

**American Telemedicine Association**

*Connected to Care*

# State Telemedicine Gaps Analysis

## Coverage & Reimbursement

Latoya Thomas

Gary Capistrant

May 2015



# 50 State Telemedicine Gaps Analysis

## **Coverage & Reimbursement**

Latoya Thomas and  
Gary Capistrant

May 2015

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

Table of Contents

Executive Summary ..... 1

Purpose..... 4

Overview..... 4

Assessment Methods..... 5

    Scoring ..... 5

    Limitations ..... 5

Indicators ..... 6

    Parity ..... 6

        Private Insurance ..... 6

        Medicaid ..... 7

        State Employee Health Plans..... 8

Medicaid Service Coverage & Conditions of Payment ..... 9

    Patient Setting..... 9

    Eligible Technologies ..... 12

    Distance or Geography Restrictions ..... 13

    Eligible Providers ..... 14

    Physician-provided Telemedicine Services..... 16

    Mental and Behavioral Health Services ..... 17

    Rehabilitation Services ..... 18

    Home Health Services ..... 19

    Informed Consent ..... 21

    Telepresenter ..... 21

    Innovative Payment or Service Delivery Models ..... 22

State Report Cards ..... 24

    Alabama ..... 25

    Alaska..... 26

    Arizona..... 27

    Arkansas ..... 28

    California..... 29

    Colorado ..... 30

50 State Telemedicine Gaps Analysis: Coverage & Reimbursement

Connecticut..... 31

Delaware..... 32

District of Columbia..... 33

Florida ..... 34

Georgia ..... 35

Hawaii ..... 36

Idaho..... 37

Illinois..... 38

Indiana..... 39

Iowa..... 40

Kansas ..... 41

Kentucky ..... 42

Louisiana..... 43

Maine..... 44

Maryland ..... 45

Massachusetts..... 46

Michigan..... 47

Minnesota..... 48

Mississippi..... 49

Missouri..... 50

Montana..... 51

Nebraska..... 52

Nevada..... 53

New Hampshire..... 54

New Jersey ..... 55

New Mexico ..... 56

New York ..... 57

North Carolina..... 58

North Dakota..... 59

Ohio..... 60

Oklahoma ..... 61

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

## Executive Summary

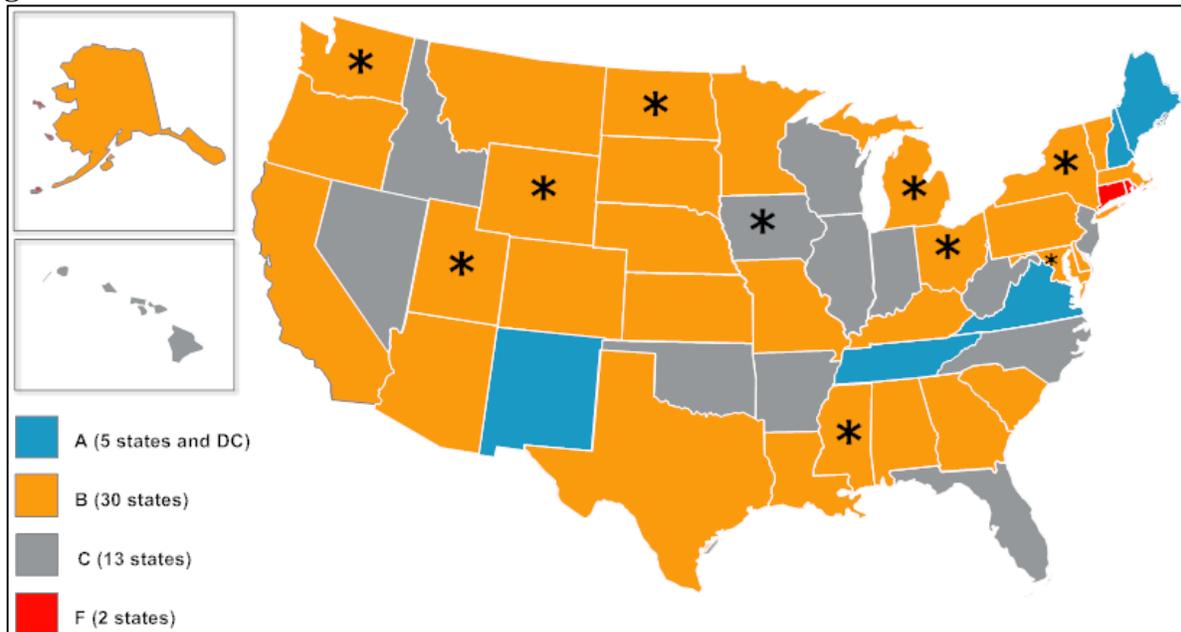
Payment and coverage for services delivered via telemedicine are one of the biggest challenges for telemedicine adoption. Patients and health care providers may encounter a patchwork of arbitrary insurance requirements and disparate payment streams that do not allow them to fully take advantage of telemedicine.

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 five states maintained the highest composite score suggesting a supportive policy landscape that accommodates telemedicine adoption. Maryland and Mississippi have dropped from an ‘A’ to ‘B’ as a result of additional restrictions being placed on telehealth coverage under their Medicaid plans. Connecticut and Rhode Island continue to average 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						
AK	B	ID	C	MT	B	RI	F
AL	B	IL	C	NC	C	SC	B
AR	C	IN	C	ND	B	SD	B
AZ	B	KS	B	NE	B	TN	A
CA	B	KY	B	NH	A	TX	B
CO	B	LA	B	NJ	C	UT	B
CT	F	MA	B	NM	A	VA	A
DC	A	MD	B	NV	C	VT	B
DE	B	ME	A	NY	B	WA	B
FL	C	MI	B	OH	B	WI	C
GA	B	MN	B	OK	C	WV	C
HI	C	MO	B	OR	B	WY	B
IA	C	MS	B	PA	B		

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

- Three additional states have enacted telemedicine parity laws since the release of the initial report. Of the 24 states that have telemedicine parity laws for private insurance, only 16 of them and D.C. scored the highest grades indicating policies that authorize state-wide coverage, without any provider or technology restrictions (Figure 2). Colorado improved its grade from a ‘B’ to ‘A’ because it removed the rural restrictions from its parity law. Over half of the country, 27 states, ranked the lowest with failing scores for having either no parity law in place or numerous artificial barriers to parity. Arkansas maintains a failing grade because it places arbitrary limits in its parity law.
- Forty-eight state Medicaid programs have some type of coverage for telemedicine. Only four states and D.C. scored the highest grades by offering more comprehensive coverage, with few barriers for telemedicine-provided services (Figure 3). Maryland dropped from an ‘A’ to ‘B’ due to restrictions enforced in its regulations. Connecticut, Hawaii, Idaho, Rhode Island, and West Virginia ranked the lowest with failing scores in this area. Iowa, Nevada and Utah have improved their failing scores to ‘C’ by expanding coverage for telehealth under their Medicaid plans.
- One area of improvement includes coverage and reimbursement for telemedicine under state employee health plans. Twenty-four states have some type of coverage for telehealth under one or more state employee health plan. Most states self-insure their plans and 58 percent of the country is ranked the lowest with failing scores due to partial or no coverage of telehealth (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-four states and D.C. do not specify a patient setting as a condition for payment of telemedicine (Figure 5). Aside from

this, 25 states recognize the home as an originating site, while 16 states recognize schools and/or school-based health centers as an originating site (Figures 6-7).

Alaska 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 audio conferencing for some services (Figure 8). South Dakota had dropped to a 'B' because it no longer covers telemedicine when some modalities are used. Almost half of the country ranks the lowest with failing scores either because they only cover synchronous only or provide no coverage for telemedicine at all. Idaho, Missouri, North Carolina and South Carolina prohibit the use of "cell phone video" to facilitate a telemedicine encounter.

There is a national trend to allow state-wide Medicaid coverage of telemedicine instead of focusing solely on rural areas or designated mileage requirements (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 19 states ranked the lowest with failing scores for authorizing less than nine health provider types. Florida, Idaho, and Montana ranked the lowest with coverage for physicians only.

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

- Ten states and D.C. rank the highest for coverage of telemedicine-provided physician services and most states cover an office visit or consultations, with ultrasounds and echocardiograms being the least covered telemedicine-provided services (Figure 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. Eight 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 and Rhode Island which have no coverage for telemedicine under their Medicaid plans.
- Although state policies vary in scope and application, more four states have expanded coverage to include telerehabilitation. Fourteen states are known to reimburse for telerehabilitative services in their Medicaid plans. Of those, eight 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-seven states have unique patient informed consent requirements for telemedicine encounters (Figure 15). Twenty-eight 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.<sup>1</sup> Moreover, Medicaid agencies are developing innovative ways to use telemedicine in their payment and delivery reforms resulting in 48 state Medicaid agencies with some type of coverage for telemedicine provided-services.

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

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

## Assessment Methods

### *Scoring*

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

- Health plan parity
- Medicaid conditions of payment.

These categories were measured using 13 indicators. The indicators were chosen based on the most recent and generally accessible information assembled and published by state public entities. Using this information, we took qualitative characteristics based on scope of service, provider and patient eligibility, technology type, and arbitrary conditions of payment and assigned them quantitative values. States were given a certain number of points for each indicator depending on its effectiveness. The points were then used to rank and compare each state by indicator. We used a four-graded system to rank and compare each state. This is based off of the scores given to each state by indicator. Each of the two categories was broken down into indicators – three indicators for health plan parity and 10 indicators for Medicaid conditions of payment.

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

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

### *Limitations*

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

As such, the information in this report is a snapshot of information gathered through April 2015. 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

some coverage under at least one of their managed care plans. As such, the analysis and scores are reflective of the telemedicine offerings in each program, and not the Medicaid program itself, regardless of size and scope.

We did not analyze 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).<sup>2</sup> States with no coverage for these benefits were not applicable for scoring or ranking.

Additionally, some states policies can be conflicting. States like New York and Washington have enacted laws requiring telemedicine parity in their Medicaid plans. However, regulations and the Medicaid provider manuals do not reflect these policy changes. Also Missouri and Oklahoma have policy proposals that would expand coverage under Medicaid but are awaiting final approval. In those cases, the analysis and scores are reflective of the authorized regulations and 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

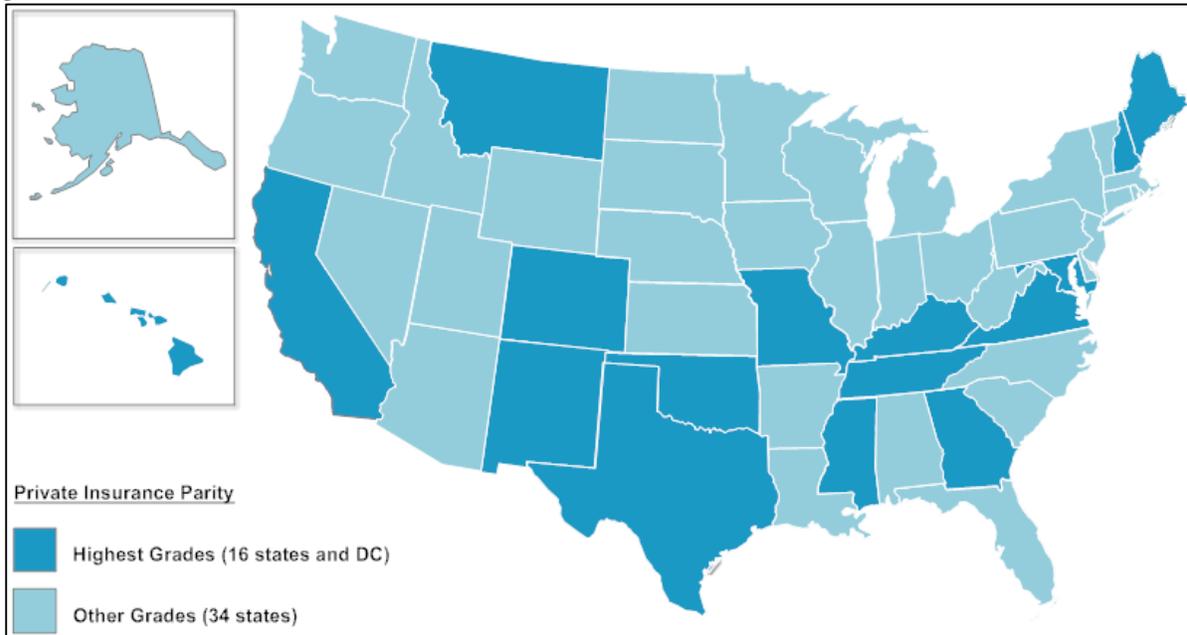
### *Parity*

#### *A. Private Insurance*

Full parity is classified as comparable coverage and reimbursement for telemedicine-provided services to that of in-person services. Twenty-three states and the District of Columbia have enacted full parity laws. Only Arizona has enacted a partial parity law 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.

<b>Scale – Private Insurance Parity</b>	
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, Vermont, and Washington 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. Despite enacting a parity law in March 2015, Arkansas maintains a failing grade because it places arbitrary limits on patient location, eligible provider type, and requires an in-person visit to establish a provider-patient relationship. Fifty-four percent of the country ranked the lowest with failing (F) scores.

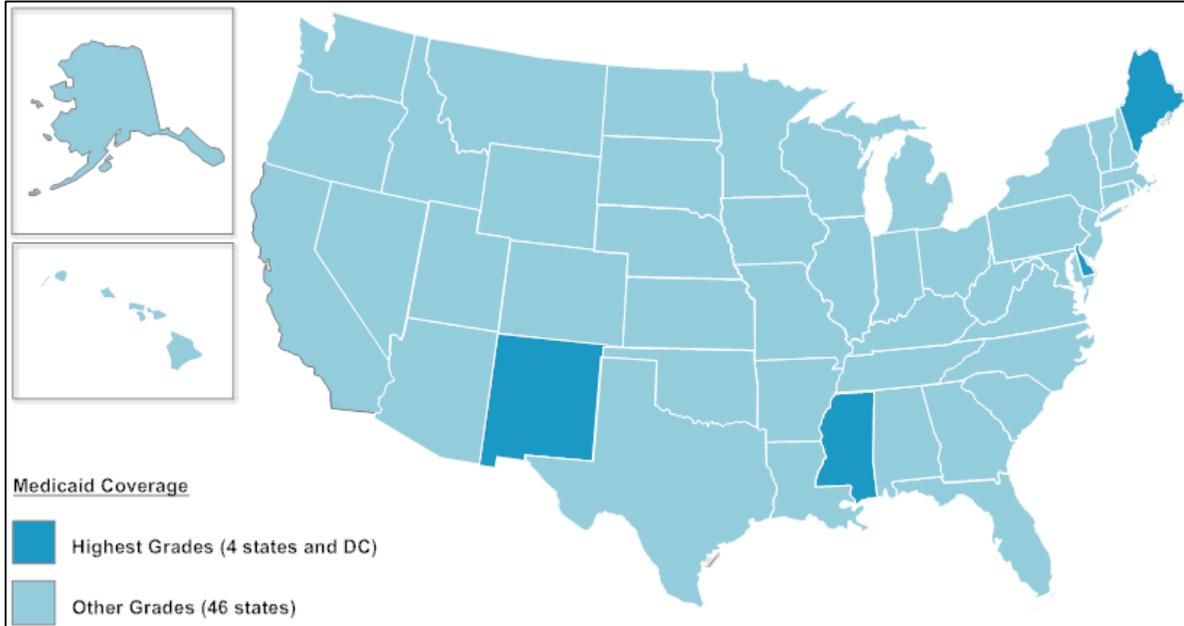
**B. Medicaid**

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

**Figure 3**



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

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

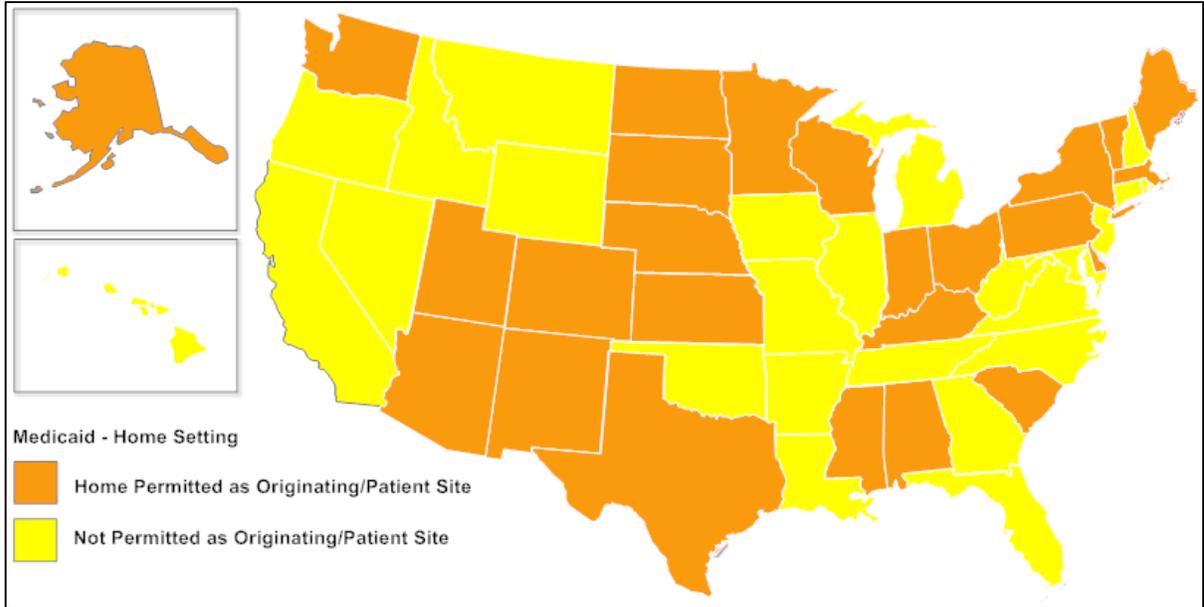
Twenty-four states provide some coverage for telemedicine under their state employee health plans with 21 states extending coverage under their parity laws (Figure 4). Most states self-insure their plans and 58 percent of the country is ranked the lowest with failing scores due to partial or no coverage of telehealth.



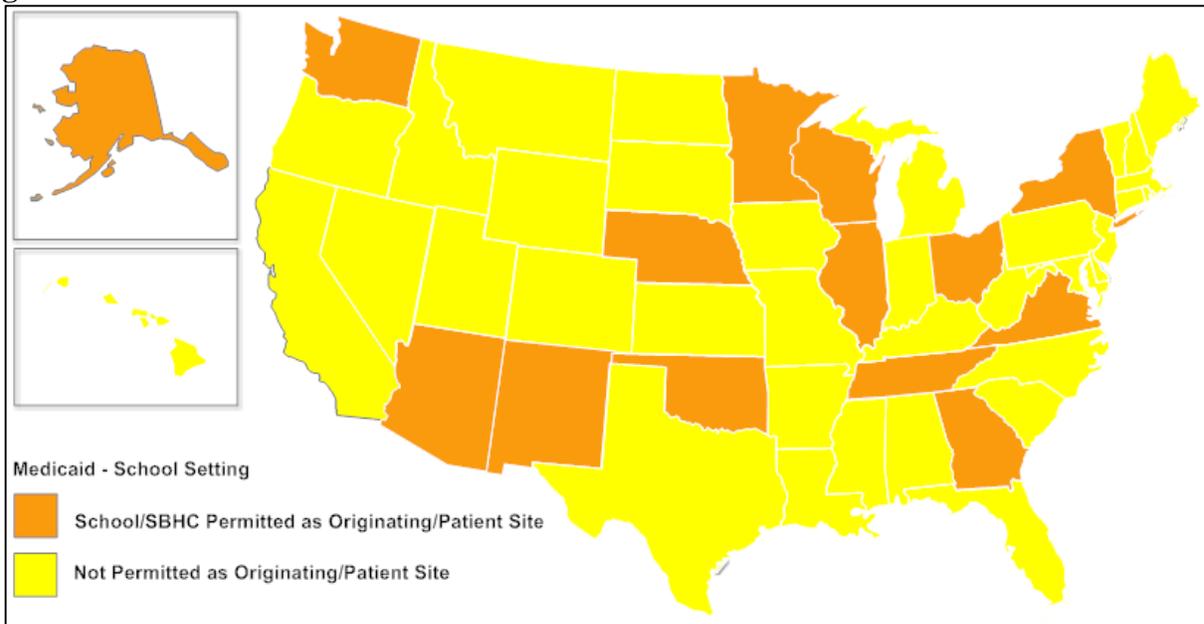


Aside from this, 25 states recognize the home as an originating site, while 16 states recognize schools and/or SBHCs as an originating site (Figures 6-7).

