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The End of the Public Health Emergency: Advance Planning for Telehealth Services

Introduction

The Public Health Emergency (PHE) declared in 2020 is scheduled to end on May 11, 2023. This presentation will focus on how this will affect the continued use and reimbursement for telehealth services.

We will offer suggestions on planning for these changes.

Telehealth Flexibilities During the PHE

- Expansion of qualifying providers for distant site telehealth services
- Originating site and geographic location waivers
- Removal of geographic restrictions for mental telehealth services (allowed home as permissible site)
- PFS for mental health requires in-person visits every 12 months

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Telehealth Flexibilities During the PHE

- Originating site facility fee for Medicare beneficiaries receiving care at home
- Audio-only telehealth services (E&M)
- FQHC/RHCs can be distant sites reimbursed at PFS amount with expanded telehealth codes
- HAS/HDHP enrollees entitled to coverage of telehealth services for deductibles

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Telehealth Changes at the End of PHE*

- Changes fall into several categories
 - Medicare
 - Technology/privacy
 - Licensure
 - Prescriptions

See: <https://telehealth.hhs.gov/providers/policy-changes-during-the-covid-19-public-health-emergency/policy-changes-after-the-covid-19-public-health-emergency#permanent-medicare-changes>

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Telehealth changes (Medicare)

- Supervision = virtual?
- E-visits for new patients
- Telephone services
- Remote patient monitoring
- Face-to-face requirements per NCD/LCD
- FQHCs/RHCs

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[2023 Health Law Pre-eConference](#)

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