



State Telemedicine Gaps Analysis

Coverage & Reimbursement

Latoya Thomas
Gary Capistrant
February 2017





50 State Telemedicine Gaps Analysis Coverage & Reimbursement

Latoya Thomas
Gary Capistrant

February 2017

None of the information contained in the Gaps Analysis Series or in this document constitutes legal advice. The information presented is informational and intended to serve as a reference for interested parties, and not to be relied upon as authoritative. Your own legal counsel should be consulted as appropriate.

50 State Telemedicine Gaps Analysis:
Coverage & Reimbursement

TABLE OF CONTENTS

Executive Summary	1
Purpose.....	5
Overview	6
Assessment Methods	6
Scoring.....	6
Limitations.....	7
Indicators.....	8
Parity	8
Private Insurance.....	8
Medicaid	9
State Employee Health Plans.....	10
Medicaid Service Coverage & Conditions of Payment.....	11
Patient Setting	11
Eligible Technologies	14
Distance or Geography Restrictions	15
Eligible Providers	16
Physician-provided Telemedicine Services.....	19
Mental and Behavioral Health Services.....	20
Rehabilitation Services	22
Home Health Services.....	23
Informed Consent.....	24
Telepresenter	25
Innovative Payment or Service Delivery Models	26
State Report Cards	28
Alabama.....	29
Alaska	30
Arizona.....	31
Arkansas	32

50 State Telemedicine Gaps Analysis:
Coverage & Reimbursement

California	33
Colorado	34
Connecticut	35
Delaware	36
District of Columbia.....	37
Florida.....	38
Georgia	39
Hawaii.....	40
Idaho.....	41
Illinois	42
Indiana.....	43
Iowa	44
Kansas.....	45
Kentucky.....	46
Louisiana.....	47
Maine	48
Maryland	49
Massachusetts.....	50
Michigan.....	51
Minnesota	52
Mississippi	53
Missouri.....	54
Montana.....	55
Nebraska.....	56
Nevada.....	57
New Hampshire.....	58
New Jersey	59
New Mexico.....	60
New York	61

50 State Telemedicine Gaps Analysis:
Coverage & Reimbursement

North Carolina	62
North Dakota	63
Ohio	64
Oklahoma	65
Oregon	66
Pennsylvania.....	67
Rhode Island.....	68
South Carolina	69
South Dakota	70
Tennessee.....	71
Texas.....	72
Utah	73
Vermont	74
Virginia.....	75
Washington	76
West Virginia	77
Wisconsin	78
Wyoming	79
Appendix.....	80
State Ratings – Map: Parity Laws for Private Insurance Coverage of Telemedicine	81
State Ratings – Map: Medicaid Policies for Telemedicine Coverage.....	82
State Ratings – Map: State Employee Health Plan Laws for Telemedicine Coverage	83
State Ratings – Map: Medicaid Patient Setting.....	84
State Ratings – Map: Medicaid Eligible Technologies.....	85
State Ratings – Map: Medicaid Distance or Geography Restrictions	86
State Ratings – Map: Medicaid Eligible Providers.....	87
State Ratings – Map: Medicaid Physician-provided Telemedicine Services	88
State Ratings – Map: Medicaid Mental and Behavioral Health Services	89
State Ratings – Map: Medicaid Rehabilitation Services.....	90

50 State Telemedicine Gaps Analysis:
Coverage & Reimbursement

State Ratings – Map: Medicaid Home Health Services 91

State Ratings – Map: Medicaid Informed Consent 92

State Ratings – Map: Medicaid Telepresenter 93

References 94

EXECUTIVE SUMMARY

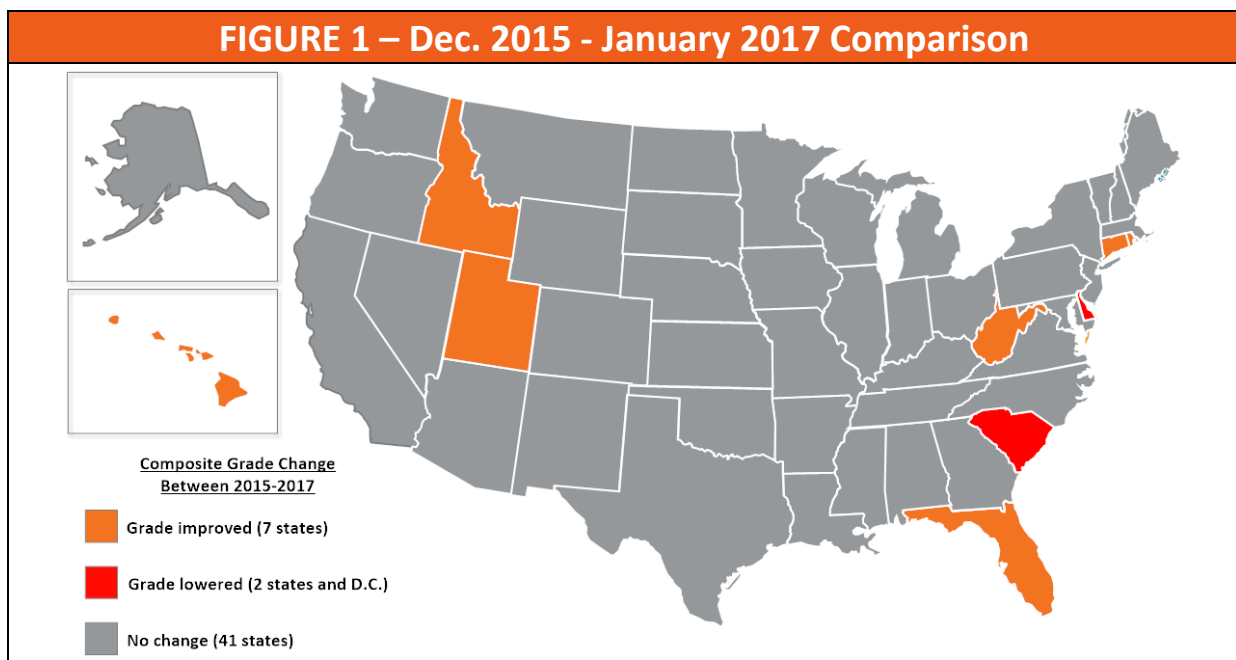
Payment and coverage for services delivered via telemedicine are some of the biggest challenges for telemedicine adoption. Patients and health care providers may encounter a patchwork of arbitrary insurance requirements and disparate payment streams that do not allow them to fully take advantage of telemedicine.

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?”

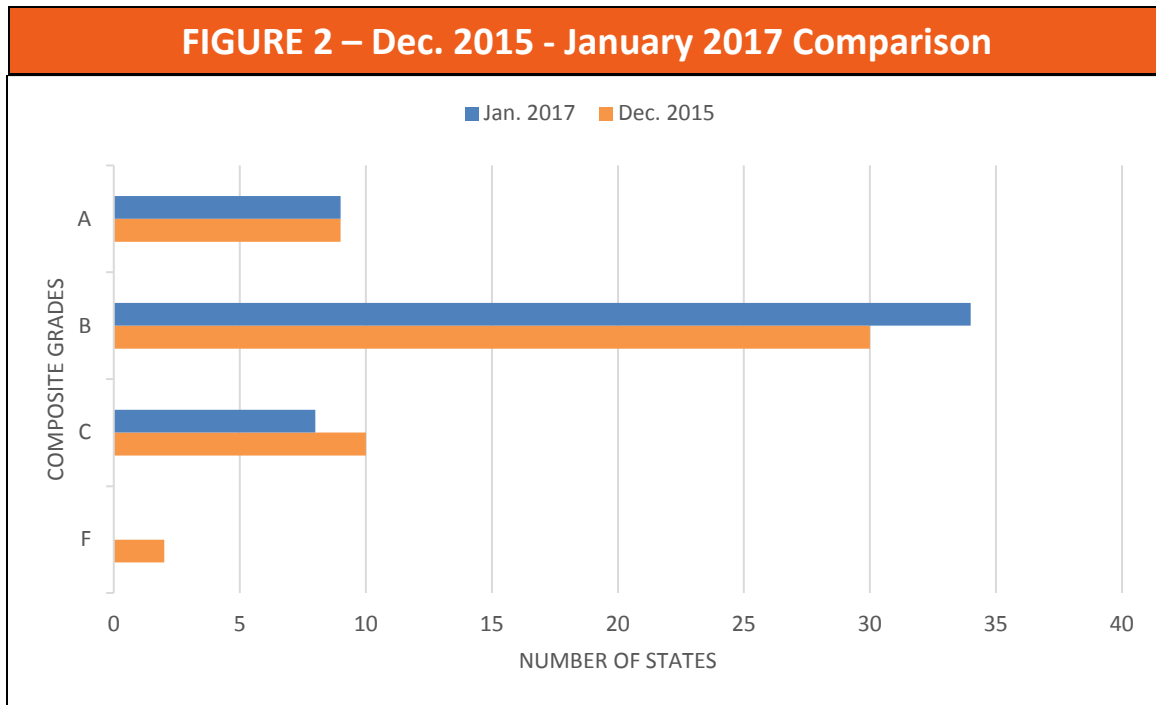
Using data categorized into 13 indicators related to coverage and reimbursement, our analysis reveals a mix of strides and stagnation in state-based policy despite decades of evidence-based research highlighting positive clinical outcomes and increasing telemedicine utilization.

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



50 State Telemedicine Gaps Analysis: Coverage & Reimbursement

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).

50 State Telemedicine Gaps Analysis:
Coverage & Reimbursement

Table 1 – Composite Scores by State

State	Composite Grade	State	Composite Grade	State	Composite Grade	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

50 State Telemedicine Gaps Analysis: Coverage & Reimbursement

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.

50 State Telemedicine Gaps Analysis:

Coverage & Reimbursement

- 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

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.

50 State Telemedicine Gaps Analysis:

Coverage & Reimbursement

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

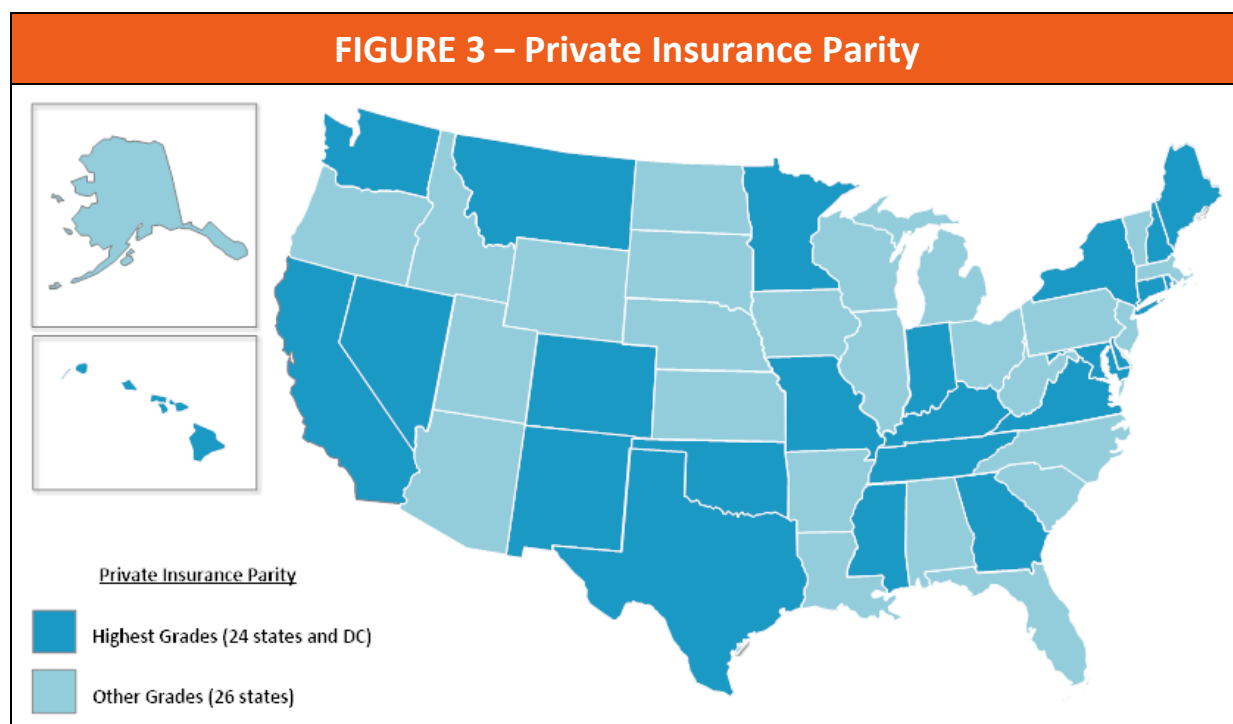
Parity

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.

50 State Telemedicine Gaps Analysis: Coverage & Reimbursement

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



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

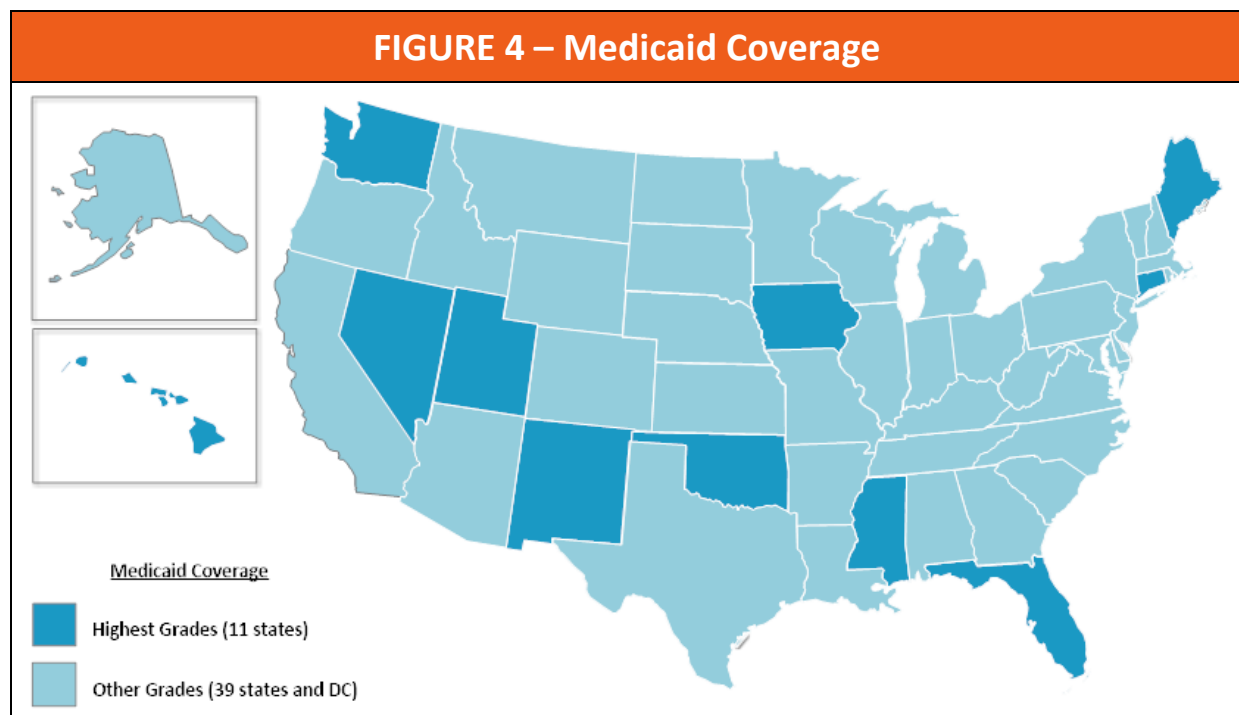
50 State Telemedicine Gaps Analysis:

Coverage & Reimbursement

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

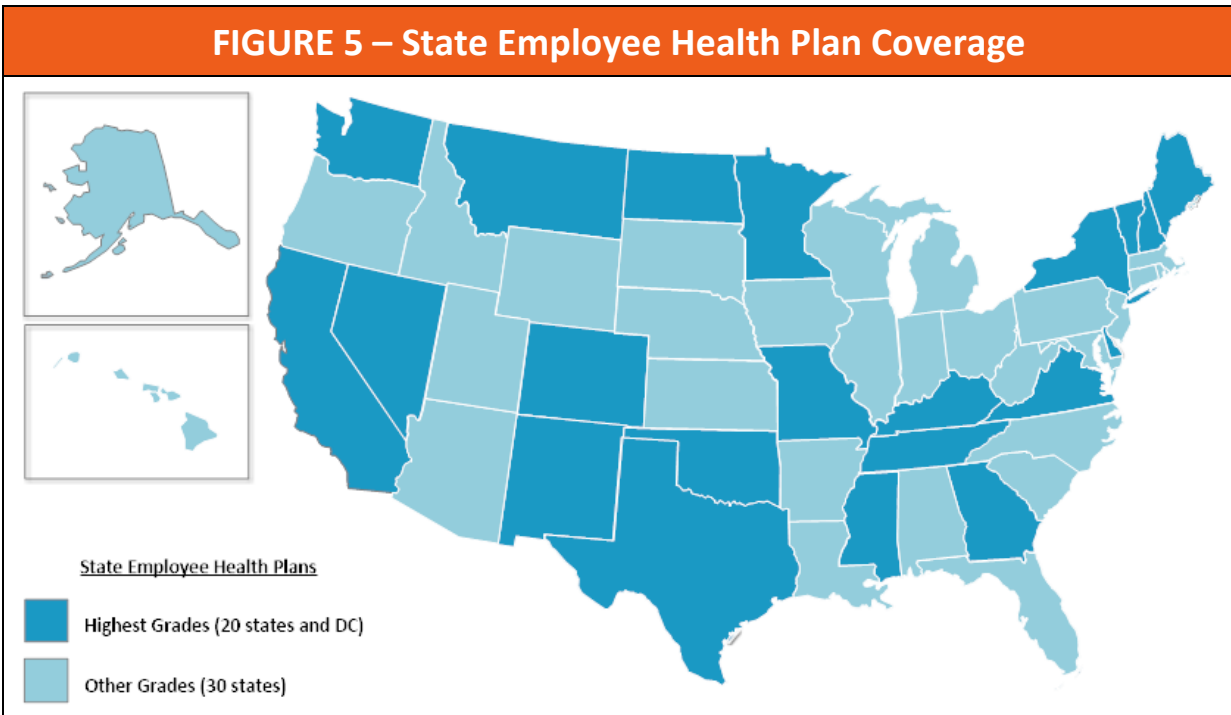
We measured components of state policies that enable or impede parity for telemedicine-provided services under state-employee health plans. Most states self-insure their plans

50 State Telemedicine Gaps Analysis: Coverage & Reimbursement

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

50 State Telemedicine Gaps Analysis: Coverage & Reimbursement

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:

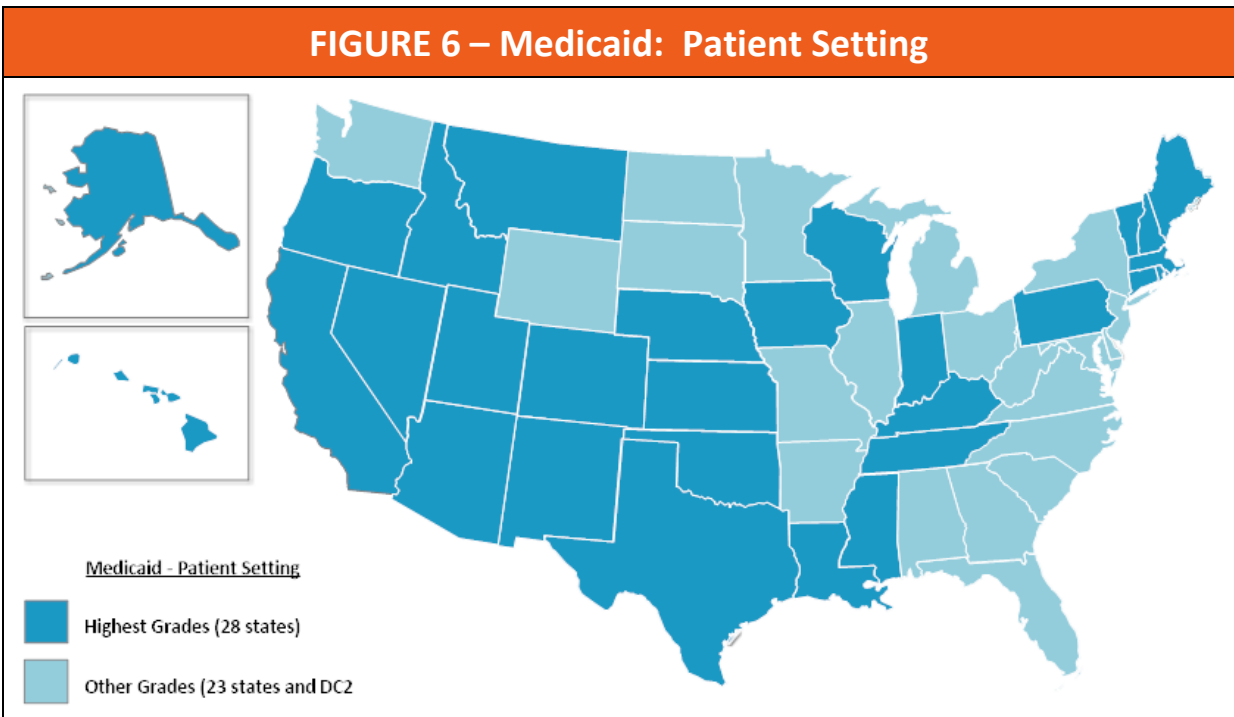
- hospitals
- doctor's office
- other provider's office
- dentist office
- home
- federally qualified health center (FQHC)
- critical access hospital (CAH)
- rural health center (RHC)
- community mental health center (CMHC)
- sole community hospital
- school/school-based health center (SBHC)
- assisted 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).