**Figure 6**



**Figure 7**



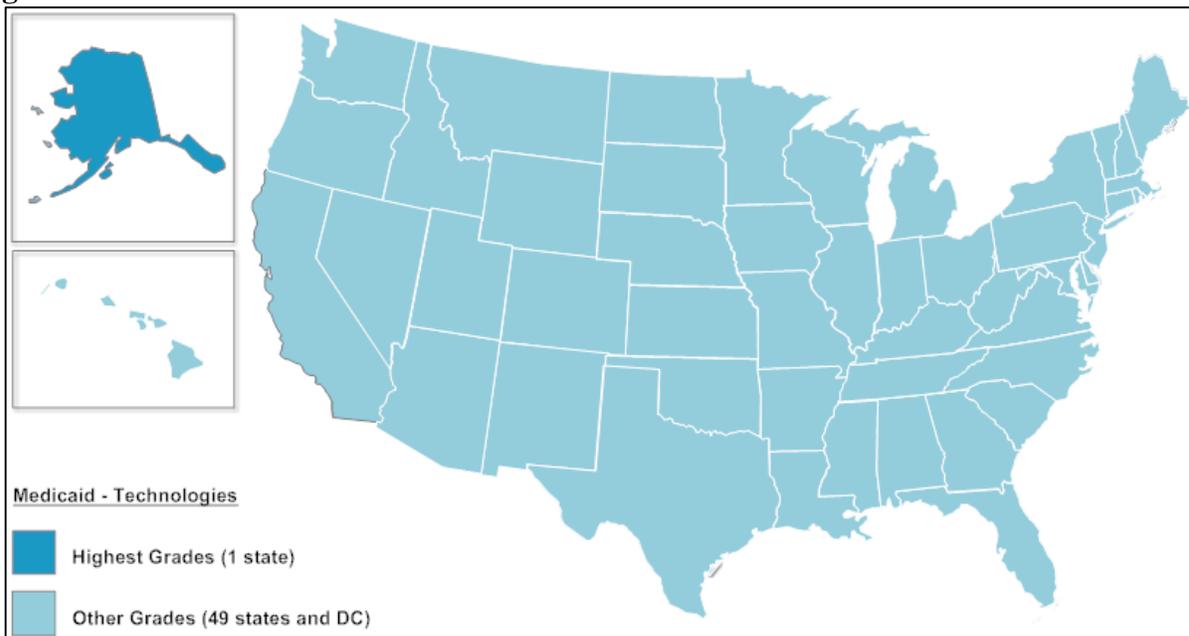
Twelve states ranked the lowest with failing (F) scores for designating less than six patient settings as originating sites with Utah ranking the lowest with only one eligible originating site.

*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**



Ten states score above average on our scale with Alaska taking the highest ranking (Figure 8). The state covers telemedicine when providers use interactive audio-video, store-and-forward, remote patient monitoring, and audio conferencing for some telemedicine encounters. 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*

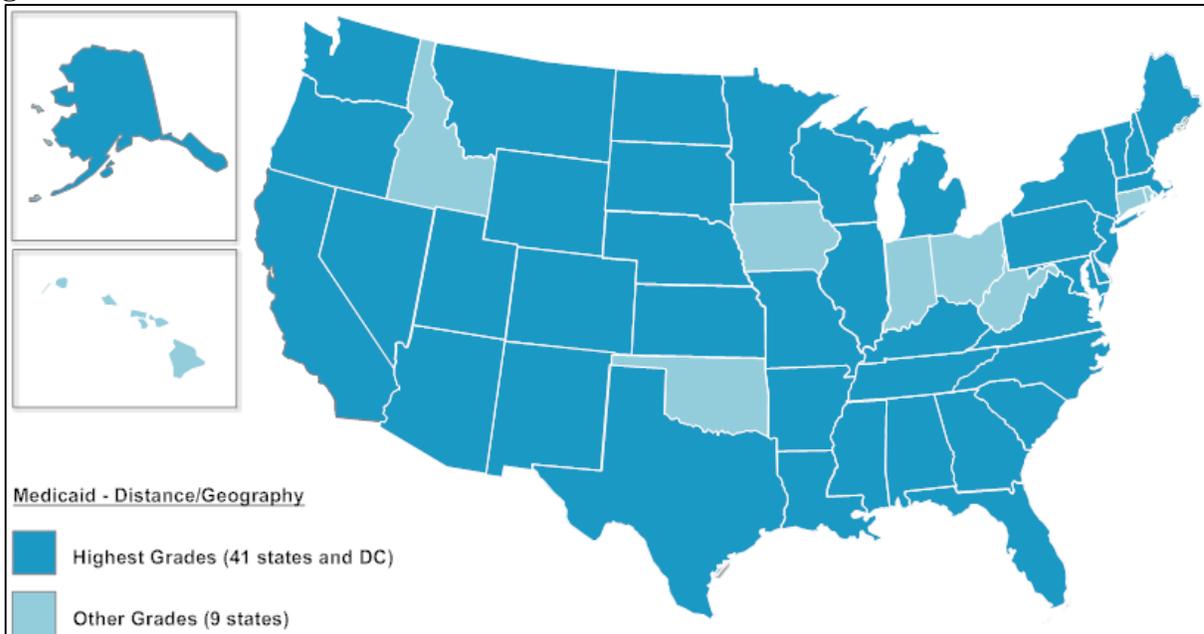
Distance restrictions are measured in miles and designate the amount of distance necessary between a distance site provider and patient as a condition of payment for telemedicine. Geography is classified as rural, urban, metropolitan statistical area (MSA), defined population size, or health professional 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. Michigan, and Nebraska successfully removed distance requirements. Indiana has statutory authority to remove their mileage requirements for all distance site providers but chooses to enforce the mileage requirement for some eligible providers. Earlier this year, Ohio Medicaid approved a regulation that would expand coverage of telemedicine services, and includes a five mile distance restriction as a condition of payment.

**Figure 9**



Eighty-two percent of the states cover telemedicine services state-wide without distance restrictions or geographic designations (Figure 9). This evidence dispels the misconception that telemedicine is only appropriate for rural settings only.

*G. Eligible Providers*

Most states allow physicians to perform telemedicine encounters within their scope of practice.

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

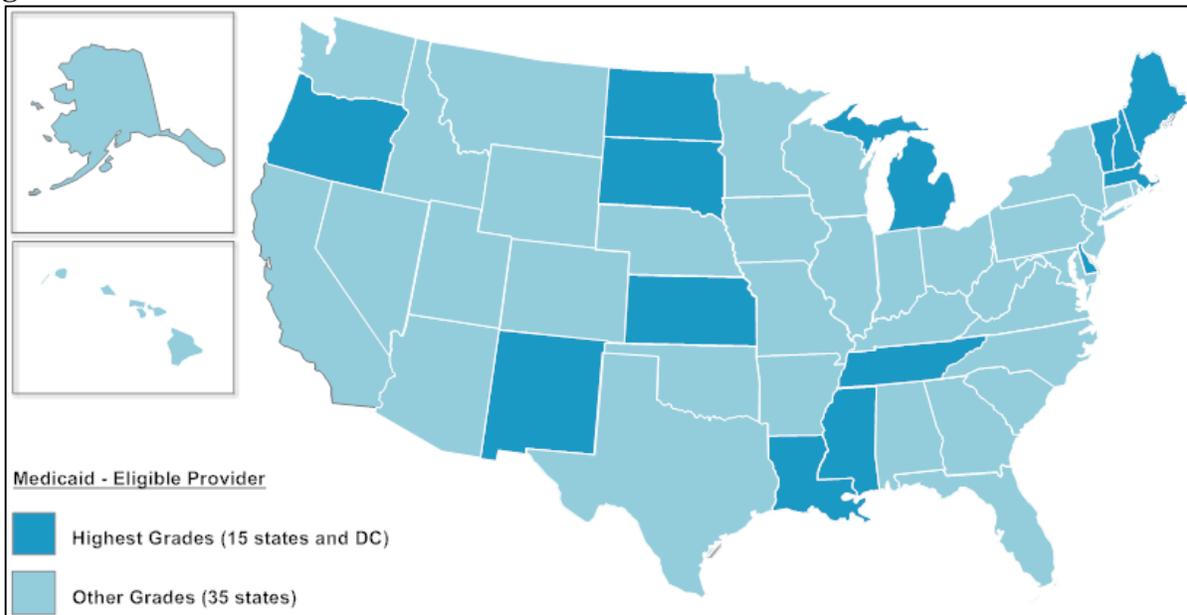
- physician (MD and DO)
- podiatrist
- chiropractor
- optometrist
- genetic counselor
- dentist
- physician assistant (PA)
- nurse practitioner (NP)
- registered nurse
- licensed practical nurse
- certified nurse midwife
- clinical nurse specialist
- psychologist
- marriage and family therapist
- clinical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

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. Although CMS has issued guidance clarifying their position on coverage for services related to autism spectrum disorder, only New Mexico, Oklahoma, and Washington specify coverage for telemedicine when provided by behavioral analysts. This trend is unique because these specialists are critical for the treatment of autism spectrum disorders. New Mexico, Oklahoma, Virginia, West Virginia, and Wyoming specify coverage for telemedicine when provided by a substance abuse or addiction specialist.

Nineteen states ranked the lowest with failing (F) scores for authorizing less than nine health provider types. Florida, Idaho, Iowa, 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.

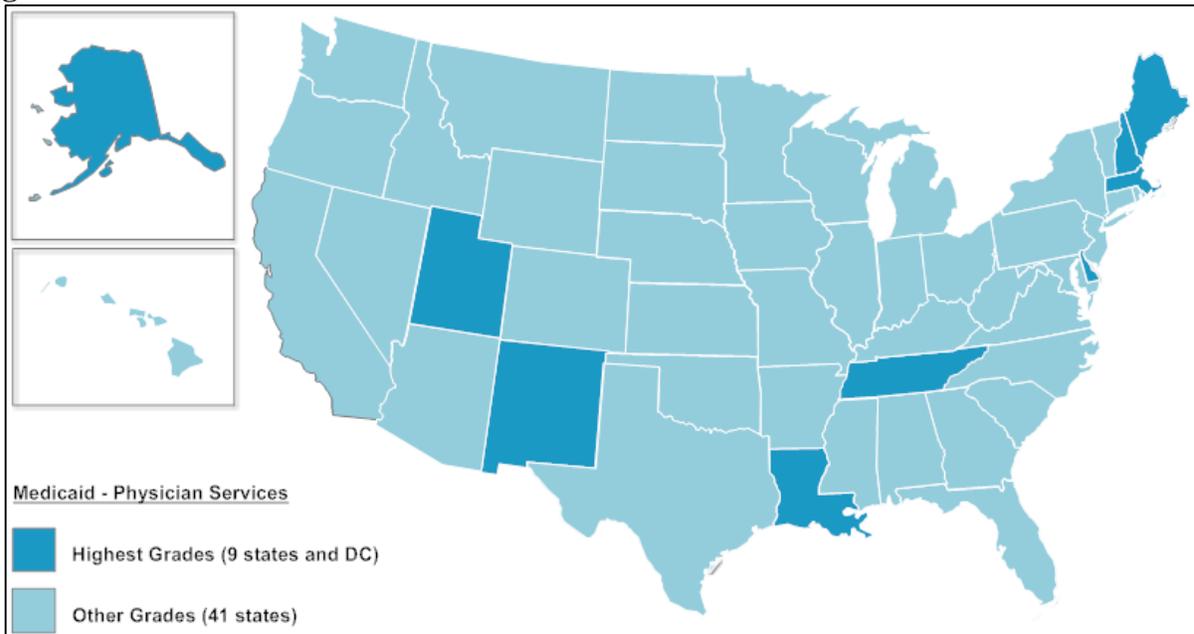
For this report, we measured components of state Medicaid policies that broaden or restrict a physician’s ability to use telemedicine for conditions of coverage and payment.

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

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

Moreover, most states cover an office visit or consultations, with ultrasounds and echocardiograms being the least covered telemedicine-provided services (Figure 11).

**Figure 11**



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

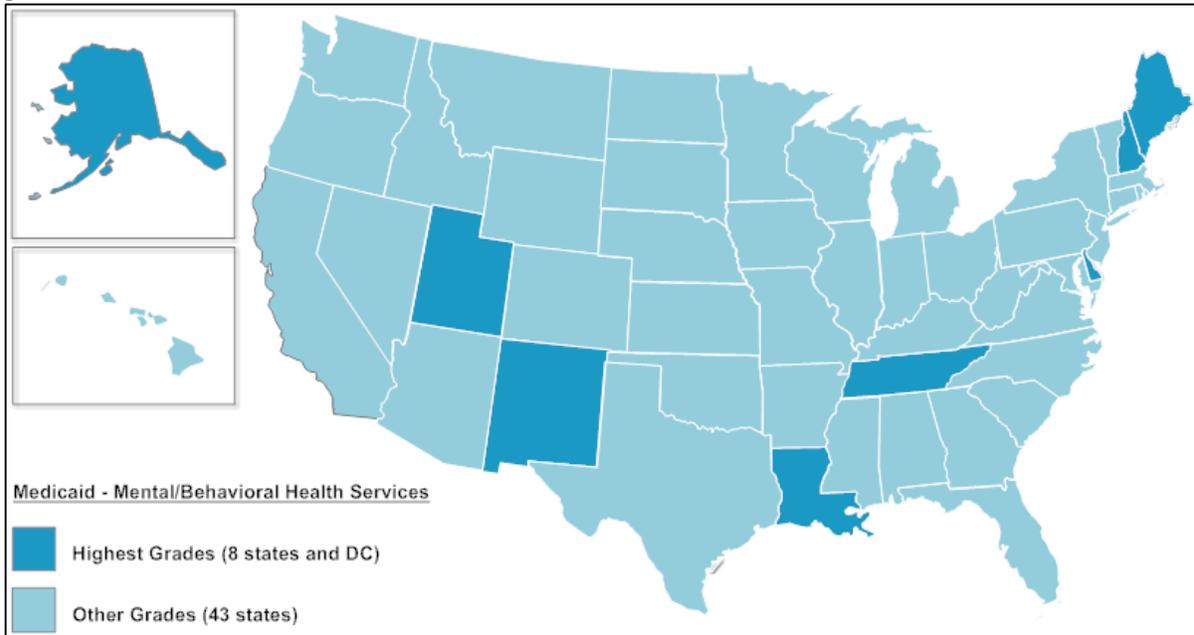
### *I. Mental and Behavioral Health Services*

According to ATA's telemental health practice guidelines, telemental health consists of the practice of mental health specialties at a distance using video-conferencing. The scope of services that can be delivered using telemental health includes: mental health assessments, substance abuse treatment, counseling, medication management, education, monitoring, and collaboration. Forty-eight states have some form of coverage and reimbursement for mental health provided via telemedicine video-conferencing. While the number of states with coverage in this area suggests enhanced access to mental health services, it is important to note that state policies for telemental health vary in specificity and scope.

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

<b>Scale – Medicaid: Mental and Behavioral Health Services</b>	
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. Eight 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, Hawaii, Indiana, Kentucky, Michigan, Minnesota, Nevada, New Mexico, New York, North Carolina, Ohio, Oklahoma, Texas, Virginia, Washington, West Virginia and Wyoming cover telemedicine when performed by a licensed social worker. Alaska, Arizona, Arkansas, California, Indiana, Kentucky, Minnesota, Nevada, New Mexico, Ohio, Oklahoma, Texas, Virginia, Washington, West Virginia, and Wyoming cover telemedicine when provided by a licensed professional counselor.

Further, New Mexico, Oklahoma, and Washington are the only states to specify coverage for telemedicine when provided by behavioral analysts. This trend is unique because these specialists are critical for the treatment of autism spectrum disorders.

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

#### *J. Rehabilitation Services*

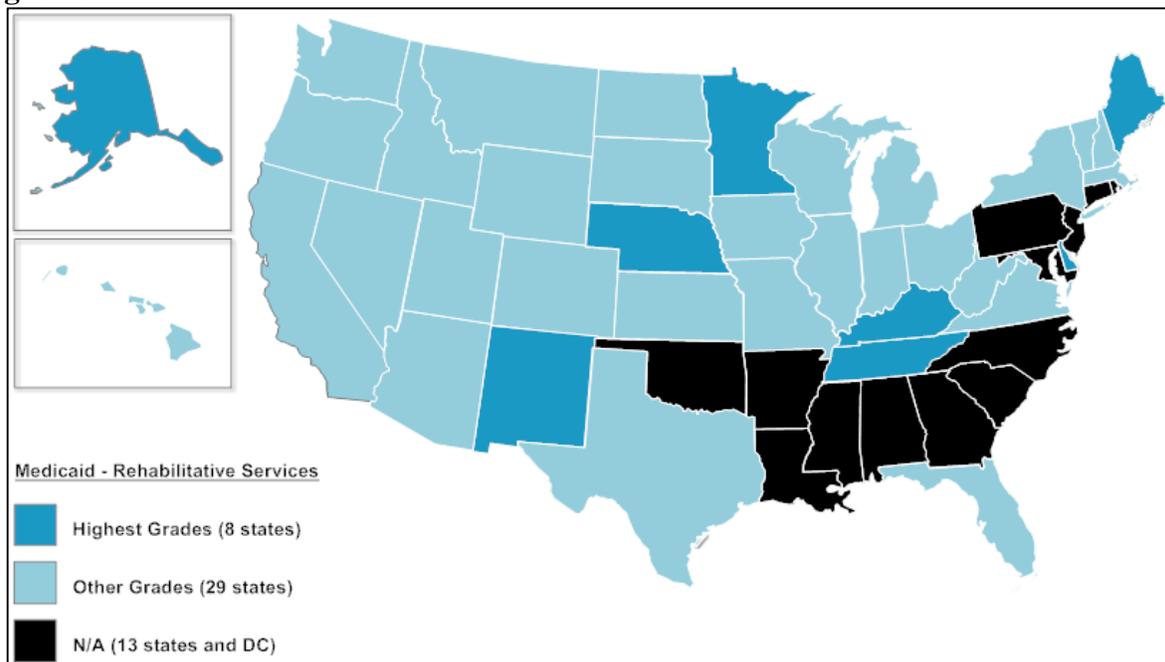
The ATA telerehabilitation guidelines define telerehabilitation as the “delivery of rehabilitation services via information and communication technologies. Clinically, this term encompasses a range of rehabilitation and habilitation services that include assessment, monitoring, prevention, intervention,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

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

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

Only 37 states were analyzed, scored and ranked for this indicator. Thirteen states and D.C. do not cover rehabilitation services for their Medicaid recipients. Although state policies vary in scope and application, 14 states are known to reimburse for telerehabilitative services in their Medicaid plans. Of those, eight states rank the highest with telemedicine coverage for therapy services (Figure 13).

**Figure 13**



Further, of the 25 states that cover home telemedicine, only Alaska, Arizona, Delaware, Kentucky, Maine, Nebraska, New Mexico, and Tennessee 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

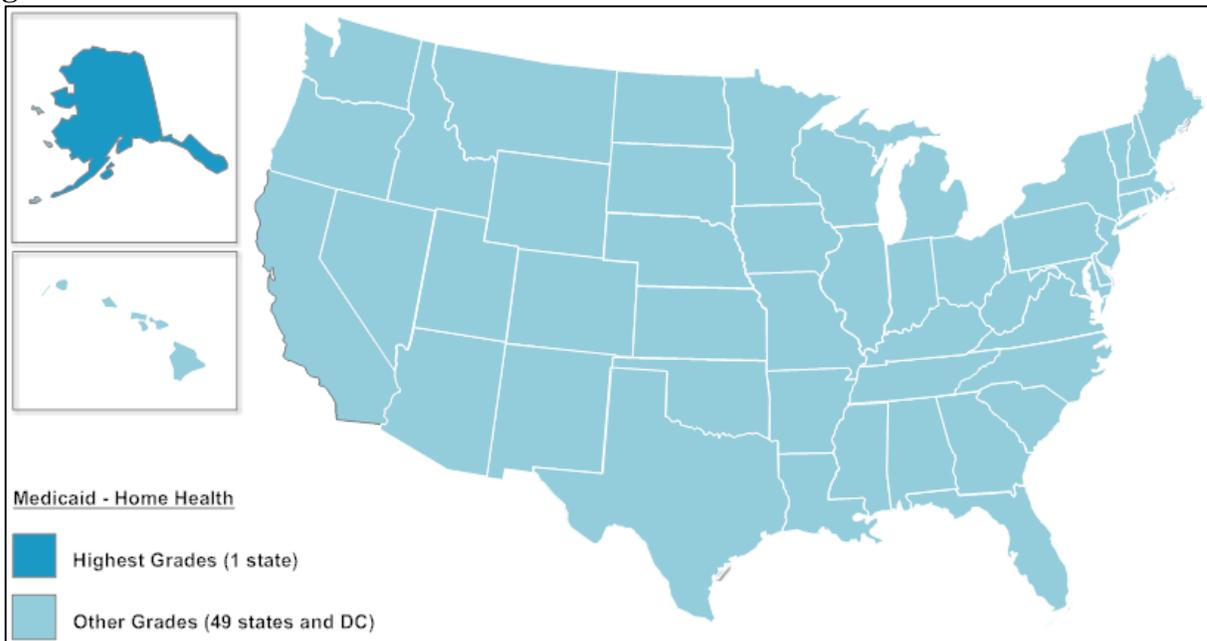
of vital signs or automated or phone-based check-ups of physical and mental well-being. The approach used for each patient should be tailored to the patient’s needs and coordinated with the patient’s care plan.

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 25 states that cover home telemedicine, only Arizona, Alaska, Delaware, Kentucky, Maine, Nebraska, New Mexico, and Tennessee 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.

