



State Telemedicine Gaps Analysis

Coverage & Reimbursement

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January 2016**





50 State Telemedicine Gaps Analysis Coverage & Reimbursement

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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.

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EXECUTIVE SUMMARY

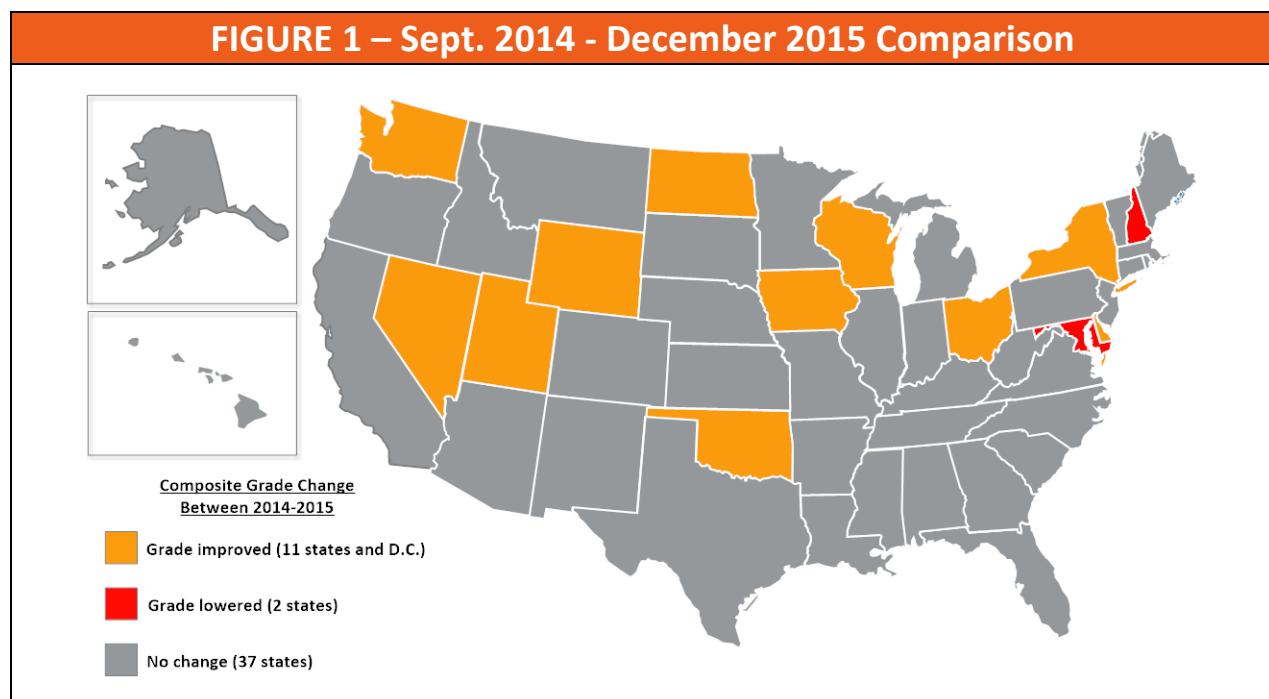
Payment and coverage for services delivered via telemedicine are some of the biggest challenges for telemedicine adoption. Patients and health care providers may encounter a patchwork of arbitrary insurance requirements and disparate payment streams that do not allow them to fully take advantage of telemedicine.

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

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

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

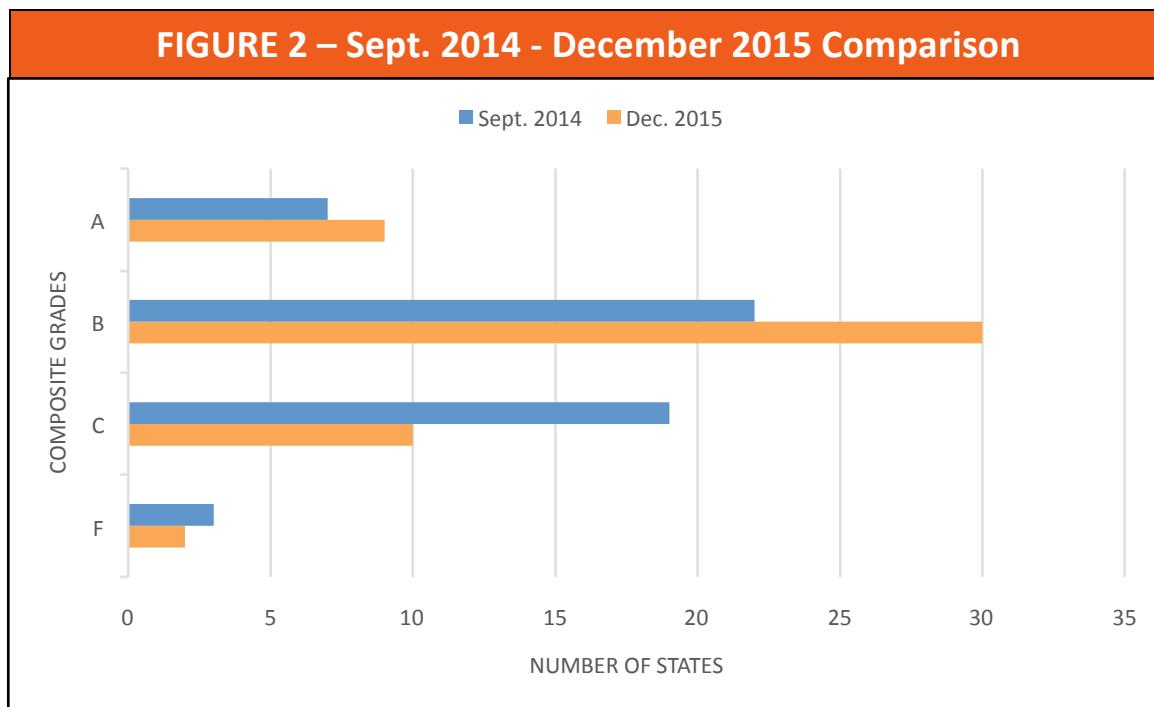
Since our initial report in September 2014 11 states and D.C. have adopted policies that improved coverage and reimbursement of telemedicine-provided services, while two states have adopted policies further restricting coverage (Figure 1).¹



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States have made 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, there are more states now with above average grades, "A" or "B", including Iowa which improved from an 'F' to 'B', than reported in September 2014.



In recent months, five states (Delaware, Iowa, Mississippi, Nevada, and Oklahoma) have higher scores suggesting a supportive policy landscape that accommodates telemedicine adoption while one state saw a drop in their composite grade. New Hampshire dropped from an 'A' to 'B' as a result of adopted legislation that includes Medicaid telehealth coverage language similar to Medicare. Despite the adoption of a private insurance parity law earlier this year, Connecticut, like Rhode Island, continues to average the lowest composite score suggesting many barriers and little opportunity for telemedicine advancement (Table 1).

Table 1 – Composite Scores by State

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

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

- Eight states have enacted telemedicine parity laws since the initial report in 2014. Of the 29 states that have telemedicine parity laws for private insurance, 22 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, 22 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 places arbitrary limits in its parity law.
- Forty-eight state Medicaid programs have some type of coverage for telemedicine. Only eight states and D.C. scored the highest grades by offering more comprehensive coverage, with few barriers for telemedicine-provided services (Figure 4). Delaware, Iowa, Nevada, and Oklahoma passed reforms that ensure parity coverage with little or no restrictions. Connecticut, Hawaii, Idaho, New Hampshire, Rhode Island, and West Virginia ranked the lowest with failing scores in this area. New Hampshire dropped from an 'A' to 'B' as a result of adopted legislation that includes Medicaid telehealth coverage language similar to Medicare.
- 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 them. Oregon is an exception which amended its parity law this year to include self-

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insured state employee health plans. 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-six states and D.C. do not specify a patient setting as a condition for payment of telemedicine (Figure 6). Aside from this, 36 states recognize the home as an originating site, while 18 states recognize schools and/or school-based health centers as an originating site (Figures 7-8).

Vermont improved a letter grade because it now covers home remote patient monitoring. Half of the country ranks the lowest with failing scores either because they only cover synchronous only or provide no coverage for telemedicine at all. Idaho, Missouri, 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. Seventeen states and D.C. do not specify the type of healthcare provider allowed to provide telemedicine as a condition of payment (Figure 11). While 20 states ranked the lowest with failing scores for authorizing less than nine health provider types. Florida, Idaho, and Montana ranked the lowest with coverage for physicians only.

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

- Ten states and D.C. 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. Twelve states and D.C. rank the highest for coverage of mental and behavioral health services (Figure 13). The lowest ranking states for all Medicaid services, scoring an ‘F’, are Connecticut and Rhode Island which have no coverage for telemedicine under their Medicaid plans.
- Although state policies vary in scope and application, five more states have expanded coverage to include telerehabilitation. Seventeen states are known to reimburse for telerehabilitative services in their Medicaid plans. Of those, 11 states rank the highest with telemedicine coverage for therapy services (Figure 14).
- Alaska is the only state 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 have unique patient informed consent requirements for telemedicine encounters (Figure 16). Twenty-two 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 four 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 48 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 December 2015. 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.³⁴ “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. 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 two states 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 states policies can be conflicting. States like Arkansas 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.

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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

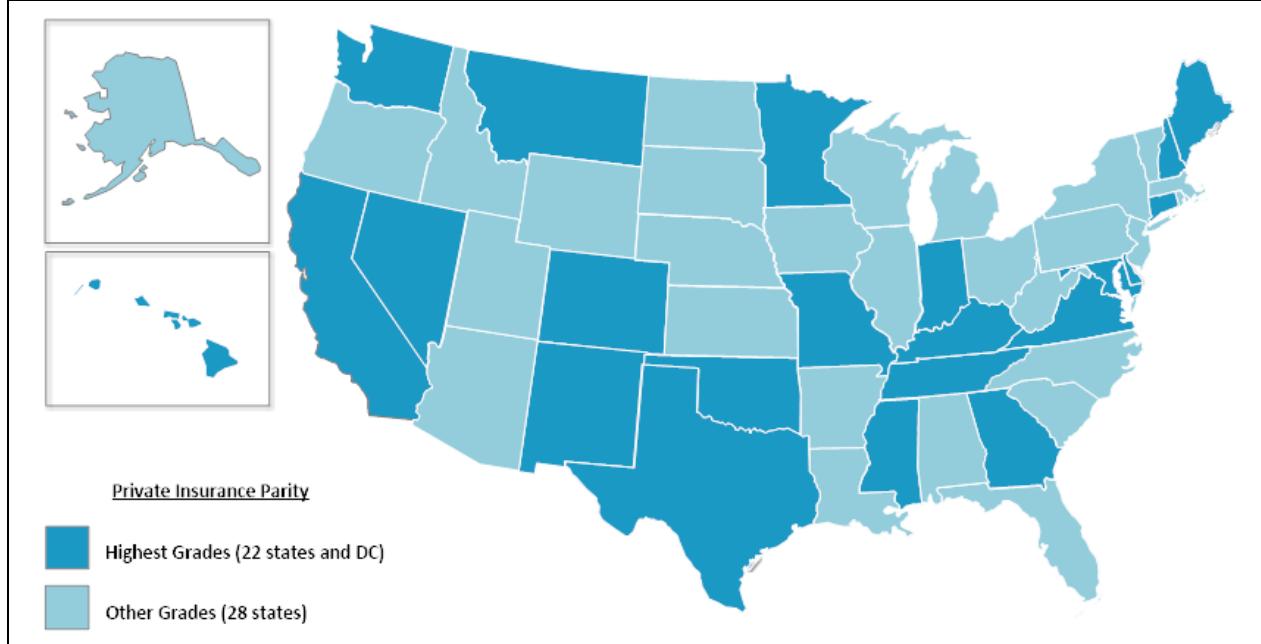
Parity

A. Private Insurance

Full parity is classified as comparable coverage for telemedicine-provided services to that of in-person services. Twenty-eight states and the District of Columbia have enacted full parity laws. Only Arizona has enacted a partial parity law that requires coverage and reimbursement, but limits coverage to a certain geographic area (e.g., rural) or 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.

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

FIGURE 3 – Private Insurance Parity



States with the highest grades for private insurance telemedicine parity provide state-wide coverage, and have no provider, technology, or patient setting restrictions (Figure 3). Among states with parity laws, Arizona, New York, and Vermont scored about average (C). New York and Vermont lawmakers have placed patient setting restrictions on those services eligible for coverage parity. While Arizona continues to limit coverage to interactive audio-video only modalities and the 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.

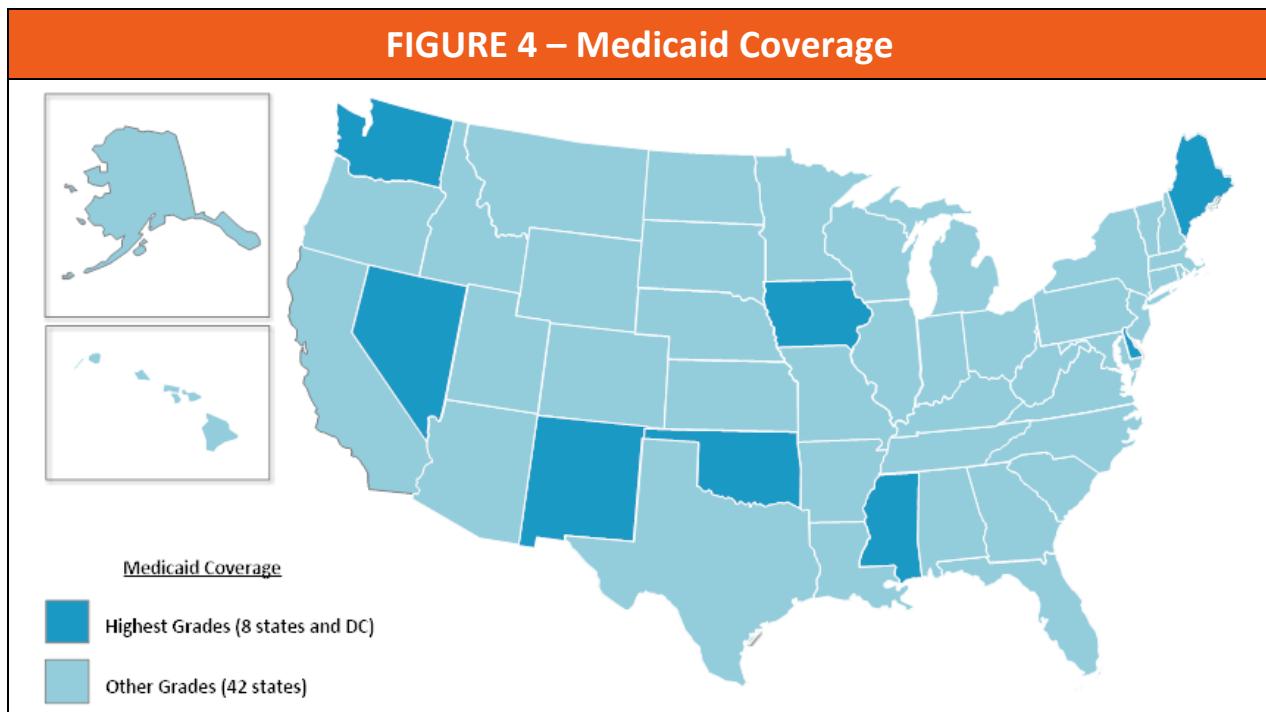
B. Medicaid

Each state's Medicaid plan was assessed based on service limits and patient setting restrictions. Other components assessed for all three plans include provider eligibility and the type of technology allowed were also examined to determine the 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.

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

Forty-eight state Medicaid programs have some type of coverage for telemedicine.



Eight states and D.C. have the highest grades for Medicaid coverage of telemedicine-provided services (Figure 4). Connecticut, Hawaii, Idaho, New Hampshire, Rhode Island, and West Virginia ranked the lowest with failing (F) scores. Iowa, Nevada, Oklahoma, and Washington have all made improvements to expand coverage of telemedicine for their Medicaid populations. Connecticut and Rhode Island are the only states without coverage for telemedicine under their Medicaid plans. Of the 48 states with coverage, Idaho offers the least amount of coverage for telemedicine-provided services. While Hawaii, Idaho, New Hampshire, and West Virginia still apply geography limits in addition to restrictions on service coverage, provider eligibility, and patient setting.

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 therefore traditional private insurer parity language does not automatically affect them.

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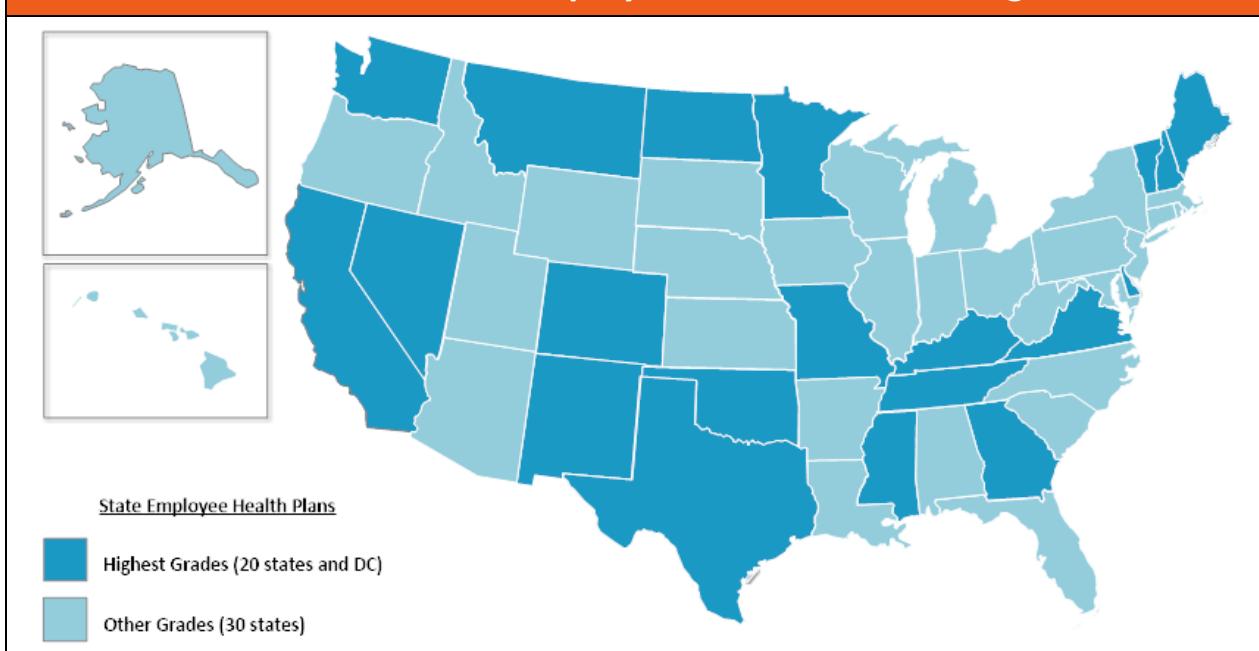
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Oregon is an exception which amended its parity law this year to include self-insured state employee health plans.

