

December 11, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

RE: Medicaid Telehealth Provider Enrollment Barriers

Dear Administrator Brooks-LaSure:

On behalf of the undersigned organizations, thank you for your leadership in expanding access to telehealth during the COVID-19 public health emergency (PHE). Clinicians across the country have scaled delivery and provided all Americans – many for the first time – access to high-quality virtual care. Health care organizations, both providers and payers, have dramatically transformed and made significant investments in new technologies to prepare for America's growing health care needs.

We write to ask for your support in modernizing Medicaid provider enrollment requirements, which left unaddressed will significantly limit beneficiaries' access to high-quality health care providers delivering care via telehealth across state lines. For many Medicaid beneficiaries, accessing quality health care remains a significant challenge. Lack of transportation, economic and housing instability, geographic barriers, functional limitations, and isolation are well known, longstanding barriers to care. In all 50 states, telehealth coverage for Medicaid patients has temporarily or permanently been expanded since the beginning of the COVID-19 PHE. The pandemic has proven that telehealth technologies help providers overcome these barriers and meet the needs of beneficiaries.

However, the recent expansion of telehealth has revealed critical administrative and regulatory barriers for providers furnishing services to Medicaid beneficiaries. Of these, the most significant are long standing Medicaid policies in some states that require their licensed providers to have an in-state service address to be considered an in-state provider. Medicaid agencies did not anticipate virtual care at scale, delivered by providers licensed in their state but practicing across state lines when many of the enrollment requirements were instituted. Consequently, provider entities are either denied enrollment by state Medicaid agencies or are required to adhere to onerous and unnecessary out-of-state provider enrollment rules. This is despite the fact that the provider holds an appropriate license in both the state where the provider is located and the state where the patient is located.

Outdated structural deficiencies have mandated that a provider group service address be used, which is typically where the group is headquartered. While CMS and state Medicaid programs have already updated requirements to allow distant site providers to furnish telehealth services, they have not yet fixed brick-and-mortar service address requirements. For providers offering services via telehealth, the distant site -- where the provider is located -- is not necessarily the same as the service address. This dynamic is leading to confusion among state Medicaid agencies.

Policies have not kept pace with technology. As a result, vulnerable patient populations miss out on the full scope of high-quality medical and specialty care that telehealth can enable, including easier access to affordable health care services delivered by wider and more robust provider networks. States should ensure that so long as a health care provider is appropriately licensed in a state, by that state's licensing

Board, they should not be treated as an out-of-state provider. Further, telehealth providers should not be required to hold a license in the state where their provider group is located because the patient is not being seen at that service address.

Providers encounter significant administrative burdens when delivering care to Medicaid beneficiaries. As states look to expand access and account for the significant expansion of telehealth services, state programs need guidance on how best to modernize and streamline provider enrollment while addressing the administrative burdens associated with furnishing telehealth services in Medicaid. **As CMS looks to expand access to high quality telehealth, we ask for your support in updating prior telehealth guidance to states to better communicate provider enrollment requirements under current law, identify where states have authority to modernize, and provide recommendations that would harmonize enrollment requirements, reduce regulatory and administrative burden, and enhance Medicaid provider networks.**

Thank you again for your leadership on telehealth. We look forward to working with you to enhance and expand access to care for Medicaid beneficiaries across the country.

Sincerely,

AlediumHR
American Academy of Physician Associates
American Psychological Association Services
American Telemedicine Association
AmplifyMD
Amwell
Ascension
Association for Ambulatory Behavioral Healthcare
Asynhealth
ATA Action
athenahealth
Atlanta Neuroscience Institute
BeyondMd
BlueStar Telehealth
California Telehealth Network
Cancer Support Community
Care on Location
CareHive Health
Circle Medical
Clear Arch Health
Columbia University Irving Medical Center
CommonSpirit Health
Corewell Health
DigitalOptometrics LLC
Elite Health Online
EPOWERdoc, LLC
Go2Care, Inc.
Hazel Health
HealthTech Dynamics

Hello Alpha, Inc
Included Health (formerly Doctor On Demand + Grand Rounds)
KeyCare, Inc & KeyCare Medical Group
LifeMD, Inc.
Lifepoint Health
LT Telehealth/LocumTenens.com
Mayo Clinic
Mental Health America
Michigan Health and Hospital Association
Mightier Clinical Services
New Directions Trchnology Consulting , LLC
NextGen Healthcare
NuvoAir
OCHIN
Ophelia
Oshi Health
Partnership to Advance Virtual Care (PAVC)
Prescribery
Reproductive Health Initiative for Telehealth Equity & Solutions (RHITES)
Sanford Health
Specialist Telemed
Teladoc Health
Thera VR Inc.
TheraTec, Inc
Third Eye Health
Thirty Madison and KMG Medical Group
URAC
VirtuSense Technologies Inc.
Yale New Haven Health System
Yale School of Medicine
Zipnosis