



# FACT SHEET

## 2024 UPDATE: TELEHEALTH PHE FLEXIBILITIES

With the end of the COVID-19-related public health emergency (PHE) on May 11, 2023, the status of the various waivers and flexibilities granted by the Centers for Medicare & Medicaid Services (CMS) for Medicare beneficiaries has changed. Several of them expired on May 11, 2023, or later in 2023. Others were extended to remain in effect through December 31, 2024, and others were made permanent. Your organization may need to review the status of the waivers and flexibilities that apply to the telehealth services you provide. The following information provides an overview of some of the more frequently used telehealth waivers during the PHE and their current expiration status.

### PERMANENT MEDICARE CHANGES

The following Medicare waivers have been made permanent:

- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) can serve as a distant site provider for behavioral and mental telehealth services.
- Beneficiaries can receive telehealth services for behavioral and mental health care in their home.
- There are no geographic restrictions for originating site for behavioral and mental telehealth services.
- Behavioral and mental telehealth services can be delivered using audio-only communication platforms.
- Rural hospital emergency departments are accepted as originating sites.

### TEMPORARY CHANGES THROUGH DECEMBER 31, 2024

The following Medicare waivers are in place through December 31, 2024:

- FQHCs and RHCs can serve as a distant site provider for non-behavioral and non-mental telehealth services.
- Beneficiaries can receive telehealth services authorized in the Calendar Year 2024 Medicare Physician Fee Schedule in their home.
- There are no geographic restrictions for originating site for non-behavioral and non-mental telehealth services.
- Some non-behavioral and non-mental telehealth services can be delivered using audio-only communication.
- No in-person visit requirements for an initial behavioral and mental telehealth service.
- Telehealth services can be provided by all eligible Medicare providers.

Additional waiver in place through December 31, 2024:

- High deductible health plans can offer first dollar coverage of telehealth services without losing HSA eligibility.

### TEMPORARY CHANGES THAT HAVE EXPIRED

The following waivers expired either on May 11, 2023, or after:

- Stark Law waiver allowing providers to waive or reduce cost-sharing. (Exp. 5/11/23)
- Employers can offer telehealth services to their employees ineligible for the group health plan. (Exp. 5/11/23)
- Remote patient monitoring (RPM) services may be furnished to both new and established Medicare patients. (Exp. 5/11/23)
- Telehealth providers can use non-public facing platforms that are not compliant with the Health Insurance Portability and Accountability Act (HIPAA) standards. (Exp. 8/9/23)
- Direct supervision may be provided through a virtual audio-video presence. (Exp. 12/31/23)
- Medicare practitioner services will be paid at the office visit rate for office-based services. (Exp. 12/31/23)

Source: "Telehealth Policy Changes after the COVID-19 Public Health Emergency." Centers for Medicare & Medicaid Services. Accessed March 26, 2024. <https://telehealth.hhs.gov/providers/policy-changes-during-the-covid-19-public-health-emergency/policy-changes-after-the-covid-19-public-health-emergency/>.