

Please reach out to your VillageMD market leader with questions and concerns.

Significant Telehealth Expansion—Audio-Only Allowances

Today, as a follow-up to earlier guidance on telehealth due to the COVID-19 emergency, Centers for Medicare & Medicaid Services (CMS) announced additional changes:

- Broadened provider list and services for audio-only visits (i.e. waived video requirement)
 - Audio-only telephone visits can now be completed by a broader list of clinicians including physical therapists and speech language pathologists
 - Services covered include behavioral health and patient education, as well as evaluation and management services
 - Further updates to covered services will be made in a faster, more streamlined process
- Increased payments for telephone visits will match similar office visits
 - Payments will increase from a range of \$14-\$41 per visit to a range of \$46-\$110 per visit
 - This applies retroactively to March 1, 2020
- Rural health clinics and federally qualified health clinics will be reimbursed to furnish telehealth as a distant site, meaning Medicare patients can receive care from home

ACO Treatment Changes

These decisions from CMS take into account the differential impact of COVID-19 across the country:

- Financial methodology will be adjusted to account for COVID-19 costs so ACOs will be treated equitably, regardless of the extent to which their patient populations are affected by the COVID-19 emergency
- There will not be an annual application cycle for 2021, and ACOs whose participation is set to end this year will have the option to extend for another year
- Instead of being automatically advanced to the next risk level, ACOs that are required to increase their financial risk over the course of their current agreement period will have the option to maintain their current risk level for next year

The full press release from CMS covering both telehealth expansion and ACO changes can be found [here](#).