



COVID-19 Business Briefing Series:

TELEHEALTH

Presented by

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IMPORTANT NOTE

The information in this presentation reflects the situation as we know it today. Due to the rapidly changing regulatory environment we are currently in, these details could change at any time.

This information does not constitute specific legal advice. Check with your attorney to ensure that you have the most up-to-date information before taking action.

INTRODUCTION

- License portability – state changes in laws and regs, 40+ states
- Not just MDs
- Some changes may remain after pandemic

Medicare

- Telehealth at home for Medicare beneficiaries
 - Telephone (audio-only now ok)
 - Previously needed smartphone with video
 - Lower-paying alternatives – not “telehealth”
 - virtual check-ins
 - e-visits
- Prior MD-patient relationship now not necessary
- Provider can be licensed in another state
- Providers may reduce or waive cost-sharing for M/M

HIPAA

- Skype/FaceTime not HIPAA violation
- No BAA required
- “Public-facing” platforms still no good
 - Twitter, Twitch, Facebook

MEDICAID

- Requirements vary
- State program decides

NEW YORK CHANGES

- Out-of-state licensed providers ok
 - if in good standing in state of licensure
- All insurance companies must waive cost-sharing
- NYS Medicaid now reimburses for phone calls
 - MD, NP, PA, midwife
 - New or established patients
- Scope of practice changes
 - unlicensed individuals can collect swab tests, etc.
 - other tasks ok under nurse supervision, with training

NEW JERSEY CHANGES

- Telephone-only visits now ok
- Consumer apps now ok
- Insurance cos must waive cost-sharing for any telehealth service
- Out-of-state licensed providers not ok- **yet**
- Accelerated temporary licensure by reciprocity
 - criminal history background checks waived
 - licensing fees waived

INSURANCE COMPANIES

- Insurance company policies – in flux, check websites
 - Blues: most plans expanded telehealth, waived cost-sharing – also added new codes
 - UHC: still requires video
 - Aetna: still requires video, waived cost-sharing
 - CIGNA: waived cost-sharing but only for COVID-19, phone calls ok but only for COVID-19
- May not apply to self-funded plans and HMOs

BEHAVIORAL HEALTH

- 42 CFR Part 2 – CARES Act brought in line with HIPAA
- State laws/regs not preempted by HIPAA or Part 2
 - may be more restrictive
- Goals: reduce increased stress, keep people at home

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