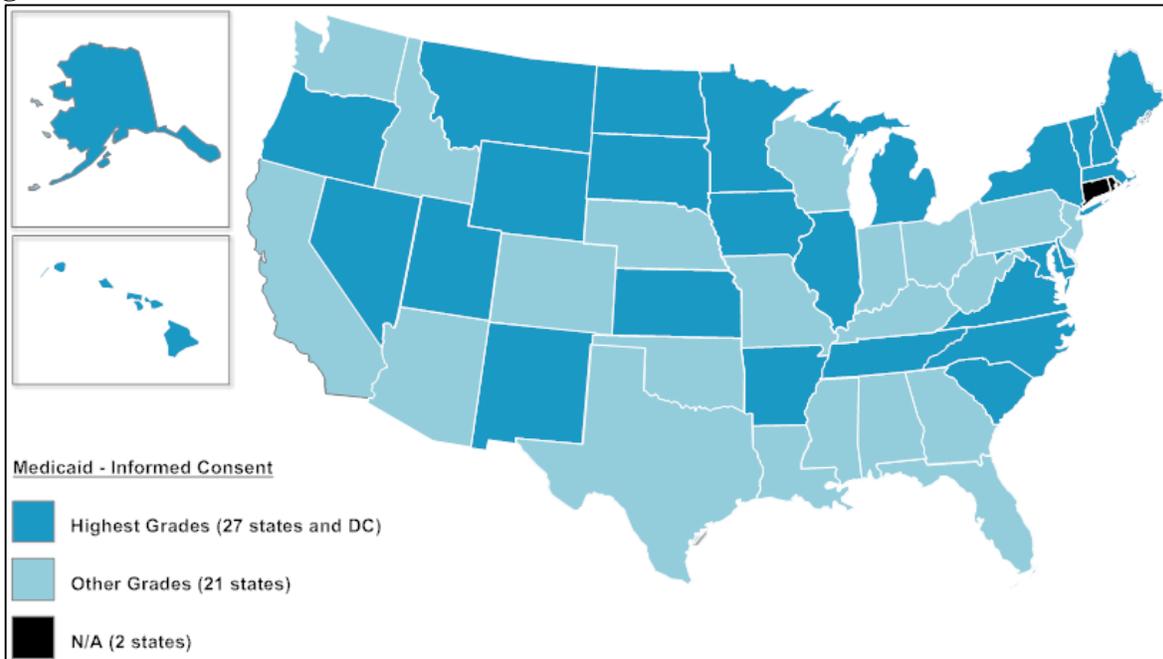
Seventy-two percent of the country ranked the lowest with failing (F) scores due to a lack of telemedicine services covered under the home health benefit.

*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**



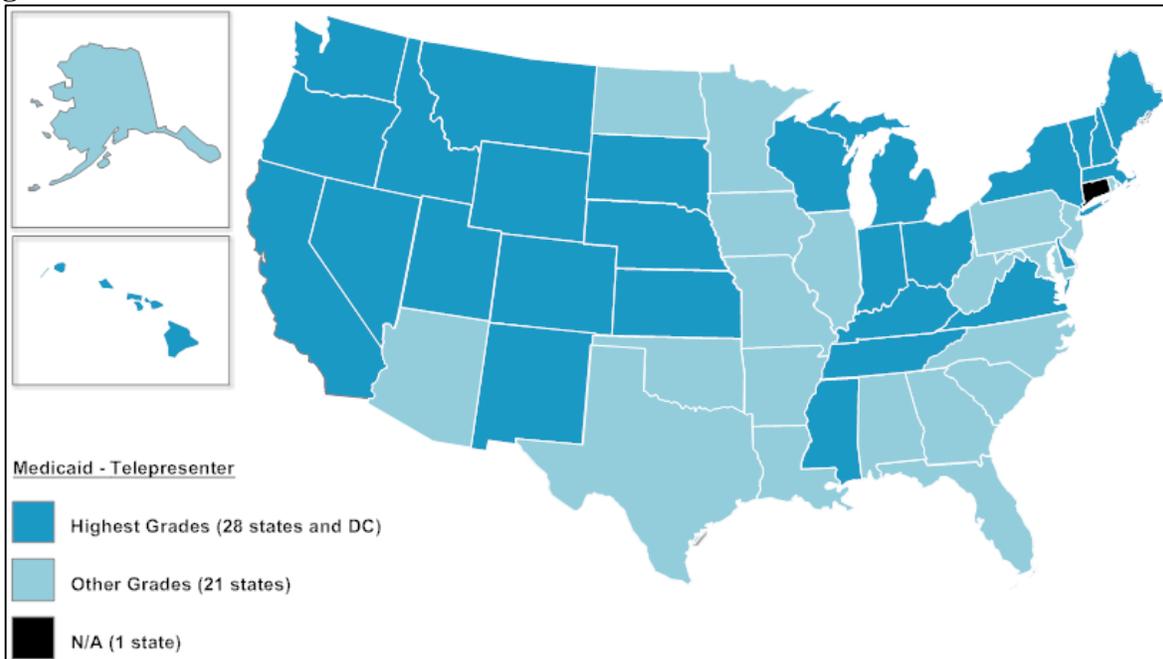
Of the 23 states with informed consent requirements, 16 states have such requirements imposed by their state Medical Board (Figure 15). Although Connecticut has no telemedicine coverage under Medicaid, its Medical Board does not require informed consent which sounds promising for future consideration 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, Georgia, Iowa, Maryland, Minnesota, Missouri, New Jersey, North Carolina, and West Virginia only require a health care provider to be on the premises and not physically with the patient during a telemedicine encounter (Figure 16). Nevada and Utah improved their grade to an ‘A’ by removing this arbitrary requirement. Although Connecticut and Rhode Island have no telemedicine coverage under Medicaid, their Medical Boards do not require a telepresenter for telemedicine related services.

***Innovative Payment or Service Delivery Models***

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

Over the years, states have increasingly used managed care organizations (MCOs) to create payment and delivery models involving capitated payments to provide better access to care and follow-up for patients, and also to control costs. The variety of payment methods and other operational details among Medicaid managed care arrangements is a useful laboratory for

devising, adapting and advancing long-term optimal health delivery. MCOs experimenting with innovative delivery models including medical homes and dual-eligible coordination have incorporated telemedicine as a feature of these models especially because it helps to reduce costs related to emergency room use and hospital admissions.

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

The federal Affordable Care Act (ACA) offers states new financing and flexibility to expand their Medicaid programs, as well as to integrate Medicare and Medicaid coverage for dually eligible beneficiaries (“duals”). Georgia, 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.<sup>3</sup>

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.<sup>4</sup> Alabama, Iowa, Maine, New York, Ohio, and West Virginia are the only states that have incorporated some form of telemedicine into their approved health home proposals.

Medicaid plans have several options to cover remote patient monitoring, usually under a federal waiver such as the Home and Community-based Services (HCBS) under Social Security Act section 1915(c).<sup>5</sup> 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



<b>PARITY:</b>		<ul style="list-style-type: none"> <li>AL is bordered by GA, MS, and TN which enacted private insurance parity laws. AL has not proposed parity legislation within the past 2 years.</li> </ul>
Private Insurance	F	
Medicaid <sup>6</sup>	C	
State Employee Health Plan	F	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
Patient Setting	C	
Eligible Technologies	B	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services	B	
Mental/behavioral Health Services <sup>7</sup>	B	
Rehabilitation	F	
Home Health <sup>8</sup>	F	
Informed Consent	F	
Telepresenter	B	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home <sup>9</sup>	✓	
HCBS Waiver		
Corrections	✓	
Other <sup>10</sup>	✓	

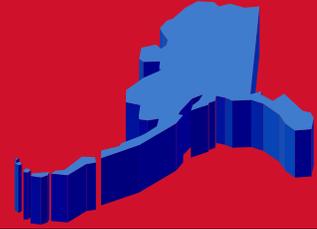
## Medicaid

- 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.

## Innovation

- CMS approved Health Home program based off of the successful Patient 1st medical home model uses home health nurses employed by the Department of Health to remotely monitor vital signs for patients with diabetes, hypertension, and congestive heart disease. Although the use of RPM was approved for this program, there is no mention of using other telemedicine modalities.

# Telemedicine in Alaska



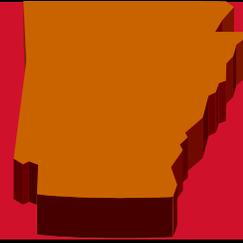
<b>PARITY:</b>		
Private Insurance	F	<ul style="list-style-type: none"> <li>Lawmakers have not proposed legislation ensuring coverage and reimbursement for telemedicine under private insurance or state employee health plans in 2015.</li> </ul>
Medicaid <sup>12-18</sup>	B	
State Employee Health Plan	F	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
Patient Setting	A	Medicaid
Eligible Technologies	A	<ul style="list-style-type: none"> <li>Telemedicine coverage under the Medicaid plan is broad and the least restrictive compared to other states. However not all benefits are covered when using telemedicine, thus leaving out services including dental and ocular care.</li> </ul>
Distance or Geography Restrictions	A	
Eligible Providers	B	<ul style="list-style-type: none"> <li>Will cover services when delivered using dedicated audio conferencing system.</li> </ul>
Physician-provided Services	A	
Mental/behavioral Health Services <sup>19-20</sup>	A	
Rehabilitation <sup>21</sup>	A	<ul style="list-style-type: none"> <li>Alaska Medicaid covers school-based services when provided via telemedicine: audiology, behavioral health, nursing, occupational therapy, physical therapy, and speech-language therapy.<sup>11</sup></li> </ul>
Home Health <sup>22</sup>	A	
Informed Consent	A	<ul style="list-style-type: none"> <li>Although Medicaid does not require a telepresenter as a condition of payment, the state's Medical Board has such practice standard requirements.</li> </ul>
Telepresenter	C	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network		
Medicaid Managed Care	N/A	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

# Telemedicine in Arizona



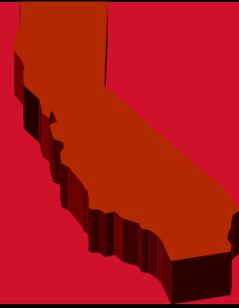
<b>PARITY:</b>		
Private Insurance	C	<ul style="list-style-type: none"> <li>Arizona's partial parity law was enacted in 2013. Coverage under private plans is much more prescriptive and applies to rural areas and only 7 health services.<sup>23</sup></li> </ul>
Medicaid <sup>24-25</sup>	B	
State Employee Health Plan	C	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
Patient Setting	A	Medicaid
Eligible Technologies <sup>26</sup>	B	<ul style="list-style-type: none"> <li>Arizona is a unique state with considerable and varying service coverage under its Medicaid FFS, managed care plans, and Indian Health Service.</li> <li>Service coverage is unique in that it includes echocardiography, retinal screening, medical nutrition therapy and patient education for diabetes and chronic kidney disease care.</li> <li>The eligible distant site provider and patient site varies according to the participating AHCCCS program.</li> <li>Does not cover for the use of RPM.</li> </ul>
Distance or Geography Restrictions	A	
Eligible Providers	C	
Physician-provided Services <sup>27</sup>	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health	B	
Informed Consent	B	
Telepresenter	C	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network <sup>28</sup>	✓	Innovation
Medicaid Managed Care <sup>29</sup>	✓	<ul style="list-style-type: none"> <li>AZ Telemedicine Program offers clinical, educational, and administrative services via telemedicine across the state.</li> </ul>
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

# Telemedicine in Arkansas



<b>PARITY:</b>			
Private Insurance	F	<ul style="list-style-type: none"> <li>Arkansas's parity law was enacted in 2015 and includes telemedicine coverage for physician-provided services under private insurance, Medicaid, and state employee health plans. The law also includes technology restrictions and requires an in-person visit before a telemedicine encounter.</li> </ul>	
Medicaid	C		
State Employee Health Plan	F		
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>			
Patient Setting	C	<p>Medicaid</p> <ul style="list-style-type: none"> <li>Effective January 2016, the new parity law will affect payment for physician services.</li> <li>Currently telemedicine coverage under Medicaid is average with limits on service coverage, patient settings and eligible distant site providers.</li> <li>One of few states with coverage for fetal echography and echocardiography.</li> <li>Medicaid also places frequency limits on covered telemedicine services.</li> <li>Requires a telepresenter at the originating site.</li> <li>Coverage for interactive audio-video only.</li> </ul> <p>Innovation</p> <ul style="list-style-type: none"> <li>Specialty maternal-fetal telemedicine network operated by University of Arkansas.</li> </ul>	
Eligible Technologies	F		
Distance or Geography Restrictions	A		
Eligible Providers	F		
Physician-provided Services <sup>30</sup>	C		
Mental/behavioral Health Services <sup>31</sup>	B		
Rehabilitation	N/A		
Home Health	F		
Informed Consent	A		
Telepresenter	C		
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>			
State-wide Network			
Medicaid Managed Care			
Medicare-Medicaid Dual Eligibles			
Health Home			
HCBS Waiver			
Corrections			
Other <sup>32-33</sup>	✓		

# Telemedicine in California



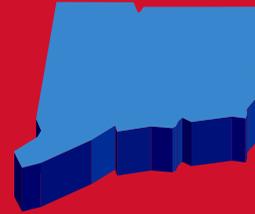
<b>PARITY:</b>		
Private Insurance	A	<ul style="list-style-type: none"> <li>California's private insurance parity law was enacted in 1996.<sup>34</sup></li> </ul>
Medicaid <sup>38-40</sup>	B	
State Employee Health Plan	A	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		Medicaid
Patient Setting	A	<ul style="list-style-type: none"> <li>Coverage for interactive audio-video and store-and-forward for the purposes of dermatology, ophthalmology, and dentistry.</li> <li>Also recognizes OT, PT, speech language therapists, and audiologists as eligible providers of telemedicine but offers no billing details for rehabilitation services via telehealth.</li> <li>2014 law allows verbal or written method of collection to satisfy patient informed consent requirements. Therefore, a telepresenter is no longer necessary to facilitate this requirement.<sup>35-37</sup></li> </ul>
Eligible Technologies <sup>41-42</sup>	C	
Distance or Geography Restrictions	A	
Eligible Providers	C	
Physician-provided Services	B	
Mental/behavioral Health Services <sup>43</sup>	B	
Rehabilitation	F	
Home Health	F	
Informed Consent	B	
Telepresenter	A	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		Innovation
State-wide Network <sup>44</sup>	✓	<ul style="list-style-type: none"> <li>California Telehealth Network supports broadband connections of many institutions state-wide.</li> </ul>
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

# Telemedicine in Colorado



<b>PARITY:</b>		<ul style="list-style-type: none"> <li>Colorado enacted a law to improve the existing parity law and remove the rural restrictions. Effective 2017, the state will have state-wide telehealth parity coverage for all private and state employee health plans in the state.<sup>45</sup></li> </ul>
Private Insurance	A	
Medicaid <sup>49-50</sup>	B	
State Employee Health Plan	A	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
Patient Setting	A	
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	C	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	B	
Home Health	C	
Informed Consent	F	
Telepresenter	A	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		<p>Medicaid</p> <ul style="list-style-type: none"> <li>CO Medicaid imposes restrictions on covered services and designates certain provider types to render the service.</li> <li>The program will pay certain facilities an originating site but that does not limit reimbursement to a distant site provider if a patient is located elsewhere.</li> <li>Coverage for interactive audio-video only for physician, mental/behavioral health services, and speech therapy services.</li> <li>Coverage only for RPM for chronic disease management under the home health benefit.<sup>46-48</sup></li> <li>Requires written informed consent.</li> <li>Rural and distance restrictions are applied under managed care plan.</li> </ul> <p>Innovation</p> <ul style="list-style-type: none"> <li>Colorado Telehealth Network supports broadband connections of many institutions state-wide.</li> </ul>
State-wide Network <sup>51</sup>	✓	
Medicaid Managed Care <sup>52</sup>	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

# Telemedicine in Connecticut



<b>PARITY:</b>		<ul style="list-style-type: none"> <li>No telemedicine parity law despite numerous bills introduced in the 2015 to coverage telemedicine under private insurance.<sup>53</sup></li> </ul> <p>Medicaid</p> <ul style="list-style-type: none"> <li>No coverage under Medicaid although the statute authorizes a telemedicine demonstration for beneficiaries located at FQHCs.<sup>54</sup></li> <li>The agency will not cover information or services provided to a client by a provider electronically or over the telephone.</li> </ul>
Private Insurance	F	
Medicaid	F	
State Employee Health Plan	F	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
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	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

# Telemedicine in Delaware



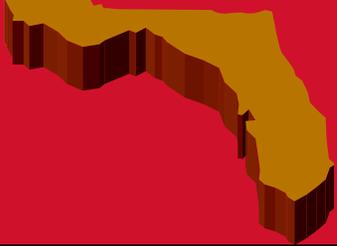
<b>PARITY:</b>		
Private Insurance	F	<ul style="list-style-type: none"> <li>Bordered by MD which has private insurance parity law. Telemedicine parity bill introduced in 2015.</li> </ul>
Medicaid <sup>56</sup>	A	
State Employee Health Plan	F	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		Medicaid
Patient Setting	A	<ul style="list-style-type: none"> <li>Coverage for any services included in the SPA that would be provided in a face-to-face setting.<sup>55</sup></li> <li>Also includes coverage under school-based program.</li> </ul>
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	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

# Telemedicine in D.C.



<b>PARITY:</b>		
Private Insurance <sup>57</sup>	A	<ul style="list-style-type: none"> <li>D.C. parity law was enacted in 2013 and requires coverage for telemedicine-provided services under private plans and Medicaid.</li> </ul>
Medicaid <sup>58</sup>	A	
State Employee Health Plan	A	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
Patient Setting	A	Medicaid
Eligible Technologies	F	<ul style="list-style-type: none"> <li>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.</li> </ul>
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	A	<ul style="list-style-type: none"> <li>No explicit coverage of store-and-forward or remote patient monitoring.</li> </ul>
Mental/behavioral Health Services	A	
Rehabilitation	N/A	<ul style="list-style-type: none"> <li>DC Medicaid will draft and publish rulemaking to further define appropriate billing conditions for telemedicine in summer 2015.</li> </ul>
Home Health	C	
Informed Consent	A	
Telepresenter	A	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

# Telemedicine in Florida



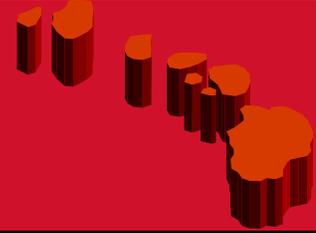
<b>PARITY:</b>		<ul style="list-style-type: none"> <li>Bordered by GA which has a private insurance parity law. No parity legislation introduced in 2015.</li> </ul>
Private Insurance	F	
Medicaid <sup>59</sup>	C	
State Employee Health Plan	F	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
Patient Setting	F	
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	F	
Telepresenter	C	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		<p>Medicaid</p> <ul style="list-style-type: none"> <li>Covers a limited number of services provided by physicians, NPs, and PAs.</li> <li>Originating patient sites are limited to hospitals and physician's office.</li> <li>Coverage for interactive audio-video only.</li> <li>Requires written informed consent and telepresenter.</li> <li>FL Medicaid has transitioned a majority of their beneficiaries to managed care. Therefore, providers have more flexibility to negotiate coverage for telehealth-provided services.</li> </ul>
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other	✓	

# Telemedicine in Georgia



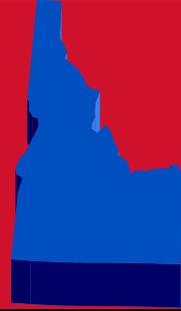
<b>PARITY:</b>		
Private Insurance	A	<ul style="list-style-type: none"> <li>Georgia's parity law was enacted in 2006 which includes coverage under state-employee health plans.<sup>60</sup></li> </ul>
Medicaid <sup>62</sup>	C	
State Employee Health Plan	A	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		Medicaid <ul style="list-style-type: none"> <li>Medicaid imposes restrictions on the patient settings, covered services and designates eligible distant site providers and provider settings as a condition of payment.</li> <li>Includes school-based clinic as an originating site.<sup>61</sup></li> <li>Medicaid also places frequency limits on some covered telemedicine services.</li> <li>Coverage for interactive audio-video only.</li> <li>Requires written informed consent and provider on the premises.</li> </ul>
Patient Setting	C	Innovation <ul style="list-style-type: none"> <li>Georgia Partnership for Telehealth creates and provides multi-point web access to new and existing telemedicine providers all over the state.</li> <li>The state will cover mental health services via telemedicine for dual eligible beneficiaries in SNFs.</li> </ul>
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	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network <sup>63</sup>	✓	
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles	✓	
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

# Telemedicine in Hawaii



<b>PARITY:</b>		<ul style="list-style-type: none"> <li>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.<sup>65</sup></li> <li>HI self-funds some of their state employee health plan offerings but has fully insured HMO. The parity law applies to those plans offered under the HMO.<sup>66</sup></li> </ul> <p>Medicaid</p> <ul style="list-style-type: none"> <li>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.</li> <li>Medicaid also places frequency limits on some covered telemedicine services.</li> <li>Coverage for interactive audio-video only.</li> </ul>
Private Insurance <sup>64</sup>	A	
Medicaid <sup>67</sup>	F	
State Employee Health Plan	B	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
Patient Setting	C	
Eligible Technologies	F	
Distance or Geography Restrictions	C	
Eligible Providers	C	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health	F	
Informed Consent	A	
Telepresenter	A	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

# Telemedicine in Idaho



<b>PARITY:</b>		<ul style="list-style-type: none"> <li>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.</li> </ul>
Private Insurance	F	
Medicaid <sup>68-70</sup>	F	
State Employee Health Plan	F	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
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	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		<p>Medicaid</p> <ul style="list-style-type: none"> <li>Covers limited physician-provided mental and behavioral health services, as well as some services for children with developmental disabilities.</li> <li>Although no specific patient setting is specified, coverage is limited to patients located in rural areas or outside of a metropolitan statistical area.</li> <li>Coverage for interactive audio-video only.</li> <li>Requires written informed consent.</li> </ul>
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

# Telemedicine in Illinois



<b>PARITY:</b>		
Private Insurance	F	<ul style="list-style-type: none"> <li>Bordered by KY and MO which have private insurance parity laws. No telemedicine parity law.</li> </ul>
Medicaid <sup>75-77</sup>	C	
State Employee Health Plan	F	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		<ul style="list-style-type: none"> <li>In 2014, a law enacted that prohibits individual and group accident and health insurance plans, who choose to cover telemedicine, from requiring in-person contact. In 2015, SB 452 was introduced to achieve full parity, and HB 76 to include telehealth in the mental health parity law.<sup>71-72</sup></li> </ul> <p>Medicaid</p> <ul style="list-style-type: none"> <li>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.</li> <li>Store-and-forward allowed for dermatologic purposes.</li> <li>Telepresenter required.</li> <li>IL Department of Aging is authorized to fund older adult services such as home telemedicine monitoring devices.<sup>73</sup></li> <li>In 2014, IL submitted a CMS §1115 waiver proposal which includes the development of a statewide specialty telemedicine network. The application is still pending.<sup>74</sup></li> </ul>
Patient Setting	F	
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services	B	
Mental/behavioral Health Services <sup>78</sup>	B	
Rehabilitation	F	
Home Health	F	
Informed Consent	A	
Telepresenter	C	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other	✓	

# Telemedicine in Indiana

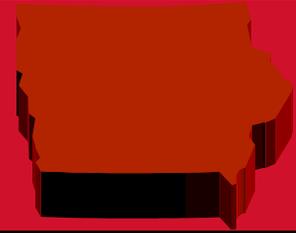


<b>PARITY:</b>		<ul style="list-style-type: none"> <li>Bordered by KY which has a private insurance parity law. Telemedicine parity legislation HB 1451 and HB 1269 introduced in 2015.<sup>79</sup></li> </ul>
Private Insurance	F	
Medicaid <sup>82</sup>	B	
State Employee Health Plan	F	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
Patient Setting	A	
Eligible Technologies	C	
Distance or Geography Restrictions	B	
Eligible Providers	C	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health	F	
Informed Consent	F	
Telepresenter	A	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

## Medicaid

- 2013 law expanded distant site providers to include, FQHC, RHC, CMHC, CAH, and home health agency. Rulemaking exempts only those facilities from the 20 mile distance restriction.<sup>80</sup>
- Agency issued final regulations on “telehealth” coverage under the home health benefit including remote patient monitoring but will not extend telemedicine coverage under the benefit.<sup>81</sup>
- Requires at least 1 in-person follow-up by a physician.
- Coverage for interactive audio-video and RPM.
- Requires written informed consent.