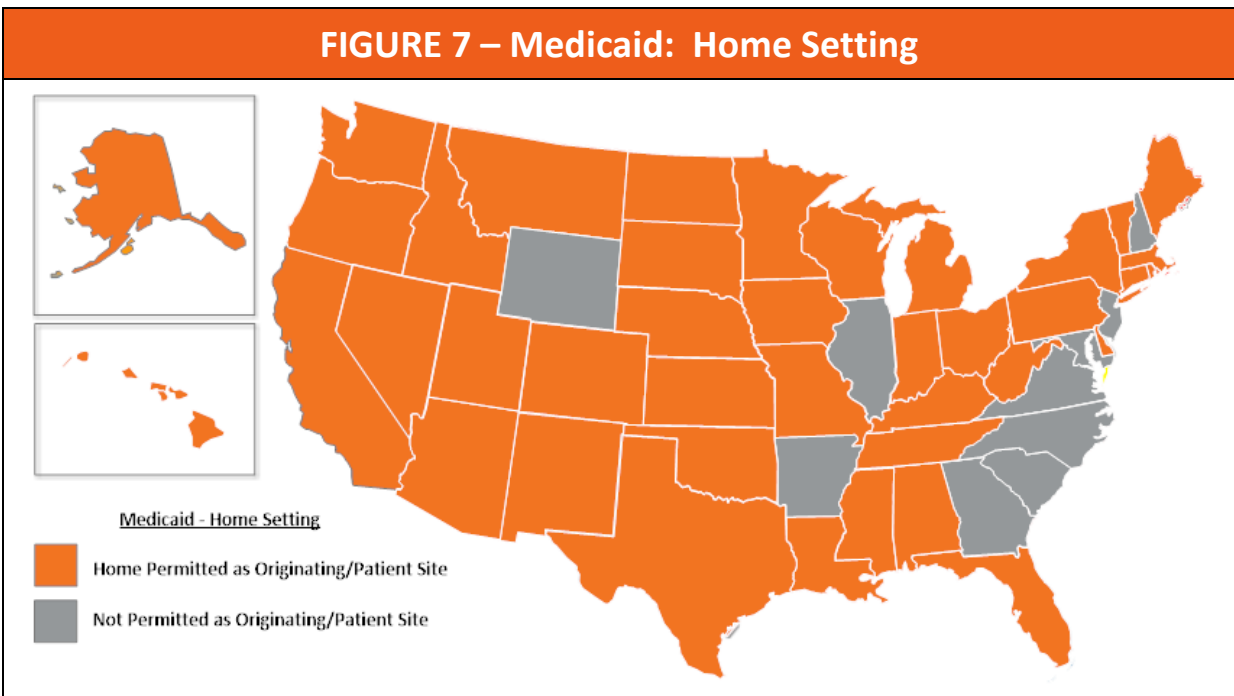
Scale – Medicaid: Patient Settings	
A	16+ points
B	11-15 points
C	6-10 points
F	≤ 5 points

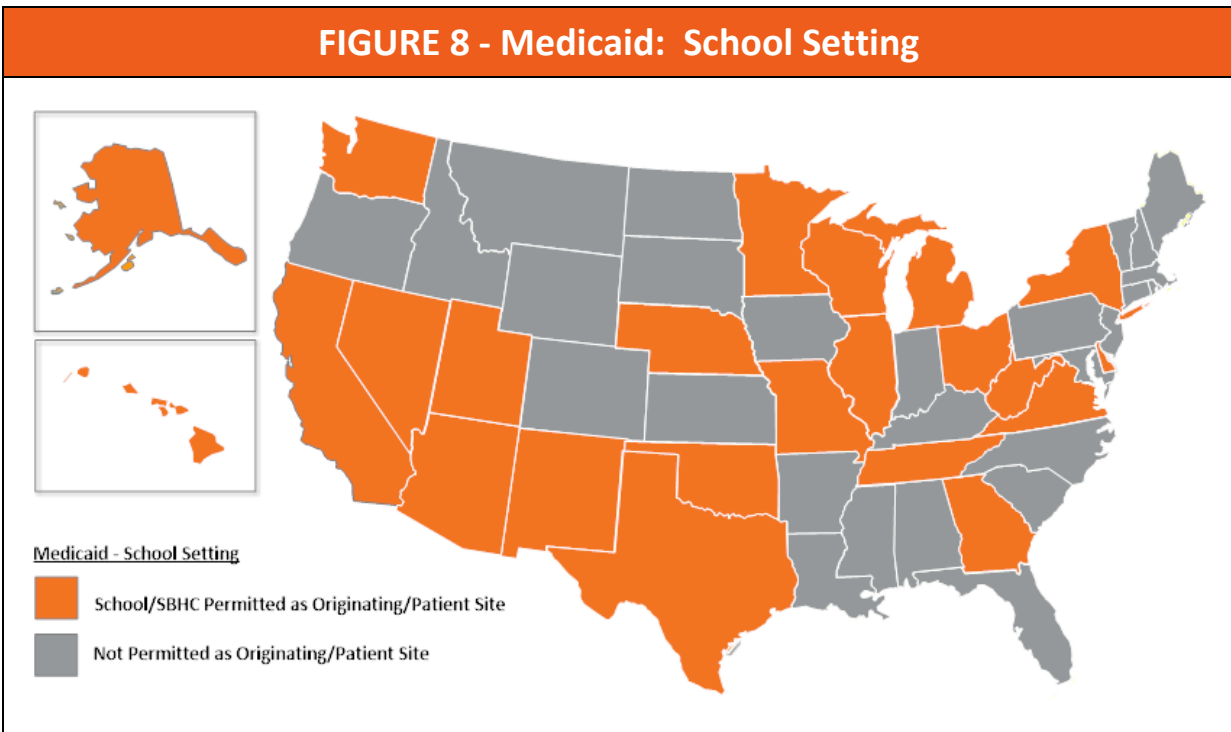
50 State Telemedicine Gaps Analysis:
Coverage & Reimbursement

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).





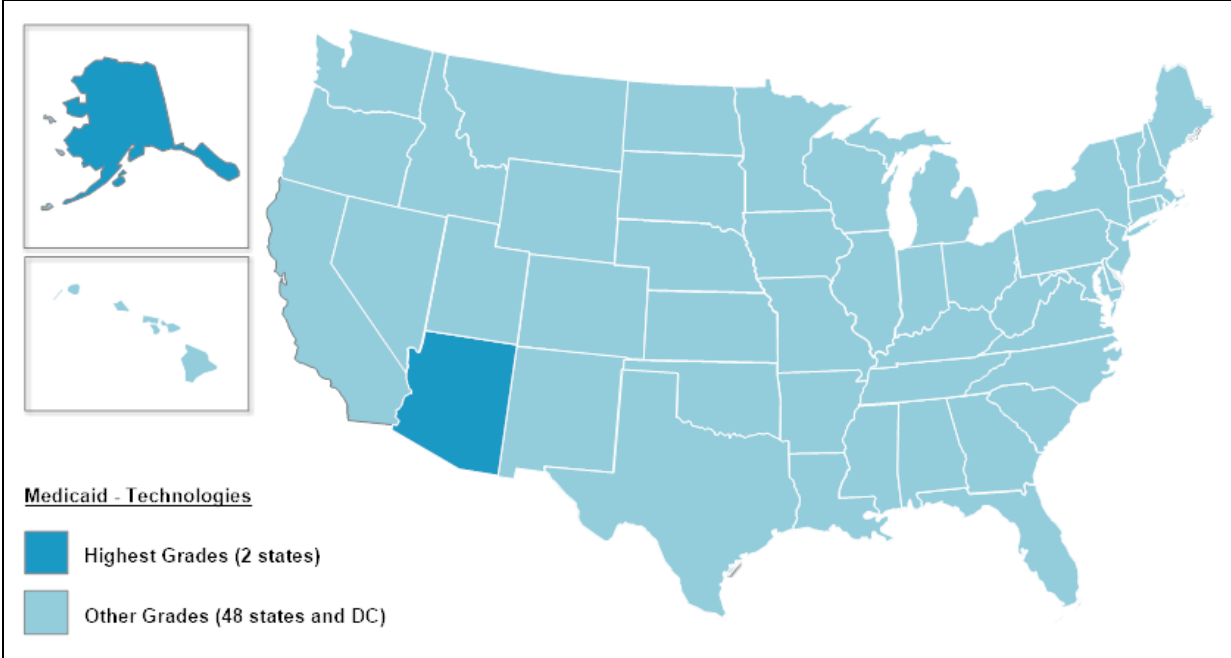
Illinois, New Jersey, and North Dakota ranked the lowest with failing (F) scores for designating less than six patient settings as originating sites.

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

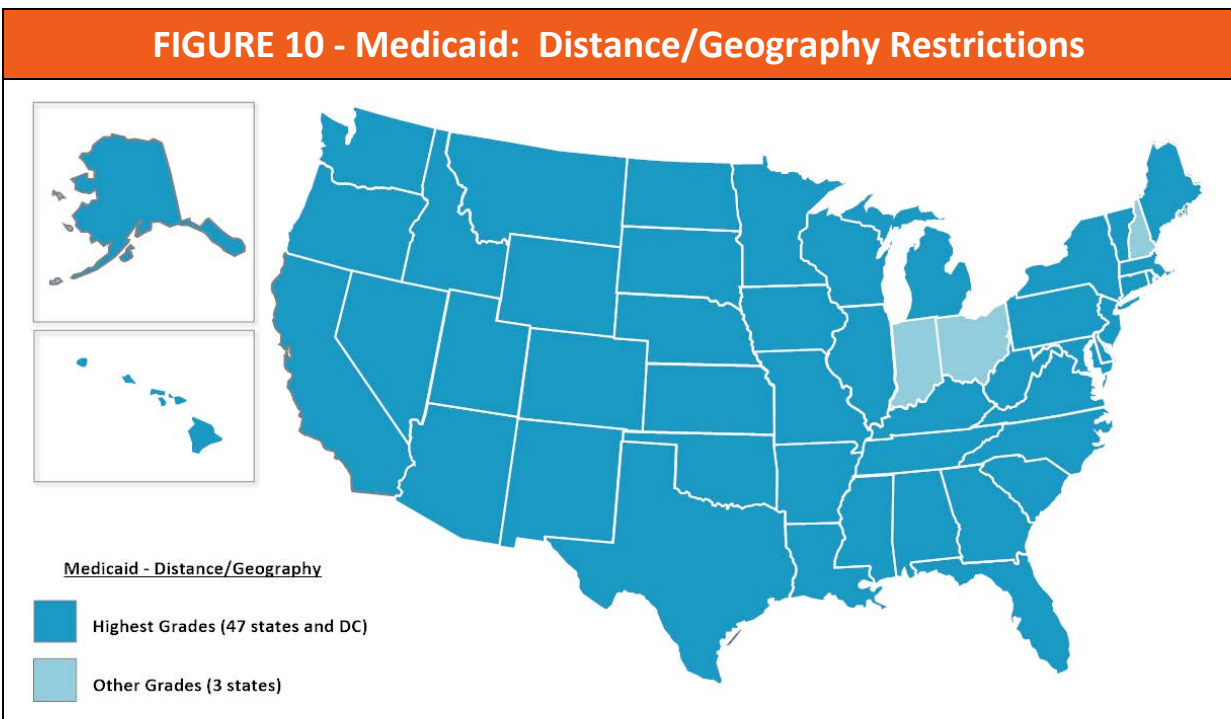
Distance restrictions are measured in miles and designate the amount of distance necessary between a distance site provider and patient as a condition of payment for telemedicine. Geography is classified as rural, urban, metropolitan statistical area (MSA), defined population size, or health professional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

50 State Telemedicine Gaps Analysis:
Coverage & Reimbursement

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.

50 State Telemedicine Gaps Analysis: Coverage & Reimbursement

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:

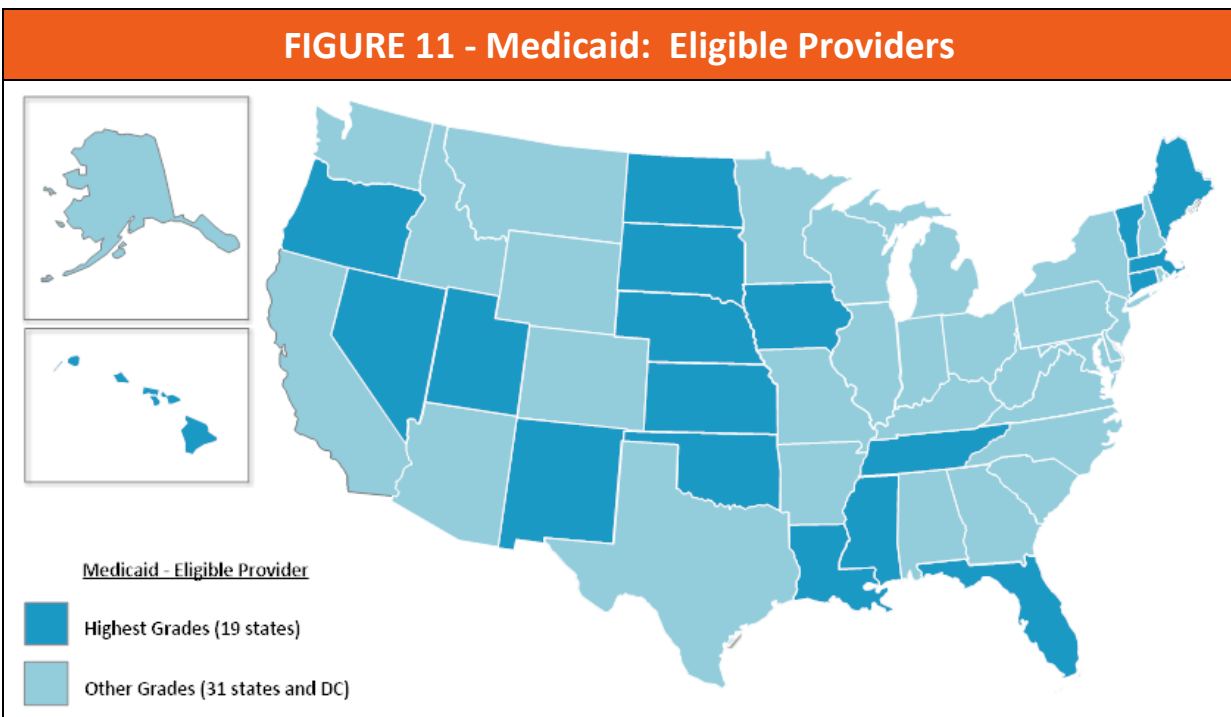
- physician (MD and DO)
- podiatrist
- chiropractor
- optometrist
- genetic counselor
- dentist
- physician assistant (PA)
- nurse practitioner (NP)
- registered nurse
- licensed practical nurse
- certified nurse midwife
- clinical nurse specialist
- psychologist
- marriage and family therapist
- clinical 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).

50 State Telemedicine Gaps Analysis:
Coverage & Reimbursement

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.

50 State Telemedicine Gaps Analysis:

Coverage & Reimbursement

- 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.

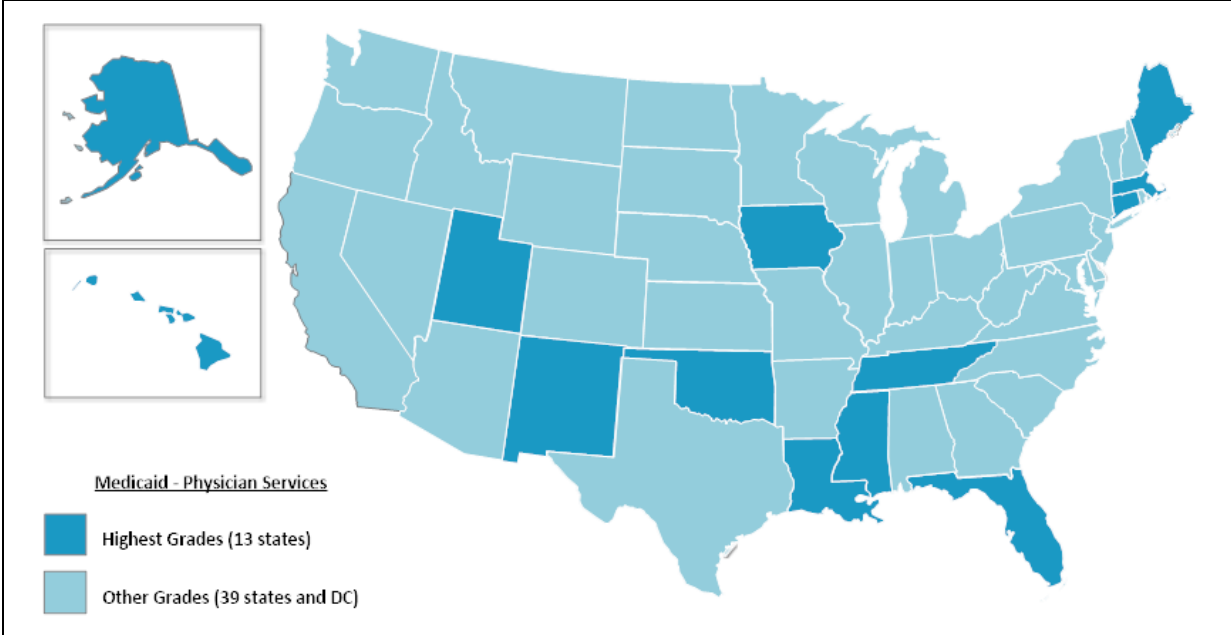
Scale – Medicaid: Physician-provided Services	
A	13 points
B	10-12 points
C	7-9 points
F	≤ 6 points

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

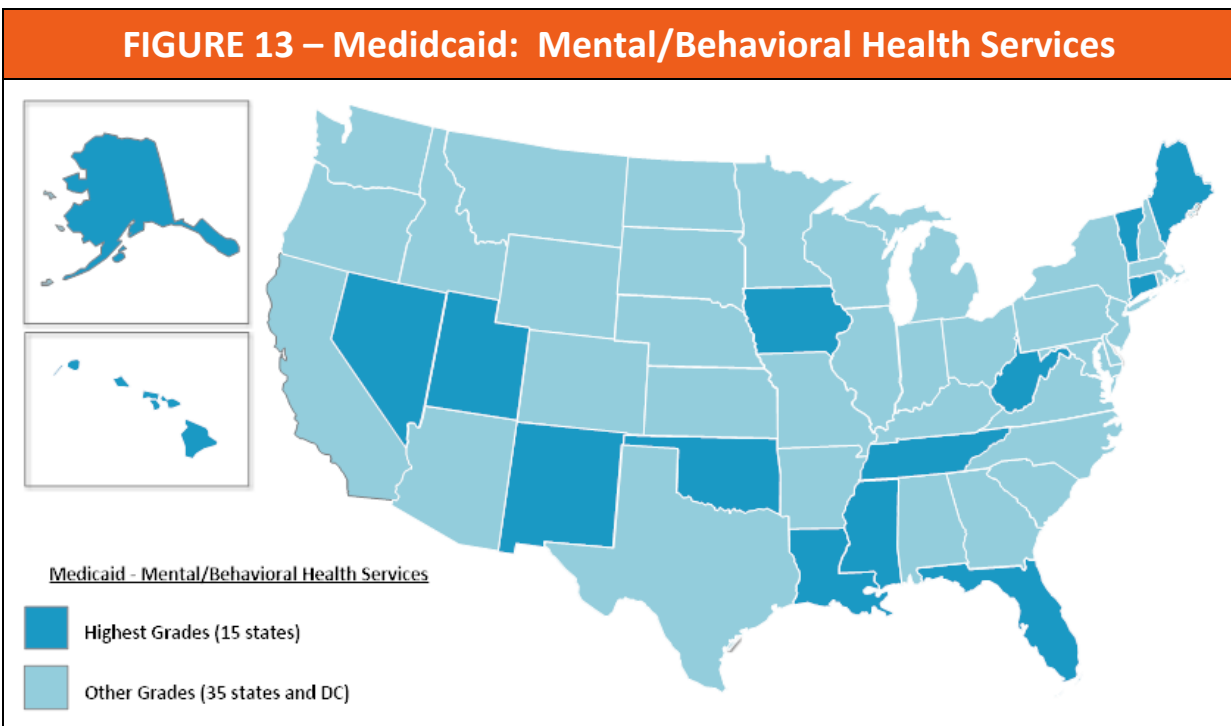
According to ATA’s telemental health practice guidelines, telemental health consists of the practice of mental health specialties at a distance using video-conferencing. The scope of services that can be delivered using telemental health includes but is not limited to: mental health assessments, substance 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

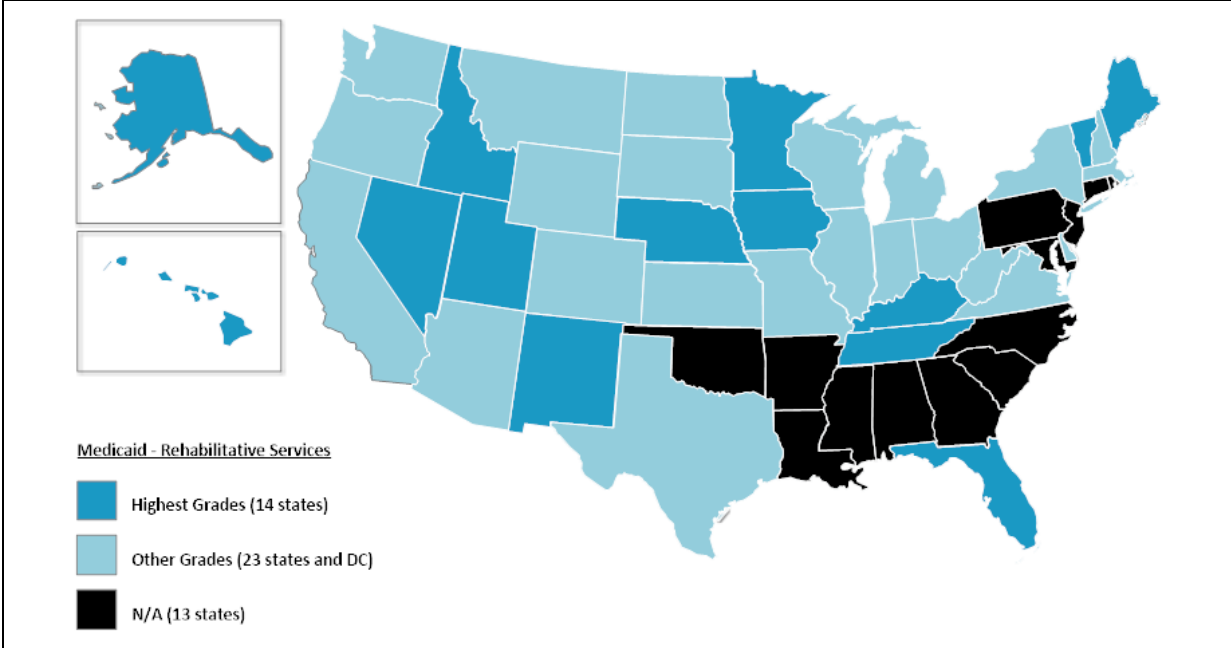
The ATA telerehabilitation guidelines define telerehabilitation as the “delivery of rehabilitation services via information and communication technologies. Clinically, this term encompasses a range of rehabilitation and habilitation services that include assessment, monitoring, prevention, intervention, 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.

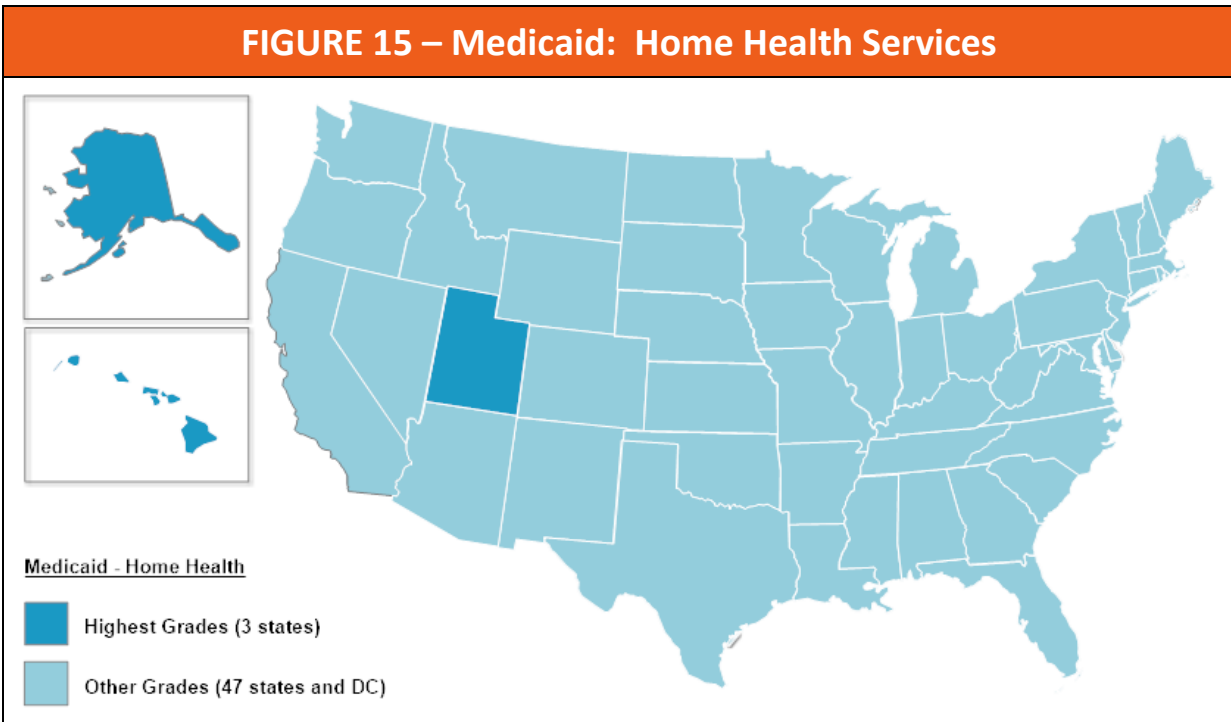
Regarding the delivery of home health services, audio-video consultations may be used to facilitate skilled nursing, physical therapy, occupational therapy, or speech therapy visits.