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 26 states extending coverage under their parity laws (Figure 5). Most states self-insure their plans and 50 percent of the country is ranked the lowest with failing scores due to partial or no coverage of telehealth.

FIGURE 5 – State Employee Health Plan Coverage



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 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.

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Left out by these approaches are the sites where people predominantly spend their time, such as homes, office/place of work, schools, or traveling around. With advances in decentralized computing power, such as cloud processing, and mobile telecommunications, such as 4G wireless, the current approach is to cover health services to patients wherever they are.

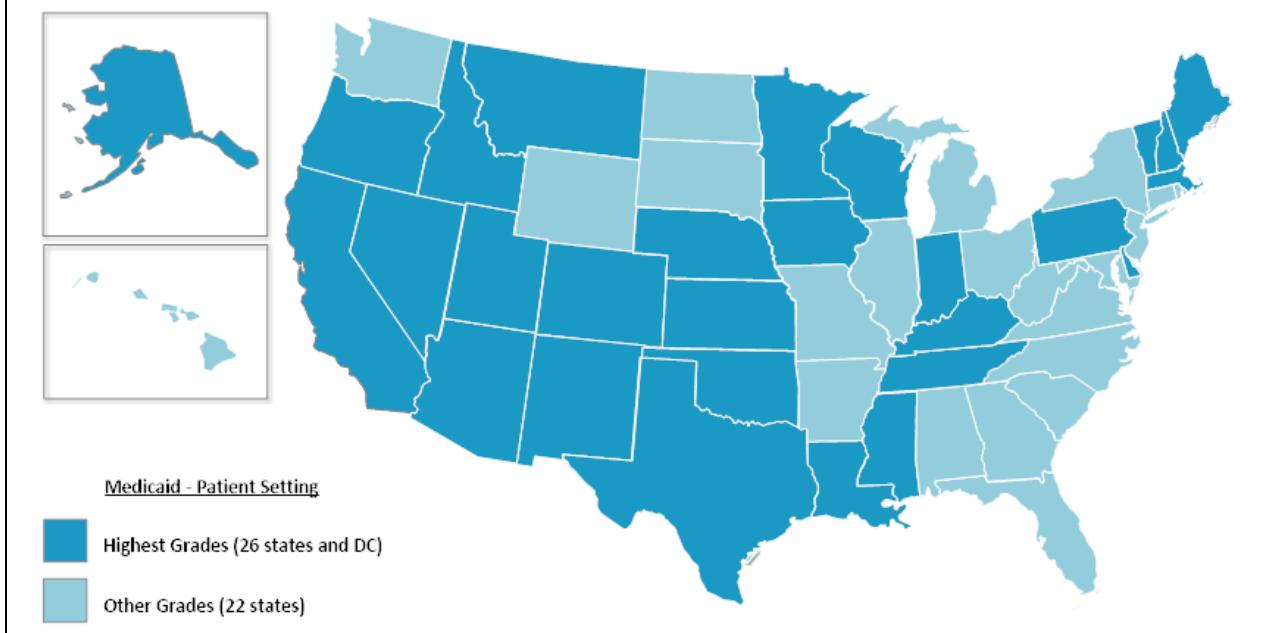
For this report, we measured components of state Medicaid policies that, for conditions of coverage and payment, broaden or restrict the location of the patient when telemedicine is used. The following sites are observed as qualified patient locations:

- 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)
- assistive 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.

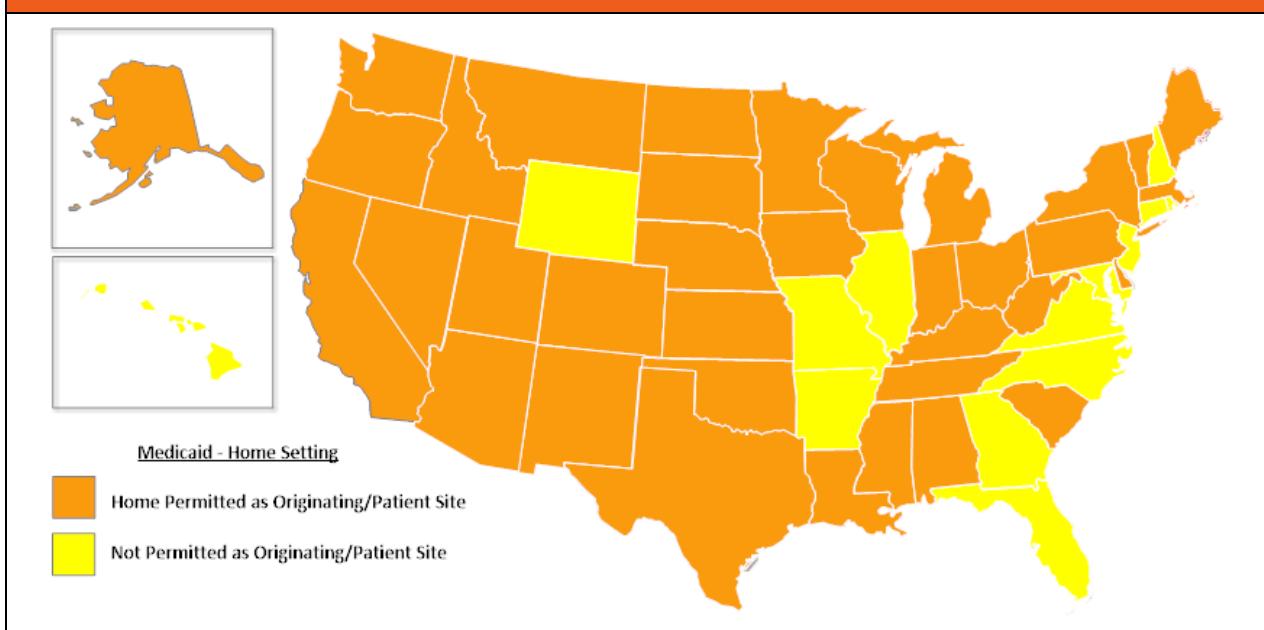
States received one (1) point for each patient setting authorized as an eligible originating site. Those states that did not specify an originating site were given the maximum score possible (20).

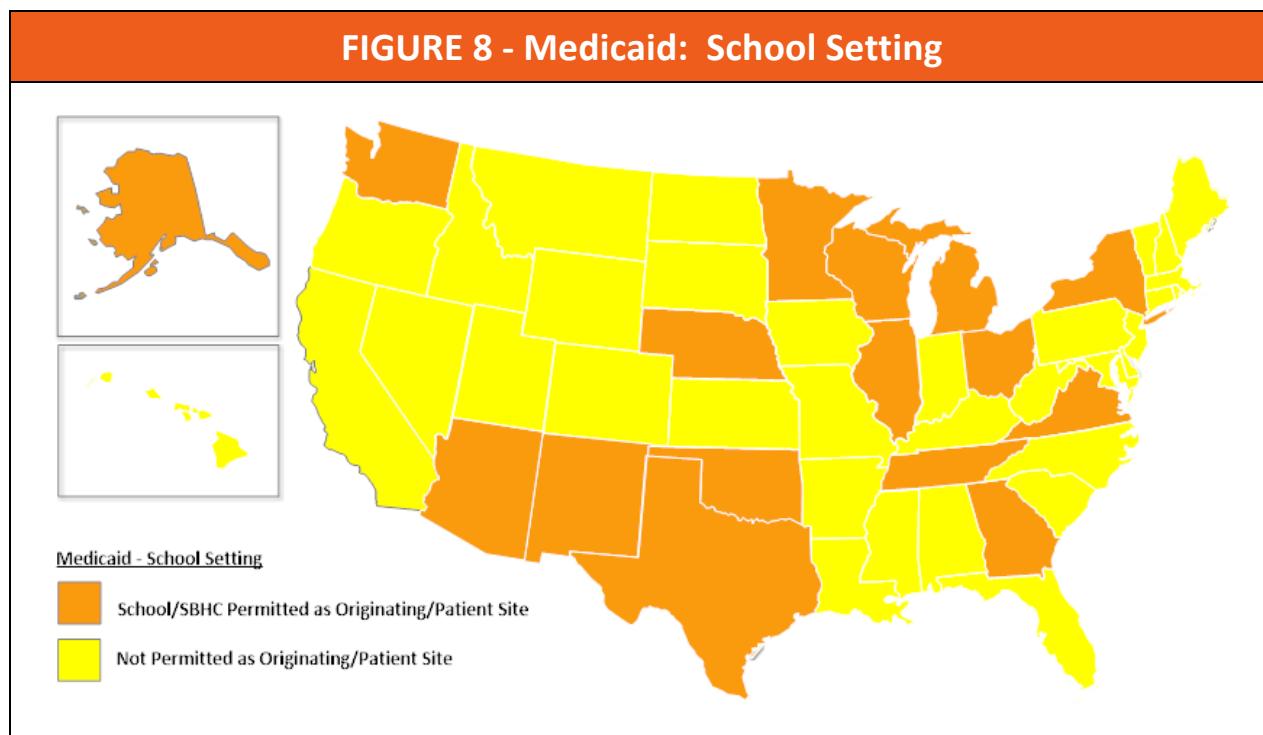
Scale – Medicaid: Patient Settings	
A	16+ points
B	11-15 points
C	6-10 points
F	≤ 5 points

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

FIGURE 6 – Medicaid: Patient Setting

Aside from this, 36 states allow the home as an originating/patient site, while 18 states recognize schools and/or SBHCs as an originating site (Figures 7-8).

FIGURE 7 – Medicaid: Home Setting

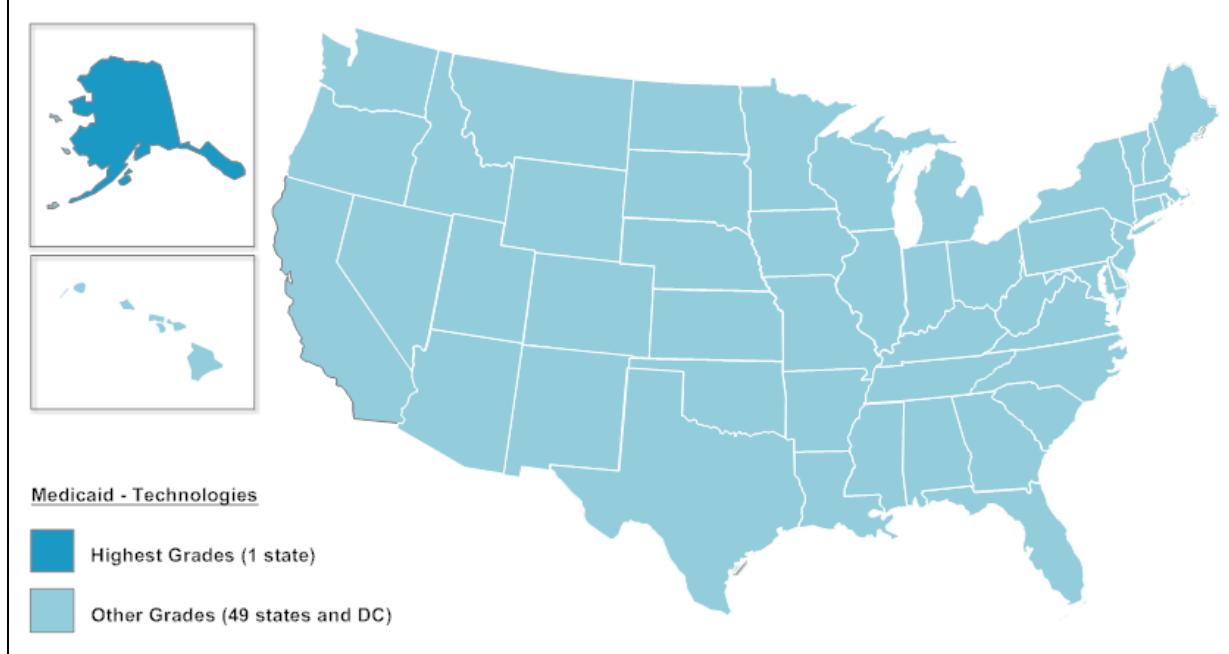


Six states ranked the lowest with failing (F) scores for designating less than six patient settings as originating sites with Florida and New Jersey ranking the lowest with only two eligible originating sites.

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

Seven states score above average on our scale with Alaska taking the highest ranking (Figure 9). The state covers telemedicine when providers use interactive audio-video, store-and-forward, remote patient monitoring, and audio conferencing for some telemedicine encounters. Alaska, Minnesota, Mississippi, Nebraska, and Texas all cover telemedicine when using synchronous technology as well as store-and-forward and remote patient monitoring in some capacity. Fifty 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, 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).

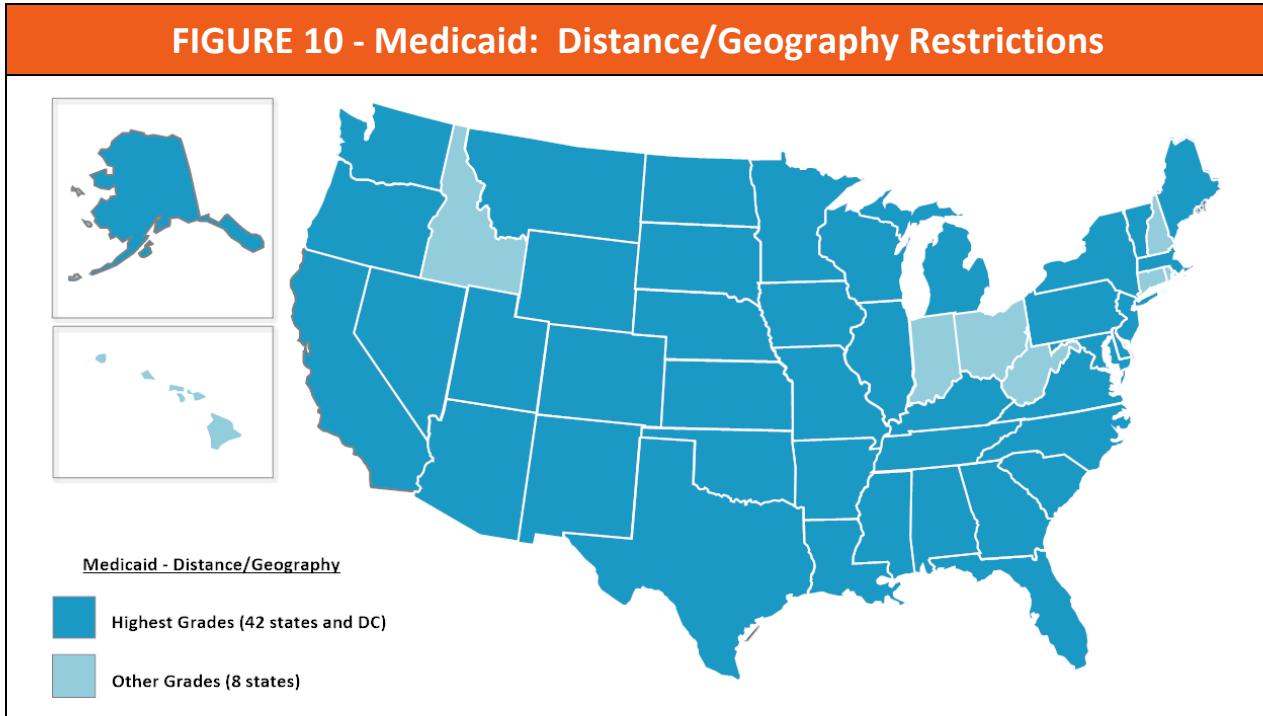
We measured components of state Medicaid policies that apply distance or geography restrictions for conditions of coverage and payment when telemedicine is performed.

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

Over the past year, states have made considerable efforts to rescind mileage requirements for covered telemedicine services. Nevada and Oklahoma now offer telemedicine state-wide, while Iowa successfully removed its distance requirements. 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. Earlier this year, Ohio Medicaid approved a regulation that would expand coverage of telemedicine services, and includes a five mile distance restriction as a condition of payment.

FIGURE 10 - Medicaid: Distance/Geography Restrictions



Eighty-six 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 to perform telemedicine encounters within their scope of practice.

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.

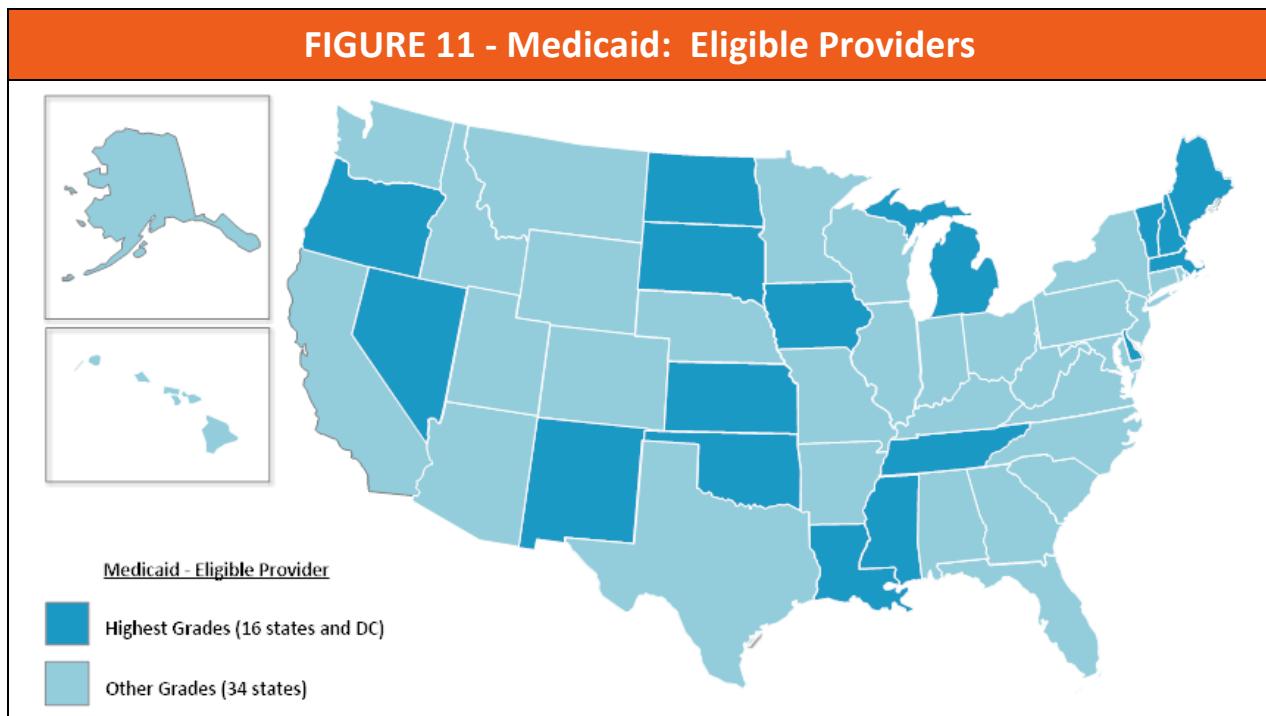
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Each state received two (2) points for designating a physician, and one (1) point for each additional eligible provider authorized to provide covered telemedicine services. Those states that did not specify an eligible provider were given the maximum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

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

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



Other interesting trends include Alaska, California, and Illinois which cover services when provided by a podiatrist. Alaska, California, and Kentucky cover services when provided by a chiropractor. California, Kentucky, and Washington are the only states to specify coverage for services when provided by an optometrist, while Arizona, California, and New York will cover services provided by a dentist. Although CMS has issued guidance clarifying their position on coverage for services related to autism spectrum disorder, only 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. New Mexico, Oklahoma, Virginia, West Virginia, and Wyoming specify coverage for telemedicine when provided by a substance abuse or addiction specialist.

