# Policy

# Congress Omnibus Spending Package Funds the Government Through Sept. 30, 2022 —Telehealth Provisions

**The legislation includes provisions to extend and expand telehealth flexibilities for 151 days after the end of the COVID-19 public health emergency. These include**:

- Expanding originating site to include any site at which the patient is located, including the patient's home;

- Expanding eligible practitioners to furnish telehealth services to include – occupational therapist, physical therapist, speech -language pathologist and audiologist;

- Extending the ability for federally qualified health centers (FQHCs) and rural health clinics (RHCs) to furnish telehealth services;

- Delaying the 6 -month in -person requirement for mental health services furnished through telehealth until 152 days after the emergency, including the in -person requirements for FQHCs and RHCs;

- Extending coverage and payment for audio -only telehealth services;

- Extending the ability to use telehealth services to meet the face -to-face recertification requirement for hospice care; and

- Requiring the Medicare Payment Advisory Commission to conduct a study on the expansion of telehealth services and to require the Department of Health and Human Service(HHS)Secretary to publicly post data with respect to telemedicine utilization.

Northern Light Health.

# Quick Policy Update

- On March 15<sup>th</sup>, President Biden signed the **_Consolidated Appropriations Act of 2022_**. This bill will extend federal telehealth flexibilities for 151 days post-public health emergency (PHE), including PHE location, provider, and audio-only expansions, and includes new report requirements.

- On May 16<sup>th</sup>, we passed the "60 day notification window" that the Biden Administration has been operating under in which they would notify states *at least* 60 days before they intended to let the PHE expire. https://www.bloomberg.com/news/articles/2022-05-16/us-set-to-extend-covid-19-public-health-emergency-past-july

- ***In theory, this would mean the Federal PHE will be extended on July 16<sup>th</sup>, through October 15<sup>th</sup>, 2022 (Reid's Math accuracy depending)***
  - **<u>AFTER</u> that the 151 day grace period that was included in the 2022 Congressional Budget (next slide and above) would begin. (roughly 5 months; suggesting March 2023)**

# Quick Policy Update

**Center for Connected Health Policy** | THE NATIONAL TELEHEALTH POLICY RESOURCE CENTER

## TELEHEALTH POLICY IMPACTS OF THE 2022 CONSOLIDATED APPROPRIATIONS ACT

Below is a quick reference regarding the major impacts on federal telehealth policy on Medicare. For the most part, the policies focus on the temporary changes that were made to Medicare telehealth policy in response to COVID-19.

### MEDICARE

| ISSUE | CHANGE MADE BY BUDGET BILL | DIFFERENCE FROM CURRENT WAIVER |
|---|---|---|
| Patient Location – Geographic | Extension of waiver on the geographic location of patient requirement to continue an additional 151 days after the Public Health Emergency (PHE) is declared over. | No difference from current COVID-19 temporary waiver. |
| Patient Location – Site | Extension of waiver on the site location of patient requirement to continue an additional 151 days after the PHE is declared over. | No difference from current COVID-19 temporary waiver. |
| Eligible Providers | Allow FQHCs, RHCs, PTs, OTs, Speech-Language Pathologists and Audiologists to continue to be reimbursed for services delivered via telehealth an additional 151 days after the PHE is declared over. | Under the current COVID-19 waivers, the category of providers is all eligible Medicare providers. |
| Audio-Only | Extension of waiver on the use of audio-only as a modality to continue an additional 151 days after the PHE is declared over. | No difference from current COVID-19 temporary waiver. |
| Recertification of eligibility for hospice care | Extension of waiver on the use of telehealth to continue to be used an additional 151 days after the PHE is declared over. | No difference from current COVID-19 temporary waiver. |

### OTHER TELEHEALTH POLICY ISSUE

| ISSUE | CHANGE MADE BY BUDGET BILL |
|---|---|
| In post-PHE environment, requirement of an in-person visit before a mental health visit via telehealth takes place when not meeting geographic and site requirements imposed on telehealth for Medicare program (Includes FQHCs, RHCs and audio-only requirement) | Delay requirement 151 days after the PHE is declared over. |
| Concern over fraud/waste and utilization | MedPAC will do a report for Congress on utilization and other issues in Medicare/OIG will do a report on fraud and waste. Due to Congress June 2023 |

