

From:
To:
Subject: LSMS - COVID-19 e-alert
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To better provide our members with timely and pertinent information during the COVID-19 emergency period, LSMS will immediately suspend its weekly Capsules QW e-Newsletter in favor of a more targeted, real-time e-Communications effort. More information is provided at the end of this email.

US Dept. of Health Relaxes Telemedicine Technology Requirements

Today the Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) has announced it will not impose penalties for noncompliance with HIPAA Rules in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This notification is effective immediately. The full notification can be read by [clicking here](#).

Highlights include:

- A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients.
- This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.
- Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency.
- Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

- Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.
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CMS Broadens Access to Medicare Telehealth Services

Today, CMS has announced that physicians will be allowed to provide a wider range of services for Medicare beneficiaries utilizing telehealth services. You can read the fact sheet by [clicking here](#).

In part, the notice reads, "Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs."

CMS denoted takeaways are:

- Effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances.
 - These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.
 - Starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for professional services furnished to beneficiaries in all areas of the country in all settings.
 - While they must generally travel to or be located in certain types of originating sites such as a physician's office, skilled nursing facility or hospital for the visit, effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to beneficiaries in any healthcare facility and in their home.
 - The Medicare coinsurance and deductible would generally apply to these services. However, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.
 - To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.
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LSMS Introducing New COVID-19 Communications

Within the next 24-hours, LSMS will offer a COVID-19 Resource page through our website, Isms.org. Our efforts will be aimed at providing physicians with a consolidated source for information being released through

federal and state authorities and regulatory agencies. We will also be providing members with a form to share additional information that needs to be included or to ask LSMS to seek answers specific to the practice of medicine, which are not being addressed elsewhere.

We will furthermore offer information through email that we are not seeing communicated elsewhere. We do not intend to provide duplicative information unless it appears that there is a specific need or we are requested to do so by authorities. Once we have launched the new web resource center, we will send a link for ease of access.

Please know that LSMS stands behind you and will continue to work on your behalf to facilitate our members needs allowing you to better care for your patients. Thank you for continuing to be on the front line as the world navigates new, uncharted waters in health care.
