



April 6, 2020

The Honorable Alex M. Azar  
Secretary  
U.S. Department of Health and Human  
Services  
200 Independence Avenue, SW  
Washington, DC 20201

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid  
Services  
200 Independence Avenue, SW  
Washington, DC 20201

**RE: COVID-19: Updated Federal Waivers, Flexibilities, and Guidance Needed to Expand Telehealth and Ensure Patient Access**

Dear Secretary Azar and Administrator Verma,

As you know, telehealth affords health care providers with the tools that support triage and rapid deployment of testing, enhance education and treatment, and allow for critical follow-up care for COVID-19 patients. Telehealth and digital health technologies play a critical role in protecting health care providers and other patients from exposure to the virus and enable the redirection of non-COVID health services outside of health care facilities and physician offices, which have or will become overloaded with COVID patients. Ultimately the expansion of these technologies prevents the spread of COVID-19 and reduces stress on already strained provider facilities.

We applaud Congress and the Administration for taking significant action over the past month to expand coverage and reimbursement of telehealth for Medicare beneficiaries and for providing additional regulatory flexibility to address barriers that would have prevented health care providers from rapidly scaling to deliver care remotely to patients in need. Further we would like to express our appreciation for the efforts HHS has taken to support and work alongside governors to address state licensure issues, including Secretary Azar's March 24 guidance to extend the capacity of the health care workforce during the COVID-19 National Emergency.

As follow up to the ATA's March 13 recommendations, we have identified additional areas that would further support health care providers seeking to provide telehealth services in response to the COVID-19 outbreak. The request for guidance and additional flexibilities below reflect current issues identified by ATA members, not yet addressed by previous guidance or rules.

1. **Provide Guidance for Implementing Telehealth Flexibilities:** Provide operational guidance to Medicare Administrative Contractors (MACs) as soon as possible to implement claims processing/billing requirements for expanded telehealth services. This includes



guidance for RHCs and FQHCs on serving as distant sites and on the waiver of the home health face-to-face requirement.

2. **Maintain Access to Critical Behavioral Health Services:** Allow hospital outpatient departments (HOPDs) to bill for outpatient psychiatry programs—including outpatient psychotherapy, group therapy, intensive outpatient programs and partial hospitalization programs—delivered via telehealth so that behavioral health patients can continue to receive the psychiatric services that prevent them from being hospitalized from the safety of their own homes. This change would ensure the continuity of life-saving mental health treatment outside of the hospital walls, as appropriate.
3. **Maintain Access to Therapy Services:** Similarly, allow HOPDs to provide and bill for outpatient therapy services, including physical therapy, occupational therapy, speech therapy, and respiratory therapy, via telehealth.
4. **Expand Telehealth Services Eligibility to Additional Practitioners:** Use authority under the CARES Act to waive the remaining statutory restrictions on practitioners eligible to provide services via telehealth, including licensed respiratory therapists, physical therapists, occupational therapists, and speech language pathologists, and allow these practitioners to provide telehealth services from their homes without updating their Medicare enrollment.
5. **Medicare Advantage (MA) Risk Adjustment:** Under current policy, diagnoses made via telehealth are not considered “face-to-face visits” under the MA risk adjustment program. Under its current authority, CMS should consider telehealth visits as face-to-face visits and ensure that telehealth visits can be counted toward Risk Adjustment scores.
6. **Expand Access for Patients in Rural Areas:** Allow all rural designated hospitals, including Critical Access Hospitals (CAHs), that take Medicare, Medicaid, and indigent patients to directly bill for telehealth services. For in-person services, certain rural designated hospitals bill for these services rather than the individual clinician; however, for telehealth, current policy requires clinicians themselves to bill for the service. For example, without this modification, telehealth services for behavioral health will largely not be available in rural areas across the country.
7. **Improve Access to Prescription Drugs:** Increase flexibility as providers are quarantined by allowing other practitioners within a provider group who examined a patient within the past 24 months to prescribe via telehealth (rather than allowing only an individual provider covering for the original provider that examined the patient).



8. **Ensure Home Health and Hospice Patients Can Remain Safely at Home:** Work with Congress to allow all home health services and hospice services to be provided via telehealth, where clinically appropriate.
9. **Enable Better Use of E-visits:** Clarify the meaning of “e-visit” and specifically whether patient-initiated screening questionnaires used to determine which patients need subsequent care (including telehealth) are considered e-visits.
10. **Increase Flexibility for Annual Wellness Visits (AWVs):** Provide flexibility for providers regarding collection and documentation of vital signs obtained as part of the “Measure” component of AWVs. CMS could achieve this flexibility in several ways, including by creating methods for providers to report AWVs without these components and/or by allowing patients to self-report vital signs when clinically acceptable. Further, waive the requirement of a face-to-face visit for recording HCCs, such that providers can capture diagnoses impacting risk adjustment during telehealth visits, including AWVs, further increasing the number of patients who can stay at home and still receive needed care.

Thanks to you and the hard work from HHS and CMS staff, Medicare beneficiaries are receiving critical access to important health care services during this crisis. ATA members are working to put these flexibilities into action to help keep patients safe and at home to the greatest extent possible during the pandemic. We look forward to providing you with additional feedback in the coming weeks to help support the fight against COVID-19.

If you have any questions or would like to further discuss our request, please contact Kevin Harper, Director, Public Policy at [kharper@americantelemed.org](mailto:kharper@americantelemed.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Ann Mond Johnson", followed by a comma.

Ann Mond Johnson  
CEO