# Telemedicine in Iowa



<b>PARITY:</b>			
Private Insurance	F	<ul style="list-style-type: none"> <li>Bordered by MO which has a private insurance parity law. In 2015, numerous bills were introduced to ensure telemedicine parity coverage for private insurance and Medicaid.<sup>83</sup></li> </ul>	
Medicaid	C		
State Employee Health Plan	F		
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>			
Patient Setting	A	Medicaid	
Eligible Technologies	F	<ul style="list-style-type: none"> <li>IA Medicaid will cover some mental health services via telemedicine offered through their contracted plan.<sup>84</sup></li> </ul>	
Distance or Geography Restrictions	B		
Eligible Providers	F	Innovation	
Physician-provided Services	F		
Mental/behavioral Health Services	B	<ul style="list-style-type: none"> <li>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.<sup>85</sup></li> </ul>	
Rehabilitation	F		
Home Health	F		
Informed Consent	A		
Telepresenter	B		
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>			
State-wide Network			
Medicaid Managed Care			
Medicare-Medicaid Dual Eligibles			
Health Home	✓		
HCBS Waiver			
Corrections			
Other			

# Telemedicine in Kansas



<b>PARITY:</b>			
Private Insurance	F	<ul style="list-style-type: none"> <li>Bordered by CO, MO, and OK which have private insurance parity laws. No telemedicine parity law.</li> <li>2014 legislation introduced to provide parity coverage for telemental health<sup>86</sup> and telehealth-provided diagnosis and treatment for autism spectrum disorders.<sup>87</sup></li> </ul>	
Medicaid	B		
State Employee Health Plan	F		
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>			
Patient Setting	A	<p>Medicaid</p> <ul style="list-style-type: none"> <li>No coverage for therapies via telemedicine under home health benefit.</li> </ul> <p>Innovation</p> <ul style="list-style-type: none"> <li>Coverage for RPM and medication management available through approved HCBS waiver.<sup>88-89</sup></li> </ul>	
Eligible Technologies	C		
Distance or Geography Restrictions	A		
Eligible Providers	A		
Physician-provided Services	A		
Mental/behavioral Health Services	B		
Rehabilitation	F		
Home Health	B		
Informed Consent	A		
Telepresenter	A		
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>			
State-wide Network			
Medicaid Managed Care	✓		
Medicare-Medicaid Dual Eligibles			
Health Home			
HCBS Waiver	✓		
Corrections	✓		
Other			

# Telemedicine in Kentucky



<b>PARITY:</b>		
Private Insurance	A	<ul style="list-style-type: none"> <li>Kentucky's private insurance parity law was enacted in 2000 and also includes coverage for state employee health plans.<sup>90</sup></li> </ul>
Medicaid <sup>91-92</sup>	B	
State Employee Health Plan	A	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		Medicaid
Patient Setting	A	<ul style="list-style-type: none"> <li>Independent rehabilitation specialists are not eligible for telemedicine reimbursement under Medicaid rules.</li> <li>Coverage for interactive audio-video only.</li> <li>Requires written informed consent.</li> </ul>
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	B	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation <sup>93</sup>	A	
Home Health	C	
Informed Consent	F	
Telepresenter	A	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network		
Medicaid Managed Care <sup>94</sup>	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

# Telemedicine in Louisiana



<b>PARITY:</b>		<ul style="list-style-type: none"> <li>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.<sup>95</sup></li> <li>HB 903 was a legislative attempt to expand parity to include other health care providers under private insurance and Medicaid.<sup>96</sup></li> </ul>
Private Insurance	B	
Medicaid <sup>99</sup>	B	
State Employee Health Plan	B	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
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	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
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.<sup>97</sup>
- Coverage for interactive audio-video only.
- LA Medical Board requires telepresenter and patient informed consent but does not specify method of collection.<sup>98</sup>

# Telemedicine in Maine



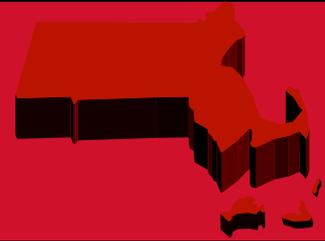
<b>PARITY:</b>		
Private Insurance	A	<ul style="list-style-type: none"> <li>Maine's parity law for Medicaid and private insurance was enacted in 2009 and also includes coverage for state employee health plans.<sup>100</sup></li> </ul>
Medicaid <sup>102-103</sup>	A	
State Employee Health Plan	A	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
Patient Setting	A	<b>Medicaid</b> <ul style="list-style-type: none"> <li>No limits on patient setting, covered services, or eligible providers.</li> <li>Coverage for interactive audio-video as well as audio-only under certain circumstances.</li> </ul>
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	A	
Mental/behavioral Health Services	A	<b>Innovation</b> <ul style="list-style-type: none"> <li>Maine Telemedicine Services is an open and interoperable network that offers clinical, educational, and administrative services via telemedicine across the state.</li> <li>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.<sup>101</sup></li> </ul>
Rehabilitation	A	
Home Health	B	
Informed Consent	A	
Telepresenter	A	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network <sup>104</sup>	✓	
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home	✓	
HCBS Waiver		
Corrections	✓	
Other		

# Telemedicine in Maryland



<b>PARITY:</b>		
Private Insurance	A	<ul style="list-style-type: none"> <li>• Maryland's private insurance parity law was enacted in 2012.<sup>105</sup></li> <li>• The parity law also applies to the fully insured health plan offerings for Maryland's state employees.</li> </ul>
Medicaid <sup>106</sup>	C	
State Employee Health Plan	B	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
Patient Setting	C	Medicaid
Eligible Technologies	F	<ul style="list-style-type: none"> <li>• MD Medicaid issued new rules effective October 2014. Despite having statutory authority to cover and reimburse for all services appropriately provided via telemedicine the new rules place limits on allowable patient settings and types of providers who may render and get reimbursed for telemedicine.</li> <li>• The state no longer has 2 distinct telemedicine programs for rural patients and stroke/cardiovascular services.</li> <li>• Telemedicine must enable the patient "to see and interact" with the health care provider. The agency does not cover RPM or store-and-forward.</li> <li>• Distant site and originating site providers must have formal agreements detailing their telemedicine service delivery plan.</li> </ul>
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	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

# Telemedicine in Massachusetts



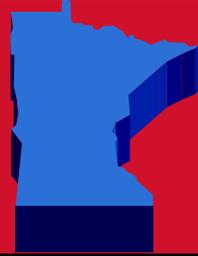
<b>PARITY:</b>		
Private Insurance	F	<ul style="list-style-type: none"> <li>MA is bordered by NH and VT which have private insurance parity laws. No telemedicine parity law despite a number of bills introduced in 2015 to achieve parity under private insurance, Medicaid and state employee plans.<sup>107</sup></li> </ul>
Medicaid	B	
State Employee Health Plan	F	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
Patient Setting	A	<p>Medicaid</p> <ul style="list-style-type: none"> <li>Offers coverage under select managed care plans but not under FFS.<sup>108-109</sup></li> <li>Authorized to cover remote monitoring for home health agencies. Rules are in development</li> </ul> <p>Innovation</p> <ul style="list-style-type: none"> <li>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.<sup>110</sup></li> <li>Partners Telestroke Network – members receive 24-hour acute neurology/stroke expertise-on-demand.<sup>111</sup></li> </ul>
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	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network	✓	
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

# Telemedicine in Michigan



<b>PARITY:</b>		<ul style="list-style-type: none"> <li>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.<sup>112</sup></li> </ul> <p>Medicaid</p> <ul style="list-style-type: none"> <li>Coverage for interactive audio-video only.</li> <li>Eliminated distance requirements in 2013.</li> <li>Limits on covered services and patient settings, but the agency does not specify the types of practitioners who are eligible distant site providers.</li> <li>The agency has released a bulletin to establish policy regarding telepractice for speech-language and audiology services provided within the School Based Services (SBS) program effective July 1, 2015.<sup>113</sup></li> </ul>
Private Insurance	C	
Medicaid <sup>114-115</sup>	C	
State Employee Health Plan	F	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
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	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

# Telemedicine in Minnesota



<b>PARITY:</b>		
Private Insurance	F	<ul style="list-style-type: none"> <li>Minnesota introduced a number of bills in 2015 that would ensure telemedicine parity for private insurers and Medicaid.<sup>116</sup></li> </ul>
Medicaid <sup>121-122</sup>	B	
State Employee Health Plan	F	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
Patient Setting	A	<p>Medicaid</p> <ul style="list-style-type: none"> <li>Coverage for interactive audio-video and store-and-forward.</li> <li>Distant site provider is limited to a specialty physician or oral surgeon and required to be located in a medical facility.</li> <li>Medicaid also places frequency limits on some covered telemedicine services.</li> <li>MN now covers OT, PT, and speech-language pathology.</li> <li>MN Medicaid will not cover teledentistry or telemedicine for alcohol and drug abuse services. The agency has implemented a pilot to improve access to treatment and recovery support for the latter service.<sup>117-118</sup></li> <li>Covers skilled nursing and cost of RPM equipment rental under home health benefit.</li> <li>Telepresenter required on premises.</li> </ul>
Eligible Technologies	B	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services	C	
Mental/behavioral Health Services	C	
Rehabilitation <sup>123</sup>	A	
Home Health <sup>124</sup>	C	
Informed Consent	A	
Telepresenter	B	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other	✓	<p>Innovation</p> <ul style="list-style-type: none"> <li>Chemical Dependency Continuum of Care Pilot Project implemented in 2013.<sup>119-120</sup></li> </ul>

# Telemedicine in Mississippi



<b>PARITY:</b>		<ul style="list-style-type: none"> <li>Mississippi's parity law was enacted in 2013. The law requires parity for telemedicine under private insurance, state employee health plans, and public assistance.<sup>125</sup> 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.<sup>126</sup></li> </ul>
Private Insurance	A	
Medicaid	A	
State Employee Health Plan	A	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
Patient Setting	C	
Eligible Technologies	B	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	N/A	
Home Health	F	
Informed Consent	B	
Telepresenter	A	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
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.
- CMS approved the agency's SPA to limit the originating site to a provider's office, outpatient hospitals, CAHs, RHCs, FQHCs, CMHCs, therapeutic group homes, IHS clinics, and school-based clinics.<sup>127</sup>
- MS Medical Board requires unspecified method of obtaining patient's informed consent.<sup>128</sup>

# Telemedicine in Missouri



<b>PARITY:</b>		<ul style="list-style-type: none"> <li>MO’s private insurance parity law was enacted in 2013 and included coverage for state employee health plans.<sup>129</sup></li> </ul>
Private Insurance	A	
Medicaid <sup>132</sup>	C	
State Employee Health Plan <sup>133</sup>	A	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		Medicaid
Patient Setting	C	<ul style="list-style-type: none"> <li>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.</li> <li>Coverage for interactive audio-video only.</li> <li>Requires written informed consent and telepresenter on premises.<sup>130</sup></li> <li>A number of bills have been introduced in 2015 to expand telehealth coverage in schools, home, as well as home RPM and store-and-forward.<sup>131</sup></li> </ul>
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services	B	
Mental/behavioral Health Services <sup>134-136</sup>	B	
Rehabilitation	F	
Home Health	F	
Informed Consent	F	
Telepresenter	B	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		Innovation
State-wide Network <sup>137</sup>	✓	<ul style="list-style-type: none"> <li>Missouri Telehealth Network offers clinical, educational, emergency and disaster preparedness, and technical assistance via telemedicine across the state.</li> </ul>
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

# Telemedicine in Montana

<b>PARITY:</b>		
Private Insurance	A	<ul style="list-style-type: none"> <li>MT's private insurance parity law was enacted in 2013 and includes coverage for state employee health plans.<sup>138</sup></li> </ul>
Medicaid <sup>139</sup>	C	
State Employee Health Plan	A	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		Medicaid
Patient Setting	A	<ul style="list-style-type: none"> <li>Coverage for telemedicine under Medicaid is about average. The agency imposes restrictions on covered services when provided by physicians only.</li> </ul>
Eligible Technologies	F	
Distance or Geography Restrictions	A	<ul style="list-style-type: none"> <li>Coverage for interactive audio-video only.</li> </ul>
Eligible Providers	F	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health	F	
Informed Consent	A	
Telepresenter	A	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

# Telemedicine in Nebraska



<b>PARITY:</b>		
Private Insurance	F	<ul style="list-style-type: none"> <li>Bordered by CO which has a parity law for private insurance.</li> <li>2015 legislation introduced to highlight telemedicine providers in health plan provider directories but no parity legislation.<sup>140</sup></li> <li>Private insurance and state-employee plans require coverage of autism treatment via telemedicine.<sup>141</sup></li> </ul>
Medicaid <sup>144-145</sup>	B	
State Employee Health Plan	F	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
Patient Setting	A	<p>Medicaid</p> <ul style="list-style-type: none"> <li>New policies expand telehealth coverage to include store-and-forward, RPM, home health services, OT, PT, speech and audiology, podiatry and optometric services.<sup>142-143</sup></li> </ul> <p>Innovation</p> <ul style="list-style-type: none"> <li>Nebraska Statewide Telehealth Network is a state-wide communications network that supports clinical, educational, and administrative services via telemedicine.</li> </ul>
Eligible Technologies	B	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services <sup>146</sup>	B	
Mental/behavioral Health Services <sup>147</sup>	B	
Rehabilitation	A	
Home Health	B	
Informed Consent	F	
Telepresenter	A	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network <sup>148</sup>	✓	
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

# Telemedicine in Nevada

<b>PARITY:</b>		<ul style="list-style-type: none"> <li>Bordered by AZ, CA and OR which have parity laws. Legislation introduced in 2015 to ensure telemedicine parity under private insurance and Medicaid.<sup>149</sup></li> <li>Regulations were approved in 2014 to require coverage of telemedicine for injured employees as a condition of workers compensation.<sup>150</sup></li> </ul>
Private Insurance	F	
Medicaid <sup>151</sup>	C	
State Employee Health Plan	F	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
Patient Setting	C	
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	C	
Physician-provided Services	C	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health	F	
Informed Consent	A	
Telepresenter	A	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

## Medicaid

- Medicaid removed the rural only restriction and now covers telemedicine state-wide.
- The program still imposes restrictions on the patient setting, covered services and designates eligible distant site providers as a condition of payment.
- 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



<b>PARITY:</b>		
Private Insurance	A	<ul style="list-style-type: none"> <li>NH's parity law was enacted in 2009 and includes coverage under state employee health plans.<sup>152</sup></li> </ul>
Medicaid	B	
State Employee Health Plan	A	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		Medicaid <ul style="list-style-type: none"> <li>Offers coverage under select managed care plans but not under FFS.<sup>153-154</sup></li> <li>Coverage for interactive audio-video only.</li> <li>Legislation introduced to establish telemedicine parity for all Medicaid managed care plans.<sup>155</sup></li> </ul>
Patient Setting	A	
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	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

# Telemedicine in New Jersey

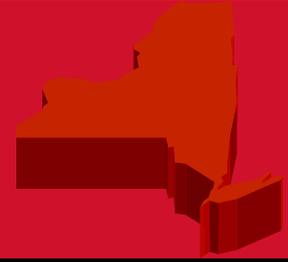


<b>PARITY:</b>		<ul style="list-style-type: none"> <li>No telemedicine parity law. 2015 legislation introduced to provide parity under private insurance, managed care plans and state employee plans.<sup>156</sup></li> </ul>
Private Insurance	F	
Medicaid <sup>157</sup>	C	
State Employee Health Plan	F	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
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	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		<p>Medicaid</p> <ul style="list-style-type: none"> <li>Authorized coverage of telemedicine-provided services for the first time in December 2013. Coverage offered under managed care plans but not FFS.</li> <li>Coverage for telepsychiatry only by psychiatrist or psychiatric advance nurse practitioner.</li> <li>Patient setting must be a mental health clinic or outpatient hospital.</li> <li>Coverage for interactive audio-video only.</li> <li>Medicaid requires telepresenter on premises and unspecified method of obtaining patient informed consent.</li> </ul>
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

# Telemedicine in New Mexico

<b>PARITY:</b>		
Private Insurance	A	<ul style="list-style-type: none"> <li>NM's parity law was enacted in 2013.<sup>158</sup></li> </ul>
Medicaid <sup>160</sup>	A	
State Employee Health Plan	A	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		Medicaid
Patient Setting	A	<ul style="list-style-type: none"> <li>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.<sup>159</sup></li> <li>1 of 3 states with coverage for services provided by a behavioral analyst. These specialists are critical for the treatment of autism spectrum disorders.</li> <li>No limits on patient setting.</li> <li>No coverage for phone calls or remote patient monitoring.</li> <li>No coverage for skilled nursing, therapies, or RPM under home health benefit.</li> </ul>
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	A	
Mental/behavioral Health Services <sup>161</sup>	A	
Rehabilitation <sup>162</sup>	A	
Home Health	B	
Informed Consent	A	
Telepresenter	A	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		Innovation
State-wide Network <sup>163</sup>	✓	<ul style="list-style-type: none"> <li>New Mexico Telehealth Alliance offers technical and program support to ensure coordinated services via telemedicine across the state.</li> </ul>
Medicaid Managed Care <sup>164-165</sup>	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

# Telemedicine in New York



<b>PARITY:</b>		<ul style="list-style-type: none"> <li>New York parity law enacted in 2014 and amended in 2015. The law requires telehealth parity under private insurance, Medicaid, and state employee health plans. The law does restrict the patient setting as a condition of payment.<sup>166-167</sup></li> </ul>
Private Insurance	B	
Medicaid	B	
State Employee Health Plan	B	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
Patient Setting	C	
Eligible Technologies	B	
Distance or Geography Restrictions	A	
Eligible Providers	C	
Physician-provided Services <sup>171</sup>	B	
Mental/behavioral Health Services	B	
Rehabilitation	B	
Home Health	F	
Informed Consent	A	
Telepresenter	A	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network		
Medicaid Managed Care <sup>172</sup>	✓	
Medicare-Medicaid Dual Eligibles	✓	
Health Home	✓	
HCBS Waiver		
Corrections		
Other		

## Medicaid

- The new law permits Medicaid to cover telehealth via interactive audio-video, store-and-forward, and home remote patient monitoring.<sup>168</sup>
- Restrictions are placed on the patient settings and types of providers eligible to render the service and reimburse.
- Speech language pathologist and audiologist are covered under the new law.