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.

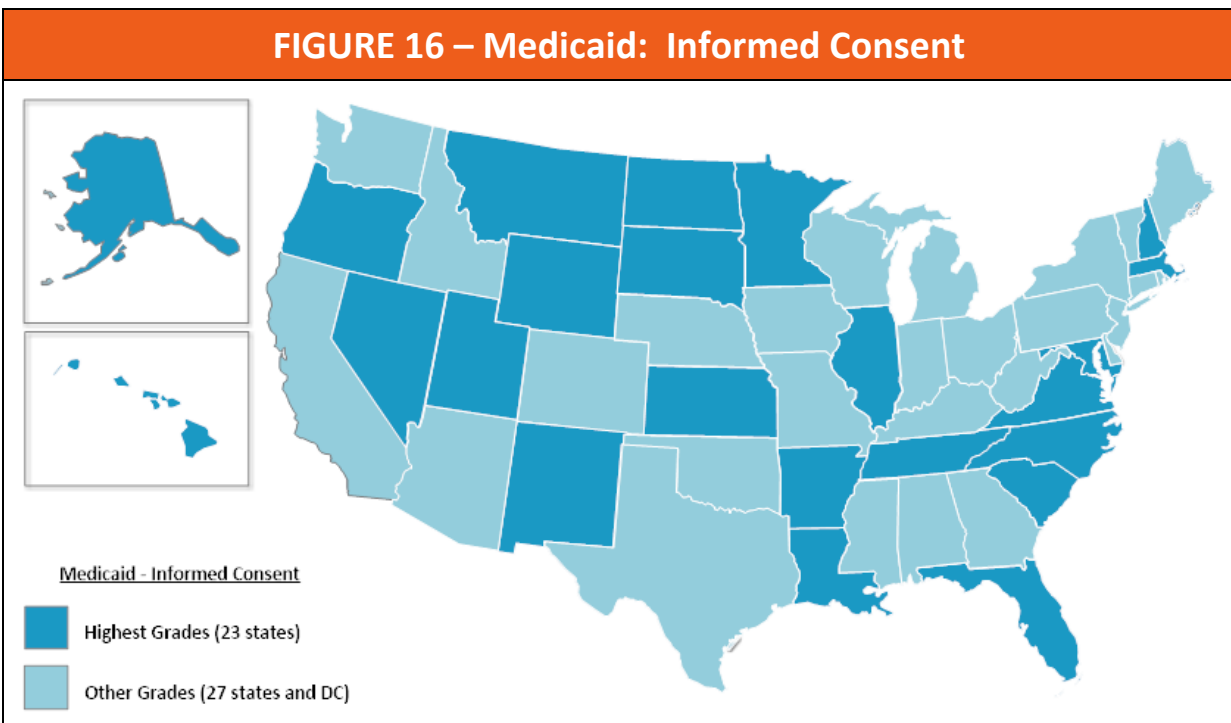
L. Informed Consent

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



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.

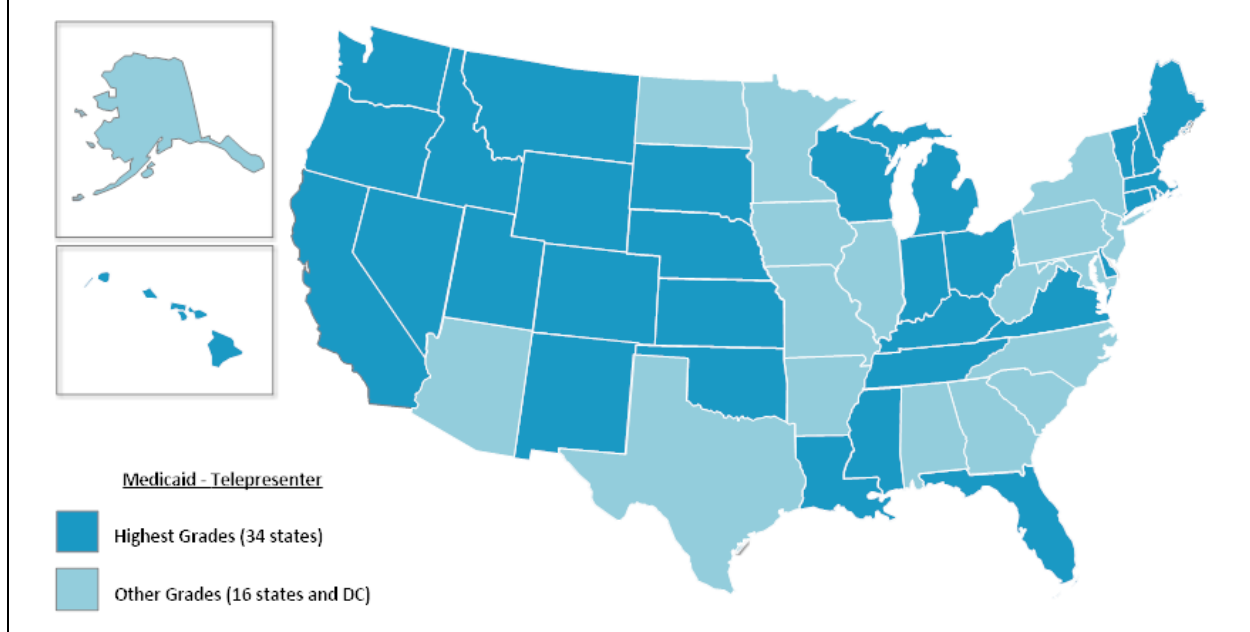
M. Telepresenter

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 <ul style="list-style-type: none"> AL has no parity law although bordered by GA, MS, and TN that have private insurance parity laws. No parity legislation introduced within the past two years.
Medicaid ¹⁰	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid <ul style="list-style-type: none"> Limited patient settings include hospital, physician's office, FQHC, CAH, RHC, CMHC. The home is recognized as an originating site under the Health Home model for RPM use only. Eligible providers are restricted to MDs/DOs, PAs, and NPs for physician and mental health services. Requires written informed consent and a telepresenter on the premises. Eligible provider must submit telemedicine services agreement.⁹
Patient Setting	C	
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:		Innovation <ul style="list-style-type: none"> CMS approved Health Home program based off of the successful Patient 1st medical home model uses home health nurses employed by the Department of Health to remotely monitor vital signs for patients with diabetes, hypertension, and congestive heart disease. Although the use of RPM was approved for this program, there is no mention of using other telemedicine modalities.
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home ¹³	✓	
HCBS Waiver		
Corrections	✓	
Other ¹⁴	✓	

Telemedicine in Alaska



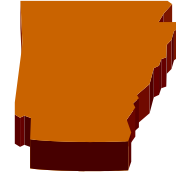
PARITY:		GAPS:
Private Insurance	C	Progress <ul style="list-style-type: none">AK enacted a partial parity law in 2016 covering mental health services.¹⁵2016 legislation enacted authorizes Medicaid to expand the use of telehealth for primary care, behavioral health, and urgent care.¹⁶ Medicaid <ul style="list-style-type: none">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.¹⁷No additional telepresenter or informed consent requirements from Medicaid or other state licensing boards.
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		

Telemedicine in Arizona



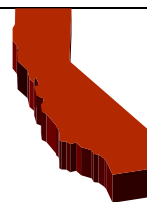
PARITY:		GAPS:	
Private Insurance	B	Private Insurance <ul style="list-style-type: none">2016 law removed rural-only geographic restrictions and adds pulmonology to list of covered services under private insurance and state employee health plan parity law. Telehealth coverage is still limited to only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

Telemedicine in Arkansas



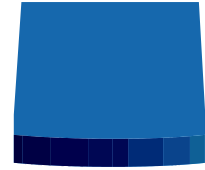
PARITY:		GAPS:	
Private Insurance	F	Private Insurance <ul style="list-style-type: none">AR’s parity law was enacted in 2015 and includes telemedicine coverage for physician-provided services under private insurance, Medicaid, and state employee health plans. This is the only telemedicine parity law that 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:			
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	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.³⁶Requires a telepresenter at the originating site.Coverage for interactive audio-video only.	
Informed Consent	A		
Telepresenter	C		
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:			
State-wide Network			
Medicaid Managed Care		Innovation <ul style="list-style-type: none">Specialty maternal-fetal telemedicine network operated by University of Arkansas.	
Medicare-Medicaid Dual Eligibles			
Health Home			
HCBS Waiver			
Corrections			
Other ³⁹⁻⁴⁰	✓		

Telemedicine in California



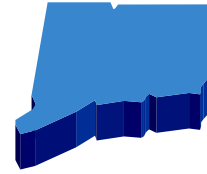
PARITY:		GAPS:
Private Insurance	A	Private Insurance <ul style="list-style-type: none">CA’s private insurance parity law was enacted in 1996.⁴¹ Medicaid <ul style="list-style-type: none">Coverage for interactive audio-video, as well as store-and-forward for the purposes of dermatology, ophthalmology, and dentistry.⁴²⁻⁴⁴Also recognizes OT, PT, speech language therapists, and audiologists as eligible providers of telemedicine but only offers billing details for school-based speech therapy via telehealth.⁴⁵⁻⁴⁶2014 law allows verbal or written method of collection to satisfy patient informed consent requirements.⁴⁷⁻⁴⁹One of few Medicaid programs that covers teledentistry. Innovation <ul style="list-style-type: none">CA Medicaid’s ambulatory visit services provided via telemedicine are reimbursed at the Indian Health Service all-inclusive rate.California Telehealth Network supports broadband connections of many institutions state-wide.
Medicaid ⁵⁰⁻⁵²	B	
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	<p>Progress</p> <ul style="list-style-type: none">CO added coverage of asynchronous telemedicine-provided dental services to its Medicaid state plan amendment.⁵⁸CO 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. <p>Private Insurance</p> <ul style="list-style-type: none">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 <p>Medicaid</p> <ul style="list-style-type: none">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. <p>Opportunities</p> <ul style="list-style-type: none">Colorado Telehealth Network supports broadband connections of many institutions state-wide.	
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			

Telemedicine in Connecticut



PARITY:		GAPS:
Private Insurance	A	Progress <ul style="list-style-type: none">CT enacted a telehealth parity law for Medicaid in 2016. No additional guidance or regulation has been developed.⁶⁶CT enacted a modernized network adequacy law.⁶⁷ Private Insurance <ul style="list-style-type: none">CT enacted a telemedicine parity law for private insurance coverage in 2015.⁶⁸ Medicaid <ul style="list-style-type: none">Medicaid statute authorizes a telemedicine demonstration for beneficiaries located at FQHCs.⁶⁹2015 telemedicine law requires clinicians to obtain unspecified patient informed consent.Home Health workgroup having conversations about RPM reimbursement under Medicaid.⁷⁰
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 <ul style="list-style-type: none">DE enacted telemedicine parity law in 2015.⁷¹ Medicaid <ul style="list-style-type: none">DE Medicaid published an update to the practitioner billing manual further defining appropriate billing conditions for telemedicine-provided services.⁷²The state will only pay for services rendered via interactive audio-video.DE Medicaid designates certain types of providers to render telemedicine.The patient setting is limited to a menu set of health facilities, but also includes a patient’s home, school-based wellness centers, and “other sites” at the discretion of the agency.⁷³
Medicaid	B	
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	Progress <ul style="list-style-type: none">D.C. Medicaid published emergency regulations for Medicaid FFS coverage and conditions of billing telemedicine.⁷⁵Other published emergency regulations enable FQHCs to use telemedicine inlieu of a face-to-face visit for purposes of Medicaid billing.⁷⁶ Private Insurance <ul style="list-style-type: none">D.C. parity law was enacted in 2013 and requires coverage for telemedicine-provided services under private plans and Medicaid. 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 suvery.	
Medicaid ⁷⁷	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	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:			
State-wide Network			
Medicaid Managed Care	✓		
Medicare-Medicaid Dual Eligibles			
Health Home			
HCBS Waiver			
Corrections			
Other			

Telemedicine in Florida



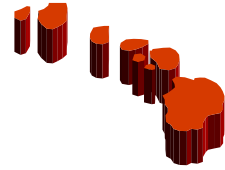
PARITY:		GAPS:	
Private Insurance	F	Progress <ul style="list-style-type: none">FL added coverage of telemedicine to its Medicaid state plan amendment.⁷⁸FL finalized regulations to remove restrictions and expand coverage under Medicaid⁷⁹ Private Insurance <ul style="list-style-type: none">Borders GA which has a private insurance parity law. No parity legislation introduced in 2016. 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 monitorin.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.	
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	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	Progress <ul style="list-style-type: none">GA added emergency ambulances as an eligible originating site to its state plan amendment.⁸⁰⁻⁸¹A 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.⁸³⁻⁸⁴Medicaid 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.
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		

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.⁸⁸The 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 <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.	
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		
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	Progress <ul style="list-style-type: none">ID Medicaid published new rules to allow coverage of primary care, OT, PT, speech therapy, language, and sign language interpretive services via telehealth.⁹⁰Rural-only and geographic limitations removed from provider manual. Private Insurance <ul style="list-style-type: none">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 <ul style="list-style-type: none">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.
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		

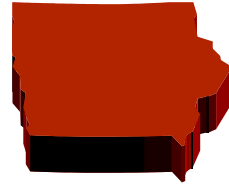
Telemedicine in Illinois



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.⁹²A 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 <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.⁹⁴Store-and-forward allowed for dermatologic purposes.Telepresenter required.
Medicaid ⁹⁵	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
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:		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Telemedicine in Indiana			
PARITY:		GAPS:	
Private Insurance	A	Private Insurance <ul style="list-style-type: none">IN enacted a telemedicine parity law in 2015 which covers private insurance, but does not include dental or vision plans.⁹⁷	
Medicaid ¹⁰⁰	C		
State Employee Health Plan	F		
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid <ul style="list-style-type: none">2013 law expanded coverage to include FQHCs, RHCs, CMHCs, CAHs, and home health agencies.⁹⁸Rulemaking maintains 20 mile distance limit for other qualifying health facilities.Requires at least one in-person follow-up by a physician.Remote patient monitoring covered under the home health benefit.⁹⁹Coverage for interactive audio-video and RPM, yet no telehealth coverage for skilled nursing or other home health benefits such as rehab.Requires written informed consent.	
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:		Opportunity <ul style="list-style-type: none">Legislation introduced in 2017 would remove the distance restrictions and expand telehealth coverage under Medicaid, HB 1337.	
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 <ul style="list-style-type: none">IA has no telemedicine parity law although bordered by MN, MO which have private insurance parity laws. Medicaid <ul style="list-style-type: none">IA legislature enacted a new law in 2015 that ensures telehealth parity under Medicaid. Agency finalized new rules that enforce parity for existing covered services.¹⁰¹⁻¹⁰²No inclusion of store-and-forward and remote patient monitoring.Although not a required condition of payment, the IA Medical Board requires an unspecified form of patient consent for telemedicine. Innovation <ul style="list-style-type: none">IA’s health home plan will provide services to individuals with 2 chronic conditions including 24/7 access to the care team that includes but is not limited to a phone triage system with appropriate scheduling during/after regular business hours to avoid unnecessary ER visits and hospitalizations. Use of email, text messaging, patient portals and other technology as available to the practice to communicate with patients is encouraged.¹⁰³
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 <ul style="list-style-type: none">KS has not telemedicine parity law and bordered by CO, MO, and OK which have private insurance parity laws. Medicaid <ul style="list-style-type: none">Medicaid provides telemedicine coverage for office visits, psychotherapy, and medication management, yet does not specify the originating site location.No coverage for therapies via telemedicine under home health benefit. Innovation <ul style="list-style-type: none">Coverage for RPM and medication management available through approved HCBS waiver. The waiver expires December 2019.¹⁰⁴⁻¹⁰⁵ Opportunity <ul style="list-style-type: none">Telemedicine parity legislation introduced in 2017 would allow coverage parity under private insurance and Medicaid, HB 2206.¹⁰⁶	
Medicaid	B		
State Employee Health Plan	F		
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	B		
Rehabilitation	F		
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 Kentucky



PARITY:		GAPS:
Private Insurance	A	Progress <ul style="list-style-type: none">In 2016, legislation was passed authorizing Medicaid to submit a state plan amendment covering home remote patient monitoring.¹⁰⁷ Private Insurance <ul style="list-style-type: none">KY's private insurance parity law was enacted in 2000 and also includes coverage for state employee health plans.¹⁰⁸ Medicaid <ul style="list-style-type: none">Independent rehabilitation specialists are not eligible for telemedicine reimbursement under Medicaid rules.Coverage for interactive audio-video only.Requires written informed consent.
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 <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.¹¹³LA Taskforce created by legislature to study telemedicine opportunities and gaps in the state.¹¹⁴ Medicaid <ul style="list-style-type: none">Coverage for interactive audio-video only.2013 letter from the Department of Health and Human Services indicated a need to change and clarify policies related to telemedicine including coverage for store-and-forward and RPM.¹¹⁵ Innovation <ul style="list-style-type: none">Community Choices Waiver covers home-based telecare activity, sensor, health status, and medication monitoring for elders or adults with disabilities.¹¹⁶
Medicaid ¹¹⁷	B	
State Employee Health Plan	B	
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



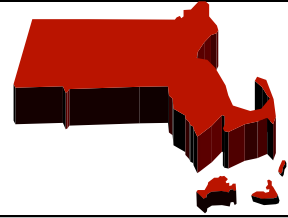
PARITY:		GAPS:
Private Insurance	A	Progress <ul style="list-style-type: none">ME Medicaid published new rules which include originating site fees, and coverage for home RPM and interprofessional services provided by a consultative physician.¹¹⁸ Private Insurance <ul style="list-style-type: none">ME’s parity law for Medicaid and private insurance was enacted in 2009 and also includes coverage for state employee health plans.¹¹⁹ 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. 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 ¹²¹	A	
State Employee Health Plan	A	
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	B	
Informed Consent	F	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network ¹²²	✓	
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home	✓	
HCBS Waiver		
Corrections	✓	
Other		

Telemedicine in Maryland



PARITY:		GAPS:	
Private Insurance	A	Private Insurance <ul style="list-style-type: none">Maryland’s private insurance parity law was enacted in 2012.¹²³ The parity law also applies to the fully insured health plan offerings for Maryland’s state employees.MD enacted a modernized network adequacy law.¹²⁴	
Medicaid ¹²⁶	C		
State Employee Health Plan	B		
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid <ul style="list-style-type: none">MD Medicaid issued new rules in 2016 which streamlined the provider registration process, added primary providers as distant site providers and certain substance use disorder treatment providers as originating sites, and allowed providers to use telehealth to communicate American Sign Language (ASL) to patient’s in their home or other location.¹²⁵Despite having statutory authority to cover and reimburse for all services appropriately provided via telemedicine the new rules place limits on allowable patient settings and types of providers who may render and get reimbursed for telemedicine.Telemedicine must enable the patient “to see and interact” with the health care provider. The agency does not cover RPM or store-and-forward.Distant site and originating site providers must register with the Department detailing their telemedicine service delivery plan.	
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			

Telemedicine in Massachusetts



PARITY:		GAPS:	
Private Insurance	F	Private Insurance	<ul style="list-style-type: none"> MA borders CT, NH, NY, RI and VT which have private insurance parity laws.
Medicaid	B		
State Employee Health Plan	F		
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid	<ul style="list-style-type: none"> Offers coverage under select managed care plans but <u>not</u> under FFS.^{127- 131} Authorized to cover remote monitoring for home health agencies. Rules are in development.
Patient Setting	A		
Eligible Technologies	C		
Distance or Geography Restrictions	A		
Eligible Providers	A		
Physician-provided Services	A		
Mental/behavioral Health Services	B		
Rehabilitation	F		
Home Health ¹³⁴	F		
Informed Consent	A		
Telepresenter	A		
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		Innovation	<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
State-wide Network	✓		
Medicaid Managed Care	✓		
Medicare-Medicaid Dual Eligibles			
Health Home			
HCBS Waiver			
Corrections			
Other			
		Opportunity	<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

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
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:		Innovation <ul style="list-style-type: none"> CMS approved duals proposal includes coverage for telemedicine.¹³⁷
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 <ul style="list-style-type: none"> MI enacted a telemedicine parity law in 2015 for private insurers and state employee health plans, including dental and joint self insured plans.¹⁴⁰
Medicaid ¹⁴³⁻¹⁴⁵	B	
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid <ul style="list-style-type: none"> New policies included in the parity law impose attestation requirements before payment is made for telemedicine. Coverage for interactive audio-video and store-and-forward. Distant site provider is limited to a menu set of providers including OT, PT, and speech therapists, and audiologists. Providers are not required to be located in a medical facility. Medicaid also places frequency limits on all covered telemedicine services. MN Medicaid now covers dental and alcohol and substance abuse services via telemedicine under the physician services benefit. Covers skilled nursing and cost of RPM equipment rental under home health benefit. Telepresenter required on premises.
Patient Setting	B	
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:		Innovation <ul style="list-style-type: none"> Chemical Dependency Continuum of Care Pilot Project implemented in 2013 to improve access to treatment and recovery support for alcohol and drug abuse services.¹⁴¹⁻¹⁴²
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Telemedicine in Mississippi



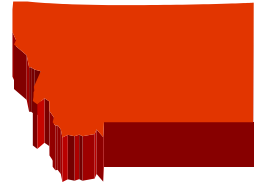
PARITY:		GAPS:
Private Insurance	A	Private Insurance <ul style="list-style-type: none">MS’s parity law was enacted in 2013. The law requires parity for telemedicine under private insurance, state employee health plans, and public assistance.¹⁴⁸ In 2014, lawmakers passed a law requiring insurance plans 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:		
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	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
Home Health	A	
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 Missouri



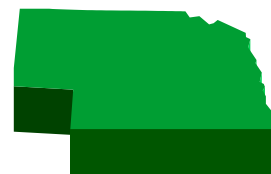
PARITY:		GAPS:
Private Insurance	A	<p>Progress</p> <ul style="list-style-type: none">MO legislature enacted SB 579 in 2016 which expanded telehealth coverage to schools, home, as well as includes coverage for home RPM and store-and-forward.¹⁵³ <p>Private Insurance</p> <ul style="list-style-type: none">MO’s private insurance parity law was enacted in 2013 and included coverage for state employee health plans.¹⁵⁴ <p>Medicaid</p> <ul style="list-style-type: none">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 <p>Innovation</p> <ul style="list-style-type: none">Missouri Telehealth Network offers clinical, educational, emergency and disaster preparedness, and technical assistance via telemedicine across the state.
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		