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Eighteen states ranked the lowest with failing (F) scores for authorizing less than nine health provider types. Florida, Idaho, and Montana ranked the lowest with coverage for physicians only.

H. Physician-provided Telemedicine Services

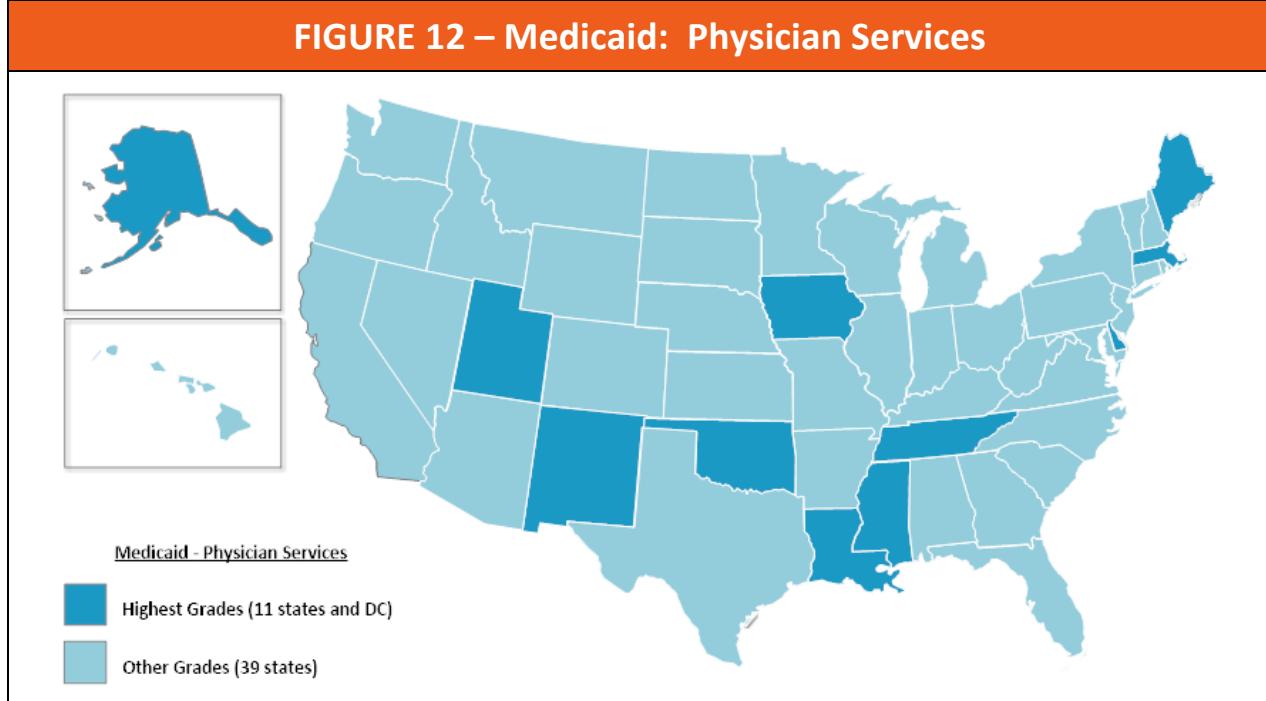
Physician-provided telemedicine services are commonly covered and reimbursed by Medicaid health plans. However, some plans base coverage on a prescribed set of health conditions or services, place restrictions on patient or provider settings, the frequency of covered telemedicine encounters, or exclude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

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

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

Eleven states and D.C. 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.

FIGURE 12 – Medicaid: Physician Services

The lowest ranking states, which scored an F, are Connecticut and Rhode Island which have no coverage for telemedicine under their Medicaid plans and Iowa and Ohio with limited service coverage and other arbitrary restrictions.

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: mental health assessments, substance abuse treatment, counseling, medication management, education, monitoring, and collaboration. Forty-eight states have some form of coverage and reimbursement for mental health provided via telemedicine video-conferencing. While the number of states with coverage in this area suggests enhanced access to mental health services, it is important to note that state policies for telemental health vary in specificity and scope.

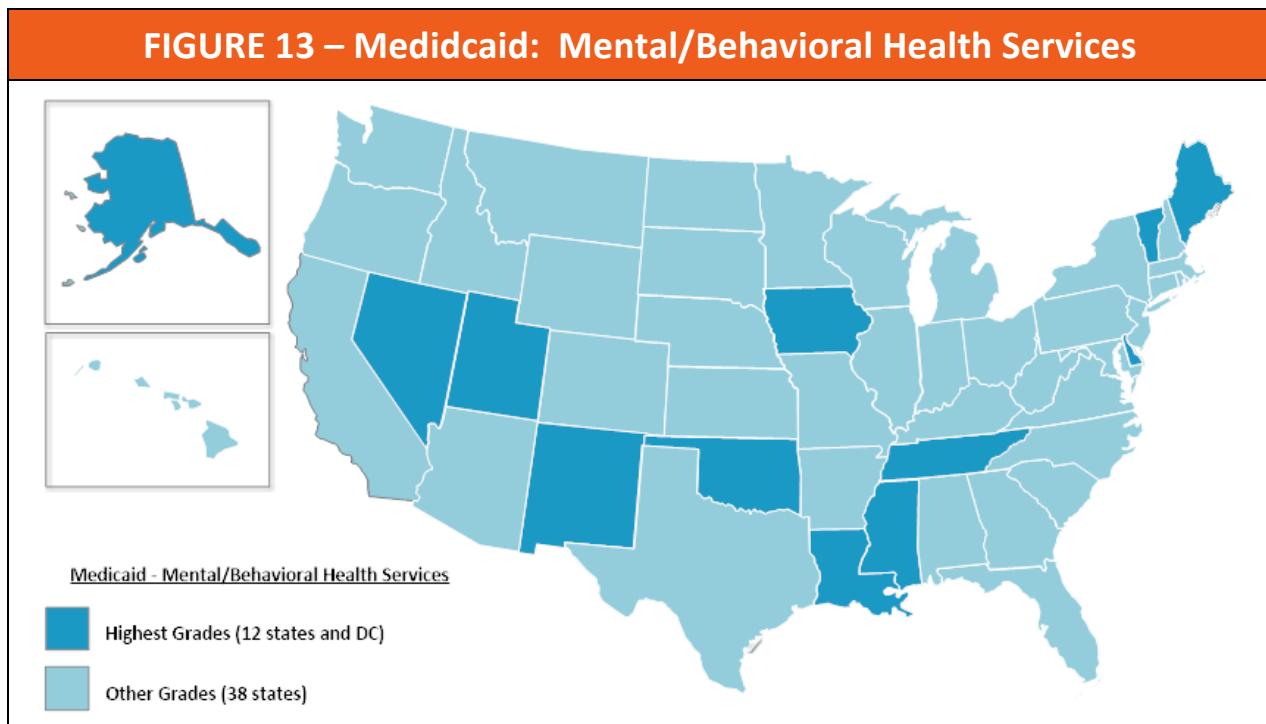
We measured components of state Medicaid policies that broaden or restrict the types of providers allowed to perform the telemedicine encounter, telemedicine coverage for mental and behavioral health services.

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. Twelve states and D.C. 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 classify at least one other medical 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, Hawaii, Indiana, Kentucky, Michigan, Minnesota, 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. Alaska, Arizona, Arkansas, California, Indiana, Kentucky, Minnesota, Nevada, New Mexico, Ohio, Oklahoma,

50 State Telemedicine Gaps Analysis: Coverage & Reimbursement

Texas, Virginia, Washington, West Virginia, and Wyoming cover telemedicine when provided by a licensed professional counselor.

Further, 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 states, which scored an F, are Connecticut and Rhode Island which have no coverage for telemedicine under their Medicaid plans. Iowa improved their grade from an 'F' to 'B' due to expanded service coverage offered through a contracted plan.

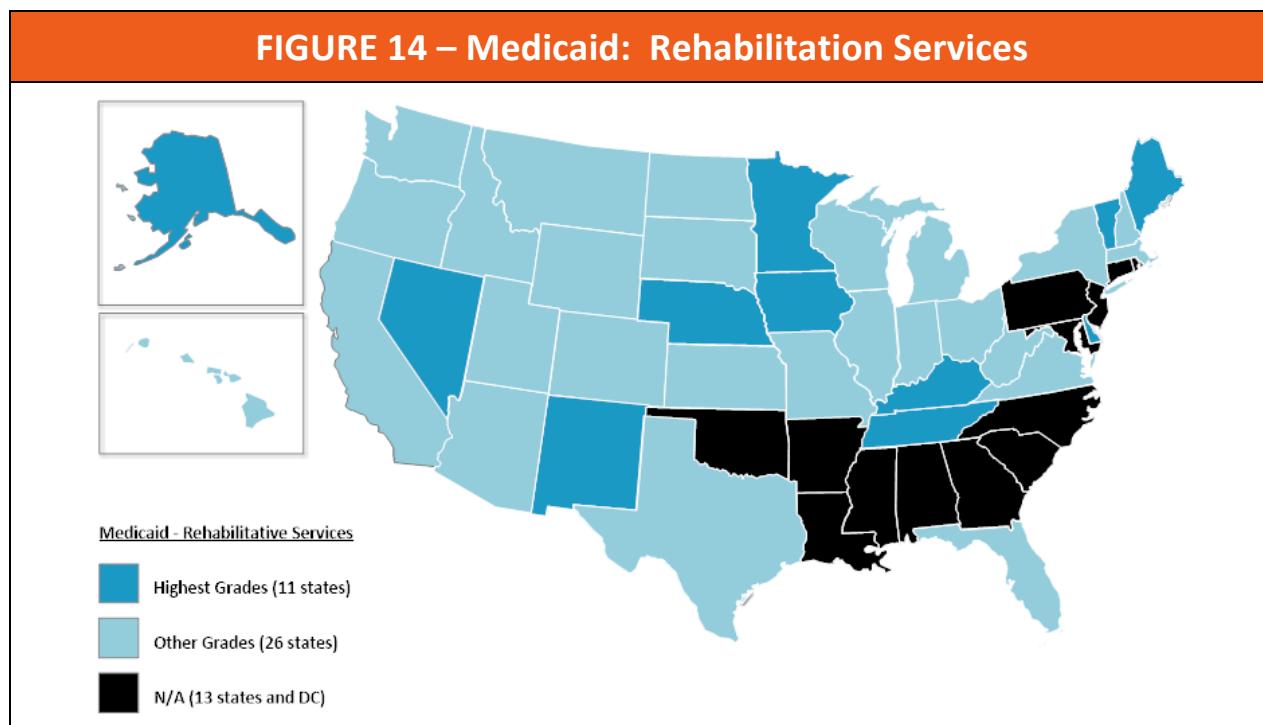
J. Rehabilitation Services

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 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 and D.C. do not cover rehabilitation services for their Medicaid recipients. Although state policies vary in scope and application, 17 states are known to reimburse for telerehabilitative services in their Medicaid plans. Of those, 11 states rank the highest with telemedicine coverage for therapy services (Figure 14).



Further, of the 25 states that cover home telemedicine, only Alaska, Colorado, Delaware, Iowa, Kentucky, Maine, Nebraska, Nevada, New Mexico, and Tennessee 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 two-way video consultations with a health provider, ongoing remote measurement of vital signs or 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.

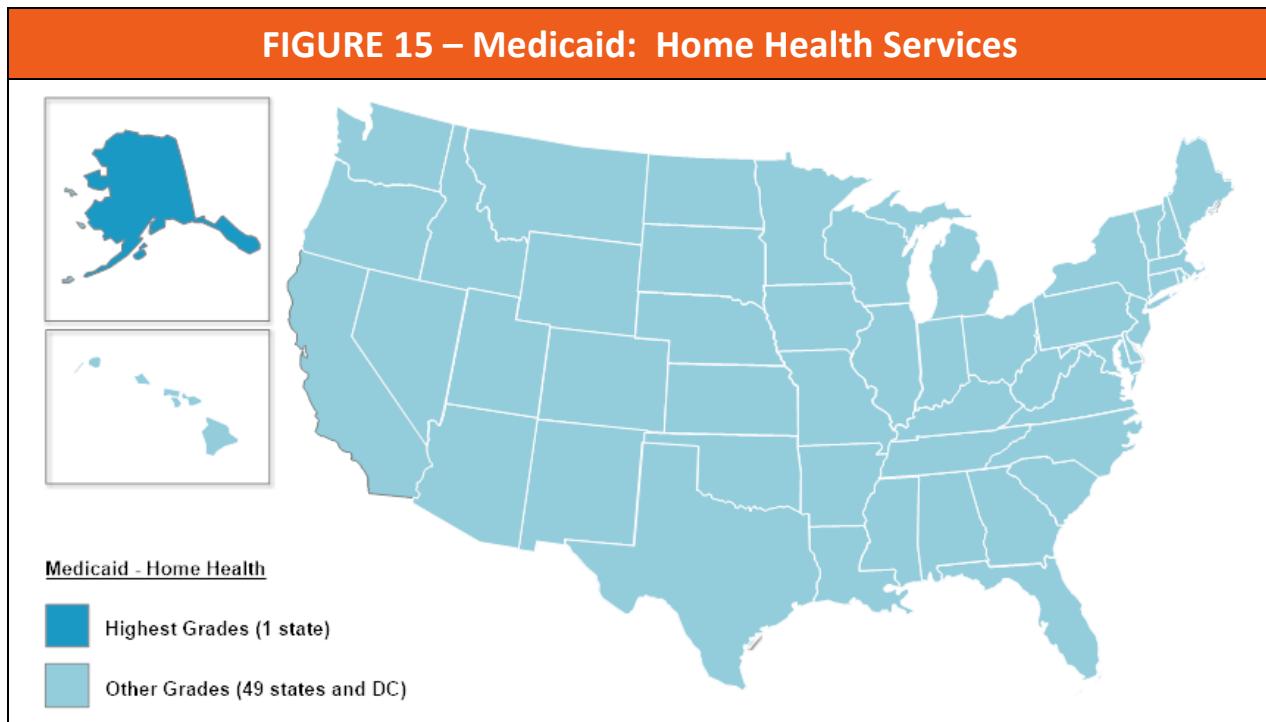
For this report, we measured components of state Medicaid policies that broaden or restrict the types of providers allowed to perform the telemedicine encounter and services covered for home health services.

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

50 State Telemedicine Gaps Analysis:

Coverage & Reimbursement

Alaska is the only state with the highest ranking for telemedicine provided services under the home health benefit (Figure 15).



Of the 25 states that cover home telemedicine, only Alaska, Colorado, Delaware, Iowa, Kentucky, Maine, Nebraska, Nevada, New Mexico, and Tennessee 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 no longer covers telemedicine under their home health benefit. 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.