**Federal Policy** – There are **LOTS**!
- A few that appear to be gaining steam:
    - S3593: Telehealth Extension and Evaluation Act
        - See CCHP's Recent Newsletter for a breakdown of S3593
    - S3620 Health Data Use and Privacy Commission Act
    - HR 6000 Cures 2.0 Act
    - HR 6400 Save America's Rural Hospitals Act
    - HR 6279 Opioid Treatment Act of 2022

Also always tracked by CCHP Here:
https://track.govhawk.com/reports/2zV8Y/public

Centers

# Quick Policy Update- Maine

**LD 1758** "An Act Regarding Access to Telehealth Behavioral Health Services during Public Health Emergencies"- "Passed to be enacted" on 3/29/2022.

**LD 1920** "An Act To Enact the Interstate Counseling Compact To Address Inequities in Access to Clinical Counseling Services and Increase Maine's Provider Workforce"- "Passed to be enacted" on 03/29/2022.

Given Later Topics, It felt pertinent to also mention that Maine officially joined PSYPACT in the 2021 legislation, via HB 631 (Enacted 6/22/2021)

# NEW CCHP Resources

https://mailchi.mp/cchpca/its-finally-here-the-spring-2022-50-state-telehealth-laws-medicaid-program-policies-summary-report-from-cchp

https://www.cchpca.org/2022/05/Spring2022_SummaryChartfinal.pdf

CCHP Telehealth Policy Videos https://www.cchpca.org/video-learning-series/

CCHP State Medicaid Telehealth Webinar Series:
https://www.cchpca.org/resources/category/event/



**State Telehealth Laws and Reimbursement Policies**
SUMMARY CHART | Spring 2022 — CCHP

SUMMARY CHART of Key Telehealth Policy Areas

This chart provides a quick reference summary of each state's telehealth policy on Medicaid reimbursement, private payer reimbursement laws (both if a law exists and whether or not payment parity is required), and professional requirements around interstate compacts and consent based on information gathered between January and April 2022. For further details, and additional categories, see each state's section on CCHP's telehealth Policy Finder tool.

| STATE | MEDICAID REIMBURSEMENT | | | | PRIVATE PAYER LAW | | PROFESSIONAL REQUIREMENTS | |
|---|---|---|---|---|---|---|---|---|
| | LIVE VIDEO | STORE-AND-FORWARD | REMOTE PATIENT MONITORING | AUDIO-ONLY | LAW EXISTS | PAYMENT PARITY | INTERSTATE COMPACTS (see key) | CONSENT REQUIREMENT |
| ALABAMA | ✓ | ✗ | ✓ | ✗ | ✗ | ✗ | ASLP-IC, CC, EMS, IMLC, NLC, OT, PSY, PTC | ✓ |
| ALASKA | ✓ | ✓ | ✓ | ✗ | ✓ | ✗ | - | ✓ |
| ARIZONA | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | IMLC NLC, PSY, OT, PTC | ✓ |
| ARKANSAS | ✓ | ✗ | ✓ | ✓ | ✓ | ✗ | NLC, PSY, PTC | ✓ |
| CALIFORNIA | ✓ | ✓ | ✓* | ✓* | ✓ | ✓ | - | ✓ |
| COLORADO | ✓ | ✗ | ✓ | ✓ | ✓ | ✗ | ASLP-IC, EMS, IMLC, NLC, OT, PSY, PTC | ✓ |
| CONNECTICUT | ✓ | ✗ | ✗ | ✓ | ✓ | ✓ | - | ✓ |
| DELAWARE | ✓ | ✗ | ✗ | ✗ | ✓ | ✓ | APRN, EMS, IMLC, NLC, PSY, PTC | ✓ |
| DISTRICT OF COLUMBIA | ✓ | ✗ | ✗ | ✗ | ✓ | ✗ | IMLC, PSY, PTC | ✓ |
| FLORIDA | ✓ | ✗ | ✗ | ✗ | ✓ | ✗ | CC, NLC | ✗ |
| GEORGIA | ✓ | ✓ | ✗ | ✗ | ✓ | ✓ | ASLP-IC, CC, EMS, IMLC, NLC, OT, PSY, PTC | ✓ |
| HAWAII | ✓ | ✓ | ✗ | ✗ | ✓ | ✓ | - | ✓ |
| IDAHO | ✓ | ✗ | ✗ | ✗ | ✗ | ✗ | ASLP-IC, EMS, IMLC, NLC, PSY | ✓ |
| ILLINOIS | ✓ | ✗ | ✓ | ✓ | ✓ | ✓ | IMLC, PSY | ✗ |