## Innovation

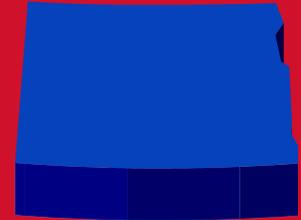
- CMS approved duals proposal includes coverage for telemedicine.<sup>169</sup>
- CMS approved health home proposal gives provider the option to use technology conferencing tools including audio, video and/or web deployed solutions to support care management/coordination activities.<sup>170</sup>

# Telemedicine in North Carolina



<b>PARITY:</b>		
Private Insurance	F	<ul style="list-style-type: none"> <li>Bordered by GA and VA which have private insurance parity laws. HB 723 introduced in 2015 would establish telehealth parity for all health insurers in the state.<sup>173</sup></li> </ul>
Medicaid <sup>175</sup>	B	
State Employee Health Plan	F	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
Patient Setting	C	Medicaid
Eligible Technologies	F	<ul style="list-style-type: none"> <li>Medicaid imposes restrictions on the patient settings, covered services and designates eligible distant site providers as a condition of payment.</li> </ul>
Distance or Geography Restrictions	A	<ul style="list-style-type: none"> <li>Coverage for interactive audio-video only.</li> </ul>
Eligible Providers	F	<ul style="list-style-type: none"> <li>Requires a provider to be on the premises with the patient.</li> </ul>
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	N/A	Innovation
Home Health	F	<ul style="list-style-type: none"> <li>State-wide telepsychiatry network.<sup>174</sup></li> </ul>
Informed Consent	A	
Telepresenter	B	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network	✓	
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

# Telemedicine in North Dakota



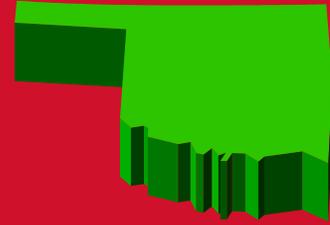
<b>PARITY:</b>		
Private Insurance	F	<ul style="list-style-type: none"> <li>Bordered by MT which has a private insurance parity law. HB 1038 was enacted in 2015 to establish telemedicine parity for state employee health plans.<sup>176</sup></li> </ul>
Medicaid <sup>178</sup>	B	
State Employee Health Plan	A	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
Patient Setting	F	Medicaid
Eligible Technologies	C	<ul style="list-style-type: none"> <li>Medicaid imposes restrictions on the patient settings and covered services as a condition of payment.</li> <li>Includes coverage for speech therapy.</li> <li>Coverage for interactive audio-video and RPM under the home health benefit.<sup>177</sup></li> <li>Non-home health services require a telepresenter.</li> </ul>
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	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

# Telemedicine in Ohio



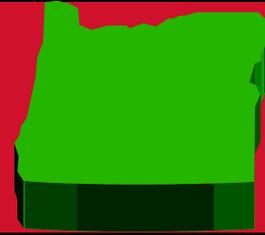
<b>PARITY:</b>			
Private Insurance	F	<ul style="list-style-type: none"> <li>No telemedicine parity law. SB 32 introduced in 2015 to establish telehealth parity under private insurance and Medicaid.<sup>179</sup></li> </ul>	
Medicaid	C		
State Employee Health Plan	F		
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>			
Patient Setting	C	<p>Medicaid</p> <ul style="list-style-type: none"> <li>New Medicaid regulations expand telemedicine coverage to include consultations by physicians and a limited selection of practitioners. The new rules also requires that the distant and originating site be at least 5 miles away.<sup>180</sup></li> <li>Coverage also includes school-based speech therapy, behavioral health counseling and therapy, mental health assessment, pharmacological management, and community psychiatric supportive treatment service via interactive audio-video only.<sup>181</sup></li> <li>Medicaid allows beneficiaries to choose the patient location when telemedicine is used for some mental/behavioral health services.</li> <li>Requires written informed consent for mental and behavioral health services.</li> </ul> <p>Innovation</p> <ul style="list-style-type: none"> <li>CMS approved health home proposal allows service delivery via in-person, by telephone, or by video conferencing.<sup>182</sup></li> </ul>	
Eligible Technologies	F		
Distance or Geography Restrictions	B		
Eligible Providers	C		
Physician-provided Services	B		
Mental/behavioral Health Services <sup>183-187</sup>	B		
Rehabilitation <sup>188</sup>	B		
Home Health	F		
Informed Consent	F		
Telepresenter	A		
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>			
State-wide Network			
Medicaid Managed Care	✓		
Medicare-Medicaid Dual Eligibles			
Health Home	✓		
HCBS Waiver			
Corrections	✓		
Other			

# Telemedicine in Oklahoma



<b>PARITY:</b>		
Private Insurance	A	<ul style="list-style-type: none"> <li>OK's private insurance parity law was enacted in 1997.<sup>189</sup></li> </ul>
Medicaid <sup>190</sup>	C	
State Employee Health Plan	F	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		Medicaid
Patient Setting	C	<ul style="list-style-type: none"> <li>Regulations have been proposed and are under review as of April 2015. The rules will remove the originating site and geography restrictions as well as expand coverage to include other services.</li> <li>Medicaid currently imposes restrictions on the patient settings, covered services and designates eligible distant site providers as a condition of payment.</li> <li>1 of 3 states with coverage for services provided by a behavioral analyst. These specialists are critical for the treatment of autism spectrum disorders.</li> <li>Coverage is limited to originating sites located in rural areas.</li> <li>Coverage for interactive audio-video only.</li> <li>Medicaid requires written informed consent from patient before a telemedicine encounter and a telepresenter.</li> </ul>
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	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

# Telemedicine in Oregon



<b>PARITY:</b>		<ul style="list-style-type: none"> <li>• Oregon’s private insurance parity law was enacted in 2009.<sup>191</sup> OR is 1 of 3 states that cover interactive audio-video only as a condition of their parity law.</li> <li>• 2015 legislation introduced to include telemedicine parity for self-insured state employee health plans and remove originating site restrictions.<sup>192</sup></li> </ul>
Private Insurance	C	
Medicaid <sup>193</sup>	B	
State Employee Health Plan	F	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
Patient Setting	A	
Eligible Technologies	B	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health	F	
Informed Consent	A	
Telepresenter	A	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		<p>Medicaid</p> <ul style="list-style-type: none"> <li>• Medicaid imposes restrictions on the covered services.</li> <li>• Allows coverage for interactive audio-video, telephone, and online/e-mail consultations. Medicaid will also cover store-and-forward when used in lieu of video conferencing.</li> </ul>
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

# Telemedicine in Pennsylvania



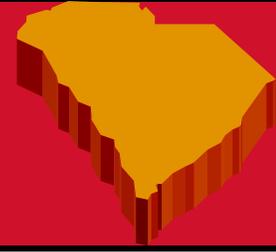
<b>PARITY:</b>		<ul style="list-style-type: none"> <li>Bordered by MD and NY which have private insurance parity laws. 2015 legislation introduced to establish telemedicine parity for private insurance.<sup>194</sup></li> </ul>
Private Insurance	F	
Medicaid <sup>196</sup>	B	
State Employee Health Plan	F	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
Patient Setting	A	
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services <sup>197</sup>	B	
Mental/behavioral Health Services	B	
Rehabilitation	N/A	<p>Medicaid</p> <ul style="list-style-type: none"> <li>Medicaid imposes restrictions on the covered services and designates eligible distant site providers as a condition of payment.</li> <li>PA offers a number of telemedicine modalities in the home of qualified beneficiaries including sensors, medication management, and RPM under a CMS HCBS waiver.<sup>195</sup></li> <li>Coverage for interactive audio-video only for physician and mental health services.</li> <li>Requires written informed consent and a telepresenter.</li> </ul>
Home Health	C	
Informed Consent	B	
Telepresenter	C	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver	✓	
Corrections		
Other		

# Telemedicine in Rhode Island



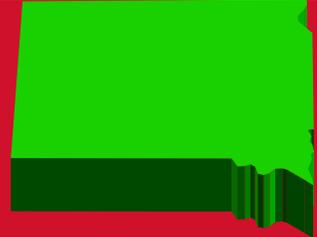
<b>PARITY:</b>		<ul style="list-style-type: none"> <li>No telemedicine parity law despite a multi-year effort to introduce legislation regarding coverage under private insurance and Medicaid.<sup>198</sup></li> <li>No coverage for telemedicine under Medicaid plans.</li> </ul>
Private Insurance	F	
Medicaid	F	
State Employee Health Plan	F	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
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	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

# Telemedicine in South Carolina



<b>PARITY:</b>		
Private Insurance	F	<ul style="list-style-type: none"> <li>Bordered by GA which has a parity law. No telemedicine parity legislation introduced in 2015.</li> </ul>
Medicaid <sup>200</sup>	C	
State Employee Health Plan	F	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		Medicaid
Patient Setting	C	<ul style="list-style-type: none"> <li>Medicaid imposes restrictions on the covered services, patient settings and designates eligible distant site providers as a condition of payment.</li> </ul>
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	F	<ul style="list-style-type: none"> <li>Coverage for interactive audio-video only and RPM for chronic disease management in the home under their HCBS waiver.</li> </ul>
Physician-provided Services	B	
Mental/behavioral Health Services	B	<ul style="list-style-type: none"> <li>Medicaid requires a telepresenter for all audio-video related telemedicine encounters.</li> </ul>
Rehabilitation	N/A	
Home Health	F	Innovation
Informed Consent	A	<ul style="list-style-type: none"> <li>State-wide telepsychiatry network.<sup>199</sup></li> <li>OB/GYN Telemedicine demonstration project went into effect in July 2014. The project will leverage telemedicine to enhance access to obstetric and gynecological services for women in 4 rural counties.</li> </ul>
Telepresenter	C	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network	✓	
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver <sup>201</sup>	✓	
Corrections		
Other	✓	

# Telemedicine in South Dakota



<b>PARITY:</b>		
Private Insurance	F	<ul style="list-style-type: none"> <li>Bordered by MT which has a parity law. No history of proposed legislation within the past 2 years.</li> </ul>
Medicaid <sup>203</sup>	B	
State Employee Health Plan	F	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		Medicaid
Patient Setting	C	<ul style="list-style-type: none"> <li>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.</li> <li>SD Medicaid no longer includes phone calls and store-and-forward under its telemedicine definition. Coverage for interactive audio-video and RPM only.</li> </ul>
Eligible Technologies <sup>204-205</sup>	B	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health <sup>206</sup>	F	
Informed Consent	A	
Telepresenter	A	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		Innovation
State-wide Network		<ul style="list-style-type: none"> <li>Received grant from US Bureau of Justice Assistance to implement telehealth drug treatment program for nonviolent offenders.<sup>202</sup></li> </ul>
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other	✓	

# Telemedicine in Tennessee



<b>PARITY:</b>		<ul style="list-style-type: none"> <li>TN parity law enacted in 2014 which includes telemedicine coverage for Medicaid, including managed care plans, and state employee health plans.<sup>207</sup></li> </ul>
Private Insurance	A	
Medicaid	B	
State Employee Health Plan	A	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
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	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		<p>Medicaid</p> <ul style="list-style-type: none"> <li>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. Most of the state's Medicaid program operates under managed care.</li> <li>Home health does not include coverage for RPM under new parity law.</li> <li>Coverage for interactive audio-video and store-and-forward.</li> </ul>
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

# Telemedicine in Texas



<b>PARITY:</b>		
Private Insurance	A	<ul style="list-style-type: none"> <li>TX private insurance parity law enacted in 1997 and also includes coverage for state employee health plans.<sup>208</sup></li> </ul>
Medicaid <sup>209</sup>	B	
State Employee Health Plan	A	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		Medicaid
Patient Setting	A	<ul style="list-style-type: none"> <li>Two distinct definitions of telemedicine vs. telehealth.</li> <li>Originating site includes established medical health site and state mental health facility, which excludes the home.</li> <li>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.</li> <li>Coverage for interactive audio-video only and RPM for home health agencies and hospitals. Set to expire September 2015.</li> <li>Requires written informed consent and a telepresenter during the telemedicine encounter.</li> </ul>
Eligible Technologies	B	
Distance or Geography Restrictions	A	
Eligible Providers	C	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health <sup>210</sup>	F	
Informed Consent	B	
Telepresenter	C	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

# Telemedicine in Utah

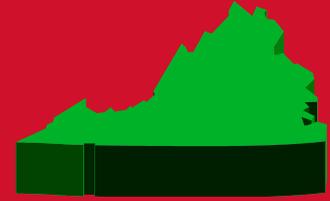


<b>PARITY:</b>		
Private Insurance	F	<ul style="list-style-type: none"> <li>Bordered by AZ and CO which have parity laws for private insurance. UT has no history of proposed parity legislation within the past 2 years.</li> </ul>
Medicaid <sup>214</sup>	C	
State Employee Health Plan	F	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		Medicaid
Patient Setting	A	<ul style="list-style-type: none"> <li>Medicaid issued a notice clarifying CMS guidance on telemedicine coverage. UT will cover physician and NP services delivered via telemedicine. However non-medical mental and behavioral health providers are not included in this coverage.</li> <li>No restrictions imposed on patient or provider settings.</li> <li>Coverage for skilled nursing services and medication management under the skilled nursing home telemedicine pilot.<sup>211-212</sup></li> <li>Coverage for interactive audio-video only.</li> </ul>
Eligible Technologies	F	
Distance or Geography Restrictions	A	
Eligible Providers	F	
Physician-provided Services	A	
Mental/behavioral Health Services <sup>215</sup>	B	
Rehabilitation	F	
Home Health	C	
Informed Consent	A	
Telepresenter	A	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		Innovation
State-wide Network	✓	<ul style="list-style-type: none"> <li>Utah Telehealth Network offers clinical, educational, and administrative services via telemedicine across the state.<sup>213</sup></li> </ul>
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

# Telemedicine in Vermont

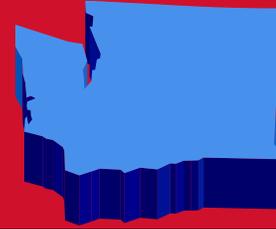
<b>PARITY:</b>		<ul style="list-style-type: none"> <li>VT's parity law was enacted in 2012. It includes telemedicine coverage for state employee health plans.<sup>216</sup></li> <li>VT is 1 of 3 states that cover interactive audio-video only as a condition of their parity law.</li> <li>Although the law 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.</li> <li>The parity law also limits telemedicine coverage to services provided in health care facilities only.</li> </ul>
Private Insurance	C	
Medicaid <sup>217</sup>	B	
State Employee Health Plan	A	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		<p>Medicaid</p> <ul style="list-style-type: none"> <li>Medicaid designates certain patient settings as originating sites when using interactive audio-video (excluding the home and school).</li> <li>Coverage for interactive audio-video and home RPM.</li> </ul>
Patient Setting	C	
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	A	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health	F	
Informed Consent	A	
Telepresenter	A	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network		
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections	✓	
Other		

# Telemedicine in Virginia



<b>PARITY:</b>		
Private Insurance <sup>218</sup>	A	<ul style="list-style-type: none"> <li>VA's parity law was enacted in 2010 and includes coverage for telemedicine under state employee health plans as well.<sup>219</sup></li> </ul>
Medicaid <sup>224</sup>	B	
State Employee Health Plan	A	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
Patient Setting	C	<p>Medicaid</p> <ul style="list-style-type: none"> <li>Coverage for telemedicine under Medicaid extends to managed care plans as well. The agency imposes restrictions on the patient setting.</li> <li>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.<sup>220</sup></li> <li>Covers speech-language therapy under its school-based program.<sup>221-223</sup></li> <li>Coverage for interactive audio-video and store-an-forward for diabetic retinopathy and dermatological services.</li> </ul> <p>Innovation</p> <ul style="list-style-type: none"> <li>CMS approved VA plan to waive Medicare telemedicine statutory restrictions (1834m) for dual eligible population.</li> </ul>
Eligible Technologies	C	
Distance or Geography Restrictions	A	
Eligible Providers	C	
Physician-provided Services <sup>225-226</sup>	B	
Mental/behavioral Health Services	B	
Rehabilitation	B	
Home Health	F	
Informed Consent	A	
Telepresenter	A	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network <sup>227</sup>	✓	
Medicaid Managed Care <sup>228</sup>	✓	
Medicare-Medicaid Dual Eligibles <sup>229</sup>	✓	
Health Home		
HCBS Waiver		
Corrections <sup>230</sup>	✓	
Other		

# Telemedicine in Washington



<b>PARITY:</b>		
Private Insurance	C	<ul style="list-style-type: none"> <li>Washington's parity law was enacted in 2015 and provides coverage for all essential health benefits offered by private insurance, state employee health plans, and Medicaid managed care.<sup>231</sup></li> </ul>
Medicaid <sup>235</sup>	B	
State Employee Health Plan	C	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
Patient Setting	C	Medicaid
Eligible Technologies	C	<ul style="list-style-type: none"> <li>The new parity law which goes into effect 2017 will impact Medicaid managed care and not FFS plan offerings.</li> <li>New SPA approved by CMS adds the home and school to list of eligible originating sites. It also expands the list of providers who may render services including dentists and a number of mental and behavioral health providers. The Medicaid program manual has not been updated to reflect this emergency rulemaking.<sup>232</sup></li> <li>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.<sup>233</sup></li> <li>Coverage for interactive audio-video as and RPM under the home health benefit.<sup>234</sup></li> <li>Written informed consent required.</li> </ul>
Distance or Geography Restrictions	A	
Eligible Providers	C	
Physician-provided Services	B	
Mental/behavioral Health Services	B	
Rehabilitation	F	
Home Health <sup>236</sup>	C	
Informed Consent	F	
Telepresenter	A	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

# Telemedicine in West Virginia



<b>PARITY:</b>		<ul style="list-style-type: none"> <li>WV is bordered by 2 states with private insurance parity laws: Kentucky and Virginia. No parity legislation introduced in 2015.</li> </ul>
Private Insurance	F	
Medicaid <sup>237</sup>	F	
State Employee Health Plan	F	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		Medicaid
Patient Setting	C	<ul style="list-style-type: none"> <li>Coverage is limited to originating sites located in non-metropolitan professional shortage areas for services listed under the physician benefit. This restriction does not apply to telemedicine services provided under the mental and behavioral health benefit. In fact WV Medicaid encourages providers to use telemedicine to enhance access to mental and behavioral health services.</li> <li>Coverage for interactive audio-video only.</li> <li>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.</li> <li>Requires telepresenter on patient site premises and unspecified form of consent only for behavioral health services.</li> </ul>
Eligible Technologies	F	
Distance or Geography Restrictions	C	
Eligible Providers	C	
Physician-provided Services	B	
Mental/behavioral Health Services <sup>238-239</sup>	A	
Rehabilitation	F	
Home Health	F	
Informed Consent	B	
Telepresenter	B	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		
State-wide Network		
Medicaid Managed Care <sup>240</sup>	✓	
Medicare-Medicaid Dual Eligibles		
Health Home	✓	
HCBS Waiver		
Corrections		
Other		

# Telemedicine in Wisconsin



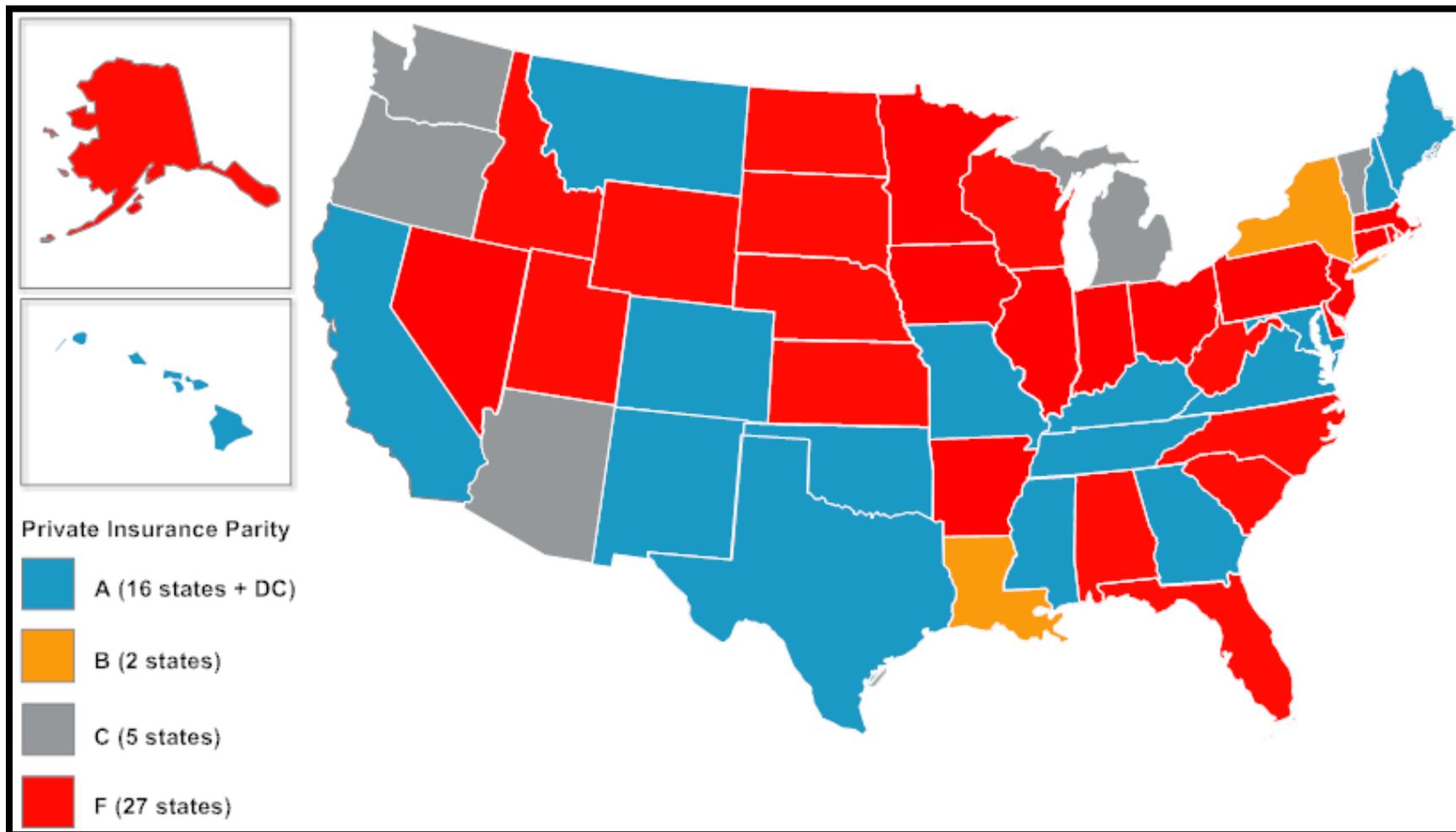
<b>PARITY:</b>		<ul style="list-style-type: none"> <li>No telemedicine parity law and no history of proposed legislation within the past 2 years.</li> </ul>
Private Insurance	F	
Medicaid <sup>241</sup>	B	
State Employee Health Plan	F	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		
Patient 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	
<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>		<p>Medicaid</p> <ul style="list-style-type: none"> <li>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.</li> <li>Medicaid restrictions on covered services and designates eligible distant site providers as a condition of payment.</li> <li>Medicaid requires informed consent from the patient but does not specify how the consent should be obtained.</li> <li>Coverage for interactive audio-video only.</li> </ul>
State-wide Network		
Medicaid Managed Care	✓	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