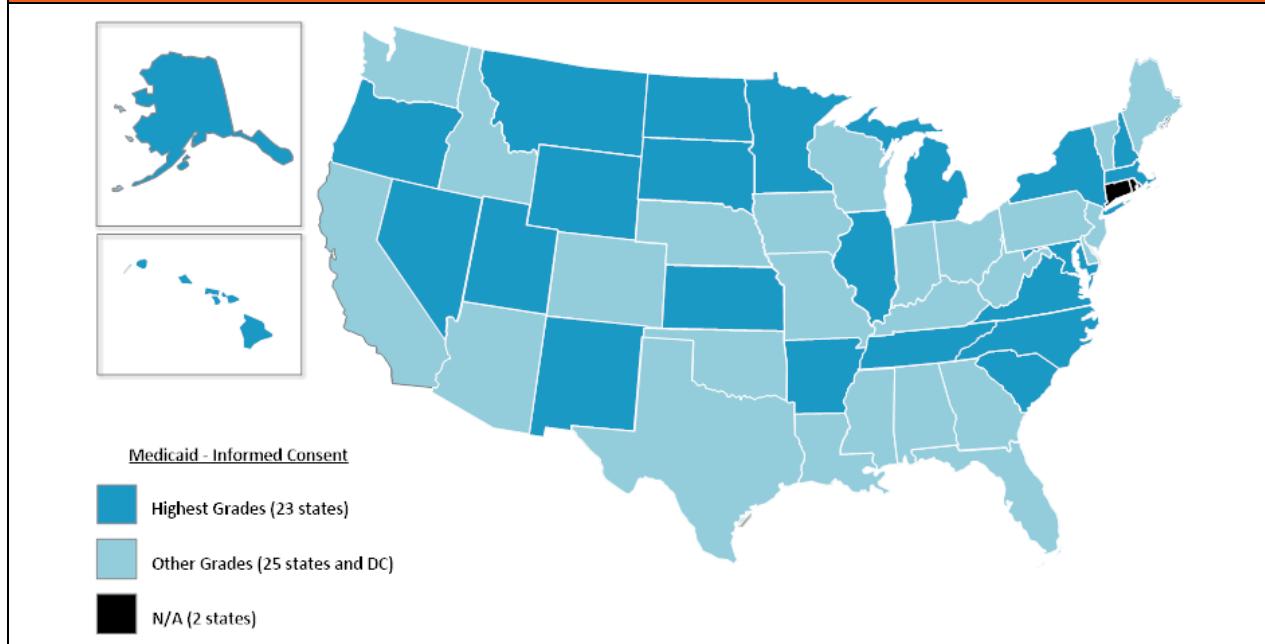
L. Informed Consent

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

50 State Telemedicine Gaps Analysis:
Coverage & Reimbursement

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

FIGURE 16 – Medicaid: Informed Consent



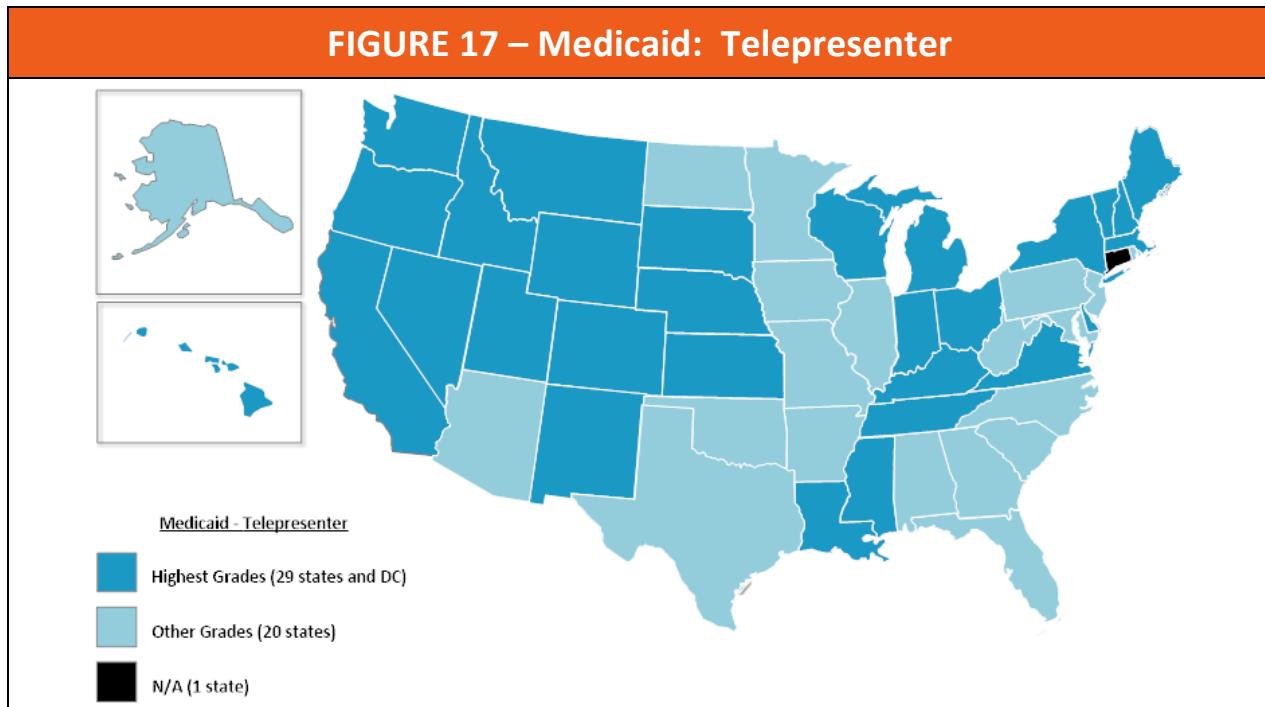
Of the 27 states with informed consent requirements, 19 states have such requirements imposed by their state Medical Board (Figure 16). Although their Medicaid programs do not cover telehealth, Rhode Island and Connecticut's Medical Boards require informed consent.

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.

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

FIGURE 17 – Medicaid: Telepresenter



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). Although Connecticut and Rhode Island have no telemedicine coverage under Medicaid, their Medical Boards do not require a telepresenter for telemedicine related 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 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, Pennsylvania, and South Carolina 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:

Private Insurance	F
Medicaid ⁹	C
State Employee Health Plan	F

GAPS:

- AL has no parity law and is bordered by GA, MS, and TN which enacted private insurance parity laws.

MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:

Patient Setting	C
Eligible Technologies	C
Distance or Geography Restrictions	A
Eligible Providers	F
Physician-provided Services	B
Mental/behavioral Health Services ¹⁰	B
Rehabilitation	N/A
Home Health ¹¹	F
Informed Consent	F
Telepresenter	B

Innovation

- 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.

INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:

State-wide Network	
Medicaid Managed Care	
Medicare-Medicaid Dual Eligibles	
Health Home ¹²	✓
HCBS Waiver	
Corrections	✓
Other ¹³	✓

Telemedicine in Alaska



PARITY:

Private Insurance

F

Medicaid¹⁵⁻²¹

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 Services²²⁻²³

A

Rehabilitation²⁴

A

Home Health²⁵

A

Informed Consent

A

Telepresenter

C

INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:

State-wide Network

Medicaid Managed Care

N/A

Medicare-Medicaid Dual Eligibles

Health Home

HCBS Waiver

Corrections

Other

GAPS:

- AK has no parity law.

Medicaid

- Telemedicine coverage under the Medicaid plan is broad and the least restrictive compared to other states. However not all benefits are covered when using telemedicine, thus leaving out services including dental and ocular care.
- Will cover services when delivered using dedicated audio conferencing system.
- Alaska Medicaid covers school-based services when provided via telemedicine: audiology, behavioral health, nursing, occupational therapy, physical therapy, and speech-language therapy.¹⁴
- Although Medicaid does not require a telepresenter as a condition of payment, the state's Medical Board has such practice standard requirements.

Telemedicine in

Arizona



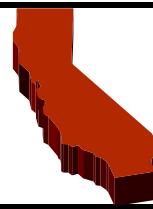
PARITY:		GAPS:	
Private Insurance	C	<ul style="list-style-type: none"> Arizona's partial parity law was enacted in 2013. Coverage under private and state employee health plans applies to rural areas and only seven health services.²⁶ 	
Medicaid ²⁷⁻²⁸	B		
State Employee Health Plan	C		
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		<p>Medicaid</p> <ul style="list-style-type: none"> AZ has varying service coverage under its Medicaid FFS, managed care plans, and Indian Health Service. This includes echocardiography, retinal screening, medical nutrition therapy and patient education for diabetes and chronic kidney disease care. The agency now covers teledentistry. The eligible distant site provider and patient site varies according to the participating AHCCCS program. Does not cover for the use of RPM. <p>Innovation</p> <ul style="list-style-type: none"> AZ Telemedicine Program offers clinical, educational, and administrative services via telemedicine across the state. 	
Patient Setting	A		
Eligible Technologies ²⁹	B		
Distance or Geography Restrictions	A		
Eligible Providers	C		
Physician-provided Services ³⁰	B		
Mental/behavioral Health Services	B		
Rehabilitation	F		
Home Health	F		
Informed Consent	B		
Telepresenter	C		
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		<ul style="list-style-type: none"> State-wide Network³¹ Medicaid Managed Care³² Medicare-Medicaid Dual Eligibles Health Home HCBS Waiver Corrections Other 	
State-wide Network ³¹	✓		
Medicaid Managed Care ³²	✓		
Medicare-Medicaid Dual Eligibles			
Health Home			
HCBS Waiver			
Corrections	✓		
Other			

Telemedicine in Arkansas



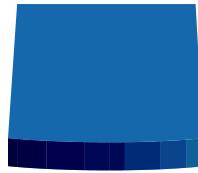
PARITY:		GAPS:
Private Insurance	F	Progress <ul style="list-style-type: none"> Arkansas's parity law was enacted in 2015 and includes telemedicine coverage for physician-provided services under private insurance, Medicaid, and state employee health plans. Effective January 2016, the new parity law will affect payment for physician services. This is the only telemedicine parity law that requires an in-person encounter as a condition of coverage and payment.
Medicaid	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid <ul style="list-style-type: none"> Effective January 2016, the new parity law will affect payment for physician services. 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. Medicaid also places frequency limits on covered telemedicine services. Requires a telepresenter at the originating site. Coverage for interactive audio-video only.
Patient Setting	C	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services ³³	C	
Mental/behavioral Health Services ³⁴	B	
Rehabilitation	N/A	
Home Health	F	
Informed Consent	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		Innovation <ul style="list-style-type: none"> Specialty maternal-fetal telemedicine network operated by University of Arkansas.
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other ³⁵⁻³⁶	✓	

Telemedicine in California



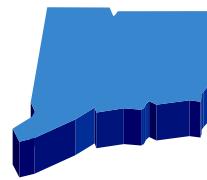
PARITY:		GAPS:
Private Insurance	A	
Medicaid ⁴¹⁻⁴³	B	
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies ⁴⁴⁻⁴⁵	C	
Distance or Geography Restrictions	A	
Eligible Providers	C	
Physician-provided Services	B	
Mental/behavioral Health Services ⁴⁶	B	
Rehabilitation	F	
Home Health	F	
Informed Consent	B	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network ⁴⁷	✓	
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

Telemedicine in Colorado



PARITY:		GAPS:	
Private Insurance	A	Progress <ul style="list-style-type: none"> Colorado enacted a law to improve the existing parity law and 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.⁴⁸ Removed rural and distance restrictions that were applied under Medicaid managed care. 	
Medicaid ⁵²⁻⁵³	B		
State Employee Health Plan	A		
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid <ul style="list-style-type: none"> CO Medicaid imposes restrictions on covered services and designates certain provider types to render the service. The program will pay certain facilities an originating site but that does not limit reimbursement to a distant site provider if a patient is located elsewhere. Coverage for interactive audio-video only for physician, mental/behavioral health services, and speech therapy services. Coverage only for RPM for chronic disease management under the home health benefit.⁴⁹⁻⁵¹ Requires written informed consent. 	
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	Opportunities <ul style="list-style-type: none"> Colorado Telehealth Network supports broadband connections of many institutions state-wide. 	
State-wide Network ⁵⁴	✓		
Medicaid Managed Care ⁵⁵	✓		
Medicare-Medicaid Dual Eligibles			
Health Home			
HCBS Waiver			
Corrections			
Other			

Telemedicine in Connecticut



PARITY:

Private Insurance

A

Medicaid

F

State Employee Health Plan

F

MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:

Patient Setting

F

Eligible Technologies

F

Distance or Geography Restrictions

F

Eligible Providers

F

Physician-provided Services

F

Mental/behavioral Health Services

F

Rehabilitation

N.A.

Home Health

F

Informed Consent

N/A

Telepresenter

N/A

INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:

State-wide Network

Medicaid Managed Care

Medicare-Medicaid Dual Eligibles

Health Home

HCBS Waiver

Corrections

Other

GAPS:

Progress

- CT enacted a telemedicine parity law for private insurance coverage in 2015.⁵⁶
- Home Health workgroup having conversations about RPM reimbursement under Medicaid⁵⁷

Medicaid

- No coverage under Medicaid although the statute authorizes a telemedicine demonstration for beneficiaries located at FQHCs.⁵⁸
- The agency will not cover information or services provided to a client by a provider electronically or over the telephone.

Telemedicine in Delaware



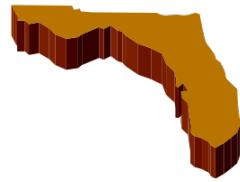
PARITY:		GAPS:
Private Insurance	A	Progress <ul style="list-style-type: none">DE enacted telemedicine parity law introduced in 2015.⁵⁹
Medicaid	A	
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies	F	
Distance or Geography Restrictions	A	Medicaid <ul style="list-style-type: none">Coverage for any services included in the SPA that would be provided in a face-to-face setting including the home.⁶⁰Also includes coverage under school-based program.
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 D.C.



PARITY:		GAPS:
Private Insurance ⁶¹	A	Progress <ul style="list-style-type: none"> DC Medicaid will draft and publish rulemaking to further define appropriate billing conditions for telemedicine in 2016. D.C. parity law was enacted in 2013 and requires coverage for telemedicine-provided services under private plans and Medicaid.
Medicaid ⁶²	A	
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid <ul style="list-style-type: none"> The law requires Medicaid to cover and reimburse for services via telemedicine if they are covered in-person. However, provider manuals have not been updated to reflect the current law. No explicit coverage of store-and-forward or remote patient monitoring.
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	C	
Informed Consent	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"> Proposed regulations to expand coverage under Medicaid⁶³ 			
Medicaid ⁶⁴	C				
State Employee Health Plan	F				
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Private Insurance <ul style="list-style-type: none"> Bordered by GA which has a private insurance parity law. No parity legislation introduced in 2015. Medicaid <ul style="list-style-type: none"> Covers a limited number of services provided by physicians, NPs, and PAs. Originating patient sites are limited to hospitals and physician's office. Coverage for interactive audio-video only. Requires written informed consent and telepresenter. <p>FL Medicaid has transitioned a majority of their beneficiaries to managed care. Therefore, providers have more flexibility to negotiate coverage for telehealth-provided services.</p>			
Patient Setting	F				
Eligible Technologies	F				
Distance or Geography	A				
Restrictions					
Eligible Providers	F				
Physician-provided Services	B				
Mental/behavioral Health Services	B				
Rehabilitation	F				
Home Health	F				
Informed Consent	F				
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 Georgia



PARITY:

Private Insurance	A
Medicaid ⁶⁷	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 ⁶⁸	✓
Medicaid Managed Care	✓
Medicare-Medicaid Dual Eligibles	
Health Home	
HCBS Waiver	
Corrections	✓
Other	

GAPS:

Private Insurance

- Georgia's parity law was enacted in 2006 which includes coverage under state-employee health plans.⁶⁵

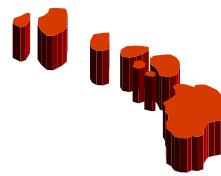
Medicaid

- 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.⁶⁶
- Medicaid also places frequency limits on some covered telemedicine services.
- Coverage for interactive audio-video only.
- Requires written informed consent and provider on the premises.

Innovation

- Georgia Partnership for Telehealth creates and provides multi-point web access to new and existing telemedicine providers all over the state.

Telemedicine in Hawaii



PARITY:

Private Insurance⁶⁹

A

Medicaid⁷²

F

State Employee Health Plan

B

MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:

Patient Setting

C

Eligible Technologies

F

Distance or Geography Restrictions

C

Eligible Providers

C

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

GAPS:

Progress

- Hawaii's private insurance parity law was enacted in 1999. In 2014, the Governor approved legislation improving the existing parity law with requirements for payment parity and inclusion of other health care providers.⁷⁰
- 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.⁷¹

Medicaid

- Coverage for telemedicine under Medicaid is about average. The agency imposes restrictions on covered services and is limited to originating sites located in rural areas.
- Medicaid also places frequency limits on some covered telemedicine services.
- Coverage for interactive audio-video only.

Telemedicine in Idaho



PARITY:		GAPS:
Private Insurance	F	Progress
Medicaid ⁷⁴⁻⁷⁶	F	<ul style="list-style-type: none"> Medicaid has proposed draft regulations that would enhance coverage for physician-provided services as well as OT, PT, and speech.⁷³
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	Private Insurance
Eligible Technologies	F	<ul style="list-style-type: none"> Bordered by MT and OR which have private insurance parity laws. No telemedicine parity law and no history of proposed legislation within the past 2 years.
Distance or Geography Restrictions	C	
Eligible Providers	F	Medicaid
Physician-provided Services	B	<ul style="list-style-type: none"> Covers limited physician-provided mental and behavioral health services, as well as some services for children with developmental disabilities.
Mental/behavioral Health Services	B	<ul style="list-style-type: none"> Although no specific patient setting is specified, coverage is limited to patients located in rural areas or outside of a metropolitan statistical area.
Rehabilitation	F	<ul style="list-style-type: none"> Coverage for interactive audio-video only.
Home Health	F	<ul style="list-style-type: none"> Requires written informed consent.
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	
Medicaid ⁸¹⁻⁸³	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 ⁸⁴	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:

Private Insurance	A
Medicaid ⁸⁸	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	C
Physician-provided Services	B
Mental/behavioral Health Services	B
Rehabilitation	F
Home Health	F
Informed Consent	F
Telepresenter	A

INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:

State-wide Network	
Medicaid Managed Care	✓
Medicare-Medicaid Dual Eligibles	
Health Home	
HCBS Waiver	
Corrections	
Other	

GAPS:

Progress

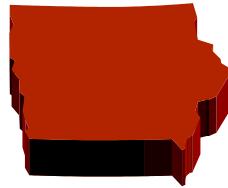
- IN enacted telemedicine parity law in 2015 which covers private insurance, but does not include dental or vision plans.⁸⁵
- 2013 law expanded coverage to include FQHCs, RHCs, CMHCs, CAHs, and home health agencies⁸⁶

Medicaid

- Rulemaking maintains 20 mile distance limit for other qualifying health facilities.
- Requires at least one in-person follow-up by a physician.
- Agency issued final regulations on “telehealth” coverage under the home health benefit including remote patient monitoring but will not extend telemedicine coverage under the benefit.⁸⁷
- Coverage 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.

Telemedicine in

Iowa



PARITY:

Private Insurance

F

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

GAPS:

Progress

- 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.⁸⁹⁻⁹⁰

Private Insurance

- Bordered by MO which has a private insurance parity law. No law for telehealth parity under private insurance or state employee health plans despite 2015 legislation.⁹¹

Innovation

- 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.⁹²

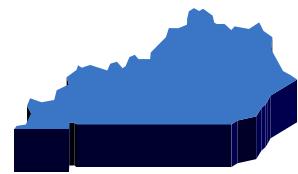
Telemedicine in

Kansas



PARITY:		GAPS:	
Private Insurance	F	Private Insurance	
Medicaid	B	<ul style="list-style-type: none"> • Bordered by CO, MO, and OK which have private insurance parity laws. No telemedicine parity law. 	
State Employee Health Plan	F		
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:			
Patient Setting	A	Medicaid	
Eligible Technologies	C	<ul style="list-style-type: none"> • No coverage for therapies via telemedicine under home health benefit. 	
Distance or Geography	A	Innovation	
Restrictions		<ul style="list-style-type: none"> • Coverage for RPM and medication management available through approved HCBS waiver.⁹³⁻⁹⁴ 	
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:

Private Insurance	A
Medicaid ⁹⁶⁻⁹⁷	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 ⁹⁸	A
Home Health	C
Informed Consent	F
Telepresenter	A

INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:

State-wide Network	
Medicaid Managed Care ⁹⁹	✓
Medicare-Medicaid Dual Eligibles	
Health Home	
HCBS Waiver	
Corrections	✓
Other	

GAPS:

Private Insurance

- Kentucky's private insurance parity law was enacted in 2000 and also includes coverage for state employee health plans.⁹⁵

Medicaid

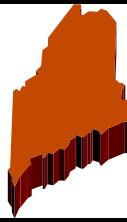
- Independent rehabilitation specialists are not eligible for telemedicine reimbursement under Medicaid rules.
- Coverage for interactive audio-video only.
- Requires written informed consent.