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SUMMARY CHART / 1

## 2022 Private Payer Mental Health Covered Providers

Legal Disclaimer: This is not a guaranty of payment. The attached policy links are provided for review.

*Compiled by Christina Quinlan, for the Northeast Telehealth Resource Center*

| Last Check | Payer/Plan | Audio Only Allowed | POS | Modifier | BH/MH Provider Coverage | MH Policy Link | Telehealth Policy Link | Additional Notes/Links |
|---|---|---|---|---|---|---|---|---|
| 5/5/2022 | Aetna | Yes for SUD and MH, see list of telehealth services by Audio Only | 02 | 95 | LICSW, LCSW, LCPC, LMFT, LADC | Approved Behavioral Health Telemedicine Services (PDF, 173KB) | Our updated telemedicine policy | COVID-19: Telemedicine FAQs |
| 5/6/2022 | Aetna Medicare | Yes for SUD and MH, see list of telehealth services by Audio Only | 02 | 95 | LCSW, LICSW, LCPC | Approved Behavioral Health Telemedicine Services (PDF, 173KB) | Our updated telemedicine policy | COVID-19: Telemedicine FAQs |
| 5/7/2022 | Anthem | Yes through 07/15/2022 | 02 and 10 | Not required | LICSW, LCSW, LMFT, LCPC, LADC, CADC | Anthem's Credentialing Policy 2021 | Provider news | COVID-19 Update: Guid telehealth/telephonic care for behavioral health services |
| 5/8/2022 | Anthem Medicare | Yes for SUD and MH, see list of telehealth services by Audio Only | 02 and 10 | 95 | LICSW, LCSW, LMFT, LCPC, LADC, CADC | Anthem's Credentialing Policy 2021 | Must retrieve off of Availity | COVID-19 Bulletins for Medicare Advantage Providers |
| 5/9/2022 | BC/BS | Yes through 07/15/2022 | 02 and 10: Depending on the State | Not required | LICSW, LCSW, LMFT, LCPC, | Obtained through provider search | Information from Anthem for Care Providers about COVID-19 (updated April 15, 2022) | https://www.bcbs.com/coronavirus-updates |
| 5/4/2022 | Cigna | No-must bill Telephone E/M Codes | 02 until further notice | 95, 93 or (FQ for Audio Only effective 07/01/2022) | LCSW, LSW, LMHC, LMFT, LMC, CCDC, LCPC, LADC | https://www.cigna.com/individuals-families/health-wellness/faq-behavioral-health-providers#:~:text=They%20include%20psychologists%20(LP)%2C,offer%20treatment%20through%20independent%20practices. | 1. Cigna Coronavirus (COVID-19) Interim Billing Guidance for Providers 2. Cigna Telehealth Connection 3. Cigna Telehealth Connection Presentation 4. Cigna Reimbursement Policy Virtual Care 5. COVID-19: Interim Guidance | No Psychotherapy Coverage after PHE |
| 5/5/2022 | Community Health Options | Yes, only during the PHE | 02 | 95 | Sent email, waiting for response | Obtained through Availity | Obtained through Availity | |
| 5/6/2022 | Harvard Pilgrim | Yes | 02 and 10 | 95 and FQ for Audio Only | LCSW, LSW, MSW, LMFT, LCPC | https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies.html | Interim Telemedicine/Telehealth Payment Policy (COVID-19 Pandemic). | |
| 5/7/2022 | Highmark | Yes, through 12/31/2023 | 02 and 10 | 95 and FQ for Audio Only | | | https://hbs.highmarkprc.com/COVID-19/Telemedicine-and-Virtual-Visits | Unit 5: Telemedicine Services |
| 5/9/2022 | Humana Commercial | Yes | 02 and 10 | 95 and FQ for Audio Only | LCSW, LSW, MSW, LMFT, LCPC | https://www.humana.com/provider/medical-resources/claims-payments/claims-payment-policies | Humana update for telehealth visits | https://www.upasolutions.com/documents/Tricare-East-COVID-19-Telemedicine-FAQ-Updated-June-2020.pdf |
| 5/9/2022 | Kaiser Permanente | Yes | 02 and 10 | 95 for Medicare Part A Claims | LCSW, LSW, MSW, LMFT, LCPC, LADC | Chapter 14: Behavioral health services | Telehealth Guide – updated 3/10/2022 | Telehealth Talking Points |
| 5/4/2022 | Mainecare | Yes | 02 and 10 | GT | LCPC, LCSW, LMFT, LADC, LMSW, CADC | Ch. II - Section 65: Behavioral Health Services | https://www.maine.gov/sos/cec/rules/10/ch101.htm | Must have SUD services in scope for RHC or FQHC for LADC services. If you register as a Mental Health Agency, additional providers are covered such as, MHRT, BCBA. |
| | Martin's Point | Yes | 02 and 10 | 95 | CSW, LCSW, LMFT, LCPC, BCBA and ABA | Obtained through provider search | https://martinspoint.org/for-providers/resources/provider-news/the-point-issue-1-2021 | |
| 5/4/2022 | | | | | | | | |

