



American Telemedicine Association
Connected to Care

State Telemedicine Gaps Analysis

Coverage & Reimbursement

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September 2014



50 State Telemedicine Gaps Analysis

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50 State Telemedicine Gaps Analysis – Coverage & Reimbursement

Executive Summary

Payment and coverage for services delivered via telemedicine are one 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 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?”

Based on 13 indicators related to coverage and reimbursement, our analysis reveals that decades of evidence-based research highlighting positive clinical outcomes and increasing telemedicine utilization have been met with a mix of strides and stagnation in state-based policy. When considering the numerous payment and service delivery options that enable telemedicine adoption, overall seven states averaged the highest composite score suggesting a supportive policy landscape that accommodates telemedicine adoption. Three states did not measure up averaging the lowest composite score suggesting many barriers and little opportunity for telemedicine advancement (Figure 1 and Table 1).

Figure 1

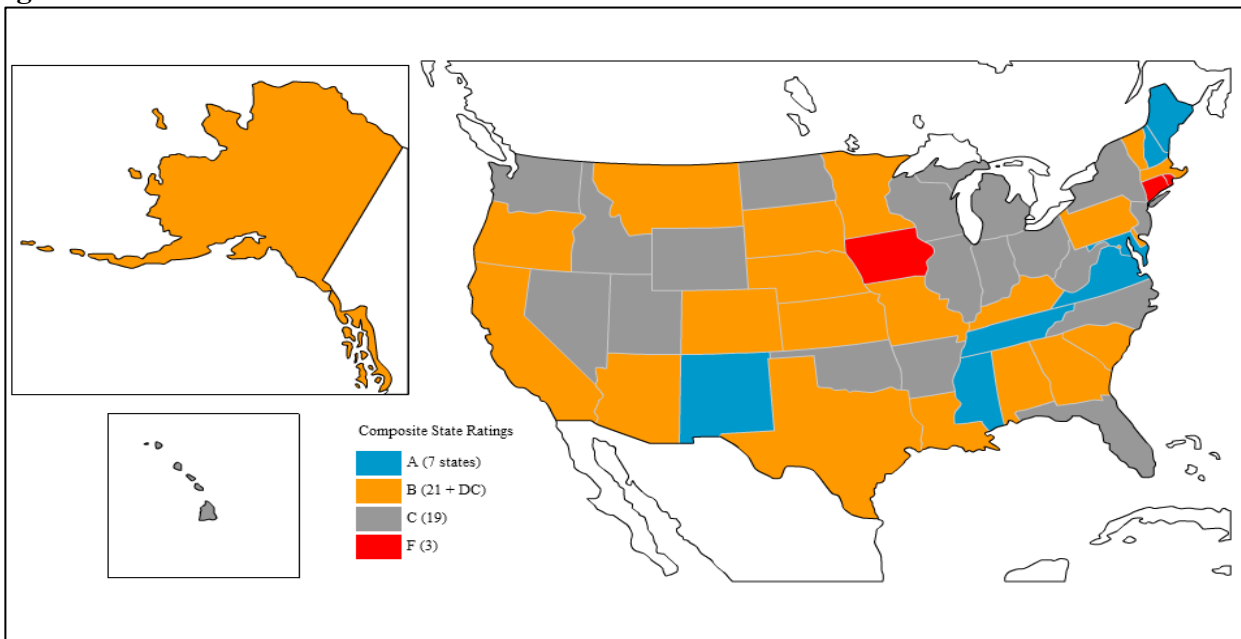


Table 1

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

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

- Of the 21 states that have telemedicine parity laws for private insurance, only 15 of them and D.C. scored the highest grades indicating policies that authorize state-wide coverage, without any provider or technology restrictions (Figure 2). Over half of the country, 29 states, ranked the lowest with failing scores for having no parity law in place.
- Forty-seven state Medicaid programs have some type of coverage for telemedicine. Only five states and D.C. scored the highest grades by offering more comprehensive coverage, with few barriers for telemedicine-provided services (Figure 3). Connecticut, Hawaii, Idaho, Iowa, Nevada, Rhode Island, Utah and West Virginia ranked the lowest with failing scores in this area.
- One disappointing observation includes the lack of coverage and reimbursement for telemedicine under state employee health plans. Eighty-two percent of the country is ranked the lowest with failing scores including Arkansas which will only cover the use of store-and-forward for diabetic retinopathy screening, and Nebraska which requires their plans to cover autism treatment via telemedicine (Figure 4).

Regarding Medicaid regulations, states are slowly moving away from the traditional hub-and-spoke model and allowing a variety of technology applications. Twenty-three states and D.C. do not specify a patient setting or patient location as a condition for payment of telemedicine (Figure 5). Aside from this, 21 states recognize the home as an originating site, while 13 states recognize schools and/or school-based health centers as an originating site (Figure 6-7). Utah ranks the lowest with only one eligible originating site.

South Dakota has the highest ranking for Medicaid operations because its program covers telemedicine when providers use interactive audio-video, store-and-forward, remote patient monitoring, e-mail, fax, or “phone mail” (Figure 8). Fifty-seven percent of the country ranked

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.

There is a national trend to allow state-wide Medicaid coverage of telemedicine instead of focusing solely on rural areas or designating a mileage requirement (Figure 9).

States are also increasingly using telemedicine to fill provider shortage gaps and ensure access to specialty care. Fifteen states and D.C. do not specify the type of healthcare provider allowed to provide telemedicine as a condition of payment (Figure 10). While 24 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: 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 11).
- 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. Nine states and D.C. rank the highest for coverage of mental and behavioral health services (Figure 12). The lowest ranking states for all Medicaid services, scoring an F, are Connecticut, Iowa, and Rhode Island which have no coverage for telemedicine under their Medicaid plans.
- Although state policies vary in scope and application, 10 states are known to reimburse for telerehabilitative services in their Medicaid plans. Of those, seven states rank the highest with telemedicine coverage for therapy services (Figure 13).
- Alaska is the only state with the highest ranking for telemedicine provided services under the home health benefit (Figure 14). Seventy-two 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-three states have informed consent requirements. Of those, 12 states have such requirements imposed by their state medical board (Figure 15). While 26 states and D.C. do not require a telepresenter during the encounter or on the premises (Figure 16).

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 and 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

Telemedicine is getting increasing attention from lawmakers around the country. 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 three 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.¹ Moreover, Medicaid agencies are developing innovative ways to use telemedicine in their payment and delivery reforms resulting in 47 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 information in this report is a snapshot of information gathered through August 2014. The report relies on dynamic policies from payment streams that are often dissimilar and unaligned.

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

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 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.

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).² States with no coverage for these benefits were not applicable for scoring or ranking.

Additionally, some states policies can be conflicting. States like Maryland and Mississippi have enacted laws requiring telemedicine parity in their Medicaid plans. However, regulations and the Medicaid provider manuals do not reflect these policy changes. In those cases, the analysis and scores are reflective of the statutes enacted by law. Future reports will reflect changes in the law if applicable.

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

Indicators

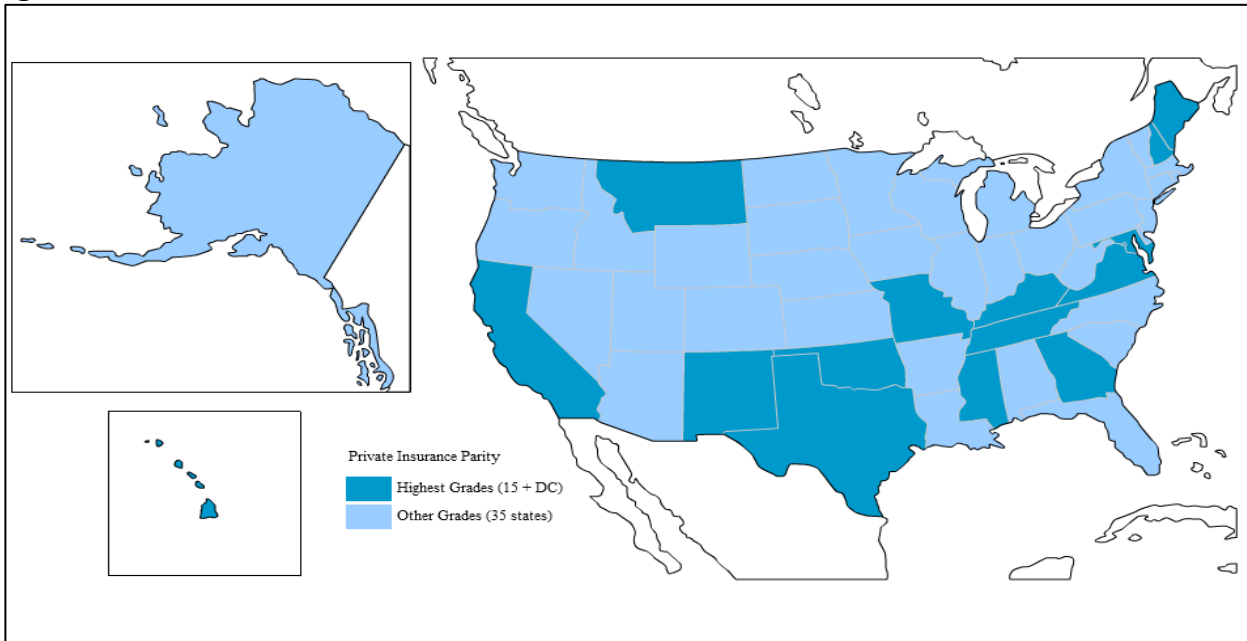
Parity

A. Private Insurance

Full parity is classified as comparable coverage and reimbursement for telemedicine-provided services to that of in-person services. Nineteen states and the District of Columbia have enacted full parity laws. Two states -- Arizona and Colorado -- have enacted partial parity laws that require coverage and reimbursement, but limit coverage to a certain geographic area (e.g., rural) or a predefined list of health care services. For this report’s purpose, we measured 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 2



States with the highest grades for private insurance telemedicine parity provide state-wide coverage, and have no provider or technology restrictions (Figure 2). Among states with parity laws, Arizona, Michigan, Oregon, and Vermont scored about average (C). Michigan, Oregon, and Vermont only authorize the use of interactive audio-video systems. While Arizona also restricts coverage to audio-video only, the state’s law also restricts the types of services and conditions that are covered via telemedicine. Fifty-seven percent of the country ranked the lowest with failing (F) scores.

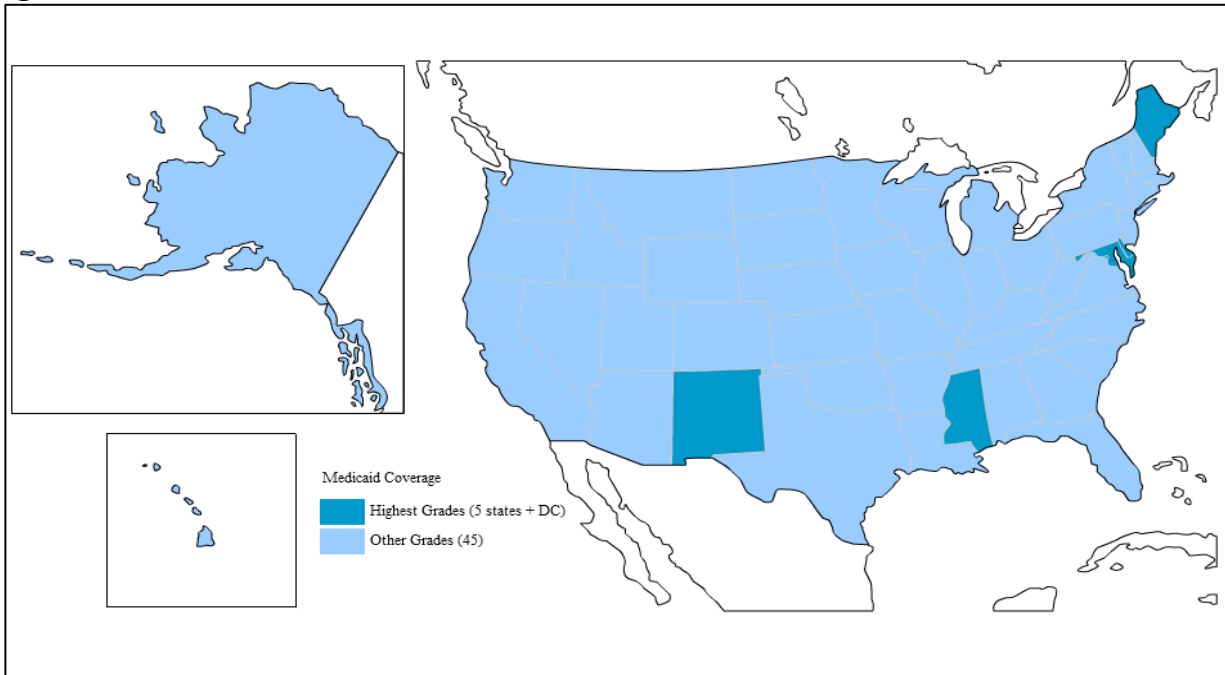
B. Medicaid

Additionally, 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 under the parity law are 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 state-employee health plans.

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

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

Figure 3



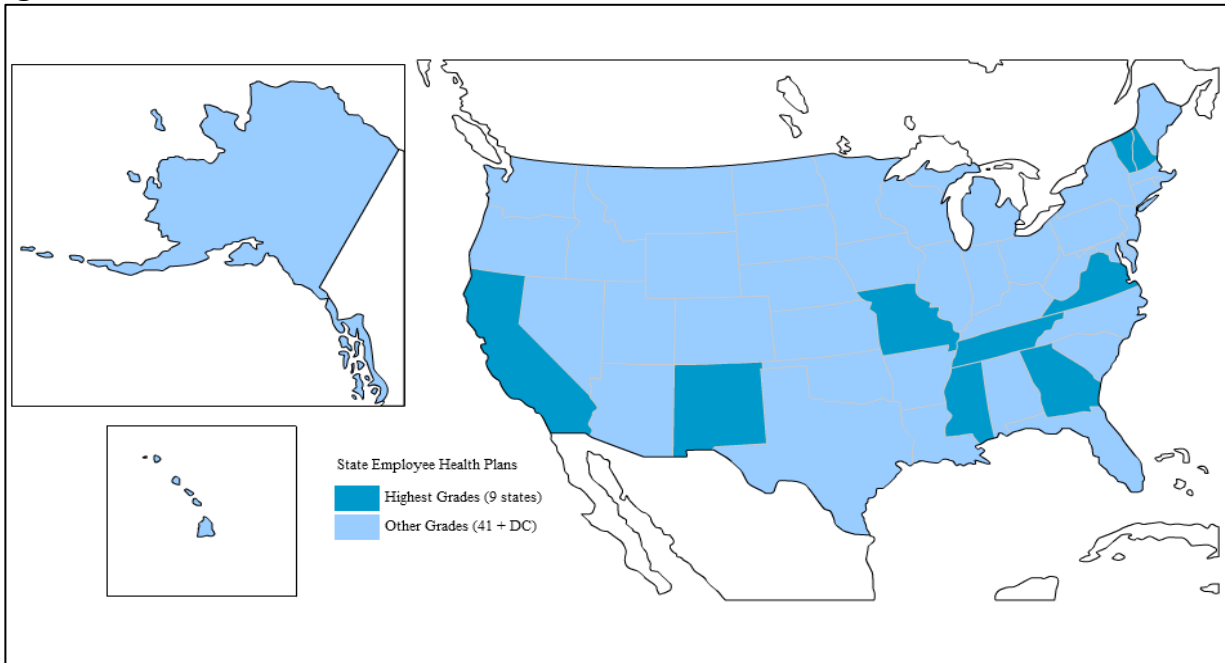
Five states and D.C. have the highest grades for Medicaid coverage for telemedicine-provided services (Figure 3). Connecticut, Hawaii, Idaho, Iowa, Nevada, Rhode Island, Utah and West Virginia ranked the lowest with failing (F) scores. Connecticut, Iowa, and Rhode Island are the only states without coverage for telemedicine under their Medicaid plans. Idaho offers the least amount of coverage for telemedicine provided services. While Hawaii, Nevada, Utah 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.

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

Only 11 states provide some coverage for telemedicine under their state employee health plans with nine states extending coverage under their parity laws (Figure 4). Eighty-two percent of the country is ranked the lowest with failing (F) scores including Arkansas which will only cover the use of store-and-forward for diabetic retinopathy screening, and Nebraska which requires their plans to cover autism treatment via telemedicine.

Figure 4

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). 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. 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.

The location of the patient, often times referred to as the originating site, is a contentious component of telemedicine policy

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
- home
- federally qualified health center (FQHC)
- critical access hospital (CAH)

Aside from this, 21 states recognize the home as an originating site, while 13 states recognize schools and/or SBHCs as an originating site (Figure 6-7).

