

CMS issues guidance on payments for state medicaid telehealth services provided during COVID-19 pandemic



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On March 17, 2020, the Centers for Medicare and Medicaid Services (CMS) released Medicaid Telehealth Guidance to the states.

This Medicaid guidance is intended to help states better understand policy options for paying Medicaid providers using telehealth to deliver patient services in combating COVID-19. CMS has recently been encouraging providers to use telehealth services due to the benefit of increasing access to care while reducing the risks for spread of infection and exposure for vulnerable populations.

In this guidance, CMS provides a number of insightful considerations relating to fee-for-service telehealth including but not limited to:

- The use of clinically appropriate care under state Medicaid plans
- Acknowledging states have a great deal of flexibility in covering such services
- When states are required to submit or receive approval for a state plan amendment (SPA)
- The importance of providers continuing to practice within the scope of their respective state Practice Act
- When payment methodology can include cost for time and resources at an originating site
- When states may pay for appropriate ancillary costs such as technical support or equipment

Last, CMS provides two illustrative examples of approved state payment language which both emphasize

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that distant site providers will be reimbursed in accordance with the standard Medicaid reimbursement methodology for the allowable Medicaid services performed.

To see a full copy of the guidance, [click here](#). Additionally, CMS issued guidance on Medicare Telehealth, which can be accessed [here](#).

[Click here](#) for further information on providing Medicaid Telehealth services and see [frequently asked questions](#) relating to Medicaid and CHIP services.

For additional information please contact the attorneys below.



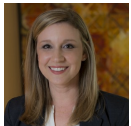
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