# Telemedicine in Wyoming

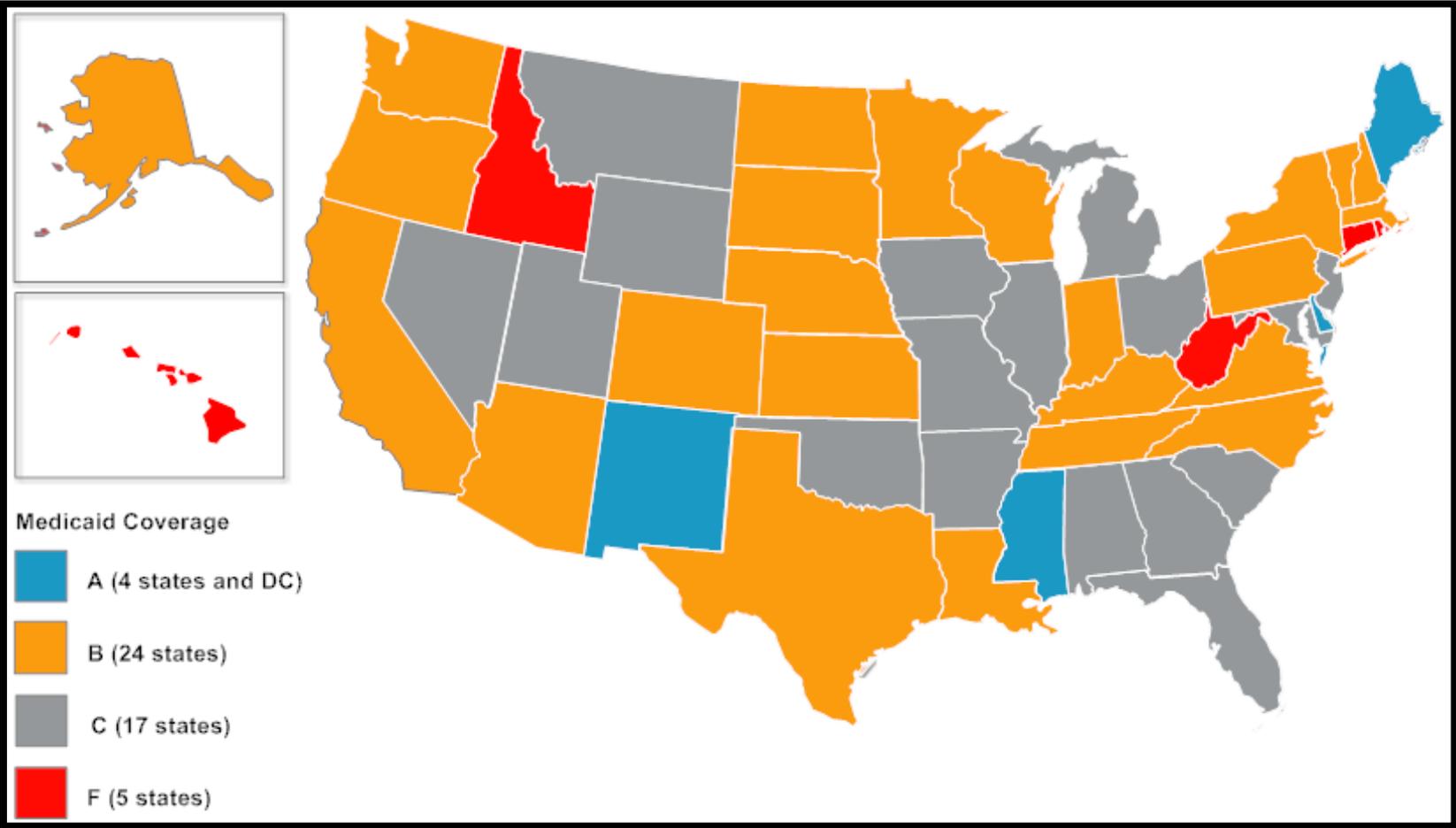
<b>PARITY:</b>		
Private Insurance	F	<ul style="list-style-type: none"> <li>No telemedicine parity law and no history of proposed legislation within the past 2 years.</li> </ul>
Medicaid <sup>242</sup>	C	
State Employee Health Plan	F	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		<p>Medicaid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

# Appendix

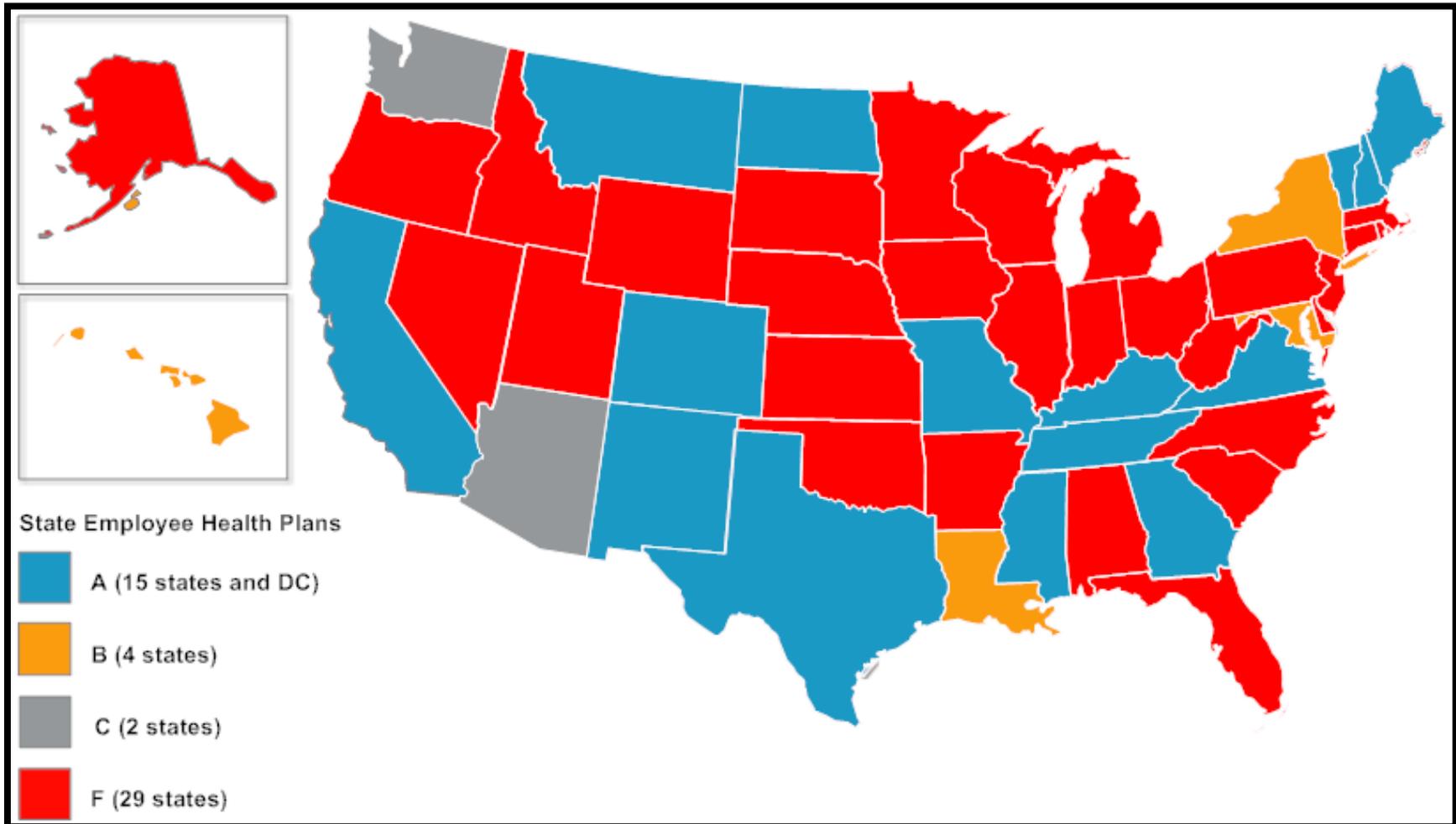
## State Ratings – Parity Laws for Private Insurance Coverage of Telemedicine



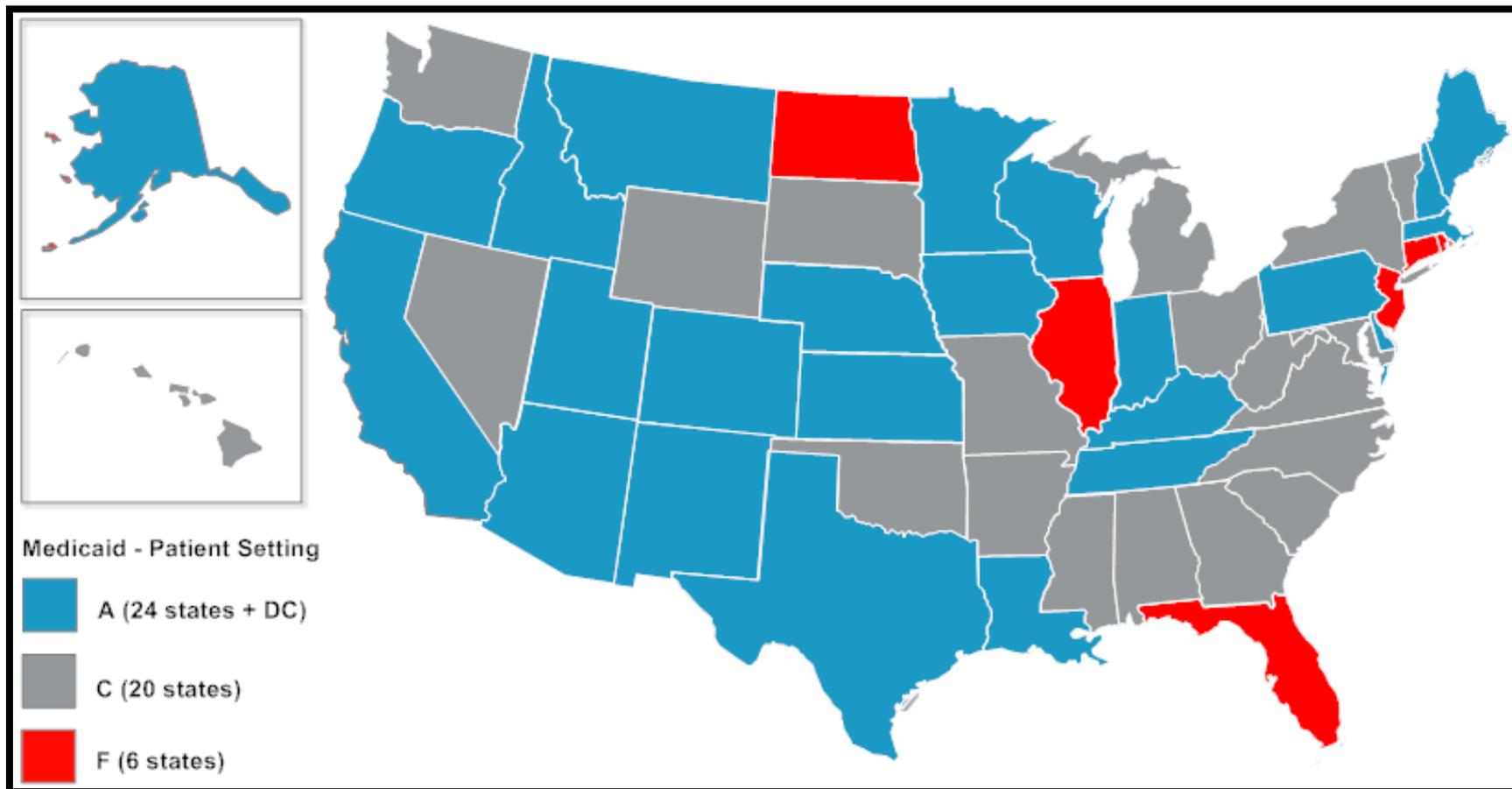
### State Ratings – Medicaid Policies for Telemedicine Coverage



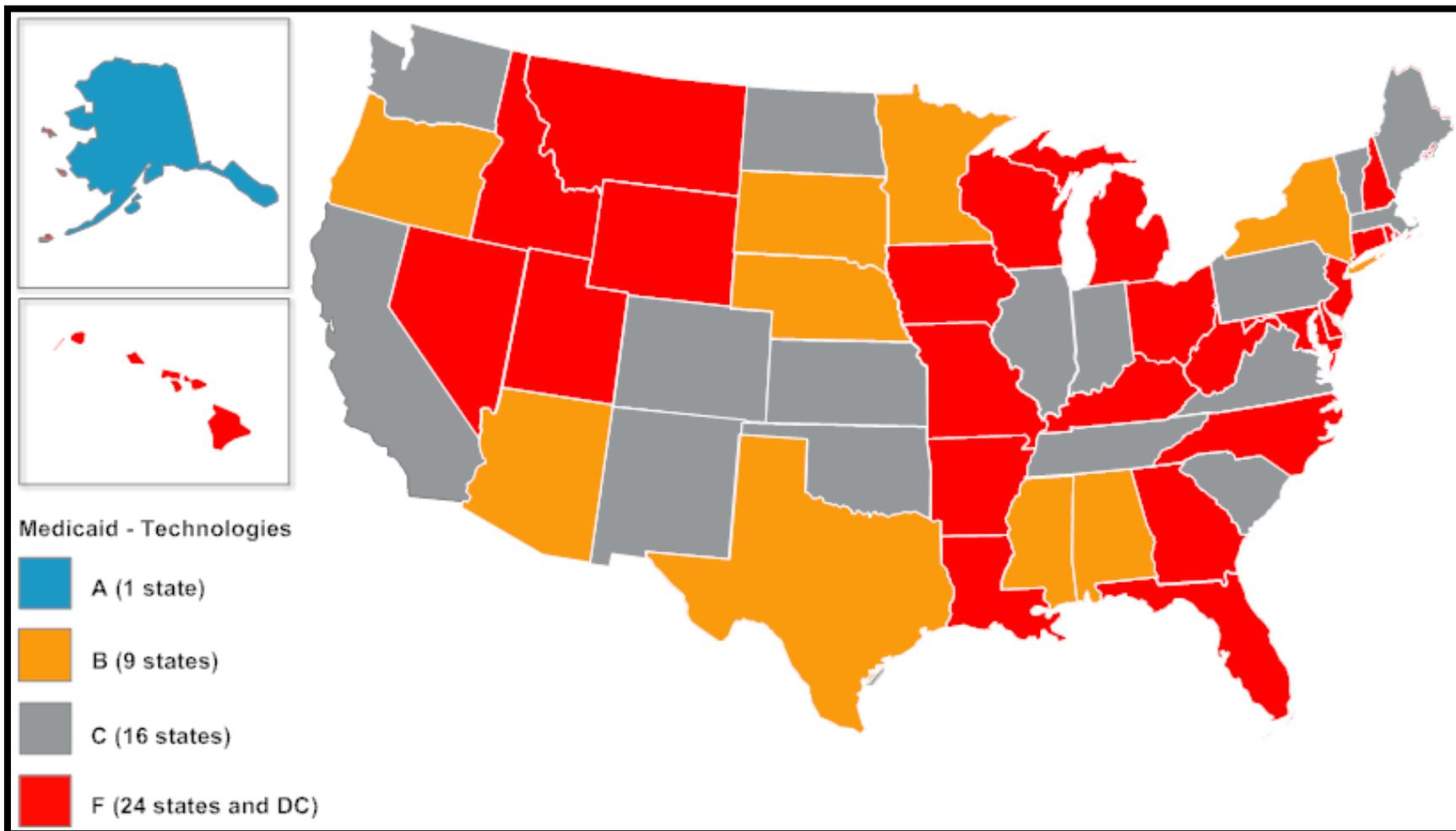
### State Ratings – State Employee Health Plan Laws for Telemedicine Coverage



