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CMS Proposes Home Health Rule Making Some Telehealth COVID-19 Expansions Permanent

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Last week the [Centers for Medicare and Medicaid Services](#) (CMS) issued their [proposed rule](#) for the Calendar Year 2021 Home Health Prospective Payment System. The rule proposes to permanently finalize the allowances made during the COVID-19 public health emergency (PHE) for use of telecommunications technology by Home Health Agencies (HHAs). Although the [Social Security Act](#) specifies that telecommunications technology cannot substitute for in-person home health services, CMS acknowledges ways in which technology can be used to improve patient care, especially during the COVID-19 PHE. The rule includes an example of a circumstance in which virtual visits can be added to a patient’s plan of care, not as a substitute but as an additional measure in the context of the COVID-19 PHE. CMS states that they believe the provision of in-person visits and encounters using telecommunications technology can also apply outside of the PHE.

The specific changes CMS is seeking to finalize that were originally included in the first COVID PHE [interim final rule](#) (IFC) include:

- Allowing HHAs to continue to report the costs of telehealth/telemedicine as an allowable administrative cost on their cost report. The instructions would be modified to reflect a broader use of telecommunications technology.
- Provide for the use of remote patient monitoring and other communications or monitoring services, consistent with a patient’s plan of care. The plan of care should describe how the use of the technology is tied to the patient-specific needs and goals as identified in a comprehensive assessment.

Comments are requested on both of these proposals. CMS notes that finalizing these interim policies would be fulfilling an element of the [Coronavirus Aid, Relief, and Economic Security Act](#) (CARES Act) which requires the Secretary to consider ways to encourage the use of telecommunications systems, including remote patient monitoring and other communications or monitoring services for home health services. The rule also indicates that finalizing these policies would allow HHAs who may have been unsure whether or not to invest in telecommunications systems, to do so confidently knowing the policies will be in place to support those expansions. CMS also makes a point of reminding stakeholders that telecommunications technology must be inclusive and made accessible for patients who have disabilities that may make utilizing the technology a challenge.