Figure 6

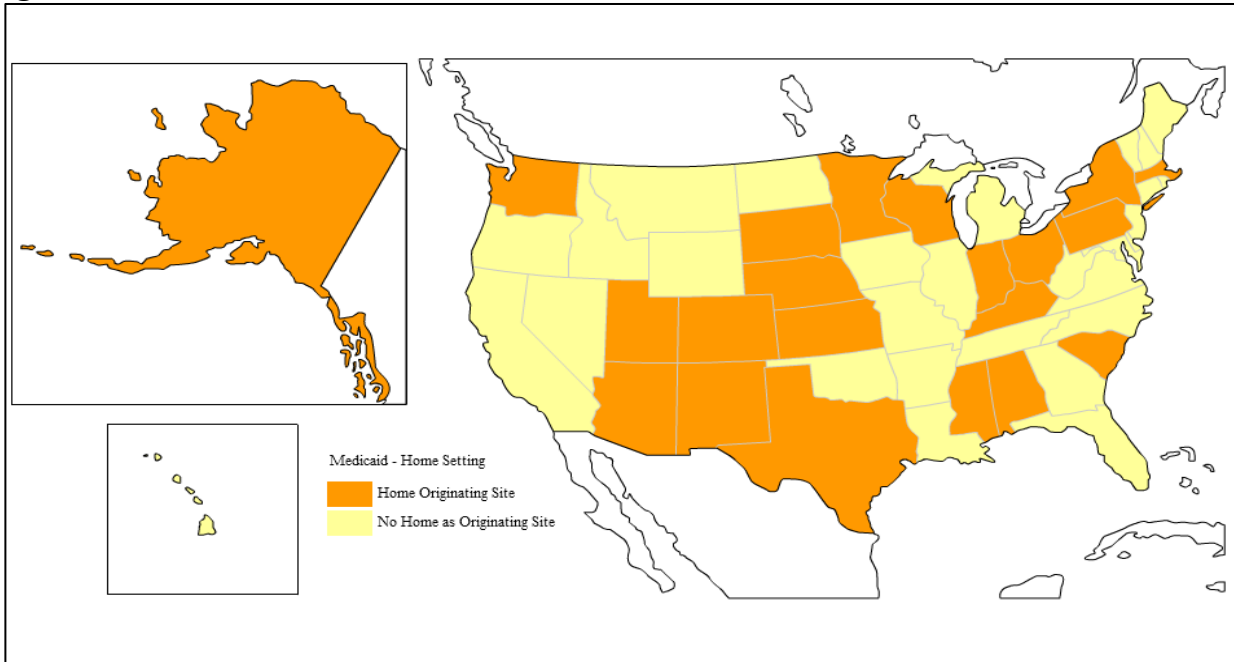
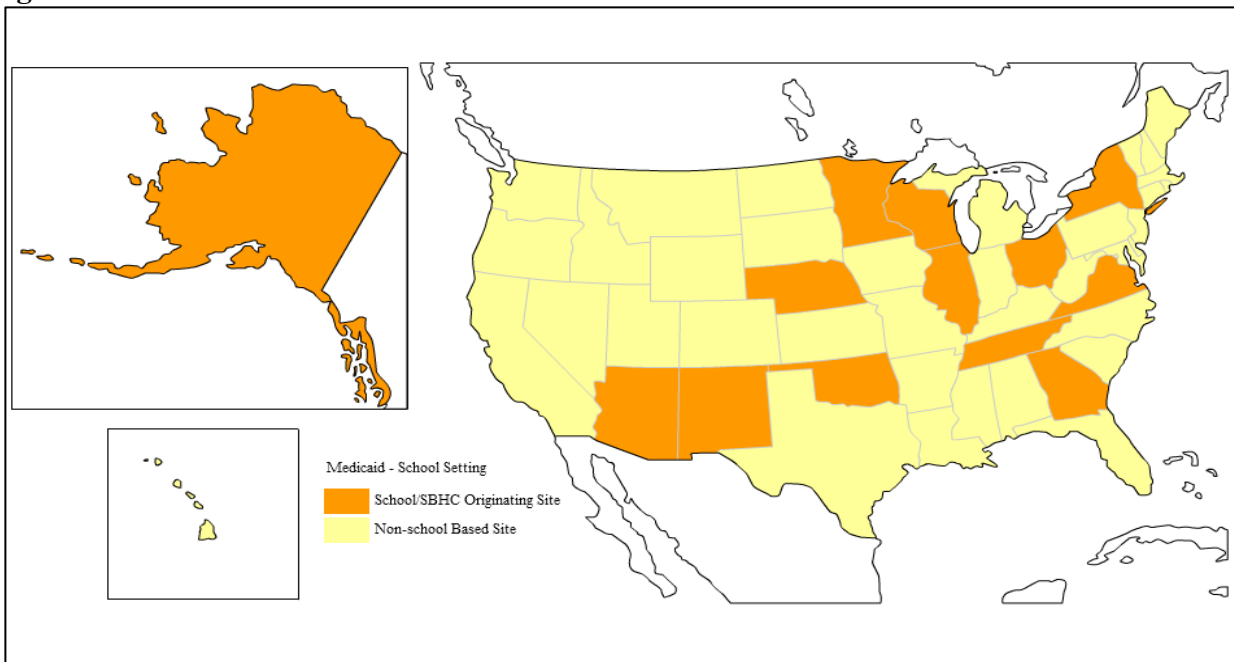


Figure 7



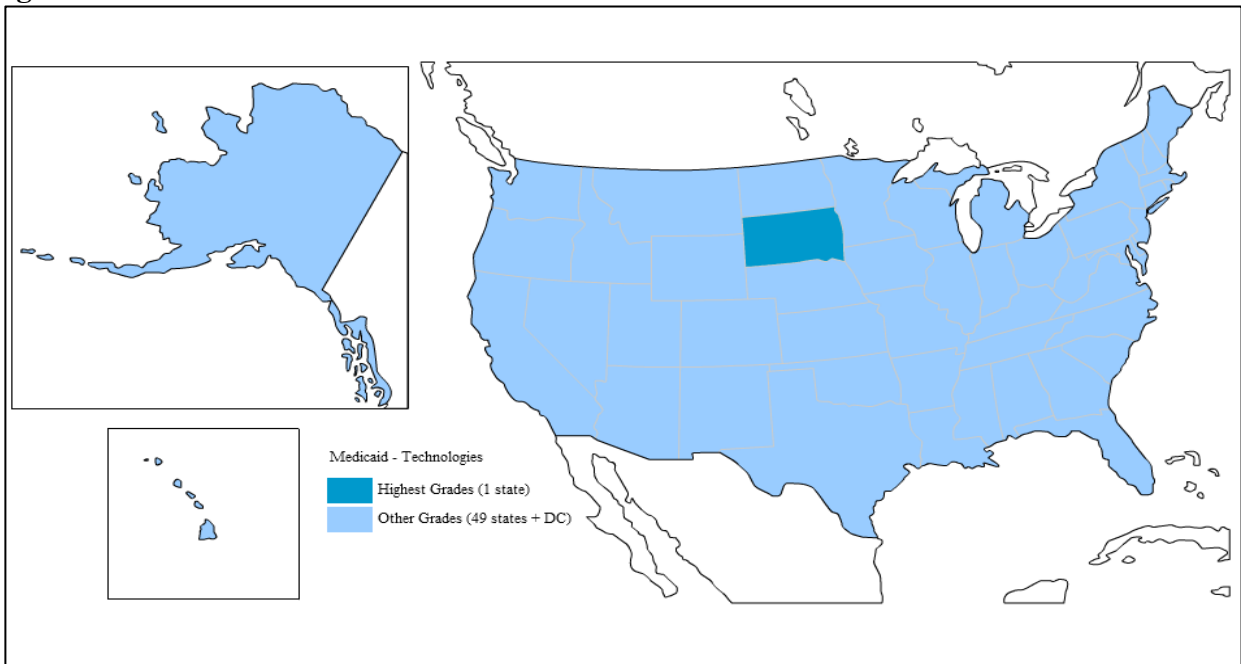
Twelve states ranked the lowest with failing (F) scores for designating less than six patient settings as originating sites with Utah ranking the lowest with only one eligible originating site.

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 8



Seven states score high on our scale with South Dakota taking the highest ranking (Figure 8). The state covers telemedicine when providers use interactive audio-video, store-and-forward, remote patient monitoring, e-mail, fax, or “phone mail”. Alabama, 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-seven percent

of the states ranked 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” to facilitate a telemedicine encounter.

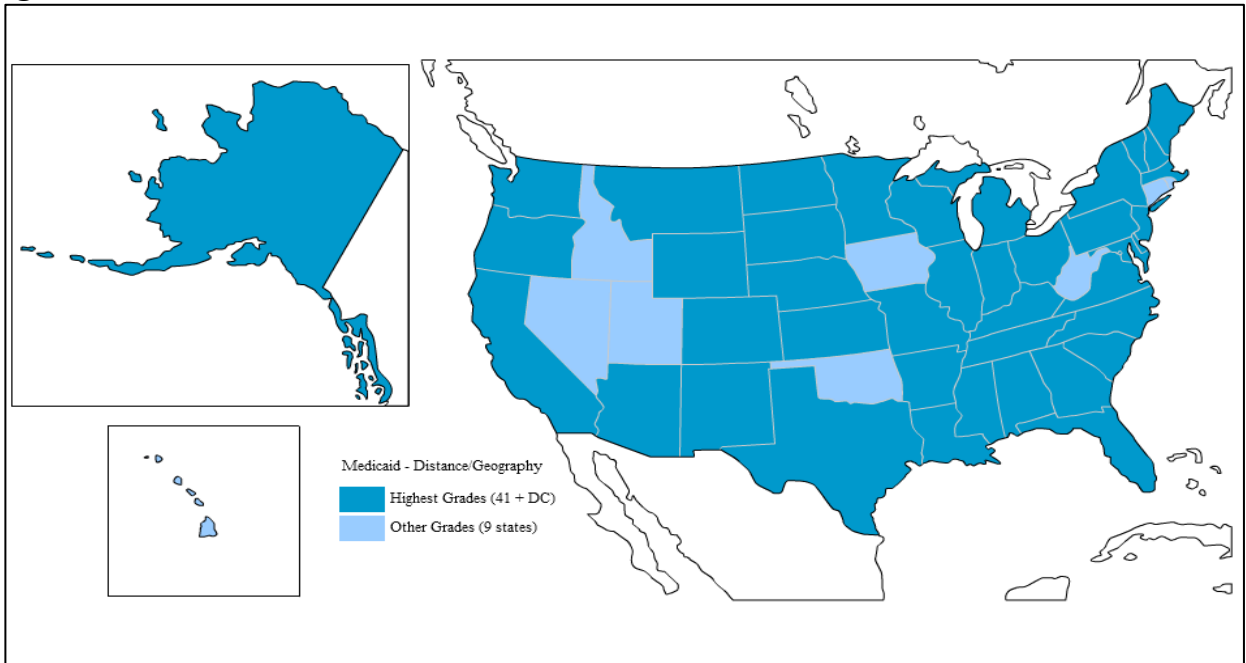
F. Distance or Geography Restrictions

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.

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. Indiana, Michigan, and Nebraska successfully removed distance requirements. Earlier this year, Ohio Medicaid proposed a regulation that would expand coverage of telemedicine services, and included a five mile distance restriction as a condition of payment. Utah is the only other state with a mileage restriction.

Figure 9

Eighty-two percent of the states cover telemedicine services state-wide without distance restrictions or geographic designations (Figure 9). This evidence dispels the theory of telemedicine being 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:

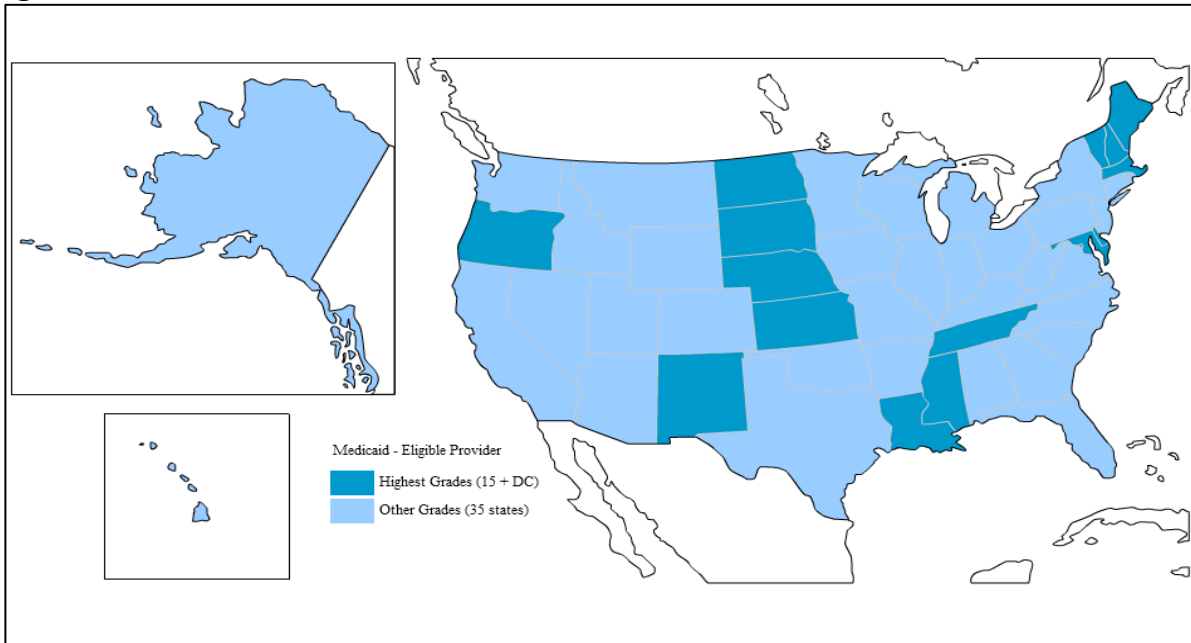
- physician (MD and DO)
- podiatrist
- chiropractor
- optometrist
- genetic counselor
- dentist
- physician assistant (PA)
- nurse practitioner (NP)
- registered nurse
- licensed practical nurse
- certified nurse midwife
- clinical nurse specialist
- psychologist

- 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.

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

Fifteen states and D.C. do not specify the type of health care provider allowed to provide telemedicine as a condition of payment (Figure 10).

Figure 10

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 and Kentucky are the only states to specify coverage for services when provided by an optometrist. 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. New Mexico, Oklahoma, Virginia, and Wyoming specify coverage for telemedicine when provided by a substance abuse or addiction specialist.

Twenty-four 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.

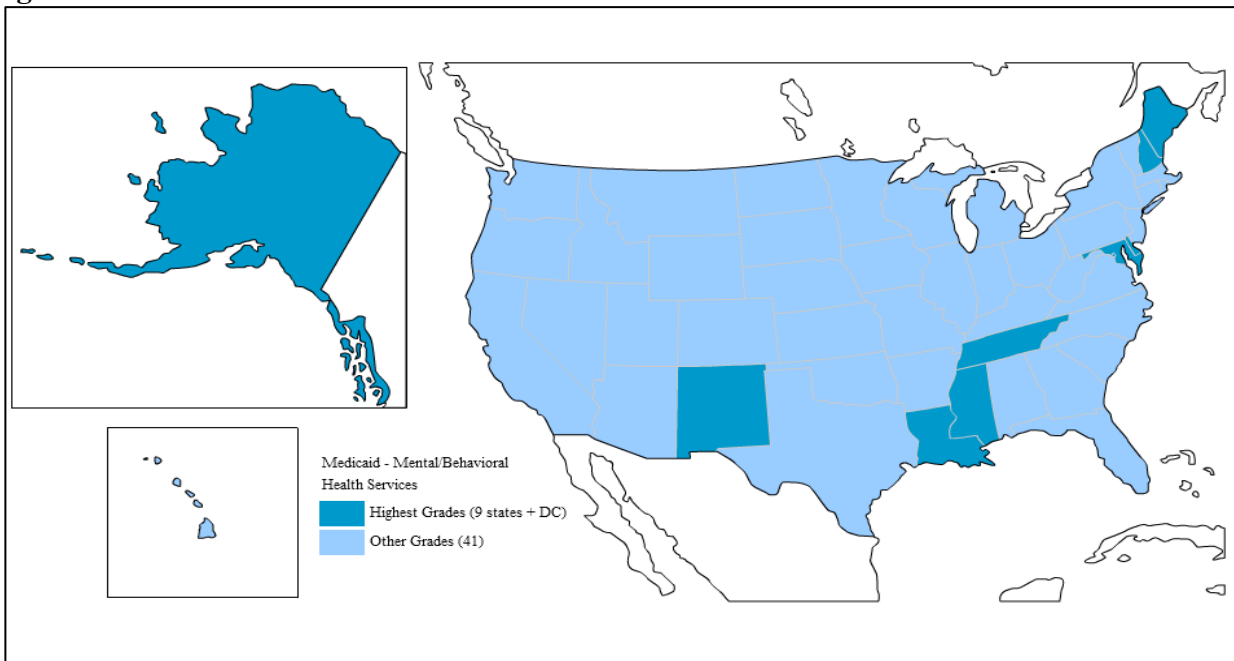
provided via telemedicine video-conferencing. While the number of states with coverage in this area suggests enhanced access to mental health services, it is important to note that state policies for telemental health vary in specificity and scope.

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.

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. Nine states and D.C. rank the highest for coverage of mental and behavioral health 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 classify at least one other medical professional (i.e. physician assistant and advanced practice nurse) as an eligible distant site provider.