Telemedicine in Montana




PARITY:		GAPS:	
Private Insurance	A	Private Insurance <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 Medicaid <ul style="list-style-type: none">Coverage for telemedicine under Medicaid is about average. The agency imposes restrictions on covered services when provided by physicians only.Coverage for interactive audio-video only.	
Medicaid ¹⁶³	C		
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	Progress <ul style="list-style-type: none">2017 telemedicine parity legislation introduced, LB 92.¹⁶⁴CMS 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	
Medicaid ¹⁷⁰⁻¹⁷²	B		
State Employee Health Plan	F		
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Private Insurance <ul style="list-style-type: none">2015 law passed requires health insurers to highlight telemedicine providers in health plan provider directories.¹⁶⁶Bordered 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	
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			

Telemedicine in Nevada		
PARITY:		GAPS:
Private Insurance	A	Progress <ul style="list-style-type: none">NV enacted a telemedicine parity law in 2015 which affects coverage under private insurance, Medicaid, and state employee health plans.¹⁷⁵Regulations require coverage of telemedicine for injured employees as a condition of workers compensation.¹⁷⁶ Medicaid <ul style="list-style-type: none">Medicaid removed the rural only restriction and now covers telemedicine state-wide.Medicaid also places frequency limits on some covered telemedicine services.Some telemedicine services require at least 1 in-person visit.Coverage for interactive audio-video only.
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 <ul style="list-style-type: none">NH’s parity law was enacted in 2009 and includes coverage under state employee health plans.¹⁷⁸ Medicaid <ul style="list-style-type: none">NH enacted legislation that includes Medicaid telehealth coverage following Medicare restrictions including geography, patient settings, and provider eligibility.¹⁷⁹Offers coverage under select managed care plans. Proposed regulations would expand coverage under FFS.¹⁸⁰⁻¹⁸¹¹⁸²Coverage for interactive audio-video only. Opportunity <ul style="list-style-type: none">Legislation introduced in 2017 would remove rural only restrictions for telehealth Medicaid coverage, SB 237.
Medicaid	F	
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	C	
Eligible Technologies	F	
Distance or Geography Restrictions	C	
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 New Jersey

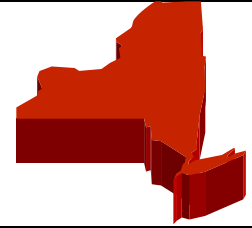


PARITY:		GAPS:	
Private Insurance	F	Private Insurance	<ul style="list-style-type: none"> Borders DE and NY which have telemedicine parity laws. NJ Individual Health Coverage and Small Employer Health Benefits Programs approved new language in 2015 to cover "telemedicine", "e-visits", and "virtual visits" under individual health and small employer plans.¹⁸³⁻¹⁸⁴
Medicaid ¹⁸⁶	C		
State Employee Health Plan	F		
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid	<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. Coverage for telepsychiatry only by psychiatrist or psychiatric advance nurse practitioner. Patient setting must be a mental health clinic or outpatient hospital. Coverage for interactive audio-video only. Medicaid requires telepresenter on premises and unspecified method of obtaining patient informed consent.
Patient Setting	F		
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	B		
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		Opportunity	<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
State-wide Network			
Medicaid Managed Care	✓		
Medicare-Medicaid Dual Eligibles			
Health Home			
HCBS Waiver			
Corrections			
Other			

Telemedicine in New Mexico

PARITY:		GAPS:	
Private Insurance	A	Private Insurance <ul style="list-style-type: none">NM’s parity law was enacted in 2013.¹⁸⁷ Medicaid <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.¹⁸⁸1 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. Innovation <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 ¹⁸⁹	A		
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 ¹⁹⁰	A		
Rehabilitation ¹⁹¹	A		
Home Health	B		
Informed Consent	A		
Telepresenter	A		
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:			
State-wide Network ¹⁹²	✓		
Medicaid Managed Care ¹⁹³⁻¹⁹⁴	✓		
Medicare-Medicaid Dual Eligibles			
Health Home			
HCBS Waiver			
Corrections	✓		
Other			

Telemedicine in New York



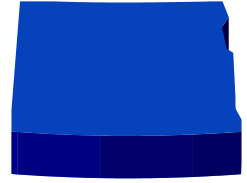
PARITY:		GAPS:	
Private Insurance	A	Private Insurance <ul style="list-style-type: none">NY parity law enacted in 2014 and amended in 2015. The law requires telehealth parity under private insurance, Medicaid, and state employee health plans. The law does restrict the patient setting as a condition of Medicaid payment.¹⁹⁵⁻¹⁹⁶	
Medicaid ²⁰¹	C		
State Employee Health Plan	A		
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:			
Patient Setting	C		
Eligible Technologies	C		
Distance or Geography Restrictions	A		
Eligible Providers	F		
Physician-provided Services ²⁰²	C		
Mental/behavioral Health Services	C		
Rehabilitation	F		
Home Health	F		
Informed Consent	F		
Telepresenter	B		
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		Medicaid <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.¹⁹⁷Restrictions are placed on the patient settings and types of providers eligible to render the service and reimburse.NY OMH finalized rules which restrict allowable technologies and the patient and provider settings for telepsychiatry.¹⁹⁸Speech language pathologist and audiologist are covered under the new law.	
State-wide Network			
Medicaid Managed Care ²⁰³	✓		
Medicare-Medicaid Dual Eligibles	✓		
Health Home	✓		
HCBS Waiver			
Corrections			
Other			
		Innovation <ul style="list-style-type: none">CMS approved duals proposal includes coverage for telemedicine.¹⁹⁹CMS 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	
		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 <ul style="list-style-type: none">Borders TN and VA which have private insurance parity laws. Legislation introduced and failed passage in 2015 which would have establish telehealth parity for all health insurers in the state.²⁰⁴	
Medicaid ²⁰⁶	B		
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	Medicaid <ul style="list-style-type: none">Medicaid imposes restrictions on the patient settings, covered services and designates eligible distant site providers as a condition of payment.Coverage for interactive audio-video only, but does <u>not</u> permit the use of “video cell phones”.Requires a provider to be on the premises with the patient. Innovation <ul style="list-style-type: none">State-wide telepsychiatry network.²⁰⁵	
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



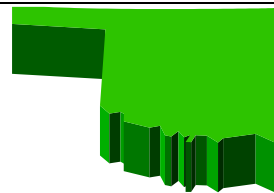
PARITY:		GAPS:	
Private Insurance	F	Private Insurance <ul style="list-style-type: none">ND has no telemedicine parity law although bordered by MN and MT which have private insurance parity laws.HB 1038 was enacted in 2015 to establish telemedicine parity for state employee health plans.²⁰⁷ Medicaid <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. Opportunity <ul style="list-style-type: none">2017 telemedicine parity legislation introduced, SB 2052.	
Medicaid ²⁰⁹	B		
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



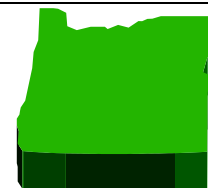
PARITY:		GAPS:	
Private Insurance	F	Private Insurance <ul style="list-style-type: none">OH has no parity law and is bordered by IN, KY, and MI which enacted private insurance parity laws.	
Medicaid	C		
State Employee Health Plan	F		
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid <ul style="list-style-type: none">OH Medicaid regulations expand telemedicine coverage to include consultations by physicians and a limited selection of practitioners. The new rules also requires that the distant and originating site be at least 5 miles away.²¹⁰⁻²¹¹Coverage also includes school-based speech therapy, behavioral health counseling and therapy, mental health assessment, pharmacological management, and community psychiatric supportive treatment service via interactive audio-video only.²¹²Medicaid allows beneficiaries to choose the patient location when telemedicine is used for some mental/behavioral health services.Requires written informed consent for mental and behavioral health services.	
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	Progress <ul style="list-style-type: none">Medicaid regulations updated in 2015 which removed the originating site and geography restrictions as well as expanded coverage to include other services.²²⁰2016 legislation enacted which removes informed consent and telepresenter requirements from parity law. Private Insurance <ul style="list-style-type: none">OK’s private insurance parity law was enacted in 1997.²²¹ Medicaid <ul style="list-style-type: none">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 <ul style="list-style-type: none">Legislation introduced in 2017 would cover home RPM under Medicaid, HB 1893.	
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			

Telemedicine in Oregon



PARITY:		GAPS:	
Private Insurance	B	Private Insurance <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.²²²Telemedicine parity law also includes self-insured state employee health plans and has no originating site restrictions.²²³	
Medicaid ²²⁴	B		
State Employee Health Plan	B		
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid <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.	
Patient Setting	A		
Eligible Technologies	B		
Distance or Geography Restrictions	A		
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



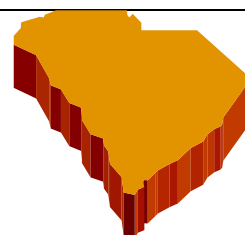
PARITY:		GAPS:	
Private Insurance	F	Private Insurance <ul style="list-style-type: none">Borders DE, MD and NY which have private insurance parity laws. 2016 legislation was unsuccessful in establishing telemedicine parity for private insurance.	
Medicaid ²²⁷	B		
State Employee Health Plan	F		
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		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 2018.²²⁵⁻²²⁶Coverage for interactive audio-video only for physician and mental health services.Requires written informed consent and a telepresenter.	
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



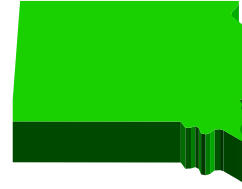
PARITY:		GAPS:
Private Insurance	A	Progress <ul style="list-style-type: none">RI enacted a telemedicine parity law in 2016 regarding coverage under private insurance.²²⁹Rhode Island Medicaid has included coverage for the following billable telehealth codes in the fee schedule: G0406 - G0408, and G0425 - G0427.²³⁰
Medicaid	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
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:		
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	Private Insurance <ul style="list-style-type: none">SC borders GA which has a parity law. No telemedicine parity legislation introduced within the past two years. Medicaid <ul style="list-style-type: none">Medicaid imposes restrictions on the covered services, patient settings and designates eligible distant site providers as a condition of payment.Coverage for interactive audio-video onlyNo coverage for RPM for chronic disease management in the home. The HCBS waiver expired June 2016.²³¹Medicaid requires a telepresenter for all audio-video related telemedicine encounters. Innovation <ul style="list-style-type: none">State-wide telepsychiatry network.²³²OB/GYN Telemedicine demonstration project went into effect in July 2014. The project will leverage telemedicine to enhance access to obstetric and gynecological services for women in four rural counties.²³³	
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



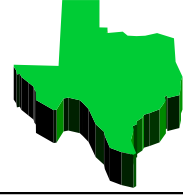
PARITY:		GAPS:	
Private Insurance	F	Private Insurance <ul style="list-style-type: none">Bordered by MN and MT which have parity laws. No history of proposed legislation within the past 2 years. Medicaid <ul style="list-style-type: none">Coverage for telemedicine under Medicaid is above average. The agency imposes restrictions on the patient settings, covered services and designates eligible distant site providers as a condition of payment.SD Medicaid no longer includes phone calls and store-and-forward under its telemedicine definition. Coverage for interactive audio-video and RPM only. Innovation <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	
Medicaid ²³⁶	C		
State Employee Health Plan	F		
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:			
Patient Setting	C		
Eligible Technologies	C		
Distance or Geography Restrictions	A		
Eligible Providers	A		
Physician-provided Services	B		
Mental/behavioral Health Services	B		
Rehabilitation	F		
Home Health ²³⁷	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 Tennessee



PARITY:		GAPS:
Private Insurance	A	Progress <ul style="list-style-type: none">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 <ul style="list-style-type: none">TN parity law enacted in 2014 which includes telemedicine coverage for Medicaid, including managed care plans, and state employee health plans.²³⁹ Medicaid <ul style="list-style-type: none">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.
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		

Telemedicine in Texas



PARITY:		GAPS:	
Private Insurance	A	Private Insurance <ul style="list-style-type: none">TX private insurance parity law enacted in 1997 and also includes coverage for state employee health plans.²⁴⁰ Medicaid <ul style="list-style-type: none">Two distinct definitions of telemedicine vs. telehealth.Originating site includes established medical health site and state mental health facility, which excludes the home.Legislation enacted that recognizes schools as an originating site for telemedicine covered services under Medicaid.²⁴¹Patients must receive an in-person evaluation for the same diagnosis or condition being rendered via telemedicine. Patients with mental health diagnoses or conditions are exempt from this requirement if the purpose of telemedicine is to screen and refer for additional services. In order to continue receiving telemedicine services, the patient must have an in-person evaluation at least once within the 12 months before receiving telemedicine.Coverage for interactive audio-video only as well as RPM for home health agencies and hospitals.Requires written informed consent and a telepresenter during the telemedicine encounter.	
Medicaid ²⁴²	B		
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



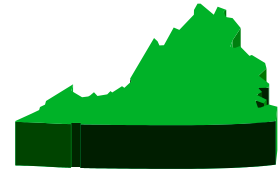
PARITY:		GAPS:	
Private Insurance	F	Private Insurance <ul style="list-style-type: none">Bordersy AZ, CO, and NV which have parity laws for private insurance. UT has no history of proposed parity legislation within the past two years. Medicaid <ul style="list-style-type: none">UT covers all services via telemedicine, as clinically appropriate, when provided by a physician or authorized provider.²⁴⁴⁻²⁴⁵No restrictions imposed on patient or provider settings.Coverage for skilled nursing services and medication management under the skilled nursing home telemedicine pilot.²⁴⁶⁻²⁴⁷Coverage for interactive audio-video only. Innovation <ul style="list-style-type: none">Utah Telehealth Network offers clinical, educational, and administrative services via telemedicine across the state.²⁴⁸ Opportunity <ul style="list-style-type: none">Legislation introduced in 2017 would require private insurance transparency on telemedicine, HB 154.	
Medicaid ²⁴⁹	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 ²⁵⁰	A		
Rehabilitation	A		
Home Health	C		
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 Vermont



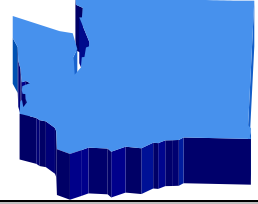
PARITY:		GAPS:	
Private Insurance	C	Private Insurance <ul style="list-style-type: none">VT’s parity law was enacted in 2012. It includes telemedicine coverage for state employee health plans.²⁵¹VT is 1 of 4 states that cover interactive audio-video only as a condition of their parity law.Although the law does not require coverage of services via store-and-forward, it does require informed consent from any patient receiving teledermatology and teleophthalmology via store-and-forward.The parity law also limits telemedicine coverage to services provided in health care facilities only.	
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:		Medicaid <ul style="list-style-type: none">There are no patient setting restrictions, and allows coverage of telemedicine primary care services in the home.²⁵²Allows coverage of services via interactive audio-video and home RPM. No reimbursement for teleophthalmology or teledermatology via store-and-forward. Opportunity <ul style="list-style-type: none">Legislation introduced in 2017 would permit telehealth coverage outside of health care facility, prevent frequency limits, amend eligible providers, H 118.	
State-wide Network			
Medicaid Managed Care			
Medicare-Medicaid Dual Eligibles			
Health Home			
HCBS Waiver			
Corrections	✓		
Other			

Telemedicine in Virginia



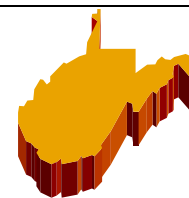
PARITY:		GAPS:	
Private Insurance	A	Private Insurance <ul style="list-style-type: none">VA’s parity law was enacted in 2010 and includes coverage for telemedicine under private insurance and self-funded state employee health plans.²⁵⁴	
Medicaid ²⁵⁹	B		
State Employee Health Plan	A		
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid <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.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.²⁵⁵Covers speech-language therapy under its school-based program.²⁵⁶⁻²⁵⁸Coverage for interactive audio-video and store-an-forward for diabetic retinopathy and dermatological services.	
Patient Setting	C		
Eligible Technologies	C		
Distance or Geography Restrictions	A		
Eligible Providers	C		
Physician-provided Services ²⁶⁰⁻²⁶¹	B		
Mental/behavioral Health Services	B		
Rehabilitation	B		
Home Health	F		
Informed Consent	B		
Telepresenter	A		
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:			
State-wide Network ²⁶²	✓	Innovation <ul style="list-style-type: none">CMS approved VA plan to waive Medicare telemedicine statutory restrictions for dual eligible population “Commonwealth Coordinated Care”.	
Medicaid Managed Care ²⁶³	✓		
Medicare-Medicaid Dual Eligibles ²⁶⁴	✓		
Health Home			
HCBS Waiver			
Corrections ²⁶⁵	✓		
Other			

Telemedicine in Washington



PARITY:		GAPS:
Private Insurance	A	Private Insurance <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 Medicaid <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.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.²⁶⁷⁻²⁶⁸Medicaid restrictions on covered services and designates eligible distant site providers as a condition of payment. However Washington is 1 of 4 states that covers services provided by behavioral analysts which are critical to the treatment of autism spectrum disorders. The regulations were amended earlier this year to allow this expansion.²⁶⁹Coverage for interactive audio-video as and RPM under the home health benefit.²⁷⁰Written informed consent required. Opportunity <ul style="list-style-type: none">Legislation introduced in 2017 would allow reimbursement parity, SB 5457.
Medicaid ²⁷¹	A	
State Employee Health Plan	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	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		
Health Home		
HCBS Waiver		
Corrections		
Other		

Telemedicine in West Virginia



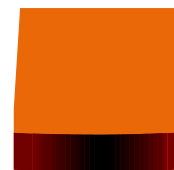
PARITY:		GAPS:
Private Insurance	F	Private Insurance <ul style="list-style-type: none">WV borders KY, MD and VA which have telemedicine parity laws. No telemedicine parity law and no legislation introduced within the past two years. Medicaid <ul style="list-style-type: none">Coverage is limited to originating sites located state-wide for services listed under the physician benefit. School-based speech therapy via telehealth is also covered for limited services.²⁷⁴WV Medicaid encourages providers to use telemedicine to enhance access to mental and behavioral health services.Coverage for interactive audio-video only.Managed care plan covers weight management services including preventative medicine counseling and individual and group exercise classes with nutritional counseling. Only state to allow exercise physiologists and certified trainers as eligible distant site providers.Requires telepresenter on patient site premises and unspecified form of consent.
Medicaid ²⁷⁵	C	
State Employee Health Plan	F	
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 ^{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 <ul style="list-style-type: none">WI borders MN which has a telemedicine private insurance parity law. No telemedicine parity law and no history of proposed legislation within the past 2 years.
Medicaid ²⁸¹	B	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid <ul style="list-style-type: none">Coverage for telemedicine under Medicaid includes fee-for-service and managed care plans. The agency imposes no restrictions on the patient setting or originating site and defers to the universal place of service (POS) used by most payors. This list includes the home and schools.Medicaid imposes restrictions on covered services and designates eligible distant site providers as a condition of payment.Medicaid requires informed consent from the patient but does not specify how the consent should be obtained.Coverage for interactive audio-video only.
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	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		

