Telemedicine Optimization, Reimbursement, & Policy Updates

Presenters

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Disclaimer

The information contained and delivered in this presentation is for educational and informational purposes only and is not legal advice.

Disclosures

Neither Ms. Foote nor Mr. Holcomb have any conflicts of interest to disclose.

Learning Objectives

- Identify key strategies for optimizing telemedicine-enabled services.

- Improve knowledge of telehealth billing and reimbursement requirements, including documentation practices aligned with Arizona statutes.

- Summarize recent final and proposed federal rulings related to virtual prescribing, in-person visit waivers, and cross-state practice.

- Access technical assistance and resources that support sustainable telemedicine adoption.

What is Telehealth Optimization?

Definition: The strategic and continuous improvement of virtual care delivery to ensure long-term sustainability, quality, and accessibility for both patients and providers. It involves enhancing the patient experience, advancing technology and workflows, and addressing clinician workload and well-being. True optimization supports high standards of care, and operational resilience, creating systems that are as supportive for healthcare teams as they are for the patients they serve.

Four Key Phases
- ✓ Assess
- ✓ Implement
- ✓ Measure
- ✓ Refine

Applied Across 5 Domains
- ➤ Clinical Services
- ➤ Patient Experience
- ➤ Technology
- ➤ Operations
- ➤ Artificial Intelligence

Phase 1: Assess

Identify Optimization Opportunities

Key Activities

Workflow Analysis	• Identify bottlenecks in scheduling, documentation, follow-ups, and care transitions
Technology Review	• Usability, interoperability, security, and compliance with HIPAA and other standards
Stakeholder Input	• Gathered from patients, providers, and care teams to assess pain points and satisfaction
Regulatory Compliance Checks	• State licensure, billing requirements, state privacy laws, and HIPAA
Goal	• Establish a baseline using qualitative and quantitative data to prioritize high-impact areas for optimization.

Phase 2: Implement
Deploy Targeted Solutions

Examples

Platform Integration	• Between telehealth systems and EHRs to reduce administrative burden
Standardized Clinical Protocols	• Consistent care delivery across providers and settings, evidence-based virtual care, and improved patient safety and quality of care
Training Programs	• A structured setting where staff are actively engaged and focused on the material, making it an ideal opportunity to gather input
Goal	• Deploy solutions that meaningfully improve efficiency, experience, and access to care.

Phase 3: Measure
Track Performance Metrics (common KPIs)

Common KPIs

Clinical Outcomes	• Chronic disease management, medication adherence, care plan compliance, functional health improvement
Utilization Rates	• Patient request to time of visit, visit volume, telehealth utilization, conversation rates from in-person to telehealth, no-show
Satisfaction Outcomes	• From patients, providers, and the care team
Operational Efficiency	• Reduced wait times, increased throughput, cost savings
Compliance Tracking	• Correct coding, licensure adherence, reimbursement accuracy
Goal	• Use objective data to validate progress, identify unintended consequences, and guide further action.

Phase 4 Refine
Commit to Continuous Improvement

Ongoing Efforts

|	
Iterative Workflow Refinement	• Use performance data and feedback to optimize workflows (e.g., streamlining scheduling, virtual visit duration, follow-up rates, and provider and patient experiences)
Policy Adaptation	• New licensure compacts, changes in payer rules, reimbursement and billing, prescribing, and state-by-state laws
Innovation Pilots	• Using AI triage, digital therapeutics, or remote monitoring
Goal	• Build a culture of learning and responsiveness to sustain impactful telehealth services.

Domain 1: Clinical Services

Priority: Ensure that virtual care meets the same quality standards as in-person care and contributes meaningfully to improved health outcomes.
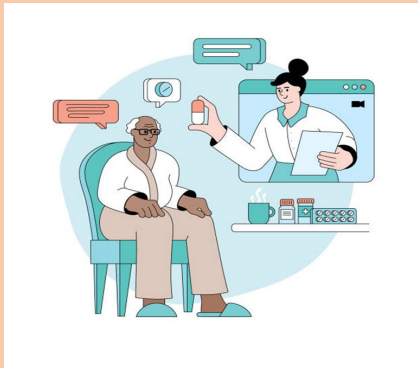
Involve the full care team in developing telehealth best practices and workflows

Use decision support tools to triage virtual vs. in-person care

Integrate remote monitoring tools (e.g., BP cuffs, glucometers) with clinical records

Train clinicians in webside manner, virtual assessment, and patient engagement

Domain 2: Patient Experience

Priority: Create a frictionless, engaging experience that fosters trust and encourages patient adherence.