Figure 12



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, Kentucky, Michigan, Minnesota, Nevada, New Mexico, North Carolina, Oklahoma, Texas, Virginia, West Virginia and Wyoming cover telemedicine when performed by a licensed social worker. Alaska, Arizona, Kentucky, Minnesota, Nevada, New Mexico, Oklahoma, Texas, 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, Iowa, and Rhode Island which have no coverage for telemedicine under their Medicaid plans.

J. Rehabilitation Services

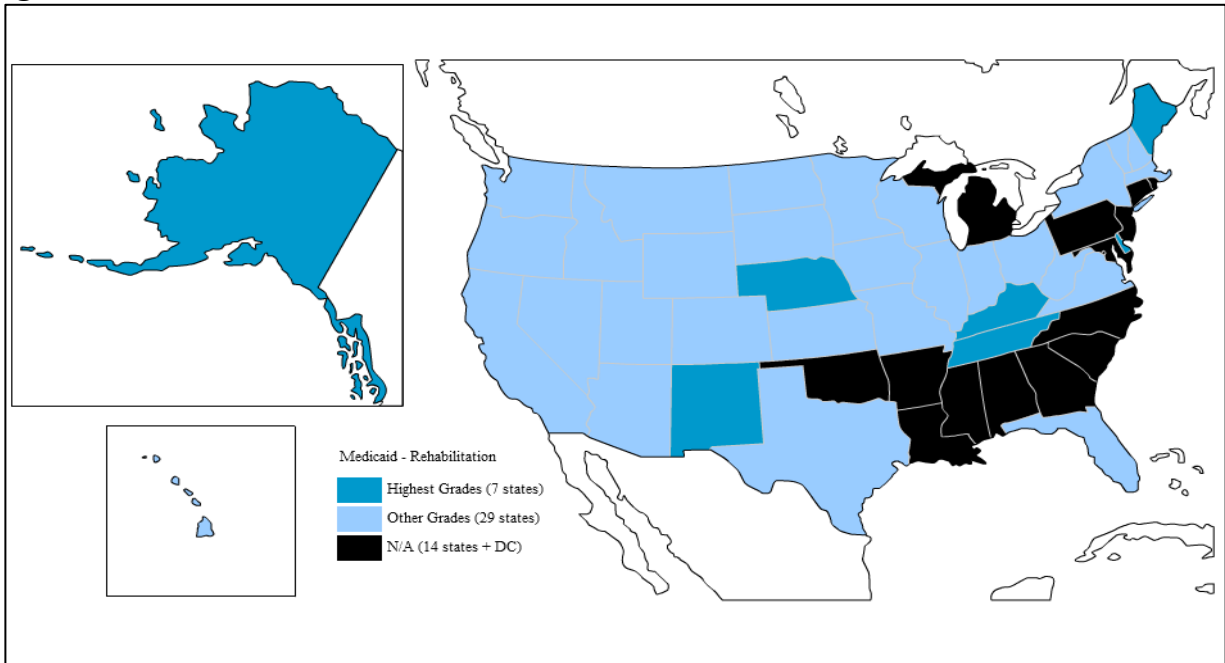
The ATA telerehabilitation guidelines define telerehabilitation as the “delivery of rehabilitation services via information and communication technologies. Clinically, this term encompasses a range of rehabilitation and habilitation services that include assessment, monitoring, prevention, intervention, 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 36 states were analyzed, scored and ranked for this indicator. Fourteen states and D.C. do not cover rehabilitation services for their Medicaid recipients. Although state policies vary in scope and application, 10 states are known to reimburse for telerehabilitative services in their Medicaid plans. Of those, seven states rank the highest with telemedicine coverage for therapy services (Figure 13).

Figure 13



Further, of the 18 states that cover home telemedicine, only Alaska, Kentucky, and Maine reimburse for telerehabilitative services within the home health benefit, even though the same services are covered when provided in-person.

K. Home Health Services

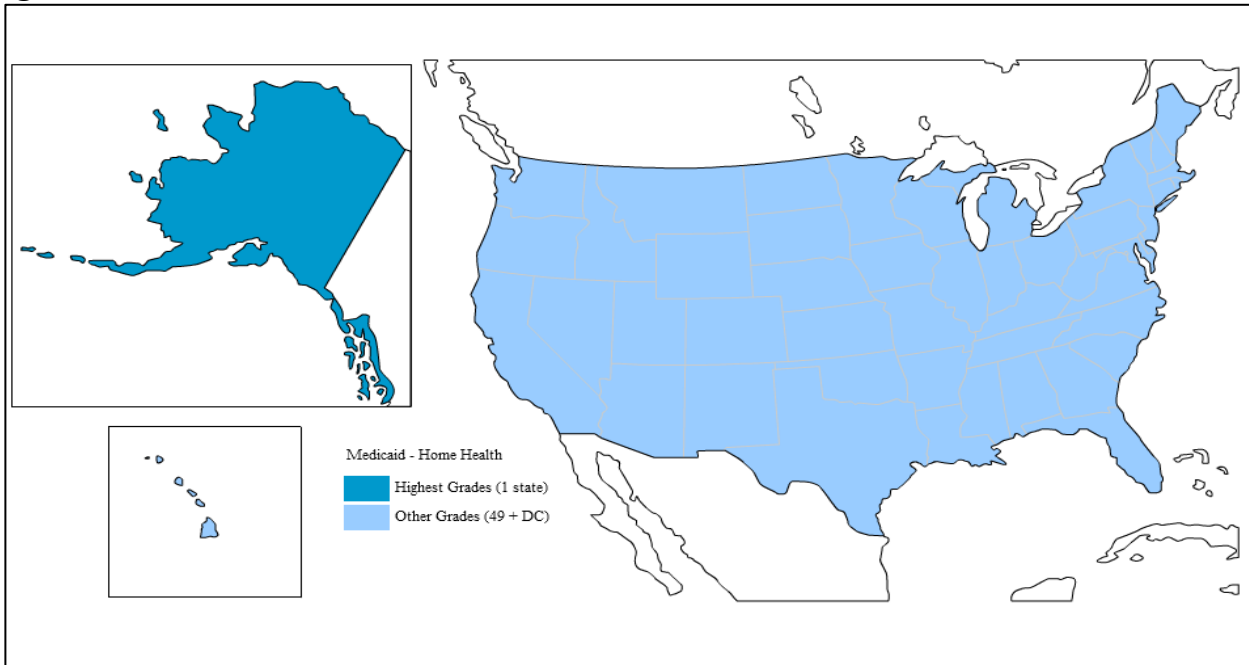
One well-proven form of telemedicine is remote patient monitoring. Remote patient monitoring may include two-way video consultations with a health provider, ongoing remote measurement of vital signs or automated or phone-based check-ups of physical and mental well-being. The approach used for each patient 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

Alaska is the only state with the highest ranking for telemedicine provided services under the home health benefit (Figure 14).

Figure 14



Of the 18 states that cover home telemedicine, only Alaska, Kentucky, and Maine reimburse for telerehabilitative services within the home health benefit, even though the same services are covered when provided in-person. Additionally, Pennsylvania is the only state that will cover telemedicine in the home when provided by a caregiver.

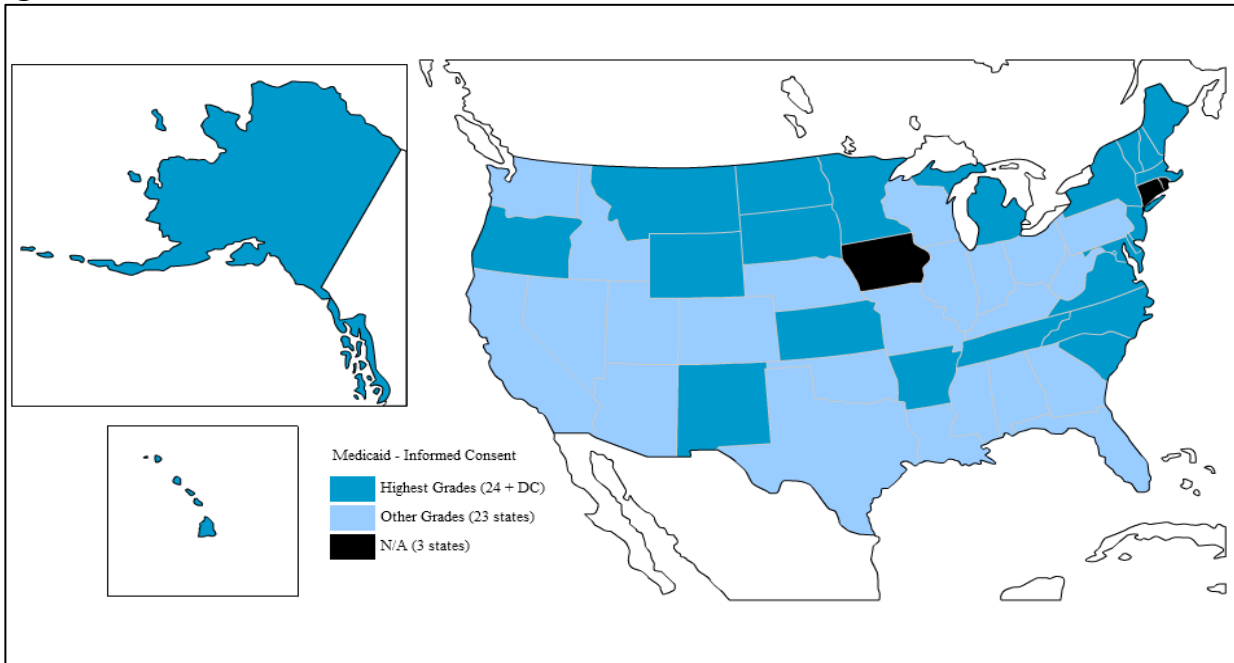
Seventy-two percent of the country ranked the lowest with failing (F) scores due to a lack of telemedicine services covered under the home health benefit.

L. Informed Consent

We measured components of state Medicaid 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.

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

Figure 15

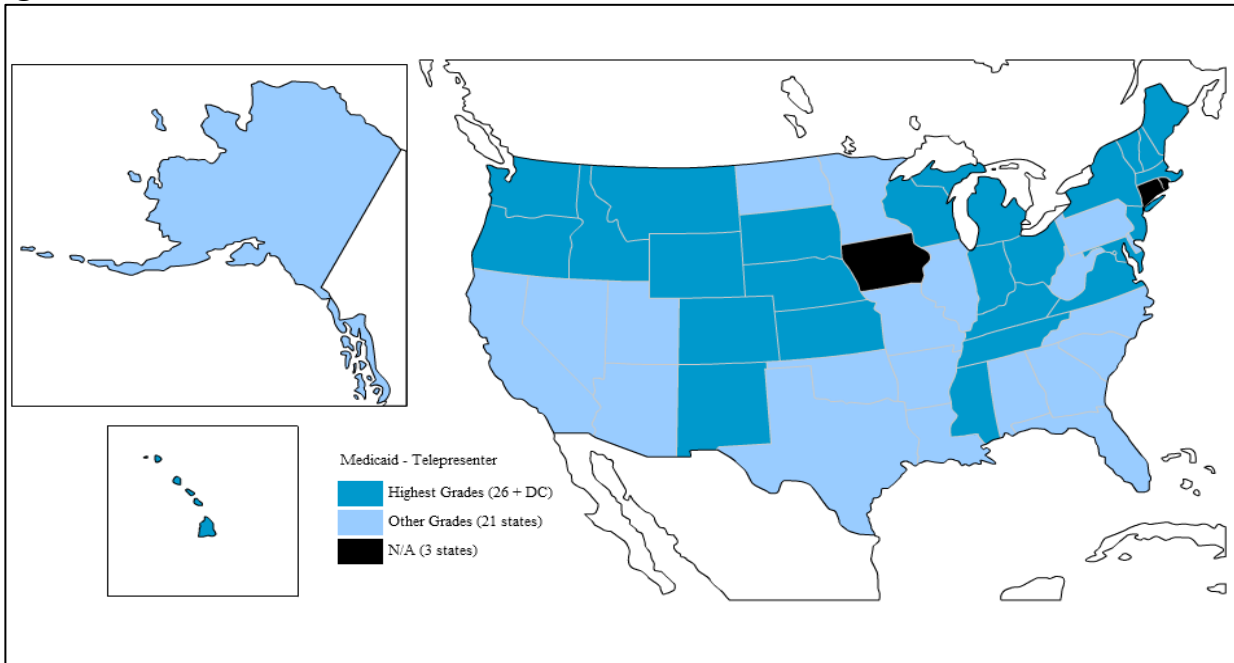


California is the only state that explicitly requires verbal informed consent. Of the 23 states with informed consent requirements, 12 states have such requirements imposed by their state Medical Board (Figure 15). Although Connecticut and Iowa have no telemedicine coverage under Medicaid, their Medical Boards do not require informed consent which sounds promising for future consideration of telemedicine coverage. However, Rhode Island’s Medical Board requires informed consent when using e-mails and text based communications.

M. Telepresenter

We measured components of state Medicaid 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 16

Alabama, California, Georgia, Minnesota, Missouri, Nevada, New Jersey, North Carolina, Utah, 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 16). Although Connecticut, Iowa, 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 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”). 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.³

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.

Fifteen states have approved health home state plan amendments (SPAs) from CMS.⁴ Alabama, Iowa, Maine, New York, and Ohio 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).⁵ 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



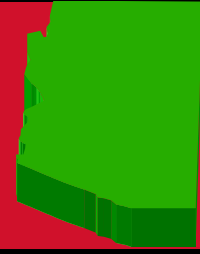
PARITY:		
Private Insurance	F	<ul style="list-style-type: none"> AL is bordered by LA, MS, and TN which enacted private insurance parity laws, and FL which has proposed parity legislation within the past year. AL has not proposed parity legislation within the past 2 years.
Medicaid ⁶	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	C	<p>Medicaid</p> <ul style="list-style-type: none"> Limited patient settings include hospital, physician's office, FQHC, CAH, RHC, CMHC. The home is recognized as an originating site under the Health Home model for RPM use only. Eligible providers are restricted to MDs/DOs, PAs, and NPs for physician and mental health services. Requires written informed consent and a telepresenter on the premises. <p>Innovation</p> <ul style="list-style-type: none"> CMS approved Health Home program based off of the successful Patient 1st medical home model uses home health nurses employed by the Department of Health to remotely monitor vital signs for patients with diabetes, hypertension, and congestive heart disease. Although the use of RPM was approved for this program, there is no mention of using other telemedicine modalities.
Eligible Technologies	B	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services	B	
Mental/behavioral Health Services ⁷	B	
Rehabilitation	N/A	
Home Health ⁸	F	
Informed Consent	F	
Telepresenter	B	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home ⁹	✓	
HCBS Waiver		
Corrections	✓	
Other ¹⁰	✓	

Telemedicine in Alaska



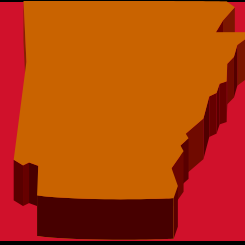
PARITY:		
Private Insurance	F	<ul style="list-style-type: none"> Lawmakers proposed a number of telemedicine related policies including parity for private insurers in 2014. The bill was not approved.¹¹
Medicaid ¹³⁻¹⁹	B	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	<p>Medicaid</p> <ul style="list-style-type: none"> Telemedicine coverage under the Medicaid plan is broad and the least restrictive compared to other states. However not all benefits are covered when using telemedicine, thus leaving out professionals specializing in dentistry and ocular health. Excludes the phone as a covered telemedicine technology. Alaska Medicaid covers school-based services when provided via telemedicine: audiology, behavioral health, nursing, occupational therapy, physical therapy, and speech-language therapy.¹² Although Medicaid does not require a telepresenter as a condition of payment, the state's Medical Board has such practice standard requirements.
Eligible Technologies	B	
Distance or Geography Restrictions	A	
Eligible Providers	B	
Physician-provided Services	A	
Mental/behavioral Health Services ²⁰⁻²¹	A	
Rehabilitation ²²	A	
Home Health ²³	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		

Telemedicine in Arizona



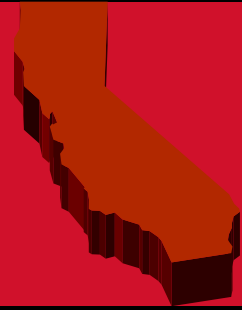
PARITY:		
Private Insurance	C	<ul style="list-style-type: none"> Arizona’s partial parity law was enacted in 2013. Coverage under private plans is much more prescriptive and applies to rural areas and only 7 health services.²⁴
Medicaid ²⁵⁻²⁶	B	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	F	Medicaid
Eligible Technologies ²⁷	C	<ul style="list-style-type: none"> Arizona is a unique state with considerable coverage of services under its Medicaid fee-for-service, managed care plans, and Indian Health Service. Service coverage is unique in that it includes echocardiography, retinal screening, medical nutrition therapy and patient education for diabetes and chronic kidney disease care. The distant site provider must be located at a hospital, FQHC, provider’s office, or appropriate clinic responsible for Native American health services. Does not cover for the use of RPM, phone, video-only systems, instant messages, or e-mails.
Distance or Geography Restrictions	A	
Eligible Providers	C	
Physician-provided Services ²⁸	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health	C	
Informed Consent	B	
Telepresenter	C	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network ²⁹	✓	Innovation <ul style="list-style-type: none"> AZ Telemedicine Program offers clinical, educational, and administrative services via telemedicine across the state.
Medicaid Managed Care ³⁰	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

