

COVID-19 TOWN HALL Q&A – September 9, 2020

QUESTION TOPIC INDEX <ul style="list-style-type: none"> • Telehealth • Advocacy and Government Relations • Health of the Public and Science • Practice Advancement 	
Thank you for joining our informative discussion with Steve North, MD, MPH, FAAFP, and Steven Waldren, MD.	
MEMBER QUESTIONS	AAFP RESPONSES
TELEHEALTH	
The electronic platforms available that are privacy-compliant are costly and very difficult to navigate for our patients. Could we advocate for continued use of Facetime or Skype?	This question was answered live during the Town Hall session. Please see the response at the 27-minute mark in the video replay .
Telehealth visits are reimbursed at lower rates compared to equally complex 20-minute visits. Can the American Academy of Family Physicians (AAFP) comment on this?	This question was answered live during the Town Hall session. Please see the response at the 28-minute mark in the video replay .
Many individuals have poor internet connections for telehealth visits. What is the future for audio-only telehealth visits?	This question was answered live during the Town Hall session. Please see the response at the 29-minute mark in the video replay .
How can practices easily learn what insurers in our area do and do not cover for telehealth services?	Your provider relations representative should be able to provide you with that information.
How do we incorporate telehealth in residency programs for the long term?	This question was answered live during the Town Hall session. Please see the response at the 30-minute mark in the video replay .
Are there any new liability issues we should proactively learn about regarding telehealth? Do we need to get extra malpractice coverage?	This question was answered live during the Town Hall session. Please see the response at the 31-minute mark in the video replay .

<p>How can we ensure that patients get telehealth with their own physician versus using insurers' Teladoc services? Insurers are pushing their own Teladoc services by decreasing the copay or services on physician's telehealth platforms.</p>	<p>This question was answered live during the Town Hall session. Please see the response at the 33-minute mark in the video replay.</p>
<p>How will the Centers for Medicare and Medicaid Services (CMS) January 1, 2021, changes in coding ease telehealth documentation, as well as new reimbursement for family physicians?</p>	<p>The 2021 changes impact office visit/outpatient evaluation and management (E/M) codes 99202-99215. The changes in the code selection and documentation guidelines will impact in-person and telehealth visits the same. Physicians will select the level of service using total time on the date of service, which includes both face-to-face and non-face-to-face time personally spent by the physician. It does not include tasks normally performed by clinical staff. Alternatively, physicians will be able to select the level of service using a revised medical decision-making methodology. History and physical exams will be eliminated as elements of code selection. Physicians will still need to document what is clinically relevant and appropriate as it relates to history and physical exam.</p> <p>During the public health emergency, CMS already permits codes 99202-99215 provided via telehealth to be reported based on total time on the date of service or medical decision making alone. Thus, the changes noted above for in-person occurrences of 99202-99215 in 2021 are already allowed for Medicare telehealth office/outpatient E/M visits.</p> <p>In terms of payment, CMS will increase the relative values of the E/M codes. The rate may differ for telehealth visits and in-person visits depending on what CMS finalizes. For the duration of the public health emergency, CMS is paying both in-person and telehealth office visit E/M services at the non-facility rate. Once the public health emergency ends, CMS may revert to its established policy, which pays telehealth visits at the typically lower facility rate.</p>