Simplify Access to the Visit	Provide Real-Time Support
Collect and Act on Feedback	Address Comfort and Privacy Concerns

Domain 3: Technology

Priority: Strengthen technology integration for seamless virtual care.

Clinical Considerations

Enable Full Integration Across Systems

Prioritize User-Centered Design

Align Telehealth and EHR Workflows

Invest in Comprehensive Staff Training

Ensure Accurate & Timely Data Syncing

Patient Considerations

Mobile Compatibility

Remote Diagnostic Tools

Consent Management

Language Interpretation

Multi-party Participation

Domain 3: Operations

Priority: Increase workflow efficiency, reduce administrative burden, and elevate care team and system performance.

Integrate Telehealth Into Scheduling, Billing, & Documentation Systems

Standardize Documentation and Visit Templates

Automate Routine Administrative Tasks

Use Dashboards and Metrics

Establish Clear Telehealth Protocols & SOPs

Domain 4: Artificial Intelligence (AI)

Priority: Use AI and automation to streamline administrative tasks, reduce clinician burnout, and enhance care quality.

Use Cases

Automate Administrative Tasks	Clinical Decision Making
Natural Language Processing	Predictive Analysis
Monitor Performance & Trends	

Implementation Considerations

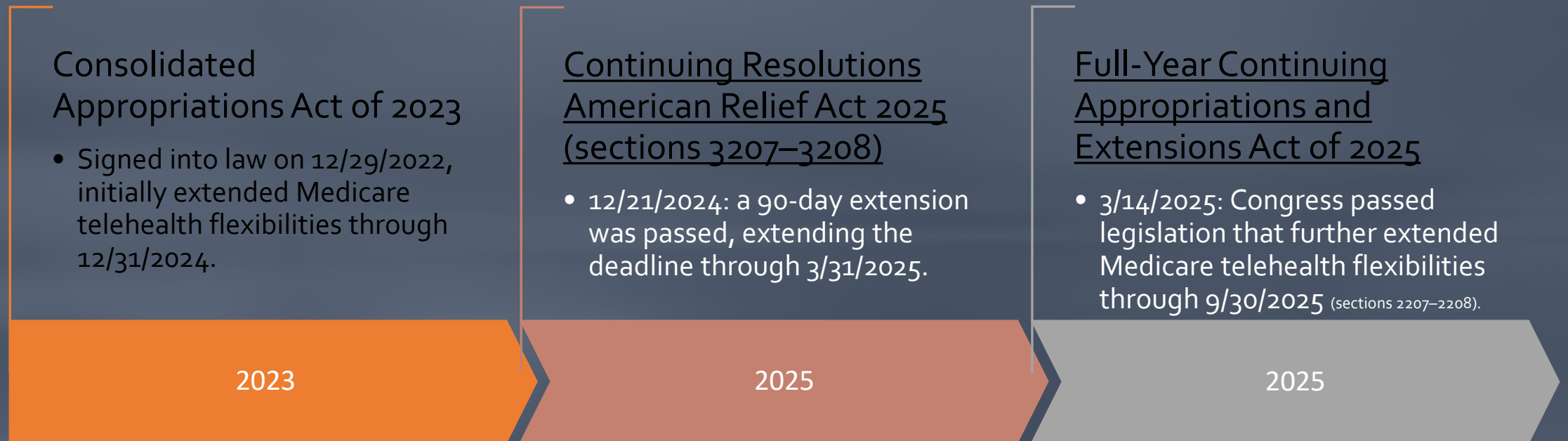|	
Cross-Functional Collaboration	Governance
Human Oversight	Continuous Monitoring & Feedback Loops
	Patient Communication

Objective 2: Improve knowledge of telehealth billing and reimbursement requirements, including documentation practices aligned with Arizona statutes.

Timeline:

Medicare Telehealth Flexibilities Extension

Consolidated Appropriations Act of 2023

- Signed into law on 12/29/2022, initially extended Medicare telehealth flexibilities through 12/31/2024.