Telemedicine in Louisiana



PARITY:		GAPS:
Private Insurance	B	
Medicaid ¹⁰⁵	B	
State Employee Health Plan	B	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies	F	
Distance or Geography	A	
Restrictions		
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 Maine



PARITY:		GAPS:
Private Insurance	A	
Medicaid ¹¹⁰⁻¹¹¹	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	A	
Rehabilitation	A	
Home Health	B	
Informed Consent	B	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network ¹¹²	✓	
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home	✓	
HCBS Waiver		
Corrections	✓	
Other		

Progress

- CMS Approved SPA which includes originating site fees, and coverage for home RPM and interprofessional services provided by a consultative physician.¹⁰⁶

Private Insurance

- Maine's parity law for Medicaid and private insurance was enacted in 2009 and also includes coverage for state employee health plans.¹⁰⁷

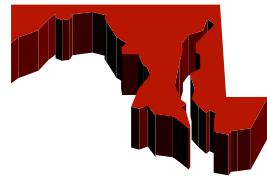
Medicaid

- No limits on patient setting, covered services, or eligible providers.
- Coverage for interactive audio-video as well as audio-only under certain circumstances.
- Medicaid released a draft proposal for comment to expand coverage of telemedicine in November 2015.¹⁰⁸

Innovation

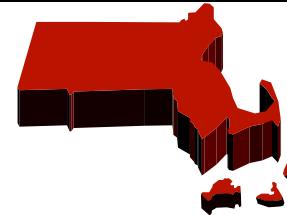
- Maine Telemedicine Services is an open and interoperable network that offers clinical, educational, and administrative services via telemedicine across the state. Health home proposal was approved by CMS. Model includes support for care management/coordination activities. The health home practice and 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.¹⁰⁹

Telemedicine in Maryland



PARITY:		GAPS:
Private Insurance	A	
Medicaid ¹¹⁶	C	
State Employee Health Plan	B	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	C	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	N/A	
Home Health	F	
Informed Consent	A	
Telepresenter	B	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		
		<p>Progress</p> <ul style="list-style-type: none"> The state no longer has 2 distinct telemedicine programs for rural patients and stroke/cardiovascular services for Medicaid coverage.¹¹³ <p>Private Insurance</p> <ul style="list-style-type: none"> Maryland's private insurance parity law was enacted in 2012.¹¹⁴ The parity law also applies to the fully insured health plan offerings for Maryland's state employees. <p>Medicaid</p> <ul style="list-style-type: none"> MD Medicaid issued new rules effective October 2015.¹¹⁵ Despite 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. The state no longer has 2 distinct telemedicine programs for rural patients and stroke/cardiovascular services. 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 have formal agreements detailing their telemedicine service delivery plan.

Telemedicine in Massachusetts



PARITY:		GAPS:
Private Insurance	F	Private Insurance
Medicaid	B	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	Medicaid
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	A	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health ¹²³	F	
Informed Consent	A	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network	✓	Innovation
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Telemedicine in Michigan



PARITY:		GAPS:
Private Insurance	B	Private Insurance
Medicaid ¹²⁷⁻¹²⁸	C	<ul style="list-style-type: none"> Michigan's private insurance parity law was enacted in 2012. MI is 1 of 3 states that cover interactive audio-video only as a condition of their parity law.¹²⁴
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	B	Medicaid
Eligible Technologies	F	<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.
Distance or Geography Restrictions	A	
Eligible Providers	C	<ul style="list-style-type: none"> The agency covers telepractice for speech-language and audiology services provided within the School Based Services (SBS) program which is now in effect.¹²⁵
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	C	
Home Health	F	
Informed Consent	A	Innovation
Telepresenter	A	<ul style="list-style-type: none"> CMS approved duals proposal includes coverage for telemedicine.¹²⁶
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles	✓	
Health Home		
HCBS Waiver		
Corrections		
Other		

Telemedicine in Minnesota



PARITY:

Private Insurance	A
Medicaid ¹³²⁻¹³³	B
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 ¹³⁴	A
Home Health ¹³⁵	C
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	

GAPS:

Progress

- Minnesota enacted a telemedicine parity law in 2015 for private insurers and state employee health plans, including dental and joint self insured plans.¹²⁹

Medicaid

- 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.

Innovation

Chemical Dependency Continuum of Care Pilot Project implemented in 2013 to improve access to treatment and recovery support for alcohol and drug abuse services.¹³⁰⁻¹³¹

Telemedicine in Mississippi



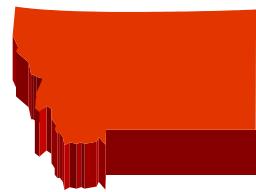
PARITY:		GAPS:
Private Insurance	A	
Medicaid	A	
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies	B	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	A	
Mental/behavioral Health Services	A	
Rehabilitation	N/A	
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	Private Insurance
Medicaid ¹⁴⁴	C	
State Employee Health Plan ¹⁴⁵	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	C	Medicaid
Eligible Providers	F	
Physician-provided Services	A	
Mental/behavioral Health Services ¹⁴⁶⁻¹⁴⁸	F	
Rehabilitation	B	
Home Health	B	
Informed Consent	F	
Telepresenter	F	
Eligible Providers	F	
Physician-provided Services	B	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network ¹⁴⁹	✓	Innovation
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

Telemedicine in Montana



PARITY:		GAPS:
Private Insurance	A	Private Insurance
Medicaid ¹⁵¹	C	<ul style="list-style-type: none"> MT's private insurance parity law was enacted in 2013 and includes coverage for state employee health plans.¹⁵⁰
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	Medicaid
Eligible Technologies	F	<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.
Distance or Geography Restrictions	A	
Eligible Providers	F	<ul style="list-style-type: none"> Coverage for interactive audio-video only.
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	
Medicaid ¹⁵⁶⁻¹⁵⁸	B	<ul style="list-style-type: none"> 2015 legislation introduced to highlight telemedicine providers in health plan provider directories but no parity legislation.¹⁵² CMS approved SPA expands Medicaid telehealth coverage to include store-and-forward, RPM, home health services, OT, PT, speech and audiology, podiatry and optometric services.¹⁵³ 	
State Employee Health Plan	F		
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:			
Patient Setting	A	Private Insurance	
Eligible Technologies	B	<ul style="list-style-type: none"> Bordered by CO which has a parity law for private insurance. NE does not have a parity law. Private insurance and state-employee plans require coverage of autism treatment via telemedicine.¹⁵⁴ 	
Distance or Geography Restrictions	A		
Eligible Providers	A	Innovation	
Physician-provided Services ¹⁵⁹	B	<p>Nebraska Statewide Telehealth Network is a state-wide communications network that supports clinical, educational, and administrative services via telemedicine.¹⁵⁵</p>	
Mental/behavioral Health Services ¹⁶⁰	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	
Medicaid ¹⁶³	A	
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	B	
Mental/behavioral Health Services	A	
Rehabilitation	A	
Home Health	B	
Informed Consent	A	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

Telemedicine in New Hampshire



PARITY:		GAPS:
Private Insurance	A	Private Insurance
Medicaid	F	<ul style="list-style-type: none"> • NH's parity law was enacted in 2009 and includes coverage under state employee health plans.¹⁶⁴
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	C	Medicaid
Eligible Technologies	F	<ul style="list-style-type: none"> • NH enacted legislation that includes Medicaid telehealth coverage language similar to Medicare.¹⁶⁵
Distance or Geography Restrictions	C	<ul style="list-style-type: none"> • Offers coverage under select managed care plans but not under FFS.¹⁶⁶⁻¹⁶⁷
Eligible Providers	F	<ul style="list-style-type: none"> • Coverage for interactive audio-video only.
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

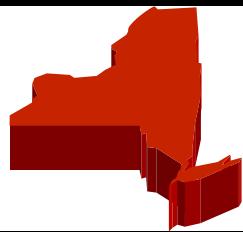


PARITY:		GAPS:
Private Insurance	F	Progress <ul style="list-style-type: none"> NJ Individual Health Coverage and Small Employer Health Benefits Programs approved new language in 2015 to cover "telemedicine", "e-visits", and "virtual visits" under individual health and small employer plans.¹⁶⁸⁻¹⁶⁹
Medicaid ¹⁷¹	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	F	Private Insurance <ul style="list-style-type: none"> No telemedicine parity law. 2015 legislation introduced to provide parity under private insurance, managed care plans and state employee plans.¹⁷⁰ 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.
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:		
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
Medicaid ¹⁷⁴	A	<ul style="list-style-type: none"> • NM's parity law was enacted in 2013.¹⁷²
State Employee Health Plan	A	Medicaid
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		<ul style="list-style-type: none"> • True parity under NM Medicaid for FFS and managed care plans. All services are covered via telemedicine including school-based, dental, home health, hospice, and rehabilitation.¹⁷³ • 1 of 3 states with coverage for services provided by a behavioral analyst. These specialists are critical for the treatment of autism spectrum disorders. • No limits on patient setting. • No coverage for phone calls or remote patient monitoring. • No coverage for skilled nursing, therapies, or RPM under home health benefit.
Patient Setting	A	
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	A	
Mental/behavioral Health Services ¹⁷⁵	A	
Rehabilitation ¹⁷⁶	A	
Home Health	B	
Informed Consent	A	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		Innovation New Mexico Telehealth Alliance offers technical and program support to ensure coordinated services via telemedicine across the state.
State-wide Network ¹⁷⁷	✓	
Medicaid Managed Care ¹⁷⁸⁻¹⁷⁹	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

Telemedicine in New York



PARITY:

Private Insurance	C
Medicaid ¹⁸⁵	B
State Employee Health Plan	F

MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:

Patient Setting	C
Eligible Technologies	C
Distance or Geography Restrictions	A
Eligible Providers	F
Physician-provided Services ¹⁸⁶	C
Mental/behavioral Health Services	C
Rehabilitation	F
Home Health	F
Informed Consent	A
Telepresenter	A

INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:

State-wide Network	
Medicaid Managed Care ¹⁸⁷	✓
Medicare-Medicaid Dual Eligibles	✓
Health Home	✓
HCBS Waiver	
Corrections	
Other	

GAPS:

Progress

- New York 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 payment.¹⁸⁰⁻¹⁸¹

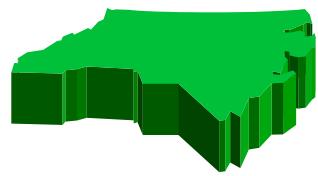
Medicaid

- The new law authorizes Medicaid to cover telehealth via interactive audio-video, store-and-forward, and home remote patient monitoring.¹⁸²
- Restrictions are placed on the patient settings and types of providers eligible to render the service and reimburse.
- Speech language pathologist and audiologist are covered under the new law.

Innovation

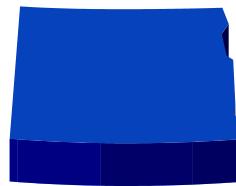
- CMS approved duals proposal includes coverage for telemedicine.¹⁸³
CMS approved health home proposal gives provider the option to use technology conferencing tools including audio, video and/or web deployed solutions to support care management/coordination activities.¹⁸⁴

Telemedicine in North Carolina



PARITY:		GAPS:	
Private Insurance		Private Insurance	
Medicaid ¹⁹⁰		<ul style="list-style-type: none"> • Bordered by GA and VA which have private insurance parity laws. No telemedicine parity law. Legislation introduced and failed passage in 2015 which would have establish telehealth parity for all health insurers in the state.¹⁸⁸ 	
State Employee Health Plan			
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:			
Patient Setting		Medicaid	
Eligible Technologies		<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. 	
Distance or Geography Restrictions		<ul style="list-style-type: none"> • Coverage for interactive audio-video only, but does <u>not</u> permit the use of "video cell phones". 	
Eligible Providers		<ul style="list-style-type: none"> • Requires a provider to be on the premises with the patient. 	
Physician-provided Services		Innovation	
Mental/behavioral Health Services		<ul style="list-style-type: none"> • State-wide telepsychiatry network.¹⁸⁹ 	
Rehabilitation			
Home Health			
Informed Consent			
Telepresenter			
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:			
State-wide Network		<input checked="" type="checkbox"/>	
Medicaid Managed Care			
Medicare-Medicaid Dual Eligibles			
Health Home			
HCBS Waiver			
Corrections			
Other			

Telemedicine in North Dakota



PARITY:		GAPS:
Private Insurance	F	
Medicaid ¹⁹³	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		

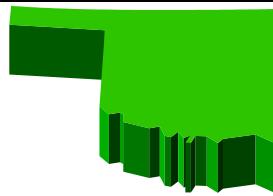
Telemedicine in

Ohio



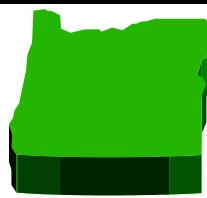
PARITY:		GAPS:
Private Insurance	F	Private Insurance
Medicaid	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	C	
Eligible Technologies	F	
Distance or Geography Restrictions	B	
Eligible Providers	C	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	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		
Corrections	✓	
Other		

Telemedicine in Oklahoma



PARITY:		GAPS:	
Private Insurance	A	Progress	
Medicaid	A	<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.¹⁹⁹ 	
State Employee Health Plan	A		
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:			
Patient Setting	A	Private Insurance	
Eligible Technologies	F	<ul style="list-style-type: none"> OK's private insurance parity law was enacted in 1997.²⁰⁰ 	
Distance or Geography Restrictions	A	Medicaid	
Eligible Providers	A	<ul style="list-style-type: none"> Coverage for interactive audio-video only. Medicaid requires written informed consent from patient before a telemedicine encounter and a telepresenter. 	
Physician-provided Services	A		
Mental/behavioral Health Services	A		
Rehabilitation	N/A		
Home Health	F		
Informed Consent	F		
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 Oregon



PARITY:

Private Insurance

B

Medicaid²⁰³

B

State Employee Health Plan

B

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

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

GAPS:

Progress

- 2015 legislation enacted to include telemedicine parity for self-insured state employee health plans and remove originating site restrictions from existing parity law.²⁰¹

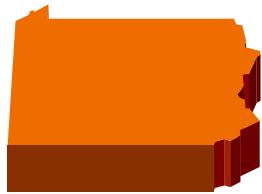
Private Insurance

- Oregon's private insurance parity law was enacted in 2009. OR is 1 of 3 states that cover interactive audio-video only as a condition of their parity law.²⁰²

Medicaid

- 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.

Telemedicine in Pennsylvania



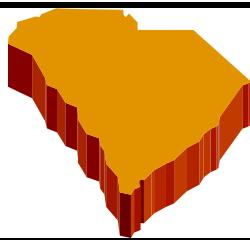
PARITY:		GAPS:
Private Insurance	F	Private Insurance
Medicaid ²⁰⁶	B	<ul style="list-style-type: none"> • Bordered by MD and NY which have private insurance parity laws. 2015 legislation introduced to establish telemedicine parity for private insurance.²⁰⁴
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	Medicaid
Eligible Technologies	C	<ul style="list-style-type: none"> • Medicaid imposes restrictions on the covered services and designates eligible distant site providers as a condition of payment.
Distance or Geography Restrictions	A	<ul style="list-style-type: none"> • 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 2018.²⁰⁵
Eligible Providers	F	<ul style="list-style-type: none"> • Coverage for interactive audio-video only for physician and mental health services.
Physician-provided Services ²⁰⁷	B	<ul style="list-style-type: none"> • Requires written informed consent and a telepresenter.
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



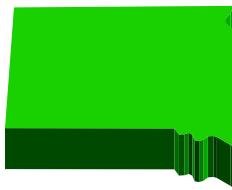
PARITY:		GAPS:
Private Insurance	F	Private Insurance
Medicaid	F	<ul style="list-style-type: none"> • No telemedicine parity law despite a multi-year effort to introduce legislation regarding coverage under private insurance and Medicaid.²⁰⁸
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	F	
Eligible Technologies	F	
Distance or Geography Restrictions	F	
Eligible Providers	F	
Physician-provided Services	F	
Mental/behavioral Health Services	F	
Rehabilitation	N/A	
Home Health	F	
Informed Consent	N/A	
Telepresenter	N/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"> Bordered by GA which has a parity law. No telemedicine parity legislation introduced in 2015.
Medicaid ²¹²	C	
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, patient settings and designates eligible distant site providers as a condition of payment. Coverage for interactive audio-video only and RPM for chronic disease management in the home under their HCBS waiver. This waiver expires in 2016.²⁰⁹ Medicaid requires a telepresenter for all audio-video related telemedicine encounters. Innovation <ul style="list-style-type: none"> State-wide telepsychiatry network.²¹⁰ OB/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.²¹¹
Patient Setting	C	
Eligible Technologies	C	
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:		<ul style="list-style-type: none"> State-wide Network Medicaid Managed Care Medicare-Medicaid Dual Eligibles Health Home HCBS Waiver Corrections Other
State-wide Network	✓	
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver	✓	
Corrections		
Other	✓	

Telemedicine in South Dakota



PARITY:		GAPS:	
Private Insurance		Private Insurance	
Medicaid ²¹⁴		<ul style="list-style-type: none"> • Bordered by MT which has a parity law. No history of proposed legislation within the past 2 years. 	
State Employee Health Plan			
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:			
Patient Setting		Medicaid	
Eligible Technologies		<ul style="list-style-type: none"> • Coverage for telemedicine under Medicaid is above average. The agency imposes restrictions on the patient settings, covered services and designates eligible distant site providers as a condition of payment. 	
Distance or Geography Restrictions		<ul style="list-style-type: none"> • SD Medicaid no longer includes phone calls and store-and-forward under its telemedicine definition. Coverage for interactive audio-video and RPM only. 	
Eligible Providers			
Physician-provided Services			
Mental/behavioral Health Services			
Rehabilitation		Innovation	
Home Health ²¹⁵		<ul style="list-style-type: none"> • Received grant from US Bureau of Justice Assistance to implement a telehealth drug treatment program for nonviolent offenders.²¹³ 	
Informed Consent			
Telepresenter			
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:			
State-wide Network			
Medicaid Managed Care			
Medicare-Medicaid Dual Eligibles			
Health Home			
HCBS Waiver			
Corrections			
Other			

Telemedicine in Tennessee



PARITY:

Private Insurance	A
Medicaid	B
State Employee Health Plan	A

MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:

Patient Setting	A
Eligible Technologies	C
Distance or Geography Restrictions	A
Eligible Providers	A
Physician-provided Services	A
Mental/behavioral Health Services	A
Rehabilitation	A
Home Health	B
Informed Consent	A
Telepresenter	A

INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:

State-wide Network	
Medicaid Managed Care	✓
Medicare-Medicaid Dual Eligibles	
Health Home	
HCBS Waiver	
Corrections	✓
Other	

GAPS:

Progress

- TN parity law enacted in 2014 which includes telemedicine coverage for Medicaid, including managed care plans, and state employee health plans.²¹⁶

Medicaid

- Parity law goes into effect 2015. It does limit coverage to specific patient settings and includes telemedicine when provided to schools and the home under the home health benefit. Most of the state's Medicaid program operates under managed care.
- Home health does not include coverage for RPM under new parity law.
- Coverage for interactive audio-video and store-and-forward.