### State Ratings – Medicaid Patient Setting

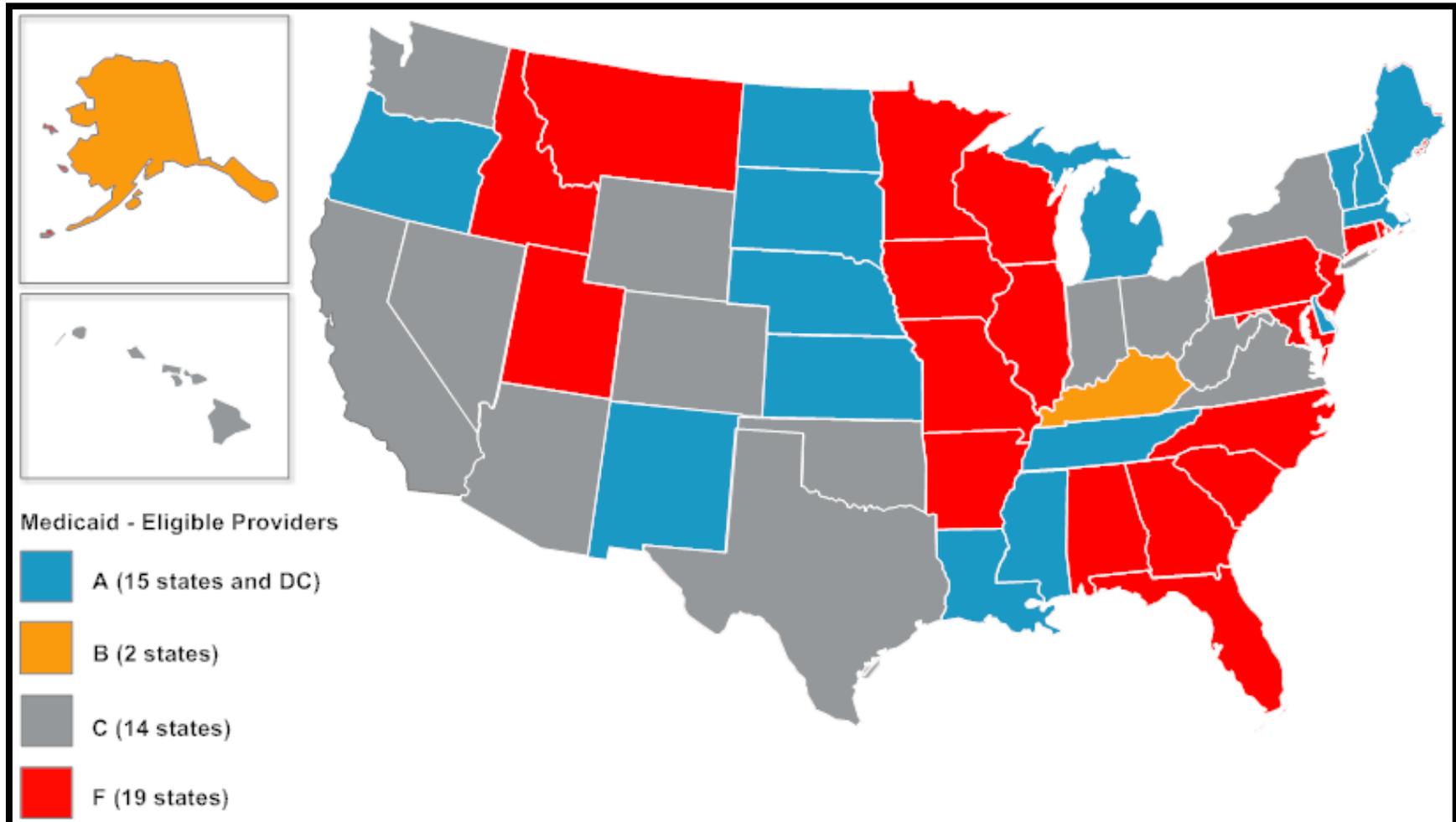


### State Ratings – Medicaid Eligible Technologies



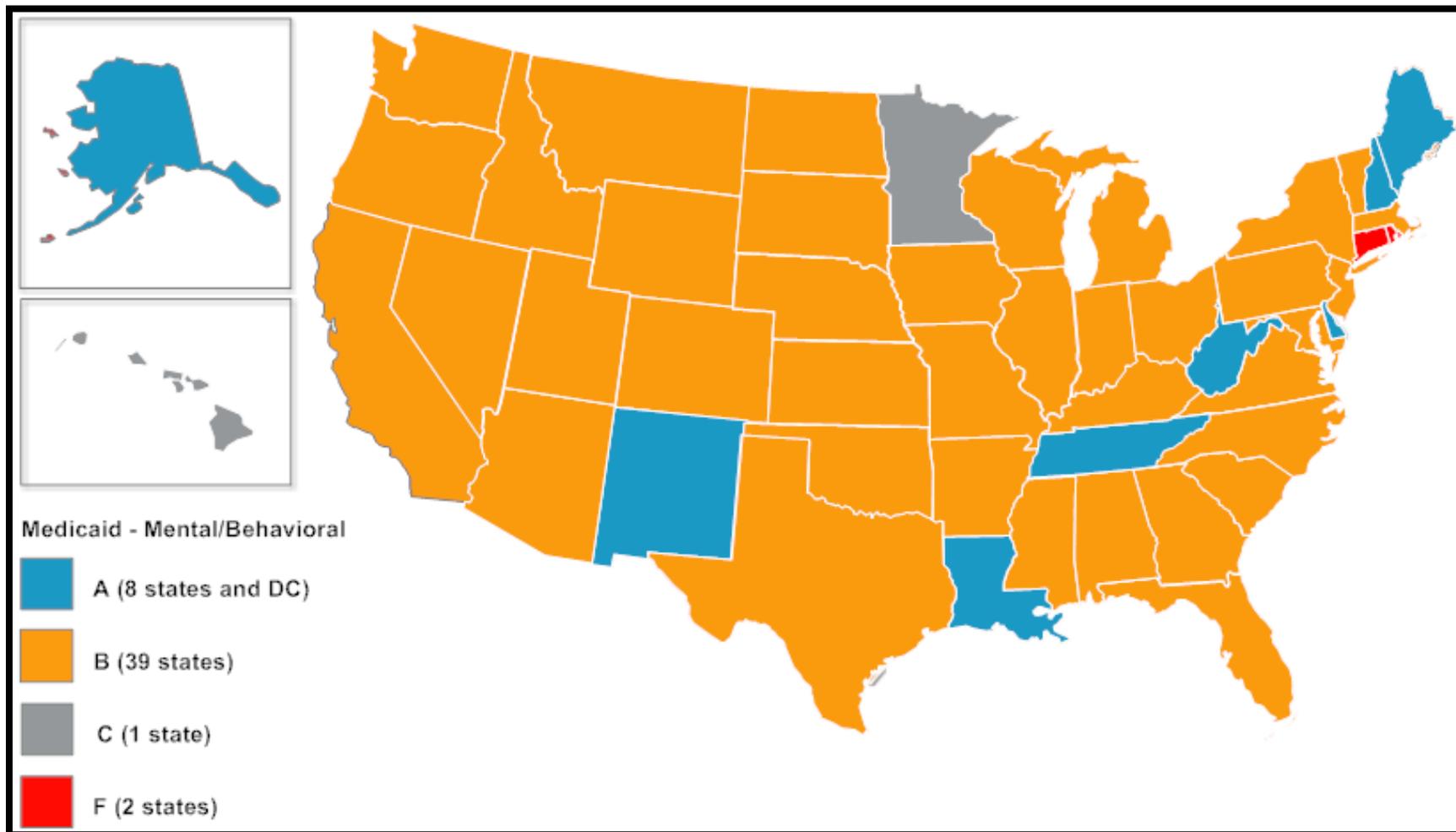


## State Ratings – Medicaid Eligible Providers

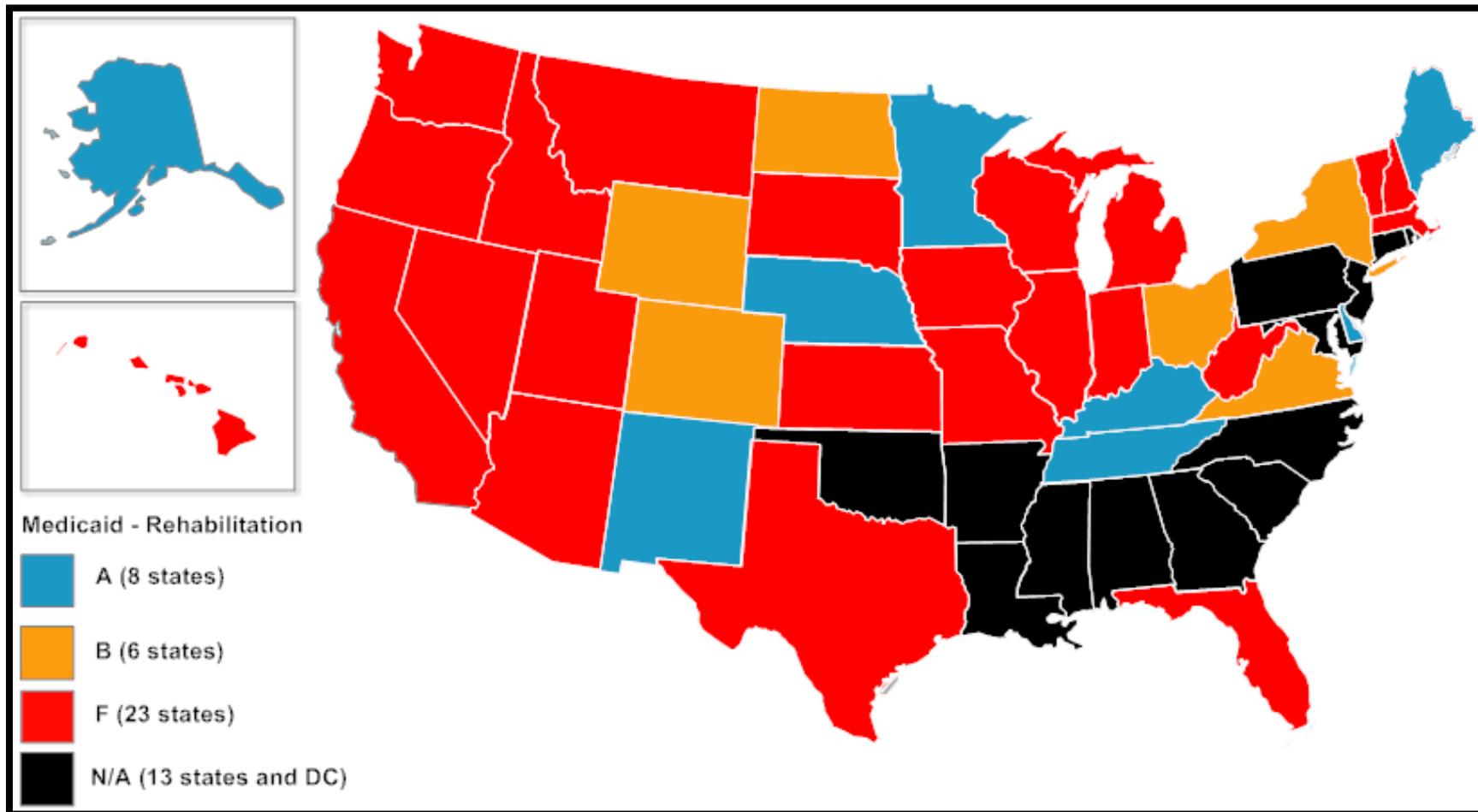




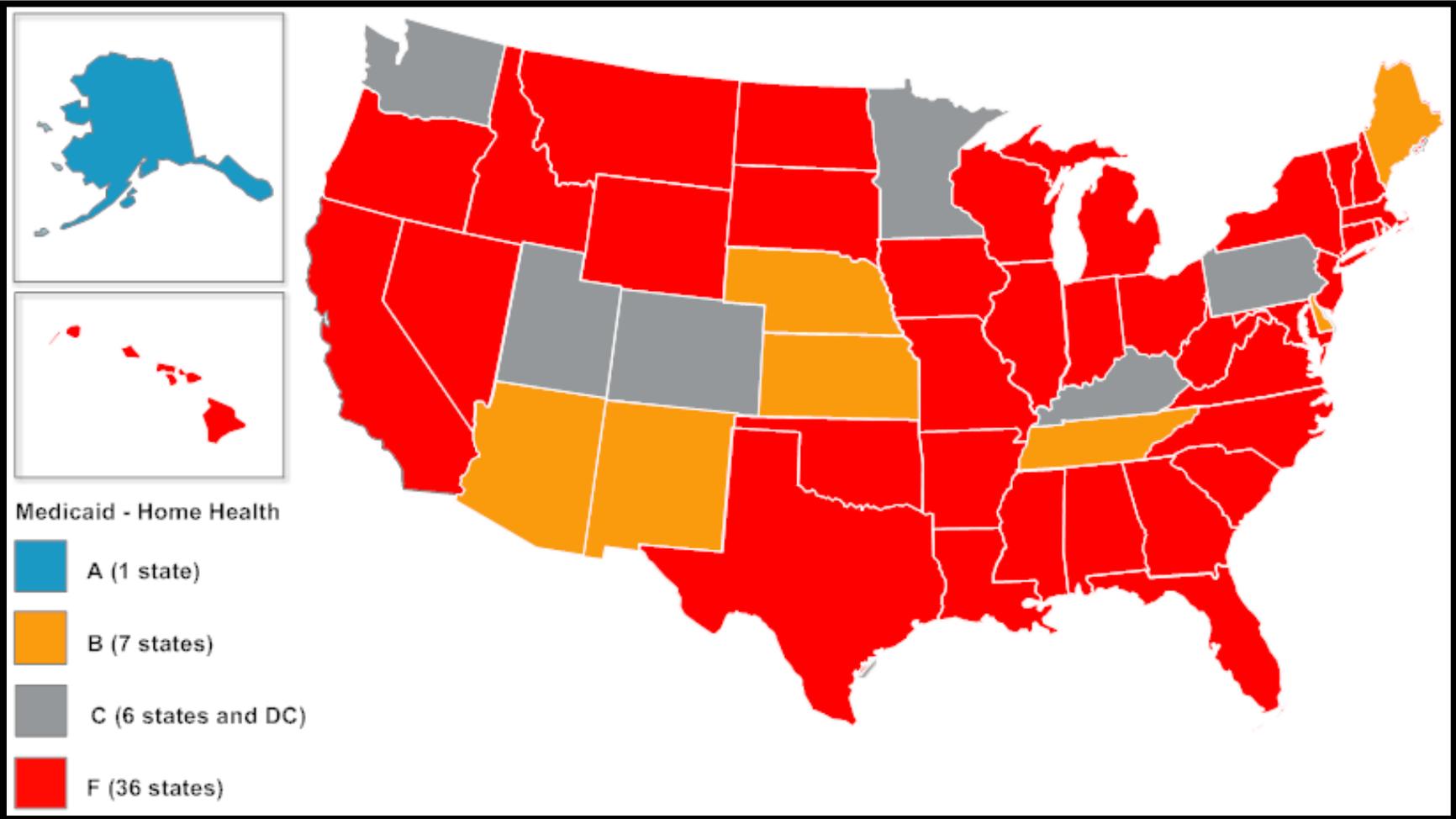
## State Ratings – Medicaid Mental and Behavioral Health Services



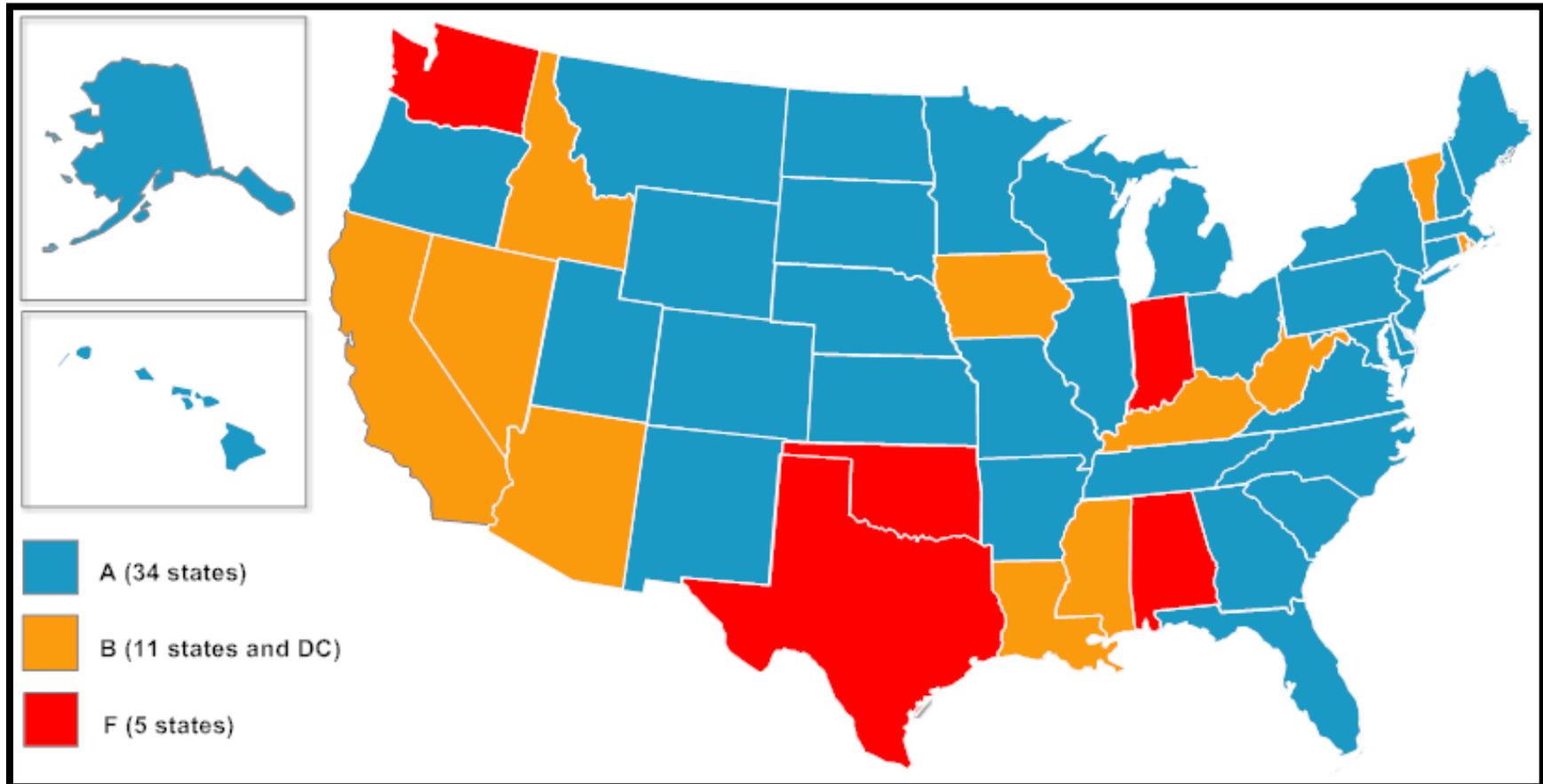
## State Ratings – Medicaid Rehabilitation Services



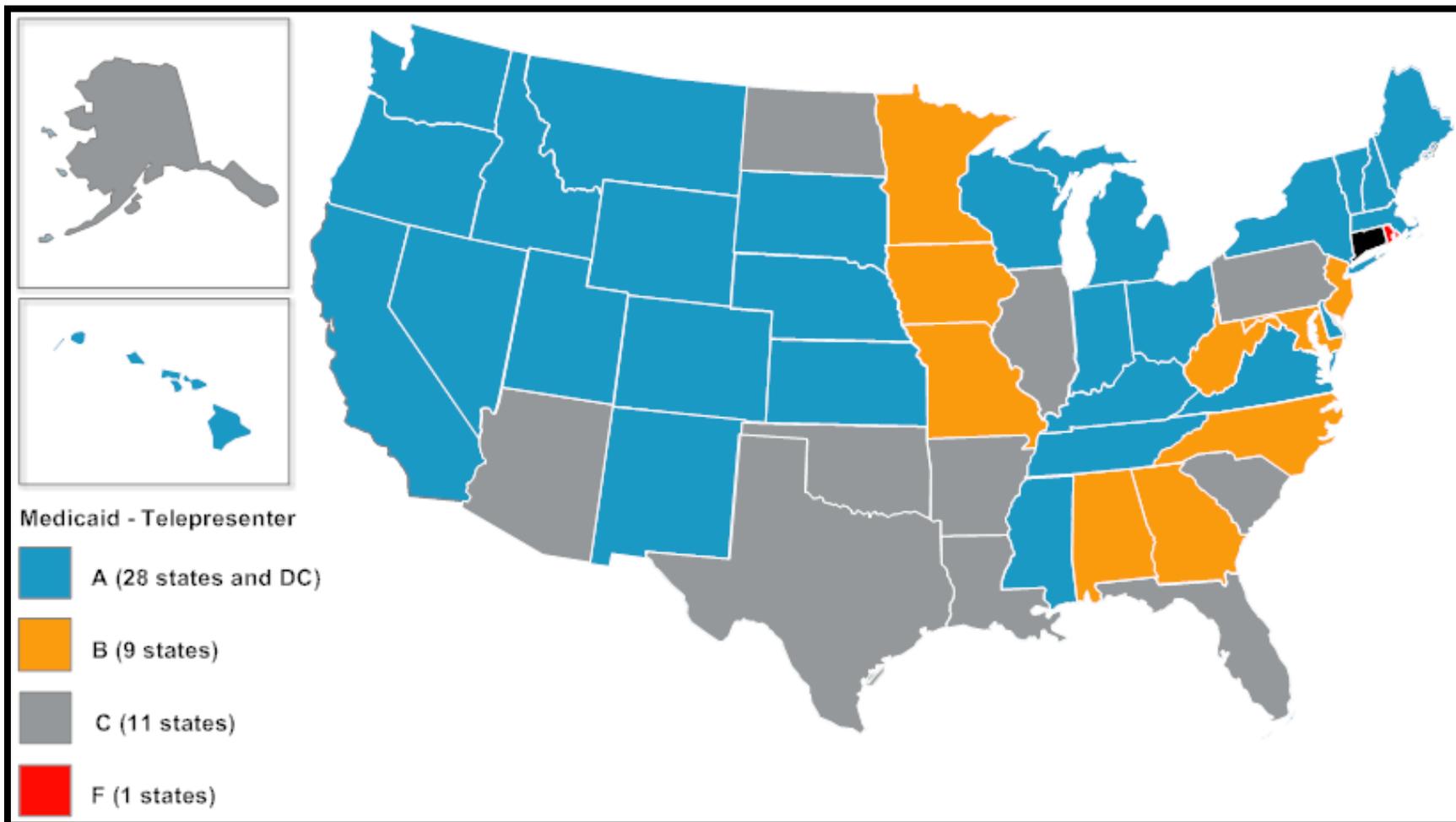
### State Ratings – Medicaid Home Health Services



## State Ratings – Medicaid Informed Consent



### State Ratings – Medicaid Telepresenter



## References

- 
- <sup>1</sup> ATA State Policy Toolkit, 2015.
- <sup>2</sup> Medicaid Benefits - Physical Therapy and Other Services. Kaiser Family Foundation. 2012.
- <sup>3</sup> CMS tests models with States to better align the financing of Medicare and Medicaid programs and integrate primary, acute, behavioral health and long-term services and supports for their Medicare-Medicaid enrollees. For the Capitated Model, a state, CMS, and a health plan enter into a three-way contract, and the plan receives a prospective blended payment to provide comprehensive, coordinated care; <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/CapitatedModel.html>
- <sup>4</sup> Medicaid.gov, 2013; <http://www.medicaid.gov/State-Resource-Center/Medicaid-State-Technical-Assistance/Health-Homes-Technical-Assistance/Approved-Health-Home-State-Plan-Amendments.html>
- <sup>5</sup> Medicaid.gov, 2014; <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Home-and-Community-Based-1915-c-Waivers.html>
- <sup>6</sup> AL Medicaid Management Information System Provider Manual, Chapter–28 Physicians, p. 17; [http://medicaid.alabama.gov/CONTENT/6.0\\_Providers/6.7\\_Manuals/6.7.1\\_Provider\\_Manuals\\_2015/6.7.1.2\\_April\\_2015.aspx](http://medicaid.alabama.gov/CONTENT/6.0_Providers/6.7_Manuals/6.7.1_Provider_Manuals_2015/6.7.1.2_April_2015.aspx)
- <sup>7</sup> AL Medicaid Management Information System Provider Manual, Chapter–105 Rehabilitative Services: DHR, DYS, DPH, DMH, p. 11; [http://medicaid.alabama.gov/documents/6.0\\_Providers/6.7\\_Manuals/6.7.1\\_Provider\\_Manuals\\_2015/6.7.1.2\\_April\\_2015/Apr15\\_105.pdf](http://medicaid.alabama.gov/documents/6.0_Providers/6.7_Manuals/6.7.1_Provider_Manuals_2015/6.7.1.2_April_2015/Apr15_105.pdf)
- <sup>8</sup> AL Medicaid Management Information System Provider Manual, Chapter–39 Patient 1st Billing Manual, p. 32; [http://medicaid.alabama.gov/documents/6.0\\_Providers/6.7\\_Manuals/6.7.1\\_Provider\\_Manuals\\_2015/6.7.1.2\\_April\\_2015/Apr15\\_39.pdf](http://medicaid.alabama.gov/documents/6.0_Providers/6.7_Manuals/6.7.1_Provider_Manuals_2015/6.7.1.2_April_2015/Apr15_39.pdf)
- <sup>9</sup> AL Medicaid Agency, Amendment to Alabama State Plan for Medical Assistance (PN-11-10), May 2011; <http://www.alabamaadministrativecode.state.al.us/UpdatedMonthly/AAM-MAY-11/MISC.PDF>
- <sup>10</sup> AL Medicaid Patient 1<sup>st</sup> In-Home Monitoring Program; January 2011; [http://medicaid.alabama.gov/documents/4.0\\_Programs/4.4\\_Medical\\_Services/4.4.10\\_Patient\\_1st/4.4.10\\_In\\_Home\\_Monitoring\\_Revised\\_1-24-11.pdf](http://medicaid.alabama.gov/documents/4.0_Programs/4.4_Medical_Services/4.4.10_Patient_1st/4.4.10_In_Home_Monitoring_Revised_1-24-11.pdf)
- <sup>11</sup> Alaska Medical Assistance Provider Billing Manual, Section II–School-Based Services, Policies and Procedures; <http://manuals.medicaidalaska.com/sbs/sbs.htm>
- <sup>12</sup> Alaska Medical Assistance Provider Billing Manual, Section I: Physician, Advanced Nurse Practitioner & Physician Assistant Services; <http://manuals.medicaidalaska.com/physician/physician.htm>
- <sup>13</sup> Alaska Medical Assistance Provider Billing Manual, Section II–Podiatry Services, Policies and Procedures; <http://manuals.medicaidalaska.com/podiatry/podiatry.htm>
- <sup>14</sup> Alaska Medical Assistance Provider Billing Manual, Section II–Early and Periodic Screening, Diagnosis and Treatment Services, Policies and Procedures; <http://manuals.medicaidalaska.com/epsdt/epsdt.htm>
- <sup>15</sup> Alaska Medical Assistance Provider Billing Manual, Section II–Tribal Facility Services, Policies and Procedures; <http://manuals.medicaidalaska.com/tribal/tribal.htm>
- <sup>16</sup> Alaska Medical Assistance Provider Billing Manual, Section II–Hospice Services, Policies and Procedures; [http://manuals.medicaidalaska.com/docs/dnld/BillingManual\\_Hospice.pdf](http://manuals.medicaidalaska.com/docs/dnld/BillingManual_Hospice.pdf)
- <sup>17</sup> Alaska Medical Assistance Provider Billing Manual, Section II–Nutrition Services, Policies and Procedures; [http://manuals.medicaidalaska.com/docs/dnld/BillingManual\\_Nutrition.pdf](http://manuals.medicaidalaska.com/docs/dnld/BillingManual_Nutrition.pdf)
- <sup>18</sup> Alaska Medical Assistance Provider Billing Manual, Section II–Chiropractor Services, Policies and Procedures; [http://manuals.medicaidalaska.com/docs/dnld/BillingManual\\_Chiropractic.pdf](http://manuals.medicaidalaska.com/docs/dnld/BillingManual_Chiropractic.pdf)
- <sup>19</sup> Alaska Medical Assistance Provider Billing Manual, Section II–Community Behavioral Health Services, Policies and Procedures; <http://manuals.medicaidalaska.com/cbhs/cbhs.htm>
- <sup>20</sup> American Telemedicine Association, State Medicaid Best Practice: Telemental and Behavioral Health. August 2013; <http://www.americantelemed.org/docs/default-source/policy/ata-best-practice---telemental-and-behavioral-health.pdf?sfvrsn=10>
- <sup>21</sup> Alaska Medical Assistance Provider Billing Manual, Section II–Therapy Services, Policies and Procedures; <http://manuals.medicaidalaska.com/therapies/therapies.htm>