https://netrc.org/work-group/resources/Telehealth%20Policy%20and%20Reimbursement/05-2022-Telehealth%20Payer%20Resources-NETRC.pdf

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# RFI Summary Released

Request for Information (RFI) on Strengthening Community Health Through Technology (87 FR 492) put out by the White House Office of Science & Technology Policy (OSTP).

- **Community Connected Health Stakeholder Engagement Summary Report** (available at https://www.whitehouse.gov/wp-content/uploads/2022/05/05-2022-Summary-of-CCH-Stakeholder-Engagement.pdf

- OSTP Quote "We are now hoping to move into an action phase that will support the goals of Community Connected Health – lowering the barriers to health care access and providing healthier lives for all Americans, by combining community-based approaches to health care with the power of digital health technologies"

# Short Term W.G: Adolescent BH/MH Needs in Emergency Departments

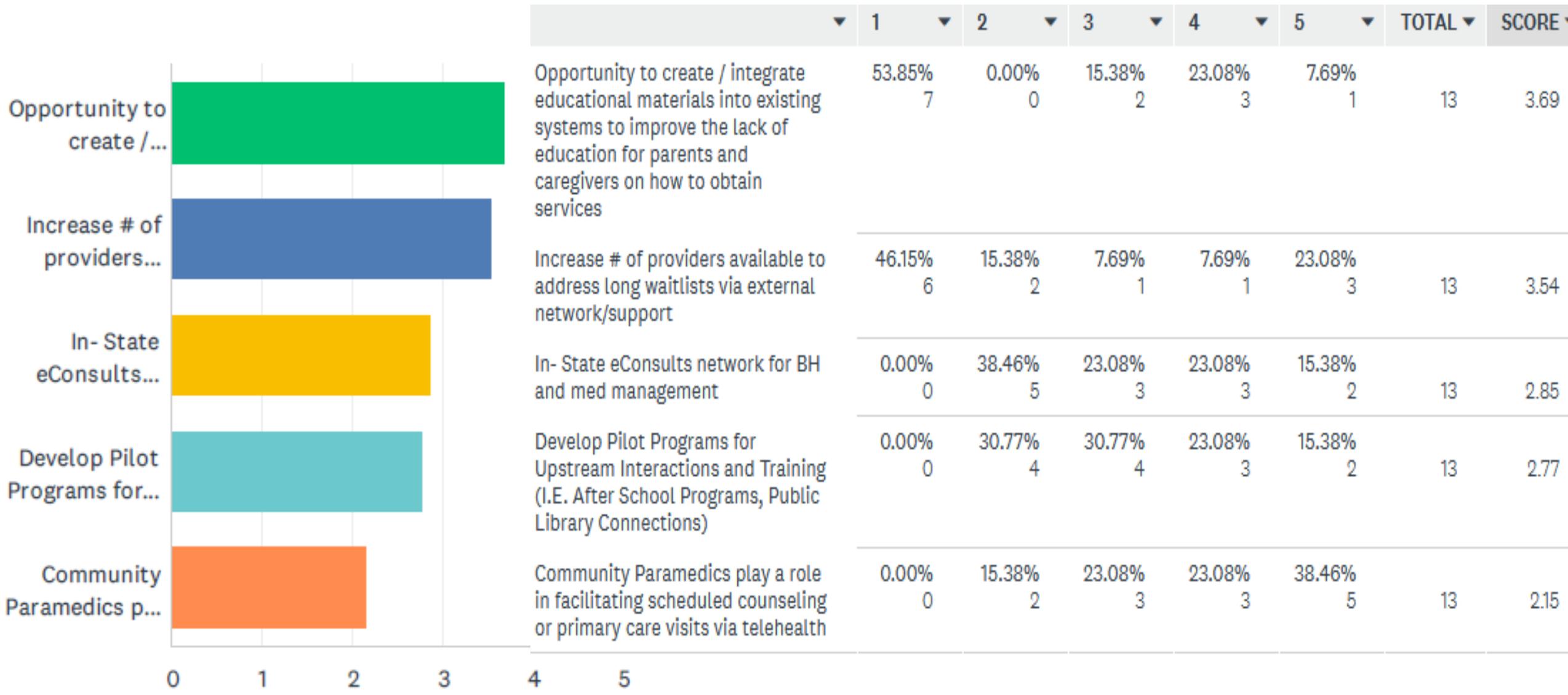Strategies for intervention and support

# Background

- This Short Term WG was formed as a result of conversations during the [February TH/TM Advisory Board Meeting](#)

- On 2/17/22 Over 16 attendees across the state joined for the discussion, meeting minutes can be found [here](#)

- As a result of the meeting, a survey to poll attendees on the most feasible course(s) of action was sent out, the result of which we'll go over now.