Continuing Resolutions American Relief Act 2025 (sections 3207–3208)

- 12/21/2024: a 90-day extension was passed, extending the deadline through 3/31/2025.

Full-Year Continuing Appropriations and Extensions Act of 2025

- 3/14/2025: Congress passed legislation that further extended Medicare telehealth flexibilities through 9/30/2025 (sections 2207–2208).

2023 → 2025 → 2025

MTFs Extended Through September 30, 2025

Originating Site	• Patient's home remains an eligible originating site for any telehealth service.
Provider Types	• Reimbursement continues for providers eligible to deliver telehealth and bill Medicare.
Geographic Restrictions	• Geographic restrictions continue to be waived.
In-Person	• Waive in-person visit requirements within 6-months of a tele-behavioral health visit and annually thereafter.
FQHCs & RHCs	• CMS noted to follow the 2025 PFS to provide non-mental health services and waive in-person visit requirement for mental health services to end of 2025.
Audio-Only	• Audio-only eligible for reimbursement with some caveats (e.g., definition and codes).
Acute Hospital Care at Home	• Covers Medicare-certified hospitals to furnish inpatient-level care in patients' homes – (set to expire on 9/30/25).
Hospice Care	• Continue to use a telehealth visit for hospice recertifications.

MTFs Provisions Not Included

First dollar coverage of High-Deductible Health Plans – Health Savings Accounts

Telehealth as an excepted benefit

Expanded Medicare Diabetes Prevention Program

Expanded and in-home cardiopulmonary rehabilitation services

Resources

- Center for Connected Health Policy: <u>Final CY 2025 Medicare Physician Fee Schedule – Fact Sheet</u>
- CMS's Telehealth FAQ Calendar Year 2025: <u>https://www.cms.gov/files/document/telehealth-faq-calendar-year-2025.pdf?utm_source=chatgpt.com</u>
- Telehealth.HHS.gov I Telehealth Policy Updates: <u>https://telehealth.hhs.gov/providers/telehealth-policy/telehealth-policy-updates</u>
- Telehealth.HHS.gov I Medicare Payment Policies: <u>https://telehealth.hhs.gov/providers/billing-and-reimbursement/medicare-payment-policies</u>
- Current List of Medicare Telehealth Services: <u>https://www.cms.gov/medicare/coverage/telehealth/list-services</u>

Arizona's Telehealth Definition

"The interactive use of audio, video or other electronic media, including asynchronous store-and-forward technologies and remote patient monitoring technologies, for the practice of health care, assessment, diagnosis, consultation or treatment and the transfer of medical data."

"Includes the use of an audio-only telephone encounter between the patient or client and health care provider if an audio-visual telehealth encounter is not reasonably available due to the patient's functional status, the patient's lack of technology or telecommunications infrastructure limits, as determined by the health care provider."

"Does not include the use of a fax machine, instant messages, voice mail or email."

Arizona Statute for Audio-Only

Beginning **January 1, 2022**, a corporation shall cover services provided through an audio-only telehealth encounter if the telehealth advisory committee on telehealth best practices established by section 36-3607 recommends that the services may appropriately be provided through an audio-only telehealth encounter.

"Currently, the Committee maintains alignment with AHCCCS' recommendations for services that can be provided via audio-only telehealth (as denoted by the 'FQ' modifier in the telehealth code set)."

To submit a claim for an audio-only service, the health care provider must make telehealth services generally available to patients through the interactive use of audio, video or other electronic media.

An audio-only telephone encounter may be used when the patient has an existing relationship with the healthcare provider or provider group, provided that both of the following conditions are met:

An audio-visual telehealth encounter is not reasonably available due to the patient's functional limitations or lack of access to necessary technology or telecommunications infrastructure, as determined by the healthcare provider.

The telehealth encounter is initiated at the request of the patient or authorized by the patient before the telehealth encounter.

An audio-only encounter between the patient and a healthcare provider may be used, regardless of whether an existing provider-patient relationship exists, if the telehealth visit is for a behavioral health or substance use disorder service and both conditions outlined in subdivision (a) of this paragraph are met.

The use of an audio-only telephone encounter between a subscriber who has an existing relationship with a health care provider or provider group if both of the following apply:

An audio-visual telehealth encounter is not reasonably available due to the subscriber's functional status, the subscriber's lack of technology or telecommunications infrastructure limits, as determined by the health care provider.

