



State Telemedicine Gaps Analysis

Coverage & Reimbursement

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February 2017**





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EXECUTIVE SUMMARY

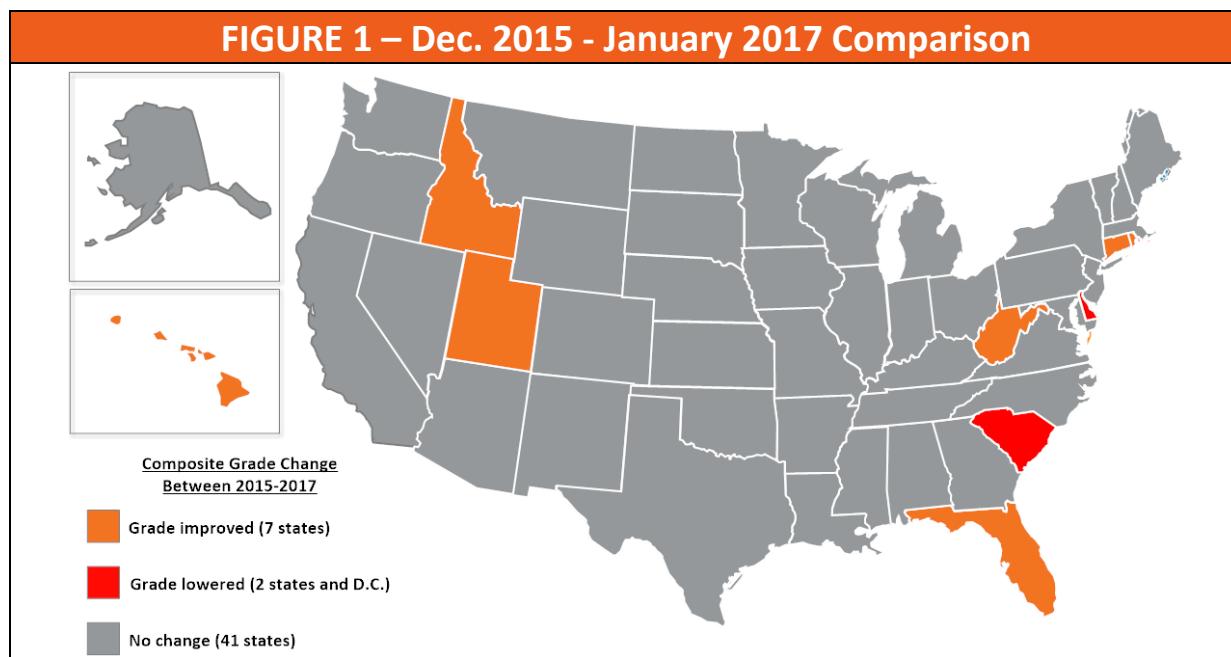
Payment and coverage for services delivered via telemedicine are some of the biggest challenges for telemedicine adoption. Patients and health care providers may encounter a patchwork of arbitrary insurance requirements and disparate payment streams that do not allow them to fully take advantage of telemedicine.

The American Telemedicine Association (ATA) has captured the complex policy landscape of 50 states with 50 different telemedicine policies, and translated this information into an easy to use format. This report complements our *50 State Gaps Analysis: Physician Practice Standards & Licensure*, and extracts and compares telemedicine coverage and reimbursement standards for every state in the U.S. ultimately leaving each state with two questions:

- “How does my state compare regarding policies that promote telemedicine adoption?”
- “What should my state do to improve policies that promote telemedicine adoption?”

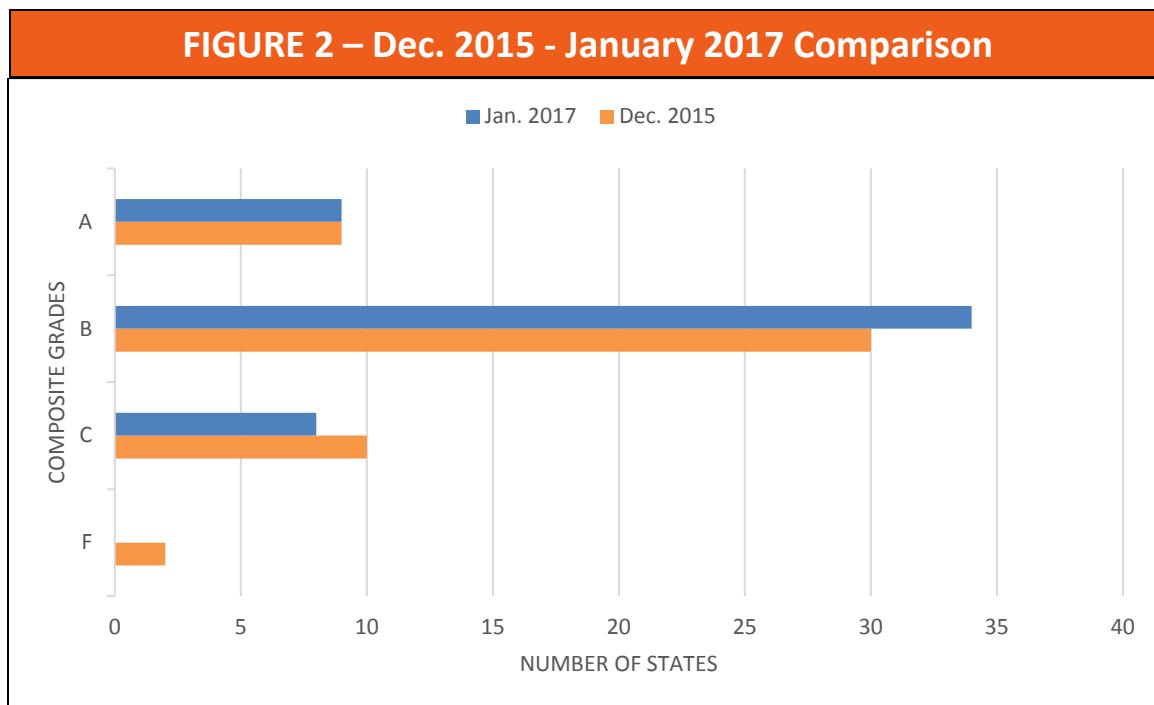
Using data categorized into 13 indicators related to coverage and reimbursement, our analysis reveals a mix of strides and stagnation in state-based policy despite decades of evidence-based research highlighting positive clinical outcomes and increasing telemedicine utilization.

Since our initial report in September 2014 all Medicaid agencies have adopted some type of coverage for telemedicine. Further, 7 states have adopted policies that improved coverage and reimbursement of telemedicine-provided services since the 2016 report, while two states and D.C. have either lowered telemedicine coverage or adopted policies further restricting telemedicine coverage (Figure 1).¹



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States have made significant efforts to improve their grades through the removal of arbitrary restrictions and adoption of laws ensuring coverage parity under private insurance, state employee health plans, and/or Medicaid plans, as indicated in Figure 2. Overall, no states have failing composite grades, and there are more states now with above average grades, "A" or "B", including Connecticut and Rhode Island which improved from an "F" to "B", than highlighted in the December 2015 analysis.



This year Connecticut, Florida, Hawaii, Idaho, Rhode Island, Utah, and West Virginia have higher scores suggesting a supportive policy landscape that accommodates telemedicine adoption while D.C., Delaware, and South Carolina saw a drop in their composite grade. South Carolina dropped from an "B" to "C" because the Home and Community-Based Service waiver allowing remote patient monitoring expired. (Table 1).

Table 1 – Composite Scores by State

State	Composite Grade						
AL	B	IL	C	MT	B	RI	B
AK	B	IN	C	NE	B	SC	C
AZ	B	IA	B	NV	A	SD	B
AR	C	KS	B	NH	B	TN	A
CA	B	KY	B	NJ	C	TX	B
CO	B	LA	B	NM	A	UT	A
CT	B	ME	A	NY	B	VT	B
DC	C	MD	B	NC	C	VA	A
DE	B	MA	B	ND	B	WA	B
FL	B	MI	B	OH	B	WV	B
GA	B	MN	B	OK	A	WI	C
HI	A	MS	A	OR	B	WY	B
ID	B	MO	B	PA	B		

When broken down by the 13 indicators, the state-by-state comparisons reveal even greater disparities.

- Ten states have enacted telemedicine parity laws since the initial report in 2014. Of the 31 states that have telemedicine parity laws for private insurance, 24 of them and D.C. scored the highest grades indicating policies that authorize state-wide coverage, without any provider or technology restrictions (Figure 3). Less than half of the country, 20 states, ranked the lowest with failing scores for having either no parity law in place or numerous artificial barriers to parity. This is a significant improvement as more states adopt parity laws. Arkansas maintains a failing grade because it is the only state that requires an in-person visit in its parity law.
- Telemedicine in Medicaid is working! All 50 state Medicaid programs have some type of coverage for telemedicine. Eleven states scored the highest grades by offering more comprehensive coverage, with few barriers for telemedicine-provided services (Figure 4). Connecticut, Florida, Hawaii, and Iowa passed reforms that ensure parity coverage with little or no restrictions, while Rhode Island has included some coverage of telehealth-provided services in their Medicaid fee schedule. New Hampshire is the only state ranked the lowest with failing scores in this area. New Hampshire fails due to adopted legislation that includes Medicaid telehealth coverage language similar to Medicare restrictions.
- Another area of improvement includes coverage and reimbursement for telemedicine under state employee health plans. Twenty-six states have some type of coverage for telehealth under one or more state employee health plan. Most states self-insure their plans thus traditional private insurer parity language does not automatically affect

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them. 50 percent of the country is ranked the lowest with failing scores due to partial or no coverage of telehealth (Figure 5).

Regarding Medicaid, states continue to move away from the traditional hub-and-spoke model and allow a variety of technology applications. Twenty-eight states do not specify a patient setting as a condition for payment of telemedicine (Figure 6). Aside from this, 40 states recognize the home as an originating site, while 23 states and D.C. recognize schools and/or school-based health centers as an originating site (Figures 7-8).

More states, including Hawaii, Louisiana, and Nebraska, are passing legislation or seeking federal waivers to cover remote patient monitoring for chronic disease management. Twenty-one states now cover remote patient monitoring, while 15 cover services when using store-and-forward technology. Half of the country ranks the lowest with failing scores either because they only cover and reimburse for telemedicine encounters using synchronous platforms. Despite the ubiquitous adoption of smartphones nationwide, Idaho, Missouri, New York, North Carolina and South Carolina prohibit the use of “cell phone video” to facilitate a telemedicine encounter (Figure 9).

There is still a national trend to allow state-wide Medicaid coverage of telemedicine instead of focusing solely on rural areas or designated mileage requirements (Figure 10).

States are also increasingly using telemedicine to fill provider shortage gaps and ensure access to specialty care including dentistry and substance abuse treatment/counseling. Nineteen states do not specify the type of healthcare provider allowed to provide telemedicine as a condition of payment (Figure 11). While 16 states and D.C. ranked the lowest with failing scores for authorizing less than nine health provider types. Montana is the only state that authorizes physicians solely as eligible providers.

Overall, coverage of specialty services for telemedicine under Medicaid is a checkered board and no two states are alike.

- Thirteen states rank the highest for coverage of telemedicine-provided physician services and most states cover an office visit or consultations, with ultrasounds and echocardiograms being the least covered telemedicine-provided services (Figure 12).
- For mental and behavioral health services, generally mental health assessments, individual therapy, psychiatric diagnostic interview exam, and medication management are the most covered via telemedicine. Fifteen states rank the highest for coverage of mental and behavioral health services (Figure 13). High ranking states such as West Virginia encourage the use of telemedicine to provide mental health access. The lowest ranking state for mental health services is New York which finalized regulations placing arbitrary restrictions on telemedicine-provided services.

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- Although state policies vary in scope and application, three more states have expanded coverage to include telerehabilitation. Twenty-five states are known to reimburse for telerehabilitative services in their Medicaid plans. Of those, 14 states rank the highest with telemedicine coverage for therapy services (Figure 14).
- Alaska and Hawaii are the only states with the highest ranking for telemedicine provided services under the home health benefit (Figure 15). Seventy percent of the country ranked the lowest with failing scores due to a lack of telemedicine services covered under the home health benefit.

Finally, twenty-seven states and D.C. have unique patient informed consent requirements for telemedicine encounters (Figure 16). More states are revising their policies to remove telepresenter requirements. Thirty-four states do not require a telepresenter during the encounter or on the premises (Figure 17).

PURPOSE

Patients and health care enthusiasts across the country want to know how their state compares to other states regarding telemedicine. While there are numerous resources that detail state telemedicine policies, they lack a state-by-state comparison. ATA has created a tool that identifies state policy gaps with the hope that states will respond with more streamlined policies that improve health care quality and reduce costs through accelerated telemedicine adoption.

This report fills that gap by answering the following questions:

- “How does my state’s telemedicine policies compare to others?”
- “Which states offer the best coverage for telemedicine provided services?”
- “Which states impose barriers to telemedicine access for patients and providers?”

It is important to note that this report is not a “how-to guide” for telemedicine reimbursement. This is a tool aimed to serve as a reference for interested parties and to inform future policy decision making. The results presented in this document are based on information collected from state statutes, regulations, Medicaid program manuals/bulletins/fee schedules, state employee handbooks, and other federal and state policy resources. It is ATA’s best effort to interpret and understand each state’s policies. Your own legal counsel should be consulted as appropriate.

OVERVIEW

State lawmakers around the country are giving increased attention to how telehealth can serve their constituents. Policymakers seek to reduce health care delivery problems, contain costs, improve care coordination, and alleviate provider shortages. Many are using telemedicine to achieve these goals.

Over the past five years the number of states with telemedicine parity laws – that require private insurers to cover telemedicine-provided services comparable to that of in-person – has doubled.² Moreover, Medicaid agencies are developing innovative ways to use telemedicine in their payment and delivery reforms resulting in 50 state Medicaid agencies with some type of coverage for telemedicine provided-services.

Driving the momentum for telemedicine adoption is the creation of new laws that enhance access to care via telemedicine, and the amendment of existing policies with greater implications. Patients and health care providers are benefitting from policy improvements to existing parity laws, expanded service coverage, and removed statutory and regulatory barriers. While there are some states with exemplary telemedicine policies, lack of enforcement and general awareness have led to a lag in provider participation. Ultimately these pioneering telemedicine reforms have trouble reaching their true potential.

Other areas of concern include states that have adopted policies which are limiting in scope or prevent providers and patients from realizing the full benefits of telemedicine. Specifically, artificial barriers such as geographic discrimination and restrictions on provider and patient settings and technology type are harmful and counterproductive.

ASSESSMENT METHODS

Scoring

This report considers telemedicine coverage and reimbursement policies in each state based on two categories:

- Health plan parity
- Medicaid conditions of payment.

These categories were measured using 13 indicators. The indicators were chosen based on the most recent and generally accessible information assembled and published by state public entities. Using this information, we took qualitative characteristics based on scope of service, provider and patient eligibility, technology type, and arbitrary conditions of payment and assigned them quantitative values. States were given a certain number of points for each

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indicator depending on its effectiveness. The points were then used to rank and compare each state by indicator. We used a four-graded system to rank and compare each state. This is based off of the scores given to each state by indicator. Each of the two categories was broken down into indicators – three indicators for health plan parity and 10 indicators for Medicaid conditions of payment.

Each indicator was given a maximum number of points ranging from 1 to 35. The aggregate score for each indicator was ranked on a scale of A through F based on the maximum number of points.

The report also includes a category to capture innovative payment and service delivery models implemented in each state. In addition to state supported networks in specialty care and correctional health, the report identifies a few federally subsidized programs and waivers that states can leverage to enhance access to health care services using telemedicine.

Limitations

Telemedicine policies in state health plans vary according to a number of factors – service coverage, payment methodology, distance requirements, eligible patient populations and health care providers, authorized technologies, and patient consent. These policy decisions can be driven by many considerations, such as budget, public health and safety needs, available infrastructure or provider readiness.

As such, the material in this report is a snapshot of information gathered through January 2017. The report relies on dynamic policies from payment streams that are often dissimilar and unaligned.

Illinois and Massachusetts have enacted “If, then” telemedicine coverage laws which prevent the enforcement of discriminatory practices such as an in-person encounter.³⁻⁴ “If” the state regulated plan chooses to cover telemedicine-provided services, “then” the plan is prohibited from requiring an in-person visit. ATA does not interpret these statutes as parity laws.

We analyzed both Medicaid fee-for-service (FFS) and managed care plans. Benefit coverage under these plans vary by size and scope. We used physician, mental and behavioral health, home health, and rehabilitation services as a benchmark for our analysis. Massachusetts and New Hampshire do not cover telemedicine-provided services under their FFS plans but do have some coverage under at least one of their managed care plans. As such, the analysis and scores are reflective of the telemedicine offerings in each program, and not the Medicaid program itself, regardless of size and scope.

We did not analyze state Children’s Health Insurance Plans (CHIP) plans. We are aware that states provide some coverage of telemedicine-provided services for CHIP beneficiaries.

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Additionally, some states recognize schools and/or school-based health centers as originating sites, however we did not separately score or rank school-based programs.

Although five states (Arizona, Colorado, Nevada, North Dakota, and Oklahoma) include coverage of telemedicine-provided services under worker's compensation plans, we did not analyze this coverage benefit. ATA may include these plans in future versions of this report as states extend coverage to include telemedicine under worker's compensation and disability insurance.

Other notable observations in our analysis include state Medicaid plans that do not cover therapy services (i.e. physical therapy, occupational therapy, and speech language pathology).⁵ States with no coverage for these benefits were not applicable for scoring or ranking.

Additionally, some state policies can be conflicting. States like Connecticut, Hawaii, and New York have enacted laws requiring telemedicine parity in their Medicaid plans. However, regulations and Medicaid provider manuals do not reflect all of these policy changes. In those cases, the analysis and scores are reflective of the authorized regulations and statutes enacted by law unless otherwise noted. Future reports will reflect changes in the law if applicable.

Also, this report is about what each state has "on paper", not necessarily in service. Important factors, such as the actual provision and utilization of telemedicine services and provider collaboration to create service networks are beyond the scope of this report.

Indicators

Parity

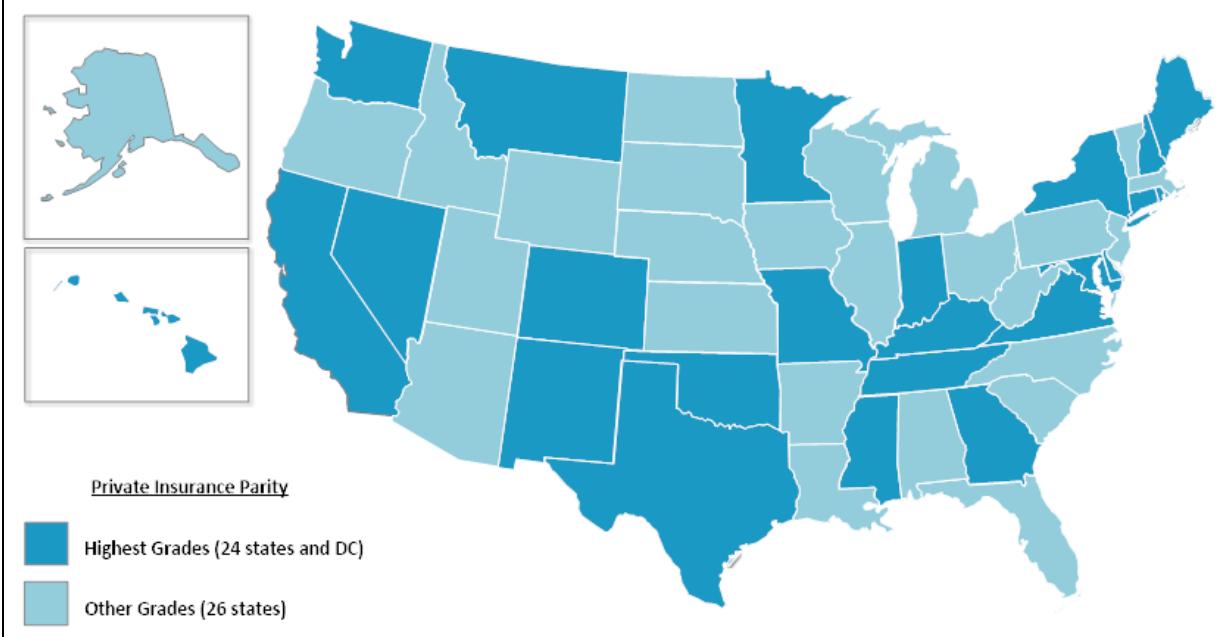
A. Private Insurance

Full parity is classified as comparable coverage for telemedicine-provided services to that of in-person services. Thirty-one states and the District of Columbia have enacted full parity laws. Only Alaska and Arizona have enacted partial parity laws that require coverage, but limits coverage and reimbursement to a predefined list of health care services. Since our initial report, some parity laws have included restrictions on patient settings. For this report's purpose, we added this component to our methodology, and continue to measure other components of state policies that enable or impede parity for telemedicine-provided services under private insurance health plans.

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Scale – Private Insurance Parity	
A	7 points
B	6 points
C	5 points
F	≤ 4 points

FIGURE 3 – Private Insurance Parity



States with the highest grades for private insurance telemedicine parity provide state-wide coverage, and have no provider, technology, or patient setting restrictions (Figure 3). This year Rhode Island joins other high ranking states with the passage of its 2016 parity law. Among other states with parity laws, Alaska and Vermont scored about average (C). Alaska's law only covers mental health services, while Vermont lawmakers have placed patient setting restrictions on those services eligible for coverage parity. Arizona removed its rural only restrictions and now offers telehealth parity statewide, yet still continues to limit coverage to interactive audio-video only modalities and specific types of services and conditions that are covered via telemedicine. Despite enacting a parity law in March 2015, Arkansas maintains a failing grade because it places arbitrary limits on patient location, eligible provider type, and requires an in-person visit to establish a provider-patient relationship. Forty-four percent of the country ranks the lowest with failing (F) scores, a drop from the initial report.

