

PUBLICATION

CMS Expands Telehealth Benefits Available to Medicare Advantage Patients

April 18, 2019

On April 5, 2019, CMS finalized policies that will allow Medicare Advantage (MA) plans to include additional telehealth benefits. These additional telehealth benefits offer patients the option to receive health care services from places like their homes, rather than requiring them to go to a health care facility. The final rule can be downloaded [here](#).

Under Medicare, the term "telehealth services" refers to services practitioners normally furnish in person, but for which CMS will make payment "when they are instead furnished using interactive, real-time telecommunication technology." The Social Security Act governs which telehealth services are, and are not, covered under Medicare. Find more information [here](#).

Historically, MA plans have been able to offer as part of their *supplemental* benefits a broader range of telehealth services than original Medicare. This final rule will allow (but not require) MA plans to offer MA additional telehealth benefits as part of standard MA benefits. That is, the additional telehealth benefits are accounted for in the capitated payment to the MA plan as part of the basic benefits.

MA plans may also continue to offer *supplemental* benefits (that is, benefits not ordinarily covered by original Medicare) via remote access technologies. For instance, an MA plan may offer, as an MA supplemental telehealth benefit, a videoconference dental visit even if dental services offered are not currently covered Part B benefits, and thus would not be allowable as an additional MA telehealth benefit.

CMS will permit MA plans to identify which additional telehealth benefits are clinically appropriate to furnish through electronic exchange. There is no mandatory set of telehealth services that must be offered. The additional telehealth benefits must be *directly* related to the care and treatment of the enrollee for the Part B benefit; MA plans will not be able to provide enrollees with internet service or permanently install telecommunication systems in an enrollee's home as part of the new telehealth benefits.

In offering these telehealth benefits, MA plans must comply with existing MA rules. That is, additional MA telehealth benefits may only be offered using contracted (that is, network) providers. An MA plan may cover *supplemental* telehealth benefits furnished by a *non-contracted* provider through a telehealth exchange. MA plans must also ensure compliance with other federal laws, such as Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, recordkeeping requirements, confidentiality, standards for communications and marketing at 42 C.F.R. § 422.2268, among others.

A fact sheet on the CY 2020 Medicare Advantage and Part D Flexibility Final Rule (CMS-4185-F) is available [here](#).

For additional information on payment issues related to telehealth services, contact any member of Baker Donelson's [Reimbursement Team](#).