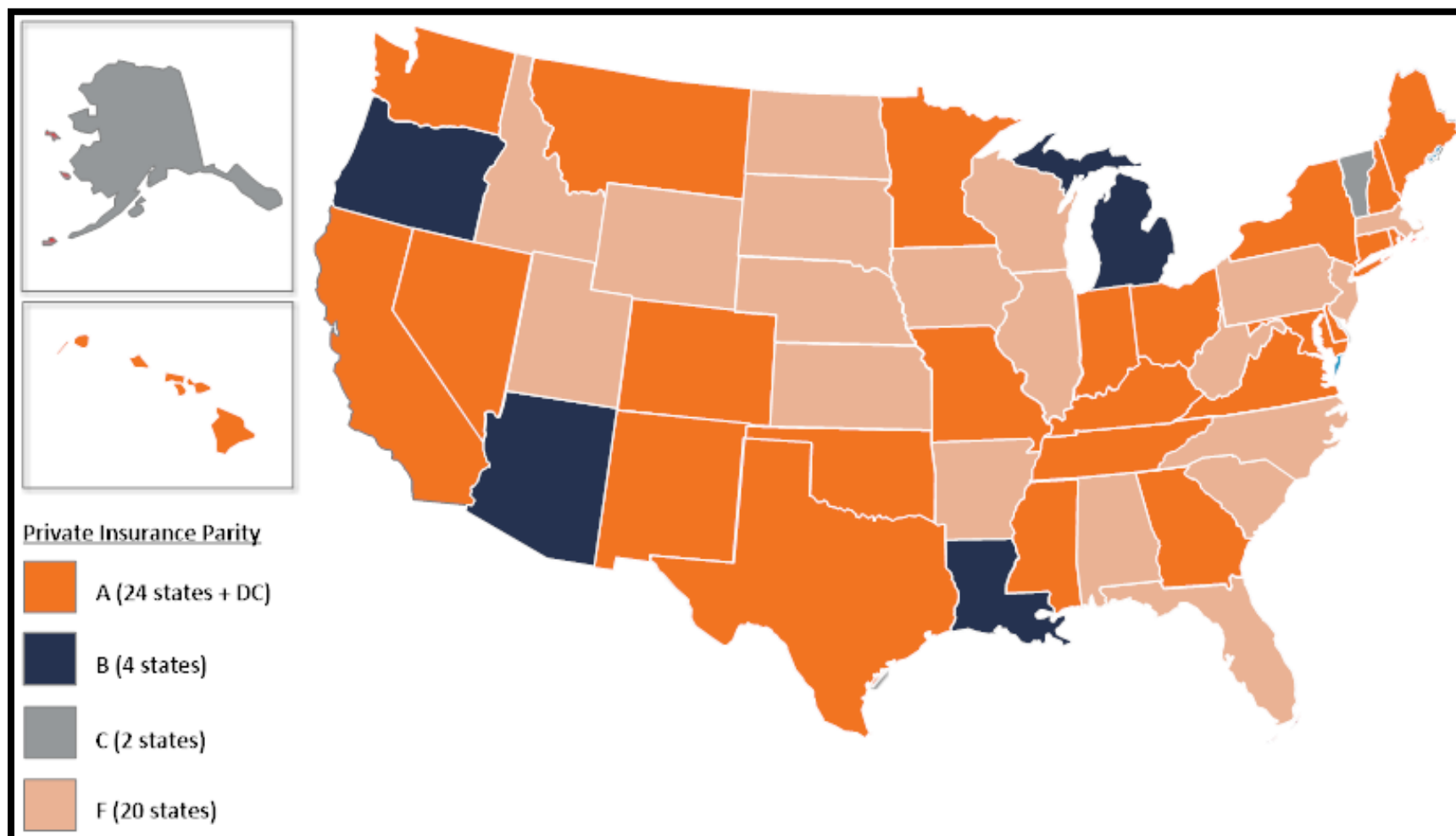
Telemedicine in Wyoming



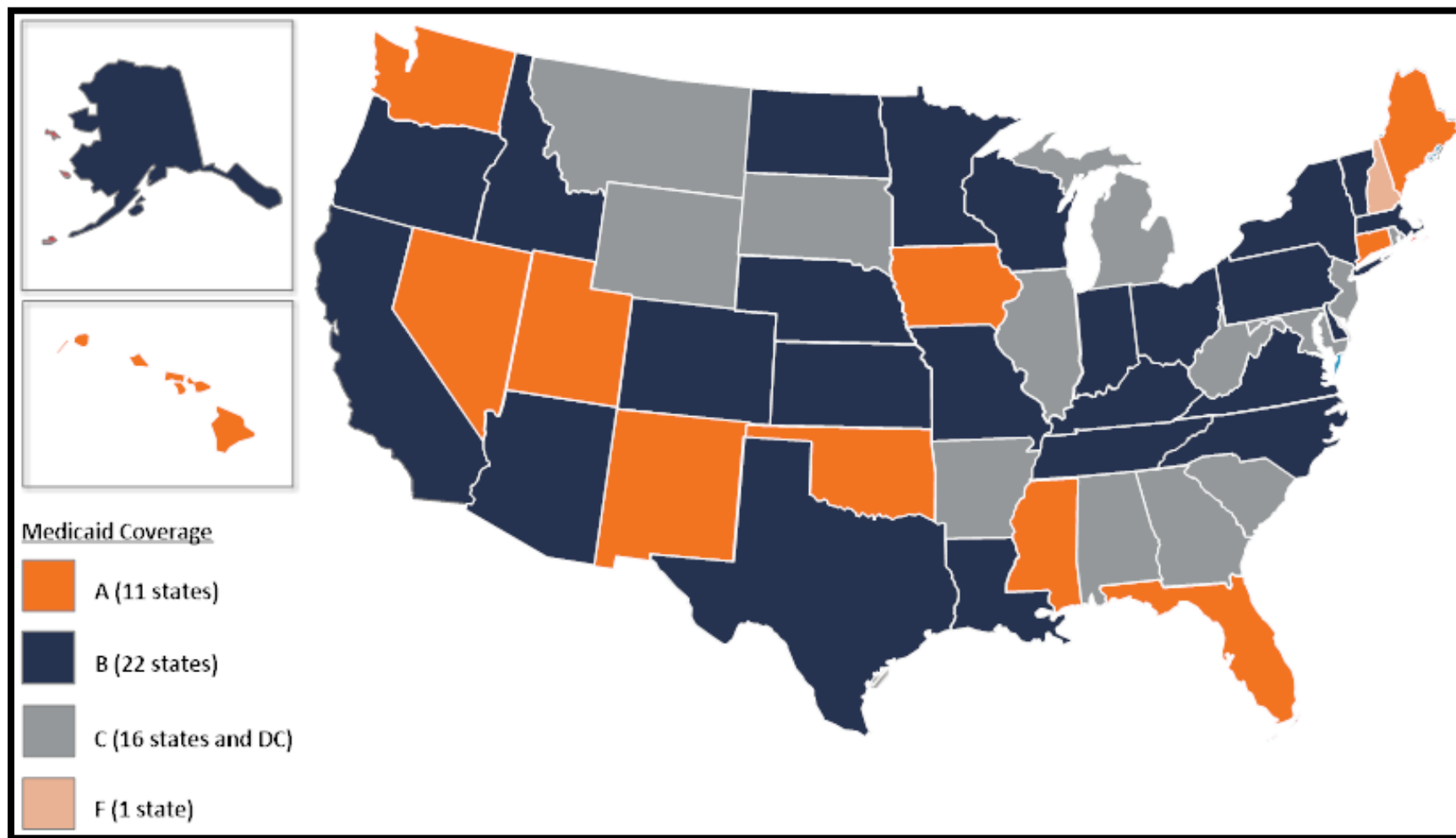
PARITY:		GAPS:	
Private Insurance	F	Private Insurance <ul style="list-style-type: none"> WY borders CO and MT which have enacted telemedicine parity laws. No telemedicine parity law and no history of proposed legislation within the past two years. 	
Medicaid ²⁸²	C		
State Employee Health Plan	F		
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid <ul style="list-style-type: none"> Coverage for telemedicine under Medicaid is about average. The agency imposes restrictions on covered services and designates certain patient settings (excluding the home and school) and eligible distant site providers as a condition of payment. One of few states with coverage for services provided by substance abuse/addiction specialist. Covers nutrition patient education and speech therapy. Coverage for interactive audio-video only. No coverage for telemedicine under the home health benefit. 	
Patient Setting	C		
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:		Innovation <ul style="list-style-type: none"> Wyoming Telehealth Consortium offers provider registry and informational resources to assist providers in adopting telemedicine. 	
State-wide Network ²⁸³	✓		
Medicaid Managed Care			
Medicare-Medicaid Dual Eligibles			
Health Home			
HCBS Waiver			
Corrections			
Other			

Appendix

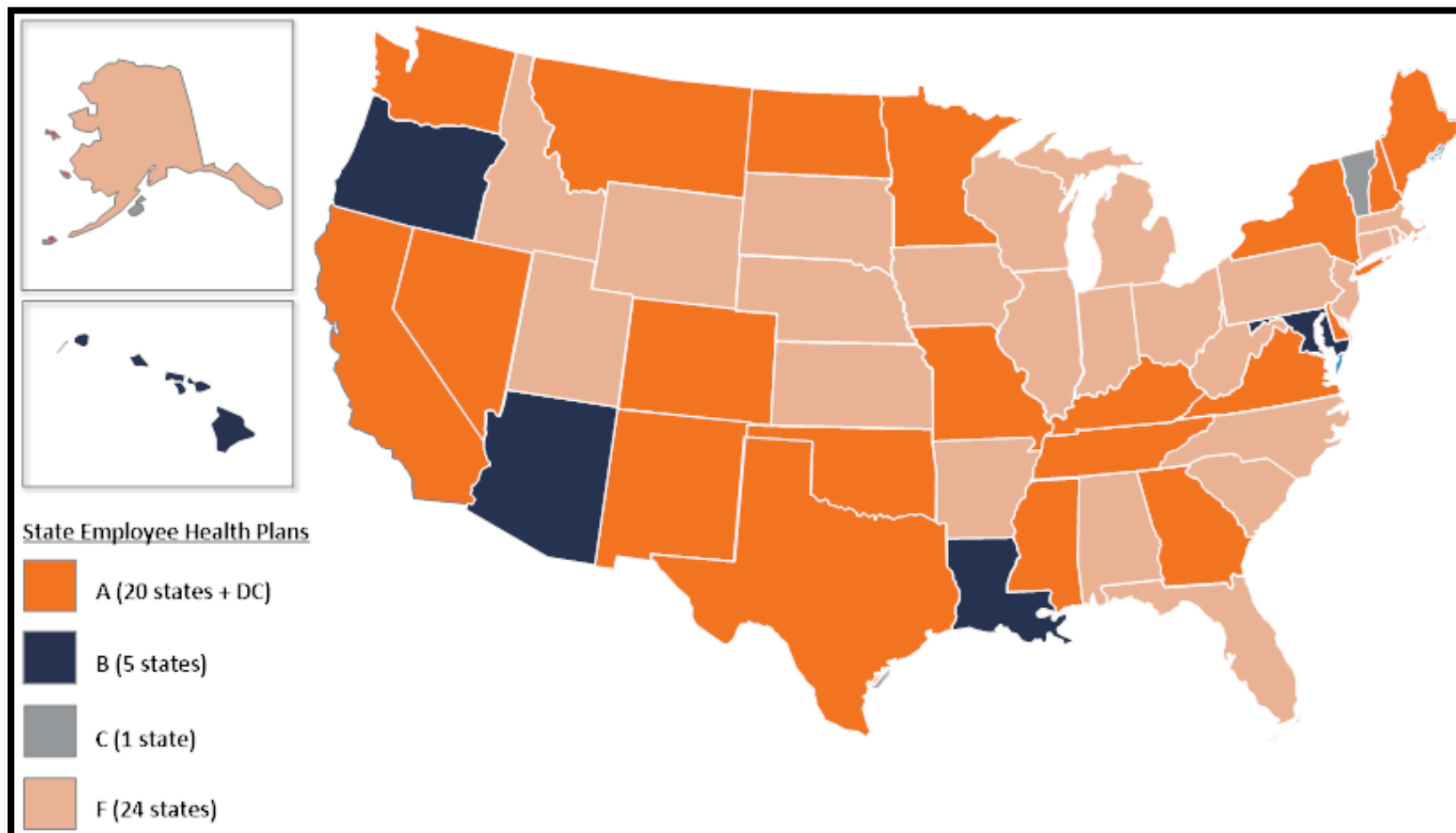
State Ratings – Parity Laws for Private Insurance Coverage of Telemedicine



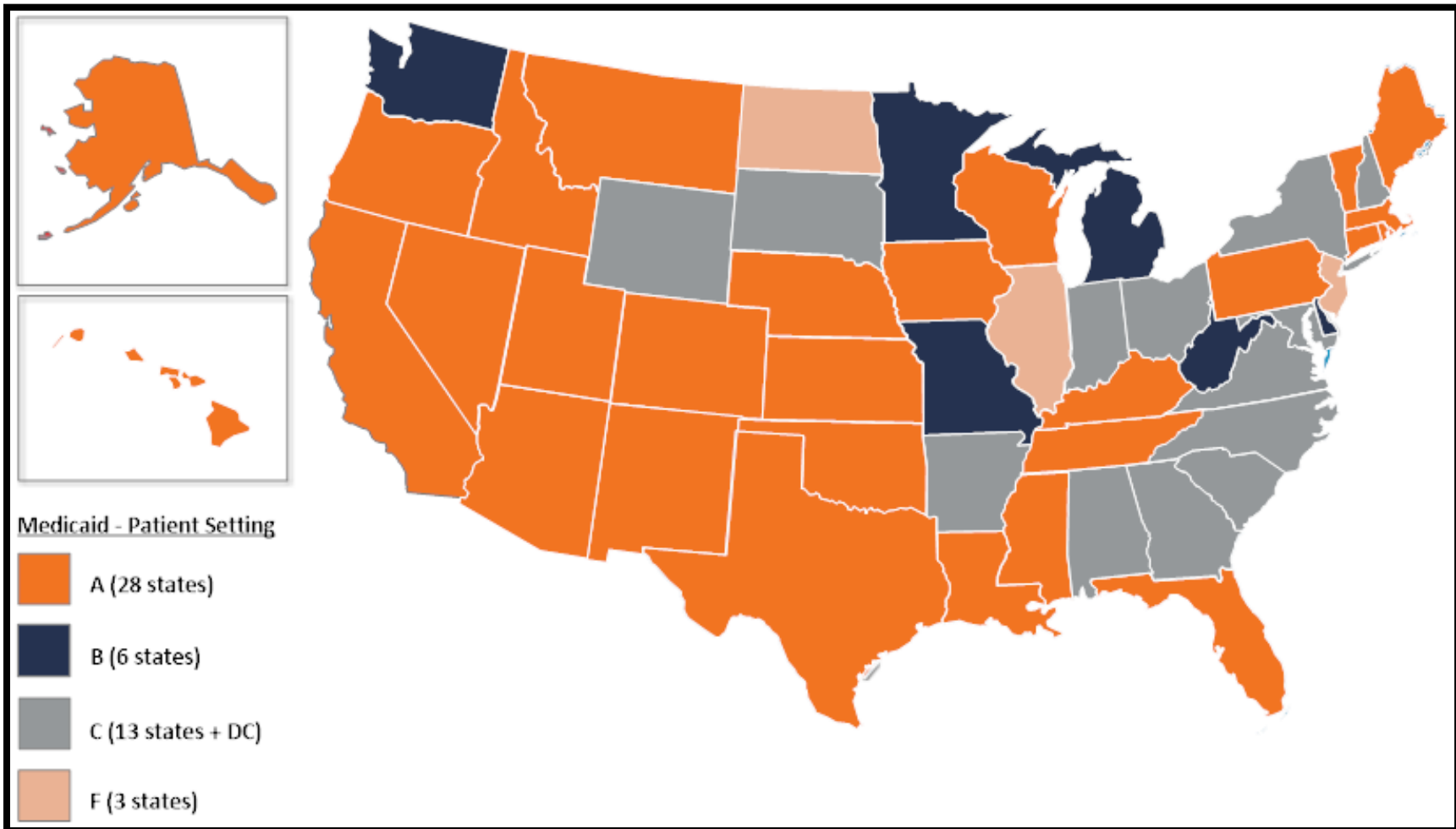
State Ratings – Medicaid Policies for Telemedicine Coverage



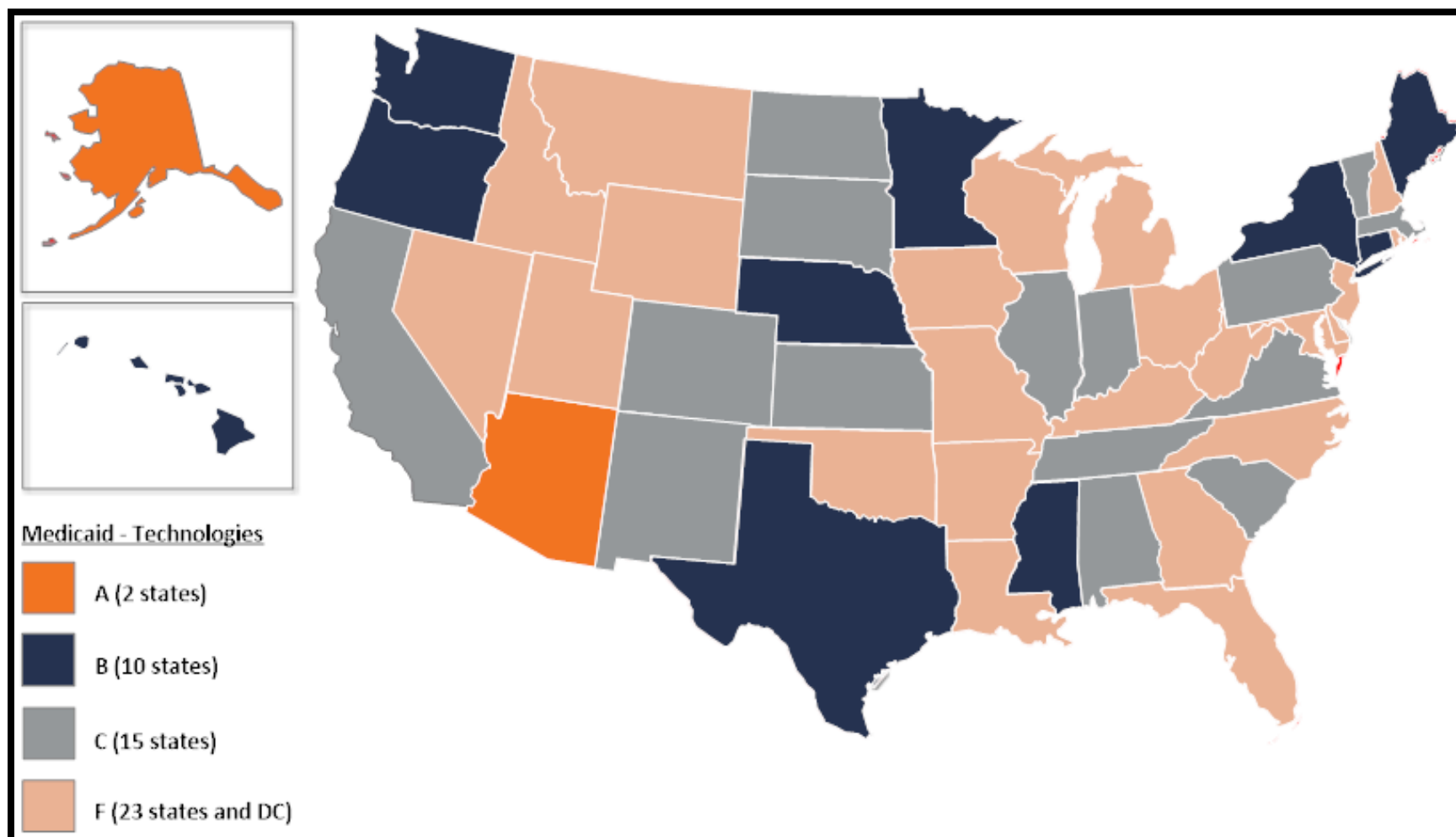
State Ratings – State Employee Health Plan Laws for Telemedicine Coverage



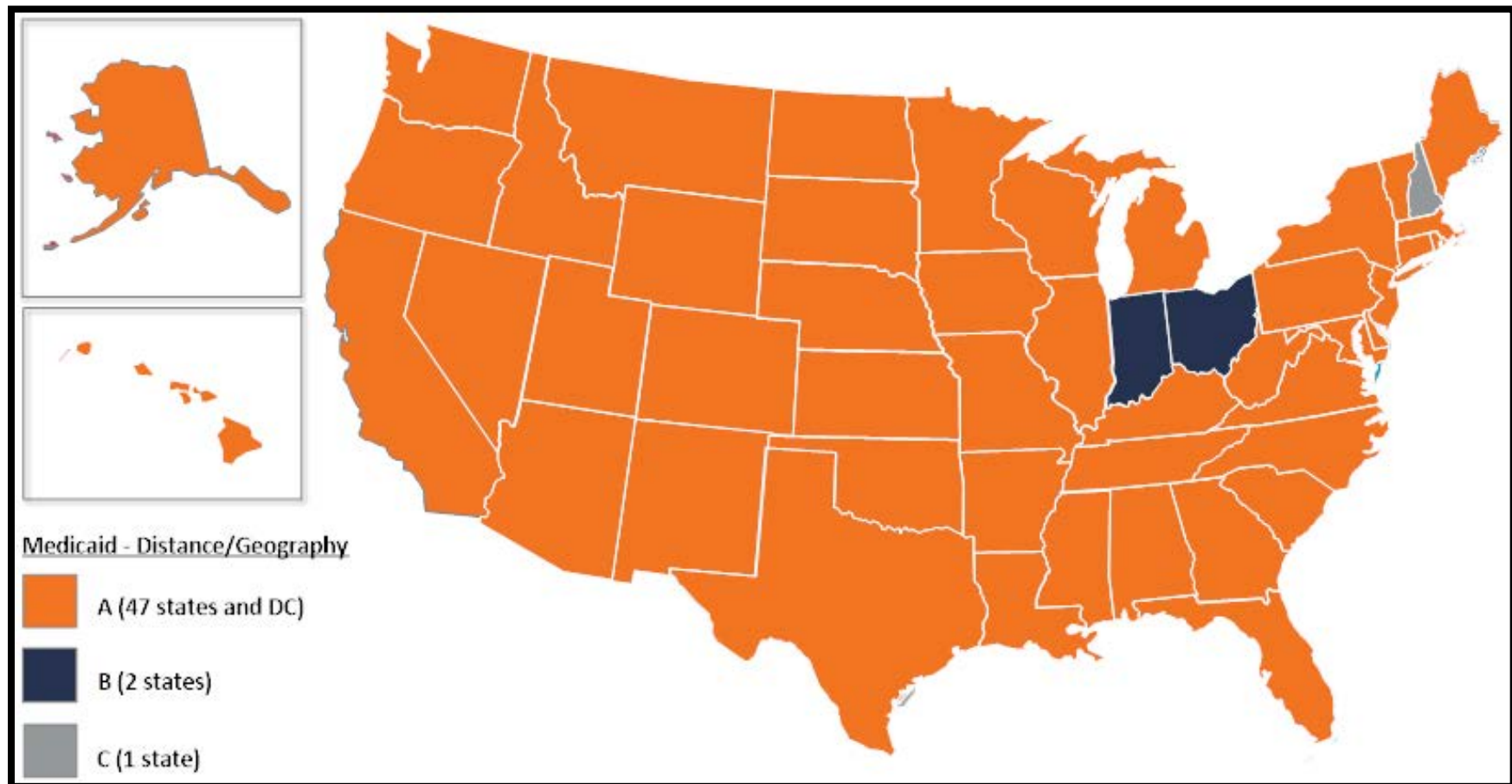
State Ratings – Medicaid Patient Setting



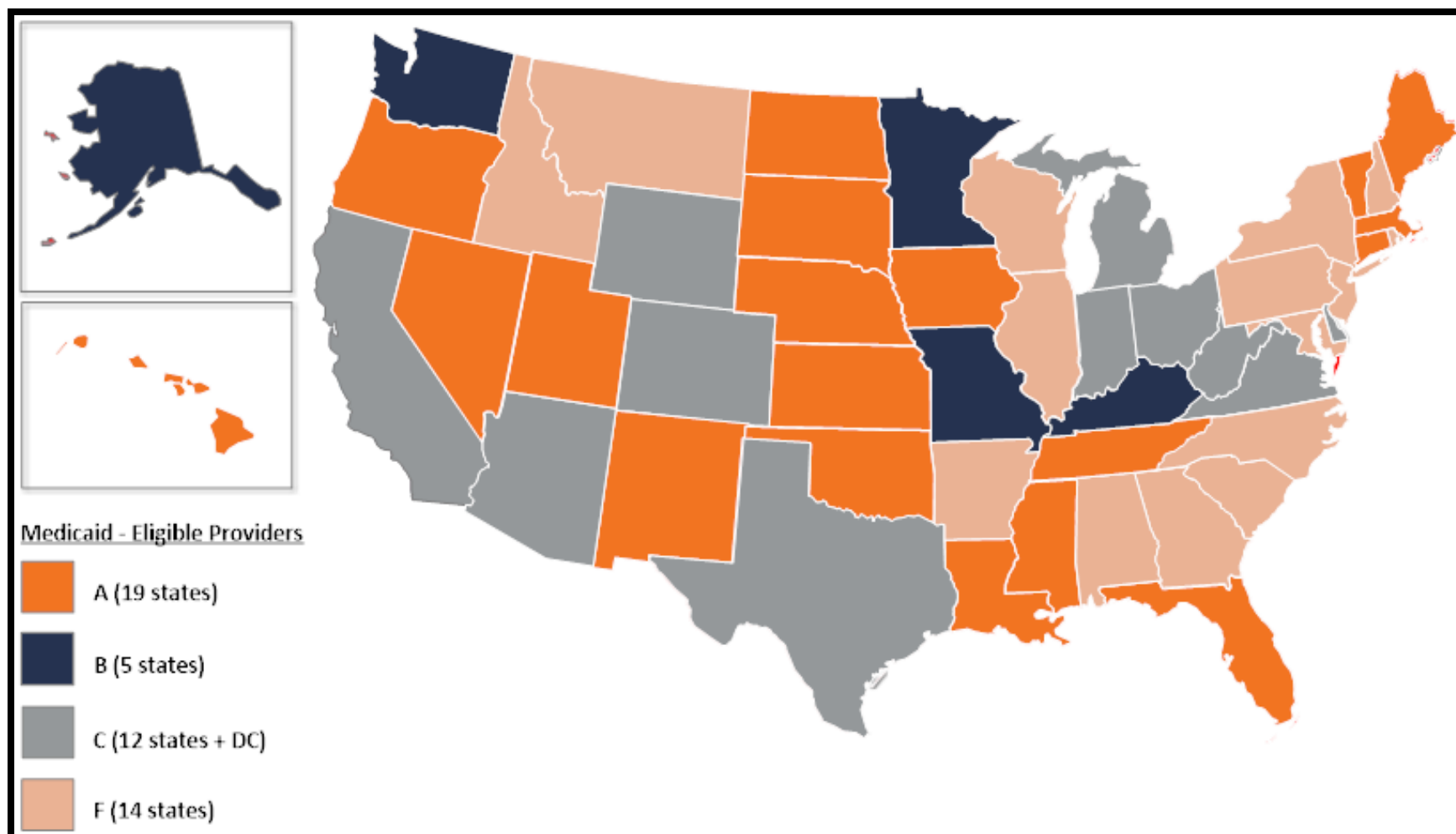
State Ratings – Medicaid Eligible Technologies