B. Medicaid

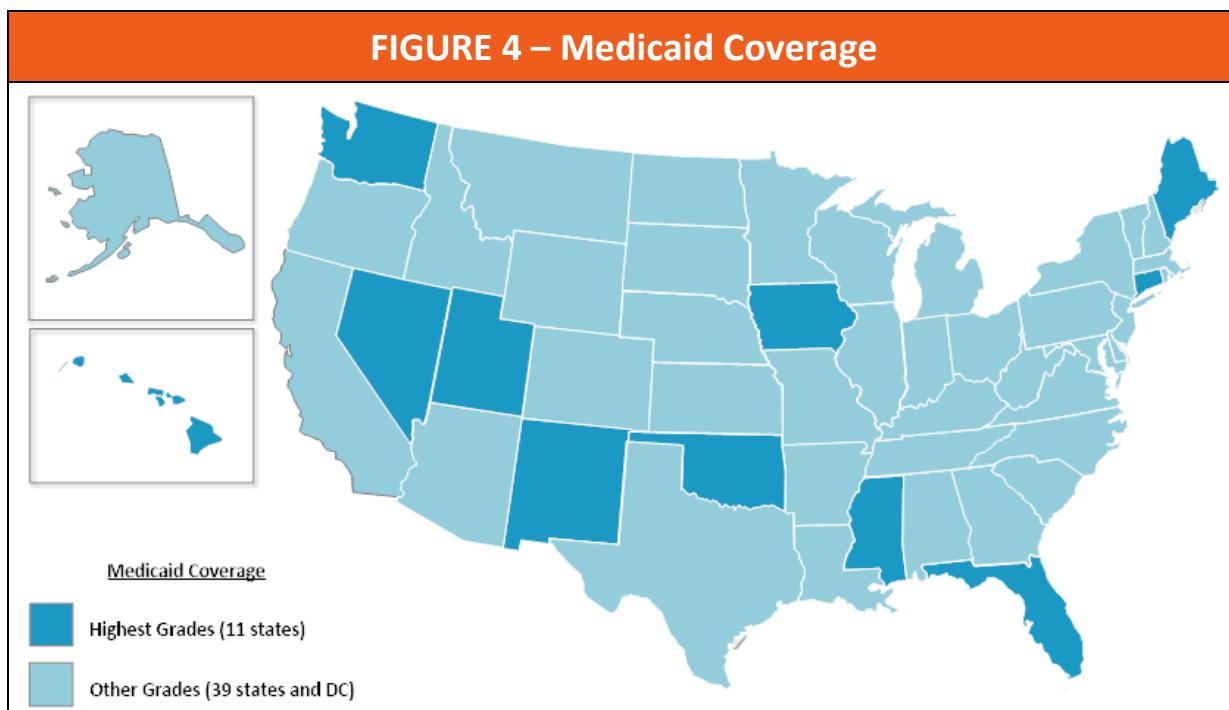
Each state's Medicaid plan was assessed based on service limits and patient setting restrictions. Provider eligibility and the type of technology allowed were also examined to determine the

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state's capacity to fully utilize telemedicine to overcome barriers to care. For this report's purpose, we measured components of state policies that enable or impede parity for telemedicine-provided services under Medicaid plans.

Scale – Medicaid Coverage	
A	14+ points
B	10-13 points
C	6-9 points
F	≤ 5 points

All Medicaid programs have some type of coverage for telemedicine.



Eleven states have the highest grades for Medicaid coverage of telemedicine-provided services (Figure 4). New Hampshire ranks the lowest with a failing (F) score because it still applies geography limits in addition to restrictions on service coverage, provider eligibility, and patient setting. Connecticut, Florida, Hawaii, Idaho, Utah, and West Virginia have all made improvements to expand coverage of telemedicine for their Medicaid populations. Rhode Island joins the ranks with telemedicine Medicaid coverage with reimbursement for some initial and follow-up telemedicine consultations.

C. State Employee Health Plans

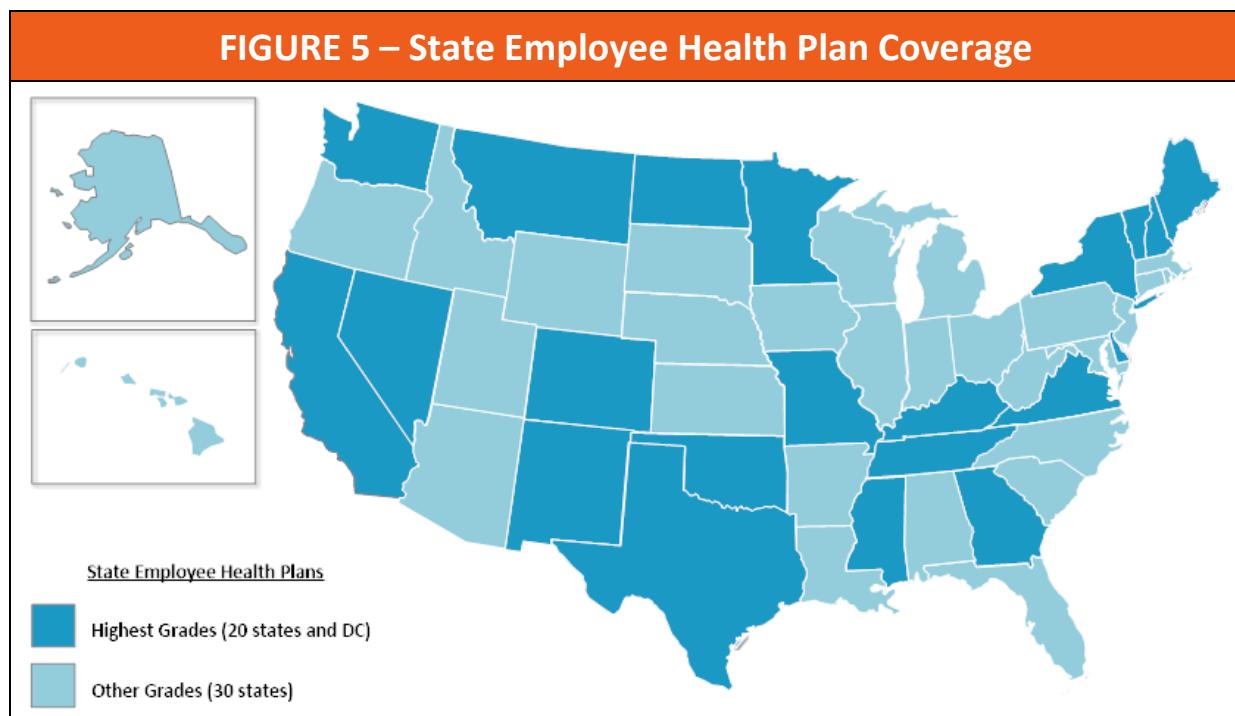
We measured components of state policies that enable or impede parity for telemedicine-provided services under state-employee health plans. Most states self-insure their plans

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therefore traditional private insurer parity language does not automatically affect them. Oregon, an exception, amended its parity law to include self-insured state employee health plans.

Scale – State-employee Health Plan Parity	
A	7 points
B	6 points
C	5 points
F	≤ 4 points

Twenty-six states provide some coverage for telemedicine under their state employee health plans with all of them extending coverage under their parity laws (Figure 5). North Dakota's parity law only covers state employee health plans. Roughly 50 percent of the country is ranked the lowest with failing scores due to partial or no coverage of telehealth.



Medicaid Service Coverage & Conditions of Payment

D. Patient Setting

In telemedicine policy, the place where the patient is located at the time of service is often referred to as the originating site (in contrast, to the site where the provider is located and often referred to as the distant site). The location of the patient is a contentious component of

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telemedicine coverage. A traditional approach to telemedicine coverage is to require that the patient be served from a specific type of health facility, such as a hospital or physician's office. With advances in decentralized computing power, such as cloud processing, and mobile telecommunications, such as 5G wireless, the current approach is to cover health services to patients wherever they are e.g. home, place of work, school, etc.

For this report, we measured components of state Medicaid policies that, for conditions of coverage and payment, broaden or restrict the location of the patient when telemedicine is used. The following sites are observed as qualified patient locations:

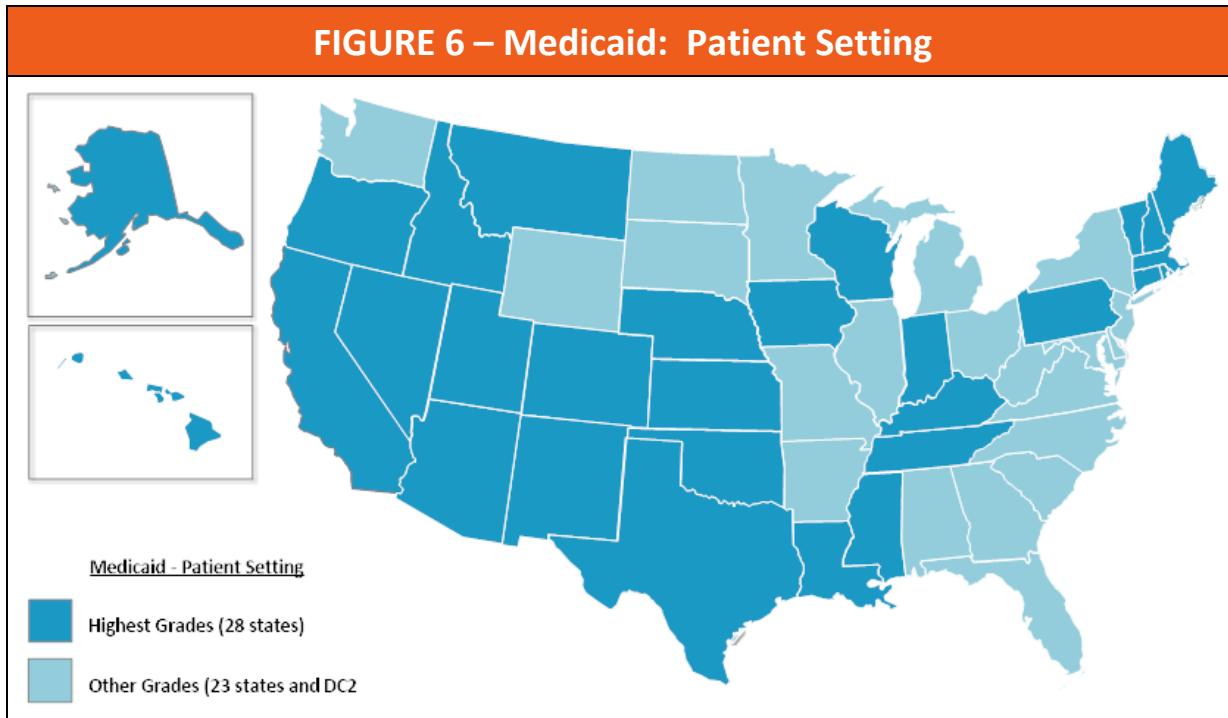
- hospitals
- doctor's office
- other provider's office
- dentist office
- home
- federally qualified health center (FQHC)
- critical access hospital (CAH)
- rural health center (RHC)
- community mental health center (CMHC)
- sole community hospital
- school/school-based health center (SBHC)
- assisted living facility (ALF)
- skilled nursing facility (SNF)
- stroke center
- rehabilitation/therapeutic health setting
- ambulatory surgical center
- residential treatment center
- health departments
- renal dialysis centers
- habilitation centers
- pharmacy.

States received one (1) point for each patient setting authorized as an eligible originating site. Those states that did not specify an originating site were given the maximum score possible (21).

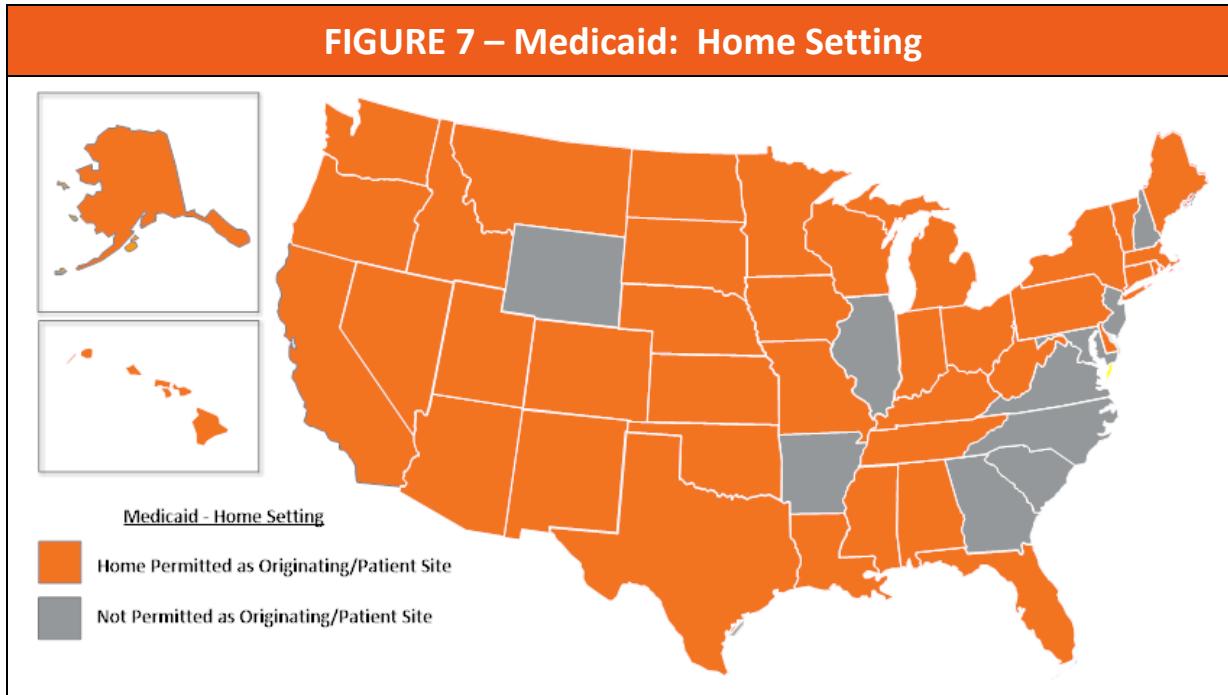
Scale – Medicaid: Patient Settings	
A	16+ points
B	11-15 points
C	6-10 points
F	≤ 5 points

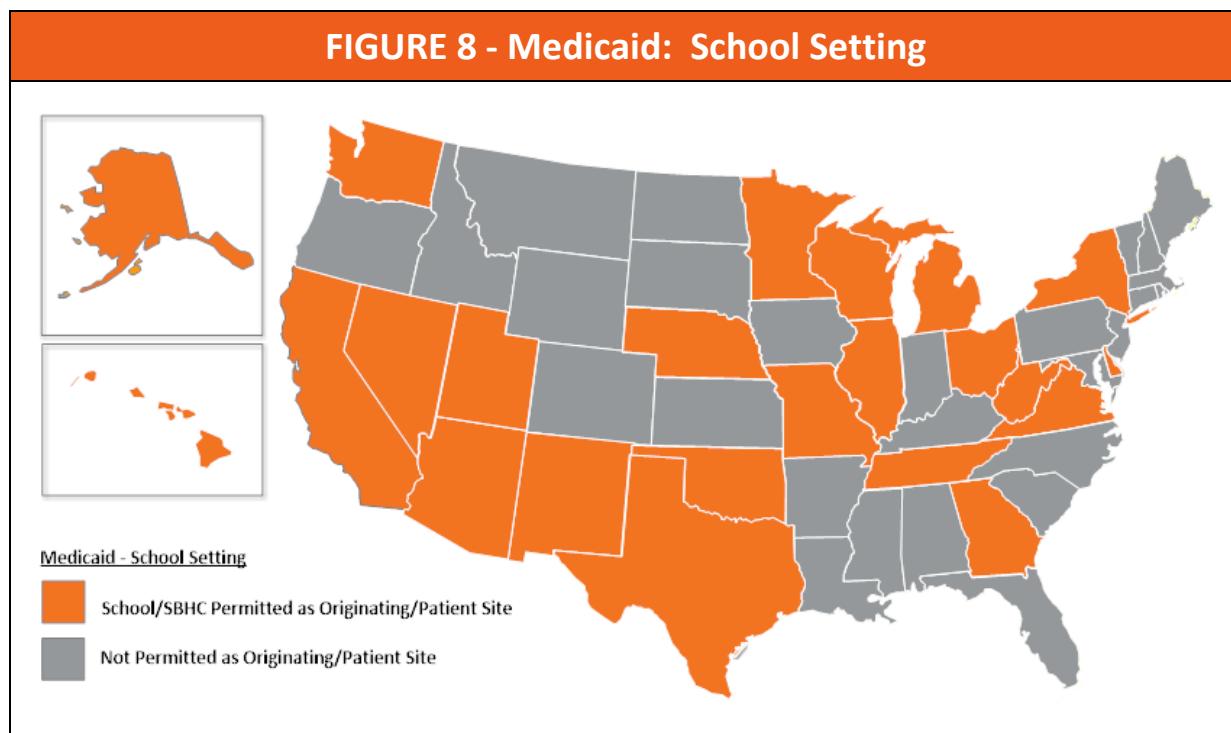
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Twenty-eight states do not specify a patient setting or patient location as a condition of payment for telemedicine (Figure 6).



Aside from this, 40 states allow the home as an originating/patient site, while 23 states and D.C. recognize schools and/or SBHCs as an originating site (Figures 7-8).





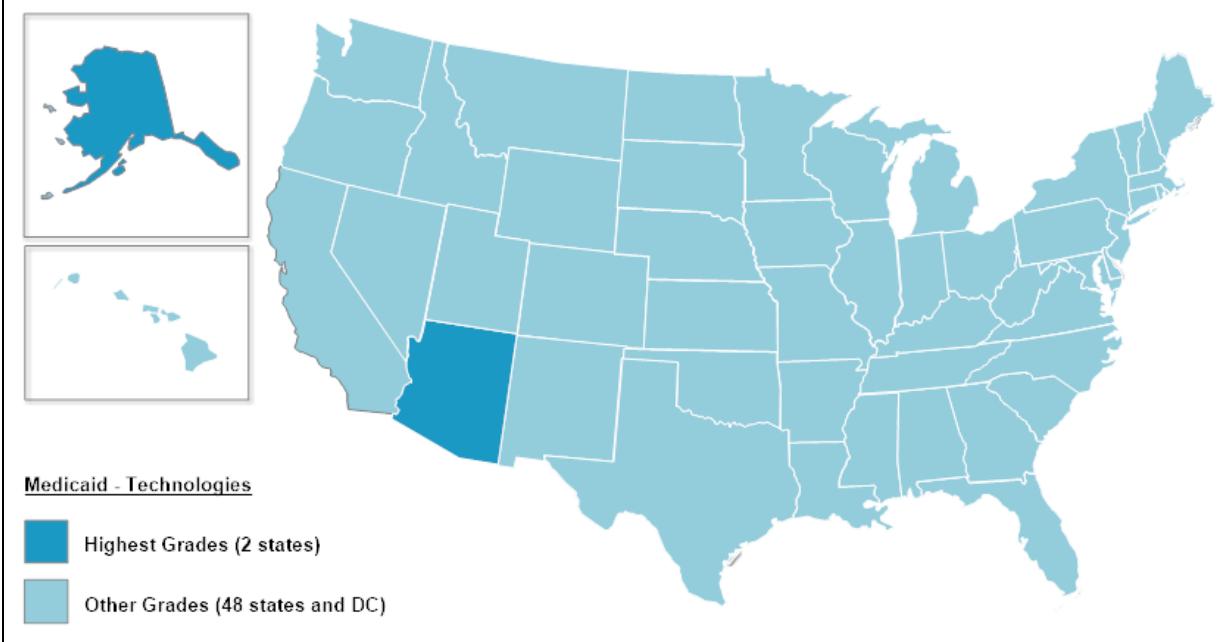
Illinois, New Jersey, and North Dakota ranked the lowest with failing (F) scores for designating less than six patient settings as originating sites.

E. Eligible Technologies

Telemedicine includes the use of numerous technologies to exchange medical information from one site to another via electronic communications. The technologies closely associated with services enabled by telemedicine include videoconferencing, the transmission of still images (also known as store-and-forward), remote patient monitoring (RPM) of vital signs, and telephone calls. For this report, we measured components of state Medicaid policies that allow or prohibit the coverage and/or reimbursement of telemedicine when using these technologies.

Scale – Medicaid: Eligible Technologies	
A	5 points
B	4 points
C	3 points
F	≤ 2 points

FIGURE 9 – Medicaid: Eligible Technologies



Twelve states score above average on our scale with Alaska and Arizona taking the highest ranking (Figure 9). Alaska covers telemedicine when providers use interactive audio-video, store-and-forward, remote patient monitoring, and audio conferencing for some telemedicine encounters. Arizona allows numerous modalities including phone, video, or store-and-forward to enable its remote patient monitoring service. Alaska, Arizona, Hawaii, Minnesota, Mississippi, Nebraska, Texas, and Washington all cover telemedicine when using synchronous technology as well as store-and-forward and remote patient monitoring in some capacity. A little less than 50 percent of the states rank the lowest with failing (F) scores either because they only cover synchronous only or provide no coverage for telemedicine at all.

Further, Idaho, Missouri, New York, North Carolina and South Carolina prohibit the use of “cell phone video” or “video phone” to facilitate a telemedicine encounter.

