES IN THEIR HOME?

THE ORIGINATING SITE REFERS TO WHERE THE PATIENT IS PHYSICALLY LOCATED AT THE TIME OF THE SERVICE

BEFORE COVID-19

Patients generally had to travel to the originating site:

- The offices of physicians or practitioners
- A Hospital/ Critical Access Hospital (CAH)
- Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC)
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
- Skilled Nursing Facility (SNF)
- Community Mental Health Centers (CMHC)

AFTER COVID-19

CMS has waived restrictions on originating sites. Now, the patient can receive services in their own home.

DO PATIENTS HAVE TO BE ESTABLISHED WITH A PROVIDER?

BEFORE COVID-19

Only patients who had already established a relationship with the provider could receive a telehealth visit.

AFTER COVID-19

New and established patients can be seen via telehealth.

DO PHYSICIANS AND NPPs HAVE TO BE LICENSED IN EVERY STATE?

BEFORE COVID-19

Providers had to be licensed in the state where they are located at the time of service as well as the state where the patient is physically located.

AFTER COVID-19

Medicare and Medicaid are temporarily waiving the requirement for providers to be licensed in the state where the patient is located, as long as they are appropriately licensed in another state. However, state restrictions may apply.

CAN RHCs/FQHCs BE THE DISTANT SITE?

BEFORE COVID-19

RHCs and FQHCs can only serve as Originating Site.

AFTER COVID-19

RHCs and FQHCs may be the distant site for telehealth visits. Practitioners may also furnish telehealth services from their homes. **Coding and reimbursement rules and rates vary**.

SOURCES:

WHO HAS ACCESS?

ORIGINATING SITES

DISTANT SITES

TELEHEALTH SERVICES

PATIENT PROVIDER RELATIONSHIP

TECHNOLOGY RESTRICTIONS

LICENSURE

RHC/FQHC