

Health Information Compliance Alert

Telehealth: Bipartisan Budget Act Aims to Increase Telehealth Options

Expansions build on importance of telemedicine in Medicare.

There's no question that treatment options utilizing telemedicine allow providers to assist patients in areas where medical resources may be lacking. Recent federal legislation aims to broaden this valuable tool with the expansion of telehealth services to more Medicare patients starting on Jan. 1, 2019.

Background: In February, the Bipartisan Budget Act (BBA) of 2018 was signed by President Trump to sidestep a government shutdown. Among the numerous changes to healthcare addressed in the Budget Act were significant expansions to telehealth services under the section named "Subtitle C-Expanding Innovation and Technology," amending the Social Security Act.

"This wide-reaching legislation enacts major changes for telehealth policy in Medicare by incorporating policies from the Senate's Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act," note attorney **Emily Wein** and senior policy analyst **Amit Rao** for Baker Donelson in online legal analysis of the Act. "These policy changes from the CHRONIC Care Act represent the most significant legislative advances for Medicare's telehealth policy in several years."

Note These Telehealth Service Updates

There are four major areas most impacted by the expansion of telehealth under the BBA. Take a look at what will be available starting Jan. 1, 2019.

Stroke: Telehealth's "originating site requirement" will no longer be mandated for patients presenting with an acute stroke to hospitals starting next year, suggests the Budget Act text. Now, "the Medicare beneficiary receiving diagnosis, treatment, or evaluation of an acute stroke may be located at any hospital or critical access hospital, mobile stroke unit, or any other type of care site that CMS designates," explain attorneys **Benjamin Fee**, **Ross C. D'Emanuele**, and **Laura B. Morgan** of Dorsey and Whitney LLP in online analysis for the Dorsey Health Law blog.

Dialysis: Medicare patients suffering from end-stage renal disease (ESRD) and on dialysis at home will now be able to have their monthly updates with their providers via telehealth services. Equipment may be provided for specific cases, suggests the Baker Donelson analysis. "Patients will be required to receive a face-to-face visit for the first three months of home dialysis and once every three months thereafter," indicate Wein and Rao in the memo.

Medicare Advantage: Beginning on Jan. 1, 2020, Medicare Advantage (MA) Plans may offer telehealth options to beneficiaries for services covered under Medicare Part B. The MA Plans must pinpoint the services "as clinically appropriate to furnish using electronic information and telecommunications technology when a clinician is not at the same locations as the plan enrollee," advise Fee, D'Emanuele, and Morgan in the Dorsey blog post.

Accountable Care Organizations: Medicare will now allow providers participating in an Accountable Care Organization (ACO) to offer telehealth services to patients in their homes, according to the Dorsey attorneys. The BBA text highlights that originating site requirements will now include patients' homes, and participating clinicians will no longer be restricted by geography. This telehealth expansion is slated to go into effect on Jan. 1, 2020 for ACO providers.

Note: Read the Bipartisan Budget Act of 2018 text at:

[www.congress.gov/bill/115th-congress/house-bill/1892/text?q={\"search\":\[\"bipartisan+budget+act+of+2018\"\]}&r=1](http://www.congress.gov/bill/115th-congress/house-bill/1892/text?q={\)

