

## Healthcare Coalition Asks CMS to Do More for Telehealth

The Centers for Medicare & Medicaid Services (CMS) recently released a proposed rule that, among other issues, addresses telehealth policies. (The rule is *Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2018; Medicare Shared Savings Program Requirements; and Medicare Diabetes Prevention Program.*) As always, the CMS builds in a comment period after a proposed rule's issuance. And one healthcare alliance had much to say about it.

Health IT Now (HITN) is a coalition of insurers, employers, patient groups, and providers, and overall, it gives a thumbs-up to much of the proposed rule. However, its thinking diverges from the government's in some key areas, especially when it comes to telehealth. HITN sent Seema Verma, CMS Administrator, a letter outlining its concerns.

### Medicare requirements for telehealth "woefully out of date"

For one, the organization describes the Medicare stipulations allowing for telehealth services as "woefully out of date." It identifies the root of much of that problem as congressional restrictions arising from the Balanced Budget Act of 1997 which prevent providers from structuring telemedicine benefits "in a way that works best for them and their patients. The result is that in 2015, Medicare spent \$28.75 million out of \$646 billion, or less than 1 percent, on services delivered via telehealth."

Another concern of the group's is what it sees as a dearth of resources for providers needing to comply with CMS's Appropriate Use Criteria program (which has not yet been implemented, thanks to a delay); the program will require doctors wishing to order advanced imaging tests for purposes of diagnosis to first refer to "best practices" with data to recommend them.

Not only does the HITN say that providers won't be able to reliably comply with Appropriate Use criteria unless the necessary supporting tools are made readily available, but it also predicts that existing IT barriers will impede the dependable exchange of information between clinical decision-making and electronic health records platforms.

The group writes: "Until the health IT marketplace is rid of disincentives for information sharing, HITN strongly objects to exacerbating the problem with additional requirements."

### Coalition frustrated with licensing barriers

Physician licensing is another issue that HITN urges the CMS to carefully consider. At the present time and for the most part, doctors are required to hold medical licenses in the states in which the patient lives. For individuals with complex or chronic health conditions, this can prove a hardship since it drastically shrinks the pool of appropriate medical experts. This even with the advent of the Interstate Medical Licensure Compact, which the HITN acknowledges as a step in the right direction but a vehicle that can't smooth out all the licensure wrinkles impeding telehealth implementation.

In light of that shortage of interstate physician licenses, HITN suggests that the CMS borrow a page from the U.S. Department of Veterans Affairs' and the Department of Defense's books. Considering the fact that those agencies, like the CMS, are federally funded, the group feels that Administrator Verma could reasonably adopt their licensure framework of not requiring providers to pick up licenses in every state in which patients are located.

The HITN writes: "Reducing licensure barriers in Medicare would reduce costs for taxpayers and facilitate access and lower costs for beneficiaries. HITN believes that states should adopt mutual recognition agreements that would allow medical providers licensed in one state to practice in another state without having to obtain multiple licenses."

### HITN asks CMS to add other specialists to telehealth provider lists



HITN applauds the CMS's telehealth network expansion that brought in practitioners that will educate patients about living with, treating and managing diabetes, but the group asks the government to consider expanding its reach yet again by including physical, occupational and speech-language therapists to its eligible provider rosters.

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