

## TELEHEALTH

### **Medicare Telehealth Flexibilities - December 31, 2024 (CAA 2022)**

- Beneficiaries in any geographic area can receive telehealth services (not just rural areas).
- Beneficiaries can remain in their homes for telehealth visits reimbursed by Medicare.
- Telehealth visits can be delivered via audio only (phones) in addition to audio and video means.
- Expanded list of Medicare covered providers via telehealth.
- FQHCs and RHCs can be distant site providers for Medicare beneficiaries not just originating site provider for telehealth.

### **Expansion of Medicaid telehealth coverage - Not tied to ending of PHA**

Indiana Medicaid made many of these changes permanent (BT202297).

### **Indiana Licensure flexibilities - Ending on May 11, 2023 (IC § 25-1-5.7)**

Indiana allows certain unlicensed healthcare practitioners to practice under a temporary license and established a licensure registry to identify such practitioners. This temporary licensure was added to Indiana law. Under this new law, this temporary license and the licensure registry are effective through the duration of the federal PHE.

### **HIPAA Flexibilities Devices and Enforcement - Ending on May 11, 2023**

OCR waived potential penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies during the PHE (FaceTime or Skype), even if the service is not related to COVID-19.

### **Tele-prescribing Controlled Substances - Ending on May 11, 2023 unless otherwise specified**

Indiana allows certain unlicensed healthcare practitioners to practice under a temporary license and established a licensure registry to identify such practitioners. This temporary licensure was added to Indiana law. Under this new law, this temporary license and the licensure registry are effective through the duration of the federal PHE.

## REIMBURSEMENT

### **COVID-19 Treatment Add-on - Ending May 11, 2023**

For the treatment of patients diagnosed with COVID-19, hospitals receive a 20% increase in the Medicare payment rate through the hospital inpatient prospective payment system.

### **Medicare Advantage Out-of-Network Reimbursement - Ending June 11, 2023?**

Medicare Advantage plans must cover services at out-of-network facilities that participate in Medicare, and charge enrollees who are affected by the emergency and who receive care at out-of-network facilities no more than they would face if they had received care at an in-network facility. This end date varies, i.e., ends when all sources that declared a disaster or emergency that include the service area have declared an end; or there is no longer a disruption to access of health care.

### **Medicare low-volume payment adjustment - Extended to September 30, 2024 (CAA 2022)**

The Medicare LVPA applies a payment adjustment for certain hospitals with low inpatient volumes, supports hospitals in small and isolated communities whose operating costs often outpace their revenue

**Medicare Dependent Hospital Program - Extended through September 30, 2024 (CAA 2022)**

Provides enhanced payment to support certain small rural hospitals for which Medicare patients comprise a significant percentage (at least 60%) of inpatient days or discharges.

**Medicare Acute Care Hospital at Home waiver program - Extended to December 31, 2023 (CAA 2022)**

CMS implemented the Acute Hospital Care at Home waiver program to allow Medicare beneficiaries the option to receive acute-level healthcare services in their home environment, and inpatient services outside the hospital under arrangements, during the COVID-19 PHE.

**OTHER****Provider Liability Immunity - Ending October 1, 2024**

Extends liability immunity to healthcare providers licensed in one state to vaccinate against COVID-19 in any state.

**Out-of-network coverage of COVID-19 tests and services - Ending May 11, 2023**

Group health plans and individual health insurance (including grandfathered plans) must reimburse out-of-network providers for tests and related services. Plans and issuers must cover COVID-19 vaccines and must reimburse out-of-network providers a reasonable amount for vaccine administration.



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Brandon W. Shirley has a diverse knowledge of Federal and State regulations. He has extensive experience with State and Federal Medicaid laws, regulations, policies, waiver programs, audits, and administrative appeals having previously served in top-level legal positions with the State of Indiana. His practice extends to Medicaid managed care policies, audits, and disputes. He assists clients investigating and appealing government overpayment determinations or other Medicare or Medicaid sanctions. He assists clients with internal investigations of noncompliance issues involving Medicare and Medicaid billing. He has additional experience with Medicare and Medicaid pharmacy issues, including 340B drug pricing, telehealth and telemedicine, State and Federal site surveys, Department of Health and licensure issues, and Federally Qualified Health Centers.

Mr. Shirley specializes in Medicare and Medicaid fraud and abuse laws, including establishing arrangements that comply with the Anti-Kickback Statute and Stark Law. He has assisted clients facing qui-tam lawsuits, government sanctions, or with government investigations or self-reporting noncompliance. He has extensive experience assisting clients with implementing policies for and complying with Corporate Integrity Agreements.