F. Distance or Geography Restrictions

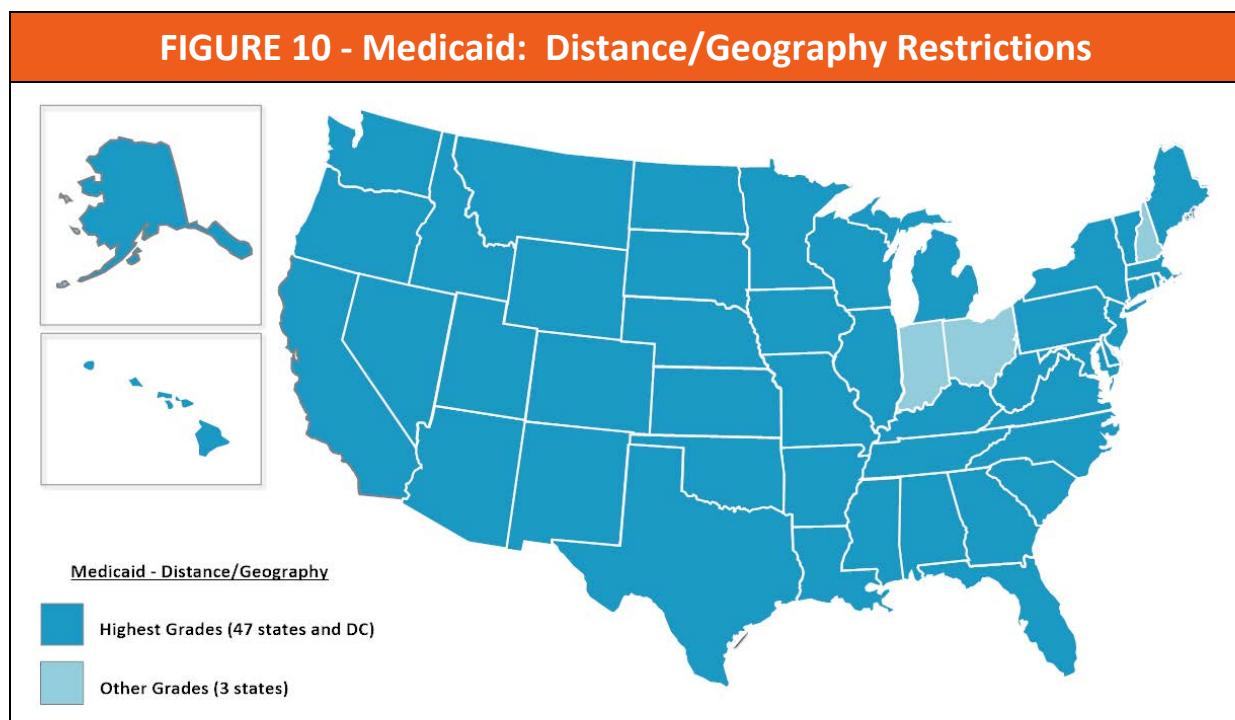
Distance restrictions are measured in miles and designate the amount of distance necessary between a distance site provider and patient as a condition of payment for telemedicine. Geography is classified as rural, urban, metropolitan statistical area (MSA), defined population size, or health professional shortage area (HPSA).

We measured components of state Medicaid policies that apply distance or geographic restrictions for conditions of coverage and payment when telemedicine is performed.

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Scale – Medicaid: Distance & Geography Restrictions	
A	3 points
B	2 points
C	1 point
F	0 points

Over the past year, states have made considerable efforts to rescind mileage requirements for covered telemedicine services. Hawaii, Idaho and West Virginia now offer telemedicine state-wide. New Hampshire adopted legislation that includes geographically restricted language similar to Medicare. Indiana has statutory authority to remove their mileage requirements for all distance site providers but chooses to enforce the mileage requirement for some eligible providers. Ohio Medicaid approved regulations that allows coverage of telemedicine services, and includes a five mile distance restriction as a condition of payment.



Ninety percent of the states cover telemedicine services state-wide without distance restrictions or geographic designations (Figure 10). This evidence dispels the misconception that telemedicine is only appropriate for rural settings only.

G. Eligible Providers

Most states allow physicians, nurse practitioners, and physician assistants to perform telemedicine encounters within their scope of practice.

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We measured components of state Medicaid policies that, for conditions of coverage and payment, broaden or restrict the types of distant site providers allowed to perform the telemedicine encounter. The following providers are observed as qualified health care professionals for covered telemedicine-provided services:

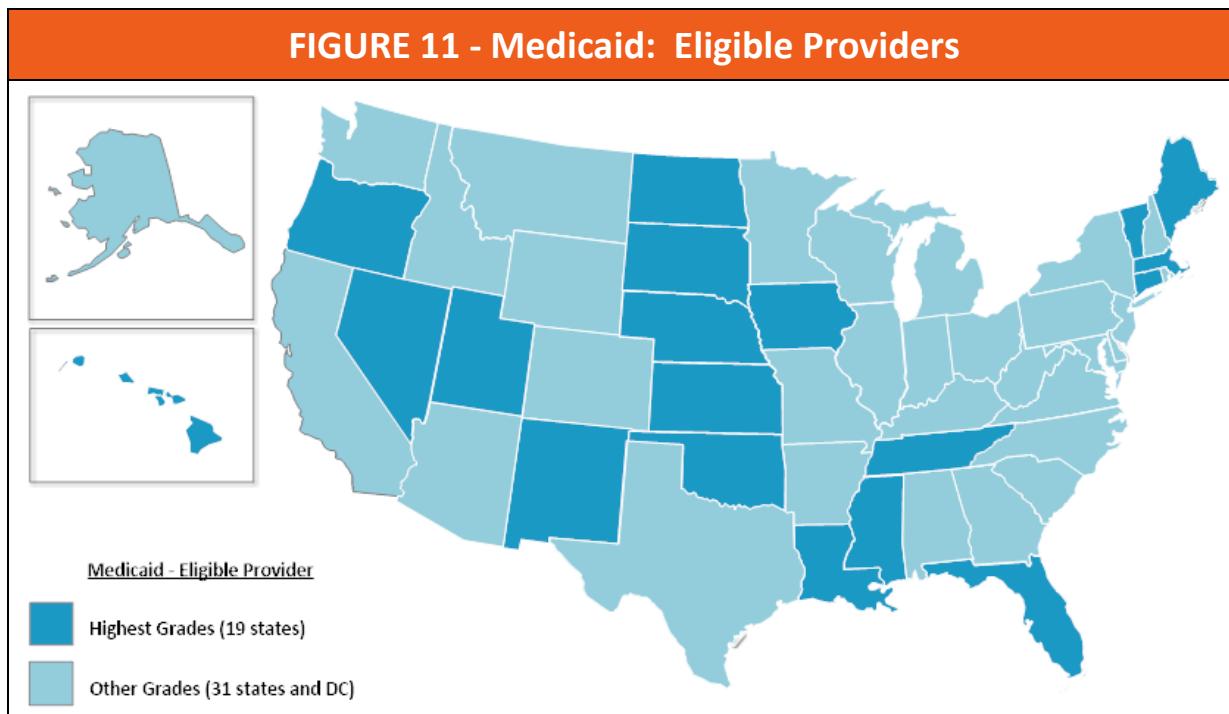
- physician (MD and DO)
- podiatrist
- chiropractor
- optometrist
- genetic counselor
- dentist
- physician assistant (PA)
- nurse practitioner (NP)
- registered nurse
- licensed practical nurse
- certified nurse midwife
- clinical nurse specialist
- psychologist
- marriage and family therapist
- clinical social worker (CSW)
- clinical counselor
- behavioral analyst
- substance abuse/addictions specialist
- clinical therapist
- pharmacist
- physical therapist
- occupational therapist
- speech-language pathologist and audiologist
- registered dietitian/nutritional professional
- diabetes/asthma/nutrition educator
- home health aide
- home health agency (HHA)
- FQHC
- CAH
- RHC
- CMHC
- SNF.

Each state received two (2) points for designating a physician, and one (1) point for each additional eligible provider authorized to provide covered telemedicine services. Those states that did not specify an eligible provider were given the maximum score possible (35).

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Scale – Medicaid: Eligible Providers	
A	25+ points
B	17-24 points
C	9-16 points
F	≤ 8 points

Nineteen states do not specify the type of health care provider allowed to provide telemedicine as a condition of payment (Figure 11).



Other interesting trends include:

- Increasing coverage of dental services. Arizona, California, Colorado, Minnesota, Missouri, New York, and Washington will cover services provided by a dentist.
- Alaska, California, Colorado, Illinois, Minnesota, Missouri, and Washington which cover services when provided by a podiatrist. Alaska, California, and Kentucky cover services when provided by a chiropractor.
- California, Kentucky, Missouri, and Washington are the only states to specify coverage for services when provided by an optometrist.
- Although CMS has issued guidance clarifying their position on coverage for services related to autism spectrum disorder, only Arizona, New Mexico, Oklahoma, and Washington specify coverage for telemedicine when provided by behavioral analysts. This trend is unique because these specialists are critical for the treatment of autism spectrum disorders.

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- Other behavioral health trends include New Mexico, Oklahoma, Virginia, West Virginia, Wyoming, and D.C. allow coverage for telemedicine when provided by a substance abuse or addiction specialist.

More states are adding eligible providers to facilitate telemedicine encounters as compared to previous reports. Fourteen states rank the lowest with failing (F) scores for authorizing less than nine health provider types. Montana ranks the lowest with coverage for physicians only.

H. Physician-provided Telemedicine Services

Physician-provided telemedicine services are commonly covered and reimbursed by Medicaid health plans. However, some plans base coverage on a prescribed set of health conditions or services, place restrictions on patient or provider settings, the frequency of covered telemedicine encounters, or exclude services performed by other medical professionals.

For this report, we measured components of state Medicaid policies that broaden or restrict a health professional's ability to use telemedicine to satisfy conditions of coverage and payment.

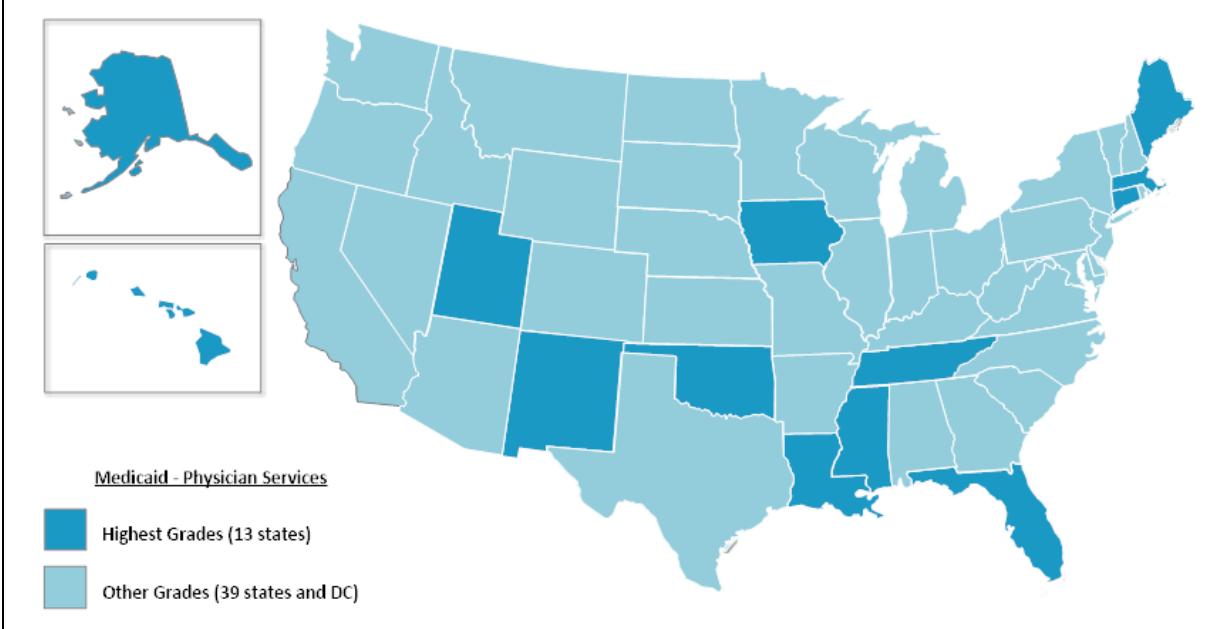
Scale – Medicaid: Physician-provided Services	
A	13 points
B	10-12 points
C	7-9 points
F	≤ 6 points

Thirteen states rank the highest for coverage of telemedicine-provided physician services (Figure 12). These states have no restrictions on service coverage or additional conditions of payment for services provided via telemedicine. Additionally, these states also allow a physician assistant and/or advanced practice nurse as eligible distant site providers.

Moreover, most states cover an office visit or consultations, with ultrasounds and echocardiograms being the least covered telemedicine-provided services.

Connecticut, Florida, Hawaii, and Utah improved their grade to "A" due to reformed policies which expanded service coverage and removed existing restrictions.

FIGURE 12 – Medicaid: Physician Services



The lowest ranking states, which scored a “C”, are Arkansas, Georgia, and New York which have limited service coverage and other arbitrary restrictions for telemedicine.

I. Mental and Behavioral Health Services

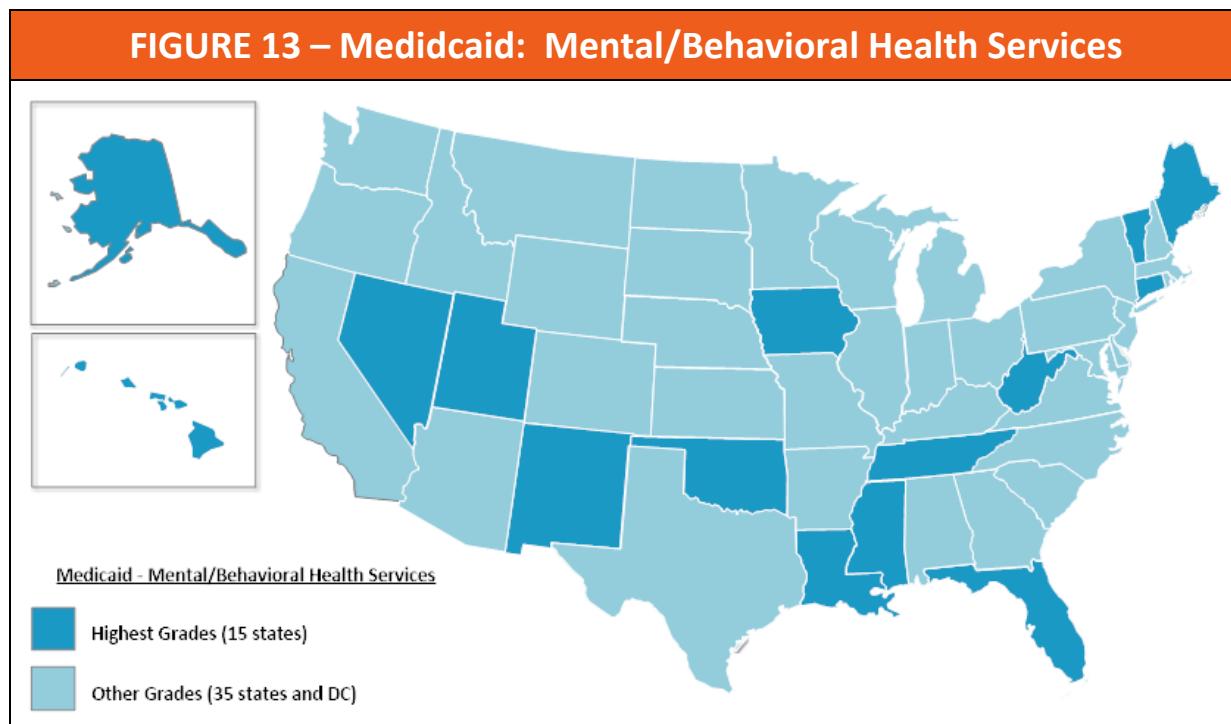
According to ATA’s telemental health practice guidelines, telemental health consists of the practice of mental health specialties at a distance using video-conferencing. The scope of services that can be delivered using telemental health includes but is not limited to: mental health assessments, substance abuse treatment, counseling, medication management, education, monitoring, and collaboration. All states have some form of coverage and reimbursement for mental health services provided via telemedicine video-conferencing. While the number of states with coverage in this area suggests enhanced access to mental and behavioral health services, it is important to note that state policies for telemental health vary in specificity and scope.

We measured components of state Medicaid policies that broaden or restrict the availability of services, and types of providers allowed to perform telemedicine encounters for mental and behavioral health services.

50 State Telemedicine Gaps Analysis: Coverage & Reimbursement

Scale – Medicaid: Mental and Behavioral Health Services	
A	14 points
B	10-13 points
C	6-9 points
F	≤ 5 points

Generally the telemedicine-provided services that are most often covered under state Medicaid plans include mental health assessments, individual therapy, psychiatric diagnostic interview exam, and medication management. Fifteen states rank the highest for coverage of mental and behavioral health services (Figure 13). These states have no restrictions on service coverage or additional conditions of payment for services provided via telemedicine. Additionally, these states also authorize the participation of at least one other health professional (i.e. physician assistant and advanced practice nurse) as an eligible distant site provider.



It is also more common for states with telemental health coverage to allow physicians that are psychiatrists, advanced practice nurses with clinical specialties, and psychologists to perform the telemedicine encounter. However, many states allow non-medical providers to perform and reimburse for the telemedicine encounter:

- States including Alaska, Arizona, Arkansas, California, D.C., Delaware, Hawaii, Indiana, Kentucky, Michigan, Minnesota, Missouri, Nevada, New Hampshire, New Mexico, New York, North Carolina, Ohio, Oklahoma, Texas, Virginia, Washington, West Virginia and Wyoming cover telemedicine when performed by a licensed social worker.

50 State Telemedicine Gaps Analysis: Coverage & Reimbursement

- Alaska, Arizona, Arkansas, California, D.C., Delaware, Indiana, Kentucky, Minnesota, Missouri, Nevada, New Mexico, Ohio, Oklahoma, Texas, Virginia, Washington, West Virginia, and Wyoming cover telemedicine when provided by a licensed professional counselor.
- Further, Arizona, New Mexico, Oklahoma, and Washington are the only states to specify coverage for telemedicine when provided by behavioral analysts. This trend is unique because these specialists are critical for the treatment of autism spectrum disorders.

The lowest ranking state, which scored a C, is New York which places technology, provider and patient setting restrictions for the provision of telepsychiatric services. Connecticut, Florida, Hawaii, and Utah improved their grade to "A" due to reformed policies which expanded service coverage and removed existing restrictions.

J. Rehabilitation Services

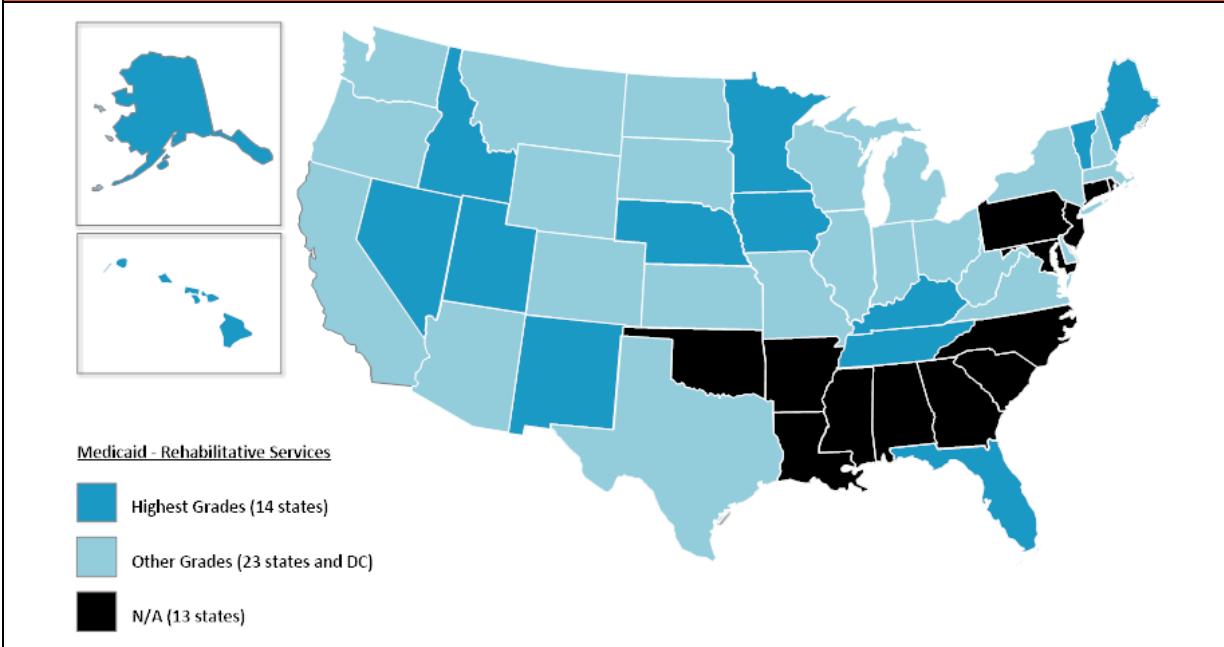
The ATA telerehabilitation guidelines define telerehabilitation as the "delivery of rehabilitation services via information and communication technologies. Clinically, this term encompasses a range of rehabilitation and habilitation services that include assessment, monitoring, prevention, intervention, supervision, education, consultation, and counseling". Rehabilitation professionals utilizing telerehabilitation include: neuropsychologists, speech-language pathologists, audiologists, occupational therapists, and physical therapists.

We measured components of state Medicaid policies that broaden or restrict the availability of services, types of providers allowed to perform the telemedicine encounter, restrictions on patient or provider settings, and coverage for telerehabilitation services.

Scale – Medicaid: Rehabilitation Services	
A	6+ points
B	4-5 points
C	2-3 points
F	≤ 1 points

Only 37 states were analyzed, scored and ranked for this indicator. Thirteen states do not cover rehabilitation services for their Medicaid recipients. Although state policies vary in scope and application, 26 states are known to reimburse for telerehabilitative services in their Medicaid plans. Of those, 14 states rank the highest with telemedicine coverage for therapy services (Figure 14).

FIGURE 14 – Medicaid: Rehabilitation Services



Further, of the 29 states that cover telemedicine under the home health benefit, only Alaska, Colorado, Florida, Hawaii, Iowa, Kentucky, Maine, Nebraska, Nevada, New Mexico, Tennessee, and Utah reimburse for telerehabilitative services within the home health benefit.

K. Home Health Services

One well-proven form of telemedicine is remote patient monitoring. Remote patient monitoring may include video or audio consultations with a health provider for ongoing remote measurement of vital signs or medication management, and automated or phone-based check-ups of physical and mental well-being. The approach used for each patient should be tailored to the patient's needs and coordinated with the patient's care plan.

