CMS Releases Toolkit to Help States Form Telehealth Frameworks

The toolkit aims to help states form regulatory frameworks for telehealth coverage for Medicaid and CHIP beneficiaries.

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Thu, 04/30/2020 - 15:08

The Centers for Medicare and Medicaid Services released a toolkit to guide states in expanding telehealth coverage as CMS has broadened coverage of remote health care as part of the national COVID-19 response.

In recent weeks, CMS has pushed out new waves of policy and expansion of telehealth service coverage, guidance and resources as the national response to COVID-19 has evolved. The Medicaid Telehealth Toolkit aggregates key information about telehealth in Medicaid programs and highlights frequently asked questions.
that states often encounter when establishing their own telehealth policies.

The toolkit will also evolve over time, for now offering general considerations for telehealth expansion in its initial stages. Over time as state Medicaid and Children’s Health Insurance Programs telehealth coverage and payment policies change, however, the toolkit will include best practices and examples of telehealth changes across various states.

“This guide is intended to help states identify which aspects of their statutory and regulatory infrastructure may impede the rapid deployment of telehealth capabilities in their Medicaid program,” the toolkit states.

Since Medicaid and CHIP programs are administered jointly by state and federal governments, coverage and payment policies differ by state. CMS said that its toolkit “will help states identify policies which may impede the rapid deployment of telehealth when providing care.” For instance, some states may limit which methods of communication — such as over telephone or video chat — they will cover with Medicaid.

“While not all patient interactions can be delivered through telehealth, our clinicians on the frontlines need every tool in their arsenal to fight this invisible enemy,” CMS Administrator Seema Verma said in a news release. “I’m urging states to use this toolkit to make sure our Medicaid patients, particularly our children, can continue to receive needed care from the safety of their homes.”

Amid the many considerations that states may need to take to create their telehealth regulatory frameworks, CMS suggested four domains that are key to expanding telehealth capacities and coverage policies:

- **The population to whom telehealth is being delivered** — if services can be delivered to all populations served in Medicaid, such as children, individuals with disabilities or older adults, as well as the privacy and consent policies surrounding those populations.

- **The services being delivered, including coverage and reimbursement** — since Medicaid rates need to be available to facilitate care via telehealth, states should review existing payment methods to ensure there are no restrictions that would prevent telehealth service delivery.

- **The provider delivering the service** — since not all providers can deliver every service over telehealth, states should review which services each type of
clinician or provider can be legitimately delivered over various telehealth methods.

- **The technology requirements** — although most telehealth is considered as via video chat, other methods like audio-only communications or remote patient monitoring exist as well and should be considered.

Along with the toolkit, CMS has produced various other resources to expand information on changes to telehealth service coverage as the health care community responds to COVID-19. This includes a website dedicated to Medicaid-related COVID-19 information. The tools available have also expanded with the **increased areas of care** that beneficiaries can seek via telehealth, as well as various initiatives the federal government has taken to expand resources and **broadband** necessary to make telehealth available across the country to both patients and providers.

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