



New technologies are changing the way that patients interact with healthcare. MGMA advocates for expanding the coverage of digital health solutions, including payment for services delivered outside of a traditional office visit to increase patient access to care.

## **CURRENT LANDSCAPE**

Telehealth and digital health can improve access to cost-effective, virtual care, particularly for vulnerable patient populations.

Medicare began covering telehealth services with the passage of the Balanced Budget Act of 1997. Since then, Medicare reimbursement for telehealth has been slow to expand.

Currently, Medicare only reimburses for live-video conferencing with a qualified practitioner that takes place at an originating site located within a non-Metropolitan Statistical Area, a rural Health Professional Shortage Area (HPSA), or is part of an approved federal demonstration project. Since Medicare limits reimbursement to originating sites in rural areas, many otherwise eligible Medicare beneficiaries go untreated.

## **CATEGORIES OF DIGITAL MEDICINE**

There are new modalities to improve healthcare outside of interactive, live-video conferencing described in the Medicare statute. The Centers for Medicare and Medicaid Services (CMS) is beginning to recognize new digital health solutions and now provides payment for certain services, including virtual check-ins, store and forward technology, and remote patient monitoring. These new digital health services are not subject to the same restrictions as traditional Medicare telehealth.

## **ADVOCACY PRIORITIES**

- ▶ **Expand access to telehealth services** under the Medicare program by removing current geographic and originating site restrictions
- ▶ **Support improving coverage of digital health** by removing administratively burdensome billing requirements, such as the requirement to collect patient co-pays for virtual visits
- ▶ **Cover more telehealth services** for Medicare Alternative Payment Model participants