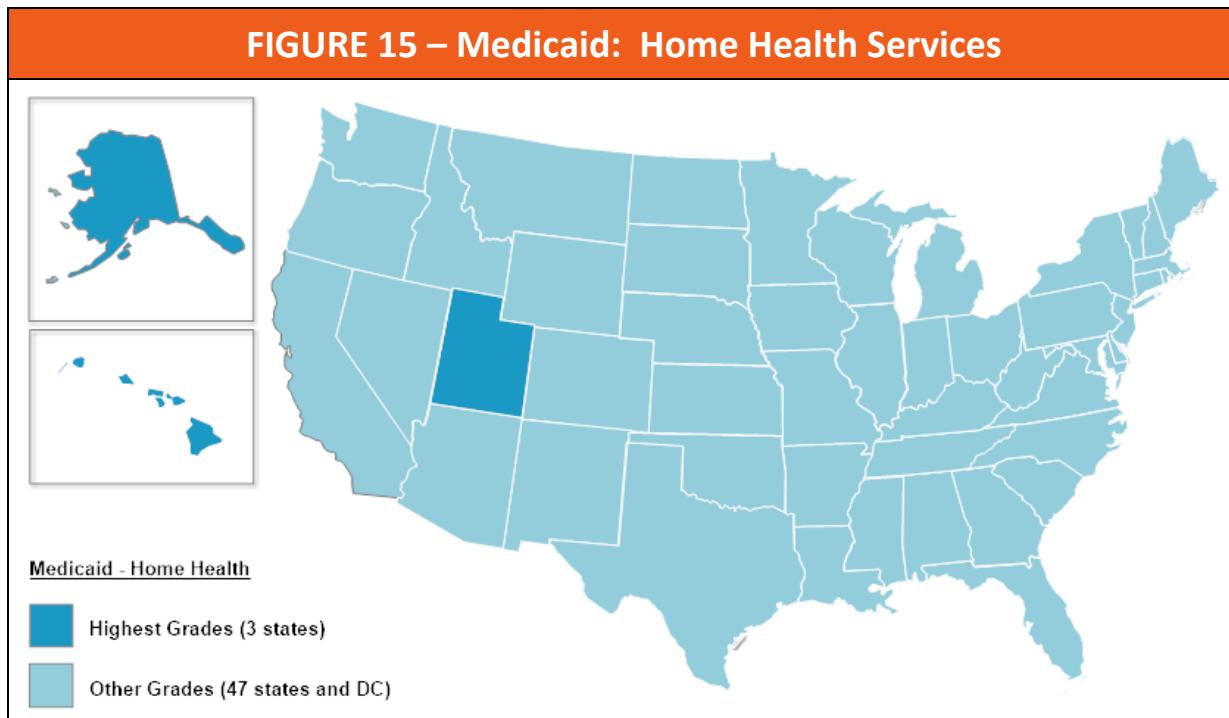
Regarding the delivery of home health services, audio-video consultations may be used to facilitate skilled nursing, physical therapy, occupational therapy, or speech therapy visits.

For this report, we measured components of state Medicaid policies that broaden or restrict the types of providers allowed to perform the telemedicine encounter and services covered for home health services.

50 State Telemedicine Gaps Analysis:
Coverage & Reimbursement

Scale – Medicaid: Home Health	
A	6+ points
B	4-5 points
C	2-3 points
F	≤ 1 point

Hawaii and Utah join Alaska as the only states with the highest ranking for telemedicine provided services under the home health benefit (Figure 15).



Further, of the 29 states that cover telemedicine under the home health benefit, only Alaska, Colorado, Florida, Hawaii, Iowa, Kentucky, Maine, Nebraska, Nevada, New Mexico, Tennessee, and Utah reimburse for telerehabilitative services within the home health benefit. Additionally, Pennsylvania is the only state that will cover telemedicine in the home when provided by a caregiver.

Arizona has reinstated telemedicine reimbursement under their home health benefit which includes audio-video, store-and-forward, and remote patient monitoring coverage. Seventy percent of the country ranked the lowest with failing (F) scores due to a lack of telemedicine services covered under the home health benefit.

L. Informed Consent

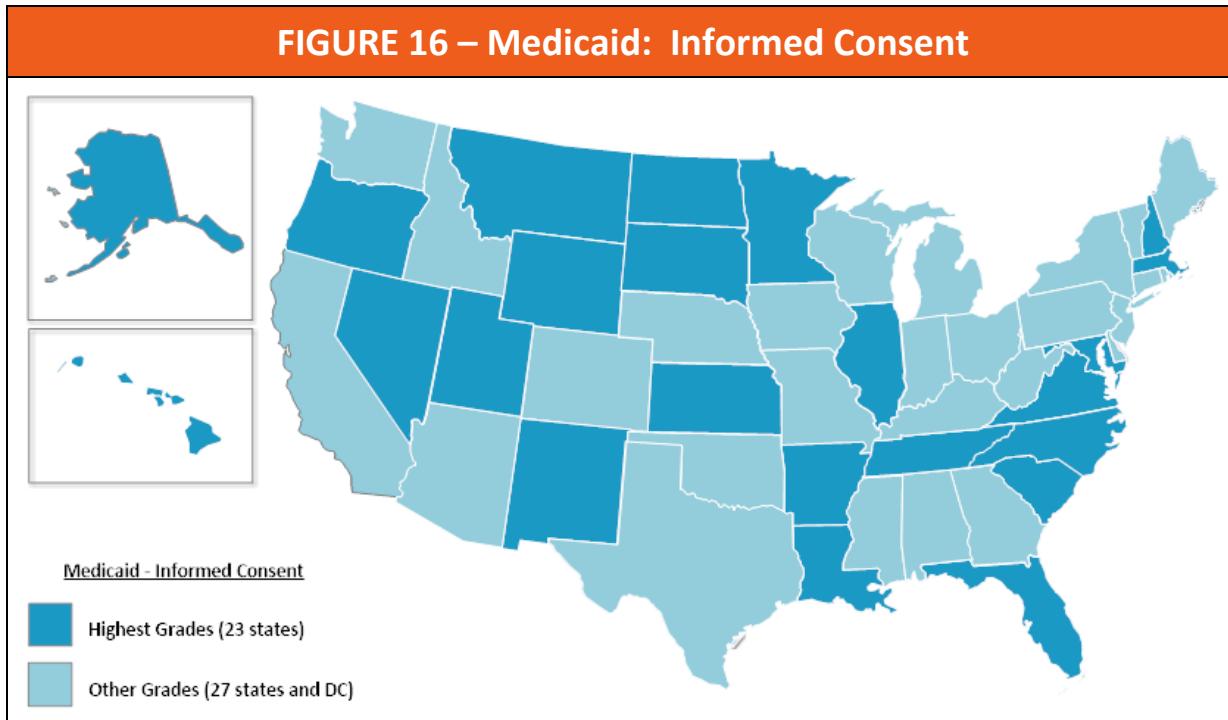
We measured components of state Medicaid and medical licensing board policies that apply more stringent requirements for telemedicine as opposed to in-person services. States were

50 State Telemedicine Gaps Analysis: Coverage & Reimbursement

evaluated based on requirements for written or verbal informed consent, or unspecified methods of informed consent before a telemedicine encounter can be performed.

Scale – Medicaid: Informed Consent	
A	4 points
B	3 points
C	2 points
F	≤ 1 point

FIGURE 16 – Medicaid: Informed Consent



Of the 27 states with informed consent requirements, 18 states have such requirements imposed by their state Medical Board (Figure 16). Although their Medicaid programs now cover telehealth, Rhode Island and Connecticut's Medical Boards require informed consent.

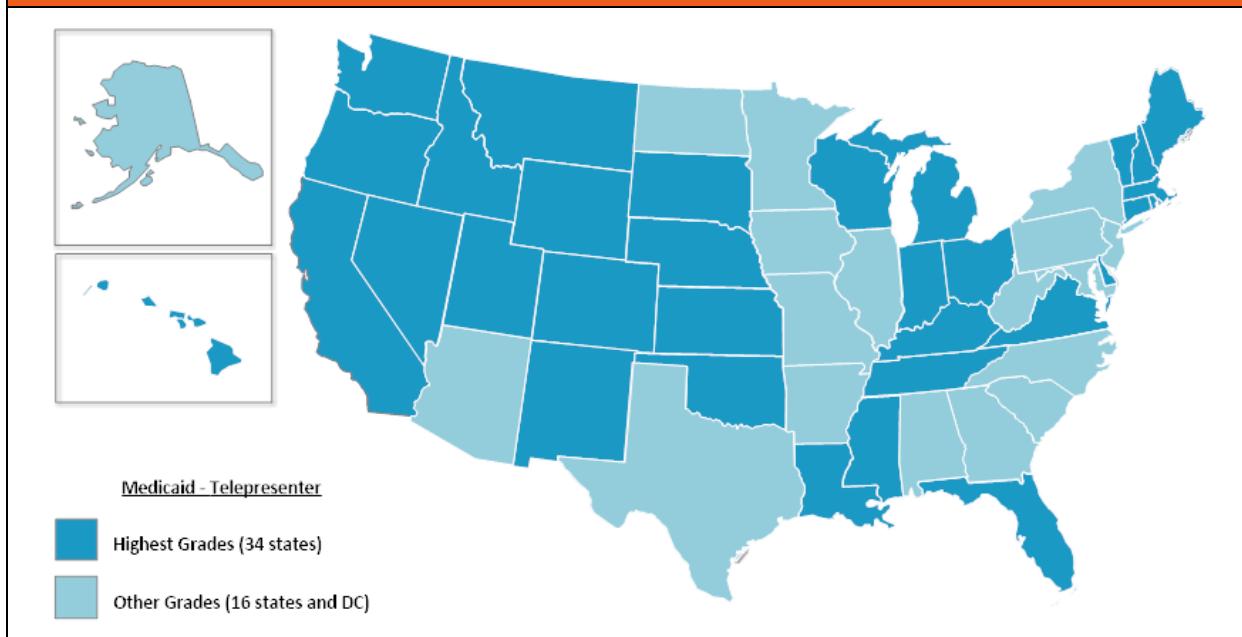
M. Telepresenter

We measured components of state Medicaid and medical licensing board policies that apply more stringent requirements for telemedicine as opposed to in-person services. States were evaluated based on requirements for a telepresenter or health care provider on the premises during a telemedicine encounter.

50 State Telemedicine Gaps Analysis:
Coverage & Reimbursement

Scale – Medicaid: Telepresenter	
A	3 points
B	2 points
C	1 point
F	0 points

FIGURE 17 – Medicaid: Telepresenter



Alaska, Florida, and Oklahoma improved their grades to an “A” due to policy reforms which removed telepresenter requirements. However, Alabama, Georgia, Iowa, Maryland, Minnesota, Missouri, New Jersey, North Carolina, and West Virginia only require a health care provider to be on the premises and not physically with the patient during a telemedicine encounter (Figure 17). New York requires a telepresenter on the premises for telepsychiatry services.

Innovative Payment or Service Delivery Models

This report also includes a category to capture innovative payment and service delivery models implemented in each state. In addition to state supported networks in specialty care and correctional health, the report identifies a few federally subsidized programs and waivers that states have leveraged to enhance access to health care services using telemedicine.

Over the years, states have increasingly used managed care organizations (MCOs) to create payment and delivery models involving capitated payments to provide better access to care and follow-up for patients, and also to control costs. The variety of payment methods and

50 State Telemedicine Gaps Analysis: Coverage & Reimbursement

other operational details among Medicaid managed care arrangements is a useful laboratory for devising, adapting and advancing long-term optimal health delivery. MCOs experimenting with innovative delivery models including medical homes and dual-eligible coordination have incorporated telemedicine as a feature of these models especially because it helps to reduce costs related to emergency room use and hospital admissions.

Twenty-four states authorize telemedicine-provided services under their Medicaid managed care plans. Most notably, Massachusetts and New Hampshire offer coverage under select managed care plans but not under FFS.

The federal Affordable Care Act (ACA) offers states new financing and flexibility to expand their Medicaid programs, as well as to integrate Medicare and Medicaid coverage for dually eligible beneficiaries (“duals”). Michigan, New York and Virginia are the only states that extend coverage of telemedicine-provided services to their dual eligible population through the Centers for Medicare and Medicaid Services (CMS) Capitated Financial Alignment Model for Medicare-Medicaid Enrollees.⁶

The ACA also includes a health home option to better coordinate primary, acute, behavioral, and long-term and social service needs for high-need, high-cost beneficiaries. The chronic conditions include mental health, substance use disorder, asthma, diabetes, heart disease, overweight (body mass index over 25), and other conditions that CMS may specify.

Nineteen states have approved health home state plan amendments (SPAs) from CMS.⁷ Alabama, Iowa, Maine, New York, Ohio, and West Virginia are the only states that have incorporated some form of telemedicine into their approved health home proposals.

Medicaid plans have several options to cover remote patient monitoring, usually under a federal waiver such as the Home and Community-based Services (HCBS) under Social Security Act section 1915(c).⁸ States may apply for this waiver to provide long-term care services in home and community settings rather than institutional settings. Kansas, Louisiana, and Pennsylvania are the only states that have used their waivers to provide telemedicine to beneficiaries in the home, specifically for the use of home remote patient monitoring.

State Report Cards

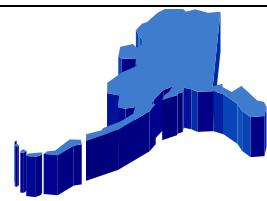
Telemedicine in

Alabama



PARITY:		GAPS:
Private Insurance	F	Private Insurance
Medicaid ¹⁰	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	C	Medicaid
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services	B	
Mental/behavioral Health Services ¹¹	B	
Rehabilitation	N/A	
Home Health ¹²	F	
Informed Consent	F	
Telepresenter	B	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		Innovation
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home ¹³	✓	
HCBS Waiver		
Corrections	✓	
Other ¹⁴	✓	

Telemedicine in Alaska



PARITY:		GAPS:
Private Insurance	C	
Medicaid ¹⁸⁻²⁴	B	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies	A	
Distance or Geography Restrictions	A	
Eligible Providers	B	
Physician-provided Services	A	
Mental/behavioral Health Services ²⁵⁻²⁶	A	
Rehabilitation ²⁷	A	
Home Health ²⁸	A	
Informed Consent	A	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care	N/A	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Progress

- AK enacted a partial parity law in 2016 covering mental health services.¹⁵
- 2016 legislation enacted authorizes Medicaid to expand the use of telehealth for primary care, behavioral health, and urgent care.¹⁶

Medicaid

- Telemedicine coverage under the Medicaid plan is broad and the least restrictive compared to other states. However not all benefits are covered when using telemedicine, thus leaving out services including dental and ocular care.
- AK Medicaid will cover services when delivered using dedicated audio conferencing system.
- School-based services are covered when provided via telemedicine: audiology, behavioral health, nursing, occupational therapy, physical therapy, and speech-language therapy.¹⁷
- No additional telepresenter or informed consent requirements from Medicaid or other state licensing boards.

Telemedicine in

Arizona



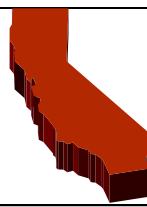
PARITY:		GAPS:
Private Insurance	B	Private Insurance
Medicaid ³⁰⁻³¹	B	<ul style="list-style-type: none"> 2016 law removed rural-only geographic restrictions and adds pulmonology to list of covered services under private insurance and state employee health plan parity law. Telehealth coverage is still limited to only eight health services. This law goes into effect in 2018.²⁹
State Employee Health Plan	B	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	Medicaid
Eligible Technologies ³²	A	<ul style="list-style-type: none"> AZ has varying service coverage under its Medicaid FFS, managed care plans, and Indian Health Service program. This includes echocardiography, retinal screening, medical nutrition therapy and patient education for diabetes and chronic kidney disease care.
Distance or Geography Restrictions	A	<ul style="list-style-type: none"> 1 of 4 states with coverage for services provided by a behavioral analyst. These specialists are critical for the treatment of autism spectrum disorders.
Eligible Providers	C	<ul style="list-style-type: none"> The agency covers teledentistry.
Physician-provided Services ³³	B	<ul style="list-style-type: none"> There are no patient setting limits for telemedicine coverage under AZ Medicaid FFS or managed care.
Mental/behavioral Health Services	B	<ul style="list-style-type: none"> AZ Medicaid covers RPM, store-and-forward, and audio-video for home health services.
Rehabilitation	F	
Home Health	C	
Informed Consent	B	Innovation
Telepresenter	C	<ul style="list-style-type: none"> AZ Telemedicine Program offers clinical, educational, and administrative services via telemedicine across the state.
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network ³⁴	✓	
Medicaid Managed Care ³⁵	✓	
Medicare-Medicaid Dual Eligibles		Opportunity
Health Home		<ul style="list-style-type: none"> 2017 legislation would allow providers to negotiate payment for any covered service delivered via telemedicine, SB 1398.
HCBS Waiver		
Corrections	✓	
Other		

Telemedicine in Arkansas



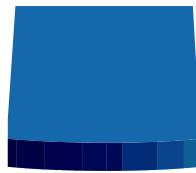
PARITY:		GAPS:
Private Insurance	F	Private Insurance <ul style="list-style-type: none"> • AR's parity law was enacted in 2015 and includes telemedicine coverage for physician-provided services under private insurance, Medicaid, and state employee health plans. This is the only telemedicine parity law that requires an in-person encounter as a condition of coverage and payment. • AR is 1 of 4 states that cover interactive audio-video only as a condition of their parity law.
Medicaid	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid <ul style="list-style-type: none"> • Regulations proposed in 2016 to expand coverage other consultations. Currently covers telehealth-provided physician services services only. • Telemedicine coverage under Medicaid includes limits on service coverage, frequency, patient settings and eligible distant site providers. • One of few states with coverage for fetal echography and echocardiography via telemedicine.³⁶ • Requires a telepresenter at the originating site. • Coverage for interactive audio-video only. Innovation <ul style="list-style-type: none"> • Specialty maternal-fetal telemedicine network operated by University of Arkansas.
Patient Setting	C	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services ³⁷	C	
Mental/behavioral Health Services ³⁸	B	
Rehabilitation	N/A	
Home Health	F	
Informed Consent	A	
Telepresenter	C	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other ³⁹⁻⁴⁰	✓	

Telemedicine in California



PARITY:		GAPS:
Private Insurance	A	Private Insurance
Medicaid ⁵⁰⁻⁵²	B	<ul style="list-style-type: none"> CA's private insurance parity law was enacted in 1996.⁴¹
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies ⁵³⁻⁵⁴	C	
Distance or Geography Restrictions	A	
Eligible Providers	C	
Physician-provided Services	B	
Mental/behavioral Health Services ⁵⁵	B	
Rehabilitation	C	
Home Health	F	
Informed Consent	B	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network ⁵⁶	✓	
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other ⁵⁷	✓	

Telemedicine in Colorado



PARITY:		GAPS:
Private Insurance	A	
Medicaid ⁶³⁻⁶⁴	B	
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	C	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	B	
Home Health	C	
Informed Consent	F	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network ⁶⁵	✓	
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Progress

- CO added coverage of asynchronous telemedicine-provided dental services to its Medicaid state plan amendment.⁵⁸
- CO Medicaid now reimburses for “Telemedicine Direct Member Services” which allows the delivery of services to the patient’s home, and does not have to include a telepresenter.

Private Insurance

- CO amended their parity law to remove the rural restrictions. Effective 2017, the state will have state-wide telehealth parity coverage for all private and state employee health plans in the state.⁵⁹

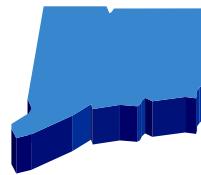
Medicaid

- CO Medicaid imposes restrictions on the types of providers to render telemedicine, and covered services via interactive audio-video only such as medical, specialty, behavioral health services, and speech therapy services.
- Coverage for RPM for acute and long term home health services.⁶⁰⁻⁶²
- Requires written informed consent.

Opportunities

- Colorado Telehealth Network supports broadband connections of many institutions state-wide.

Telemedicine in Connecticut



PARITY:		GAPS:
Private Insurance	A	
Medicaid	A	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies	B	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	A	
Mental/behavioral Health Services	A	
Rehabilitation	N/A	
Home Health	F	
Informed Consent	B	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Telemedicine in Delaware



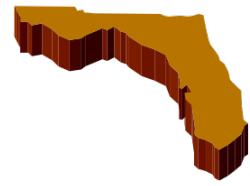
PARITY:		GAPS:
Private Insurance	A	Private Insurance
Medicaid	B	Medicaid
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	B	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	C	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	C	
Home Health	F	
Informed Consent	F	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Telemedicine in D.C.



PARITY:		GAPS:
Private Insurance ⁷⁴	A	
Medicaid ⁷⁷	C	
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Progress
Patient Setting	C	<ul style="list-style-type: none"> • D.C. Medicaid published emergency regulations for Medicaid FFS coverage and conditions of billing telemedicine.⁷⁵ • Other published emergency regulations enable FQHCs to use telemedicine in lieu of a face-to-face visit for purposes of Medicaid billing.⁷⁶
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	C	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health	F	
Informed Consent	F	
Telepresenter	B	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		Private Insurance
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		
Medicaid		
		<ul style="list-style-type: none"> • D.C. Medicaid imposes restrictions on covered services as well as patient settings, and designates certain provider types to render the service. • No coverage for store-and-forward or remote patient monitoring under FFS. Some Medicaid managed care plans cover home RPM. • Requires a telepresenter for school-based telemedicine encounters. The telepresenter is optional for other covered services depending on the patient's preference. • Providers must obtain written informed consent, and respond to a quarterly Telemedicine Program Evaluation survey.

