

05/31/2022

Hello REDC Members,

Our office will be closed tomorrow so sharing the weekly policy update with you today.

REDC Virtual Advocacy Day

- **Date:** Wednesday, June 22 from 9am to 4pm EDT
- **Where:** Virtual, through Zoom
- **Register here:** [REDC Consortium Advocacy Day Registration](#)
 - **Registration closes Friday, June 3.**
- This advocacy day, you will meet with Congressional staff to discuss:
 - Maintaining telehealth flexibilities that have been expanded during the COVID-19 pandemic.
 - Ensuring telehealth as a service modality for MH/SUD is at parity with telehealth offerings for medical/surgical services.
- **We need your support and experience with patients to convince Members of Congress that telehealth needs to stay!**

Legislative Requests

- **HHS Letter Requesting a Report to Congress on Updates to ACA Plan Benefits Given Changes in Evidence on Telehealth**
 - Led by Sens. Tina Smith (D-MN) and Mark Warner (D-VA)
 - REDC members will request Senate offices to co-sign the letter
- **Clarification of Applicability of Parity Rules to Telehealth (see attached language)**
 - REDC members will request Senate offices to include this language in the forthcoming Senate HELP Committee health package
 - REDC members will request House offices to cosponsor the House legislation

Telehealth

Senate Finance Committee Releases Discussion Draft on Telehealth

- Over the course of several months, the Senate Finance Committee has been working on various components of a mental health package.
- The first piece of the package was introduced today as a discussion draft (i.e., it is still open to change and has not been formally introduced) on telehealth.
- Although the following provisions only relate to Medicare and Medicare Advantage, we know commercial payors monitoring Medicare closely and can mimic their coverage policies.

- Additionally, the data collection that the bill seeks to collect would have a big impact on determining coverage policies in the MH/SUD space and has the potential to further address barriers to care.
- The [Telemental Health Access to Care Act](#) would:
 - **REMOVE** the 6-month, in-person requirement that would require Medicare beneficiaries to see a provider in-person within 6-months prior to initiating a telemental health appointment.
 - The REDC was successful in having a delay of the implementation of this provision until December (the implementation takes effect at the conclusion of the PHE).
 - Code or modifier as determined by the Secretary on the claim that notates:
 - - Patient consent
 - Clinical appropriateness to deliver service via telehealth
 - Timeliness to care—provider could furnish service on same day or within a reasonable amount of time or refer patient to someone who could
 - Notates in medical record the telehealth services are appropriately coordinate with other services
 - The above also applies to Rural Health Centers and Federally Qualified Health Centers
- **After the conclusion of the 5-month extension, audio-only services can continue as ongoing data becomes available.**
 - To determine coverage and payment, the Secretary shall require documentation via code or modifier;
 - Regularly review currently available data and based on such review, periodically update coverage under this part of such telehealth services to ensure that it is reasonable and necessary.
 - Request a report from the National Academy of Medicine to deliver to Congress on mental health services delivered via audio-only communication
- **Development of webpage to house information related to telemental health services via Medicare.gov**
 - Includes Medicare beneficiaries Right to Know of the ability to receive telemental health services
 - Include a search function to find telemental health care on the site utilizing individual's zip code
 - This information will also have to be present for Medicare Advantage Plans starting in plan year 2024
- **Not later than one year after enactment, HHS review claims data to identify physicians and practitioners for whom the number of such claims per beneficiary greatly exceeds the average number of claims.**
- **Guidance issued on best practices for providers in working with individuals with limited English proficiency under the Medicare program.**

• **After 18 months of enactment reports to Congress on:**

- Utilization of mental health services via telehealth
- Utilization of substance use disorder services via telehealth
- Recommendations from Secretary regarding fraud and abuse prevention
- Plans for encouraging increased utilization of and access to behavioral health services
- Changes in utilization
- The impact of telehealth on access, costs and quality of behavioral health care services.
- Barriers and potential solutions
- Frequency in which telehealth services are furnished where the providers is located in a different state than the state where the patient resides

We hope you have a relaxing holiday weekend.

Best,

Center Road Solutions Team