The telehealth encounter is initiated at the request of the subscriber or authorized by the subscriber before the telehealth encounter.

Resources:

- §20-841.09
- Sec. 3601: Definitions
- AHCCCS Telehealth Advisory Committee

Billing & Documenting Audio-Only Encounters
(Medicaid – AHCCCS)

The AHCCCS Telehealth code set identifies billable audio-only services, required modifiers, and place of service.

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Audio-only must be covered by contractors and FFS programs when telemedicine is not reasonably available due to the member's limitations or lack of access, as determined by the provider.

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To submit a claim, for an audio-only service, the provider is required to make the telehealth services generally available to members through telemedicine.

- **NEW Synchronous Audio-Only CPT Codes**: 98008 – 98015

- **Synchronous Telehealth Modifiers**

  - **FQ**: The service was furnished using audio-only communication technology

  - **GT**: Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system

  - **GQ**: Asynchronous

Place of Service

Effective **October 1, 2025**:

- Telehealth services must be clearly identified using POS **10** for telehealth services provided in a member's home; and

- POS **02** for telehealth provided other than in a member's home.

- Medicare Dual members: claims may be submitted with the POS listed as **02** to comply with Medicare guidelines. The POS **02** will designate the service being provided as a telehealth service.

Reimbursement

Contractors and FFS programs must reimburse telemedicine services at the same rate as equivalent in-person services, per HCPCS codes.

Audio-Only Telehealth Documentation Best Practices

(non-exhaustive list)

Clearly State the Modality Used
- Indicate that the encounter was conducted via audio-only (e.g., telephone) rather than audio-video.
- Example: Encounter conducted via audio-only (telephone) due to patient reason, e.g., lack of broadband access.

Technology Limitations and Justification
- If relevant, explain why audio-only was used (e.g., patient lacked access to video technology).
- Particularly important for payors that require audio-video as the standard unless barriers exist.

Include Required Consent
- Document that verbal consent was obtained at the beginning of the call. Example: Verbal consent obtained for audio-only telehealth visit, including agreement to proceed with care.
- Inform the patient prior to the telehealth encounter if there will be any charges for the service.

Patient and Provider Location
- Note both the patient's location and the provider's location at the time of the encounter.
- Helps demonstrate compliance with state licensure and telehealth regulations.

Resources

- **AHCCCS' Telehealth Services:** https://www.azahcccs.gov/AHCCCS/Initiatives/Telehealth/
- **AHCCCS AMPM Policy 320-I Telehealth:** https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320-I.pdf
- **AHCCCS Medical Coding Resources:** https://www.azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/MedicalCodingNewsletterDecember2024.pdf
- **AHCCCS Telehealth Services and Billing Guidelines I IHS/638 Presentation:** https://www.azahcccs.gov/Resources/Downloads/DFSMTraining/2021/502021IHS638ProviderTelehealthServices.pdf
- **Southwest Telehealth Resource Center Billing Guide:** https://southwesttrc.org/resources/billingguides

Objective 4: Summarize recent final and proposed federal rulings related to virtual prescribing, in-person visit waivers, and cross-state practice.

Recent Final and Proposed Federal Rulings Related To Virtual Prescribing,

In-Person Visit Waivers, & Cross-State Practice

Final Federal Virtual Prescribing Rules

Rule Background

- Two final rules were issued on **January 17, 2025**:
  - Expansion of Buprenorphine Treatment via Telemedicine Encounter
  - Continuity of Care via Telemedicine for VA Patients

Presidential Action

- **January 20, 2025:** A regulatory freeze memorandum was issued, prompting agencies to delay pending regulations for further review.
- DEA and HHS delayed implementation to March 21, 2025, and requested public comments.

Public Comment Summary

- 32 comments were received
  - 13 supported immediate implementation.
  - 3 requested further delay (without suggesting a new date).
- Others either expressed unrelated concerns or provided general feedback.

Final Federal Virtual Prescribing Rules

Final Action

- DEA and HHS extended the effective date to **12/31/2025**, to allow for further review.
- Telemedicine prescribing remains unaffected, with flexibilities extended through **12/31/2025**.

