



MGMA has long advocated for expanding coverage and reimbursement of virtual services to increase patient access to care. In response to the COVID-19 pandemic, Congress and the Administration allowed greater flexibility in how telemedicine is delivered to safely treat patients during this unprecedented time. MGMA believes that these flexibilities should extend past the expiration of the COVID-19 public health emergency (PHE) to allow practices to continue providing virtual care to vulnerable patient populations.

MEDICARE TELEHEALTH: PRE-COVID-19 PHE POLICY VS. COVID-19 PHE POLICY

The following changes in policy are in effect through the duration of the COVID-19 PHE and require either congressional or regulatory action to make permanent¹:

- Waiver of the originating site and geographic restrictions (i.e. patients can be located anywhere to receive services);
- Expansion of the types of healthcare professionals that can furnish distant site telehealth services, including physical therapists, occupational therapists and speech language pathologists;
- Expansion of the list of telehealth services eligible for reimbursement;
- Payment parity between in-person and telehealth visits;
- Ability to use mobile phones to furnish visits and use in good faith video-chat applications (such as Zoom, Skype and FaceTime) without facing HIPAA violation penalties;
- Coverage and reimbursement for audio-only visits;
- Elimination of frequency limitations for certain telehealth services;
- Waiver of certain enrollment requirements; and,
- Relaxation of established patient requirement in certain code descriptors.

¹The Consolidated Appropriations Act, 2021, allowed for expansion of mental telehealth services post-COVID-19 PHE

90%
INCREASED

CATEGORIES OF DIGITAL MEDICINE

There are other modalities to improve healthcare outside of interactive, live-video conferencing described in the Medicare statute. The Centers for Medicare and Medicaid Services (CMS) now recognizes new digital health solutions and provides payment for certain services, including virtual check-ins, store and forward technology, and remote patient monitoring. These digital health services are not subject to the same restrictions as traditional Medicare telehealth.

ADVOCACY PRIORITIES

- ➔ **Expand access to telehealth services** under the Medicare program by permanently removing current geographic and originating site restrictions
- ➔ **Permanently cover and reimburse audio-only visits** for a rate that adequately covers the cost of delivering that care
- ➔ **Continue to pay** for telehealth and in-person visits equally
- ➔ **Support improving coverage of digital health** by removing administratively burdensome billing requirements, such as the requirement to collect patient co-pays for virtual check-ins
- ➔ **Ensure continuity of care** between a practice and its patients through telehealth

With a membership of more than 60,000 medical practice administrators, executives, and leaders, MGMA represents more than 15,000 medical groups in which more than 350,000 physicians practice. These groups range from small private practices in rural areas to large regional and national health systems and cover the full spectrum of physician specialties and organizational forms.

MGMA GOVERNMENT AFFAIRS

1717 Pennsylvania Ave., Suite 600, Washington, DC 20006
202.293.3450 | govaff@mgma.com
www.mgma.com/advocacy

 @MGMA | #MGMAAdvocacy