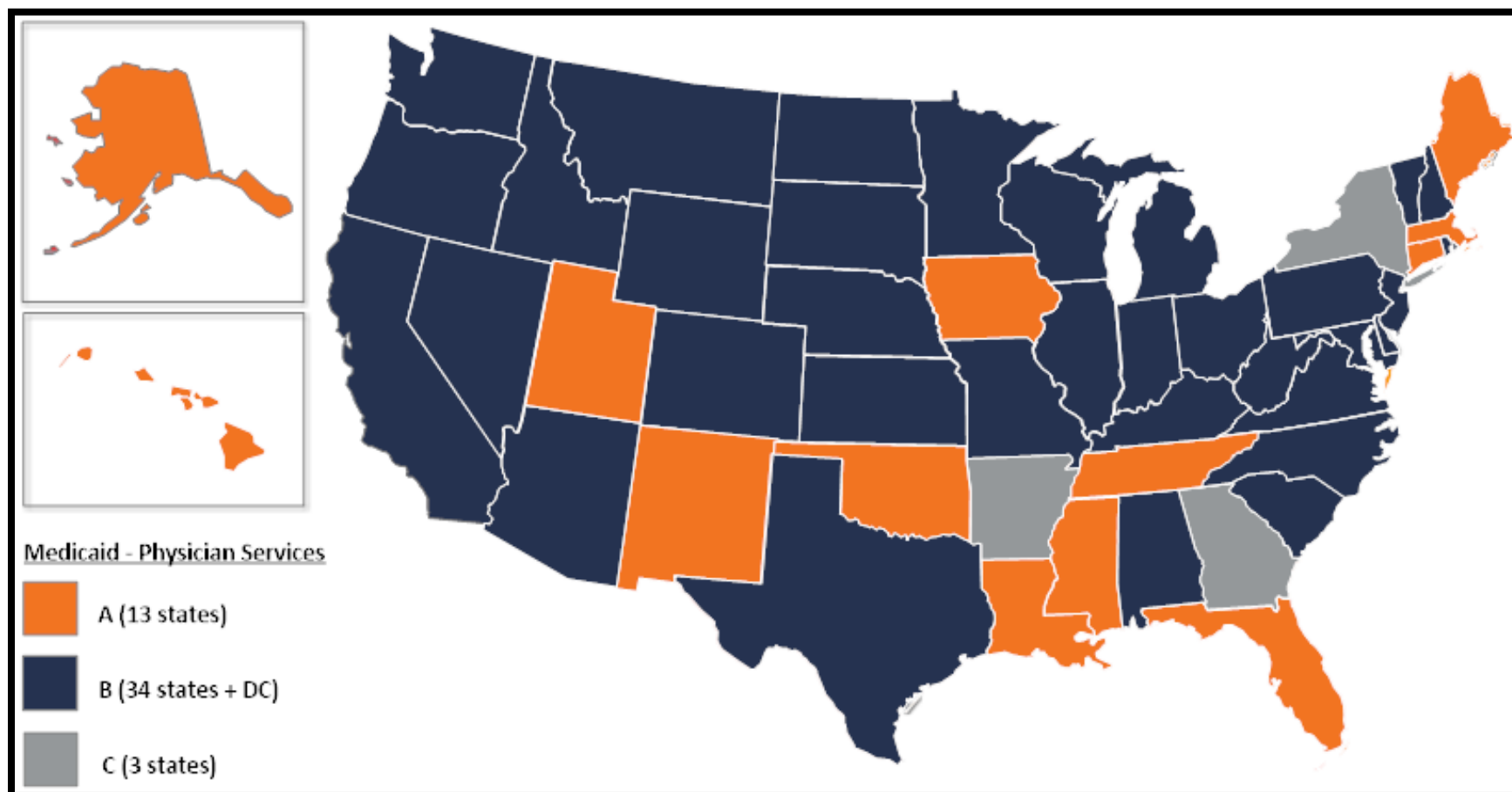
State Ratings – Medicaid Distance or Geography Restrictions



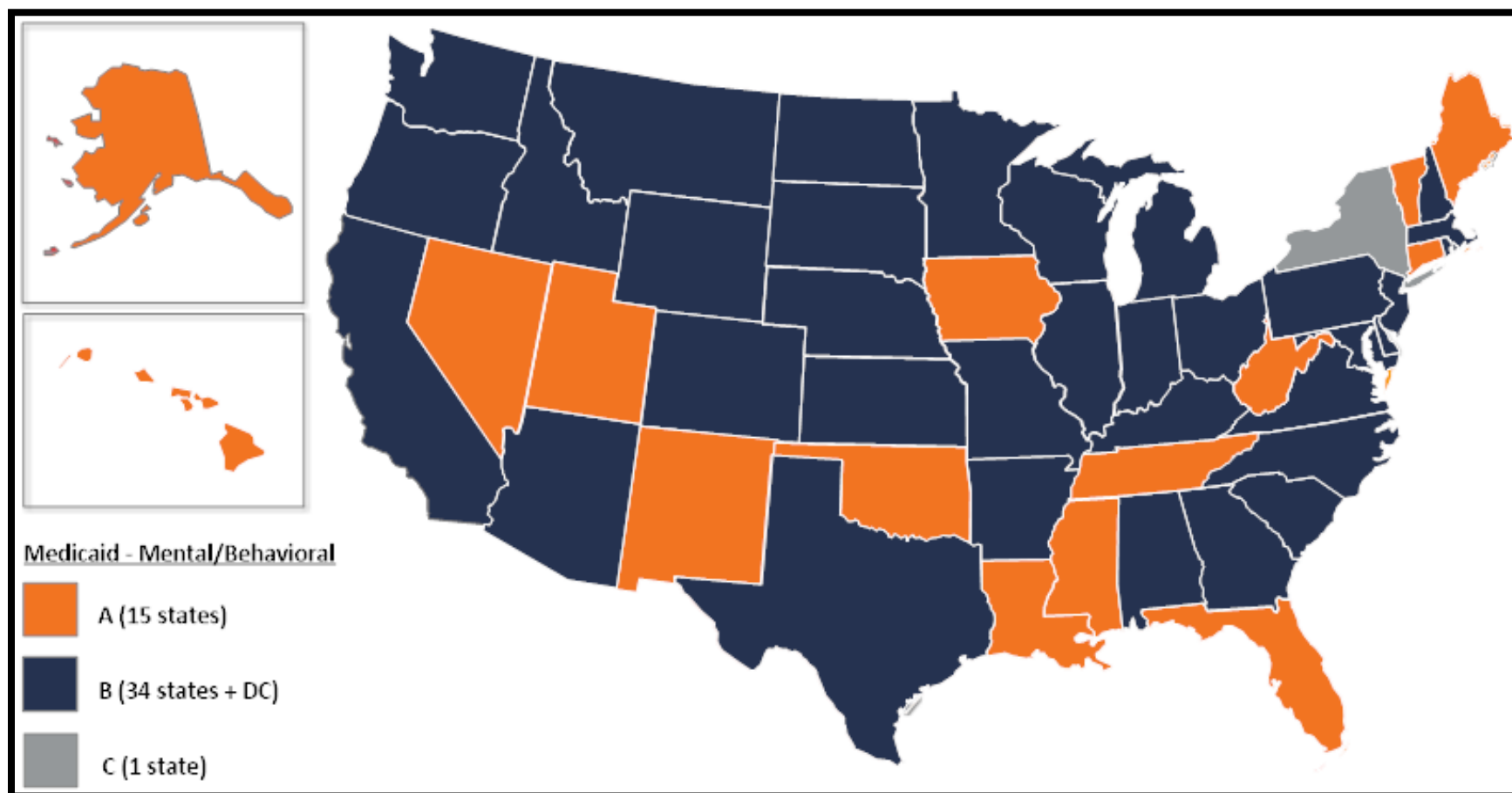
State Ratings – Medicaid Eligible Providers



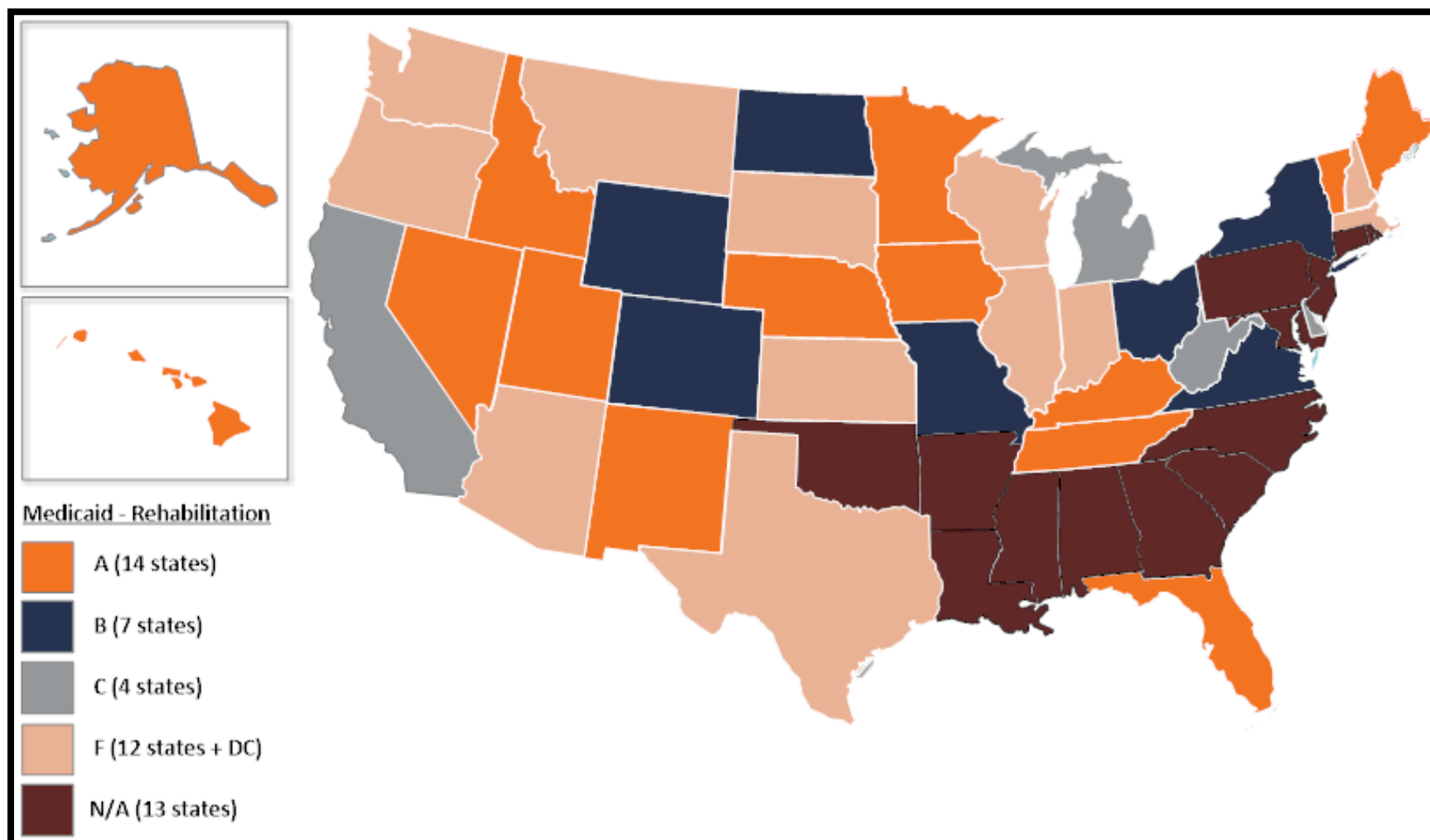
State Ratings – Medicaid Physician-provided Telemedicine Services



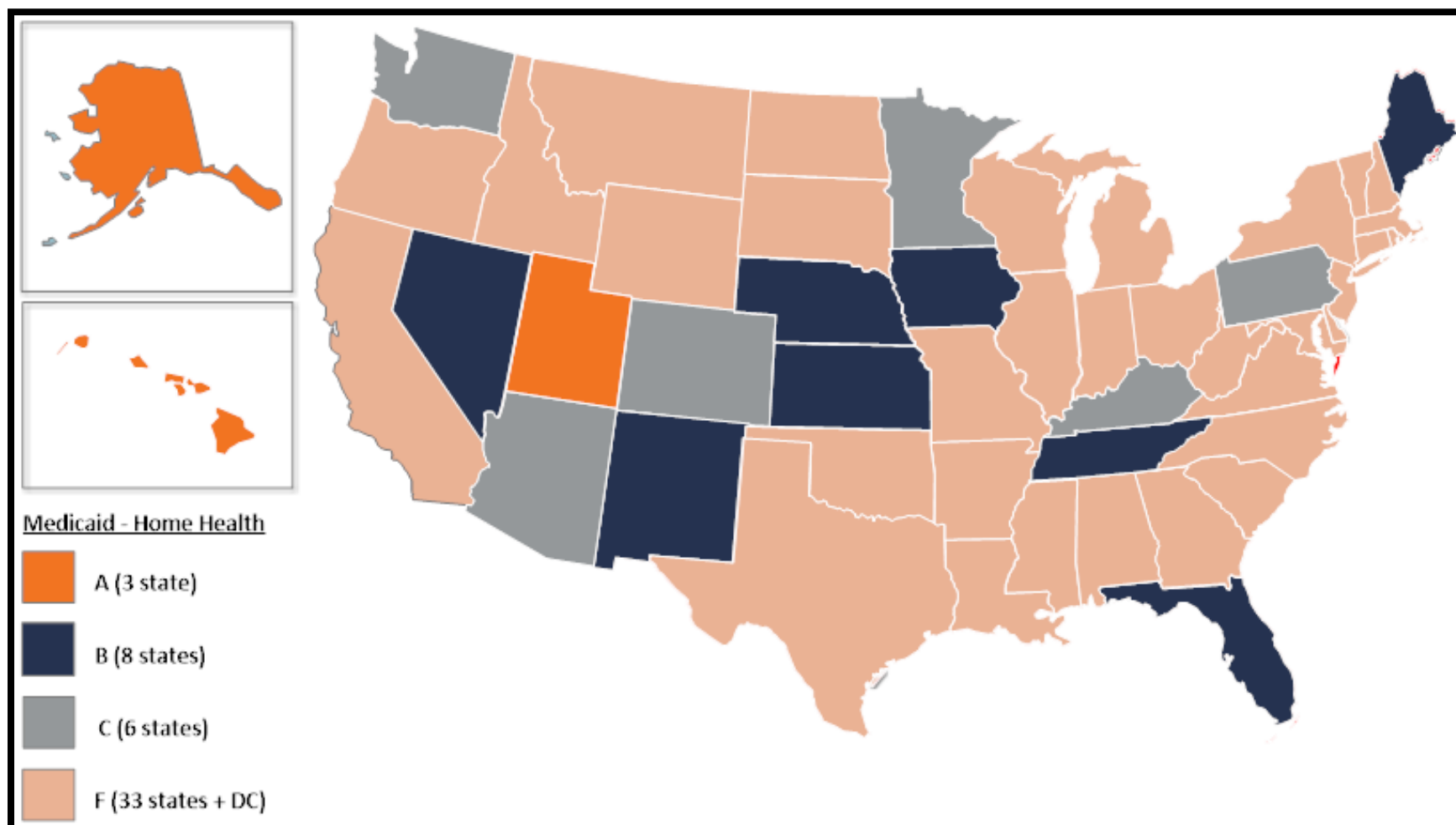
State Ratings – Medicaid Mental and Behavioral Health Services



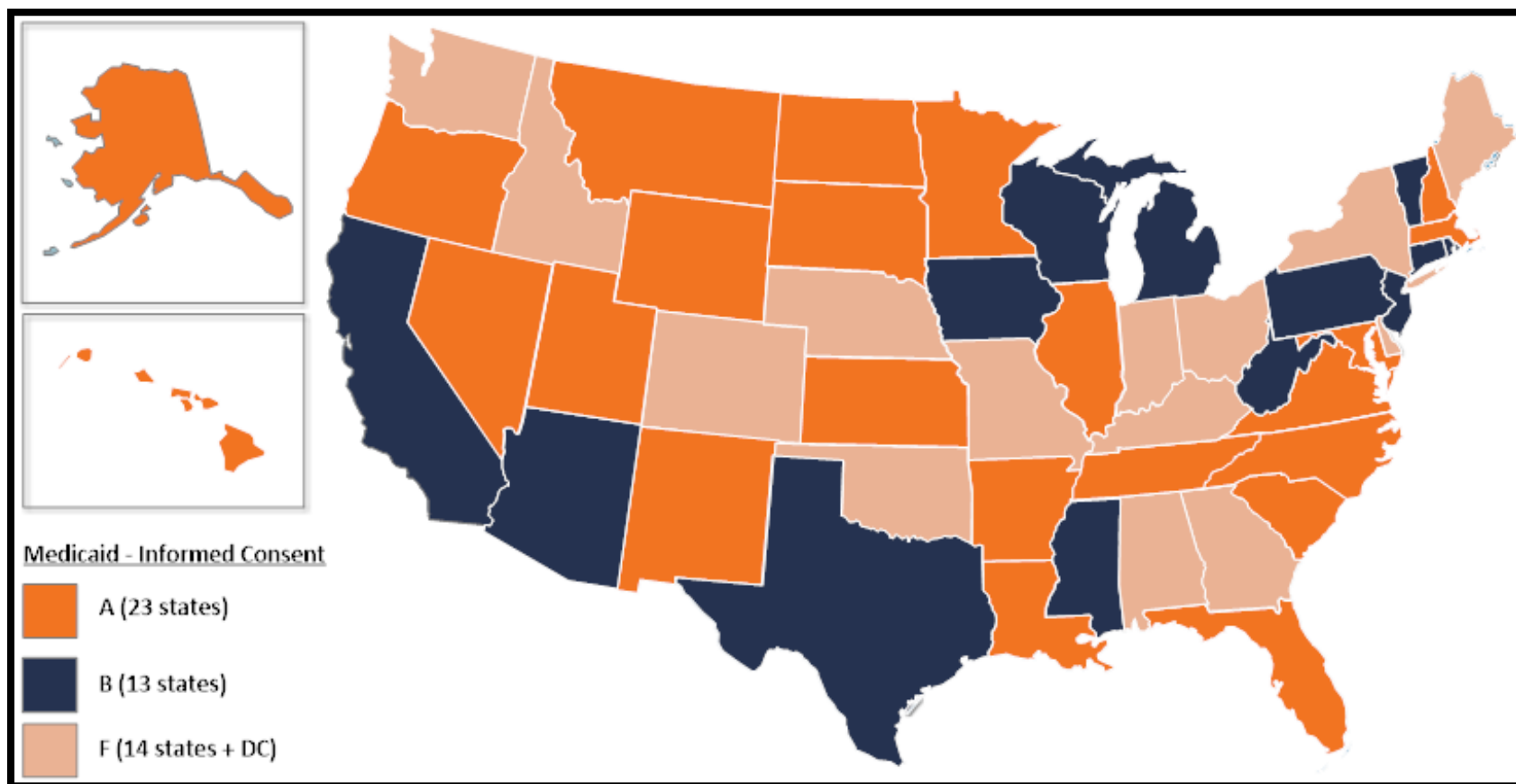
State Ratings – Medicaid Rehabilitation Services



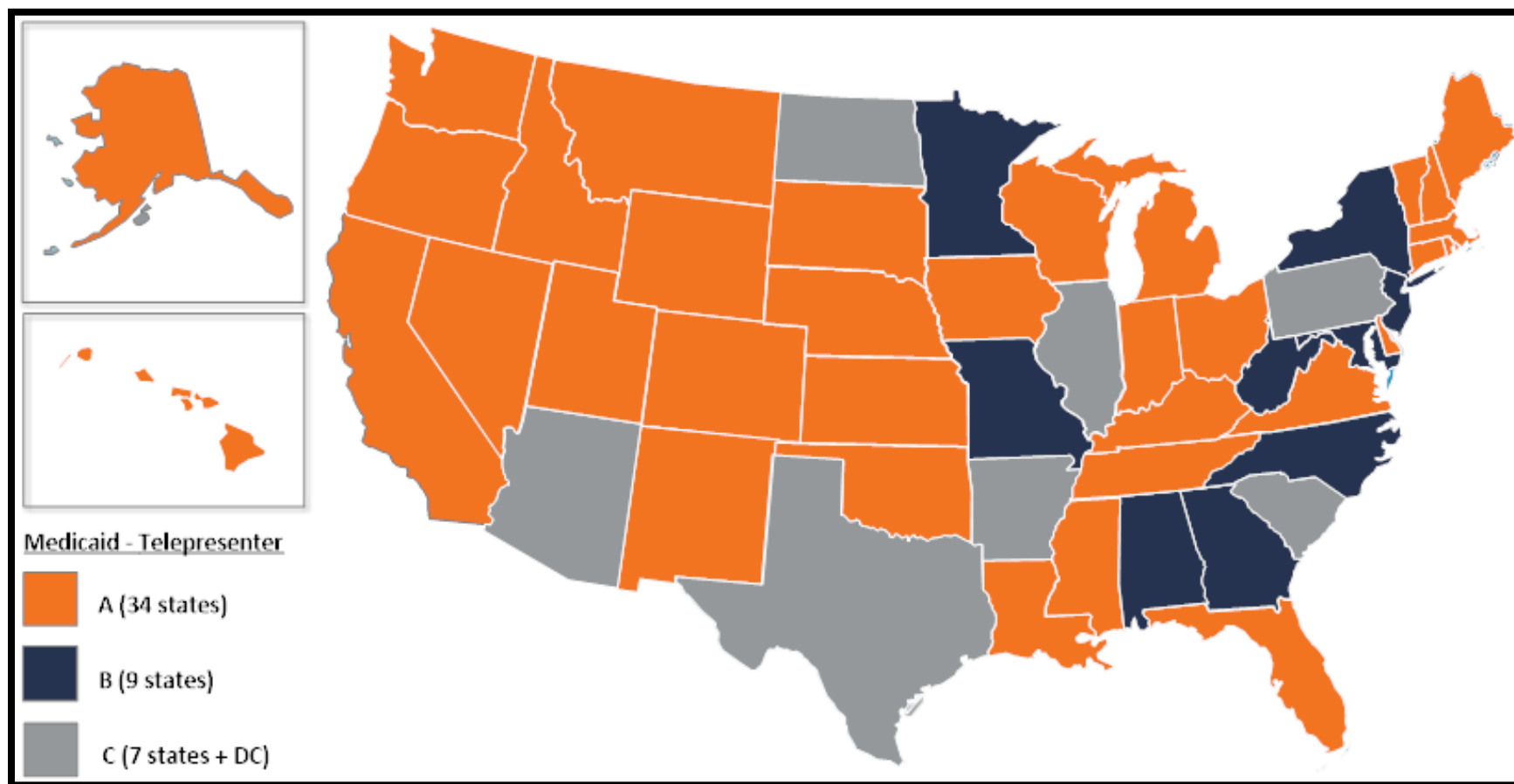
State Ratings – Medicaid Home Health Services



