

# FEDERAL TELEHEALTH POLICY UPDATE

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Wyoming Telehealth Network



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## CENTER FOR CONNECTED HEALTH POLICY (CCHP)

is a non-profit, non-partisan organization that seeks to advance state and national telehealth policy to promote improvements in health systems and greater health equity.

# DISCLAIMERS

- Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.
- Always consult with legal counsel.
- CCHP has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.



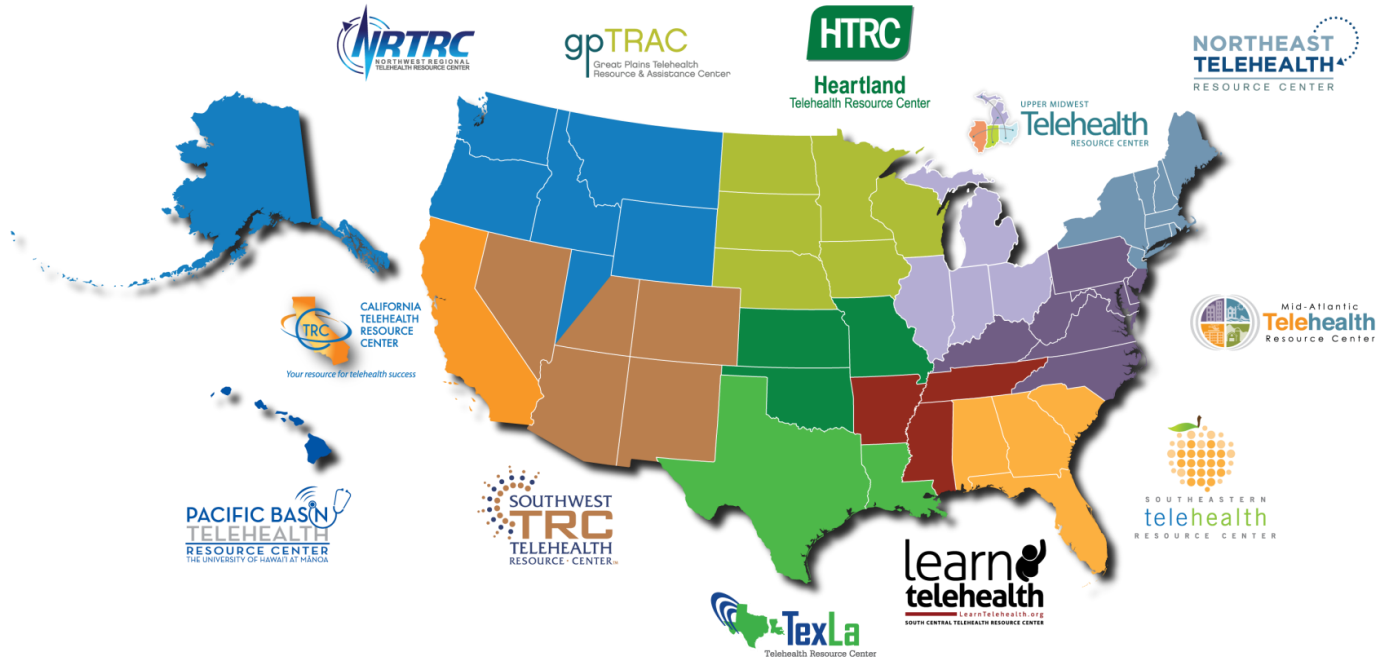
# ABOUT CCHP

- Established in 2009 as a program under the Public Health Institute
- Became federally designated national telehealth policy resource center in 2012 through a grant from HRSA
- Work with a variety of funders and partners on the state and federal levels
- Administrator National Consortium of Telehealth Resource Centers
- Convener for California Telehealth Policy Coalition



# NATIONAL CONSORTIUM OF TRCS

TelehealthResourceCenter.org






2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 Regional Resource Centers

# **Reimbursement:** **Medicare, Medicaid & Private Payer** *(Reimbursement & Coverage)*

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# MEDICARE TELEHEALTH POLICY EVOLUTION

Pre-Covid  
Fairly Limited

During Pandemic  
Series of Waivers

Post-Pandemic  
Majority of waivers  
extended & were  
extended again with  
various CRs through  
Sept 30, 2025



# MEDICARE TELEHEALTH POLICY

WAIVER DURING COVID-19	REMAINS UNTIL SEPTEMBER 30, 2025
Waiver of geographic requirement	✓
All eligible providers in Medicare & FQHCs/RHCs to be eligible providers	✓
Site limitation waived (allowing places such as the home)	✓
Allow some services to be provided via audio-only*	✓
Delay of prior in-person visit before telemental health services provided w/o meeting geographic req & in the home	✓