Telemedicine in

Texas



PARITY:		GAPS:
Private Insurance	A	
Medicaid ²¹⁹	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 ²²⁰	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	
Medicaid ²²⁵	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	A	
Mental/behavioral Health Services ²²⁶	B	
Rehabilitation	F	
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		

Progress

- Medicaid issued a notice in 2015 clarifying CMS guidance on telemedicine coverage. UT will cover physician and NP services delivered via telemedicine. However non-medical mental and behavioral health providers are not included in this coverage.²²¹

Private Insurance

- Bordered by AZ and CO which have parity laws for private insurance. UT has no history of proposed parity legislation within the past 2 years.

Medicaid

- No restrictions imposed on patient or provider settings
- Coverage for skilled nursing services and medication management under the skilled nursing home telemedicine pilot.²²²⁻²²³
- Coverage for interactive audio-video only.

Innovation

- Utah Telehealth Network offers clinical, educational, and administrative services via telemedicine across the state.²²⁴

Telemedicine in Vermont



PARITY:		GAPS:
Private Insurance	C	
Medicaid ²²⁹	B	
State Employee Health Plan	C	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	B	
Mental/behavioral Health Services	A	
Rehabilitation	A	
Home Health	F	
Informed Consent	B	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

Progress

- 2015 Legislation enacted which removes facility restrictions from Medicaid coverage of telemedicine-provided services. New law also allows coverage of telemedicine primary care services in the home.²²⁷

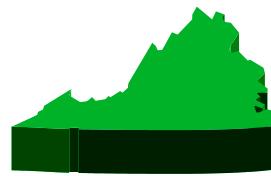
Private Insurance

- VT's parity law was enacted in 2012. It includes telemedicine coverage for state employee health plans.²²⁸
- VT is 1 of 3 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

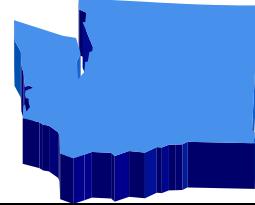
- Coverage for interactive audio-video and home RPM.

Telemedicine in Virginia



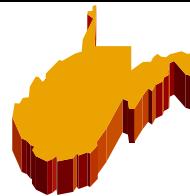
PARITY:		GAPS:
Private Insurance	A	Private Insurance
Medicaid ²³⁵	B	<ul style="list-style-type: none"> VA's parity law was enacted in 2010 and includes coverage for telemedicine under private insurance and self-funded state employee health plans.²³⁰
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	C	Medicaid
Eligible Technologies	C	<ul style="list-style-type: none"> Coverage for telemedicine under Medicaid extends to managed care plans as well. The agency imposes restrictions on the patient setting.
Distance or Geography Restrictions	A	
Eligible Providers	C	<ul style="list-style-type: none"> Medicaid restrictions on covered services and designates eligible distant site providers as a condition of payment. However Virginia is 1 of 3 states that includes specific coverage of obstetric and gynecological services including ultrasounds.²³¹
Physician-provided Services ²³⁶⁻²³⁷	B	<ul style="list-style-type: none"> Covers speech-language therapy under its school-based program.²³²⁻²³⁴
Mental/behavioral Health Services	B	
Rehabilitation	B	<ul style="list-style-type: none"> Coverage for interactive audio-video and store-an-forward for diabetic retinopathy and dermatological services.
Home Health	F	
Informed Consent	B	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network ²³⁸	✓	Innovation
Medicaid Managed Care ²³⁹	✓	<ul style="list-style-type: none"> CMS approved VA plan to waive Medicare telemedicine statutory restrictions (1834m) for dual eligible population (Commonwealth Coordinated Care).
Medicare-Medicaid Dual Eligibles ²⁴⁰	✓	
Health Home		
HCBS Waiver		
Corrections ²⁴¹	✓	
Other		

Telemedicine in Washington



PARITY:		GAPS:
Private Insurance	A	
Medicaid ²⁴⁶	A	
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	B	
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	C	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health ²⁴⁷	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		
		<p>Progress</p> <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.²⁴² <p>Medicaid</p> <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.²⁴³ Medicaid restrictions on covered services and designates eligible distant site providers as a condition of payment. However Washington is 1 of 3 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.²⁴⁴ Coverage for interactive audio-video as and RPM under the home health benefit.²⁴⁵ Written informed consent required.

Telemedicine in West Virginia



PARITY:

Private Insurance	F
Medicaid ²⁴⁸	F
State Employee Health Plan	F

MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:

Patient Setting	C
Eligible Technologies	F
Distance or Geography Restrictions	C
Eligible Providers	C
Physician-provided Services	B
Mental/behavioral Health Services ²⁴⁹⁻²⁵⁰	A
Rehabilitation	F
Home Health	F
Informed Consent	B
Telepresenter	B

INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:

State-wide Network	
Medicaid Managed Care ²⁵¹	✓
Medicare-Medicaid Dual Eligibles	
Health Home ²⁵²	
HCBS Waiver	
Corrections	
Other	

GAPS:

Private Insurance

- WV is bordered by two states with private insurance parity laws: Kentucky and Virginia. No parity legislation introduced in 2015.

Medicaid

- Coverage is limited to originating sites located in non-metropolitan professional shortage areas for services listed under the physician benefit. This restriction does not apply to telemedicine services provided under the mental and behavioral health benefit. In fact WV 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 only for behavioral health services.

Telemedicine in Wisconsin



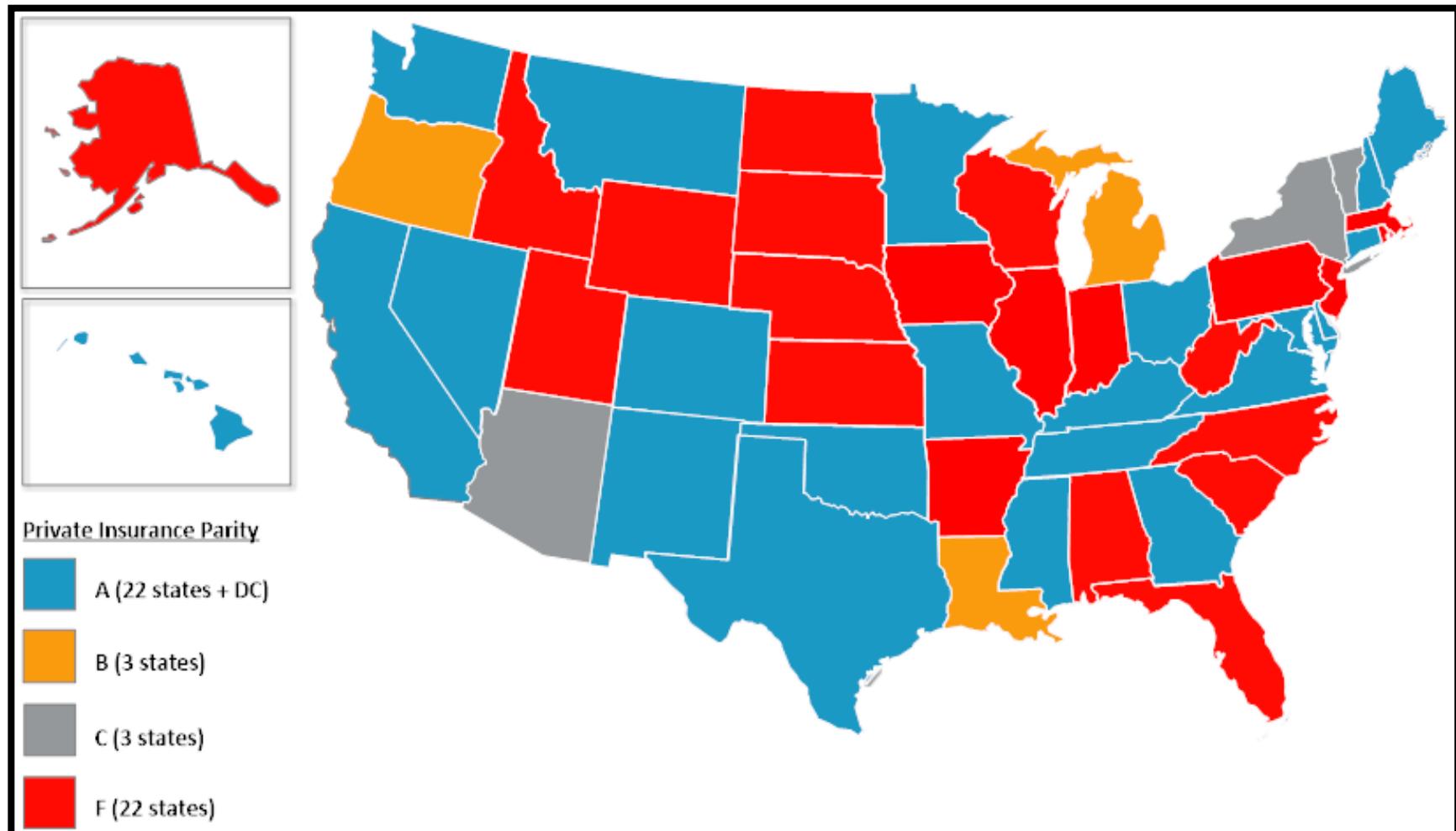
PARITY:		GAPS:
Private Insurance	F	Private Insurance
Medicaid ²⁵³	B	<ul style="list-style-type: none"> • No telemedicine parity law and no history of proposed legislation within the past 2 years.
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	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

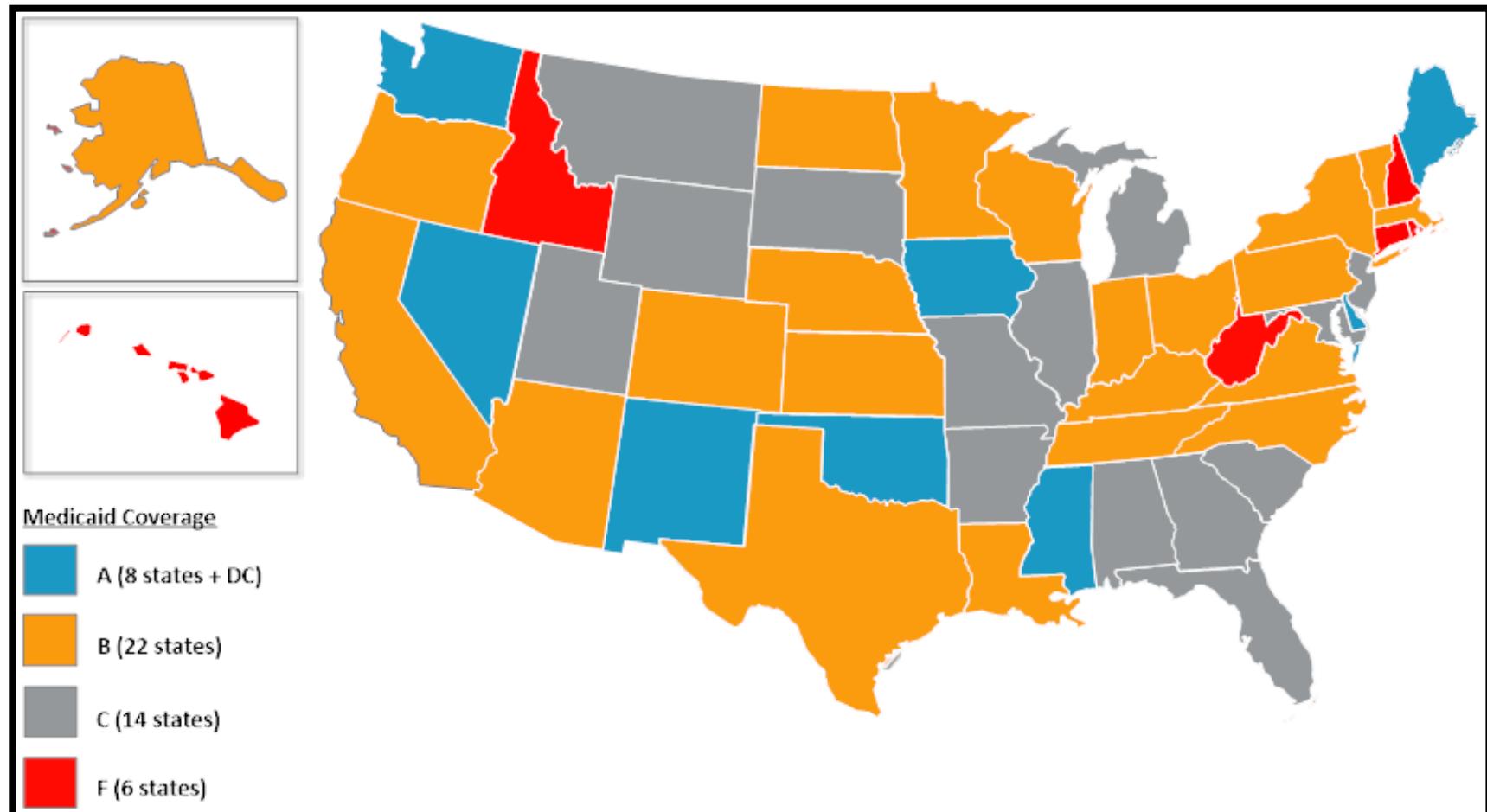
PARITY:		GAPS:	
Private Insurance	F	Private Insurance	<ul style="list-style-type: none"> • No telemedicine parity law and no history of proposed legislation within the past 2 years.
Medicaid ²⁵⁴	C		
State Employee Health Plan	F		
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid	<ul style="list-style-type: 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	Innovation	<p>Wyoming Telehealth Consortium offers provider registry and informational resources to assist providers in adopting telemedicine.</p>
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:			
State-wide Network ²⁵⁵	✓		
Medicaid Managed Care			
Medicare-Medicaid Dual Eligibles			
Health Home			
HCBS Waiver			
Corrections			
Other			

Appendix

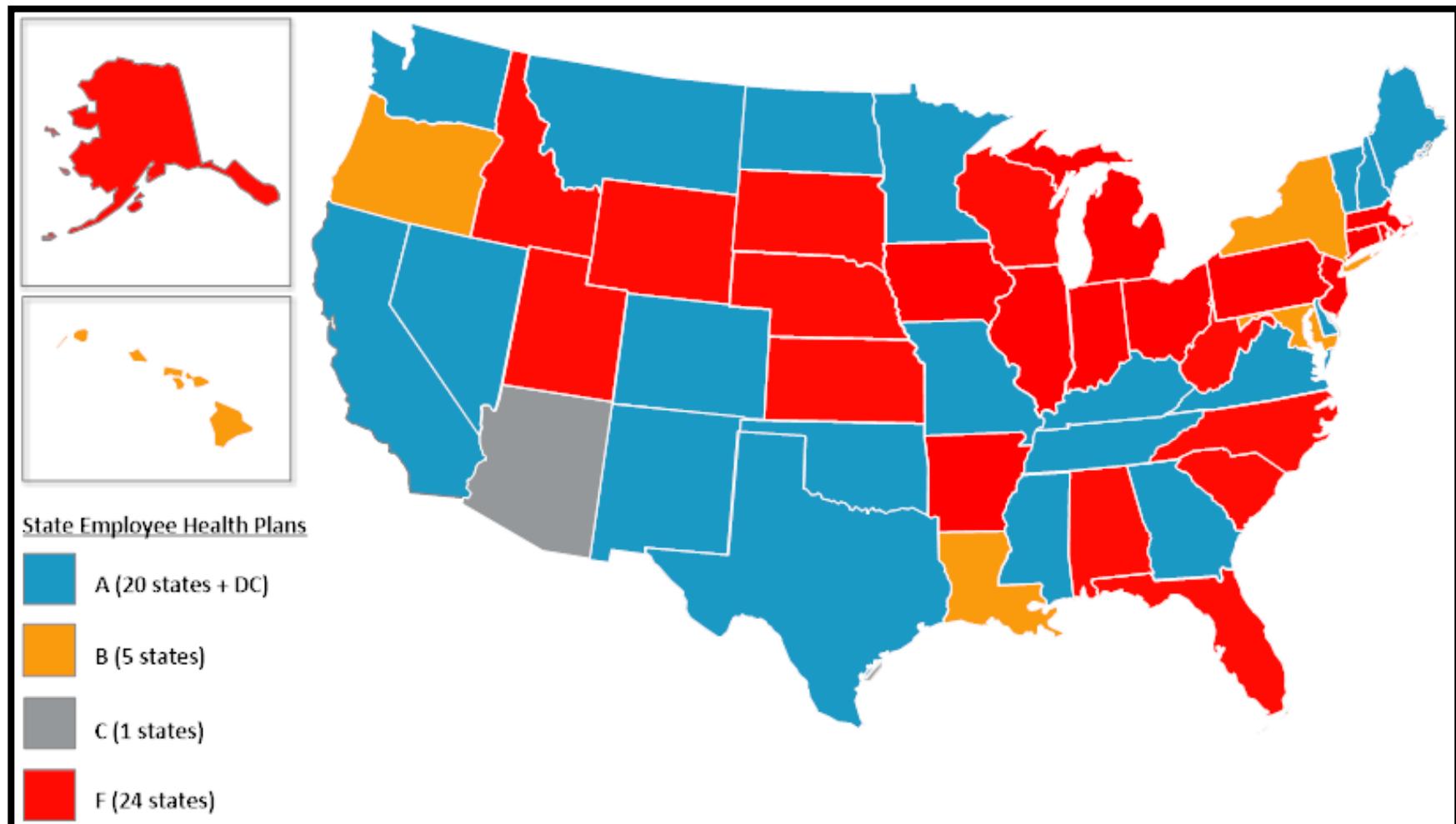
State Ratings – Parity Laws for Private Insurance Coverage of Telemedicine



