



Catalyst Center COVID-19 Resource Series THE CARES ACT AND HEALTH COVERAGE

What Telehealth Policy Provisions Are Included in the CARES Act?

The goal of this fact sheet is to provide Title V programs and allies with a summary of guidance in clear language in order to build understanding of key financing and coverage provisions during the COVID-19 emergency, support care coordination, benefits and coverage counseling and aid in reducing the risk of family financial hardship.

The [CARES Act](#) became law on March 27, 2020. This \$2.2 trillion package builds on two previous Congressional legislative efforts to address the health and economic impacts of the Coronavirus pandemic.

The following are brief highlights of one of the health coverage-related provisions of the CARES Act that has implications for states, children and youth with special health care needs, their families, and providers.

Telehealth

- States already have [broad flexibility in covering telehealth through Medicaid](#). No special approval from CMS is necessary for state Medicaid programs to reimburse providers for telehealth services (telephonic or via video-conference) in the same manner or at the same rate that states pay for equivalent in-person services. To change payment methodologies would require a State Plan Amendment (SPA). States can use [Appendix K](#) to allow case management to be offered by telephone or videoconference to home and community-based service waiver recipients.
- Section 3701: For plan years beginning on or before December 31, 2021, high-deductible health plans with a health savings account (HSA) are permitted to cover any telehealth services without cost-sharing prior to a patient reaching the deductible, including those related to COVID-19 care and treatment.
- Individual and group plans will be allowed to make mid-year changes to their products in support of greater access to telehealth services or by reducing or eliminating cost-sharing. This flexibility applies to COVID-19-related services as well as any telehealth service.

For more information, see the [Centers for Medicare and Medicaid Services \(CMS\) telehealth and telemedicine toolkit](#) for use by states during the COVID-19 pandemic.

The information presented is accurate as of its publication date. Further federal agency guidance, regulations and rules are being issued rapidly and may have an impact on this content. For the most up-to-date information on Medicaid/CHIP guidance, state flexibility-related tools and checklists, waiver and amendment approvals, and clinical/technical guidance please view [Coronavirus resources for states at Medicaid.gov](#).

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