



Heartland
Telehealth Resource Center

Medicaid and CHIP Telehealth Toolkit Supplement Updates Summary

OVERVIEW

This document helps provide a summary of the Medicaid and CHIP Telehealth Toolkit Supplement. The purpose of the supplement is to provide support to Medicaid and CHIP agencies in adopting and implementing telehealth. The updates provided changes to Appendix A: Frequently Asked Questions (FAQs) and Appendix B: Resources.

The original toolkit released by the Centers for Medicare and Medicaid Services (CMS) on April 23, 2020 can be found here: [State Medicaid & CHIP Telehealth Toolkit Policy Considerations for States Expanding Use of Telehealth](#)

The supplement can be found here: [State Medicaid & CHIP Telehealth Toolkit Policy Considerations for States Expanding Use of Telehealth COVID-19 Version: Supplement #1](#)

Appendix A: FAQs

*Indicates New FAQ Added

The FAQ section has 7 main categories of questions which include:

- Benefit Flexibilities*
- Financing Flexibilities
- Workforce Flexibilities
- Managed Care Flexibilities
- Health Information Exchange Flexibilities
- T-MSIS Coding Guidance
- Quality Reporting*

Appendix B: Resources

*Indicates New Resource Added

The Resources section has 11 focus areas which include:

- Medicaid COVID-19
- Medicaid
- Medicare
- Recent Related Federal Regulation and Legislation
- Office for Civil Rights
- Office of Inspector General
- MACPAC
- Technical Assistance for Providers
- Guidance on treating substance use disorder via telehealth
- Health Resources and Services Administration*
- Center for Connected Health Policy*

FAQ SPOTLIGHT

1.) What flexibilities are available to provide care via telehealth for individuals who are quarantined or self-isolated to limit risk of exposure?

States have broad flexibility to cover telehealth through Medicaid. No federal approval is required for State Medicaid programs to reimburse telehealth services in the same manner and rate as face-to-face services.

2.) Are there any available flexibilities in implementing the requirement for face-to-face encounters under Medicaid home health? Can telehealth be utilized?

Face-to-face encounters may occur using telehealth as described at 42 C.F.R. §440.70(f) (6). A state plan amendment would be needed to revise state plan language that imposes telehealth parameters that would restrict this practice.

9.) Can pediatric clinicians receive Medicaid reimbursement for well-child visits delivered via telehealth?

Yes and states can generally establish the payment rate for these services.

13.) Does federal Medicaid law and policy allow states to cover and reimburse for Medicaid services delivered using audio-only telehealth technologies?

This capability was available prior to the COVID-19 public health emergency, has been available during, and will be available after the public health emergency ends.

14.) Are SPAs necessary to specify when states will cover and pay for Medicaid services that are delivered using telehealth?

State plan amendments are necessary if states want to cover or pay for telehealth services differently than in person services.

16.) Do states need to submit a SPA if they pay the same PPS rate for telephonic services provided by FQHCs or RHCs as they pay for services delivered in-person?

States do not need to submit state plan amendments to pay the same rate for telephone services by FQHCs, RHCs as paid for in-person services.