Telemedicine in Florida



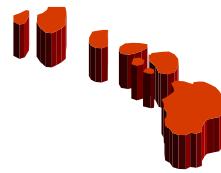
PARITY:		GAPS:
Private Insurance	F	Progress <ul style="list-style-type: none"> • FL added coverage of telemedicine to its Medicaid state plan amendment.⁷⁸ • FL finalized regulations to remove restrictions and expand coverage under Medicaid⁷⁹
Medicaid	A	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	Private Insurance <ul style="list-style-type: none"> • Borders GA which has a private insurance parity law. No parity legislation introduced in 2016.
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	A	Medicaid <ul style="list-style-type: none"> • New regulations include coverage for all licensed providers within their scope of practice. • There are no restrictions on patient settings. • Coverage for interactive audio-video only. No separate reimbursement for store-and-forward for remote patient monitoring. • No requirements for telepresenter or providers to obtain additional patient informed consent. • FL Medicaid has transitioned a majority of their beneficiaries to managed care. Therefore, providers have more flexibility to negotiate coverage for additional telehealth-provided services.
Physician-provided Services	A	
Mental/behavioral Health Services	A	
Rehabilitation	A	
Home Health	B	
Informed Consent	A	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Telemedicine in Georgia



PARITY:		GAPS:
Private Insurance	A	
Medicaid ⁸⁵	C	
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	C	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services	C	
Mental/behavioral Health Services	B	
Rehabilitation	N/A	
Home Health	F	
Informed Consent	F	
Telepresenter	B	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network ⁸⁶	✓	
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		
Progress <ul style="list-style-type: none"> GA added emergency ambulances as an eligible originating site to its state plan amendment.⁸⁰⁻⁸¹ A telepresenter is no longer required as a condition of Medicaid payment unless determined medically necessary by the distant site provider. Private Insurance <ul style="list-style-type: none"> GA's parity law was enacted in 2006 and includes state-employee health plan coverage.⁸² Medicaid <ul style="list-style-type: none"> Medicaid imposes restrictions on the patient settings, covered services and designates eligible distant site providers and provider settings as a condition of payment. Includes school-based clinic as an originating site.⁸³⁻⁸⁴ Medicaid also places frequency limits on some covered telemedicine services. Coverage for interactive audio-video only. Telemedicine handbook requires written informed consent and provider on the premises. Innovation <ul style="list-style-type: none"> Georgia Partnership for Telehealth creates and provides multi-point web access to new and existing telemedicine providers all over the state. 		

Telemedicine in Hawaii



PARITY:		GAPS:
Private Insurance ⁸⁷	A	Progress <ul style="list-style-type: none"> HI's private insurance parity law was enacted in 1999. In 2016, the Governor approved legislation improving the existing parity law with requirements for payment parity and removing telepresenter requirements.⁸⁸ The 2016 law also removed the Medicaid FFS and managed care originating site and rural-only geographic restrictions. HI self-funds some of their state employee health plan offerings but has fully insured HMO. The parity law applies to those plans offered under the HMO.⁸⁹
Medicaid	A	
State Employee Health Plan	B	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies	B	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	A	
Mental/behavioral Health Services	A	
Rehabilitation	A	
Home Health	A	
Informed Consent	A	Medicaid <ul style="list-style-type: none"> New laws prevent Medicaid from denying coverage for telehealth-provided services if the service is already covered when provided in-person. Originating site expanded to include a patient's work location and home, university-based health centers, and school-based health centers. The new law also expands coverage to include remote patient monitoring, store-and-forward, and mobile health.
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Telemedicine in Idaho



PARITY:		GAPS:
Private Insurance	F	
Medicaid ⁹¹	B	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	C	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	A	
Home Health	F	
Informed Consent	F	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Progress

- ID Medicaid published new rules to allow coverage of primary care, OT, PT, speech therapy, language, and sign language interpretive services via telehealth.⁹⁰
- Rural-only and geographic limitations removed from provider manual.

Private Insurance

- Borders MT, NV, OR and WA which have private insurance parity laws. No telemedicine parity law and no history of proposed legislation within the past 3 years.

Medicaid

- Covers behavioral health, primary care, physician, specialty, crisis intervention, PT, OT, speech therapy, APRN, and language interpretive services.
- Although no specific patient setting is specified, community based rehab services are covered in the school.
- Coverage for interactive audio-video only.
- Requires written informed consent.

Telemedicine in

Illinois



PARITY:		GAPS:
Private Insurance	F	Private Insurance <ul style="list-style-type: none"> IL has no telemedicine parity law although bordered by IN, KY and MO which have private insurance parity laws. In 2015-2016, SB 452 was introduced to allow full parity, and HB 76 to include telehealth in the mental health parity law. Both bills failed to pass.⁹² A 2014 law prohibits individual and group accident and health insurance plans, who <u>choose</u> to cover telemedicine, from requiring in-person contact.⁹³
Medicaid ⁹⁵	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid <ul style="list-style-type: none"> Medicaid imposes restrictions on covered services, patient settings, and distant site providers but includes coverage for services provided by local education agencies (schools) and a podiatrist. IL Department of Aging is authorized to fund older adult services such as home telemedicine monitoring devices.⁹⁴ Store-and-forward allowed for dermatologic purposes. Telepresenter required.
Patient Setting	F	
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services	B	
Mental/behavioral Health Services ⁹⁶	B	
Rehabilitation	F	
Home Health	F	
Informed Consent	A	
Telepresenter	C	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		<ul style="list-style-type: none"> State-wide Network Medicaid Managed Care Medicare-Medicaid Dual Eligibles Health Home HCBS Waiver Corrections Other
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

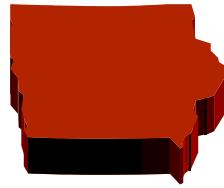
Telemedicine in Indiana



PARITY:		GAPS:
Private Insurance	A	
Medicaid ¹⁰⁰	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	C	
Eligible Technologies	C	
Distance or Geography Restrictions	B	
Eligible Providers	C	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health	F	
Informed Consent	F	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Telemedicine in

Iowa



PARITY:		GAPS:
Private Insurance	F	Private Insurance
Medicaid	A	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	A	
Mental/behavioral Health Services	A	
Rehabilitation	A	
Home Health	B	
Informed Consent	B	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home	✓	
HCBS Waiver		
Corrections		
Other		

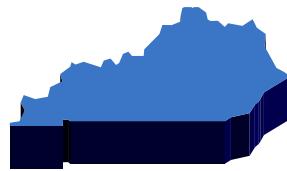
Telemedicine in

Kansas



PARITY:		GAPS:
Private Insurance	F	Private Insurance
Medicaid	B	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	Medicaid
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health	B	
Informed Consent	A	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		Innovation
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver	✓	
Corrections	✓	
Other		

Telemedicine in Kentucky



PARITY:		GAPS:
Private Insurance	A	
Medicaid ¹⁰⁹⁻¹¹⁰	B	
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	B	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation ¹¹¹	A	
Home Health	C	
Informed Consent	F	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care ¹¹²	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

Telemedicine in Louisiana



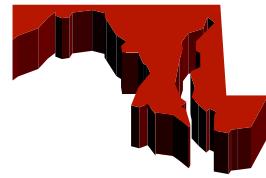
PARITY:		GAPS:
Private Insurance	B	Private Insurance
Medicaid ¹¹⁷	B	<ul style="list-style-type: none"> • LA's private insurance parity law was enacted in 1995. It is the only state with a parity law that specifies coverage of telemedicine when provided by physicians only.¹¹³
State Employee Health Plan	B	<ul style="list-style-type: none"> • LA Taskforce created by legislature to study telemedicine opportunities and gaps in the state.¹¹⁴
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	A	
Mental/behavioral Health Services	A	
Rehabilitation	N/A	
Home Health	F	
Informed Consent	A	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver	✓	
Corrections	✓	
Other		

Telemedicine in Maine



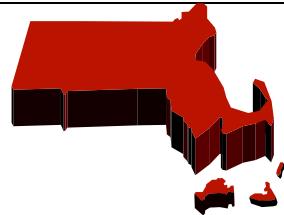
PARITY:		GAPS:
Private Insurance	A	Progress <ul style="list-style-type: none">ME Medicaid published new rules which include originating site fees, and coverage for home RPM and interprofessional services provided by a consultative physician.¹¹⁸
Medicaid ¹²¹	A	
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	Private Insurance <ul style="list-style-type: none">ME's parity law for Medicaid and private insurance was enacted in 2009 and also includes coverage for state employee health plans.¹¹⁹
Eligible Technologies	B	
Distance or Geography Restrictions	A	
Eligible Providers	A	Medicaid <ul style="list-style-type: none">No limits on patient setting, covered services, or eligible providers.Coverage for remote patient monitoring, interactive audio-video as well as audio-only under certain circumstances.New rules require the provider to obtain a written informed consent.
Physician-provided Services	A	
Mental/behavioral Health Services	A	
Rehabilitation	A	
Home Health	B	
Informed Consent	F	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network ¹²²	✓	Innovation <ul style="list-style-type: none">Maine Telemedicine Services is an open and interoperable network that offers clinical, educational, and administrative services via telemedicine across the state.Health home proposal was approved by CMS. Model includes support for care management/coordination activities. The health home practice and community care team will have the option of utilizing technology conferencing tools including audio, video and/or web deployed solutions to support care management/coordination activities.¹²⁰
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home	✓	
HCBS Waiver		
Corrections	✓	
Other		

Telemedicine in Maryland



PARITY:		GAPS:
Private Insurance	A	Private Insurance
Medicaid ¹²⁶	C	
State Employee Health Plan	B	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	C	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	N/A	
Home Health	F	
Informed Consent	A	
Telepresenter	B	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		
		Opportunity
		<ul style="list-style-type: none"> 2017 legislation would expand telehealth coverage under Medicaid, SB 570 and HB 658.

Telemedicine in Massachusetts



PARITY:		GAPS:
Private Insurance	F	Private Insurance
Medicaid	B	<ul style="list-style-type: none"> MA borders CT, NH, NY, RI and VT which have private insurance parity laws.
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	Medicaid
Eligible Technologies	C	<ul style="list-style-type: none"> Offers coverage under select managed care plans but <u>not</u> under FFS.^{127- 131}
Distance or Geography Restrictions	A	<ul style="list-style-type: none"> Authorized to cover remote monitoring for home health agencies. Rules are in development.
Eligible Providers	A	
Physician-provided Services	A	
Mental/behavioral Health Services	B	Innovation
Rehabilitation	F	<ul style="list-style-type: none"> Received grant to establish a National Sexual Assault TeleNursing Center that will use telemedicine technology to provide 24/7, 365 day remote expert consultation by 24-25 MA Sexual Assault Nurse Examiners (SANEs) to clinicians caring for adult and adolescent sexual assault patients in remote and/or underserved regions of the United States.¹³²
Home Health ¹³⁴	F	
Informed Consent	A	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network	✓	Opportunity
Medicaid Managed Care	✓	<ul style="list-style-type: none"> A number of bills introduced in 2017 to achieve parity under private insurance, Medicaid and state employee plans.¹³³
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Telemedicine in Michigan



PARITY:		GAPS:		
Private Insurance	B	Private Insurance	<ul style="list-style-type: none"> MI's private insurance parity law was enacted in 2012. MI is 1 of 4 states that cover interactive audio-video only as a condition of their parity law.¹³⁵ 	
Medicaid ¹³⁸⁻¹³⁹	C			
State Employee Health Plan	F			
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:			Medicaid <ul style="list-style-type: none"> Coverage for interactive audio-video only. Eliminated distance requirements in 2013. Limits on covered services and patient settings, but the agency does not specify the types of practitioners who are eligible distant site providers. The agency covers telepractice for speech-language and audiology services provided within the School Based Services (SBS) program which is now in effect.¹³⁶ Innovation <ul style="list-style-type: none"> CMS approved duals proposal includes coverage for telemedicine.¹³⁷ 	
Patient Setting	B			
Eligible Technologies	F			
Distance or Geography Restrictions	A			
Eligible Providers	C			
Physician-provided Services	B			
Mental/behavioral Health Services	B			
Rehabilitation	C			
Home Health	F			
Informed Consent	B			
Telepresenter	A			
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:			<ul style="list-style-type: none"> State-wide Network Medicaid Managed Care Medicare-Medicaid Dual Eligibles Health Home HCBS Waiver Corrections Other 	
State-wide Network				
Medicaid Managed Care	✓			
Medicare-Medicaid Dual Eligibles	✓			
Health Home				
HCBS Waiver				
Corrections				
Other				

Telemedicine in Minnesota



PARITY:		GAPS:
Private Insurance	A	Private Insurance
Medicaid ¹⁴³⁻¹⁴⁵	B	
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	B	Medicaid
Eligible Technologies	B	
Distance or Geography Restrictions	A	
Eligible Providers	B	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation ¹⁴⁶	A	
Home Health ¹⁴⁷	C	
Informed Consent	A	
Telepresenter	B	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		Innovation
HCBS Waiver		
Corrections		
Other		

Telemedicine in Mississippi



PARITY:		GAPS:
Private Insurance	A	Private Insurance <ul style="list-style-type: none">MS's parity law was enacted in 2013. The law requires parity for telemedicine under private insurance, state employee health plans, and public assistance.¹⁴⁸ In 2014, lawmakers passed a law requiring insurance plans to cover and reimburse for services via store-and-forward as well as remote patient monitoring for chronic disease management.¹⁴⁹
Medicaid	A	
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid <ul style="list-style-type: none">The law requires Medicaid to cover and reimburse for services via telemedicine including store-and-forward and remote patient monitoring.New rules recognize licensed professional counselors as eligible distant site providers.The originating site fee payment is limited to a provider's office, outpatient hospitals, CAHs, RHCs, FQHCs, CMHCs, therapeutic group homes, IHS clinics, and school-based clinics.¹⁵⁰Medicaid places no restrictions on the patient setting for telemedicine coverage, but will only pay the originating site fee to a menu set of facilities.¹⁵¹MS Medical Board requires unspecified method of obtaining patient's informed consent.¹⁵²
Patient Setting	A	
Eligible Technologies	B	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	A	
Mental/behavioral Health Services	A	
Rehabilitation	N/A	
Home Health	A	
Informed Consent	B	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		Other <ul style="list-style-type: none">State-wide NetworkMedicaid Managed CareMedicare-Medicaid Dual EligiblesHealth HomeHCBS WaiverCorrectionsOther
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

Telemedicine in Missouri



PARITY:		GAPS:
Private Insurance	A	
Medicaid ¹⁵⁶	B	
State Employee Health Plan ¹⁵⁷	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	B	
Eligible Technologies	B	
Distance or Geography Restrictions	A	
Eligible Providers	B	
Physician-provided Services	B	
Mental/behavioral Health Services ¹⁵⁸⁻¹⁶⁰	B	
Rehabilitation	B	
Home Health	F	
Informed Consent	F	
Telepresenter	B	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network ¹⁶¹	✓	
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

Progress

- MO legislature enacted SB 579 in 2016 which expanded telehealth coverage to schools, home, as well as includes coverage for home RPM and store-and-forward.¹⁵³

Private Insurance

- MO's private insurance parity law was enacted in 2013 and included coverage for state employee health plans.¹⁵⁴

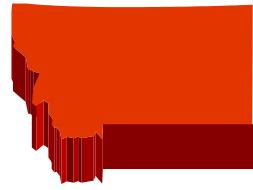
Medicaid

- New law adds coverage for home remote patient monitoring, as well as store-and-forward for orthopedics, dermatology, optometry/ophthalmology, diabetic retinopathy, burn and wound care, dental services, and maternal-fetal ultrasounds.
- Dentists, oral surgeons, dental hygienists, pharmacists, speech therapists, PTs, OTs, LCSWs, podiatrists, licensed professional counselors, and professionals practicing in RHCs, FQHCs, and CMHCs are newly eligible distant site providers.
- Schools, homes, and other locations are newly eligible originating sites.
- Requires written informed consent and telepresenter on premises.¹⁵⁵

Innovation

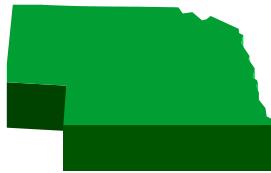
- Missouri Telehealth Network offers clinical, educational, emergency and disaster preparedness, and technical assistance via telemedicine across the state.

Telemedicine in Montana



PARITY:		GAPS:
Private Insurance	A	Private Insurance
Medicaid ¹⁶³	C	<ul style="list-style-type: none"> MT's private insurance parity law was enacted in 2013 and includes coverage for state employee health plans.¹⁶²
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health	F	
Informed Consent	A	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Telemedicine in Nebraska



PARITY:		GAPS:
Private Insurance	F	
Medicaid ¹⁷⁰⁻¹⁷²	B	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies	B	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services ¹⁷³	B	
Mental/behavioral Health Services ¹⁷⁴	B	
Rehabilitation	A	
Home Health	B	
Informed Consent	F	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network	✓	
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		
Progress <ul style="list-style-type: none"> 2017 telemedicine parity legislation introduced, LB 92.¹⁶⁴ CMS approved SPA expands Medicaid telehealth coverage to include store-and-forward, RPM, home health services, OT, PT, speech and audiology, podiatry and optometric services.¹⁶⁵ Private Insurance <ul style="list-style-type: none"> 2015 law passed requires health insurers to highlight telemedicine providers in health plan provider directories.¹⁶⁶ Bordered by CO and MO which has a parity law for private insurance. NE has no parity law. Private insurance and state-employee plans require coverage of autism treatment via telemedicine.¹⁶⁷ Innovation <ul style="list-style-type: none"> Nebraska Statewide Telehealth Network is a state-wide communications network that supports clinical, educational, and administrative services via telemedicine.¹⁶⁸ Opportunity <ul style="list-style-type: none"> 2017 telemedicine parity legislation introduced, LB 92.¹⁶⁹ 		

Telemedicine in

Nevada



PARITY:		GAPS:
Private Insurance	A	
Medicaid ¹⁷⁷	A	
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	B	
Mental/behavioral Health Services	A	
Rehabilitation	A	
Home Health	B	
Informed Consent	A	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

Telemedicine in New Hampshire



PARITY:		GAPS:
Private Insurance	A	Private Insurance
Medicaid	F	<ul style="list-style-type: none"> • NH's parity law was enacted in 2009 and includes coverage under state employee health plans.¹⁷⁸
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	C	Medicaid
Eligible Technologies	F	<ul style="list-style-type: none"> • NH enacted legislation that includes Medicaid telehealth coverage following Medicare restrictions including geography, patient settings, and provider eligibility.¹⁷⁹
Distance or Geography Restrictions	C	<ul style="list-style-type: none"> • Offers coverage under select managed care plans. Proposed regulations would expand coverage under FFS.¹⁸⁰⁻¹⁸¹¹⁸²
Eligible Providers	F	<ul style="list-style-type: none"> • Coverage for interactive audio-video only.
Physician-provided Services	B	
Mental/behavioral Health Services	B	Opportunity
Rehabilitation	F	<ul style="list-style-type: none"> • Legislation introduced in 2017 would remove rural only restrictions for telehealth Medicaid coverage, SB 237.
Home Health	F	
Informed Consent	A	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

Telemedicine in New Jersey

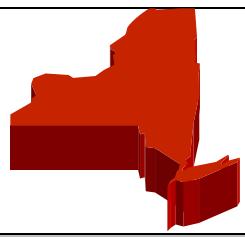


PARITY:		GAPS:
Private Insurance	F	Private Insurance
Medicaid ¹⁸⁶	C	<ul style="list-style-type: none"> • Borders DE and NY which have telemedicine parity laws.
State Employee Health Plan	F	<ul style="list-style-type: none"> • NJ Individual Health Coverage and Small Employer Health Benefits Programs approved new language in 2015 to cover "telemedicine", "e-visits", and "virtual visits" under individual health and small employer plans.¹⁸³⁻¹⁸⁴
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid
Patient Setting	F	<ul style="list-style-type: none"> • Authorized coverage of telemedicine-provided services for the first time in December 2013. Coverage offered under managed care plans but not FFS.
Eligible Technologies	F	<ul style="list-style-type: none"> • Coverage for telepsychiatry only by psychiatrist or psychiatric advance nurse practitioner.
Distance or Geography Restrictions	A	<ul style="list-style-type: none"> • Patient setting must be a mental health clinic or outpatient hospital.
Eligible Providers	F	<ul style="list-style-type: none"> • Coverage for interactive audio-video only. Medicaid requires telepresenter on premises and unspecified method of obtaining patient informed consent.
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	N/A	
Home Health	F	
Informed Consent	B	
Telepresenter	B	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		Opportunity
State-wide Network		<ul style="list-style-type: none"> • 2016-2017 legislation introduced to provide parity under private insurance, managed care plans and state employee plans, S 291 and A 1464.¹⁸⁵
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Telemedicine in New Mexico

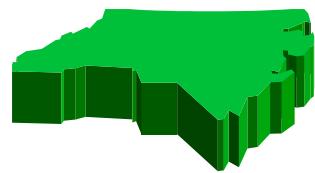
PARITY:		GAPS:
Private Insurance	A	Private Insurance
Medicaid ¹⁸⁹	A	<ul style="list-style-type: none"> • NM's parity law was enacted in 2013.¹⁸⁷
State Employee Health Plan	A	Medicaid
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		<ul style="list-style-type: none"> • True parity under NM Medicaid for FFS and managed care plans. All services are covered via telemedicine including school-based, dental, home health, hospice, and rehabilitation.¹⁸⁸ • 1 of 4 states with coverage for services provided by a behavioral analyst. These specialists are critical for the treatment of autism spectrum disorders. • No limits on patient setting. • No coverage for phone calls or remote patient monitoring. • No coverage for skilled nursing, therapies, or RPM under home health benefit.
Patient Setting	A	
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	A	
Mental/behavioral Health Services ¹⁹⁰	A	
Rehabilitation ¹⁹¹	A	
Home Health	B	
Informed Consent	A	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		Innovation
State-wide Network ¹⁹²	✓	<ul style="list-style-type: none"> • New Mexico Telehealth Alliance offers technical and program support to ensure coordinated services via telemedicine across the state.
Medicaid Managed Care ¹⁹³⁻¹⁹⁴	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

Telemedicine in New York



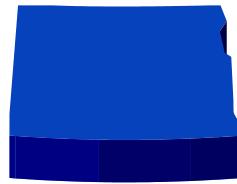
PARITY:		GAPS:
Private Insurance	A	Private Insurance
Medicaid ²⁰¹	C	<ul style="list-style-type: none"> NY parity law enacted in 2014 and amended in 2015. The law requires telehealth parity under private insurance, Medicaid, and state employee health plans. The law does restrict the patient setting as a condition of Medicaid payment.¹⁹⁵⁻¹⁹⁶
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	C	Medicaid
Eligible Technologies	C	<ul style="list-style-type: none"> The parity law authorizes Medicaid to cover telehealth via interactive audio-video, store-and-forward, and home remote patient monitoring.¹⁹⁷
Distance or Geography Restrictions	A	<ul style="list-style-type: none"> Restrictions are placed on the patient settings and types of providers eligible to render the service and reimburse.
Eligible Providers	F	<ul style="list-style-type: none"> NY OMH finalized rules which restrict allowable technologies and the patient and provider settings for telepsychiatry.¹⁹⁸
Physician-provided Services ²⁰²	C	<ul style="list-style-type: none"> Speech language pathologist and audiologist are covered under the new law.
Mental/behavioral Health Services	C	
Rehabilitation	F	
Home Health	F	
Informed Consent	F	
Telepresenter	B	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		Innovation
Medicaid Managed Care ²⁰³	✓	<ul style="list-style-type: none"> CMS approved duals proposal includes coverage for telemedicine.¹⁹⁹
Medicare-Medicaid Dual Eligibles	✓	<ul style="list-style-type: none"> CMS approved health home proposal gives provider the option to use technology conferencing tools including audio, video and/or web deployed solutions to support care management/coordination activities.²⁰⁰
Health Home	✓	
HCBS Waiver		
Corrections		
Other		Opportunity
		<ul style="list-style-type: none"> Legislation introduced in 2017 would allow reimbursement parity, AB 1421 and SB 834.