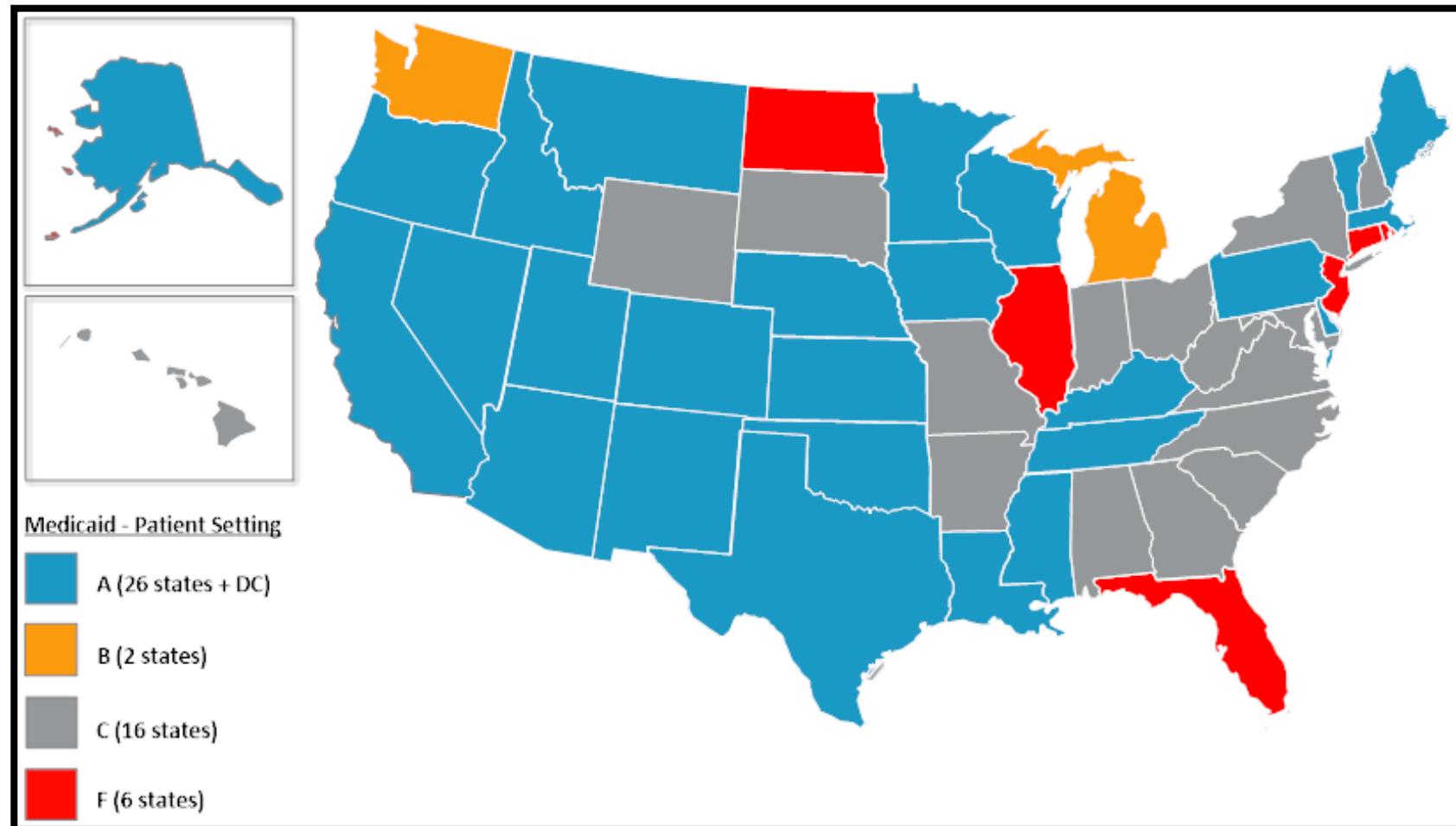
State Ratings – Medicaid Policies for Telemedicine Coverage



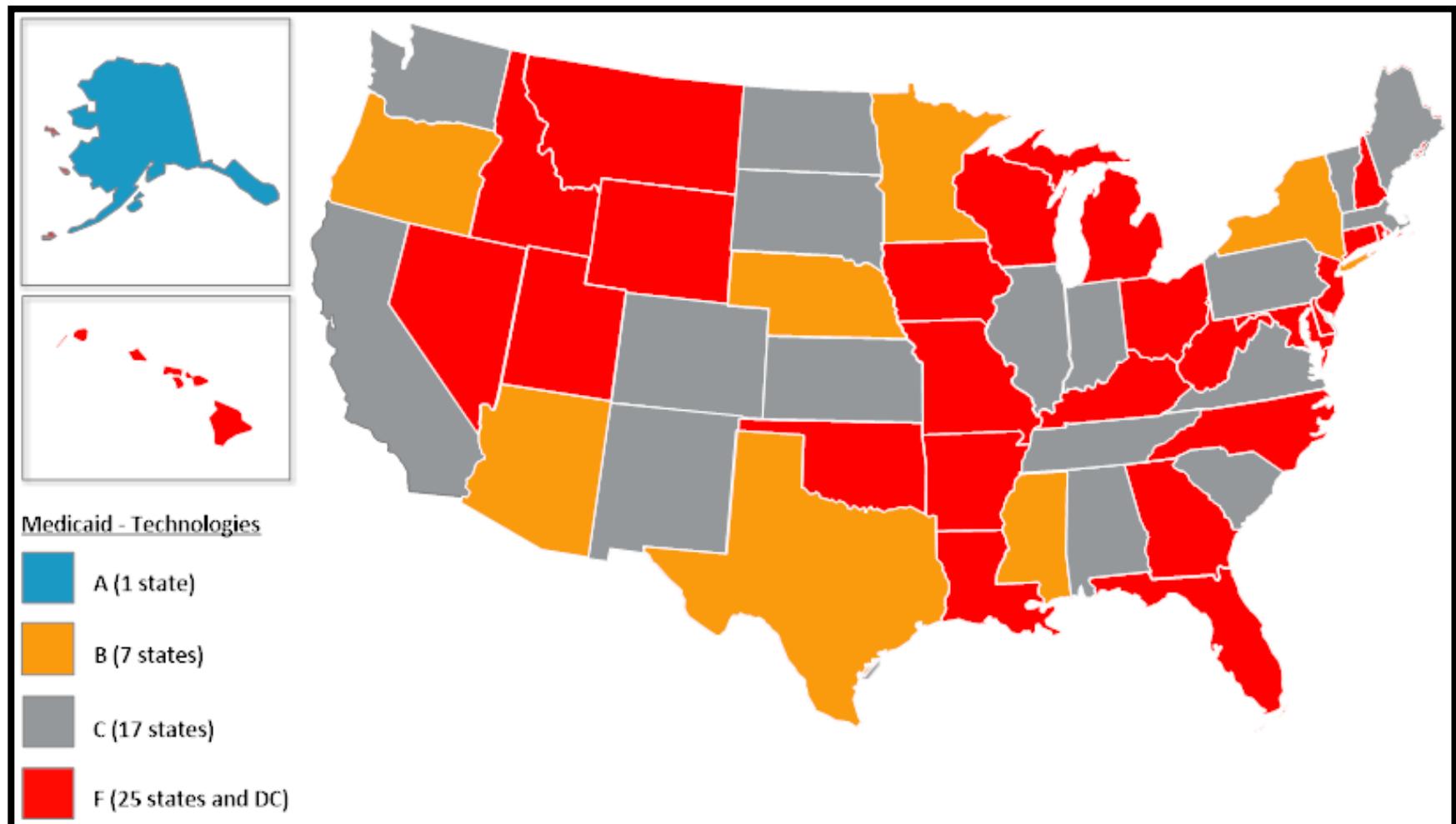
State Ratings – State Employee Health Plan Laws for Telemedicine Coverage



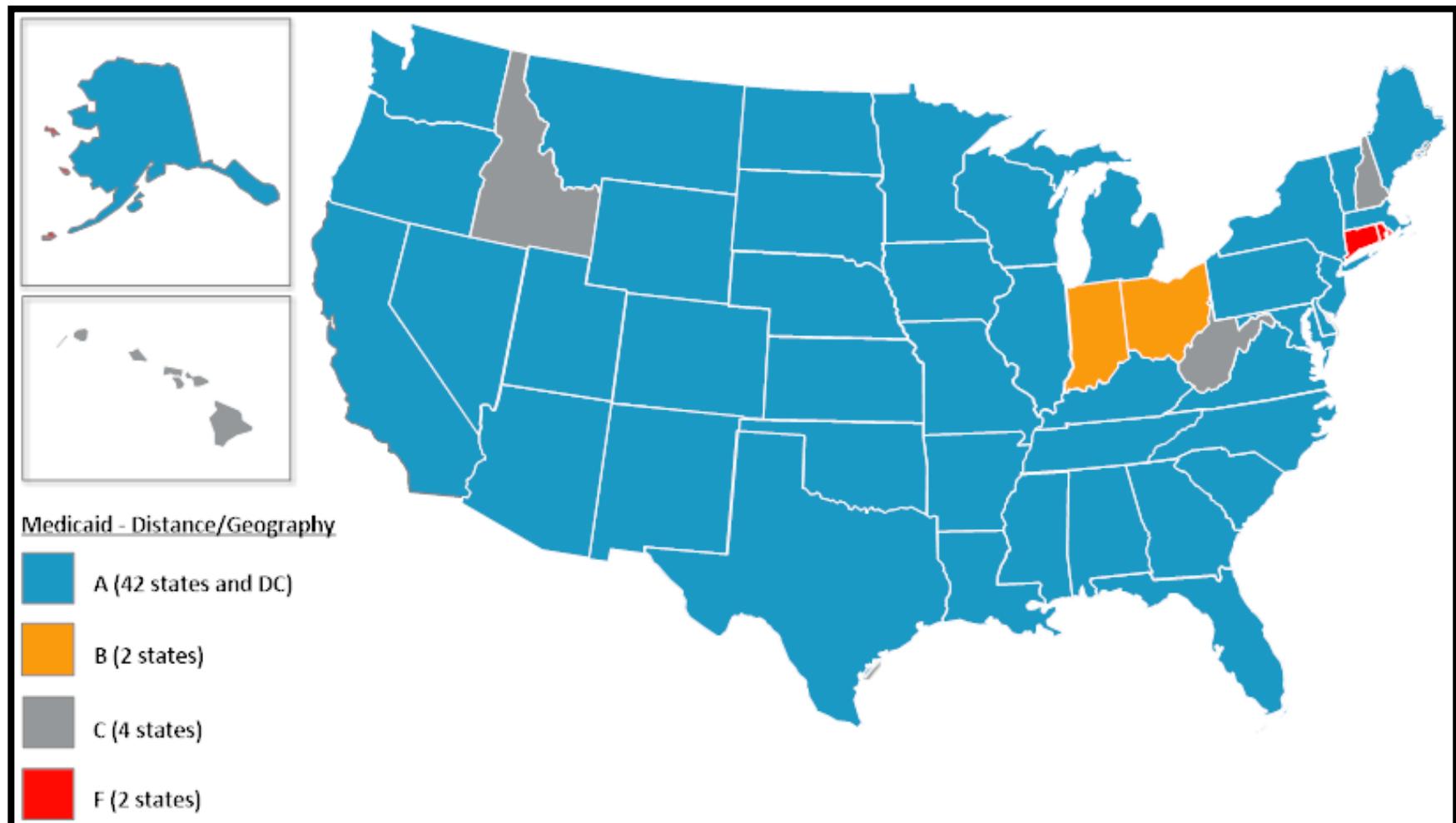
State Ratings – Medicaid Patient Setting



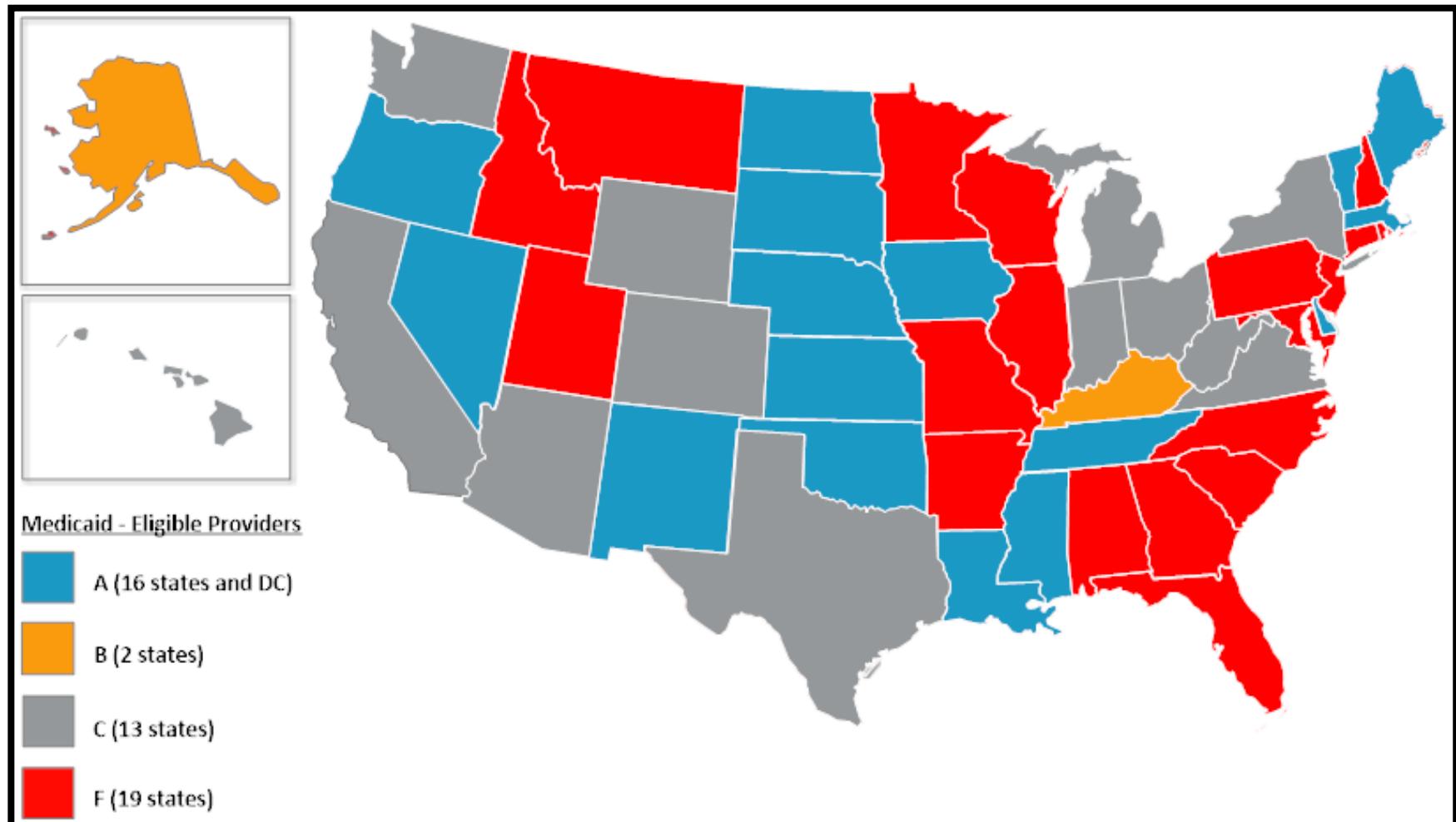
State Ratings – Medicaid Eligible Technologies



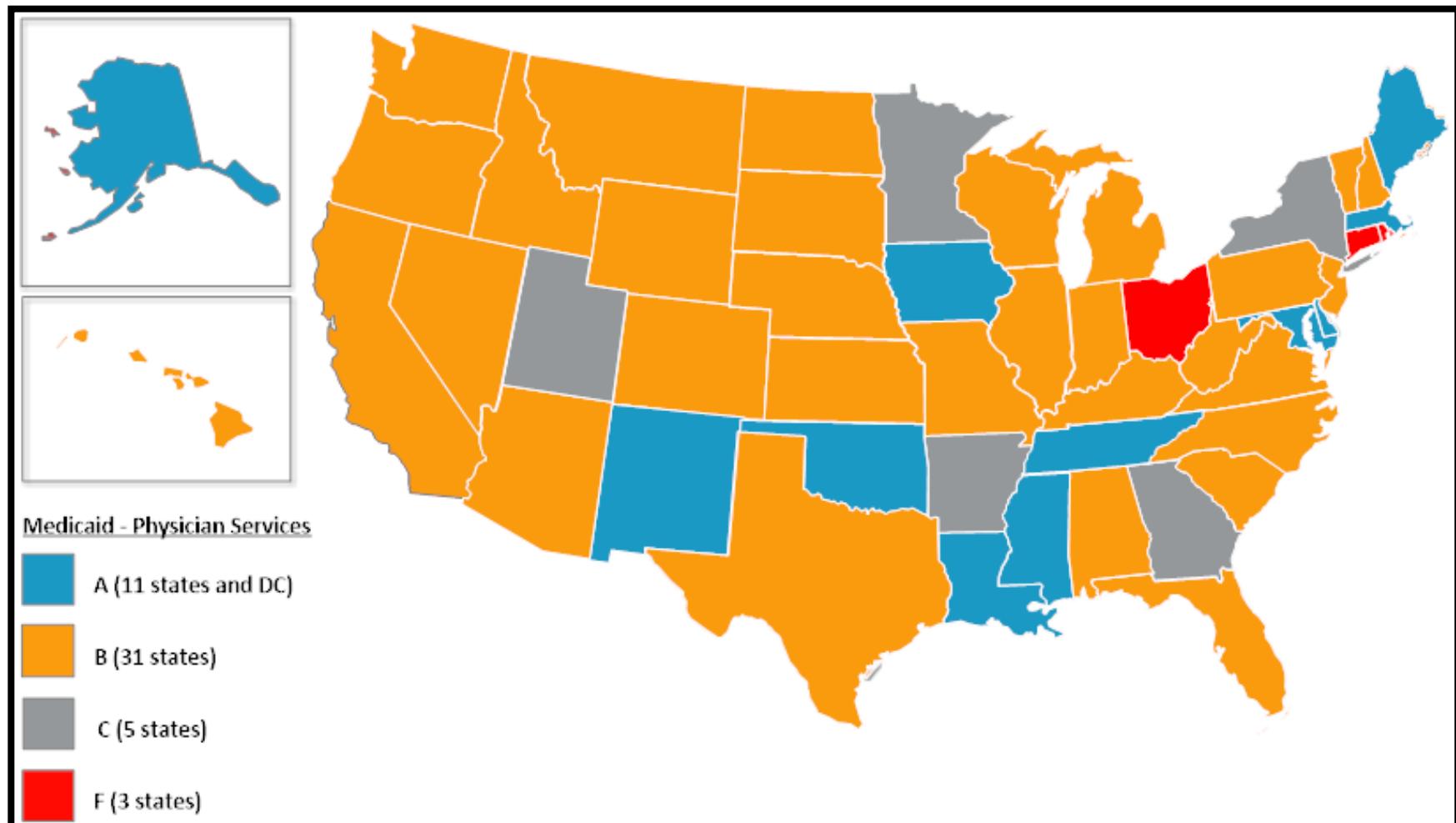
State Ratings – Medicaid Distance or Geography Restrictions