# MEDICARE TELEHEALTH POLICY

WAIVER DURING COVID-19	REMAINS UNTIL THE END OF 2025
Allowing provider to use business address rather than putting home address*	✓
Waiving frequency limit on telehealth visits in certain settings*	✓
Allowing for direct supervision to be done via telehealth*	Some remain intact such as supervision of residents when the service is furnished virtually.
Expanded list of eligible services to be provided via telehealth	Varies, but mostly remains intact





# CMS CLARIFICATION

## Jan CMS FAQ & Telehealth Fact Sheet

- *Non-behavioral telehealth medical visit services through March 31, 2025, using the payment amount based on the average amount for all Medicare telehealth services paid under the Physician Fee Schedule (PFS), weighted by volume*
- *As of April 1, 2025:  
For behavioral or mental telehealth, all patients can continue to get telehealth wherever they're located, with no originating site requirements or geographic location restrictions.*

# CMS CLARIFICATION

## CMS FQHC/RHC MANUAL

“RHCs and FQHCs can continue to provide on a temporary basis, for non-behavioral health visits furnished via telecommunication technology under the methodology that has been in place for these services during and after the COVID-19 PHE through December 31, 2024. Specifically, RHCs and FQHCs can continue to bill for RHC and FQHC services furnished using telecommunication technology by reporting HCPCS code G2025 on the claim, including services furnished using audio-only communications technology through December 31, 2025. For payment for non-behavioral health visits furnished via telecommunication technology in CY 2025, the payment amount is based on the average amount for all PFS telehealth services on the telehealth list, weighted by volume for those services reported under the PFS.”

“Beginning January 1, 2026, there must be an in-person mental health service furnished within 6 months prior to the furnishing of the mental health service furnished via telecommunications and that an in-person mental health service (without the use of telecommunications technology) must be provided at least every 12 months while the beneficiary is receiving services furnished via telecommunications technology for diagnosis, evaluation, or treatment of mental health disorders, unless, for a particular 12- month period, the physician or practitioner and patient agree that the risks and burdens outweigh the benefits associated with furnishing the in-person item or service, and the practitioner documents the reasons for this decision in the patient’s medical record.”

# WYOMING MEDICAID

## REIMBURSES FOR LIVE VIDEO

- Interactive audio and video telecommunications permitting real-time communication between practitioner and patient.
- Services must be covered by Medicaid, medically necessary and uses same codes as in-person
- Does not appear to restriction the type of provider
- Reference that consent must be obtained if the Member's home is the originating site

## OTHER MODALITIES NOT REIMBURSED ACCORDING TO TELEHEALTH POLICIES.

# WYOMING MEDICAID/PRIVATE PAYER

## HOWEVER, CHECK FEE SCHEDULE

- Remote physiological monitoring (RPM) CODES 99453 & 99454 – Reimbursed under the fee schedule
- <https://www.wyomingmedicaid.com/portal/user-agreement>

## NO PRIVATE PAYER LAW

# **PRIVACY & SECURITY CONCERNS: HIPAA Compliance**

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# PRIVACY & SECURITY

No specific policy to telehealth regarding privacy and security, references are just back to applicable state and federal laws.

- [HHS HIPAA Rules for Telehealth Technology](#)
- [HIPAA Guidelines on Telemedicine](#)

Business Associates Agreement (BAA) – What/Who constitutes a business associate? Do they have access to protected health information?

Some companies may argue that as a passthrough for information they do not need to sign a BAA, but HHS has said they are BAA.

[Guidance on HIPAA & Cloud Computing](#)

# CREDENTIALING & LICENSURE

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# LICENSURE

## ➤ **Must have a WY License**

## ➤ **Exceptions**

- Consultations w/WY licensed provider
- Emergencies including PHEs
- Already established patient-provider relationship. Can be up to six months after the establishment of relationship after which in-person encounter needs to take place where physician licensed