During the 2/17/22 meeting, the NETRC team heard numerous strategies that could be actionable given proper support. **Please rank the strategies below from: Most immediately actionable strategies to longer-term strategies (with the most impactful on top)**

Answered: 13    S



| | 1 | 2 | 3 | 4 | 5 | TOTAL | SCORE |
|---|---|---|---|---|---|---|---|
| Opportunity to create / integrate educational materials into existing systems to improve the lack of education for parents and caregivers on how to obtain services | 53.85%<br>7 | 0.00%<br>0 | 15.38%<br>2 | 23.08%<br>3 | 7.69%<br>1 | 13 | 3.69 |
| Increase # of providers available to address long waitlists via external network/support | 46.15%<br>6 | 15.38%<br>2 | 7.69%<br>1 | 7.69%<br>1 | 23.08%<br>3 | 13 | 3.54 |
| In- State eConsults network for BH and med management | 0.00%<br>0 | 38.46%<br>5 | 23.08%<br>3 | 23.08%<br>3 | 15.38%<br>2 | 13 | 2.85 |
| Develop Pilot Programs for Upstream Interactions and Training (I.E. After School Programs, Public Library Connections) | 0.00%<br>0 | 30.77%<br>4 | 30.77%<br>4 | 23.08%<br>3 | 15.38%<br>2 | 13 | 2.77 |
| Community Paramedics play a role in facilitating scheduled counseling or primary care visits via telehealth | 0.00%<br>0 | 15.38%<br>2 | 23.08%<br>3 | 23.08%<br>3 | 38.46%<br>5 | 13 | 2.15 |

The working group identified several "long term" strategies that could be considered.

