



NATIONAL RURAL HEALTH INFORMATION TECHNOLOGY COALITION MEETING

April 30, 2020 | Conference Call

The National Rural Health Information Technology (HIT) Coalition is supported by the Federal Office of Rural Health Policy (FORHP) and coordinated by the Technical Assistance & Services Center (TASC), a program of the National Rural Health Resource Center (The Center).

Participants:

- Gerald Ackerman, University of Nevada, School of Medicine
- Tommy Barnhart, Ten Mile Enterprises
- Dennis Berens, Nebraska Times
- Monica Bourgeau, Allevant Solutions, LLC
- Sally Buck, Nicole Clement, Terry Hill, Tracy Morton, Andy Naslund, National Rural Health Resource Center (The Center)
- Peri Cabral, Kassouf & Co.
- David Ginsberg, PrivaPlan Associates, Inc.
- Gerard Jolley, National Association of Community Health Clinics (NACHC)
- Mei Kwong, Center for Connected Health Policy (CCHP)
- Natassja Manzanero, Carlos Mena, Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP), Office for the Advancement of Telehealth (OAT)
- Mike McNeely, HRSA, FORHP
- Neal Neuberger, HealthTech Strategies
- Toni Ann Richard, Health Care Collaborative of Rural Missouri
- Nick Rodriguez, U.S. Department of Health and Human Services (HHS)
- Wendy Ross, South Central Telehealth Resource Center
- Chris Salyers, National Organization of State Offices of Rural Health (NOSORH)
- Brock Slabach, National Rural Health Association (NRHA)
- Bill Sonterre, Stratis Health
- Louis Wenzlow, Rural Wisconsin Health Cooperative
- John Windhausen, Schools, Health & Libraries Broadband (SHLB) Coalition
- Joe Wivoda, Analysts, Inc.

Update on State and Federal HIT and Telehealth Legislation and Regulations

Neal Neuberger, Health Tech Strategies

- The [CARES \(Coronavirus Aid, Relief and Economic Security\) Act](#) was signed into law March 27, 2020. The act consisted of more than \$2 trillion dollars focused on health care delivery, state and local funding, business and non-profit relief, and overall economic stimulus. It also provides additional funding to address issues around Smart Communities, social determinants of health, and precision medicine.
 - Specific to health care:
 - \$500 million for public health data surveillance and infrastructure modernization.
 - \$100 billion for the health care system to prevent, prepare for, and respond to Coronavirus.
 - Increased reimbursement
 - Medicare add on payments for COVID-19 hospital inpatients.
 - Additional flexibility for acute care hospitals to transfer patients out and into alternative care settings to prioritize resources to treat COVID-19
 - Temporary suspension of the 2 percent sequestration applied to Medicare patients for the period of May 1, 2020-December 31, 2020.
- Telehealth: For the period of the federally declared COVID-19 public health emergency (PHE), broad expansion for telehealth coverage and access through Medicare. [Blanket waivers have been issued](#).
 - Geographic limits removed in both urban and rural. Origination sites restrictions have been removed as well.
 - Previous requirement that a provider must have treated a patient within the past three years has been removed.
 - Federally qualified health centers (FQHCs) and rural health clinics (RHCs) are able to serve as distant sites for telehealth services.
 - Allows qualified providers to fulfill the hospice face-to-face recertification requirement via telehealth.
 - Eighty additional telehealth services are currently eligible (approximately 180 different codes in total) for reimbursement including emergency department consults, initial nursing facility consults and hospital inpatient services, discharge visits, home visits, therapy services, and many other inpatient and outpatient services.

- New billing rules that pay telehealth services that pay at the same as the inpatient rate.
- Audio-only telephone only services:
 - New in response to COVID-19.
 - Eligible for new and established patients.
 - Not considered telehealth since there is no video component.
 - No geographic or originating site requirements.
 - Reimbursed at a lower rate.
- Remote patient monitoring is available for treating all chronic and acute conditions, including COVID-19 treatment. This change is permanent and not limited to the PHE.
- Health Insurance Portability and Accountability Act (HIPAA) enforcement – providers can use Skype, Facetime, etc. that are known to have security gaps. The HHS Office of Civil Rights (OCR) will “exercise enforcement discretion” as long as patients were “served in good faith”.
- Requirement that patient be served by a provider licensed in the state the patient is located in at the time of treatment has been waived for Medicare patients.
- For more information, please reference the [COVID-19 Telehealth Coverage Policies](#) resource.
- Delays to final interoperability rules
 - [Centers for Medicare and Medicaid Services \(CMS\)](#)
 - Extending implementation deadline for the Admission, Discharge, and Transfer (ADT) Conditions of Participation to become effective May 2021.
 - Patient Access Application Programming Interfaces (API) and Provider Directory API policies will begin July 2021.
 - [Office of the National Coordinator for Health IT](#)
 - Instituting an additional three months of enforcement discretion to all new requirements under 45 CFR Part 170 that have compliance dates and timeframes. [View enforcement discretion dates and timeframes.](#)

Telehealth Updates

Natassja Manzanero, HRSA, FORHP, OAT

- The Telehealth Resource Center (TRC) Program received an additional \$11.6 million (\$828,571 per TRC) through the CARES Act for telehealth technical assistance (TA) activities.
 - TRCs have experienced a 750% increase in TA requests in related to COVID-19.