State Ratings – Medicaid Informed Consent



State Ratings – Medicaid Telepresenter



50 State Telemedicine Gaps Analysis: Coverage & Reimbursement

References

-
- ¹ Thomas, L. & Capistrant, G. American Telemedicine Association. "State Telemedicine Gaps Analysis" September 2014.
- ² ATA State Policy Toolkit, 2015.
- ³ 215 ILCS 5/356z.22; <http://www.ilga.gov/legislation/ilcs/documents/021500050K356z.22.htm>
- ⁴ MCL Ch. 175 section 47BB; <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXXII/Chapter175/Section47BB>
- ⁵ Medicaid Benefits - Physical Therapy and Other Services. Kaiser Family Foundation. 2012.
- ⁶ CMS tests models with States to better align the financing of Medicare and Medicaid programs and integrate primary, acute, behavioral health and long-term services and supports for their Medicare-Medicaid enrollees. For the Capitated Model, a state, CMS, and a health plan enter into a three-way contract, and the plan receives a prospective blended payment to provide comprehensive, coordinated care; <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/CapitatedModel.html>
- ⁷ Medicaid.gov, 2015; https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-homes-technical-assistance/downloads/hh-map_v51.pdf
- ⁸ Medicaid.gov, 2015; <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Home-and-Community-Based-1915-c-Waivers.html>
- ⁹ Telemedicine Agreement; http://medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.16_Provider_Enrollment/9.4.16_PE_Telemedicine_Services_Agree-Rev_9-26-16.pdf
- ¹⁰ AL Medicaid Management Information System Provider Manual, Chapter–28 Physicians, p. 17; http://medicaid.alabama.gov/CONTENT/6.0_Providers/6.7_Manuals/6.7.1_Provider_Manuals_2015/6.7.1.2_April_2015.aspx
- ¹¹ AL Medicaid Management Information System Provider Manual, Chapter–105 Rehabilitative Services: DHR, DYS, DPH, DMH, p. 11; http://medicaid.alabama.gov/documents/6.0_Providers/6.7_Manuals/6.7.1_Provider_Manuals_2015/6.7.1.2_April_2015/Apr15_105.pdf
- ¹² AL Medicaid Management Information System Provider Manual, Chapter–39 Patient 1st Billing Manual, p. 32; http://medicaid.alabama.gov/documents/6.0_Providers/6.7_Manuals/6.7.1_Provider_Manuals_2015/6.7.1.2_April_2015/Apr15_39.pdf
- ¹³ AL Medicaid Agency, Amendment to Alabama State Plan for Medical Assistance (PN-11-10), May 2011; <http://www.alabamaadministrativecode.state.al.us/UpdatedMonthly/AAM-MAY-11/MISC.PDF>
- ¹⁴ AL Medicaid Patient 1st In-Home Monitoring Program; January 2011; http://medicaid.alabama.gov/documents/4.0_Programs/4.4_Medical_Services/4.4.10_Patient_1st/4.4.10_In_Home_Monitoring_Revised_1-24-11.pdf
- ¹⁵ 29th Alaska State Legislature; CHAPTER 17 SLA 16, <http://www.legis.state.ak.us/PDF/29/Bills/HB0234Z.PDF>
- ¹⁶ 29th Alaska State Legislature; CHAPTER 25 SLA 16, <http://www.legis.state.ak.us/PDF/29/Bills/SB0074Z.PDF>
- ¹⁷ Alaska Medical Assistance Provider Billing Manual, Section II–School-Based Services, Policies and Procedures; <http://manuals.medicaidalaska.com/sbs/sbs.htm>
- ¹⁸ Alaska Medical Assistance Provider Billing Manual, Section I: Physician, Advanced Nurse Practitioner & Physician Assistant Services; <http://manuals.medicaidalaska.com/physician/physician.htm>
- ¹⁹ Alaska Medical Assistance Provider Billing Manual, Section II–Podiatry Services, Policies and Procedures; <http://manuals.medicaidalaska.com/podiatry/podiatry.htm>
- ²⁰ Alaska Medical Assistance Provider Billing Manual, Section II–Early and Periodic Screening, Diagnosis and Treatment Services, Policies and Procedures; <http://manuals.medicaidalaska.com/epsdt/epsdt.htm>
- ²¹ Alaska Medical Assistance Provider Billing Manual, Section II–Tribal Facility Services, Policies and Procedures; <http://manuals.medicaidalaska.com/tribal/tribal.htm>
- ²² Alaska Medical Assistance Provider Billing Manual, Section II–Hospice Services, Policies and Procedures; http://manuals.medicaidalaska.com/docs/dnld/BillingManual_Hospice.pdf

50 State Telemedicine Gaps Analysis: Coverage & Reimbursement

-
- ²³ Alaska Medical Assistance Provider Billing Manual, Section II–Nutrition Services, Policies and Procedures; http://manuals.medicaidalaska.com/docs/dnld/BillingManual_Nutrition.pdf
- ²⁴ Alaska Medical Assistance Provider Billing Manual, Section II–Chiropractor Services, Policies and Procedures; http://manuals.medicaidalaska.com/docs/dnld/BillingManual_Chiropractic.pdf
- ²⁵ Alaska Medical Assistance Provider Billing Manual, Section II–Community Behavioral Health Services, Policies and Procedures; <http://manuals.medicaidalaska.com/cbhs/cbhs.htm>
- ²⁶ American Telemedicine Association, State Medicaid Best Practice: Telemental and Behavioral Health. August 2013; <http://www.americantelemed.org/docs/default-source/policy/ata-best-practice---telemental-and-behavioral-health.pdf?sfvrsn=10>
- ²⁷ Alaska Medical Assistance Provider Billing Manual, Section II–Therapy Services, Policies and Procedures; <http://manuals.medicaidalaska.com/therapies/therapies.htm>
- ²⁸ Alaska Medical Assistance Provider Billing Manual, Section II–Home Health Services, Policies and Procedures; http://manuals.medicaidalaska.com/docs/dnld/BillingManual_HomeHealth.pdf
- ²⁹ 52nd Arizona State Legislature; Chapter 278, <https://apps.azleg.gov/BillStatus/GetDocumentPdf/442410>
- ³⁰ AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Manual, Chapter–10 Professional and Technical Services, 10-37; https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap10.pdf
- ³¹ AHCCCS Telehealth Training Manual; <http://www.azahcccs.gov/commercial/Downloads/IHS-TribalManual/IHSTelehealthTrainingManual.pdf>
- ³² American Telemedicine Association, State Medicaid Best Practice: Store and Forward Telemedicine. July 2013; <http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice---store-and-forward-telemedicine.pdf?sfvrsn=10>
- ³³ American Telemedicine Association, State Medicaid Best Practice: Telestroke. January 2014; <http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice---telestroke.pdf?sfvrsn=8>
- ³⁴ Arizona Telemedicine Program; <http://telemedicine.arizona.edu/>
- ³⁵ AHCCCS Medical Policy Manual, Chapter 300-Medical Policy for Covered Services; <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320-I.pdf>
- ³⁶ Arkansas Medicaid, Hospital/Critical Access Hospital (CAH)/End Stage Renal Disease (ESRD)-Section II 213.510; https://www.medicaid.state.ar.us/Download/provider/provdocs/Manuals/hospital/HOSPITAL_II.doc
- ³⁷ Arkansas Medicaid, Physician/Independent lab/CRNA/Radiation Therapy Center-Section II, p. 34; https://www.medicaid.state.ar.us/Download/provider/provdocs/Manuals/PHYSICN/PHYSICN_II.doc
- ³⁸ Arkansas Medicaid, Rehabilitative Services for Persons with Mental Illness-Section II, p. 14; <https://www.medicaid.state.ar.us/InternetSolution/Provider/docs/rspmi.aspx>
- ³⁹ University of Arkansas for Medical Sciences – ANGELS Program; <http://angels.uams.edu/>
- ⁴⁰ American Telemedicine Association, State Medicaid Best Practice: Telehealth for High-risk Pregnancy. January 2014; <http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice---telehealth-for-high-risk-pregnancy.pdf?sfvrsn=6>
- ⁴¹ CA Insurance Code Sec. 10110 - 10127.19; http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=INS§ionNum=10123.85
- ⁴² CA Department of Health Care Services, Medi-Cal Professional Services Manual, Vision Care; http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/proserv_v00.doc
- ⁴³ Denti-Cal Teledentistry Quick Reference Guide; http://www.denti-cal.ca.gov/provsrvcs/assistance/teledentistry_quick_reference_guide.pdf
- ⁴⁴ Medi-Cal Dental Program Provider Handbook; <http://www.denti-cal.ca.gov/provsrvcs/manuals/handbook2/handbook.pdf#page=25>
- ⁴⁵ CA Department of Health Care Services, Medi-Cal Local Educational Agency (LEA) Manual, Telehealth; http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/locedtele_o09.doc
- ⁴⁶ CA Department of Health Care Services, Medi-Cal Local Educational Agency (LEA) Service Manual, Speech Therapy; http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/locedservspe_o09.doc
- ⁴⁷ AB 1310; http://www.leginfo.ca.gov/cgi-bin/postquery?bill_number=ab_1310&sess=1314&house=A
- ⁴⁸ AB 1771; http://www.leginfo.ca.gov/cgi-bin/postquery?bill_number=ab_1771&sess=1314&house=A

50 State Telemedicine Gaps Analysis: Coverage & Reimbursement

-
- ⁴⁹ AB 1174; http://www.leginfo.ca.gov/cgi-bin/postquery?bill_number=ab_1174&sess=1314&house=A
- ⁵⁰ CA Department of Health Care Services, Medi-Cal Part 2 General Medicine Manual, Telehealth, http://files.medi-cal.ca.gov/publications/masters-mtp/part2/mednetele_m01o03.doc
- ⁵¹ Department of Health Care Services (DHCS), Telehealth Billing Recorded Webinar, September 2013.
- ⁵² CA Welfare and Institutions Code Sec. 14132.72; http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC§ionNum=14132.72.
- ⁵³ CA Welfare and Institutions Code Sec. 14132.725; http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC§ionNum=14132.725.
- ⁵⁴ American Telemedicine Association, State Medicaid Best Practice: Store and Forward Telemedicine. July 2013; <http://www.americantelemed.org/docs/default-source/policy/state-medicad-best-practice---store-and-forward-telemedicine.pdf?sfvrsn=10>
- ⁵⁵ American Telemedicine Association, State Medicaid Best Practice: Telemental and Behavioral Health. August 2013; <http://www.americantelemed.org/docs/default-source/policy/ata-best-practice---telemental-and-behavioral-health.pdf?sfvrsn=10>
- ⁵⁶ California Telehealth Network; <http://www.caltelehealth.org/>
- ⁵⁷ Indian Health Services Memorandum of Agreement; http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/indhealth_o01o03.doc
- ⁵⁸ CO-15-0036 Reimbursement update for Telemedicine Services; <http://www.medicad.gov/State-resource-center/Medicad-State-Plan-Amendments/Downloads/CO/2015/CO-15-0036.pdf>
- ⁵⁹ CO Revised Statutes 10-16-123
- ⁶⁰ 10 CCR 2505-10.15
- ⁶¹ CO Revised Statutes 25.5-5-321
- ⁶² American Telemedicine Association, State Medicaid Best Practice: Remote Patient Monitoring and Home Video Visits. July 2013; <http://www.americantelemed.org/docs/default-source/policy/state-medicad-best-practice---remote-patient-monitoring-and-home-video-visits.pdf?sfvrsn=6>
- ⁶³ Colorado Medical Assistance Program Telemedicine Manual; http://www.colorado.gov/pacific/sites/default/files/CMS1500_Telemedicine_6.pdf
- ⁶⁴ CO Revised Statutes 25.5-5-320
- ⁶⁵ Colorado Telehealth Network; <http://www.cotelehealth.com>
- ⁶⁶ CT Public Act No. 16-198; <https://www.cga.ct.gov/2016/ACT/pa/pdf/2016PA-00198-R00SB-00298-PA.pdf>
- ⁶⁷ CT Public Act No. 16-205; <https://www.cga.ct.gov/2016/ACT/pa/pdf/2016PA-00205-R00SB-00433-PA.pdf>
- ⁶⁸ CT Public Act No. 15-88; <https://www.cga.ct.gov/2015/ACT/pa/pdf/2015PA-00088-R00SB-00467-PA.pdf>
- ⁶⁹ Conn. Gen. Stat. Sec. 17b-245c; http://search.cga.state.ct.us/dtsearch_pub_statutes.asp?cmd=getdoc&DocId=13656&Index=I%3a\zindex\surs&HitCount=2&hits=190+191+&hc=2&req=%28number+contains+17b-245c%29&Item=0
- ⁷⁰ Medicaid Rates for Home Health Care Working Group; https://www.cga.ct.gov/hs/taskforce.asp?TF=20151008_Medicad%20Rates%20for%20Home%20Health%20Care%20Working%20Group
- ⁷¹ 2015 Delaware State Legislative Session; HB 69 - <http://www.legis.delaware.gov/LIS/LIS148.NSF/db0bad0e2af0bf31852568a5005f0f58/bae11c3e3516baa085257e35006685bb?OpenDocument>
- ⁷² DMAP Practitioner Provider Specific Manual Section 16.0 Telemedicine Services; http://medicaidpublications.dhss.delaware.gov/dotnetnuke/search?Command=Core_Download&EntryId=259
- ⁷³ 19 DE Reg.191; http://regs.cqstatetrack.com/info/get_text?action_id=763841&text_id=766299&type=action_text
- ⁷⁴ DC Code Sec. 31-3861
- ⁷⁵ Department of Health Care Finance Rule 29-910 Medicaid Reimbursable Telemedicine Services; <http://www.dcregs.dc.gov/Notice/Download.aspx?NoticeID=6098892>
- ⁷⁶ Department of Health Care Finance Rule 29-45 Medicaid Reimbursement for Federally Qualified Health Centers; <http://www.dcregs.dc.gov/Notice/Download.aspx?NoticeID=6295317>
- ⁷⁷ DC Code Sec. 31-3863

50 State Telemedicine Gaps Analysis: Coverage & Reimbursement

-
- ⁷⁸ FL-16-005 Telemedicine Services; <http://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/FL/FL-16-005.pdf>
- ⁷⁹ Fla. Admin. Code r. 59G-1.057; <https://www.flrules.org/gateway/readFile.asp?sid=0&tid=17624917&type=1&file=59G-1.057.doc>
- ⁸⁰ GA-15-012 Emergency Ambulance Telehealth; <http://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/GA/GA-15-012.pdf>
- ⁸¹ GA Department of Community Health Division of Medicaid Part II Policies and Procedures for Emergency Ambulance; <https://www.mmis.georgia.gov/portal/portals/0/staticcontent/public/all/handbooks/emergency%20ambulance%2020170103144803.pdf>
- ⁸² OCGA § 33-24-56.4
- ⁸³ American Telemedicine Association, State Medicaid Best Practice: School-based Telehealth. July 2013; <http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice---school-based-telehealth.pdf?sfvrsn=8>
- ⁸⁴ GA Department of Community Health Division of Medicaid Part II Policies and Procedures Manual for EPSDT; <https://www.mmis.georgia.gov/portal/portals/0/staticcontent/public/all/handbooks/epsdt%20health%20check%2020170103134854.pdf>
- ⁸⁵ Georgia Medicaid Telemedicine Handbook; <https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/54/Default.aspx>
- ⁸⁶ GA Partnership for Telehealth; <http://www.gatelehealth.org>
- ⁸⁷ HI Revised Statutes § 431:10A-116.3
- ⁸⁸ Act 226 – 28th Legislature; http://www.capitol.hawaii.gov/session2016/bills/SB2395_CD1_.htm
- ⁸⁹ National Conference of State Legislatures. State Employee Health Benefits; <http://www.ncsl.org/research/health/state-employee-health-benefits-ncsl.aspx#Self-fund>
- ⁹⁰ IDAPA 16.03.09; <https://adminrules.idaho.gov/rules/current/16/0309.pdf>
- ⁹¹ Idaho Medicaid Policy: Telehealth Services; <http://healthandwelfare.idaho.gov/LinkClick.aspx?fileticket=JgkUD-kX2eg%3d&tabid=214&portalid=0&mid=12624>
- ⁹² ATA State Telemedicine Matrix 2016; http://www.americantelemed.org/docs/default-source/policy/state-legislation-matrix_2016147931CF25A6.pdf?sfvrsn=2
- ⁹³ SB 647 – 98th General Assembly; <http://www.ilga.gov/legislation/BillStatus.asp?DocNum=647&GAID=12&DocTypeID=SB&SessionID=85&GA=98>
- ⁹⁴ 320 ILCS 42/20; <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2630&ChapterID=31>
- ⁹⁵ IL Department of Health Care and Family Services Handbook for Practitioner Services Rendering Medical Services A-220.6.7; <https://www.illinois.gov/hfs/SiteCollectionDocuments/a200.pdf>
- ⁹⁶ American Telemedicine Association, State Medicaid Best Practice: Telemental and Behavioral Health. August 2013; <http://www.americantelemed.org/docs/default-source/policy/ata-best-practice---telemental-and-behavioral-health.pdf?sfvrsn=10>
- ⁹⁷ IN State Legislative Session 2015 HB 1269; <https://iga.in.gov/static-documents/e/f/4/c/ef4c65a0/HB1269.05.ENRH.pdf>
- ⁹⁸ IC 12-15-5-11; <https://iga.in.gov/legislative/laws/2015/ic/titles/012/articles/015/chapters/005/>
- ⁹⁹ 20140326-IR; <http://www.in.gov/legislative/iac/20140326-IR-405140102ONA.xml.pdf>
- ¹⁰⁰ Indiana Health Coverage Programs Provider Manual, Chapter-8 Section 3, p.139; <http://provider.indianamedicaid.com/ihcp/manuals/chapter08.pdf>
- ¹⁰¹ IA State Legislative Session 2015 Act Chapter 137; <http://www.legis.iowa.gov/docs/publications/iactc/86.1/CH0137.pdf>
- ¹⁰² IAC 441—78.55(249A); <https://www.legis.iowa.gov/docs/aco/arc/2166C.pdf>
- ¹⁰³ Iowa Health Home State Plan Amendment for Adults and Children with Severe and Persistent Mental Illness; <http://www.medicaid.gov/State-Resource-Center/Medicaid-State-Technical-Assistance/Health-Homes-Technical-Assistance/Downloads/IOWA-Approved-2nd-HH-SPA-.pdf>
- ¹⁰⁴ Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Home Health Agency, p. 33 (Jan. 2013)

50 State Telemedicine Gaps Analysis: Coverage & Reimbursement

-
- ¹⁰⁵ American Telemedicine Association, State Medicaid Best Practice: Remote Patient Monitoring and Home Video Visits. July 2013; <http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice---remote-patient-monitoring-and-home-video-visits.pdf?sfvrsn=6>
- ¹⁰⁶ ATA State Telemedicine Matrix 2017; <http://www.americantelemed.org/policy-page/state-policy-resource-center>
- ¹⁰⁷ 2016 Kentucky Legislature Acts, ch. 126; <http://www.lrc.ky.gov/record/16RS/HB95/bill.pdf>
- ¹⁰⁸ KY Revised Statutes § 304.17A-138
- ¹⁰⁹ KY Revised Statutes § 205.559
- ¹¹⁰ 907 KAR 3:170
- ¹¹¹ American Telemedicine Association, State Medicaid Best Practice: Telerehabilitation. January 2014; <http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice---telerehabilitation.pdf?sfvrsn=6>
- ¹¹² American Telemedicine Association, State Medicaid Best Practice: Managed Care and Telehealth. January 2014; <http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice-managed-care-and-telehealth.pdf?sfvrsn=6>
- ¹¹³ LA Revised Statutes 22:1821
- ¹¹⁴ HCR No. 88; <https://www.legis.la.gov%2Flegis%2FViewDocument.aspx%3Fd%3D898417&usg=AFQjCNEvK6diYXFnhdLdLiuqWnKTw9-tvA&sig2=sjaC-9rONozFI-8M2OCuJA&cad=rja>
- ¹¹⁵ LA Department of Health and Hospitals Report to House and Senate Committees on Health and Welfare, January 20, 2013; <http://www.dhh.louisiana.gov/assets/docs/LegisReports/HCR96-2013.pdf>
- ¹¹⁶ Community Choices Waiver Billing Codes-Rates; <http://www.dhh.louisiana.gov/assets/docs/OAAS/publications/CommChoWaiverBillingCodesRates.pdf>
- ¹¹⁷ LA Dept. of Health and Hospitals, Professional Services Provider Manual, Chapter-5 Section 5.1
- ¹¹⁸ Maine State Plan Amendment, September 2015; <http://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ME/ME-15-007.pdf>
- ¹¹⁹ ME Revised Statutes Annotated. Title 24 Sec. 4316
- ¹²⁰ Maine Health Home State Plan Amendment; <http://www.medicaid.gov/State-Resource-Center/Medicaid-State-Plan-Amendments/Downloads/ME/ME-12-004-Att.pdf>
- ¹²¹ Code of ME Rules. 10-144-101; <https://www1.maine.gov/sos/cec/rules/10/144/ch101/c1s004.docx>
- ¹²² Michael A. Edwards and Arvind C. Patel. Telemedicine Journal and e-Health. March 2003, 9(1): 25-39.
- ¹²³ MD Insurance Code Annotated Sec. 15-139
- ¹²⁴ Maryland Register, Volume 42, Issue 21 Notice of Final Action [15-188-F]; <http://www.dsd.state.md.us/MDR/4221/Assembled.htm>
- ¹²⁵ Maryland Register, Volume 43, Issue 21 Notice of Final Action; www.dsd.state.md.us/MDR/4321.pdf
- ¹²⁶ Maryland Medical Assistance Program – Telemedicine 2014; <https://mmcp.dhmm.maryland.gov/SitePages/Telemedicine%20Provider%20Information.aspx>
- ¹²⁷ Boston Medical Center HealthNet Plan; <http://www.bmchp.org/providers/claims/reimbursement-policies>
- ¹²⁸ Health New England Member Benefit; <http://hnetalk.com/member/24-hour-access-to-a-doctor-with-teladoc/>
- ¹²⁹ <http://www.fchp.org/providers/medical-management/~media/Files/ProviderPDFs/PaymentPolicies/TelemedicinePayPolicy.ashx>
- ¹³⁰ Fallon Health Telemedicine Payment Policy; <http://www.fchp.org/~media/Files/ProviderPDFs/PaymentPolicies/TelemedPayPolicyJan17.ashx?la=en>
- ¹³¹ Tufts Health Plan Telemedicine Services Professional Payment Policy; <https://tuftshealthplan.com/documents/providers/payment-policies/telemedicine>
- ¹³² National Telenursing Center; <http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/dvip/violence/sane/telenursing/the-national-telenursing-center.html>
- ¹³³ ATA State Telemedicine Matrix 2017; <http://www.americantelemed.org/policy-page/state-policy-resource-center>
- ¹³⁴ 101 CMR 350; <http://www.mass.gov/eohhs/docs/eohhs/eohhs-regs/101-cmr-350-hha-redlined.pdf>
- ¹³⁵ MI Compiled Law Services Sec. 500.3476

