

Telemedicine and Financial Sustainability Update

Telemedicine Services Update

- ▶ In late July, HHS extended public health emergency (PHE) for another 90 days: through **October 23, 2020** (unless Secretary chooses to end sooner or extend again)
- ▶ HHS and CMS waivers of certain requirements depend on the PHE declaration. Continued changes include:
 - Use of non-HIPAA compliant technologies (e.g., FaceTime, Skype)
 - Increased Medicare FFS reimbursement for Telemedicine services (video and phone) compared with pre-COVID rates
 - Provision of telehealth to Medicare FFS patients in non-rural areas and in the home
 - Patient cost-sharing waivers
- ▶ Some of the telehealth changes require Congressional action to be extended beyond the PHE and Senate Committees have been holding hearings on telehealth
- ▶ Under PHE, CMS expanded the list of services that can be delivered via telehealth. In recent regulation, CMS *proposed* to permanently or on an interim basis add some of these services to approved list beyond the PHE.

CARES Act Provider Relief Fund

Second Chance to Apply for Funds:

- ▶ HHS has re-opened application cycle for Provider Relief Funds
- ▶ May be eligible if you are a Medicare FFS provider who did **not** previously receive General Distribution payment totaling approximately 2 percent of annual patient revenue
- ▶ Deadline to Apply: **August 28, 2020**
- ▶ More Information: <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers/index.html>

Reporting Requirements

- ▶ HHS will be releasing specific reporting requirements for providers who received >\$10,000 in Provider Relief Funds
- ▶ America's Physician Groups hosting webinar on reporting requirements on September 15 at 2pm. Link to register in August MSHP Newsletter.

Payer Update

Cigna

- ▶ Waiving member cost share for all in-network primary care visits through at least **October 31, 2020**.
- ▶ Extending interim virtual care and eConsult guidelines through at least **December 31, 2020**.

Source: *Cigna's response to COVID-19*

Payer Update

EmblemHealth

- ▶ Waiving member cost share for all in-network primary care visits for diagnostic visit and related lab test for COVID-19 until further notice.
- ▶ Waiving member cost share for all in-network telehealth visits until further notice.

Source: *EmblemHealth COVID-19 Member Cost-Sharing Notification*

Payer Update

Humana

- ▶ Waiving member cost share for all in-network primary care visits to encourage members to seek needed care from their primary care provider. Cost share waivers are retroactively effective as of **May 1, 2020**.
- ▶ Waiving member cost share for outpatient behavioral health visits to encourage members to seek needed behavioral health care. Cost share waivers are retroactively effective as of **May 1, 2020**.
- ▶ Extending member cost share waivers for in-network telehealth visits to give members flexibility to seek and receive care through end of year.

Source: Humana Provider Resources for COVID-19

Payer Update

United/UMR

- ▶ Extending member cost share waivers for COVID-19 related services through **October 22, 2020**:
 - Cost share waivers for COVID-19 testing-related visits, testing (diagnostic and antibody) and treatment
 - Telehealth coverage for COVID-19-related services for both in- and out-of-network providers
 - Telehealth coverage for non-COVID-19-related services for in-network providers

Source: *United Healthcare COVID-19 Information & Resources*

For the latest on payer updates, visit:

<https://mshp.mountsinai.org/web/mshp/covid-19-payer-updates>