



February 24, 2026

Administrator Mehmet Oz  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-2026-0034  
P.O. Box 8013 Baltimore, MD 21244

*Submitted via regulations.gov*

**Re: ATA Action Response to Advance Notice of Methodological Changes for Calendar Year (CY) 2027 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies (CMS-2026-0034)**

On behalf of ATA Action, the affiliated trade organization of the American Telemedicine Association, thank you for the opportunity to provide feedback on this CY2027 Medicare Advantage (MA) Advance Notice. We appreciate CMS's continued leadership and this Administration's strong commitment to advancing affordable, high-quality healthcare through virtual care.

We write today regarding CMS's proposed decision to exclude all diagnoses from audio-only telehealth visits, identified by modifiers 93 and FQ, from the 2027 MA risk adjustment model on the basis that audio-only encounters do not meet the "face-to-face" requirement. ATA Action respectfully urges CMS to reconsider this approach. Audio-only telehealth remains a critical modality of care, particularly for patients in rural and underserved communities who lack reliable broadband or video-capable devices.

There is strong evidence supporting the clinical value of audio-only care. Studies from the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE) show that audio-only telehealth was widely used by low-income, rural, and older beneficiaries and produced comparable follow-up rates to video visits.<sup>1</sup> Research published in JAMA Network Open found that audio-only behavioral health visits achieved similar clinical outcomes to video.<sup>2</sup> HRSA's Health Center Program data show that audio-only remains a lifeline modality for safety-net populations.<sup>3</sup> These findings reinforce that audio-only care is not lower-quality care—it is clinically appropriate, safe, and essential for millions of beneficiaries.

We also note that CMS's proposal appears to rely on an outdated assumption about Medicare's authority to cover audio-only telehealth services. CMS has historically interpreted the statutory term "telecommunications" to exclude telephone-only services, meaning Medicare's ability to pay for audio-only telehealth is grounded in the temporary telehealth flexibilities authorized by Congress. At the time the Advance Notice was drafted, those flexibilities were scheduled to expire at the end of January 2026. However, Congress has since extended these authorities through December 31, 2027, ensuring that audio-only telehealth remains a Medicare-covered service throughout CY 2027. Because Medicare Advantage must cover all Medicare-covered services, we respectfully request that CMS update the proposed policy to reflect this statutory extension and continue to allow diagnoses from audio-only encounters (modifiers 93 and FQ) to be included in the CY 2027 MA risk adjustment model.

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<sup>1</sup> HHS Office of the Assistant Secretary for Planning and Evaluation, "Medicare Beneficiary Use of Telehealth," 2022.

<sup>2</sup> Uscher-Pines et al., JAMA Network Open, 2022.

<sup>3</sup> HRSA Uniform Data System, 2023–2024.



ATA Action is modality-neutral: we believe clinicians should determine the most appropriate modality whether in-person, video, or audio-only, for each patient encounter, so long as care meets the standard of practice. Excluding audio-only diagnoses from risk adjustment risks unintentionally penalizing plans that serve populations with the greatest access barriers and may undermine equity goals across Medicare Advantage.

We also urge CMS to continue identifying opportunities to fully integrate virtual care into the Medicare Advantage program. Virtual care, across video, audio-only, remote monitoring, and asynchronous modalities, has become a foundational component of modern care delivery. Ensuring that MA policies recognize and support clinically appropriate virtual care will strengthen access, improve outcomes, and advance CMS's equity and affordability goals.

We appreciate CMS's thoughtful work on these complex issues and look forward to continued collaboration to ensure that Medicare beneficiaries can access clinically appropriate virtual care in all modalities.

Kind regards,

A handwritten signature in black ink that reads "Alexis Apple". The signature is written in a cursive, flowing style.

Alexis Apple

ATA Action

Deputy Executive Director