Telemedicine in Arkansas



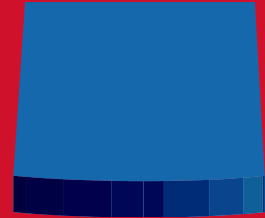
PARITY:		
Private Insurance	F	<ul style="list-style-type: none"> Arkansas borders 6 states (Louisiana, Mississippi, Missouri, Oklahoma, Tennessee, and Texas) with private insurance parity laws, but has no history of proposed legislation within the past 2 years.
Medicaid	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		<ul style="list-style-type: none"> State employee health plans only cover store and forward for diabetic retinopathy screening but no other services or telemedicine modalities.³¹ <p>Medicaid</p> <ul style="list-style-type: none"> Telemedicine coverage under Medicaid is average with limits on service coverage, 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. <p>Innovation</p> <ul style="list-style-type: none"> Specialty maternal-fetal telemedicine network operated by University of Arkansas.
Patient Setting	C	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services ³²	C	
Mental/behavioral Health Services ³³	B	
Rehabilitation	N/A	
Home Health	F	
Informed Consent	A	
Telepresenter	C	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other ³⁴⁻³⁵	✓	

Telemedicine in California



PARITY:		
Private Insurance	A	<ul style="list-style-type: none"> California’s private insurance parity law was enacted in 1996.³⁶
Medicaid ⁴⁰⁻⁴²	B	
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid
Patient Setting	A	<ul style="list-style-type: none"> Coverage for interactive audio-video and store-and-forward for the purposes of dermatology and ophthalmology. Although Medi-Cal recognizes chiropractors, dentists, pharmacists, and respiratory care practitioners as eligible licensed providers for telemedicine. Also recognizes occupational, physical, speech and language therapists, and audiologists as eligible providers of telemedicine but offers no billing details for rehabilitation services via telemedicine. Telepresenter required on premises because they must obtain patient informed consent. 2014 legislation introduced to allow Medi-Cal enrolled providers to practice telemedicine out-of-state, add coverage for telephonic and electronic patient management, and teledental health.³⁷⁻³⁹
Eligible Technologies ⁴³⁻⁴⁴	C	
Distance or Geography Restrictions	A	
Eligible Providers	C	
Physician-provided Services	B	
Mental/behavioral Health Services ⁴⁵	B	
Rehabilitation	F	
Home Health	F	
Informed Consent	C	
Telepresenter	B	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		Innovation
State-wide Network ⁴⁶	✓	<ul style="list-style-type: none"> California Telehealth Network supports broadband connections of many institutions state-wide.
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

Telemedicine in Colorado



PARITY:		
Private Insurance	B	<ul style="list-style-type: none"> Colorado’s partial parity law for private insurance was enacted in 2001 which includes coverage for rural populations only.⁴⁷
Medicaid ⁵¹⁻⁵²	B	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	F	<p>Medicaid</p> <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 including a provider’s office, FQHC and RHC. Coverage for interactive audio-video only for physician and mental/behavioral health services. Coverage only for RPM for chronic disease management under the home health benefit.⁴⁸⁻⁵⁰ Requires written informed consent. Rural and distance restrictions are applied under managed care plan.
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	F	
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 ⁵³	✓	<p>Innovation</p> <ul style="list-style-type: none"> Colorado Telehealth Network supports broadband connections of many institutions state-wide.
Medicaid Managed Care ⁵⁴	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Telemedicine in Connecticut



PARITY:		
Private Insurance	F	<ul style="list-style-type: none"> No telemedicine parity law despite a multi-year effort to introduce legislation regarding coverage under private insurance.⁵⁵
Medicaid	F	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	F	Medicaid <ul style="list-style-type: none"> No coverage under Medicaid although the statute authorizes a telemedicine demonstration for beneficiaries located at FQHCs.⁵⁶
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 Delaware



PARITY:		
Private Insurance	F	<ul style="list-style-type: none"> Bordered by MD which has private insurance parity law. No telemedicine parity law and no history of proposed legislation within the past 2 years.
Medicaid ⁵⁸	A	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid
Patient Setting	A	<ul style="list-style-type: none"> Coverage for any services included in the SPA that would be provided in a face-to-face setting.⁵⁷ Also includes coverage under school-based program.
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	A	
Mental/behavioral Health Services	A	
Rehabilitation	A	
Home Health	B	
Informed Consent	A	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Telemedicine in D.C.



PARITY:		
Private Insurance ⁵⁹	A	<ul style="list-style-type: none"> D.C. parity law was enacted in 2013 and requires coverage for telemedicine-provided services under private plans and Medicaid.
Medicaid ⁶⁰	A	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	<p>Medicaid</p> <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.
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	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 Florida



PARITY:		<ul style="list-style-type: none"> Bordered by GA which has a private insurance parity law. No parity law despite a multi-year effort to introduce legislation regarding coverage under private insurance and Medicaid.⁶¹
Private Insurance	F	
Medicaid ⁶²	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	F	Medicaid
Eligible Technologies	F	<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.
Distance or Geography Restrictions	A	
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	<ul style="list-style-type: none"> Georgia’s parity law was enacted in 2006 which includes coverage under state-employee health plans.⁶³
Medicaid ⁶⁵	C	
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	C	Medicaid <ul style="list-style-type: none"> Medicaid imposes restrictions on the patient settings, covered services and designates eligible distant site providers and provider settings as a condition of payment. Includes school-based clinic as an originating site.⁶⁴ 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.
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 ⁶⁶	✓	Innovation <ul style="list-style-type: none"> Georgia Partnership for Telehealth creates and provides multi-point web access to new and existing telemedicine providers all over the state.
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

Telemedicine in Hawaii



PARITY:		<ul style="list-style-type: none"> 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.⁶⁸
Private Insurance ⁶⁷	A	
Medicaid ⁶⁹	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	B	
Rehabilitation	F	<p>Medicaid</p> <ul style="list-style-type: none"> 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.
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 Idaho



PARITY:		<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.
Private Insurance	F	
Medicaid ⁷⁰⁻⁷²	F	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		<p>Medicaid</p> <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. Although no specific patient setting is specified, coverage is limited to patients located in rural areas or outside of a metropolitan statistical area. Coverage for interactive audio-video only. Requires written informed consent.
Patient Setting	A	
Eligible Technologies	F	
Distance or Geography Restrictions	C	
Eligible Providers	F	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health	F	
Informed Consent	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



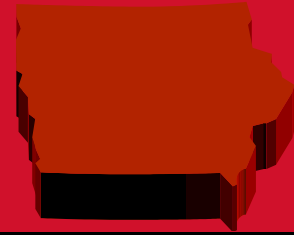
PARITY:		
Private Insurance	F	<ul style="list-style-type: none"> Bordered by KY and MO which have private insurance parity laws. No telemedicine parity law despite a multi-year effort to introduce legislation regarding coverage under private insurance.⁷³
Medicaid ⁷⁷⁻⁷⁹	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		<ul style="list-style-type: none"> In 2014, lawmakers sent a bill to the Governor that would prohibit individual and group accident and health insurance plans, who choose to cover telemedicine, from requiring in-person contact.⁷⁴
Patient Setting	F	
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services	B	
Mental/behavioral Health Services ⁸⁰	B	
Rehabilitation	F	
Home Health	F	
Informed Consent	A	
Telepresenter	C	<p>Medicaid</p> <ul style="list-style-type: none"> The agency imposes restrictions on covered services, patient settings, and distant site providers but includes coverage for services provided by local education agencies (schools) and a podiatrist. Store-and-forward allowed for dermatologic purposes. Telepresenter required. IL Department of Aging is authorized to fund older adult services such as home telemedicine monitoring devices.⁷⁵ In 2014, IL submitted a CMS §1115 waiver proposal which includes the development of a statewide specialty telemedicine network.⁷⁶
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:		<ul style="list-style-type: none"> Bordered by KY which has a private insurance parity law. No telemedicine parity law and no history of proposed legislation within the past 2 years.
Private Insurance	F	
Medicaid ⁸³	B	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	C	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health	C	
Informed Consent	F	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		<p>Medicaid</p> <ul style="list-style-type: none"> 2013 law expanded distant site providers to include, FQHC, RHC, CMHC, CAH, and home health agency, and also requires that IN file a SPA to eliminate 20 mile distance restriction.⁸¹ Agency issued proposed notices addressing telemedicine coverage under the home health benefit including remote patient monitoring.⁸² Requires at least 1 in-person follow-up by a physician. Coverage for interactive audio-video only. Requires written informed consent.
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Telemedicine in Iowa



PARITY:		
Private Insurance	F	<ul style="list-style-type: none"> Bordered by MO which has a private insurance parity law. No telemedicine parity law despite 2014 effort to introduce legislation regarding coverage under private insurance and Medicaid.⁸⁴
Medicaid	F	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	F	<p>Innovation</p> <ul style="list-style-type: none"> Although no coverage for telemedicine under Medicaid, IA’s health home proposal was approved by CMS. IA 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.⁸⁵
Eligible Technologies	F	
Distance or Geography Restrictions	F	
Eligible Providers	F	
Physician-provided Services	F	
Mental/behavioral Health Services	F	
Rehabilitation	F	
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 Kansas



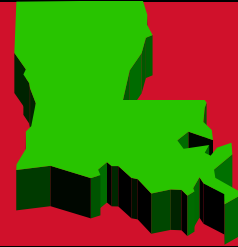
PARITY:		
Private Insurance	F	<ul style="list-style-type: none"> Bordered by CO, MO, and OK which have private insurance parity laws. No telemedicine parity law. 2014 legislation introduced to provide parity coverage for telemental health⁸⁶ and telehealth-provided diagnosis and treatment for autism spectrum disorders.⁸⁷
Medicaid	B	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	<p>Medicaid</p> <ul style="list-style-type: none"> No coverage for therapies via telemedicine under home health benefit. <p>Innovation</p> <ul style="list-style-type: none"> Coverage for RPM and medication management available through approved HCBS waiver.⁸⁸⁻⁸⁹
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health	B	
Informed Consent	A	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver	✓	
Corrections	✓	
Other		

Telemedicine in Kentucky



PARITY:		
Private Insurance	A	<ul style="list-style-type: none"> • Kentucky’s private insurance parity law was enacted in 2000.⁹⁰
Medicaid ⁹¹⁻⁹²	B	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid
Patient Setting	A	<ul style="list-style-type: none"> • Independent rehabilitation specialists are not eligible for telemedicine reimbursement under Medicaid rules. • Coverage for interactive audio-video only. • Requires written informed consent.
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	B	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation ⁹³	A	
Home Health	C	
Informed Consent	F	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care ⁹⁴	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

Telemedicine in Louisiana



PARITY:		<ul style="list-style-type: none"> Louisiana’s private insurance parity law was enacted in 1995. It is the only state with a parity law that specifies coverage of telemedicine when provided by physicians only.⁹⁵ HB 903 was a legislative attempt to expand parity to include other health care providers under private insurance and Medicaid.⁹⁶
Private Insurance	B	
Medicaid ⁹⁹	B	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	A	
Mental/behavioral Health Services	A	
Rehabilitation	N/A	
Home Health	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		

Medicaid

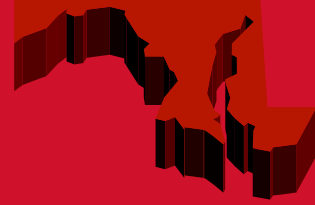
- 2013 letter from the Department of Health and Human Services indicated a need to change and clarify policies related to telemedicine including coverage for store-and-forward and RPM.⁹⁷
- Coverage for interactive audio-video only.
- LA Medical Board requires telepresenter and patient informed consent but does not specify method of collection.⁹⁸

Telemedicine in Maine



PARITY:		
Private Insurance	A	<ul style="list-style-type: none"> Maine’s parity law for Medicaid and private insurance was enacted in 2009.¹⁰⁰
Medicaid ¹⁰²⁻¹⁰³	A	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	<p>Medicaid</p> <ul style="list-style-type: none"> No limits on patient setting, covered services, or eligible providers. Coverage for interactive audio-video only.
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	A	<p>Innovation</p> <ul style="list-style-type: none"> Maine Telemedicine Services is an open and interoperable network that offers clinical, educational, and administrative services via telemedicine across the state. Health home proposal was approved by CMS. Model includes support for care management/coordination activities. The health home practice and community care team will have the option of utilizing technology conferencing tools including audio, video and/or web deployed solutions to support care management/coordination activities.¹⁰¹
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 ¹⁰⁴	✓	
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home	✓	
HCBS Waiver		
Corrections	✓	
Other		

Telemedicine in Maryland



PARITY:		
Private Insurance	A	<ul style="list-style-type: none"> Maryland's private insurance parity law was enacted in 2012.¹⁰⁵
Medicaid	A	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid
Patient Setting	A	<ul style="list-style-type: none"> Current policy includes 2 distinct telemedicine programs: One exclusively for rural patients and the other only for stroke and cardiovascular services.¹⁰⁶ 2014 law enacted requires Medicaid to cover and reimburse for all services appropriately provided via telemedicine. However, provider manuals have not been updated to reflect the current law.¹⁰⁷ Telemedicine must enable the patient "to see and interact" with the health care provider although the agency has the discretion to authorize coverage of RPM and store-and-forward.
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	A	
Mental/behavioral Health Services	A	
Rehabilitation	N/A	
Home Health	F	
Informed Consent	A	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

Telemedicine in Massachusetts



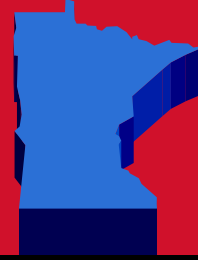
PARITY:		
Private Insurance	F	<ul style="list-style-type: none"> MA is bordered by NH and VT which have private insurance parity laws. No telemedicine parity law despite a multi-year effort to introduce legislation regarding coverage under private insurance, Medicaid and state employee plans.¹⁰⁸⁻¹¹³
Medicaid	B	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	<p>Medicaid</p> <ul style="list-style-type: none"> Offers coverage under select managed care plans but not under FFS.¹¹⁴⁻¹¹⁵ Authorized to cover remote monitoring for home health agencies. Rules are in development. <p>Innovation</p> <ul style="list-style-type: none"> Received grant to establish a National Sexual Assault TeleNursing Center that will use telemedicine technology to provide 24/7, 365 day remote expert consultation by 24-25 MA Sexual Assault Nurse Examiners (SANEs) to clinicians caring for adult and adolescent sexual assault patients in remote and/or underserved regions of the United States.¹¹⁶ Partners Telestroke Network – members receive 24-hour acute neurology/stroke expertise-on-demand.¹¹⁷
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	A	
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 Michigan



PARITY:		<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.¹¹⁸
Private Insurance	C	
Medicaid ¹¹⁹⁻¹²⁰	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		<p>Medicaid</p> <ul style="list-style-type: none"> Coverage for interactive audio-video only. Eliminated distance requirements in 2013. Limits on covered services, patient settings, and eligible distant site providers.
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	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 Minnesota



PARITY:		
Private Insurance	F	<ul style="list-style-type: none"> No proposed parity legislation within the past 2 years.
Medicaid ¹²³⁻¹²⁴	B	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid
Patient Setting	A	<ul style="list-style-type: none"> Coverage for interactive audio-video and store-and-forward. Distant site provider is limited to a specialty physician or oral surgeon and required to be located in a medical facility. Medicaid also places frequency limits on some covered telemedicine services. Covers skilled nursing and cost of RPM equipment rental under home health benefit. Telepresenter required on premises. 2014 legislation proposed to include coverage for teledental health.¹²¹
Eligible Technologies	B	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services	C	
Mental/behavioral Health Services	C	
Rehabilitation	F	
Home Health ¹²⁵	C	
Informed Consent	A	
Telepresenter	B	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		Innovation
State-wide Network		<ul style="list-style-type: none"> Chemical Dependency Continuum of Care Pilot Project implemented in 2013.¹²²
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other	✓	

Telemedicine in Mississippi



PARITY:		<ul style="list-style-type: none"> Mississippi’s parity law was enacted in 2013. The law requires parity for telemedicine under private insurance, state employee health plans, and public assistance.¹²⁶ In 2014, lawmakers passed a law requiring insurance plans to cover and reimburse for services via store-and-forward as well as remote patient monitoring for chronic disease management.¹²⁷
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	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		

Medicaid

- The law requires Medicaid to cover and reimburse for services via telemedicine including store-and-forward and remote patient monitoring. However, provider manuals have not been updated to reflect the current law.¹²⁸
- MS Medical Board requires unspecified method of obtaining patient’s informed consent.¹²⁹