Practical Impact

- Until **12/31/2025**:
  - Providers may continue prescribing controlled substances via telemedicine under current COVID-era flexibilities.
  - Consistent with the Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications rule, which permits providers to prescribe via telemedicine without meeting statutory in-person visit requirements through 12/31/2025

Important Highlight

- These extensions apply only to federal controlled substance rules and Medicare; state laws and Medicaid policies may differ. Use CCHP's Policy Finder to check state-specific telehealth rules.
- CCHP's Policy Tracker

Proposed Federal Prescribing Rule

Special Registration Rule

Establishes a permanent framework for telemedicine prescribing of controlled substances, excluding specific provisions for buprenorphine and Veterans Affairs care.

The special registration rule, proposed in January 2025, is not subject to the latest effective date extensions because it was released as a proposed rule, rather than a final rule.

The proposed rule outlines three telemedicine registration types with added prescribing, recordkeeping, and reporting requirements.

The framework requires use of both audio and video for each telemedicine encounter.

The public comment period closed March 18, 2025; the rule's future under review remains uncertain.

Arizona Bills

Source: CCHP's Policy Tracker
If you're interested in keeping up with introduced and finalized telehealth policies, we've included the Center for Connected Health Policy's Policy Tracker. CCHP is 1 of two national telehealth resource centers and offers this tool on their website.

Bill Number	Bill Title	Last Action	CCHP Classification
SB 1075	audiologists; speech-language pathologists; compact	Signed by Governor - (05/14/2025)	Regulatory, Licensing and Advisory Boards
SB 1335	AHCCCS; teledentistry; report	Transmit to Senate - (04/29/2025)	Medicaid Reimbursement
HB 2027	behavior analysts; regulatory board	Senate Second Reading - (03/31/2025)	Regulatory, Licensing and Advisory Boards
SB 1404	end-of-life decisions; terminally ill individuals	Senate Second Reading - (02/04/2025)	Online Prescribing & Provider-Patient Relationship Establishment
HB 2348	behavioral health services; insurance coverage	House Second Reading - (01/30/2025)	Network Adequacy
SB 1140	telehealth program; homeless; recovery services	Senate Second Reading - (01/23/2025)	Pilot Programs, Studies, Demonstration Projects
SB 1135	dietitian nutritionists; licensure	Senate Second Reading - (01/23/2025)	Regulatory, Licensing and Advisory Boards
HB 2463	telemedicine; abortion prohibition; repeal	Bill Created - (01/17/2025)	Online Prescribing & Provider-Patient Relationship Establishment
HB 2243	terminally ill individuals; end-of-life decisions	Bill Created - (01/15/2025)	Online Prescribing & Provider-Patient Relationship Establishment

ATP & SWTRC Service Offerings

TECHNICAL ASSISTANCE

- ❖ **Policy & Legal**
- ❖ **Broadband & Internet**
- ❖ **Readiness Assessment**
- ❖ **Program Evaluation**
- ❖ **Toolkits & Templates**
- ❖ **Equipment & Technology**
- ❖ **Billing & Coding**
- ❖ **Cross-State Licensure**

OUTREACH

- ❖ Conferences
- ❖ Training Program
- ❖ Webinars
- ❖ Blogs
- ❖ Newsletters
- ❖ Upcoming Events
- ❖ In the News
- ❖ Speaking Engagements

RESOURCES

- ❖ Billing Guides
- ❖ Digital Health Navigators
- ❖ Fact Sheets
- ❖ For Providers & Patients
- ❖ Health Equity
- ❖ Service Provider Directory
- ❖ Find Telehealth Map
- ❖ Tools & Tips

ATP Contact Us

ATP Newsletter Sign Up

SWTRC Resources Page

NOTE: These are generally NO COST resources and services!

Save the Date!

Connecting Rural Health:
Telehealth Strategies for Chronic Disease Prevention

Join **Summit Healthcare** and the **Southwest Telehealth Resource Center** for a collaborative conference focused on leveraging telehealth to prevent and manage chronic diseases in medically underserved communities.

August 15, 2025

Summit Healthcare Conference Center
Show Low, Arizona
9 a.m. to 4 p.m.

Who Should Attend?
Community Health Workers
Dietitians
Health Coaches
Healthcare Administrators
Healthcare IT
Healthcare Providers
Healthcare Researchers
Nutritionists
Public Health Professionals
Telehealth Coordinators

Registration information
and agenda coming soon

Thank You!

Questions?

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If you're looking to request Technical Assistance, please contact us at: https://southwesttrc.org/contact