



September 6, 2022

Chiquita Brooks-LaSure  
Administrator  
The Center for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Dear Administrator Brooks-LaSure,

On behalf of the nation's Medicaid Directors, the National Association of Medicaid Directors (NAMD) is writing in response to the Center for Medicare and Medicaid Services' (CMS) proposed [Medicare Physician Fee Schedule for Calendar Year \(CY\) 2023](#) [CMS–1770–P].

The proposed rule includes a policy that would end Medicare coverage of most audio-only telehealth services 151 days after the end of the COVID-19 public health emergency (PHE). While Medicaid has the ability to cover audio-only telehealth, this policy change may have unintended consequences on the Medicaid program, including impacts on provider networks and on members who are dually eligible for Medicare and Medicaid.

NAMD is a bipartisan, nonprofit, professional organization representing leaders of all Medicaid agencies across the country. NAMD represents, elevates, and supports state and territorial Medicaid leaders to deliver high value services to the millions of people served by Medicaid and CHIP so they can achieve their best health and thrive in their communities.

### **Impacts on Provider Networks**

The proposed end to Medicare coverage for most audio-only telehealth services may have impacts on Medicaid provider networks. Although State Medicaid Agencies have the flexibility to cover audio-only telehealth, there may be providers who are dependent on Medicare reimbursements to continue delivering audio-only telehealth services. State Medicaid Directors report that some providers – especially providers in rural or frontier areas – do not have the funding to procure two-way audio-video telehealth platforms or have patients who lack the technology needed to access video telehealth. In the absence of Medicare coverage, these providers may stop offering telehealth services altogether, shrinking the network of Medicaid providers for these critical services.

This policy change may also have important impacts on health equity. Research has shown that [older patients \(ages >65 years\)](#); [Black, American Indian/Alaska Native](#), and

[Hispanic patients](#); [patients with limited English proficiency](#); and patients who live in [rural areas or areas with limited broadband Internet access](#) are more likely to use audio-only telehealth services. CMS should be careful to ensure that changes in Medicare coverage policy do not have unintended consequences on access for these members.

### **Impacts on Dually Eligible Members**

The proposed change in Medicare coverage policy would have impacts on members who are dually eligible for Medicare and Medicaid. A lack of alignment between Medicare and Medicaid policy around telehealth coverage may confuse members. Additionally, in the absence of Medicare coverage, primary payer responsibility for audio-only telehealth would shift to Medicaid, straining limited state resources.

### **Technical Considerations**

CMS should clarify the technical definition of an “audio-only” telehealth visit. For example, CMS should clarify if a provider could receive reimbursement for a telehealth visit delivered on a two-way audio-video platform if the patient turns off their video feed or loses internet connectivity and must call in during the visit. NAMD encourages CMS to address these technical nuances with an eye towards access and equity.

NAMD appreciates the opportunity to provide these comments. We look forward to working together to ensure Medicaid, Medicare, and dually eligible members have access to high-quality care.

Sincerely,



Allison Taylor  
NAMD Board President  
Director of Medicaid  
Indiana Family and Social  
Services Administration



Cindy Beane  
NAMD Board President-Elect  
Commissioner  
West Virginia Department of Health  
and Human Resources