Telemedicine in Missouri



PARITY:		
Private Insurance	A	<ul style="list-style-type: none"> MO's private insurance parity law was enacted in 2013 and included coverage for state employee health plans.¹³⁰
Medicaid ¹³²	C	
State Employee Health Plan ¹³³	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid
Patient Setting	C	<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 (physicians, advanced registered nurse practitioners, and psychologists) as a condition of payment. Coverage for interactive audio-video only. Requires written informed consent and telepresenter on premises.¹³¹
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services	B	
Mental/behavioral Health Services ¹³⁴⁻¹³⁶	B	
Rehabilitation	F	
Home Health	F	
Informed Consent	F	
Telepresenter	B	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		Innovation
State-wide Network ¹³⁷	✓	<ul style="list-style-type: none"> Missouri Telehealth Network offers clinical, educational, emergency and disaster preparedness, and technical assistance via telemedicine across the state.
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

Telemedicine in Montana



PARITY:		
Private Insurance	A	<ul style="list-style-type: none"> • MT’s private insurance parity law was enacted in 2013.¹³⁸
Medicaid ¹³⁹	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid
Patient Setting	A	<ul style="list-style-type: none"> • Coverage for telemedicine under Medicaid is about average. The agency imposes restrictions on covered services when provided by physicians only. • Coverage for interactive audio-video only.
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health	F	
Informed Consent	A	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Telemedicine in Nebraska



PARITY:		
Private Insurance	F	<ul style="list-style-type: none"> Bordered by CO which has a partial parity law for private insurance. Unsuccessful attempt in 2014 to pass parity for private insurance legislation. Private insurance and state-employee plans require coverage of autism treatment via telemedicine.¹⁴⁰
Medicaid ¹⁴²⁻¹⁴³	B	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	<p>Medicaid</p> <ul style="list-style-type: none"> Mileage restriction eliminated. New law expands telemedicine coverage to include store-and-forward, RPM, and services in the home. However, provider manuals and regulations have not been updated to reflect the current law.¹⁴¹ <p>Innovation</p> <ul style="list-style-type: none"> Nebraska Statewide Telehealth Network is a state-wide communications network that supports clinical, educational, and administrative services via telemedicine.
Eligible Technologies	B	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services ¹⁴⁴	B	
Mental/behavioral Health Services ¹⁴⁵	B	
Rehabilitation	A	
Home Health	F	
Informed Consent	F	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network ¹⁴⁶	✓	
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Telemedicine in Nevada

PARITY:		<ul style="list-style-type: none"> Bordered by CA and OR which have parity laws. No telemedicine parity law and no history of proposed legislation within the past 2 years. Regulations proposed in 2013 to require insurers cover telemedicine provided by a physician or chiropractor for injured employees as a condition of workers compensation.¹⁴⁷
Private Insurance	F	
Medicaid ¹⁴⁸	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	C	
Mental/behavioral Health Services	B	
Rehabilitation	F	
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		

Medicaid

- Medicaid imposes restrictions on the patient settings, covered services and designates eligible distant site providers as a condition of payment.
- Coverage is limited to originating sites located in rural areas.
- Medicaid also places frequency limits on some covered telemedicine services.
- Some telemedicine services require at least 1 in-person visit.
- Coverage for interactive audio-video only.
- Requires telepresenter on premises and unspecified method of obtaining patient informed consent.

Telemedicine in New Hampshire



PARITY:		
Private Insurance	A	<ul style="list-style-type: none"> NH's parity law was enacted in 2009 and includes coverage under state employee health plans.¹⁴⁹
Medicaid	B	
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid
Patient Setting	A	<ul style="list-style-type: none"> Offers coverage under select managed care plans but not under FFS.¹⁵⁰⁻¹⁵¹ Coverage for interactive audio-video only.
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	A	
Mental/behavioral Health Services	A	
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:		<ul style="list-style-type: none"> No telemedicine parity law. 2014 bill introduced to provide parity under managed care plans and state employee plans.¹⁵²
Private Insurance	F	
Medicaid ¹⁵⁴	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	F	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	N/A	
Home Health	F	
Informed Consent	B	
Telepresenter	B	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		<p>Medicaid</p> <ul style="list-style-type: none"> 2014 bill, S 2337, introduced to provide parity under Medicaid FFS and managed care plans.¹⁵³ 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.
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Telemedicine in New Mexico

PARITY:		
Private Insurance	A	<ul style="list-style-type: none"> NM's parity law was enacted in 2013.¹⁵⁵
Medicaid ¹⁵⁷	A	
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid
Patient Setting	A	<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.¹⁵⁶ 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.
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	A	
Mental/behavioral Health Services ¹⁵⁸	A	
Rehabilitation ¹⁵⁹	A	
Home Health	B	
Informed Consent	A	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		Innovation
State-wide Network ¹⁶⁰	✓	<ul style="list-style-type: none"> New Mexico Telehealth Alliance offers technical and program support to ensure coordinated services via telemedicine across the state.
Medicaid Managed Care ¹⁶¹⁻¹⁶²	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

Telemedicine in New York



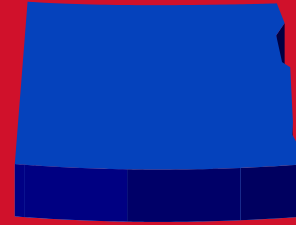
PARITY:		
Private Insurance	F	<ul style="list-style-type: none"> Bordered by VT which has a parity law. No telemedicine parity law despite a multi-year effort to introduce legislation regarding coverage under private insurance and Medicaid.¹⁶³
Medicaid ¹⁶⁷	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	F	Medicaid
Eligible Technologies	C	<ul style="list-style-type: none"> Medicaid imposes restrictions on the patient settings (includes home and school), covered services and designates eligible distant site providers (physician specialists and certified diabetes and asthma educators) as a condition of payment.
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services ¹⁶⁸	C	<ul style="list-style-type: none"> It also prescribes eligible distant site provider settings.
Mental/behavioral Health Services	C	
Rehabilitation	F	
Home Health	F	<ul style="list-style-type: none"> Coverage for interactive audio-video only.
Informed Consent	A	
Telepresenter	A	<ul style="list-style-type: none"> Remote patient monitoring covered under home health benefit.¹⁶⁴
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		Innovation
State-wide Network		<ul style="list-style-type: none"> CMS approved duals proposal includes coverage for telemedicine.¹⁶⁵ 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.¹⁶⁶
Medicaid Managed Care ¹⁶⁹	✓	
Medicare-Medicaid Dual Eligibles	✓	
Health Home	✓	
HCBS Waiver		
Corrections		
Other		

Telemedicine in North Carolina



PARITY:		<ul style="list-style-type: none"> Bordered by GA and VA which have private insurance parity laws. No telemedicine parity law and no history of proposed legislation within the past 2 years. A number of bills introduced to study telemedicine clinical applicability and develop taskforce.¹⁷⁰⁻¹⁷¹
Private Insurance	F	
Medicaid ¹⁷³	B	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	C	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	N/A	
Home Health	F	
Informed Consent	A	
Telepresenter	B	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		<p>Medicaid</p> <ul style="list-style-type: none"> Medicaid imposes restrictions on the patient settings, covered services and designates eligible distant site providers as a condition of payment. Coverage for interactive audio-video only. Requires a provider to be on the premises with the patient. <p>Innovation</p> <ul style="list-style-type: none"> State-wide telepsychiatry network.¹⁷²
State-wide Network	✓	
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Telemedicine in North Dakota



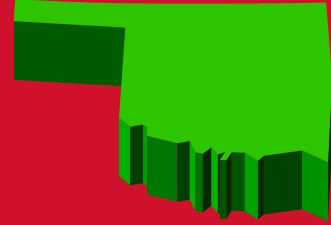
PARITY:		<ul style="list-style-type: none"> Bordered by MT which has a private insurance parity law. No telemedicine parity law and no history of proposed legislation within the past 2 years.
Private Insurance	F	
Medicaid ¹⁷⁴	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	F	
Eligible Technologies	F	
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:		<p>Medicaid</p> <ul style="list-style-type: none"> Medicaid imposes restrictions on the patient settings and covered services as a condition of payment. Includes coverage for speech therapy. Coverage for interactive audio-video only. Requires a telepresenter.
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Telemedicine in Ohio



PARITY:		<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.¹⁷⁵
Private Insurance	F	
Medicaid	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	F	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services	F	
Mental/behavioral Health Services ¹⁸⁰⁻¹⁸⁴	B	
Rehabilitation ¹⁸⁵	B	
Home Health	F	
Informed Consent	F	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		<ul style="list-style-type: none"> Medicaid <ul style="list-style-type: none"> Law enacted in 2014 authorizing Medicaid to expand coverage of telemedicine.¹⁷⁶ Regulations are pending.¹⁷⁷ Current coverage includes school-based speech therapy, behavioral health counseling and therapy, mental health assessment, pharmacological management, and community psychiatric supportive treatment service via interactive audio-video only.¹⁷⁸ Medicaid allows beneficiaries to choose the patient location when telemedicine is used for mental/behavioral health services. Requires written informed consent for mental and behavioral health services. Innovation <ul style="list-style-type: none"> CMS approved health home proposal allows service delivery via in-person, by telephone, or by video conferencing.¹⁷⁹
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home	✓	
HCBS Waiver		
Corrections	✓	
Other		

Telemedicine in Oklahoma



PARITY:		
Private Insurance	A	<ul style="list-style-type: none"> OK's private insurance parity law was enacted in 1997.¹⁸⁶
Medicaid ¹⁸⁷	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid
Patient Setting	C	<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. 1 of 3 states with coverage for services provided by a behavioral analyst. These specialists are critical for the treatment of autism spectrum disorders. Coverage is limited to originating sites located in rural areas. Coverage for interactive audio-video only. Medicaid requires written informed consent from patient before a telemedicine encounter and a telepresenter.
Eligible Technologies	C	
Distance or Geography Restrictions	C	
Eligible Providers	C	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
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:		<ul style="list-style-type: none"> • Oregon’s private insurance parity law was enacted in 2009.¹⁸⁸ OR is 1 of 3 states that cover interactive audio-video only as a condition of their parity law. • 2014 bill introduced to include telemedicine parity for self-insured state employee health plans.¹⁸⁹
Private Insurance	C	
Medicaid ¹⁹⁰	B	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health	F	
Informed Consent	A	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		<p>Medicaid</p> <ul style="list-style-type: none"> • Medicaid imposes restrictions on the covered services. • Allows coverage for interactive audio-video, telephone, and online/e-mail consultations.
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

Telemedicine in Pennsylvania



PARITY:		<ul style="list-style-type: none"> Bordered by MD which has a private insurance parity law. No telemedicine parity law despite a multi-year effort to introduce legislation regarding coverage under private insurance.¹⁹¹
Private Insurance	F	
Medicaid ¹⁹³	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services ¹⁹⁴	B	
Mental/behavioral Health Services	B	
Rehabilitation	N/A	
Home Health	C	
Informed Consent	B	
Telepresenter	C	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver	✓	
Corrections		
Other		

Medicaid

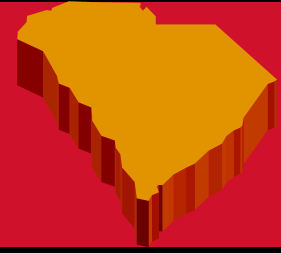
- Medicaid imposes restrictions on the covered services and designates eligible distant site providers as a condition of payment.
- PA offers a number of telemedicine modalities in the home of qualified beneficiaries including sensors, medication management, and RPM under a CMS HCBS waiver.¹⁹²
- Coverage for interactive audio-video only for physician and mental health services.
- Requires written informed consent and a telepresenter.

Telemedicine in Rhode Island



PARITY:		<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.¹⁹⁵ No coverage for telemedicine under Medicaid plans.
Private Insurance	F	
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		

Telemedicine in South Carolina



PARITY:		<ul style="list-style-type: none"> Bordered by GA which has a parity law. No telemedicine parity law despite a multi-year effort to introduce legislation regarding coverage under private insurance.¹⁹⁶
Private Insurance	F	
Medicaid ¹⁹⁸	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid
Patient Setting	C	<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.
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services	B	<ul style="list-style-type: none"> Coverage for interactive audio-video only and RPM for chronic disease management in the home under their HCBS waiver.
Mental/behavioral Health Services	B	
Rehabilitation	N/A	<ul style="list-style-type: none"> Medicaid requires a telepresenter for all audio-video related telemedicine encounters.
Home Health	F	
Informed Consent	A	
Telepresenter	C	Innovation
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		<ul style="list-style-type: none"> State-wide telepsychiatry network.¹⁹⁷
State-wide Network	✓	
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver ¹⁹⁹	✓	
Corrections		
Other		

Telemedicine in South Dakota



PARITY:		
Private Insurance	F	<ul style="list-style-type: none"> Bordered by MT which has a parity law. No history of proposed legislation within the past 2 years.
Medicaid ²⁰¹	B	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid
Patient Setting	A	<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.
Eligible Technologies ²⁰²⁻²⁰³	A	
Distance or Geography Restrictions	A	<ul style="list-style-type: none"> Coverage for interactive audio-video, store-and-forward, RPM, and phone calls.
Eligible Providers	A	
Physician-provided Services	B	Innovation
Mental/behavioral Health Services	B	
Rehabilitation	F	<ul style="list-style-type: none"> Received grant from US Bureau of Justice Assistance to implement telehealth drug treatment program for nonviolent offenders.²⁰⁰
Home Health ²⁰⁴	F	
Informed Consent	A	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other	✓	

Telemedicine in Tennessee



PARITY:		<ul style="list-style-type: none"> TN parity law enacted in 2014 which includes telemedicine coverage for Medicaid, including managed care plans, and state employee health plans.²⁰⁵
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:		<p>Medicaid</p> <ul style="list-style-type: none"> Parity law goes into effect 2015. It does not specify patient settings but does include telemedicine when provided to schools and the home under the home health benefit. However, provider manuals have not been updated to reflect the current law.²⁰⁶ Home health does not include coverage for RPM under new parity law. Coverage for interactive audio-video and store-and-forward.
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

Telemedicine in Texas



PARITY:		
Private Insurance	A	<ul style="list-style-type: none"> TX private insurance parity law enacted in 1997.²⁰⁷
Medicaid ²⁰⁸	B	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid
Patient Setting	A	<ul style="list-style-type: none"> Two distinct definitions of telemedicine vs. telehealth. Originating site includes established medical health site and state mental health facility, which excludes the home. Patients must receive an in-person evaluation for the same diagnosis or condition being rendered via telemedicine. Patients with mental health diagnoses or conditions are exempt from this requirement if the purpose of telemedicine is to screen and refer for additional services. In order to continue receiving telemedicine services, the patient must have an in-person evaluation at least once within the 12 months before receiving telemedicine. Coverage for interactive audio-video only and RPM for home health agencies and hospitals. Requires written informed consent and a telepresenter during the telemedicine encounter.
Eligible Technologies	B	
Distance or Geography Restrictions	A	
Eligible Providers	C	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health ²⁰⁹	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:			
Private Insurance	F	<ul style="list-style-type: none"> Bordered by AZ and CO which have partial parity laws for private insurance. UT has no history of proposed parity legislation within the past 2 years. 	
Medicaid ²¹³	F		
State Employee Health Plan	F		
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:			
Patient Setting	F	<p>Medicaid</p> <ul style="list-style-type: none"> Medicaid imposes restrictions on the patient settings, covered services and designates eligible distant site providers and provider settings as a condition of payment. Coverage is limited to originating sites located in rural areas. Coverage for skilled nursing services and medication management under the skilled nursing home telemedicine pilot.²¹⁰⁻²¹¹ Coverage for interactive audio-video only. Medicaid requires written informed consent from patient before a telemedicine encounter, and requires a provider to be on the premises with the patient. <p>Innovation</p> <ul style="list-style-type: none"> Utah Telehealth Network offers clinical, educational, and administrative services via telemedicine across the state.²¹² 	
Eligible Technologies	F		
Distance or Geography Restrictions	F		
Eligible Providers	F		
Physician-provided Services	C		
Mental/behavioral Health Services ²¹⁴	C		
Rehabilitation	F		
Home Health	C		
Informed Consent	F		
Telepresenter	B		
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:			
State-wide Network	✓		
Medicaid Managed Care			
Medicare-Medicaid Dual Eligibles			
Health Home			
HCBS Waiver			
Corrections			
Other			

Telemedicine in Vermont

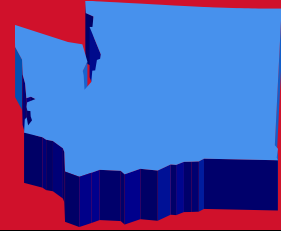
PARITY:		<ul style="list-style-type: none"> • VT's parity law was enacted in 2012. It includes telemedicine coverage for state employee health plans.²¹⁵ • VT is 1 of 3 states that cover interactive audio-video only as a condition of their parity law. • Although the law does not require coverage of services via store-and-forward, it does require informed consent from any patient receiving tele dermatology and teleophthalmology via store-and-forward. • The parity law also limits telemedicine coverage to services provided in health care facilities only.
Private Insurance	C	
Medicaid ²¹⁶	C	
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		<p>Medicaid</p> <ul style="list-style-type: none"> • Medicaid designates certain patient settings as originating sites (excluding the home and school). • Coverage for interactive audio-video only.
Patient Setting	C	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health	F	
Informed Consent	A	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

Telemedicine in Virginia



PARITY:		
Private Insurance ²¹⁷	A	<ul style="list-style-type: none"> VA’s parity law was enacted in 2010 and includes coverage for telemedicine under state employee health plans as well.²¹⁸
Medicaid ²²³	B	
State Employee Health Plan	A	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	C	<p>Medicaid</p> <ul style="list-style-type: none"> Coverage for telemedicine under Medicaid extends to managed care plans as well. The agency imposes restrictions on the patient setting. Medicaid restrictions on covered services and designates eligible distant site providers as a condition of payment. However Virginia is 1 of 3 states that includes specific coverage of obstetric and gynecological services including ultrasounds.²¹⁹ Covers speech-language therapy under its school-based program.²²⁰⁻²²² Coverage for interactive audio-video and store-an-forward for diabetic retinopathy and dermatological services. CMS approved VA plan to waive Medicare telemedicine statutory restrictions (1834m) for dual eligible population.
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	C	
Physician-provided Services ²²⁴⁻²²⁵	B	
Mental/behavioral Health Services	B	
Rehabilitation	B	
Home Health	F	
Informed Consent	A	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network ²²⁶	✓	
Medicaid Managed Care ²²⁷	✓	
Medicare-Medicaid Dual Eligibles ²²⁸	✓	
Health Home		
HCBS Waiver		
Corrections ²²⁹	✓	
Other		

Telemedicine in Washington



PARITY:		<ul style="list-style-type: none"> No telemedicine parity law despite a multi-year effort to introduce legislation regarding coverage under private insurance.²³⁰
Private Insurance	F	
Medicaid ²³⁴	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	F	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health ²³⁵	C	
Informed Consent	F	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
HCBS Waiver		
Corrections		
Corrections		
Other		

Medicaid

- Medicaid imposes restrictions on the patient setting, but also includes the home as an eligible site under the state’s regulations. The Medicaid program manual has not been updated to reflect this emergency rulemaking.²³¹
- 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.²³²
- Coverage for interactive audio-video and RPM under the home health benefit.²³³
- Medicaid requires written informed consent from the patient before telemedicine services commence.