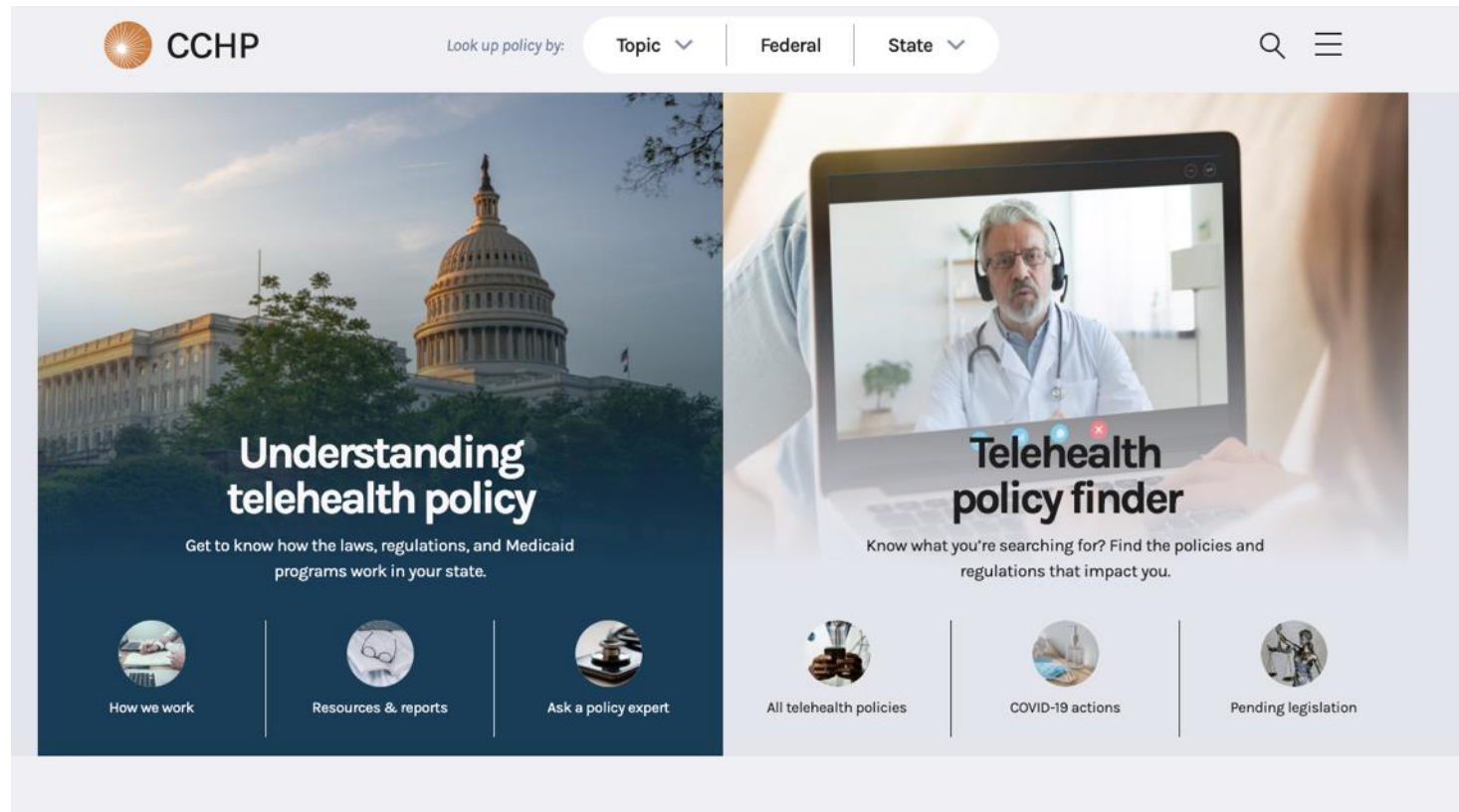


# CREDENTIALING

- **Expedited process to allow telehealth providers to be credentialed & privileged**
- **WY Telehealth Network**
  - Consultations w/WY licensed provider
  - Emergencies including PHEs
  - Already established patient-provider relationship. Can be up to six months after the establishment of relationship after which in-person encounter needs to take place where physician licensed
- Process is not mandated



## ➤ CCHP Website – [cchpca.org](http://cchpca.org)



## ➤ Subscribe to the CCHP newsletter at [cchpca.org/contact/subscribe](http://cchpca.org/contact/subscribe)





**Center for Connected  
Health Policy**

THE NATIONAL  
TELEHEALTH POLICY  
RESOURCE CENTER

**Thank You!**

[www.cchpca.org](http://www.cchpca.org)

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# APPENDIX

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# CCHP

## ➤ Telehealth Policy Finder Tool

- Includes all state and federal telehealth specific laws, regulations, policies, and active legislation – rolling updates every 3 months
- Can Search by State, Federal, or by Category/Topic
  - Medicare; Medicaid Live Video, Store & Forward, RPM; Private Payer Laws; Professional Regulation, Licensing, Prescribing & More

## ➤ Policy Trend Maps

- Highlights telehealth trends across the states in Medicaid reimbursement by modality, private payer laws and payment

# RESOURCES

- [CCHP Newsletter – What Might Happen Next?](#)
- [CCHP Fact Sheet – Final PFS 2025](#)
- [CCHP Fall 2024 Edition of State Policy Summary Report](#)

