

The Doctor Will Stream You Now. Will Medicare Cover It?

Hinckley Allen Health Care

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There's no question that the laws of the land—state and federal—historically have not maximized the use of telehealth and telemedicine in care. From a patchwork of state regulations to inconsistencies in the use of coverage parity and very limited adoption of payment parity, the lack of clear and supportive policies to help providers adopt telehealth have kept such innovations from finding their way to full use. Particularly limiting has been Medicare's reticence to the adoption of telehealth—expressed through a series of restrictions on coverage, such as limitations on where and how such services can be provided.

The tide appears to be turning. Under the [Bipartisan Budget Act of 2018](#), signed into law last February, the government's grip on telehealth implementation will likely loosen next year. And the proposed rules under the Centers for Medicare and Medicaid Services' (CMS) [2019 Medicare Physician Fee Schedule and Quality Payment Program](#), which were in a public comment phase until September 10, would further pave the way for more robust Medicare coverage of telehealth services.

Want to learn more about telehealth? Read our [latest article](#) on the Bipartisan Budget Act of 2018, and [our guidance](#) on protecting patients as the industry increasingly turns to mobile health apps to manage patient care.

These new developments present new flexibility—and opportunity—for the adoption of telehealth. Here are the key areas where providers can potentially look to build out their telehealth programs based on pending policy changes:

- **Medicare Advantage Plan Coverage:** Under the Bipartisan Budget Act, Medicare Advantage (MA) plans will be newly equipped to offer telehealth services in their basic benefit packages. While the precise definition of “basic benefit” remains to be seen—and will be based in part on public comment solicited before November 30, 2018—providers and hospitals would be wise to engage with MA plan partners now, with an eye toward revising their agreements to cover telehealth by the time the rule goes into effect in 2020.
- **Virtual Care Expansion:** CMS' new program would enable reimbursement for virtual care in three key areas: check-in services, remote evaluation of patient-recorded images and videos, and “prolonged preventive services.” Under this initiative, developers and end-users of connected care technologies would have unprecedented incentive for their expanded use.
- **ACO Adoption:** Beginning in January 2020, the Budget Act gives certain Accountable Care Organizations (ACOs) new latitude to leverage the patient's home as an eligible originating site for reimbursed care, regardless of whether the patient lives in a rural or urban area. As aging-in-place trends gain momentum and the home is increasingly used as a setting for high-quality, value-based care, this policy provides new opportunities for ACOs to unleash innovative initiatives aimed at providing the right care at the right time, in the home.
- **Condition-Based Services:** The new law also frees up telehealth dialysis providers to expand those services by extending coverage for care provided to patients at home or at independent renal dialysis facilities. If certain remuneration-related requirements are met, these providers can provide patients at-home telehealth equipment for no charge. Similarly, beginning January 2019, the original coverage restrictions on telestroke will be lifted, so stroke patients no longer need to live in rural areas to benefit from such services. CMS also has proposed that “mobile stroke

units” can treat patients via telehealth.

How these changes will unfold remains to be seen, and depends largely on public comment periods still in progress. But the actions represent progress for telehealth providers, who can now engage in conversations—internally and externally, through such policy discussions—to make sure they can seize the opportunity ahead for their organizations and patients.

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