Telemedicine in West Virginia



PARITY:		<ul style="list-style-type: none"> WV is bordered by 2 states with private insurance parity laws: Kentucky and Virginia. WV introduced parity legislation in 2014 which included coverage for RPM and store-and-forward, and placed no limits on the patient setting or eligible telemedicine distant site providers. The bill died in committee.²³⁶
Private Insurance	F	
Medicaid ²³⁷	F	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		<p>Medicaid</p> <ul style="list-style-type: none"> Coverage is limited to originating sites located in non-metropolitan professional shortage areas. 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.
Patient Setting	C	
Eligible Technologies	F	
Distance or Geography Restrictions	C	
Eligible Providers	F	
Physician-provided Services	B	
Mental/behavioral Health Services ²³⁸⁻²³⁹	B	
Rehabilitation	F	
Home Health	F	
Informed Consent	B	
Telepresenter	B	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care ²⁴⁰	✓	
Medicare-Medicaid Dual Eligibles		
HCBS Waiver		
Corrections		
Other		

Telemedicine in Wisconsin



PARITY:		<ul style="list-style-type: none"> No telemedicine parity law and no history of proposed legislation within the past 2 years.
Private Insurance	F	
Medicaid ²⁴¹	B	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	A	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	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		
HCBS Waiver		
Corrections		
Corrections		
Other		

Medicaid

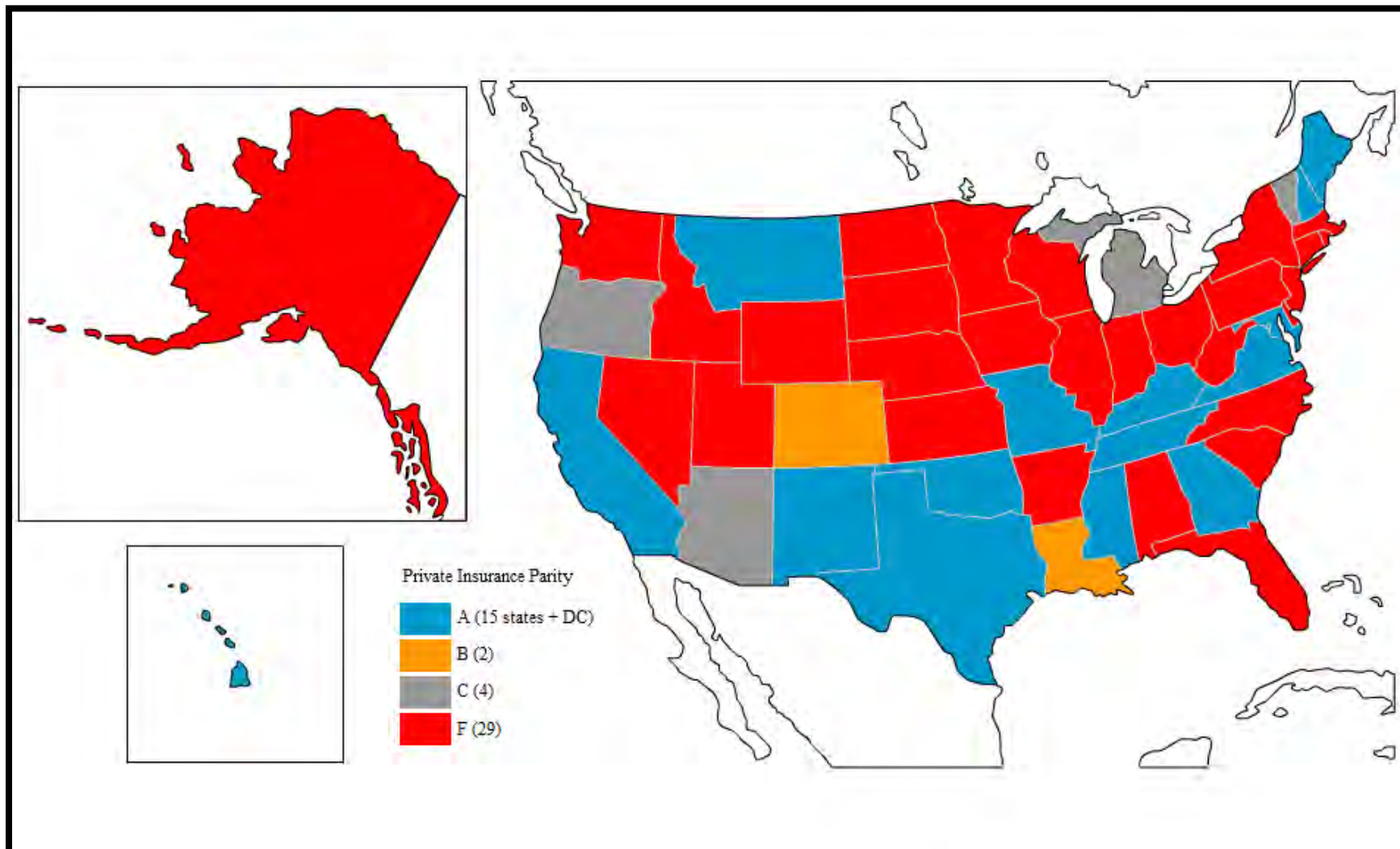
- Coverage for telemedicine under Medicaid is above average which includes coverage under the managed care plan. The agency imposes no restrictions on the patient setting or originating site and defers to the universal place of service (POS) used by most payors. This list includes the home and schools.
- Medicaid restrictions on covered services and designates eligible distant site providers as a condition of payment.
- Medicaid requires informed consent from the patient but does not specify how the consent should be obtained.
- Coverage for interactive audio-video only.

Telemedicine in Wyoming

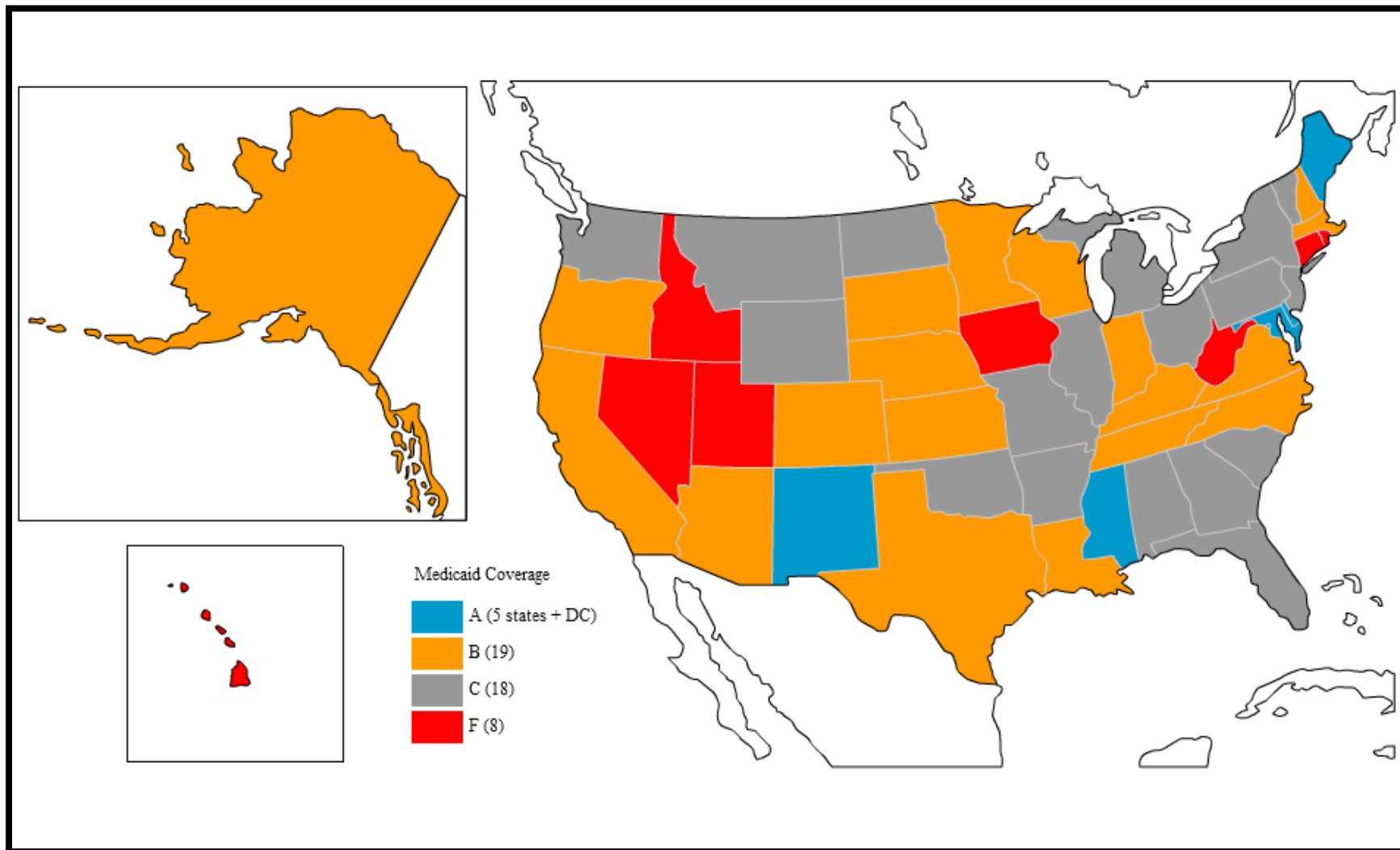
PARITY:		
Private Insurance	F	<ul style="list-style-type: none"> No telemedicine parity law and no history of proposed legislation within the past 2 years.
Medicaid ²⁴²	C	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		
Patient Setting	C	<p>Medicaid</p> <ul style="list-style-type: 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. Coverage for interactive audio-video only. No coverage for telemedicine under the home health benefit or for rehabilitation services.
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	C	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health	F	
Informed Consent	A	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network ²⁴³	✓	<p>Innovation</p> <ul style="list-style-type: none"> Wyoming Telehealth Consortium offers provider registry and informational resources to assist providers in adopting telemedicine.
Medicaid Managed Care	N/A	
Medicare-Medicaid Dual Eligibles		
HCBS Waiver		
Corrections		
Corrections		
Other		

Appendix

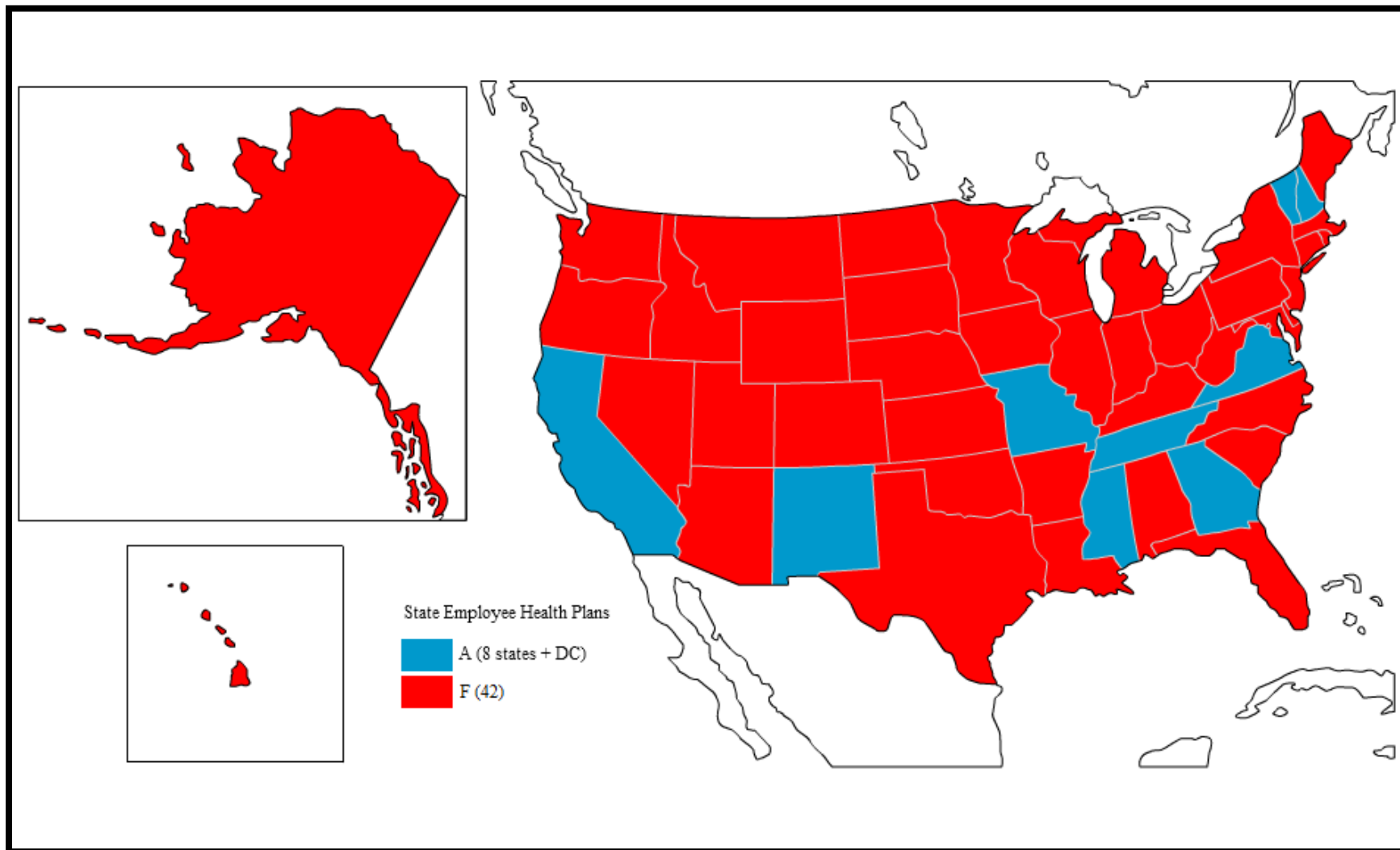
State Ratings – Parity Laws for Private Insurance Coverage of Telemedicine