**Please rank the following in order in which you perceive they would make the most significant impact (with the most impactful on top)**
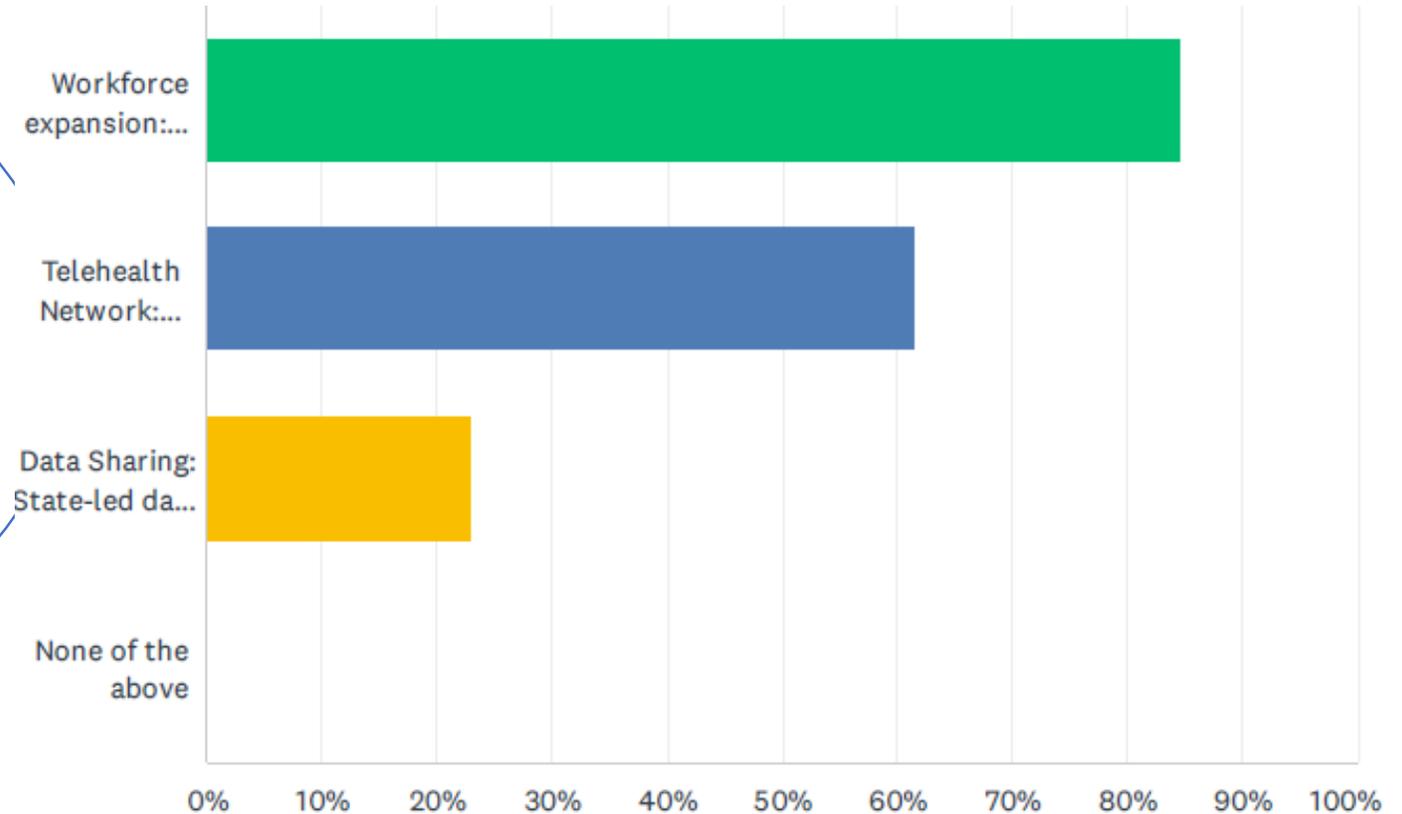


| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| Workforce expansion: Expanding training for mental health and behavioral students, including residencies, clinical rotations, and placement experiences | 84.62% | 11 |
| Telehealth Network: Development of a state-wide BH/MH telehealth services network for real-time video visits | 61.54% | 8 |
| Data Sharing: State-led data sharing system similar to the Zero Suicide program by Maine CDC/DHHS | 23.08% | 3 |
| None of the above | 0.00% | 0 |
| Total Respondents: 13 | | |

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# Please provide any comments, recommendations, and suggestions, including any additional strategies that should be prioritized.

