

07/22/2022

Hello REDC Members,

Here is this week's policy update.

Telehealth

CMS To Decide Telehealth Extensions on Case-by-Case Basis

- According to the Medicare Physician Fee Schedule published earlier this month, CMS is laying out plans to decide on a case-by-case basis which COVID-19 telehealth flexibilities to extend through the end of 2023 if the 151-day extension of telehealth waivers expires before the end of the year.
- The proposed PFS for 2023 can be read [here](#).

Uniform Law Commission Approves Model Telehealth Legislation

- The Uniform Law Commission agreed to propose a bill to states to coordinate state telehealth legislation and expand access to virtual care.
- If states enact the legislation, it would align telehealth regulation and add a new registration system to facilitate care across state borders.
- It's unclear how many states will move to create new laws around telehealth — or use the Uniform Law Commission's model. Commissioners and industry players are optimistic that at least some states will adopt their telehealth text because it was crafted to drive consensus.
- In addition to standardizing telehealth regulations across different states, the Uniform Law Commission model also creates a registration system for providers to offer care across state lines, a process currently fraught with licensure barriers.
- The model legislation can be read [here](#).

Alliance for Connected Care Launches Cross-State Licensure Webpage

- The landing page has background information on the issue, specific alliance advocacy related to the topic, and information on federal action, research, and general news on the issue.
- Access the landing page [here](#).

ACA

[Kaiser Family Foundation \(KFF\) Report on ACA Plan Denials](#)

- ACA marketplace insurers denied on average roughly 18% of in-network claims in 2020.

- Of the more than 230 million in-network claims reported, 42 million claims were denied for reasons including lacking prior authorization, excluded services and medical necessity.
- One in five medical necessity denials were for behavioral health services.
- Consumers rarely appeal denied claims and when they do, insurers usually uphold their original decision. In 2020, consumers appealed just one-tenth of 1% of denied in-network claims, and insurers upheld most (63%) of denials on appeal.
- Five years into ACA-mandated transparency for coverage data, reporting for 2020 remained spotty, showing limited oversight into coverage denials and potentially limiting transparency and consumer protection enforcement.

Have a great weekend!

Center Road Solutions Team