American Hospital Association™
Advancing Health in America

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April 6, 2020

The Honorable Alex M. Azar
Secretary
Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue, S.W., Room 445-G
Washington, D.C. 20201

Dear Secretary Azar and Administrator Verma:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) asks **the Secretary of Health and Human Services (HHS) and the Administrator of the Centers for Medicare & Medicaid Services (CMS) to consider taking additional actions that would expand the ability of hospitals and health systems to use telehealth in response to the novel coronavirus (COVID-19) outbreak.**

To date, your departments have provided numerous, critical telehealth flexibilities that have enabled our members to greatly increase the number of patients they can see and treat through virtual visits. These changes have begun to ensure that only those patients who absolutely require in-person visits leave their homes for medical care. We and our members sincerely appreciate the speed at which you have taken action that has allowed hospitals to maintain in-person capacity for the sickest patients.

As you work to implement the Coronavirus Aid, Relief, and Economic Security (CARES) Act and to develop additional telehealth flexibilities, we encourage you to consider the recommendations listed below. We also urge you to, as soon as possible, provide operational guidance to the Medicare Administrative Contractors (MACs) to implement the claims processing and billing requirements for the expanded telehealth services you have developed. This is essential to enable our members to begin implementing those polices in the least disruptive manner. We ask that you include guidance for newly announced policies, such as rural health clinics and federally qualified health centers serving as distant sites and the waiver of the home health face-to-face requirement.

Our other recommendations are as follows:

Maintain Access to Critical Therapy 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 critical services, which prevent hospitalization, from the safety of their own homes. Similarly, HHS and CMS should allow HOPDs to provide and bill for outpatient therapy services, including physical therapy, occupational therapy and respiratory therapy, via telehealth using any currently approved platform.

Expand Eligibility to Deliver Telehealth Services 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.

Expand Access for Patients in Rural Areas. Allow critical access hospitals (CAHs) to directly bill for telehealth services and allow them to be paid according to the payment methodology they already have selected. Specifically, many professionals providing outpatient services do not have Medicare billing rights. Rather, for in-person services, the CAH bills for these services on behalf of the individual clinician; however, for telehealth, current policy requires clinicians themselves to bill for the service. Without this modification, telehealth services, including for behavioral health, will largely not be actionable in rural areas across the country.

Improve Access to Prescription Drugs. Increase flexibility as providers are quarantined by allowing any other practitioner 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).

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.

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 telehealth visits are considered e-visits.

Increase Flexibility for Annual Wellness Visits (AWVs). Provide flexibility 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 hierarchical condition categories (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.

We have heard from our members that these actions are necessary at this moment to help them care for patients in the comfort and safety of their own homes. Doing so will help hospitals and health systems care for more patients and reduce potential exposure to positive patients for health care professionals and the public. As more information becomes available, we anticipate the need for additional assistance from HHS and CMS, and ask that the agency remain flexible as our hospitals and health systems continue to care for patients during this national emergency.

Again, we greatly appreciate your leadership and ongoing efforts to support telehealth. We look forward to continuing to work with you during this critical time to protect the health of our nation. Please contact me if you have questions or feel free to have a member of your team contact Shira Hollander, senior associate director of policy, at shollander@aha.org.

Sincerely,

/s/

Richard J. Pollack
President and Chief Executive Officer