Interstate Healthcare Collaborative

June 15, 2020

The Honorable Alex Azar
Secretary
United States Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20001

Ms. Seema Verma
Administrator
Centers for Medicare and Medicaid Services
200 Independence Ave., S.W.
Washington, DC 20001

Dear Secretary Azar and Administrator Verma:

On behalf of the Interstate Healthcare Collaborative, we are submitting this letter regarding the expansion of telehealth services through the Medicare program. Specifically, the purpose of this letter is to formally request the continuation of the flexibilities regarding telehealth services that have been afforded to providers during the COVID-19 pandemic response.

For background purposes, the Interstate Healthcare Collaborative is an organization comprised of health systems and associations that are committed to finding effective ways for healthcare organizations to work across state lines through licensure and services, which include telehealth. Since our beginning, we were at the forefront of advocating for the adoption of the interstate physician licensure and nurse licensure compacts. We continue to identify other areas where license compacts are necessary, such as in the area of emergency medical services (EMS) and for psychologists, in order to increase access and add value to communities we serve.

In an effort to prepare and ultimately care for our patients during the COVID-19 pandemic and national state of emergency, CMS/HHS granted healthcare organizations broad authority to provide telehealth services to Medicare beneficiaries. The authority that has been granted has proved to not only be effective in providing care, but it has also paved the way for a new way to provide value-based care.

We therefore are requesting that the following flexibilities granted during the COVID-19 pandemic be made permanent:

- **Modify the originating site requirements:** Currently, Medicare telehealth is available to beneficiaries in rural communities. With advances in technology and the ability for patients to get care within their home, we are asking to remove the requirements that originating site be located in rural areas and also includes the patients home as an originating site.
- **Expansion of eligible practitioners:** We respectfully request that the statutory restriction that limits type of practitioners be removed to allow for a broader list of providers. With shortages of providers nationwide, our goal is to allow existing providers to practice at the top of their license.
- **Allow audio-only visits:** We understand that you want to ensure that care is delivered through the most appropriate channel and with the highest-level quality and effectiveness. To that end, not all services needed to be delivered through an in-person or video setting. Moving forward, wed ask that a review be completed to determine what services may be provided through audio only channels for E&M visits and the appropriate reimbursement rate for those visits.
- **Clarifying eligible telehealth technology:** Through the expansion of telehealth services, and the innovation of communication technology, we want to ensure that the rules and regulations take into account our current environment. We specifically ask that telephones, which may be smart phone technology, can be used for two-way communication (audio and video).
- **Additional services to be a covered telehealth benefit:** CMS has added more than eighty codes. These codes have covered services such as behavioral health, physical and occupational therapy, as well as home visits. In addition to keeping these codes, we would also ask for future codes to be reviewed. We also recommend physicians continue to be able to prescribe medication and treatment for patients through telehealth.
- **Behavioral Health wavier extension:** Providing behavioral health services, especially during times like the COVID-19 pandemic, is vitally important. Because of the importance in providing accessible care for behavioral health services, we request extension of the waiver to allow for telephone only visits as well as the allowance for other practitioners such as clinical psychologists and clinical social workers to bill for services.
- **Payment parity:** During the public health emergency, CMS has reimbursed for Medicare at the same rate of in-person medical services. Given the importance and efficacy of telehealth, we strongly recommend CMS maintain this payment parity and encourage states and commercial payers to do the same.
- **Removing limits on frequency:** Historically, frequency of telehealth services has been limited. Existing waivers have relaxed this limitation to allow patients to receive more services, and we recommend CMS maintain this flexibility.
- **Ending established patient requirement:** The Cares Act waived the requirement that telehealth services can only be provided to an "established patient"—a patient seen by the provider previously. It is our recommendation that CMS permanently remove this barrier.

As healthcare leaders, we welcome the opportunity to discuss our request with you and provide real examples of how we were able to use this flexibility during the pandemic. We are here to provide solutions not just during a pandemic, but also for beneficiaries into the future.

Thank you for your consideration of making these flexibilities permanent.

Sincerely,

Advocate Aurora Healthcare
(Illinois, Wisconsin)

Allina Health
(Minnesota, Wisconsin)

American Nursing Association—Illinois
(Illinois)

Avera Health
(South Dakota, Minnesota, Nebraska, North Dakota, Iowa)

BJC HealthCare
(Missouri, Illinois)

Billings Clinic
(Montana)

Bon Secours Mercy Health
(Florida, Kentucky, Maryland, New York, Ohio, South Carolina, Virginia)

Essentia Health
(Minnesota, North Dakota, Wisconsin)

Gundersen Health System
(Wisconsin, Iowa, Minnesota)

Healthcare Leadership Council

Illinois Society for Advanced Practice Nursing
(Illinois)

Iowa Medical Society
(Iowa)

Marshfield Clinic
(Wisconsin)

Medical College of Wisconsin
(Wisconsin)

Mercy Health
(Missouri, Arkansas, Oklahoma, Kansas)

Minnesota Hospital Association
(Minnesota)

Minnesota Medical Association
(Minnesota)

Missouri Hospital Association
(Missouri)

North Dakota Medical Association
(North Dakota)

Providence St. Joseph's Health
(Alaska, Washington, Oregon, Montana, Idaho, California, Texas and New Mexico)

Rural Wisconsin Health Cooperative
(Wisconsin)

SSM Health
(Oklahoma, Wisconsin, Illinois, Missouri)

Trinity Health
(Alabama, California, Connecticut, Massachusetts, Delaware, Florida, Georgia, Idaho, Oregon, Illinois, Indian, Iowa, Nebraska, South Dakota, Maryland, Michigan, New Jersey, New York, North Carolina, Ohio, Pennsylvania)

UnityPoint Health
(Iowa, Wisconsin, Illinois)

University of Pittsburgh Medical Center
(Pennsylvania, West Virginia)

Utah Hospital Association
(Utah)

UW Health
(Wisconsin)

Wayzata Children's Clinic
(Minnesota)

Wisconsin Hospital Association
(Wisconsin)

Wisconsin Medical Society
(Wisconsin)

Wyoming Medical Society
(Wyoming)