



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. Due to recent congressional activity, many of these flexibilities will now remain into effect until Dec. 31, 2024. MGMA believes that these flexibilities should extend beyond the end 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

Telehealth Policy	Pre-PHE Policy (Post-PHE without Congressional action)	PHE Policy	Extension to Dec. 31, 2024 per CAA, 2023
Originating Site/Geographic Location	Beneficiaries must receive services at an originating site in a rural area	Location is waived – patients can be seen anywhere	X
Qualifying Providers	Only certain providers are allowed to deliver telehealth services	Types of providers is extended to physical therapists, occupational therapists, and speech language pathologists	X (adds audiologists)
Audio-Only Services	CMS did not cover and pay for phone visits	CMS allows reimbursement for certain phone visits, such as for E/M visits	X
FQHCs and RHCs	FQHCs and RHCs could not qualify as distant site providers	FQHCs and RHCs are allowed to be distant sites and can be reimbursed	X
Payment Parity	Telehealth services were reimbursed at the, typically lower, facility rate	Telehealth services can be reimbursed at the same rate as in-person services	
Licensure	Providers must be licensed in the state in which the patient is located under Medicare	If providers meet four conditions, they do not have to be licensed in the same state as the patient. (Providers still must comply with state licensure requirements)	



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 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** at a rate that adequately covers the cost of delivering that care
- ➔ **Appropriately reimburse providers** for telehealth services to allow them to provide cost-effective, high-quality care
- ➔ **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.

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