

Telehealth Expansion Benefit

Today Medicare only covers certain telehealth services in certain sites in rural areas, like office visits and consultations that are provided using an interactive two-way telecommunications system (with real-time audio and video) by a doctor or certain other health care provider who is not at your location. Advancing telehealth capabilities, and the increased opportunities for communications that it affords, allow health professionals to assess patients' status and change and reiterate parts of their care plan routines as frequently as is needed. Medicare's Next Generation Accountable Care Organization (ACO) Model has an expanded benefit allowing beneficiaries who are associated with a Next Generation ACO to receive telehealth services from their doctor from their homes, regardless of geographic location, using two-way telecommunications system. In addition, these beneficiaries are allowed to receive certain dermatology and ophthalmology services using asynchronous (i.e., store and forward) telehealth technology. For more details about this benefit, please find information in the frequently asked questions (FAQ) below.

The Telehealth Expansion Benefit & What it Means for You

Q1. How do I know if I am a beneficiary associated with a Next Generation ACO and if I can receive this benefit?

A1. Medicare beneficiaries who receive care from a doctor participating in a Next Generation ACO should receive a letter from the ACO notifying them that they are associated with the ACO. If the beneficiary's doctor (or a number of his or her doctors) participates in the Next Generation ACO, then the beneficiary may be associated to the ACO and may be eligible for expanded telehealth services under this benefit. You can also call 1-800-MEDICARE to ask whether you are associated to a Next Generation ACO.

Q2. What types of telehealth services are covered by this benefit?

A2. The telehealth expansion benefit allows for two things. One, a beneficiary is allowed to receive some services via telecommunication devices that allow for interactive or "real-time" communication. For example, a home-care worker can remotely check-in on a beneficiary using a smart phone, tablet, smart TV or other technology devices, that the beneficiary also has in their home, to assess a beneficiary's health status, monitor their medication routines, or instruct a

relative or caregiver how to administer the beneficiary's medication. Overall, technology gives those who are less mobile the ability to connect with a doctor, a nurse, a psychologist, or other healthcare professional via technology devices. Two, a beneficiary is allowed to receive some dermatology or ophthalmology services using asynchronous (i.e., store and forward) telehealth technology. Asynchronous telehealth includes the transmission of recorded health history (for example, retinal scanning and digital images) through a secure electronic communications system to a doctor, usually a specialist, who uses the information to evaluate the beneficiary's case or provide a service outside of a real-time interaction.

Q3. How do I know if a provider or facility is participating with a Next Generation ACO in this telehealth expansion benefit?

A3. Your Next Generation ACO is required to maintain on its website a current list of providers and facilities participating in the ACO's care network. You can also ask your doctor if they are participating in the Next Generation ACO, and whether they are participating in this benefit with the ACO.

Q4. Can I still go to my doctor for an office visit or do I have to use technology instead?

A4. You can still visit your doctor in their office. A provider should not restrict you from coming into the office if that is your preference. If you suspect that your doctor is restricting you from visiting them in their office, please contact 1-800-MEDICARE.

Q5. This service sounds great, how much does it cost?

A5. Medicare telehealth service costs (e.g., co-insurance) remain the same with or without this waiver. For more information, please visit the Medicare Part B coverage and costs website at: <https://www.medicare.gov/what-medicare-covers/part-b/what-medicare-part-b-covers.html>.

Q6. I'm covered under Medicare – does this limit my choice of doctors and hospitals?

A6. You still have your choice of doctors and hospitals, but this waiver applies only to beneficiaries who receive their care from a provider or facility partner of a Next Generation ACO. If you choose a provider or other facility that your ACO does not have a partnership with, the normal Medicare telehealth rules apply.

Q7. How is this benefit different from existing telehealth care benefits?

A7. Currently, the use of telehealth care in Medicare is limited to rural areas, (also known as Health Professional Shortage Areas (HPSA)) which are designated by the Health Resources and Services Administration (HRSA) as having shortages of primary care, dental care, or mental illness providers and may be geographic (a county or service area), population (e.g., low income or Medicaid eligible) or facilities (e.g., federally qualified health centers, or state or federal prisons). The current telehealth benefit is also limited to the following sites (i.e., where the service is received by the patient): the offices of physicians or practitioners; hospitals; critical access hospitals (CAH); rural health clinics; federally qualified health centers; hospital-based or CAH-based renal dialysis centers (including satellites); skilled nursing facilities (SNF); and community mental health centers (CMHC). The use of telehealth care in Medicare is also limited to an interactive two-way telecommunications system (with real-time audio and video) except in federal demonstration programs in Alaska and Hawaii where asynchronous (i.e., store and forward) telehealth technology is permitted. The telehealth expansion benefit in the Next Generation ACO Model removes the rural area location requirements, allows eligible Medicare beneficiaries to receive telehealth care in their home, and to receive certain dermatology and ophthalmology services using asynchronous (i.e., store and forward technology).