Telemedicine in North Carolina



PARITY:		GAPS:
Private Insurance	F	Private Insurance
Medicaid ²⁰⁶	B	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	C	Medicaid
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	N/A	
Home Health	F	
Informed Consent	A	
Telepresenter	B	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network	✓	
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Telemedicine in North Dakota



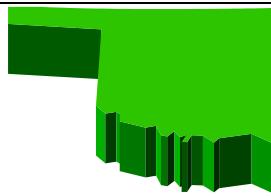
PARITY:		GAPS:
Private Insurance	F	Private Insurance <ul style="list-style-type: none"> ND has no telemedicine parity law although bordered by MN and MT which have private insurance parity laws. HB 1038 was enacted in 2015 to establish telemedicine parity for state employee health plans.²⁰⁷
Medicaid ²⁰⁹	B	Medicaid <ul style="list-style-type: none"> Medicaid imposes restrictions on the patient settings and covered services as a condition of payment. Includes coverage for speech therapy. Coverage for interactive audio-video and RPM under the home health benefit.²⁰⁸ Non-home health services require a telepresenter.
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	F	
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	B	
Home Health	F	
Informed Consent	A	
Telepresenter	C	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Telemedicine in Ohio



PARITY:		GAPS:
Private Insurance	F	Private Insurance
Medicaid	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	C	
Eligible Technologies	F	
Distance or Geography Restrictions	B	
Eligible Providers	C	
Physician-provided Services	B	
Mental/behavioral Health Services ²¹⁴⁻²¹⁸	B	
Rehabilitation ²¹⁹	B	
Home Health	F	
Informed Consent	F	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home	✓	
HCBS Waiver		
State-wide Network	✓	
Other		

Telemedicine in Oklahoma



PARITY:		GAPS:
Private Insurance	A	
Medicaid	A	
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	A	
Mental/behavioral Health Services	A	
Rehabilitation	N/A	
Home Health	F	
Informed Consent	F	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

Progress

- Medicaid regulations updated in 2015 which removed the originating site and geography restrictions as well as expanded coverage to include other services.²²⁰
- 2016 legislation enacted which removes informed consent and telepresenter requirements from parity law.

Private Insurance

- OK's private insurance parity law was enacted in 1997.²²¹

Medicaid

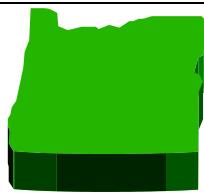
- Coverage for interactive audio-video only.
- 1 of 4 states with coverage for services provided by a behavioral analyst. These specialists are critical for the treatment of autism spectrum disorders.
- OK Medical Board requires written informed consent from patient before a telemedicine encounter.

Opportunity

- Legislation introduced in 2017 would cover home RPM under Medicaid, HB 1893.

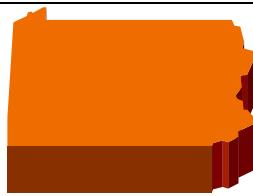
Telemedicine in

Oregon



PARITY:		GAPS:
Private Insurance	B	Private Insurance
Medicaid ²²⁴	B	<ul style="list-style-type: none"> OR's private insurance parity law was enacted in 2009. OR is 1 of 4 states that cover interactive audio-video only as a condition of their parity law.²²² Telemedicine parity law also includes self-insured state employee health plans and has no originating site restrictions.²²³
State Employee Health Plan	B	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies	B	Medicaid
Distance or Geography Restrictions	A	<ul style="list-style-type: none"> Medicaid imposes restrictions on the covered services. Allows coverage for interactive audio-video, telephone, and online/e-mail consultations. Medicaid will also cover store-and-forward when used in lieu of video conferencing.
Eligible Providers	A	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health	F	
Informed Consent	A	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Telemedicine in Pennsylvania



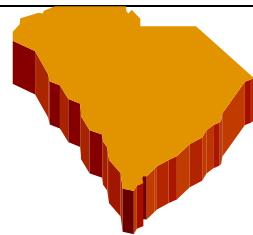
PARITY:		GAPS:
Private Insurance	F	Private Insurance <ul style="list-style-type: none">• Borders DE, MD and NY which have private insurance parity laws. 2016 legislation was unsuccessful in establishing telemedicine parity for private insurance.
Medicaid ²²⁷	B	Medicaid <ul style="list-style-type: none">• Medicaid imposes restrictions on the covered services and designates eligible distant site providers as a condition of payment.• PA offers a number of telemedicine modalities in the home of qualified beneficiaries including sensors, medication management, and RPM under a CMS HCBS waiver. This waiver expires in June 2018.²²⁵⁻²²⁶• Coverage for interactive audio-video only for physician and mental health services.• Requires written informed consent and a telepresenter.
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services ²²⁸	B	
Mental/behavioral Health Services	B	
Rehabilitation	N/A	
Home Health	C	
Informed Consent	B	
Telepresenter	C	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver	✓	
Corrections		
Other		

Telemedicine in Rhode Island



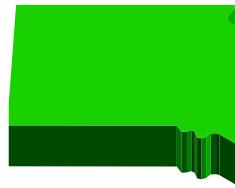
PARITY:		GAPS:
Private Insurance	A	Progress <ul style="list-style-type: none"> • RI enacted a telemedicine parity law in 2016 regarding coverage under private insurance.²²⁹ • Rhode Island Medicaid has included coverage for the following billable telehealth codes in the fee schedule: G0406 - G0408, and G0425 - G0427.²³⁰
Medicaid	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Progress <ul style="list-style-type: none"> • RI enacted a telemedicine parity law in 2016 regarding coverage under private insurance.²²⁹ • Rhode Island Medicaid has included coverage for the following billable telehealth codes in the fee schedule: G0406 - G0408, and G0425 - G0427.²³⁰
Patient Setting	A	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	N/A	
Home Health	F	
Informed Consent	B	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		Progress <ul style="list-style-type: none"> • RI enacted a telemedicine parity law in 2016 regarding coverage under private insurance.²²⁹ • Rhode Island Medicaid has included coverage for the following billable telehealth codes in the fee schedule: G0406 - G0408, and G0425 - G0427.²³⁰
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Telemedicine in South Carolina



PARITY:		GAPS:
Private Insurance	F	
Medicaid ²³⁴	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	C	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	N/A	
Home Health	F	
Informed Consent	A	
Telepresenter	C	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network	✓	
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other	✓	

Telemedicine in South Dakota



PARITY:		GAPS:
Private Insurance	F	Private Insurance
Medicaid ²³⁶	C	<ul style="list-style-type: none"> • Bordered by MN and MT which have parity laws. No history of proposed legislation within the past 2 years.
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	C	Medicaid
Eligible Technologies	C	<ul style="list-style-type: none"> • Coverage for telemedicine under Medicaid is above average. The agency imposes restrictions on the patient settings, covered services and designates eligible distant site providers as a condition of payment.
Distance or Geography Restrictions	A	<ul style="list-style-type: none"> • SD Medicaid no longer includes phone calls and store-and-forward under its telemedicine definition. Coverage for interactive audio-video and RPM only.
Eligible Providers	A	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health ²³⁷	F	
Informed Consent	A	Innovation
Telepresenter	A	<ul style="list-style-type: none"> • Received grant from US Bureau of Justice Assistance to implement a telehealth drug treatment program for nonviolent offenders.²³⁵
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other	✓	

Telemedicine in Tennessee



PARITY:

Private Insurance

A

Medicaid

B

State Employee Health Plan

A

MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:

Patient Setting

A

Eligible Technologies

C

Distance or Geography Restrictions

A

Eligible Providers

A

Physician-provided Services

A

Mental/behavioral Health Services

A

Rehabilitation

A

Home Health

B

Informed Consent

A

Telepresenter

A

INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:

State-wide Network

Medicaid Managed Care

✓

Medicare-Medicaid Dual Eligibles

Health Home

HCBS Waiver

Corrections

✓

Other

GAPS:

Progress

- 2016 legislation enacted amends parity law to allow reimbursement parity, and make state contracted crisis center providers employed by state licensed facilities eligible for reimbursement.²³⁸

Private Insurance

- TN parity law enacted in 2014 which includes telemedicine coverage for Medicaid, including managed care plans, and state employee health plans.²³⁹

Medicaid

- Parity law does not limit coverage to specific patient settings and includes telemedicine when provided to schools and the home under the home health benefit. Most of the state's Medicaid program operates under managed care.
- Home health does not include coverage for RPM under new parity law.
- Coverage for interactive audio-video and store-and-forward.

Telemedicine in

Texas



PARITY:		GAPS:
Private Insurance	A	Private Insurance
Medicaid ²⁴²	B	<ul style="list-style-type: none"> TX private insurance parity law enacted in 1997 and also includes coverage for state employee health plans.²⁴⁰
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies	B	
Distance or Geography Restrictions	A	
Eligible Providers	C	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health ²⁴³	F	
Informed Consent	B	
Telepresenter	C	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

Telemedicine in

Utah



PARITY:		GAPS:
Private Insurance	F	Private Insurance
Medicaid ²⁴⁹	A	<ul style="list-style-type: none"> • Bordersy AZ, CO, and NV which have parity laws for private insurance. UT has no history of proposed parity legislation within the past two years.
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	Medicaid
Eligible Technologies	F	<ul style="list-style-type: none"> • UT covers all services via telemedicine, as clinically appropriate, when provided by a physician or authorized provider.²⁴⁴⁻²⁴⁵
Distance or Geography Restrictions	A	<ul style="list-style-type: none"> • No restrictions imposed on patient or provider settings.
Eligible Providers	A	<ul style="list-style-type: none"> • Coverage for skilled nursing services and medication management under the skilled nursing home telemedicine pilot.²⁴⁶⁻²⁴⁷
Physician-provided Services	A	<ul style="list-style-type: none"> • Coverage for interactive audio-video only.
Mental/behavioral Health Services ²⁵⁰	A	
Rehabilitation	A	
Home Health	C	Innovation
Informed Consent	A	<ul style="list-style-type: none"> • Utah Telehealth Network offers clinical, educational, and administrative services via telemedicine across the state.²⁴⁸
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network	✓	Opportunity
Medicaid Managed Care		<ul style="list-style-type: none"> • Legislation introduced in 2017 would require private insurance transparency on telemedicine, HB 154.
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

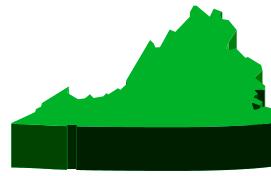
Telemedicine in Vermont



PARITY:		GAPS:
Private Insurance	C	Private Insurance
Medicaid ²⁵³	B	
State Employee Health Plan	C	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	B	
Mental/behavioral Health Services	A	
Rehabilitation	A	
Home Health	F	
Informed Consent	B	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

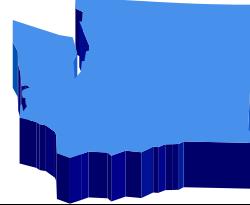
Telemedicine in

Virginia



PARITY:		GAPS:
Private Insurance	A	Private Insurance
Medicaid ²⁵⁹	B	<ul style="list-style-type: none"> • VA's parity law was enacted in 2010 and includes coverage for telemedicine under private insurance and self-funded state employee health plans.²⁵⁴
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	C	Medicaid
Eligible Technologies	C	<ul style="list-style-type: none"> • Coverage for telemedicine under Medicaid extends to managed care plans as well. The agency imposes restrictions on the patient setting.
Distance or Geography Restrictions	A	
Eligible Providers	C	<ul style="list-style-type: none"> • Medicaid restrictions on covered services and designates eligible distant site providers as a condition of payment. However Virginia is 1 of few states that includes specific coverage of obstetric and gynecological services including ultrasounds.²⁵⁵
Physician-provided Services ²⁶⁰⁻²⁶¹	B	<ul style="list-style-type: none"> • Covers speech-language therapy under its school-based program.²⁵⁶⁻²⁵⁸
Mental/behavioral Health Services	B	
Rehabilitation	B	<ul style="list-style-type: none"> • Coverage for interactive audio-video and store-an-forward for diabetic retinopathy and dermatological services.
Home Health	F	
Informed Consent	B	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network ²⁶²	✓	Innovation
Medicaid Managed Care ²⁶³	✓	<ul style="list-style-type: none"> • CMS approved VA plan to waive Medicare telemedicine statutory restrictions for dual eligible population "Commonwealth Coordinated Care".
Medicare-Medicaid Dual Eligibles ²⁶⁴	✓	
Health Home		
HCBS Waiver		
Corrections ²⁶⁵	✓	
Other		

Telemedicine in Washington



PARITY:		GAPS:
Private Insurance	A	Private Insurance
Medicaid ²⁷¹	A	<ul style="list-style-type: none"> Washington's parity law was enacted in 2015 and provides coverage for all essential health benefits offered by private insurance, state employee health plans, and Medicaid managed care.²⁶⁶
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	B	Medicaid
Eligible Technologies	B	<ul style="list-style-type: none"> The new parity law which goes into effect 2017 will impact Medicaid managed care and not FFS plan offerings.
Distance or Geography	A	<ul style="list-style-type: none"> New SPA approved by CMS adds the home and school to list of eligible originating sites. It also expands the list of providers who may render services including dentists and a number of mental and behavioral health providers. The Medicaid program manual has not been updated to reflect this emergency rulemaking.²⁶⁷⁻²⁶⁸
Restrictions		
Eligible Providers	B	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation ²⁷²	B	
Home Health ²⁷³	C	
Informed Consent	F	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		<ul style="list-style-type: none"> Coverage for interactive audio-video as and RPM under the home health benefit.²⁷⁰
Health Home		<ul style="list-style-type: none"> Written informed consent required.
HCBS Waiver		
Corrections		
Other		
Opportunity		
<ul style="list-style-type: none"> Legislation introduced in 2017 would allow reimbursement parity, SB 5457. 		

Telemedicine in West Virginia



PARITY:		GAPS:
Private Insurance	F	Private Insurance
Medicaid ²⁷⁵	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	B	Medicaid
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	C	
Physician-provided Services	B	
Mental/behavioral Health Services ²⁷⁶⁻²⁷⁹	A	
Rehabilitation	C	
Home Health	F	
Informed Consent	B	
Telepresenter	B	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home ²⁸⁰		
HCBS Waiver		
Corrections		
Other		

Telemedicine in Wisconsin



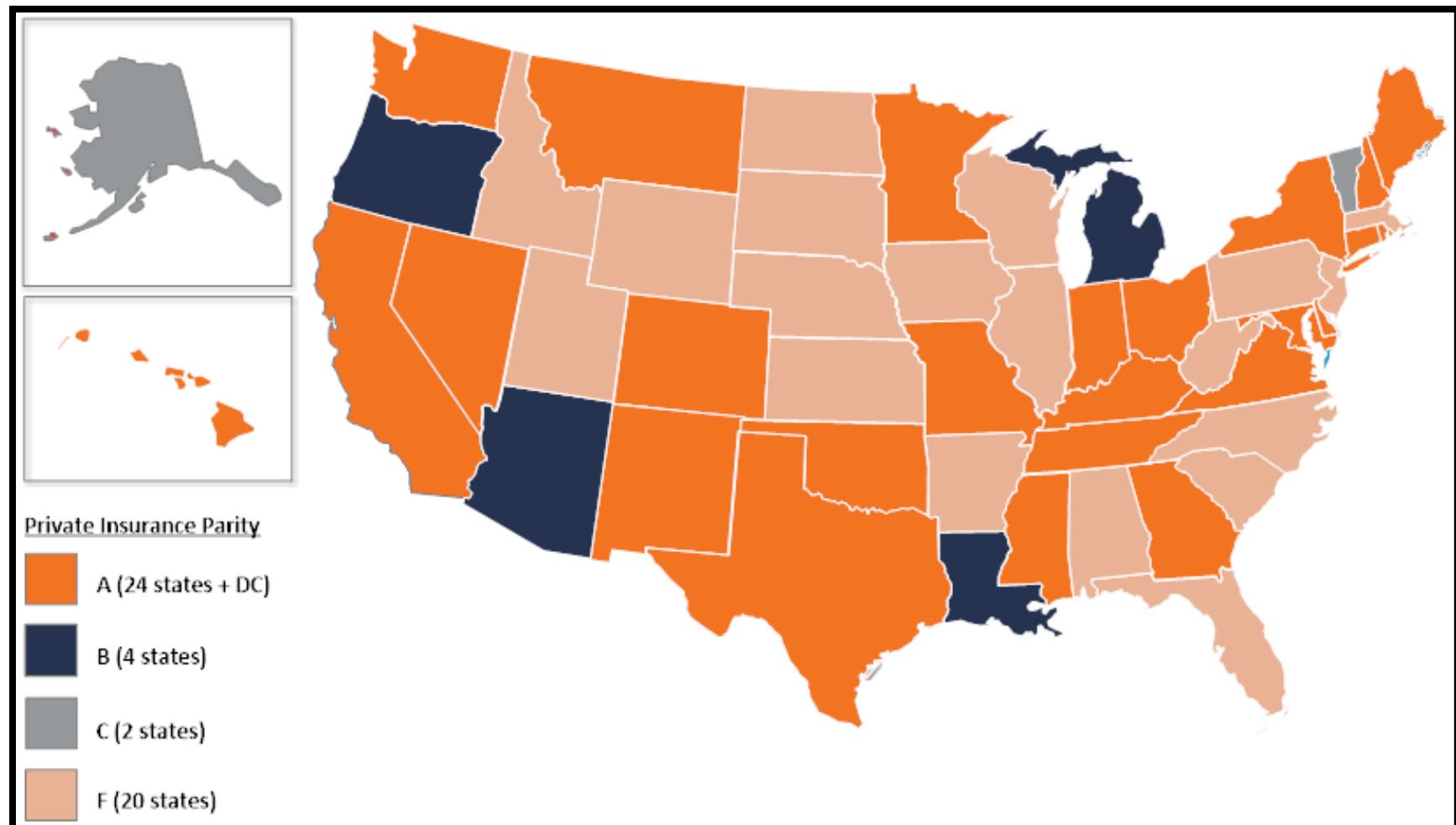
PARITY:		GAPS:
Private Insurance	F	Private Insurance
Medicaid ²⁸¹	B	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	Medicaid
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health	F	
Informed Consent	B	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Telemedicine in Wyoming

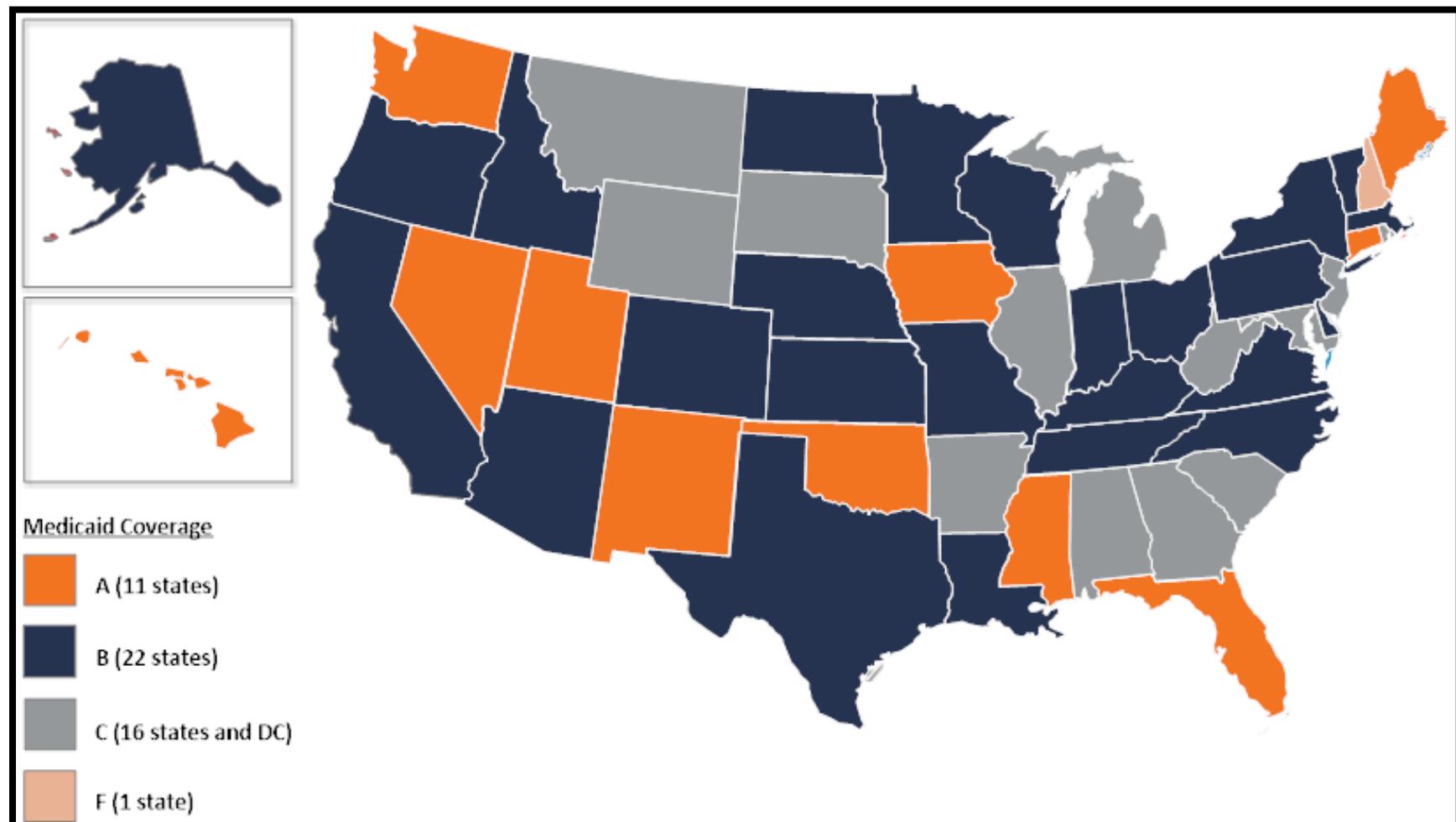
PARITY:		GAPS:
Private Insurance	F	Private Insurance
Medicaid ²⁸²	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	C	Medicaid
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	C	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	B	
Home Health	F	
Informed Consent	A	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network ²⁸³	✓	Innovation
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Appendix