50 State Telemedicine Gaps Analysis: Coverage & Reimbursement

-
- ¹³⁶ Michigan Department of Health and Human Services Medical Services Administration 1518-SBS; www.michigan.gov/documents/mdch/1518-SBS-P_487449_7.pdf
- ¹³⁷ Medicare-Medicaid Capitated Financial Alignment Demonstration for Michigan; <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/MIMOU.pdf>
- ¹³⁸ Medicaid Policy Bulletin MSA 13-34; http://www.michigan.gov/documents/mdch/MSA_13-34_432621_7.pdf
- ¹³⁹ MDCH Telemedicine Database January 2014; http://www.michigan.gov/documents/mdch/Telemedicine-012014_445921_7.pdf
- ¹⁴⁰ Minnesota State Legislature 2015 Session Chapter 71; <https://www.revisor.mn.gov/laws/?year=2015&type=0&doctype=Chapter&id=71&format=pdf>
- ¹⁴¹ MN Statute 254B.14; <https://www.revisor.mn.gov/statutes/?id=254B.14>
- ¹⁴² MN Dept. of Human Services, Provider Manual, Continuum of Care Pilot; http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_194151
- ¹⁴³ MN Statute Sec. 256B.0625; <https://www.revisor.mn.gov/statutes/?id=256B.0625>
- ¹⁴⁴ MN Dept. of Human Services, Provider Manual, Physician and Professional Services; http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_008926#Telemedicine
- ¹⁴⁵ Maine State Plan Amendment, June 2016; <http://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/MN/MN-16-02.pdf>
- ¹⁴⁶ MN Dept. of Human Services, Provider Manual, Rehabilitative Services; http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_008951
- ¹⁴⁷ MN Statute Sec. 256B.0653; <https://www.revisor.mn.gov/statutes/?id=256B.0653>
- ¹⁴⁸ MS Code Sec. 83-9-351
- ¹⁴⁹ SB 2646; <http://billstatus.ls.state.ms.us/2014/pdf/history/SB/SB2646.xml>
- ¹⁵⁰ Mississippi Division of Medicaid, SPA 15-003 Telehealth Services; <http://www.medicaid.ms.gov/wp-content/uploads/2015/04/SPA-15-003.pdf>
- ¹⁵¹ Miss. Admin. Code Part 225, Chapter 1; <http://www.sos.ms.gov/ACProposed/00021320b.pdf>
- ¹⁵² Code Miss. R. 30-5-2635; [http://www.msbml.ms.gov/msbml/web.nsf/webpages/Regulations_Regulations/\\$FILE/11-2013AdministrativeCode.pdf?OpenElement](http://www.msbml.ms.gov/msbml/web.nsf/webpages/Regulations_Regulations/$FILE/11-2013AdministrativeCode.pdf?OpenElement)
- ¹⁵³ Missouri Legislature 2016 SB 579; http://www.senate.mo.gov/16info/BTS_Web/BillText.aspx?SessionType=R&BillID=22246494
- ¹⁵⁴ MO Revised Statutes § 376.1900.1
- ¹⁵⁵ MO Code of State Regulation, Title 13, 70-3.190
- ¹⁵⁶ MO HealthNet Provider Manuals – Physicians Section 13; http://207.15.48.5/collections/collection_phy/Physician_Section13.pdf
- ¹⁵⁷ MO Consolidated State Reg. 22:10-3.057
- ¹⁵⁸ MO HealthNet Provider Manuals – Behavioral Health Section 13; http://207.15.48.5/collections/collection_psy/Behavioral_Health_Services_Section13.pdf
- ¹⁵⁹ MO HealthNet Provider Manuals – Comprehensive Substance Abuse Treatment and Rehabilitation Section 13; http://207.15.48.5/collections/collection_cst/CSTAR_Section13.pdf
- ¹⁶⁰ MO HealthNet Provider Manuals – Comprehensive Substance Abuse Treatment and Rehabilitation Section 19; http://207.15.48.5/collections/collection_cst/CSTAR_Section19.pdf
- ¹⁶¹ Missouri Telehealth Network; <http://medicine.missouri.edu/telehealth/>
- ¹⁶² MT Code Sec. 33-22-138
- ¹⁶³ MT Dept. of Public Health and Human Services, Medicaid and Medical Assistance Programs Manual, Physician Related Services; <http://medicaidprovider.hhs.mt.gov/pdf/manuals/physician07012014.pdf>
- ¹⁶⁴ ATA State Telemedicine Matrix 2017; <http://www.americantelemed.org/policy-page/state-policy-resource-center>
- ¹⁶⁵ Nebraska State Plan Amendment, October 2014; <http://dhhs.ne.gov/medicaid/Documents/3.1a.pdf>

50 State Telemedicine Gaps Analysis: Coverage & Reimbursement

-
- ¹⁶⁶ NE State Legislature 2015 Session LB 257;
<http://nebraskalegislature.gov/FloorDocs/Current/PDF/Slip/LB257.pdf>
- ¹⁶⁷ LB 254; http://nebraskalegislature.gov/bills/view_bill.php?DocumentID=18716
- ¹⁶⁸ Nebraska Statewide Telehealth Network; <http://www.netelehealth.net/>
- ¹⁶⁹ ATA State Telemedicine Matrix 2017; <http://www.americantelemed.org/policy-page/state-policy-resource-center>
- ¹⁷⁰ Nebraska Department of Health and Human Services Provider Manual; http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-01.pdf
- ¹⁷¹ American Telemedicine Association, State Medicaid Best Practice: School-based Telehealth. July 2013; <http://www.americantelemed.org/docs/default-source/policy/state-medicare-best-practice---school-based-telehealth.pdf?sfvrsn=8>
- ¹⁷² Revised Statutes of NE. Sec. 71-8506
- ¹⁷³ NMAP Services, 471 NAC 1-006
- ¹⁷⁴ Proposed regulation, NMAP Services, 471 NAC 1-006; <http://www.sos.ne.gov/rules-and-regs/regtrack/proposals/0000000000001346.pdf>
- ¹⁷⁵ Nevada State Legislature 2015 Session Chapter 153;
http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB292_EN.pdf
- ¹⁷⁶ Nevada Department of Business and Industry Division of Industrial Relations Medical Fee Schedule, August 2014; <http://dirweb.state.nv.us/WCS/mfs/2015MedFeeSchedule.pdf>
- ¹⁷⁷ NV Dept. of Health and Human Services., Medicaid Services Manual, Section 3403.4
- ¹⁷⁸ NH Revised Statutes Annotated, 415-J:3
- ¹⁷⁹ New Hampshire General Court 2015 Session Chaptered Law 0206;
<http://www.gencourt.state.nh.us/legislation/2015/SB0112.pdf>
- ¹⁸⁰ Well Sense Health Plan; https://www.google.com/url?q=http://www.bmchp.org/app_assets/physician-non-physician-reimbursement-policy-nh_20131114t114633_en_web_452716bd5a7947b59381a6194af31713.pdf&sa=U&ei=FirVU-q9G-m-sQTg4YCQCg&ved=0CAYQFjAA&client=internal-uds-cse&usq=AFQjCNGBBItApuMULB1o7VV9mAYi3KKdg
- ¹⁸¹ New Hampshire Healthy Families (Cenpatco);
http://www.nhhealthyfamilies.com/files/2012/01/NHHP_ProviderManual_REVFeb2014.pdf
- ¹⁸² He-W 531 Physician Services Initial Proposed Draft; <http://www.dhhs.nh.gov/ombp/documents/mcac-he-w-531-rule.pdf>
- ¹⁸³ New Jersey Individual Health Coverage Program;
http://www.state.nj.us/dobi/division_insurance/ihcseh/ihcrulesadoptions.htm
- ¹⁸⁴ New Jersey Small Employer Health Benefits Programs;
http://www.state.nj.us/dobi/division_insurance/ihcseh/sehrulesadoptions.htm
- ¹⁸⁵ ATA State Telemedicine Matrix 2017; <http://www.americantelemed.org/policy-page/state-policy-resource-center>
- ¹⁸⁶ NJ Department of Human Services Division of Medical Assistance & Health Services, December 2013 Newsletter; www.njha.com/media/292399/Telepsychiatrymemo.pdf
- ¹⁸⁷ NM Statute. 59A-22-49.3
- ¹⁸⁸ American Telemedicine Association, State Medicaid Best Practice: School-based Telehealth. July 2013; <http://www.americantelemed.org/docs/default-source/policy/state-medicare-best-practice---school-based-telehealth.pdf?sfvrsn=8>
- ¹⁸⁹ NMAC 8.310.2.9-M; <http://www.nmcpr.state.nm.us/nmac/parts/title08/08.310.0002.htm>
- ¹⁹⁰ American Telemedicine Association, State Medicaid Best Practice: Telemental and Behavioral Health. August 2013; <http://www.americantelemed.org/docs/default-source/policy/ata-best-practice---telemental-and-behavioral-health.pdf?sfvrsn=10>
- ¹⁹¹ American Telemedicine Association, State Medicaid Best Practice: Telerehabilitation. January 2014; <http://www.americantelemed.org/docs/default-source/policy/state-medicare-best-practice---telerehabilitation.pdf?sfvrsn=6>
- ¹⁹² New Mexico Telehealth Alliance; <http://www.nmtelehealth.org/>
- ¹⁹³ NMAC 8.308.9.18; <http://www.nmcpr.state.nm.us/nmac/parts/title08/08.308.0009.htm>

50 State Telemedicine Gaps Analysis: Coverage & Reimbursement

-
- ¹⁹⁴ American Telemedicine Association, State Medicaid Best Practice: Managed Care and Telehealth. January 2014; <http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice-managed-care-and-telehealth.pdf?sfvrsn=6>
- ¹⁹⁵ S07852 – General Assembly; <http://open.nysenate.gov/legislation/bill/S7852-2013>
- ¹⁹⁶ A02552 – General Assembly; http://assembly.state.ny.us/leg/?default_fld=&bn=A02552&term=2015&Summary=Y&Actions=Y&Text=Y&Votes=Y
- ¹⁹⁷ American Telemedicine Association, State Medicaid Best Practice: Remote Patient Monitoring and Home Video Visits. July 2013; <http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice---remote-patient-monitoring-and-home-video-visits.pdf?sfvrsn=6>
- ¹⁹⁸ New York State Office of Mental Health TelePsychiatry Guidance for Local Providers. October 2016; <https://www.omh.ny.gov/omhweb/guidance/telepsychiatry-guidance.pdf>
- ¹⁹⁹ Medicare-Medicaid Capitated Financial Alignment Demonstration for New York; <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/VAMOU.pdf>
- ²⁰⁰ New York Health Home State Plan Amendment for Individuals with Chronic Behavioral and Mental Health Conditions; <http://www.medicaid.gov/State-Resource-Center/Medicaid-State-Technical-Assistance/Health-Homes-Technical-Assistance/Downloads/New-York-SPA-12-11.PDF>
- ²⁰¹ New York State Medicaid Program Update, Volume 31 Number 3 March 2015; www.health.ny.gov/health_care/medicaid/program/update/2015/mar15_mu.pdf
- ²⁰² American Telemedicine Association, State Medicaid Best Practice: Telestroke. January 2014; <http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice---telestroke.pdf?sfvrsn=8>
- ²⁰³ American Telemedicine Association, State Medicaid Best Practice: Managed Care and Telehealth. January 2014; <http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice-managed-care-and-telehealth.pdf?sfvrsn=6>
- ²⁰⁴ ATA State Telemedicine Matrix 2015; <http://www.americantelemed.org/docs/default-source/policy/state-legislation-matrix-as-of-4-28-2015A6D18E449A99.pdf?sfvrsn=4>
- ²⁰⁵ NC General Statutes Article 3, Ch. 143B, Sect. 12A.2B.(b)
- ²⁰⁶ NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry; <http://www.ncdhhs.gov/dma/mp/1H.pdf>
- ²⁰⁷ North Dakota Legislative Branch 2015 Session HB 1038; <http://www.legis.nd.gov/assembly/64-2015/documents/15-0079-05000.pdf>
- ²⁰⁸ North Dakota State Plan Amendment, January 2012; <http://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ND/ND-11-007.pdf>
- ²⁰⁹ ND Dept. of Human Services, General Information For Providers, Medicaid and Other Medical Assistance Programs; www.nd.gov/dhs/services/medicalserv/medicaid/docs/telemedicine-policy.pdf
- ²¹⁰ HB 123; http://www.legislature.state.oh.us/bills.cfm?ID=130_HB_123
- ²¹¹ OAC 5160-1-18
- ²¹² American Telemedicine Association, State Medicaid Best Practice: School-based Telehealth. July 2013; <http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice---school-based-telehealth.pdf?sfvrsn=8>
- ²¹³ Ohio Health Home State Plan Amendment; <http://www.medicaid.gov/State-Resource-Center/Medicaid-State-Plan-Amendments/Downloads/OH/OH-12-0013-HHSPA.pdf>
- ²¹⁴ OAC 5122-29-03(F); <http://codes.ohio.gov/oac/5122-29-03>
- ²¹⁵ OAC 5122-29-04(C); <http://codes.ohio.gov/oac/5122-29-04>
- ²¹⁶ OAC 5122-29-05(C); <http://codes.ohio.gov/oac/5122-29-05>
- ²¹⁷ OAC 5122-29-17(C); <http://codes.ohio.gov/oac/5122-29-17>
- ²¹⁸ OAC 3793:2-1-11; <http://codes.ohio.gov/oac/3793:2-1-11>
- ²¹⁹ OH Dept. of Job and Family Services, Long Term Care Services and Supports Transmittal Letter (LTCSTL) No. 11-15
- ²²⁰ OK Admin. Code Sec. 317:30-3-27; <http://www.okhca.org/xPolicySection.aspx?id=7061&number=317:30-3-27.&title=Telemedicine>

50 State Telemedicine Gaps Analysis: Coverage & Reimbursement

-
- ²²¹ OK Statute, Title 36 Sec. 6803.
- ²²² OARS Sec. 743A.058
- ²²³ Oregon State Legislature 2015 Session Chapter 264;
<https://olis.leg.state.or.us/liz/2011R1/Downloads/MeasureDocument/SB0144/Enrolled>
- ²²⁴ OARS 410-130-0610
- ²²⁵ PA Dept. of Aging, Office of Long Term Aging, APD #09-01-05, Oct. 1, 2009;
http://www.dpw.state.pa.us/cs/groups/webcontent/documents/document/d_007041.pdf
- ²²⁶ PA HCBW for Individuals Aged 60 & Over (0279.R04.00); https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/waivers_faceted.html
- ²²⁷ PA Department of Public Welfare, Medical Assistance Bulletin 09-12-31,31-12-31, 33-12-30, May 23, 2012;
http://www.dpw.state.pa.us/cs/groups/webcontent/documents/bulletin_admin/d_005993.pdf
- ²²⁸ American Telemedicine Association, State Medicaid Best Practice: Telehealth for High-risk Pregnancy. January 2014; <http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice---telehealth-for-high-risk-pregnancy.pdf?sfvrsn=6>
- ²²⁹ ATA State Telemedicine Matrix 2015; <http://www.americantelemed.org/docs/default-source/policy/state-legislation-matrix-as-of-4-28-2015A6D18E449A99.pdf?sfvrsn=4>
- ²³⁰ Rhode Island Medicaid Fee Schedule p.429;
<http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Fee%20Schedules/Medicaid%20Fee%20Schedule.pdf>
- ²³¹ SC Community Choices (0405.R02.00);
<https://www.scdhhs.gov/historic/insideDHHS/Bureaus/BureauofLongTermCareServices/telemonitoring.html>
- ²³² SC Department of Mental Health Telepsychiatry Program; <http://www.state.sc.us/dmh/telepsychiatry/>
- ²³³ SC OB/GYN Telemedicine Demonstration Project; <https://www.scdhhs.gov/press-release/obgyn-telemedicine-demonstration-project>
- ²³⁴ SC Health and Human Services Dept., Physicians Provider Manual;
<https://www.scdhhs.gov/internet/pdf/manuals/Physicians/Manual.pdf>
- ²³⁵ Kevin Burbach. (2014, August 2). State to test telehealth drug treatment program. *Argus Leader*. Retrieved from <http://www.argusleader.com/story/news/local/2014/08/02/state-test-telehealth-drug-treatment-program/13505693/>
- ²³⁶ SD Medical Assistance Program, Professional Services Manual;
<http://dss.sd.gov/formsandpubs/docs/MEDSRVCS/professional.pdf>
- ²³⁷ SD Dept. of Social Services, Dept. of Adult Services & Aging, Telehealth Technology;
<https://dss.sd.gov/asa/services/telehealth.aspx>
- ²³⁸ HB 2331; <http://www.capitol.tn.gov/Bills/109/Bill/HB2331.pdf>
- ²³⁹ SB 2050; <http://wapp.capitol.tn.gov/apps/Billinfo/default.aspx?BillNumber=SB2050&ga=108>
- ²⁴⁰ TX Insurance Code, Title 8, Sec. 1455.004
- ²⁴¹ Texas State Legislature 2015 Session HB 1878;
<http://www.capitol.state.tx.us/tlodocs/84R/billtext/pdf/HB01878F.pdf#navpanes=0>
- ²⁴² Texas Medicaid Provider Procedures Manual, Volume2;
http://www.tmhp.com/TMPPM/TMPPM_Living_Manual_Current/2_Telecommunication_Srvs.pdf
- ²⁴³ TX Admin. Code, Title 1, Sec. 354.1434 and 355.7001
- ²⁴⁴ Utah State Bulletin, Volume 2015, Number 12 - 06/15/2015;
http://www.rules.utah.gov/publicat/bull_pdf/2015/b20150615.pdf
- ²⁴⁵ UT Medicaid Provider Manual Division of Medicaid and Health Financing, Section I: General Information;
https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/All%20Providers%20General%20Information%20Section%20I/AllProvidersGeneralInfo_Section_1.pdf
- ²⁴⁶ UT Admin. Code R414-42-2
- ²⁴⁷ Utah Medicaid Provider Manual: Home Health Agencies;
<https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Home%20Health%20Services/HomeHealth.pdf>
- ²⁴⁸ Utah Telehealth Network; <http://www.utahtelehealth.net/>
- ²⁴⁹ UT Code Annotated Sec. 26-18-13

50 State Telemedicine Gaps Analysis: Coverage & Reimbursement

-
- ²⁵⁰ UT Div. of Medicaid and Health Financing, Utah Medicaid Provider Manual, Mental Health Centers/Prepaid Mental Health Plans
- ²⁵¹ VT Statutes Annotated, Title 8 Sec. 4100k
- ²⁵² Vermont General Assembly 2015 Session Act 54;
<http://legislature.vermont.gov/assets/Documents/2016/Docs/ACTS/ACT054/ACT054%20As%20Enacted.pdf>
- ²⁵³ Dept. of VT Health Access, Provider Manual, Section 10.3.52
- ²⁵⁴ VA Code Annotated § 38.2-3418.16. Coverage for telemedicine services; <https://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+38.2-3418.16>
- ²⁵⁵ VA DMAS, Medicaid Provider Manual, Chapter–IV Physician/Practitioner, p. 19;
https://www.virginiamedicaid.dmas.virginia.gov/ECMPdfWeb/ECMServlet/Documentationmanuals/Phy4/chapterIV_phy
- ²⁵⁶ American Telemedicine Association, State Medicaid Best Practice: Telerehabilitation. January 2014;
<http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice---telerehabilitation.pdf?sfvrsn=6>
- ²⁵⁷ VA DMAS, Medicaid Provider Manual, Chapter–IV Local Education Agency, p. 11;
https://www.virginiamedicaid.dmas.virginia.gov/ECMPdfWeb/ECMServlet/Documentationmanuals/School4/chapterIV_sd
- ²⁵⁸ American Telemedicine Association, State Medicaid Best Practice: School-based Telehealth. July 2013;
<http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice---school-based-telehealth.pdf?sfvrsn=8>
- ²⁵⁹ VA DMAS Medicaid Memo, May 13, 2014, Updates to Telemedicine Coverage;
<https://www.virginiamedicaid.dmas.virginia.gov/ECMPdfWeb/ECMServlet?memospdf=Medicaid+Memo+2014.05.13.pdf>
- ²⁶⁰ American Telemedicine Association, State Medicaid Best Practice: Telestroke. January 2014;
<http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice---telestroke.pdf?sfvrsn=8>
- ²⁶¹ American Telemedicine Association, State Medicaid Best Practice: Telehealth for High-risk Pregnancy. January 2014;
<http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice---telehealth-for-high-risk-pregnancy.pdf?sfvrsn=6>
- ²⁶² Virginia Telehealth Network; <http://ehealthvirginia.org/>
- ²⁶³ American Telemedicine Association, State Medicaid Best Practice: Managed Care and Telehealth. January 2014;
<http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice-managed-care-and-telehealth.pdf?sfvrsn=6>
- ²⁶⁴ Medicare-Medicaid Capitated Financial Alignment Demonstration for Virginia; <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/VAMOU.pdf>
- ²⁶⁵ <http://www.telemedicine.vcuhealth.org/>
- ²⁶⁶ HB 1448 – 2013 and 2014 Regular Session; <http://apps.leg.wa.gov/billinfo/summary.aspx?bill=1448&year=2013>
- ²⁶⁷ WAC 182-531-1730 Telemedicine - Emergency Rulemaking;
<http://apps.leg.wa.gov/documents/laws/wsr/2014/11/14-11-018.htm>
- ²⁶⁸ WA State Health Care Authority Apple Health, Medicaid Provider Manual, School-based Health Care Services;
<http://www.hca.wa.gov/assets/billers-and-providers/schoolbasedhealthcare-bi-20170101.pdf>
- ²⁶⁹ WAC 182-531-1436 Applied behavior analysis (ABA)—Services provided via telemedicine - Emergency Rulemaking; <http://apps.leg.wa.gov/documents/laws/wsr/2014/02/14-02-056.htm>
- ²⁷⁰ American Telemedicine Association, State Medicaid Best Practice: Remote Patient Monitoring and Home Video Visits. July 2013; <http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice---remote-patient-monitoring-and-home-video-visits.pdf?sfvrsn=6>
- ²⁷¹ WA State Health Care Authority Apple Health, Medicaid Provider Manual, Physician-Related Services/Health care Professional Services; <http://www.hca.wa.gov/assets/billers-and-providers/physician-related-services-bi-20170101.pdf>
- ²⁷² WA State Health Care Authority Apple Health, Medicaid Provider Manual, Applied Behavioral Analysis;
<http://www.hca.wa.gov/assets/billers-and-providers/ABA-services-20170101.pdf>

50 State Telemedicine Gaps Analysis: Coverage & Reimbursement

-
- ²⁷³ WA State Health Care Authority Apple Health, Medicaid Provider Manual, Home Health Services (Acute Care Services); <http://www.hca.wa.gov/assets/billers-and-providers/Home-health-services-bi-20170101.pdf>
- ²⁷⁴ WV Department of Health and Human Services, Medicaid Provider Manual, Chapter–538 School-based Health Services; <http://www.dhhr.wv.gov/bms/Pages/Chapter-538-School-Based-Health-Services.aspx>
- ²⁷⁵ WV Department of Health and Human Services, Medicaid Provider Manual, Chapter–519.17 Telehealth Services;
http://www.dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter%20519%20Practitioner%20Services/Policy_519.17_Telehealth_Services.pdf
- ²⁷⁶ WV Department of Health and Human Services, Medicaid Provider Manual, Chapter–502.13 Behavioral Health Clinic Services;
http://www.dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter_502_Behavioral_Health_Clinic_Services.pdf
- ²⁷⁷ WV Department of Health and Human Services, Medicaid Provider Manual, Chapter–503 Behavioral Health Rehabilitation Services.;
http://www.dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter%20503%20Behavioral%20Health%20Rehab%20Services/Chapter_503_Behavioral_Health_Rehabilitation_Services.pdf
- ²⁷⁸ WV Department of Health and Human Services, Medicaid Provider Manual, Chapter–521 Psychological Services;
<http://www.dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter%20521%20Psychological%20Services.pdf>
- ²⁷⁹ WV Department of Health and Human Services, Medicaid Provider Manual, Chapter–537.9 Licensed Independent Clinical Social Workers;
<http://www.dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter%20521%20Psychological%20Services.pdf>
- ²⁸⁰ West Virginia Health Home State Plan Amendment; <https://www.medicaid.gov/state-resource-center/medicaid-state-plan-amendments/downloads/wv/wv-14-0009.pdf>
- ²⁸¹ WI Forward Health, BadgerCare Plus and Medicaid Provider Manual, Topic #510,
<https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Print/tabid/154/Default.aspx?ia=1&p=1&sa=50&s=2&c=61&nt=Telemedicine>
- ²⁸² WY Equality Care, Medicaid Provider Manual, Chapter–6.24 General Provider Information;
https://wyequalitycare.acs-inc.com/manuals/Manual_CMS1500_1_6_17.pdf
- ²⁸³ Wyoming Telehealth Consortium; <http://wyomingtelehealth.org/>