Allow for at least partial Mainecare reimbursement for clients seeing master level interns to encourage agencies to sponsor more interns.

Focus on potential variety of digital health solutions not only video telehealth

I think a telehealth network would be more easy to develop long term versus hiring/training, which I think everyone is already trying to do. I used the rank for #1 in order of ease to implement as well- developing education can happen pretty quickly- the other initiatives will take time, planning and a larger budget.

I think having payer or state funding behind this work would make a huge difference (ie:MaineCare/Anthem/state budget surplus money..)

Workforce is the key limiting factor and this connects back to Mainecare rates for various services needing to be increased to keep pace with skyrocketing wage rates.

# What Comes Next?

## Topics for Discussion

- Thoughts or Comments?
- Interest in exploring an idea further?

## Looking Ahead

- Communication Materials Efforts
- School-based Telebehavioral Health Pilot update

# NETRC News and Updates

# NETRC 2022 Updates

https://conference.netrc.org/

- September 29-30, 2022 at the Southbridge Hotel and Conference Center.
  - **Hybrid**
  - **Buy 1 In-Person Reg. Get 1 Virtual Seat for a friend!**
- **Call for abstracts:**
  https://www.surveymonkey.com/r/NETRC2022ConferenceAbstracts
  - **Due 6/17**



CALL FOR ABSTRACTS

DEADLINE 6/17 (3 WEEKS AWAY!)

EXPLORING THE TELEHEALTH UNIVERSE

NETRC 2022

8TH ANNUAL REGIONAL CONFERENCE

HYBRID (IN PERSON + VIRTUAL)

SEPT 29-30, 2022
SOUTHBRIDGE, MA

Presentations will be selected to create an agenda for a diverse audience, with a focus on highlighting regional programs providing practical strategies and resources for successful and sustainable implementation.

PROPOSAL DEADLINE: FRIDAY, JUNE 17
NOTIFICATIONS: BY FRIDAY, JULY 1

LEARN MORE at Conference.NETRC.org

Informed by regional and national subject matter experts and stakeholders, NETRC has created a new, open-access virtual visit training resource through **telehealthclassroom.org**.

This resource, titled **Achieving Quality in Telehealth**, is designed to help providers achieve quality in telehealth.

**OPERATIONAL BEST PRACTICES**

- Telehealth Integration
- Patient Selection & Engagement
- Team-Based Care Approaches

**CLINICAL BEST PRACTICES**

- Etiquette and Webside Manner
- Clinical Appropriateness
- Integrating Quality Measures

# Introducing Telehealth Locator.



TelehealthLocator

*A vision for Total Telehealth Connectedness*

By offering a comprehensive hub for vital telehealth-related data, Telehealth Locator (THL) will highlight gaps in service, identify resources, and reveal disparities in access to care.

# Project Background



The Telehealth Resource Centers involved in this effort are all members of the National Consortium of Telehealth Resources centers, and are funded through cooperative agreements from the Health Resources & Services Administration, Office for the Advancement of Telehealth.

# Telehealth Locator will provide a single point of access to view and overlay gaps in access to care, broadband, and provider information.

## Grantwriters can
- obtain accurate and up-to-date data to inform needs assessments to help secure state, federal, and private funding

## Researchers can
- compare datasets across federal agencies and cross-reference telehealth outcomes
- connect and collaborate with other telehealth research partners

## Policymakers can
- access relevant data to support informed decision-making
- better understand complex telehealth policies and factors that affect telehealth utilization

## Providers can
- connect patients with the healthcare they need
- ensure continuity of care
- expand scope of services
- sort providers by specialty, state license, and insurance coverage

## Patients can
locate healthcare providers by specialty, the insurances they cover, which ones are accepting new patients, and more!

# Data Collection is Now Live!



## Telehealth Services Locator – Practice Update Form

Telehealth Locator is a collaborative project between the Mid-Atlantic, Northeast, South Central, Pacific Basin and Upper Midwest Telehealth Resource Centers, which aims to provide a single point of access to view and overlay broadband, telehealth provider information, and gaps in access to care.