- New from the TRCs: [Telehealth Resources to Address COVID-19](#)
- New telehealth website from HHS: <https://telehealth.hhs.gov>
- OAT Notices of Funding Opportunity (NOFOs):
 - The [Telehealth Network Grant Program \(TNGP\) NOFO](#) deadline was extended to June 15, 2020. The funding opportunity is aimed towards promoting rural tele-emergency services with an emphasis on tele-stroke, tele-behavioral health, and tele-emergency medical services (tele-EMS).
 - The [Rural Telemonitoring Training Center Program \(RTTC\) NOFO](#) deadline is June 16, 2020. The purpose of this program is to train academic medical centers and other centers of excellence (COEs) to create or expand technology-enabled collaborative learning and capacity building models (such as Project ECHO, ECHO-like models, and other emerging models in the field).
 - The [Telehealth Focused Rural Health Research Center \(TF RHRC\) Program](#) deadline has been extended to July 1, 2020. This NOFO will fund two TF RHRCs, one evaluation-focused and one evidence-focused.
 - More information on FORHP Funding opportunities can be found at www.hrsa.gov/ruralhealth
- OAT has two telehealth focused presentations on the agenda for the [NRHA Annual Rural Health Conference](#) which will now be held virtually on June 17th-19th.
 - Carlos Mena (OAT) and TNGP grantees will talk about the TNGP program
 - Natassja Manzanero and TRC staff will talk about the TRC Program and Rural Health Network Development Program.

FCC Connected Care Pilot and Rural Health Care Programs

John Windhausen, Schools, Health & Libraries Broadband (SHLB) Coalition

- Connected Care Program: \$200 million was made available to help health care providers provide telecare. The FCC has moved quickly, accepting applications, and has issued four sets of approvals for 16 states. So far, \$13.7 million of \$200 million had been allocated by the end of April.
 - Demand has been well above \$200 million for number of applications submitted and requested. SHLB noted that they are watching for balance in rural, suburban, and metro areas.
 - Additional funding has been added into the Rural Health Care Program – new cap \$605 million per year.

- Representative Anna Eshoo and Representative Don Young introduced the [Healthcare Broadband Expansion During COVID-19 Act](#), a bipartisan bill to provide \$2 billion to expand telehealth and high-quality internet connectivity at public and non-profit health care facilities, including mobile clinics and temporary health facilities deployed to respond to the coronavirus pandemic. The bill has been referred to the House Committee on Energy and Commerce.
- Congressman Frank Pallone, Jr., Chairman of the Energy & Commerce Committee, and Congressman James E. Clyburn, Chairman of the House Democratic Rural Broadband Task Force, along with 10 members of the Rural Broadband Task Force and Energy & Commerce Committee announced a plan to connect all Americans to affordable broadband. This would be an \$80 million broadband investment.

Telehealth

Mei Kwong, [Center for Connected Health Policy](#) (slides presented)

- Key resource from CCHP: [Telehealth Covering Policies in the Time of COVID-19](#)
- Telehealth reimbursement and other policy barriers, broadband, equipment costs, and awareness/education.
- Federal telehealth policy changes during COVID-19
- Most Common State Changes in COVID-19
 - Modality: Allowing phone
 - Location: Allowing home
 - Relaxed consent requirements
 - Expanded types of services eligible
 - Allowed other providers such as allied health professionals
 - Waived some licensing requirements
 - Private payer orders range from encouragement to cover telehealth to more explicit mandates
 - Relaxed some health information protections
- Federal Policies
 - [CMS Telehealth Manual](#)
 - [CMS FAQ](#)
 - [CMS Emergency Declarations](#)
 - [CMS Guidance](#)
 - [CMS FQHC/RHC Guidance](#)

- [DEA Controlled Substances](#)
- [DEA Guidance for treating OUD, prescribing via phone buprenorphine](#)
- CCHP Resources
 - [Telehealth Federal Policies](#)
 - [State Emergency Waivers/Guidances](#)
 - [CCHP Newsletter](#)

Cybersecurity

Nick Rodriguez, HHS, 405(d) – Aligning Health Care Industry Security Approaches

- The 405(d) program aims to raise awareness, provide vetted cybersecurity practices, and move organizations towards consistency in mitigating the current most pertinent cybersecurity threats to the sector. It seeks to aid health care and public health organizations to develop meaningful cybersecurity objectives and outcomes. The 405(d) Task Group creates [cybersecurity awareness products, reports, and tools](#).
 - [The Health Industry Cybersecurity Practices \(HICP\): Managing Threats and Protecting Patients](#) aims to raise awareness, provide vetted cybersecurity practices, and move organizations towards consistency in mitigating the current most pertinent cybersecurity threats to the healthcare industry.
 - To learn more about the 405(d) Task Group, visit www.phe.gov/405d
 - Follow them on social media to stay up to date on all things 405(d)! Across [Facebook](#), [Twitter](#), and [Instagram](#) the 405(d) program is releasing new cybersecurity awareness products, tools, and information.
 - Join their email list by sending an email to CISA405d@hhs.gov and request to be added.

Please send comments/feedback about this meeting summary or the National Rural HIT Coalition to Nicole Clement at nclement@ruralcenter.org.

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