

# Perspective on the Future of Telehealth

## CVS Health Supports Efforts to Make Telemedicine an Integrated Component of the Health Care Delivery System

The demand for telehealth has soared in the wake of COVID-19, as patients seek new ways to access providers in the healthcare system. Recognizing Medicare beneficiaries' desire to minimize COVID-19 transmission risks, the federal government took unprecedented action using the emergency authority ties related to the Public Health Emergency (PHE) to expand the use of telehealth in the Medicare program.<sup>1</sup> As a result, CMS temporarily:

- waived the Medicare geographic and originating site requirements;
- dramatically expanded the number of CPT codes eligible for reimbursement and allowed more types of clinicians to bill;
- used its authority to expand access to virtual services such as e-visits, virtual check-ins, and remote patient monitoring; and
- allowed physician supervision remotely and suspended certain prior patient/ clinician relationship requirements.

Because of the collective actions that CMS took, nearly half (43.5%) of primary care visits for enrollees in Medicare Fee-For-Service were provided via telehealth in April, compared with less than one percent before the PHE in February (0.1%).<sup>2</sup> Even as in-person visits started to resume from mid-April through May, the use of telehealth in primary care declined somewhat but appears to have leveled off at a persistent and significant level (30%) by the beginning of June. Most of CMS' expanded telehealth flexibilities are set to expire at the end of the PHE.

***As policy makers evaluate the role of telemedicine post-COVID-19, we support efforts that would make telemedicine an integrated component of the health care delivery system. In that spirit, we support efforts to break down barriers that inhibit Americans' ability to conveniently use telehealth, where and when clinically appropriate.***

### Specific Policy Proposals

1. Patient care should be permitted from a patient's home, when clinically appropriate. Barriers on patient location during a telehealth visit should be removed.
2. Remove barriers so patients can access qualified telehealth providers.
3. For Medicare Advantage, CMS should permanently allow telehealth-obtained diagnoses to count toward risk adjustment.

<sup>1</sup> Specifically, the HHS Secretary Azar declared a public health emergency in January. The U.S. Congress passed three laws with specific Medicare telehealth provisions to facilitate its use during the PHE. Lastly, President Trump declared a national emergency, using Stafford Act authority, which dramatically increased the scope of powers available to Secretary Azar to address the PHE.

<sup>2</sup> Bosworth A, Ruhter J, Samson LW, Sheingold S, Taplin C, Tarazi W, and Zuckerman R, Medicare Beneficiary Use of Telehealth Visits: Early Data from the Start of COVID-19 Pandemic. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. July 28, 2020.

## **SPECIFIC POLICY PROPOSALS – TECHNICAL DETAILS**

**CVS Health supports proposals to improve access to telehealth by Americans, including the following:**

- 1. Patient care should be permitted from a patient’s home, when clinically appropriate. Barriers on patient location during a telehealth visit should be removed.**
  - In Medicare, telehealth coverage is generally limited to rural areas and beneficiaries must receive medical services through a telecommunications system in a specific location outside the home referred to as an “originating site.”
  - These “originating sites” are typically provider offices, hospitals, rural health clinics, or other clinical locations like a skilled nursing facility.
  - These outdated requirements contradict the clinical and patient-access benefits of using telehealth – patients should not be required to leave their home and “travel” to receive telehealth services and this service should not only be available to Medicare beneficiaries in rural areas. Congress should remove the “originating site” requirement from statute or modify the list and add “home and other locations.”
  
- 2. Remove barriers so patients can access qualified telehealth providers.**
  - A. Patients should not be required to have a pre-existing treatment relationship with a provider or an in-person exam to establish a treatment relationship.
    - Establishing an in-person relationship is important, but the requirement for one prevents telehealth services from expanding access to those who may have barriers to care – such as transportation or provider shortages. This capability has proven necessary for America’s seniors during the on-going PHE.
  
  - B. Congress and CMS should consider telehealth expansions through a transparent process. Specifically, in the Medicare program, CMS should engage the provider and payer community through the annual rule making process in assessing:
    - which CPT codes eligible are eligible for reimbursement;
    - which types of clinicians can bill for telemedicine, including whether or not certain behavioral health providers (such as drug and alcohol counselors and licensed professional counselors) should be permitted to treat Medicare patients; and
    - the therapeutic and economic differences between services when delivered on-site versus through telehealth (including audio-visual/telephone only modalities).
  
  - C. To help control the costs of telehealth utilization in the commercial market, insurers should have the ability to maintain discretion over determining what clinically appropriate services (and corresponding codes) are eligible for coverage.
  
  - D. Alleviate state licensure barriers that prohibit providers from furnishing telehealth services to patients across state lines by facilitating licensure recognition or reciprocity.
    - Each state’s medical board regulates licensure required for healthcare professionals such as physicians and nurse practitioners within its state.
    - Physicians and nurse practitioners must be licensed in each state where they practice medicine, including telehealth. Licensure requirements should be changed to allow providers to deliver telehealth services to patients who need it, even if they reside in different states.
  
- 3. For Medicare Advantage, CMS should permanently allow telehealth-obtained diagnoses to count toward risk adjustment.**
  - CMS should treat telehealth visits the same as in-person visits, providing flexibility to providers and members to do what is best for specific situations.
  - CMS should allow diagnoses from “telephone only” visits to count toward risk adjustment for services provided by licensed healthcare providers during the PHE.