Ensure the healthcare services you provide are correctly represented in this tool by completing the form below. If your services are not offered virtually, please complete the form identifying in-person services.

***We appreciate your assistance!*** You can have interested health sites follow this link to complete an online form to identify the services their facility offers in-person and via telehealth.

The Health Site will be updated when the information they provide is available in the tool.

# UNH Project ECHO® & MCD's Collaborative for Advancing Rural Excellence & Equity (CARE²) SUBSTANCE USE DISORDER ECHO®: STIGMA, BIAS, AND THE PRINCIPLES OF HARM REDUCTION

**EVERY TUESDAY IN JUNE 12:00pm-1:00pm EST**

Are you interested in learning more about harm reduction strategies for persons with Substance Use Disorder (SUD) living in rural areas during COVID-19? Join a learning community of medical, social, and community support providers during our new *Substance Use Disorder ECHO®: Stigma, Bias, and the Principles of Harm Reduction*, brought to you by UNH Project ECHO® and MCD's Collaborative for Advancing Rural Excellence & Equity (CARE²).

**Participants will attend weekly meetings via Zoom every Tuesday in June (June 7, 14, 21, & 28)** to discuss interdisciplinary topics including syringe harm reduction, deaths of despair and overdose, and the roles of trauma, stigma, and bias. Priority will be given to rural sites in Maine, New Hampshire, Vermont, and North Country New York. To sign up: ***Click here***



UNH Project ECHO® & MCD's Collaborative for Advancing Rural Excellence & Equity (CARE²) Present:

Project ECHO LIMITED SERIES

**SUBSTANCE USE DISORDER ECHO®:**
STIGMA, BIAS, AND THE PRINCIPLES OF HARM REDUCTION

EVERY TUESDAY IN JUNE | 12PM - 1PM ON ZOOM

**Click Here to Register**
for this 4 Session Limited Series on June 7, 14, 21 & 28

**INTENDED AUDIENCE**
Students, nurses, pharmacists, peer recovery organizations, emergency responders, prescribers, and allied health (social work, OTs, behavioral health) professionals in rural ME, NH, VT, & NY who want to learn more about stigma, bias, and the principles of harm reduction for persons with substance use disorder (SUD)

**TOPICS COVERED**
• Syringe harm reduction, deaths of despair, and overdose
• Roles of trauma, stigma, and bias
• Occupation therapy perspectives
• Effects of COVID-19 on behavioral health of persons with SUD

**NEED MORE INFO?**
care2.echo@unh.edu

**NEW TO ECHO®?**
Click here to learn more

# National and Regional Updates

# Emergency Broadband Benefit Program -> Affordable Connectivity Program

The Affordable Connectivity Program (ACP) is a **Federal Communications Commission (FCC) program** that replaces the Emergency Broadband Benefit Program (EBB Program) to help low-income households pay for internet service and connected devices.

If a household is eligible, you can receive:
Up to a $30/month discount on your internet service
Up to a $75/month discount if your household is on qualifying Tribal lands
A one-time discount of up to $100 for a laptop, tablet, or desktop computer (with a co-payment of more than $10 but less than $50)
Only one monthly service discount and one device discount is allowed per household. To receive the connected device discount, consumers need to enroll in the ACP with a participating provider that offers connected devices (Note: not all internet company offer device discounts.) The internet company will provide the discount to the consumer.

Learn More at: https://acpbenefit.org/

**Additional ISP's added +POTUS Public Support/Announcement (5/10/22)**

*"the Biden-Harris Administration has secured commitments from 20 leading internet providers to offer ACP-eligible households a high-speed internet plan for no more than $30 per month."*
https://www.whitehouse.gov/getinternet/?utm_source=getinternet.gov



**GET INTERNET**
Learn how President Biden is reducing the cost of high-speed internet and find out if you qualify to sign up.

# CHW Webinars

- https://vimeo.com/711327764 <- ME CDC

- https://vimeo.com/674962414 <- NETRC-HRSA IEA Region 1 Webinar