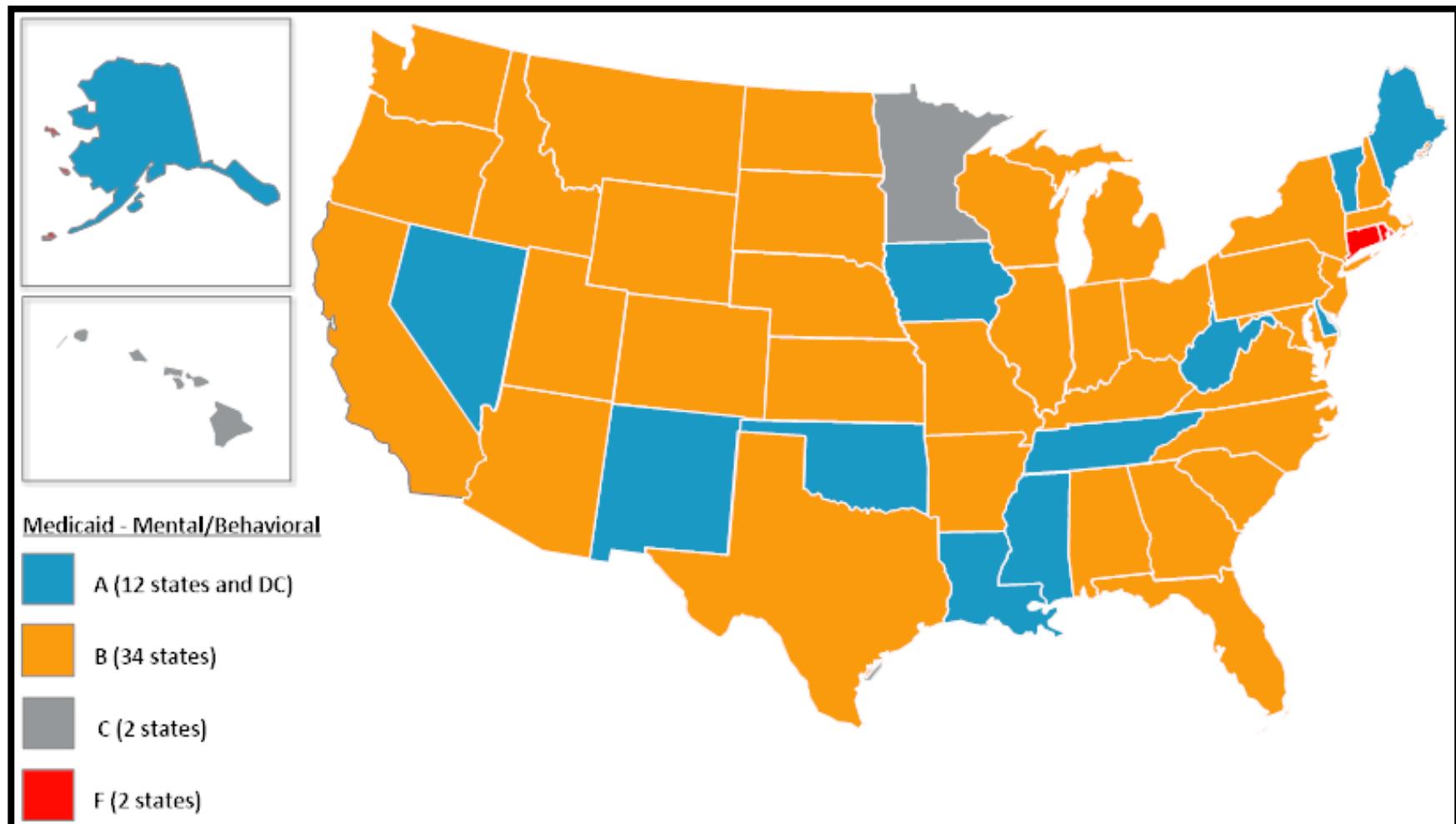
State Ratings – Medicaid Eligible Providers



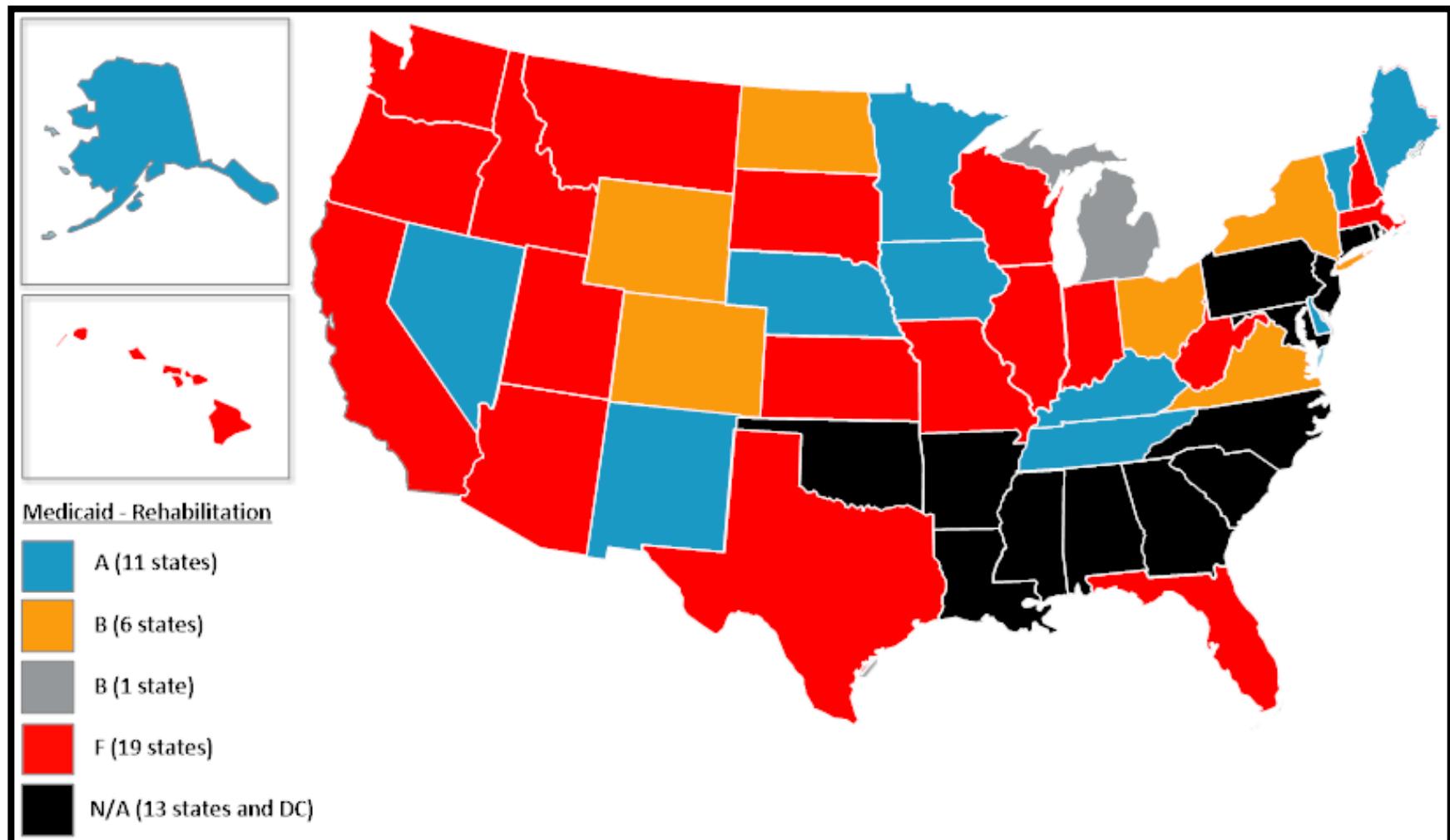
State Ratings – Medicaid Physician-provided Telemedicine Services



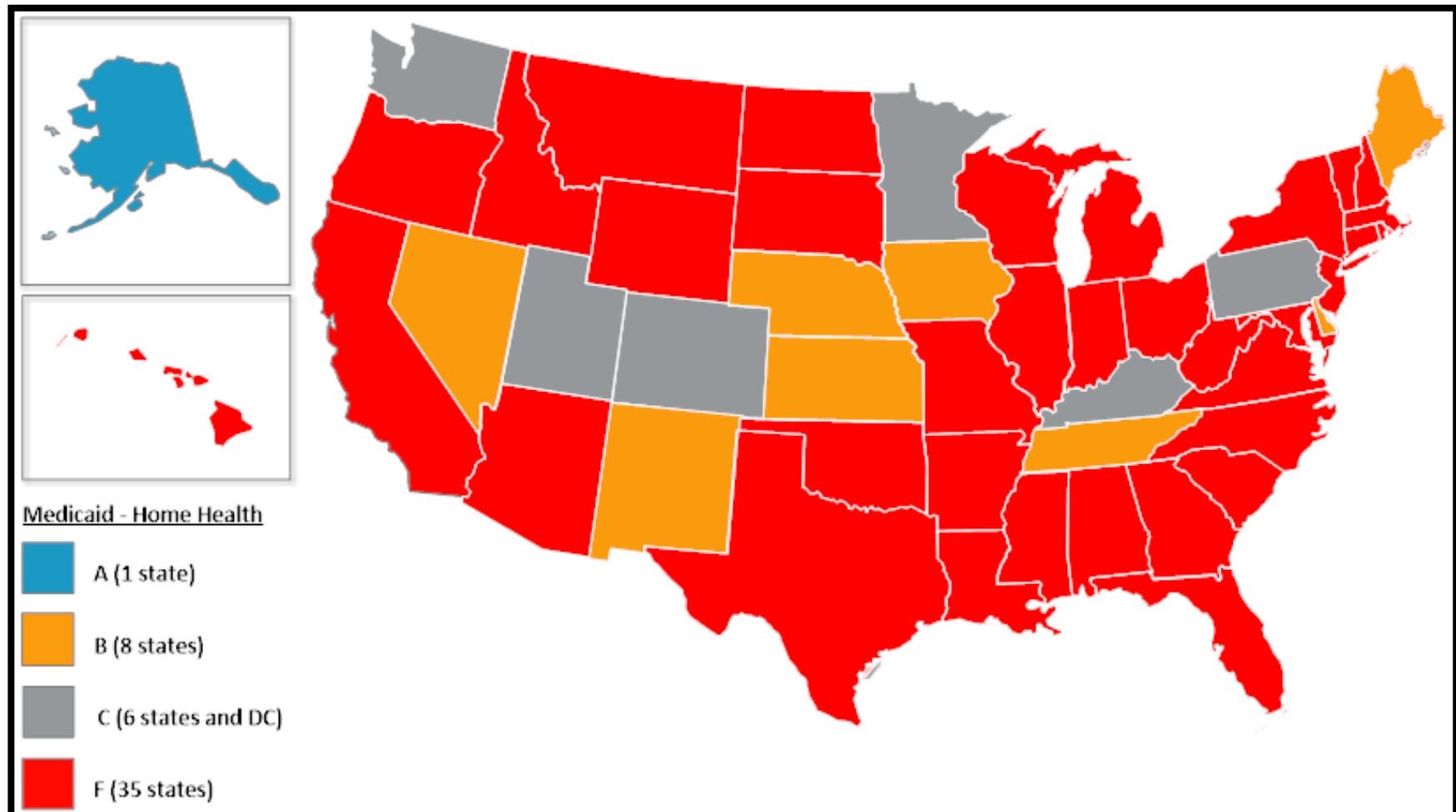
State Ratings – Medicaid Mental and Behavioral Health Services



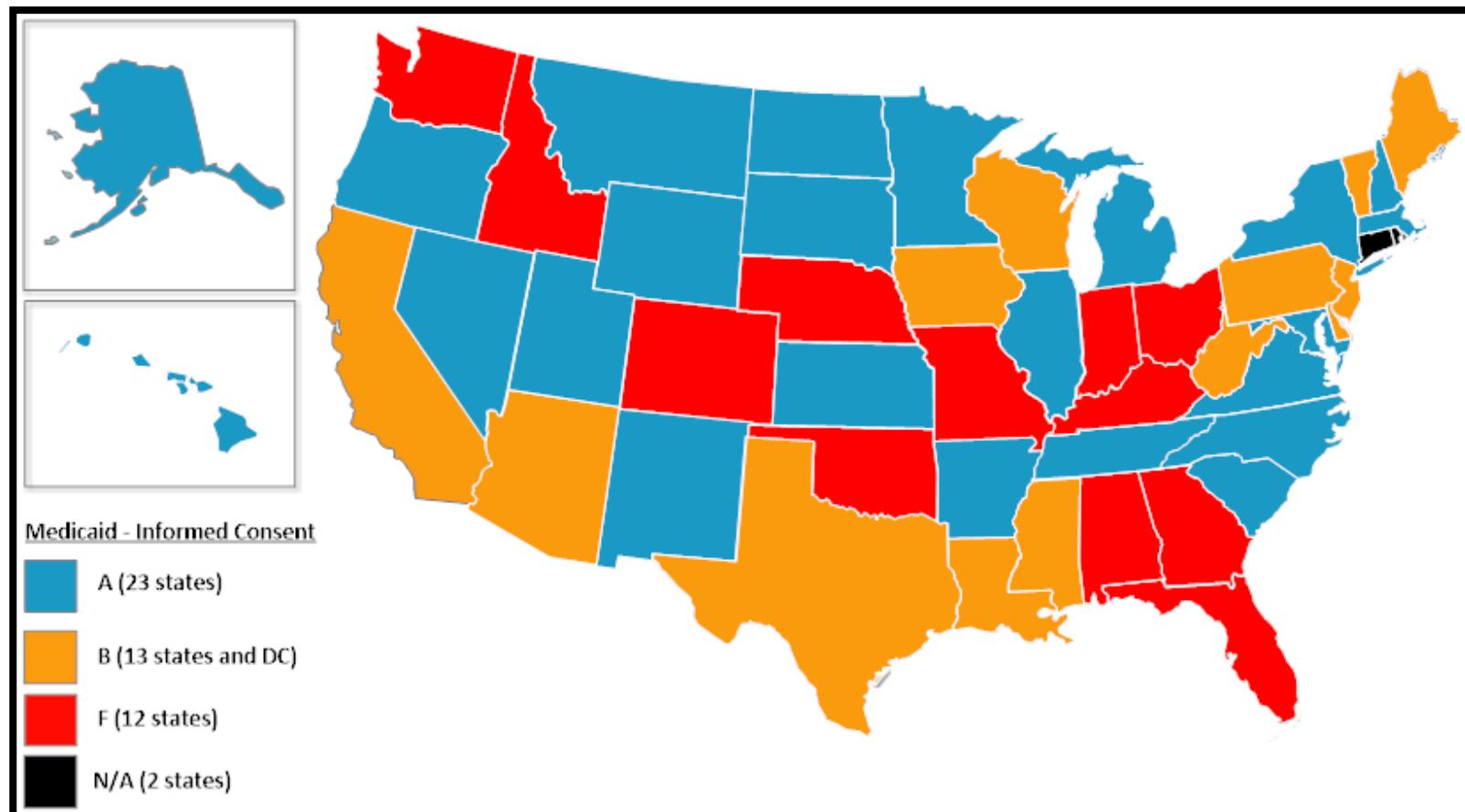
State Ratings – Medicaid Rehabilitation Services



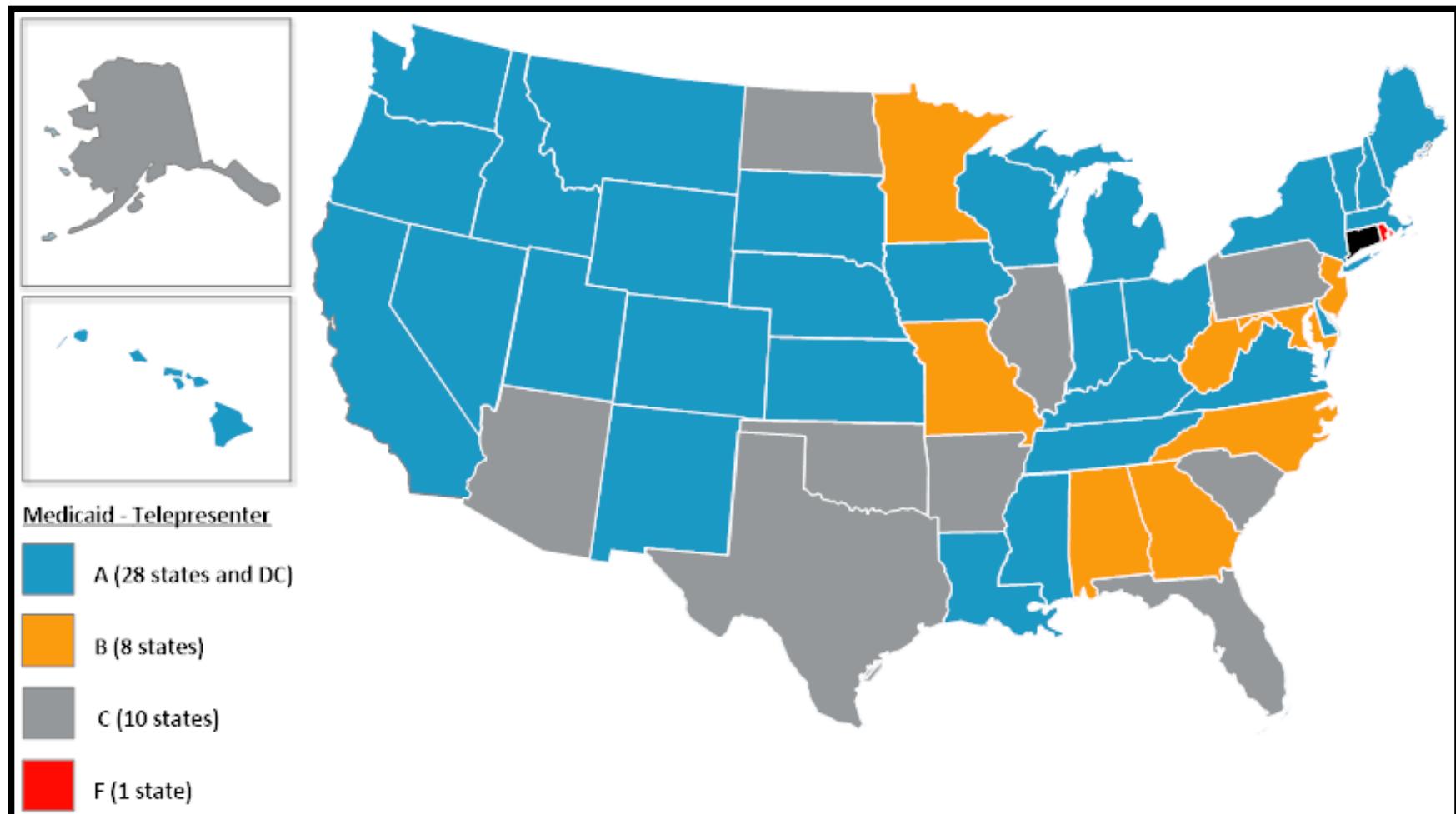
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