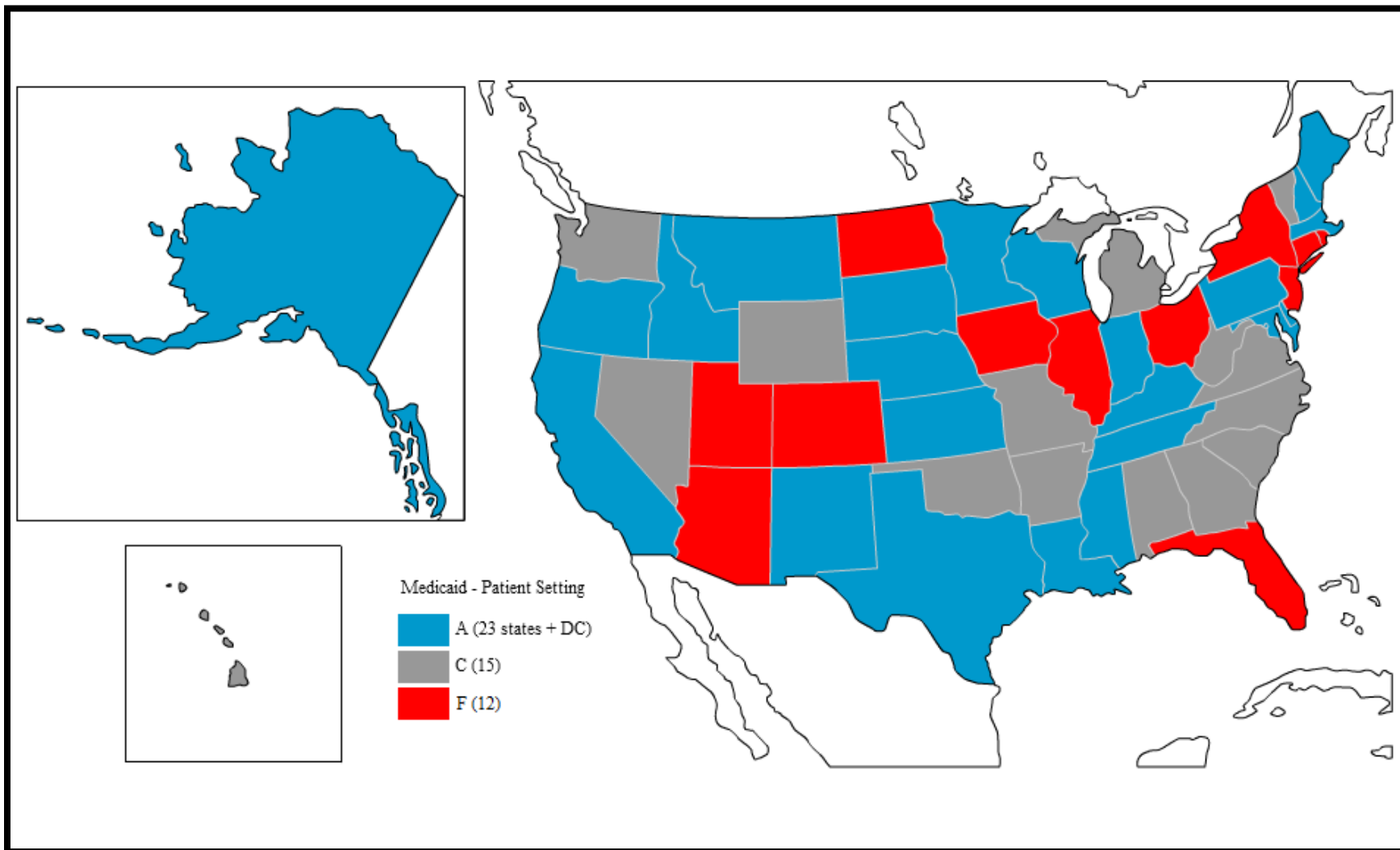
State Ratings – Medicaid Policies for Telemedicine Coverage



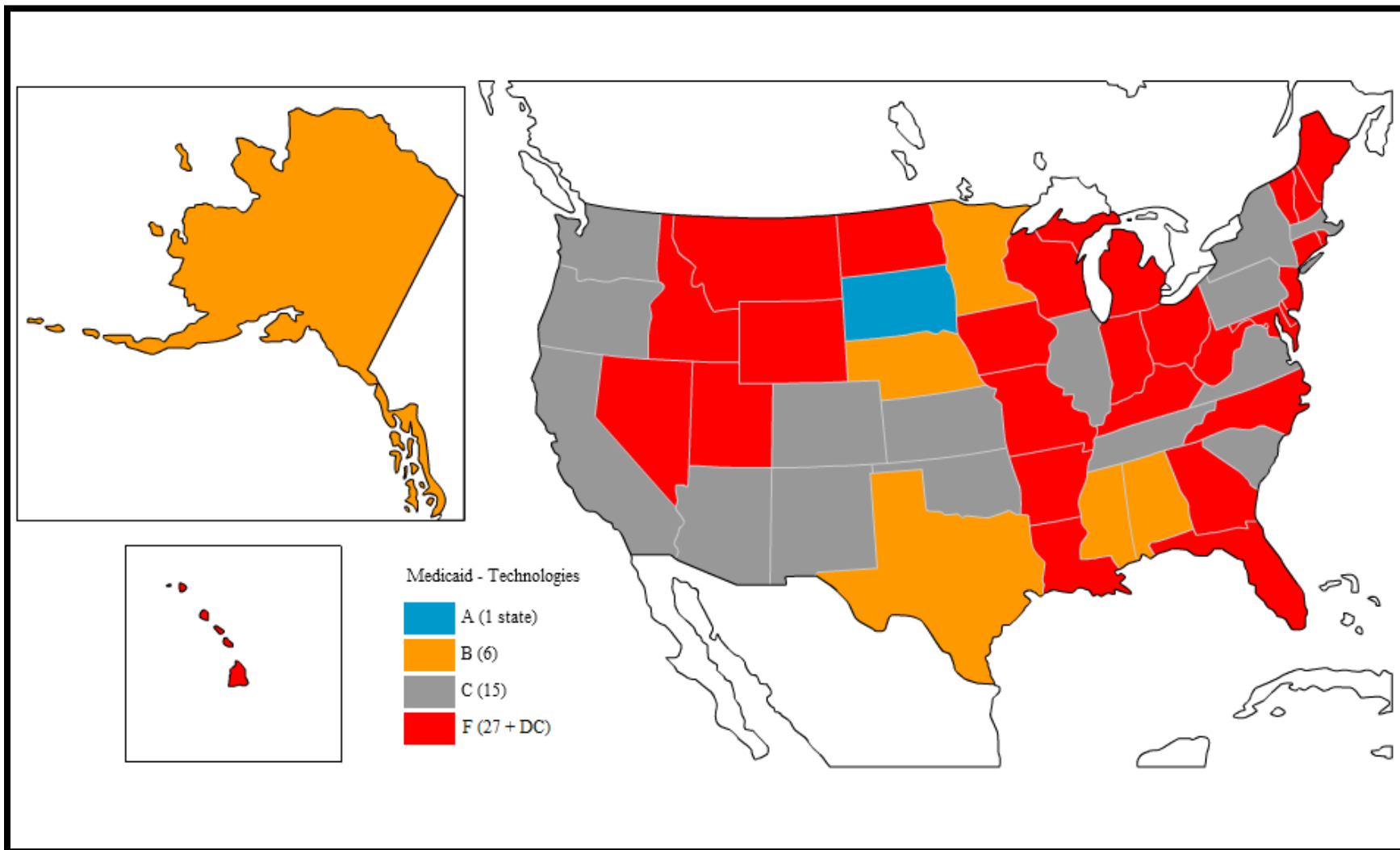
State Ratings – State Employee Health Plan Laws for Telemedicine Coverage



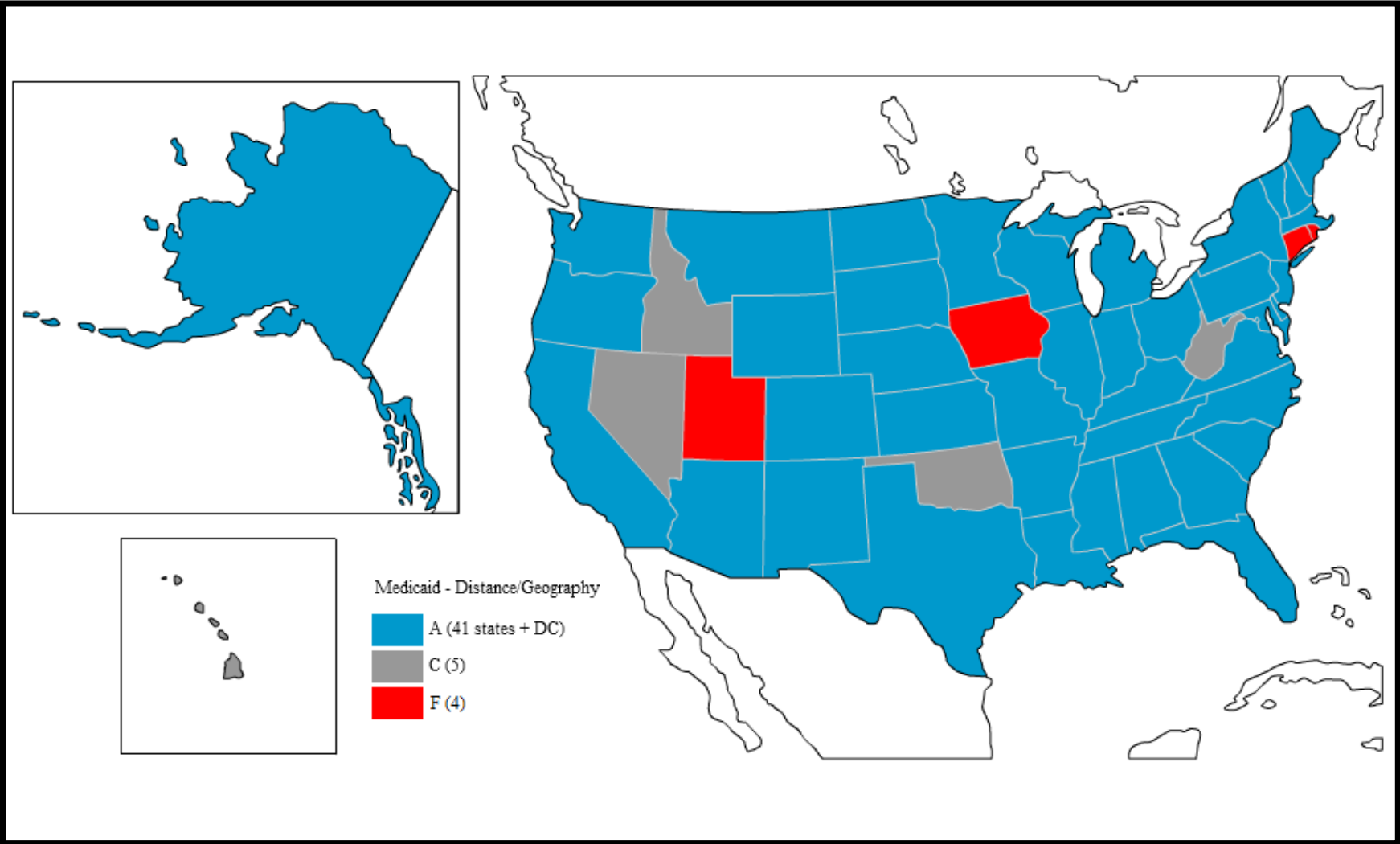
State Ratings – Medicaid Patient Setting



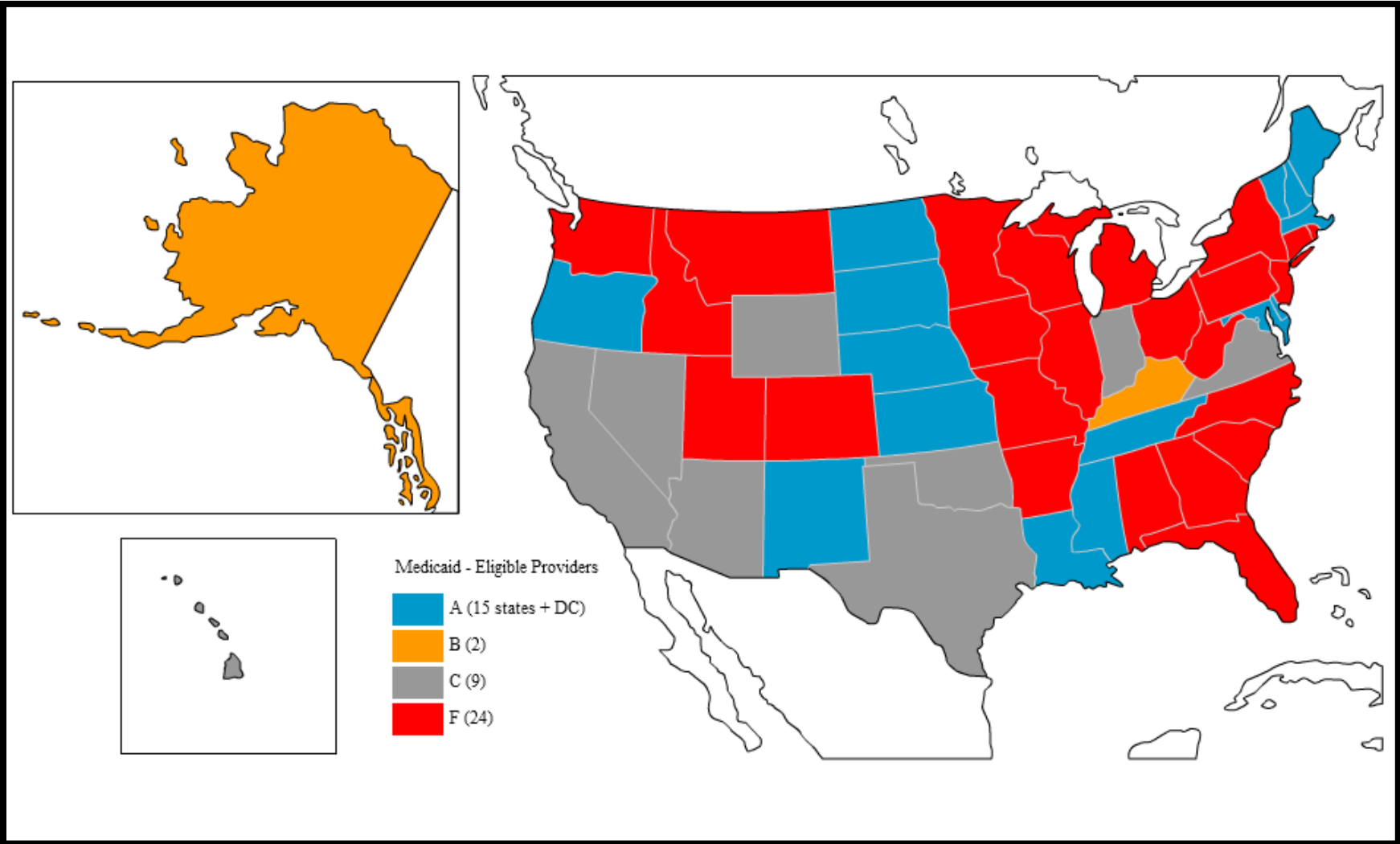
State Ratings – Medicaid Eligible Technologies



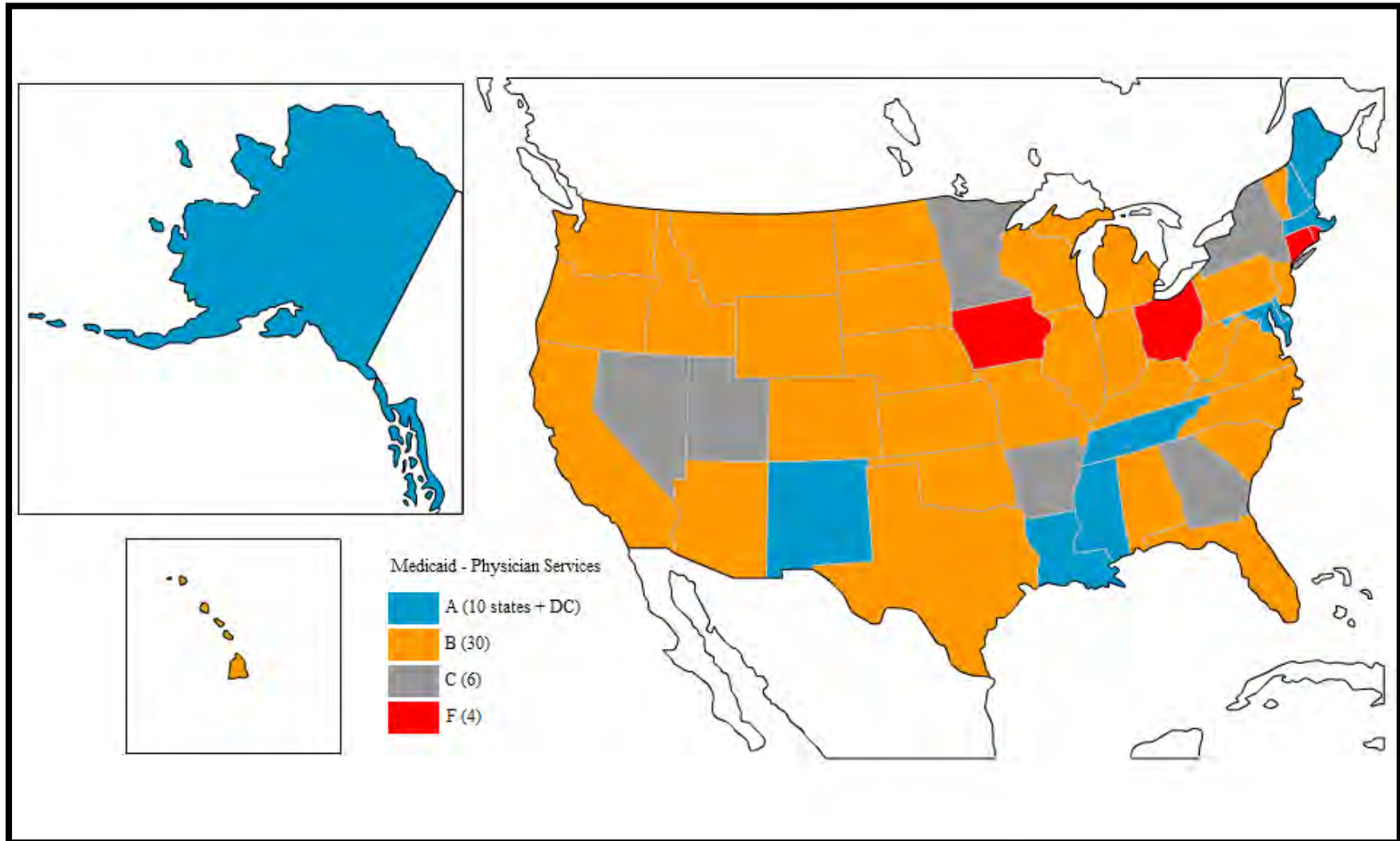
State Ratings – Medicaid Distance or Geography Restrictions