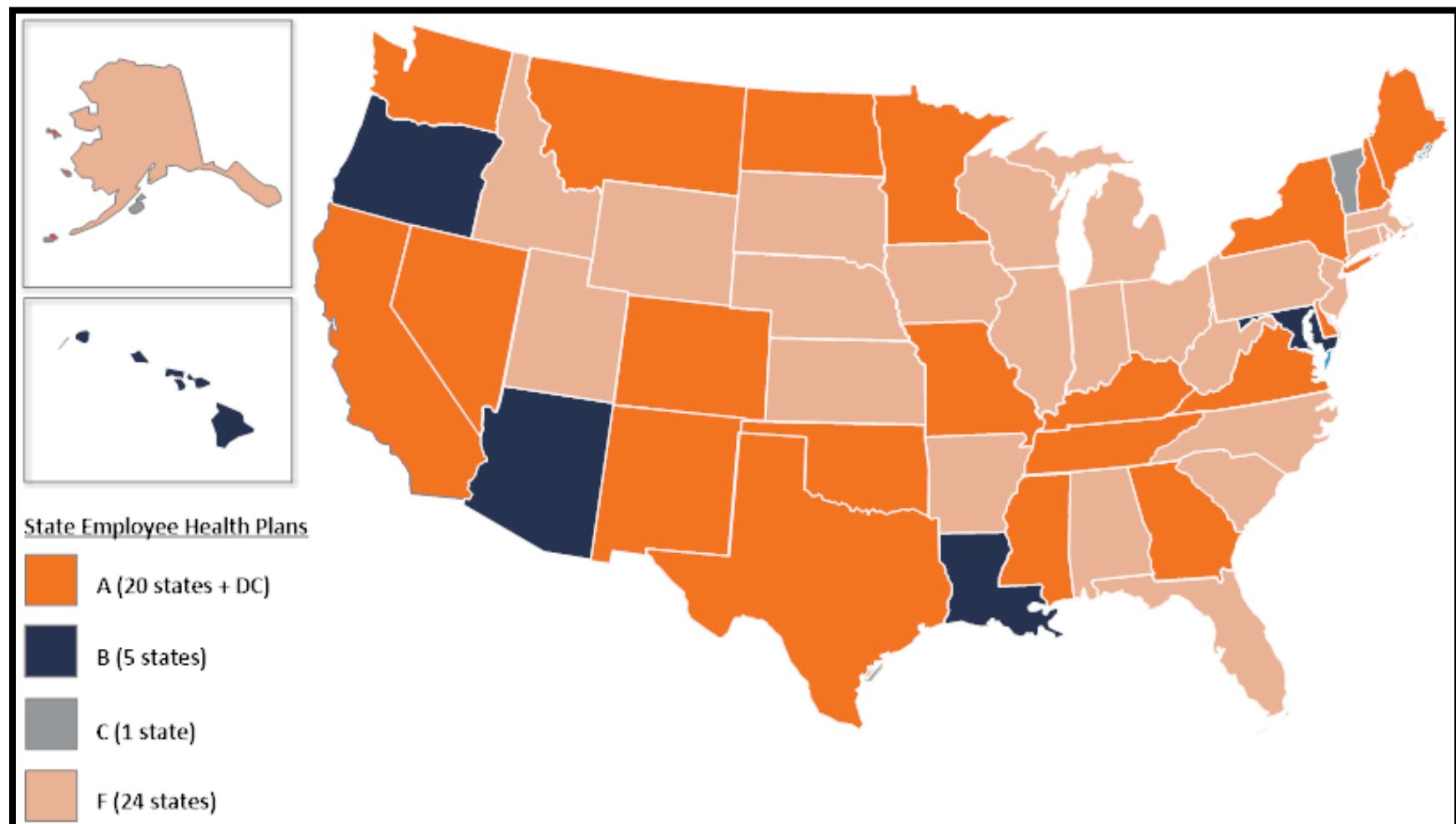
State Ratings – Parity Laws for Private Insurance Coverage of Telemedicine



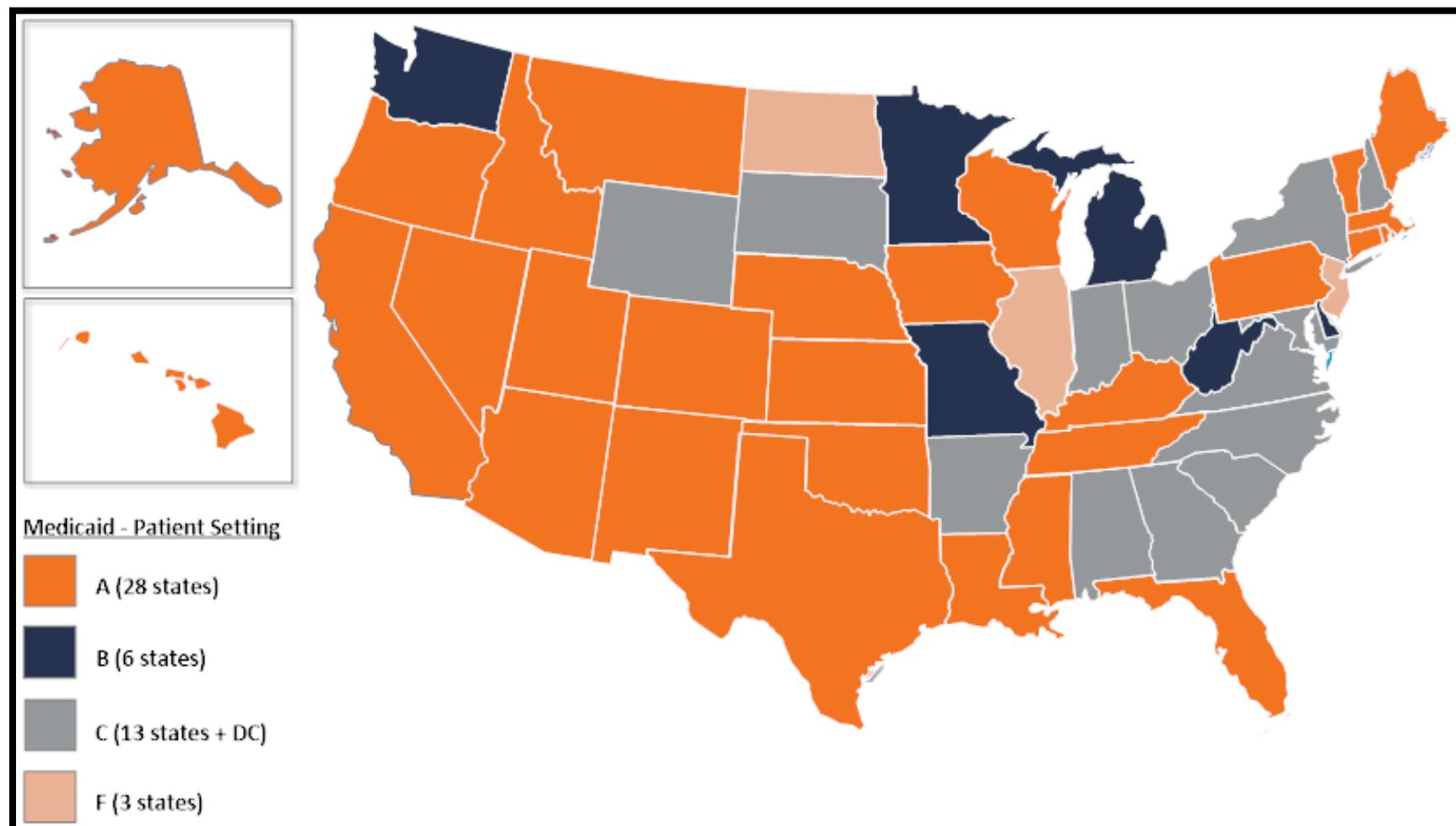
State Ratings – Medicaid Policies for Telemedicine Coverage



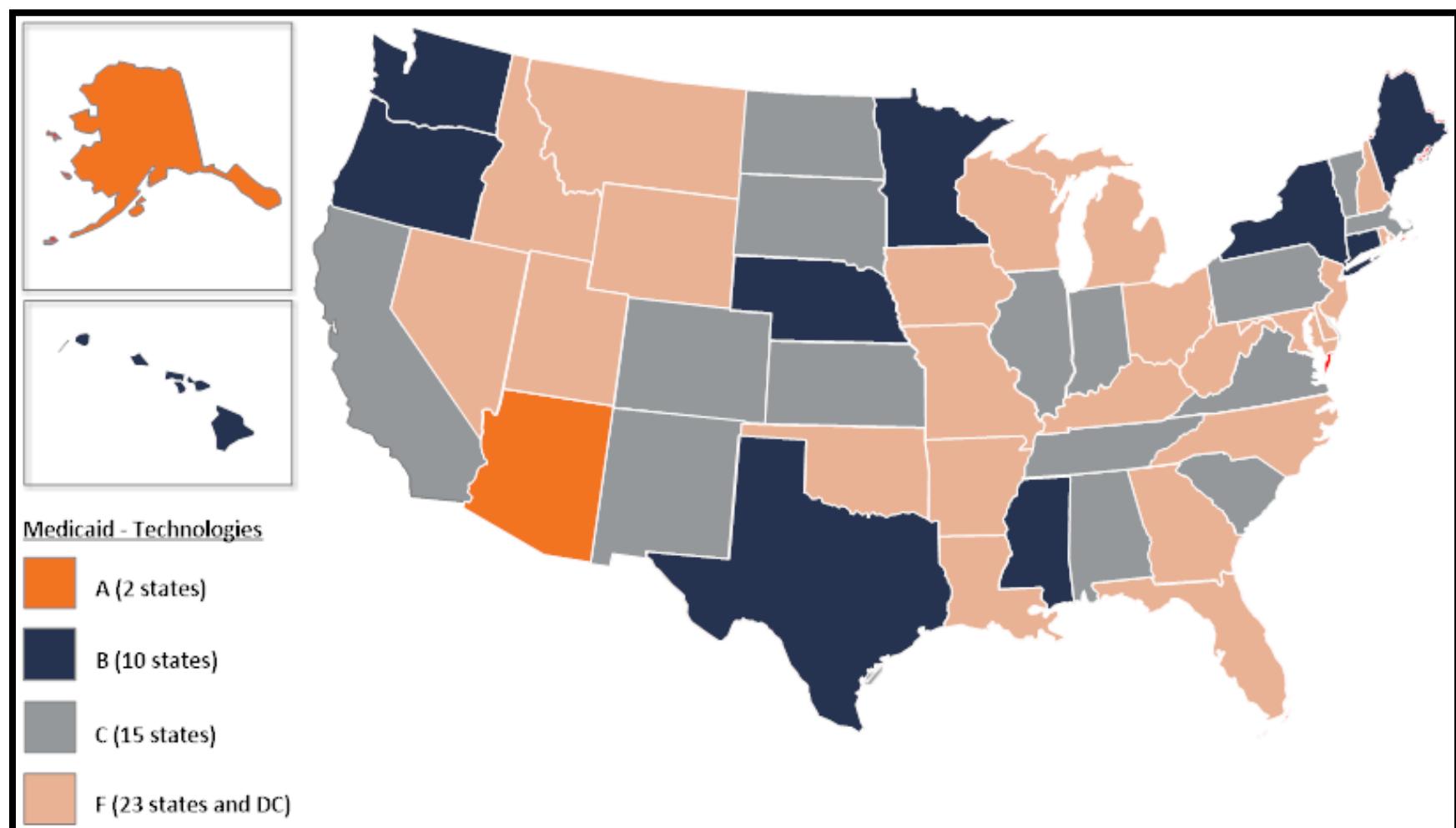
State Ratings – State Employee Health Plan Laws for Telemedicine Coverage



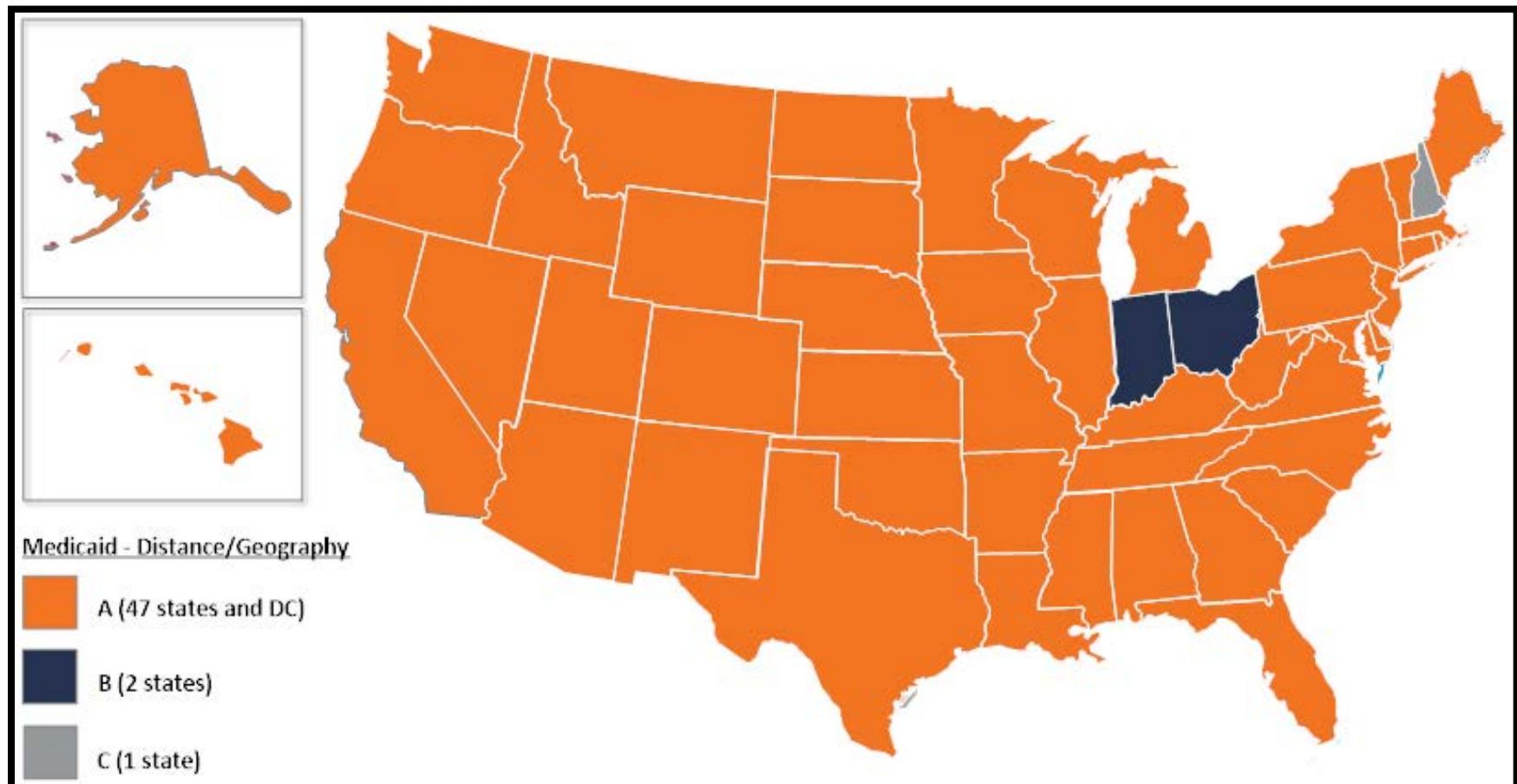
State Ratings – Medicaid Patient Setting



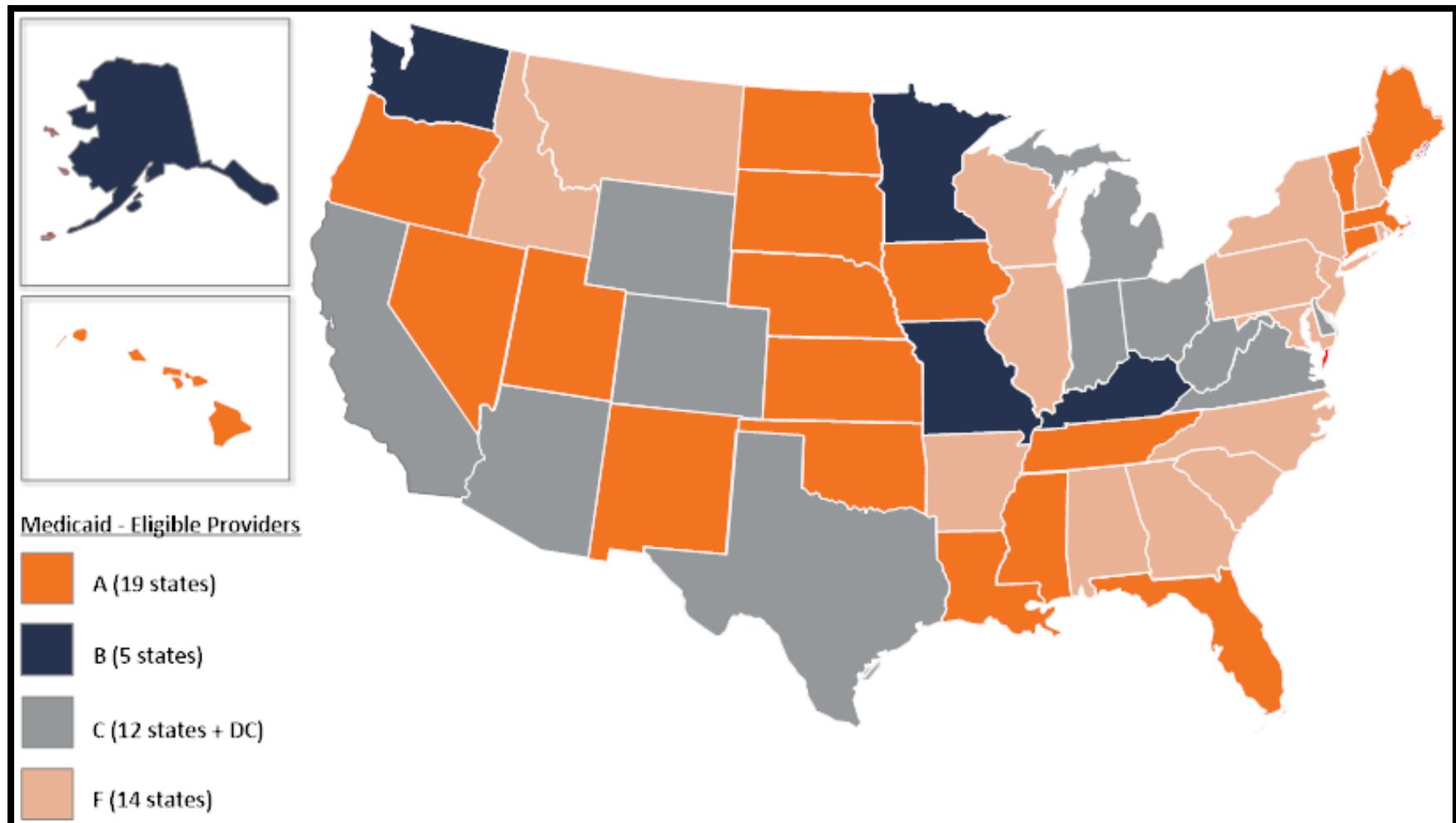
State Ratings – Medicaid Eligible Technologies