	Additional information regarding the 2021 office visit/outpatient E/M changes is available on the AAFP website .
Are there specific guidelines, including allowable license types, to follow for telehealth?	There are a series of CMS waivers that relax restrictions on certain health care providers as it relates to delivering telehealth services. A list of the waivers for health care providers is available here .
My practice is in Kentucky, but I have many patients that spend the winter in Florida. Currently, I can't provide telehealth visits to them since I don't have a license to practice outside of my state. Do you think in the future we will be able to provide telehealth to our patients that are out of state without obtaining a license to practice in that particular state?	This question was answered live during the Town Hall session. Please see the response at the 44-minute mark in the video replay .
Does the AAFP's telehealth toolkit provide tips on telehealth visits with non-English-speaking patients?	The AAFP's ' A Toolkit for Building and Growing a Sustainable Telehealth Program in Your Practice ' provides clinical scenarios for practices to consider for telehealth services. The Family Medicine Scenarios section begins on page 35. A scenario regarding a Spanish-speaking parent begins on page 36. The toolkit also includes integration with interpreter services in the checklist and questions guide for vendor selection on page 23.
Are there any upcoming tools to help break down language barriers when it comes to telehealth?	This question was answered live during the Town Hall session. Please see the response at the 45-minute mark in the video replay .
Do telehealth visits meet requirements for face-to-face visits under Medicare for home health care services certification?	As noted on page 20 of CMS' ' COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers ' the agency will allow home health agencies to perform initial assessments and determine a patient's homebound status remotely or by record review. This flexibility is in place for the duration of the public health emergency.



<p>Has the AAFP had the opportunity to review notes from the recent Medicare Payment Advisory Commission (MedPAC) meeting? In particular, the question relates to staff comments proposing limiting current telehealth expansions for fee-for-service (FFS) clinicians. Some of these proposals include things like capping the number of telehealth services that could be billed each month; ending reimbursement for audio-only visits; and reducing the payment of services from the higher non-facility rate to the facility rate.</p>	<p>The AAFP has not reviewed the notes or discussion from the telehealth portion of the recent MedPAC meeting but plans to do so. The AAFP meets periodically with MedPAC staff to discuss issues of mutual interest, such as this one. We can explore adding this item to the agenda at our next meeting with them.</p>
<p>Are nurse practitioners and physician assistants legally covered to conduct telehealth visits?</p>	<p>The AAFP suggests that you reach out to your state medical board for clarity.</p> <p>In terms of telehealth during the public health emergency, read state-by-state responses here.</p>
ADVOCACY AND GOVERNMENT RELATIONS	
<p>Is there any advocacy occurring for post-COVID-19 coverage of telehealth across state lines?</p>	<p>The AAFP is aware of the issues of delivering telehealth across state lines. The current AAFP policy supports the interstate licensure compact. The AAFP telehealth and telemedicine policy is currently under review by members of our commissions. For an overview of existing policy, the Federation of State Medical Boards (FSMB) has provided this document listing existing flexibilities. It is a helpful resource.</p>
HEALTH OF THE PUBLIC AND SCIENCE	
<p>Why was the Oxford University COVID-19 vaccine trial stopped?</p>	<p>There was an adverse event that triggered a pause in the trial. This can occur in any trial as part of routine protocols. There is currently no information about the event and if it was related to the vaccine itself or some other factor.</p>
<p>What is the AAFP's official recommendation for children going back to school?</p>	<p>The AAFP released a back-to-school statement found here.</p>



<p>Does the AAFP consider the pandemic over? I would love to plan for post-pandemic care, but it doesn't seem at all that the pandemic is over for my practice.</p>	<p>The pandemic is not over, especially in the United States. Practices should continue to have protocols in place to care for patients with COVID-19. Additionally, practices are advised to plan for patients with the flu and COVID-19. Stay tuned for more resources from the AAFP.</p>
<p>PRACTICE ADVANCEMENT</p>	
<p>Does the AAFP have any tips about getting proper payment for audio-only visits, especially from Blue Cross Blue Shield and Cigna?</p>	<p>The AAFP has coding scenarios available on our website. These provide guidance at the national level. Most payers will pay for the telephone E/M codes 99441-99443. However, local policy may differ. Additionally, self-funded plans may not cover the same services. Your provider relations representative should be able to provide you with information specific to your contract.</p>
<p>Why are many Medicare Advantage (MA) plans refusing to pay for visits that Medicare would have paid?</p>	<p>In general, MA plans should cover and pay for the same services as Medicare. The payer may have specific coding guidance for the public health emergency. The AAFP has coding scenarios available on our website. The explanation of benefits should indicate whether the service was denied because of incorrect coding or the service was non-covered by the patient's policy. Your local provider relations representative should be able to investigate claims that have been denied.</p>