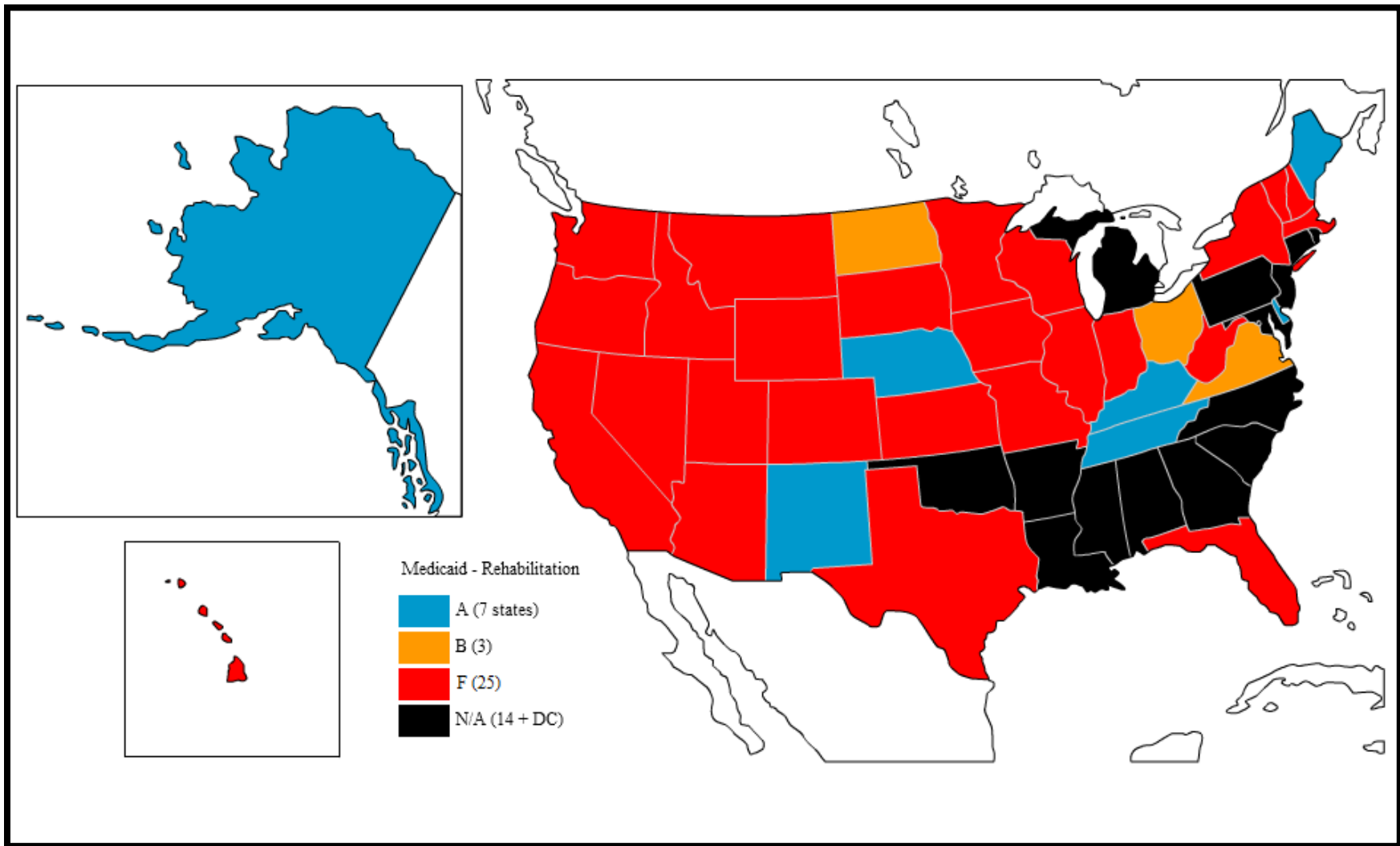
State Ratings – Medicaid Eligible Providers



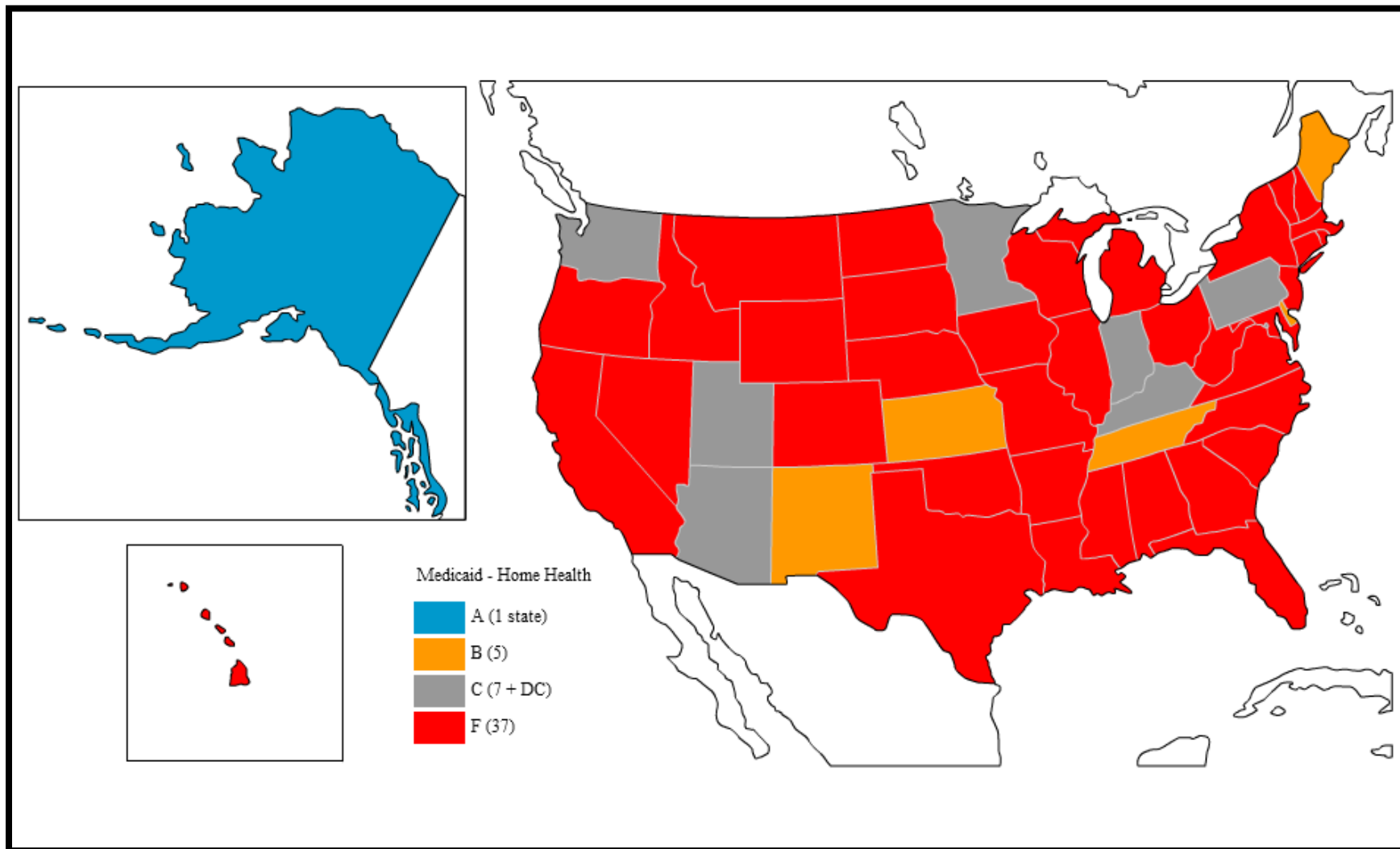
State Ratings – Medicaid Physician-provided Telemedicine Services



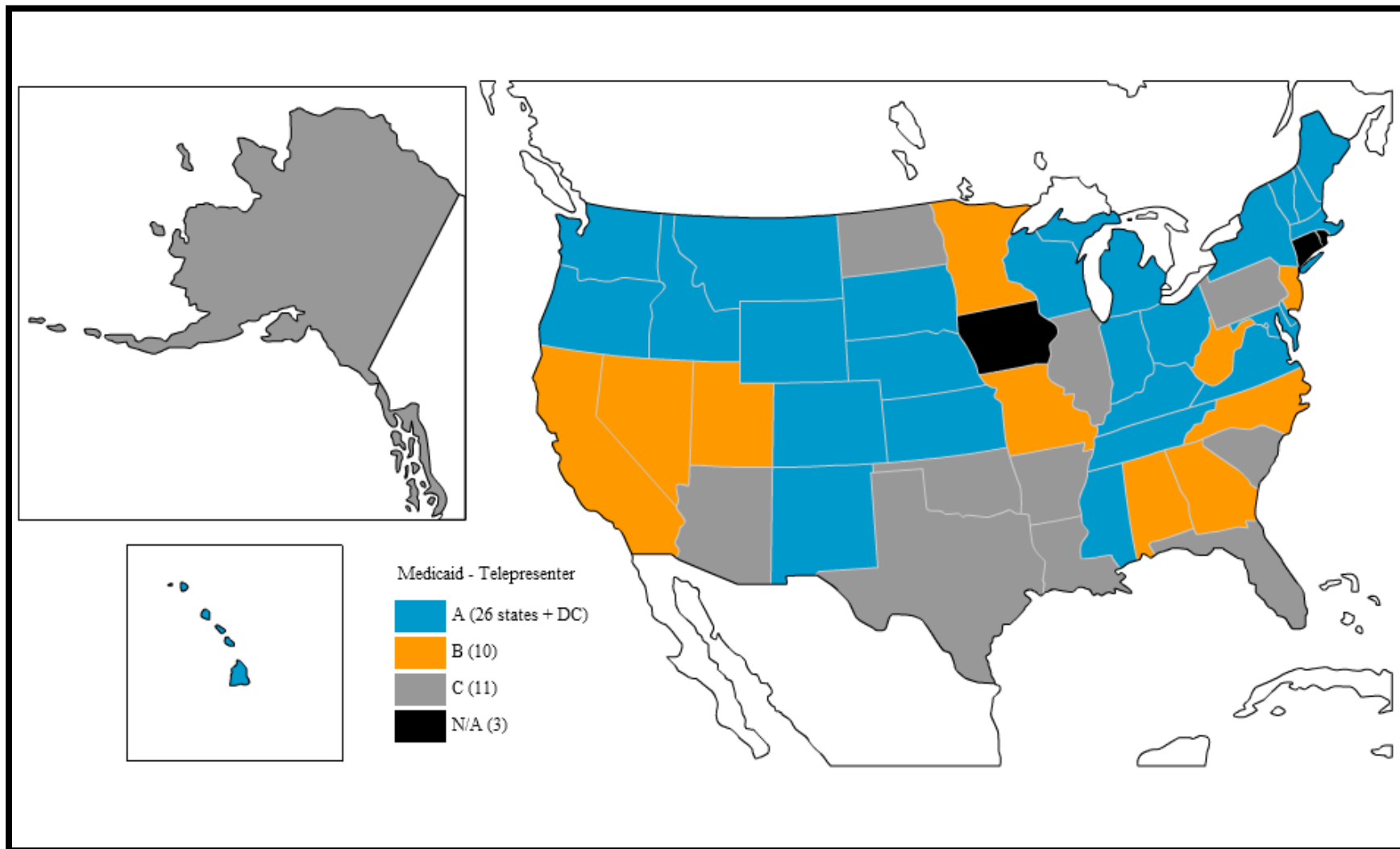
State Ratings – Medicaid Rehabilitation Services



State Ratings – Medicaid Home Health Services



State Ratings – Medicaid Telepresenter



State	Private Insurance Parity	Medicaid Coverage	State Employee Health Plan	Medicaid - Patient Setting	Medicaid - Eligible Technologies	Medicaid - Distance/Geography	Medicaid - Eligible Providers	Medicaid - Physician Services	Medicaid - Mental/Behavioral Services	Medicaid - Rehabilitation	Medicaid - Home Health	Medicaid - Informed Consent	Medicaid - Telepresenter	State-wide Network	Medicaid Managed Care	Medicare-Medicaid Dual Eligibles	Health Home	Corrections	HCBS Waiver	Other
AL	F	C	F	C	B	A	F	B	B	N/A	F	F	B				✓	✓		✓
AK	F	B	F	A	B	A	B	A	A	A	A	A	C		N/A					
AZ	C	B	F	F	C	A	C	B	B	F	C	B	C	✓	✓			✓		
AR	F	C	F	C	F	A	F	C	B	N/A	F	A	C							✓
CA	A	B	A	A	C	A	C	B	B	F	F	C	B	✓	✓			✓		
CO	B	B	F	F	C	A	F	B	B	F	F	F	A	✓	✓					
CT	F	F	F	F	F	F	F	F	F	N/A	F	N/A	N/A							
DE	F	A	F	A	F	A	A	A	A	A	B	A	A		✓					
DC	A	A	F	A	F	A	A	A	A	N/A	C	A	A							
FL	F	C	F	F	F	A	F	B	B	F	F	F	C							
GA	A	C	A	C	F	A	F	C	B	N/A	F	F	B	✓				✓		
HI	A	F	F	C	F	C	C	B	B	F	F	A	A							
ID	F	F	F	A	F	C	F	B	B	F	F	F	A							
IL	F	C	F	F	C	A	F	B	B	F	F	A	C							✓
IN	F	B	F	A	F	A	C	B	B	F	C	F	A							
IA	F	F	F	F	F	F	F	F	F	F	F	N/A	N/A				✓			
KS	F	B	F	A	C	A	A	B	B	F	B	A	A		✓			✓	✓	
KY	A	B	F	A	F	A	B	B	B	A	C	F	A		✓			✓	✓	
LA	B	B	F	A	F	A	A	A	A	N/A	F	B	C					✓	✓	
ME	A	A	F	A	F	A	A	A	A	A	B	A	A	✓			✓			
MD	A	A	F	A	F	A	A	A	A	N/A	F	A	A		✓			✓	✓	
MA	F	B	F	A	C	A	A	A	B	F	F	A	A	✓	✓			✓		
MI	C	C	F	C	F	A	F	B	B	N/A	F	A	A		✓					
MN	F	B	F	A	B	A	F	C	C	F	C	A	B							✓
MS	A	A	A	A	B	A	A	A	A	N/A	F	B	A					✓		
MO	A	C	A	C	F	A	F	B	B	F	F	F	B	✓				✓		
MT	A	C	F	A	F	A	F	B	B	F	F	A	A							
NE	F	B	F	A	B	A	A	B	B	A	F	F	A	✓	✓					
NV	F	F	F	C	F	C	C	C	B	F	F	B	B						✓	
NH	A	B	A	A	F	A	A	A	A	F	F	A	A		✓			✓		
NJ	F	C	F	F	F	A	F	B	B	N/A	F	B	B		✓					
NM	A	A	A	A	C	A	A	A	A	A	B	A	A	✓	✓			✓		
NY	F	C	F	F	C	A	F	C	C	F	F	A	A		✓		✓			
NC	F	B	F	C	F	A	F	B	B	N/A	F	A	B	✓						
ND	F	C	F	F	F	A	A	B	B	B	F	A	C							
OH	F	C	F	F	F	A	F	F	B	B	F	F	A		✓		✓	✓		
OK	A	C	F	C	C	C	C	B	B	N/A	F	F	C		✓			✓		
OR	C	B	F	A	C	A	A	B	B	F	F	A	A							
PA	F	C	F	A	C	A	F	B	B	N/A	C	B	C		✓					✓
RI	F	F	F	F	F	F	F	F	F	N/A	F	N/A	N/A							
SC	F	C	F	C	C	A	F	B	B	N/A	F	A	C	✓						✓
SD	F	B	F	A	A	A	A	B	B	F	F	A	A							✓
TN	A	B	A	A	C	A	A	A	A	A	B	A	A		✓			✓		
TX	A	B	F	A	B	A	C	B	B	F	F	B	C					✓		
UT	F	F	F	F	F	F	F	C	C	F	C	F	B	✓						
VT	C	C	A	C	F	A	A	B	B	F	F	A	A							
VA	A	B	A	C	C	A	C	B	B	B	F	A	A	✓	✓	✓		✓		
WA	F	C	F	C	C	A	F	B	B	F	C	F	A							
WV	F	F	F	C	F	C	F	B	B	F	F	B	B		✓					
WI	F	B	F	A	F	A	F	B	B	F	F	B	A		✓					
WY	F	C	F	C	F	A	C	B	B	F	F	A	A	✓	N/A					

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