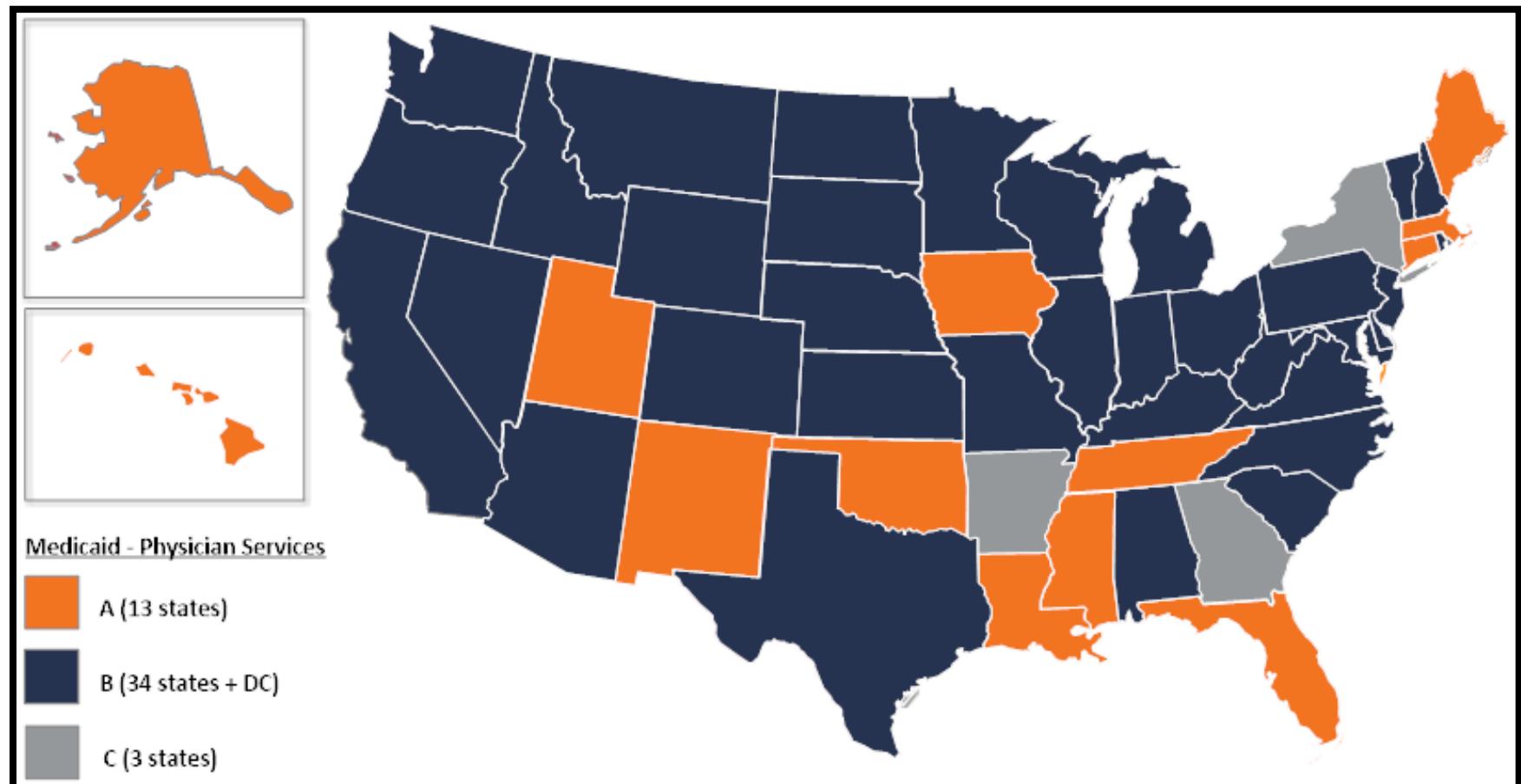
State Ratings – Medicaid Distance or Geography Restrictions



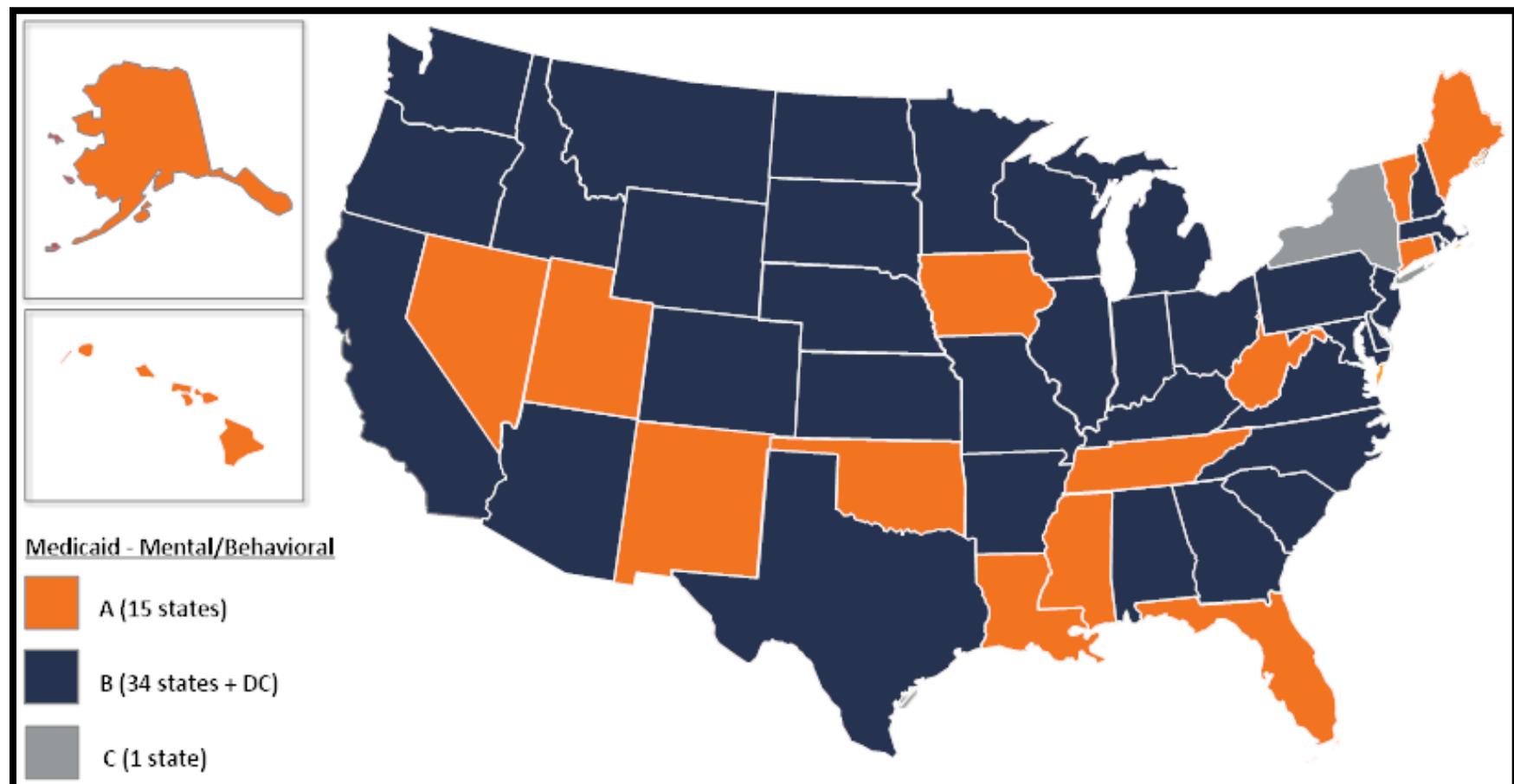
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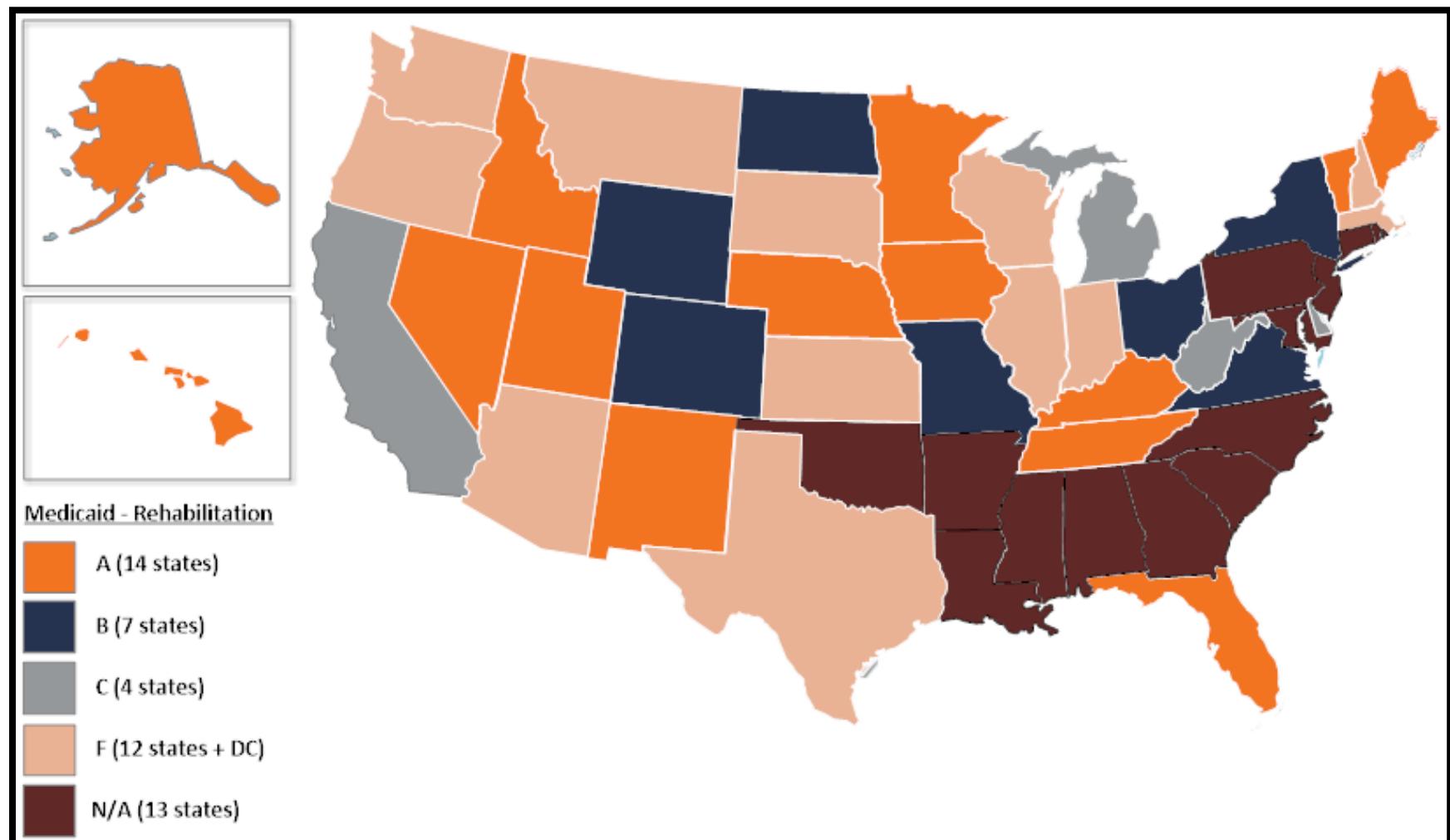
State Ratings – Medicaid Physician-provided Telemedicine Services



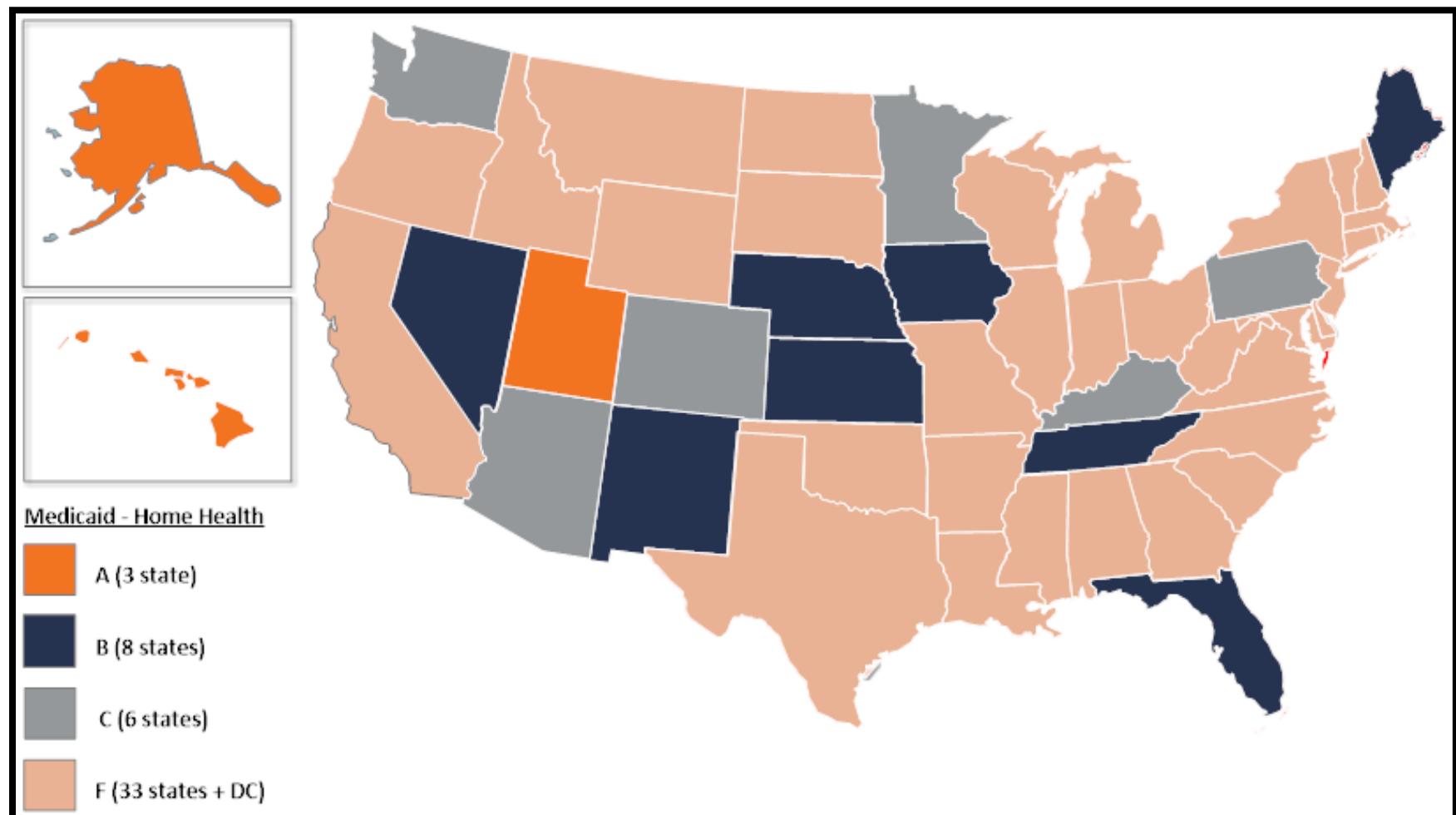
State Ratings – Medicaid Mental and Behavioral Health Services



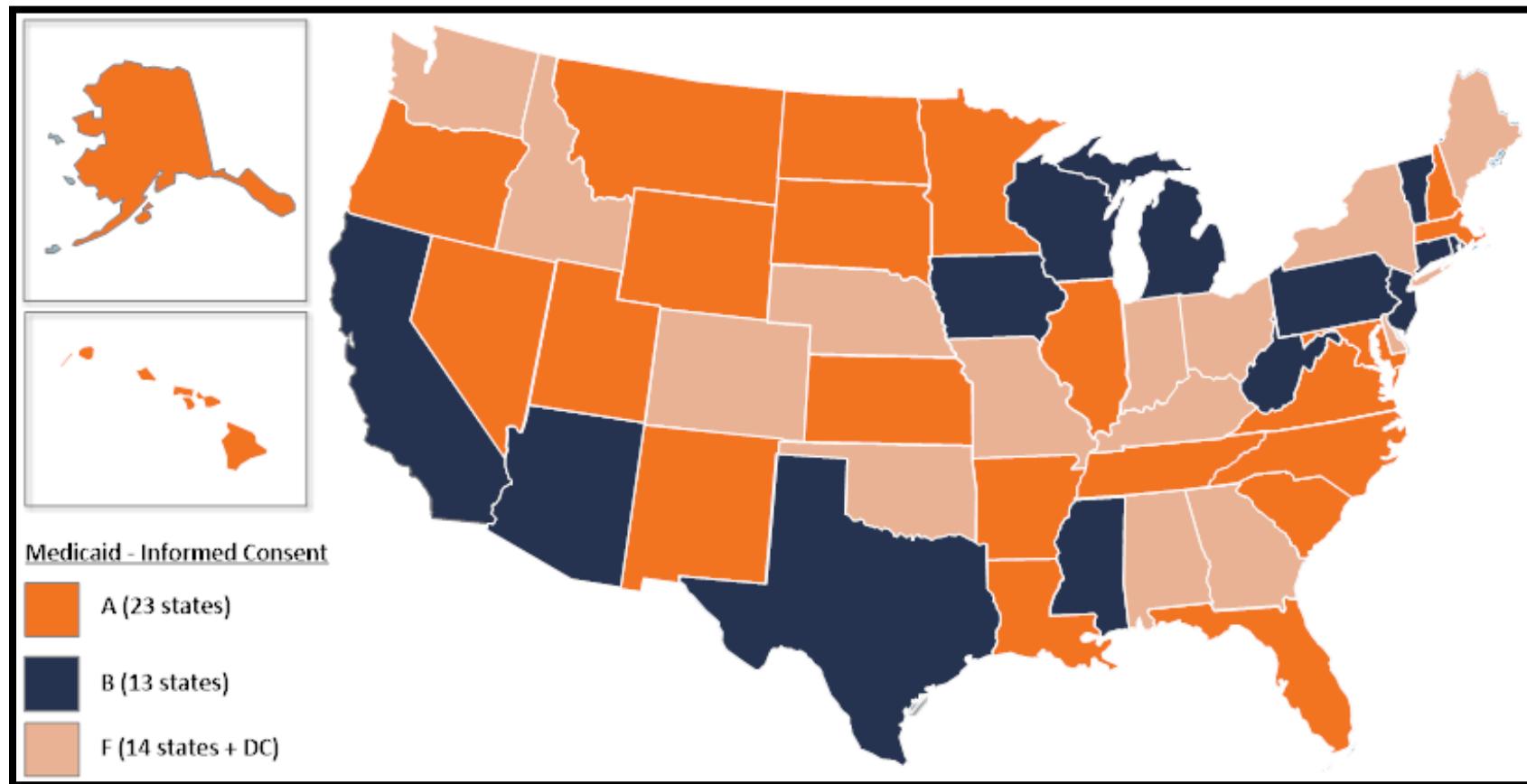
State Ratings – Medicaid Rehabilitation Services



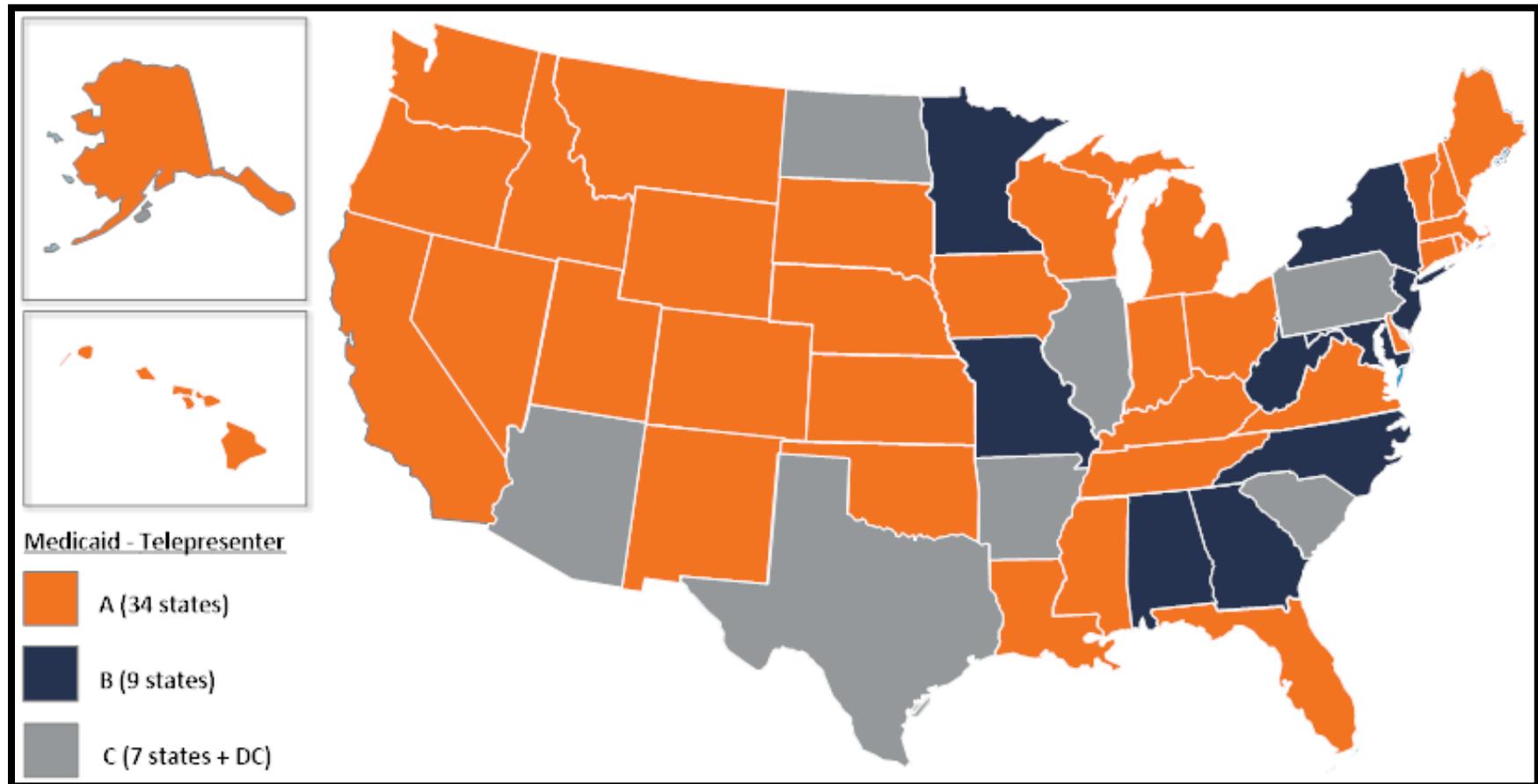
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State Ratings – Medicaid Informed Consent



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