- <sup>22</sup> Alaska Medical Assistance Provider Billing Manual, Section II–Home Health Services, Policies and Procedures; [http://manuals.medicaidalaska.com/docs/dnld/BillingManual\\_HomeHealth.pdf](http://manuals.medicaidalaska.com/docs/dnld/BillingManual_HomeHealth.pdf)
- <sup>23</sup> ARS 20-841.09; <http://www.azleg.gov/FormatDocument.asp?inDoc=/ars/20/00841-09.htm&Title=20&DocType=ARS>
- <sup>24</sup> AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Manual, Chapter–10 Professional and Technical Services, p. 41; [http://www.azahcccs.gov/commercial/Downloads/FFSProviderManual/FFS\\_Chap10.pdf](http://www.azahcccs.gov/commercial/Downloads/FFSProviderManual/FFS_Chap10.pdf)
- <sup>25</sup> AHCCCS Telehealth Training Manual; <http://www.azahcccs.gov/commercial/Downloads/IHS-TribalManual/IHSTelehealthTrainingManual.pdf>
- <sup>26</sup> American Telemedicine Association, State Medicaid Best Practice: Store and Forward Telemedicine. July 2013; <http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice---store-and-forward-telemedicine.pdf?sfvrsn=10>
- <sup>27</sup> American Telemedicine Association, State Medicaid Best Practice: Telestroke. January 2014; <http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice---telestroke.pdf?sfvrsn=8>
- <sup>28</sup> Arizona Telemedicine Program; <http://telemedicine.arizona.edu/>
- <sup>29</sup> AHCCCS Medical Policy Manual, Chapter 300-Medical Policy for Covered Services, p.21; <http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap300.pdf>
- <sup>30</sup> Arkansas Medicaid, Physician/Independent lab/CRNA/Radiation Therapy Center-Section II, p. 34; [https://www.medicaid.state.ar.us/Download/provider/provdocs/Manuals/PHYSICN/PHYSICN\\_II.doc](https://www.medicaid.state.ar.us/Download/provider/provdocs/Manuals/PHYSICN/PHYSICN_II.doc)
- <sup>31</sup> Arkansas Medicaid, Rehabilitative Services for Persons with Mental Illness-Section II, p. 14; <https://www.medicaid.state.ar.us/InternetSolution/Provider/docs/rspmi.aspx>
- <sup>32</sup> University of Arkansas for Medical Sciences – ANGELS Program; <http://angels.uams.edu/>
- <sup>33</sup> American Telemedicine Association, State Medicaid Best Practice: Telehealth for High-risk Pregnancy. January 2014; <http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice---telehealth-for-high-risk-pregnancy.pdf?sfvrsn=6>
- <sup>34</sup> CA Insurance Code Sec. 10110 - 10127.19; [http://leginfo.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=INS&sectionNum=10123.85](http://leginfo.ca.gov/faces/codes_displaySection.xhtml?lawCode=INS&sectionNum=10123.85)
- <sup>35</sup> AB 1310; [http://www.leginfo.ca.gov/cgi-bin/postquery?bill\\_number=ab\\_1310&sess=1314&house=A](http://www.leginfo.ca.gov/cgi-bin/postquery?bill_number=ab_1310&sess=1314&house=A)
- <sup>36</sup> AB 1771; [http://www.leginfo.ca.gov/cgi-bin/postquery?bill\\_number=ab\\_1771&sess=1314&house=A](http://www.leginfo.ca.gov/cgi-bin/postquery?bill_number=ab_1771&sess=1314&house=A)
- <sup>37</sup> AB 1174; [http://www.leginfo.ca.gov/cgi-bin/postquery?bill\\_number=ab\\_1174&sess=1314&house=A](http://www.leginfo.ca.gov/cgi-bin/postquery?bill_number=ab_1174&sess=1314&house=A)
- <sup>38</sup> CA Department of Health Care Services, Medi-Cal Part 2 General Medicine Manual, Telehealth, [http://files.medi-cal.ca.gov/publications/masters-mtp/part2/mednetele\\_m01o03.doc](http://files.medi-cal.ca.gov/publications/masters-mtp/part2/mednetele_m01o03.doc)
- <sup>39</sup> Department of Health Care Services (DHCS), Telehealth Billing Recorded Webinar, September 2013.
- <sup>40</sup> CA Welfare and Institutions Code Sec. 14132.72; [http://leginfo.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=WIC&sectionNum=14132.72](http://leginfo.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=14132.72).
- <sup>41</sup> CA Welfare and Institutions Code Sec. 14132.725; [http://leginfo.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=WIC&sectionNum=14132.725](http://leginfo.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=14132.725).
- <sup>42</sup> American Telemedicine Association, State Medicaid Best Practice: Store and Forward Telemedicine. July 2013; <http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice---store-and-forward-telemedicine.pdf?sfvrsn=10>
- <sup>43</sup> American Telemedicine Association, State Medicaid Best Practice: Telemental and Behavioral Health. August 2013; <http://www.americantelemed.org/docs/default-source/policy/ata-best-practice---telemental-and-behavioral-health.pdf?sfvrsn=10>
- <sup>44</sup> California Telehealth Network; <http://www.caltelehealth.org/>
- <sup>45</sup> CO Revised Statutes 10-16-123
- <sup>46</sup> 10 CCR 2505-10.15
- <sup>47</sup> CO Revised Statutes 25.5-5-321
- <sup>48</sup> American Telemedicine Association, State Medicaid Best Practice: Remote Patient Monitoring and Home Video Visits. July 2013; <http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice---remote-patient-monitoring-and-home-video-visits.pdf?sfvrsn=6>
- <sup>49</sup> Colorado Medical Assistance Program, Telemedicine Manual; [https://www.colorado.gov/pacific/sites/default/files/CMS1500\\_Telemedicine\\_1.pdf](https://www.colorado.gov/pacific/sites/default/files/CMS1500_Telemedicine_1.pdf)
- <sup>50</sup> CO Revised Statutes 25.5-5-320
- <sup>51</sup> Colorado Telehealth Network; <http://www.cotelehealth.com/>

- <sup>52</sup> Colorado 2015 Regular Session, HB 1029; [http://www.leg.state.co.us/clics/clics2015a/csl.nsf/fsbillcont3/AC2BDBA13720914B87257D90007666AD?open&file=1029\\_enr.pdf](http://www.leg.state.co.us/clics/clics2015a/csl.nsf/fsbillcont3/AC2BDBA13720914B87257D90007666AD?open&file=1029_enr.pdf)
- <sup>53</sup> ATA State Telemedicine Matrix 2015; <http://www.americantelemed.org/docs/default-source/policy/state-legislation-matrix-as-of-4-28-2015A6D18E449A99.pdf?sfvrsn=4>
- <sup>54</sup> Conn. Gen. Stat. Sec. 17b-245c; [http://search.cga.state.ct.us/dtsearch\\_pub\\_statutes.asp?cmd=getdoc&DocId=13656&Index=I%3a\zindex\surs&HitCount=2&hits=190+191+&hc=2&req=%28number+contains+17b-245c%29&Item=0](http://search.cga.state.ct.us/dtsearch_pub_statutes.asp?cmd=getdoc&DocId=13656&Index=I%3a\zindex\surs&HitCount=2&hits=190+191+&hc=2&req=%28number+contains+17b-245c%29&Item=0)
- <sup>55</sup> Proposed - 18 DE Reg. 9; <http://regulations.delaware.gov/register/july2014/proposed/18%20DE%20Reg%209%2007-01-14.htm>
- <sup>56</sup> 16 DE Reg. 314; <http://regulations.delaware.gov/register/september2012/final/16%20DE%20Reg%20314%2009-01-12.htm>
- <sup>57</sup> DC Code Sec. 31-3861
- <sup>58</sup> DC Code Sec. 31-3863
- <sup>59</sup> Florida Medicaid, PRACTITIONER SERVICES COVERAGE AND LIMITATIONS HANDBOOK, Chapter-2, p.120; [http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/Practitioner%20Services%20Handbook\\_Adoption.pdf](http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/Practitioner%20Services%20Handbook_Adoption.pdf)
- <sup>60</sup> OCGA § 33-24-56.4
- <sup>61</sup> American Telemedicine Association, State Medicaid Best Practice: School-based Telehealth. July 2013; <http://www.americantelemed.org/docs/default-source/policy/state-medicare-best-practice---school-based-telehealth.pdf?sfvrsn=8>
- <sup>62</sup> Georgia Medicaid Telemedicine Handbook; <https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/54/Default.aspx>
- <sup>63</sup> GA Partnership for Telehealth; <http://www.gatelehealth.org/>
- <sup>64</sup> HI Revised Statutes § 431:10A-116.3
- <sup>65</sup> SB 2469 – 27<sup>th</sup> Legislature; [http://www.capitol.hawaii.gov/measure\\_indiv.aspx?billtype=SB&billnumber=2469&year=2014](http://www.capitol.hawaii.gov/measure_indiv.aspx?billtype=SB&billnumber=2469&year=2014)
- <sup>66</sup> National Conference of State Legislatures. State Employee Health Benefits; <http://www.ncsl.org/research/health/state-employee-health-benefits-ncsl.aspx#Self-fund>
- <sup>67</sup> HI Administrative Rules §17-1737-51.1; <http://humanservices.hawaii.gov/wp-content/uploads/2013/10/HAR-17-1737-Scope-Contents-of-the-fee-for-service-medical-assistant-program.pdf>
- <sup>68</sup> Idaho MMIS Provider Handbook, Section-2.22.1.1.-Allopathic and Osteopathic Physicians, p.25; <https://www.idmedicaid.com/Provider%20Guidelines/Allopathic%20and%20Osteopathic%20Physicians.pdf>
- <sup>69</sup> ID Medicaid Information Release MA08-01; <http://healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/IR%20MA08-01%20Telemedicine-signed.pdf>
- <sup>70</sup> Idaho Telehealth Policy; <http://www.healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/TelehealthPolicy.pdf>
- <sup>71</sup> SB 647 – 98<sup>th</sup> General Assembly; <http://www.ilga.gov/legislation/BillStatus.asp?DocNum=647&GAID=12&DocTypeID=SB&SessionID=85&GA=98>
- <sup>72</sup> ATA State Telemedicine Matrix 2015; <http://www.americantelemed.org/docs/default-source/policy/state-legislation-matrix-as-of-4-28-2015A6D18E449A99.pdf?sfvrsn=4>
- <sup>73</sup> 320 ILCS 42/20; <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2630&ChapterID=31>
- <sup>74</sup> The Path to Transformation: Illinois § 1115 Waiver Proposal; <http://www2.illinois.gov/hfs/PublicInvolvement/1115/Pages/1115.aspx>
- <sup>75</sup> IL Admin. Code, Title 89 ,140.403
- <sup>76</sup> IL Admin. Code, Title 89 ,140.3
- <sup>77</sup> IL Dept. of Health care and Family Services, Handbook for Practitioners. Chapter A-220.67 Policy and Procedures; [www.hfs.illinois.gov/assets/a200.pdf](http://www.hfs.illinois.gov/assets/a200.pdf)
- <sup>78</sup> American Telemedicine Association, State Medicaid Best Practice: Telemental and Behavioral Health. August 2013; <http://www.americantelemed.org/docs/default-source/policy/ata-best-practice---telemental-and-behavioral-health.pdf?sfvrsn=10>

- <sup>79</sup> ATA State Telemedicine Matrix 2015; <http://www.americantelemed.org/docs/default-source/policy/state-legislation-matrix-as-of-4-28-2015A6D18E449A99.pdf?sfvrsn=4>
- <sup>80</sup> IC 12-15-5-11; <https://iga.in.gov/legislative/laws/2015/ic/titles/012/articles/015/chapters/005/>
- <sup>81</sup> 20140326-IR; <http://www.in.gov/legislative/iac/20140326-IR-405140102ONA.xml.pdf>
- <sup>82</sup> Indiana Health Coverage Programs Provider Manual, Chapter-8 Section 3, p.139; <http://provider.indianamedicaid.com/ihcp/manuals/chapter08.pdf>
- <sup>83</sup> ATA State Telemedicine Matrix 2015; <http://www.americantelemed.org/docs/default-source/policy/state-legislation-matrix-as-of-4-28-2015A6D18E449A99.pdf?sfvrsn=4>
- <sup>84</sup> Iowa Medicaid Magellan Telemedicine; <http://www.magellanoofowa.com/for-providers-ia/additional-options/telehealth.aspx>
- <sup>85</sup> Iowa Health Home State Plan Amendment for Adults and Children with Severe and Persistent Mental Illness; <http://www.medicaid.gov/State-Resource-Center/Medicaid-State-Technical-Assistance/Health-Homes-Technical-Assistance/Downloads/IOWA-Approved-2nd-HH-SPA-.pdf>
- <sup>86</sup> HB 2690 – Kansas Legislature; [http://www.kslegislature.org/li/b2013\\_14/measures/hb2690/](http://www.kslegislature.org/li/b2013_14/measures/hb2690/)
- <sup>87</sup> SB 175 – Kansas Legislature; [http://www.kslegislature.org/li/b2013\\_14/measures/sb175/](http://www.kslegislature.org/li/b2013_14/measures/sb175/)
- <sup>88</sup> Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Home Health Agency, p. 33 (Jan. 2013)
- <sup>89</sup> American Telemedicine Association, State Medicaid Best Practice: Remote Patient Monitoring and Home Video Visits. July 2013; <http://www.americantelemed.org/docs/default-source/policy/state-medicare-best-practice---remote-patient-monitoring-and-home-video-visits.pdf?sfvrsn=6>
- <sup>90</sup> KY Revised Statutes § 304.17A-138
- <sup>91</sup> KY Revised Statutes § 205.559
- <sup>92</sup> 907 KAR 3:170
- <sup>93</sup> American Telemedicine Association, State Medicaid Best Practice: Telerehabilitation. January 2014; <http://www.americantelemed.org/docs/default-source/policy/state-medicare-best-practice---telerehabilitation.pdf?sfvrsn=6>
- <sup>94</sup> American Telemedicine Association, State Medicaid Best Practice: Managed Care and Telehealth. January 2014; <http://www.americantelemed.org/docs/default-source/policy/state-medicare-best-practice-managed-care-and-telehealth.pdf?sfvrsn=6>
- <sup>95</sup> LA Revised Statutes 22:1821
- <sup>96</sup> HB 903 – LA State Legislature; <http://www.legis.la.gov/legis/BillInfo.aspx?s=14rs&b=HB903&sbi=y>
- <sup>97</sup> LA Department of Health and Hospitals Report to House and Senate Committees on Health and Welfare, January 20, 2013; <http://www.dhh.louisiana.gov/assets/docs/LegisReports/HCR96-2013.pdf>
- <sup>98</sup> La. Admin. Code tit. 46, § 7507 and 7511
- <sup>99</sup> LA Dept. of Health and Hospitals, Professional Services Provider Manual, Chapter-5 Section 5.1
- <sup>100</sup> ME Revised Statutes Annotated. Title 24 Sec. 4316
- <sup>101</sup> Maine Health Home State Plan Amendment; <http://www.medicaid.gov/State-Resource-Center/Medicaid-State-Plan-Amendments/Downloads/ME/ME-12-004-Att.pdf>
- <sup>102</sup> Code of ME Rules. 10-144-101
- <sup>103</sup> MaineCare Benefits Manual, General Administrative Policies and Procedures, 10-144 Chapter-101, p. 20; <http://www.maine.gov/sos/cec/rules/10/ch101.htm>
- <sup>104</sup> Michael A. Edwards and Arvind C. Patel. Telemedicine Journal and e-Health. March 2003, 9(1): 25-39.
- <sup>105</sup> MD Insurance Code Annotated Sec. 15-139
- <sup>106</sup> Maryland Medical Assistance Program – Telemedicine 2014; <https://mmcp.dhmd.maryland.gov/SitePages/Telemedicine%20Provider%20Information.aspx>
- <sup>107</sup> ATA State Telemedicine Matrix 2015; <http://www.americantelemed.org/docs/default-source/policy/state-legislation-matrix-as-of-4-28-2015A6D18E449A99.pdf?sfvrsn=4>
- <sup>108</sup> Boston Medical Center HealthNet Plan; [https://www.google.com/url?q=http://www.bmchp.org/app\\_assets/physician-non-physician-reimbursement-policy-nh\\_20131114t114633\\_en\\_web\\_452716bd5a7947b59381a6194af31713.pdf&sa=U&ei=FjrVU-q9G-m-sQTg4YCOCg&ved=0CAYQFjAA&client=internal-uds-cse&usg=AFQjCNGBBItApuMULB1o7VV9mAYi3KKdg](https://www.google.com/url?q=http://www.bmchp.org/app_assets/physician-non-physician-reimbursement-policy-nh_20131114t114633_en_web_452716bd5a7947b59381a6194af31713.pdf&sa=U&ei=FjrVU-q9G-m-sQTg4YCOCg&ved=0CAYQFjAA&client=internal-uds-cse&usg=AFQjCNGBBItApuMULB1o7VV9mAYi3KKdg)
- <sup>109</sup> Neighborhood Health Plan; [https://www.nhp.org/provider/paymentguidelines/evaluation\\_management\\_012314.pdf](https://www.nhp.org/provider/paymentguidelines/evaluation_management_012314.pdf)

- <sup>110</sup> National Telenursing Center; <http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/dvip/violence/sane/telenursing/the-national-telenursing-center.html>
- <sup>111</sup> Partners Telestroke Network; <http://telestroke.massgeneral.org/phstelestroke.aspx>
- <sup>112</sup> MI Compiled Law Services Sec. 500.3476
- <sup>113</sup> Michigan Department of Health and Human Services Medical Services Administration 1518-SBS; [www.michigan.gov/documents/mdch/1518-SBS-P\\_487449\\_7.pdf](http://www.michigan.gov/documents/mdch/1518-SBS-P_487449_7.pdf)
- <sup>114</sup> Medicaid Policy Bulletin MSA 13-34; [http://www.michigan.gov/documents/mdch/MSA\\_13-34\\_432621\\_7.pdf](http://www.michigan.gov/documents/mdch/MSA_13-34_432621_7.pdf)
- <sup>115</sup> MDCH Telemedicine Database January 2014; [http://www.michigan.gov/documents/mdch/Telemedicine-012014\\_445921\\_7.pdf](http://www.michigan.gov/documents/mdch/Telemedicine-012014_445921_7.pdf)
- <sup>116</sup> ATA State Telemedicine Matrix 2015; <http://www.americantelemed.org/docs/default-source/policy/state-legislation-matrix-as-of-4-28-2015A6D18E449A99.pdf?sfvrsn=4>
- <sup>117</sup> MN Dept. of Human Services, Provider Manual, Dental Services; [http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id\\_008953](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_008953)
- <sup>118</sup> MN Dept. of Human Services, Provider Manual, Alcohol and Drug Abuse Services; [http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id\\_008949](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_008949)
- <sup>119</sup> MN Statute 254B.14; <https://www.revisor.mn.gov/statutes/?id=254B.14>
- <sup>120</sup> MN Dept. of Human Services, Provider Manual, Continuum of Care Pilot; [http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_194151](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_194151)
- <sup>121</sup> MN Statute Sec. 256B.0625; <https://www.revisor.mn.gov/statutes/?id=256B.0625>
- <sup>122</sup> MN Dept. of Human Services, Provider Manual, Physician and Professional Services; [http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id\\_008926#P459\\_30998](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_008926#P459_30998)
- <sup>123</sup> MN Dept. of Human Services, Provider Manual, Rehabilitative Services; [http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id\\_008951](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_008951)
- <sup>124</sup> MN Statute Sec. 256B.0653; <https://www.revisor.mn.gov/statutes/?id=256B.0653>
- <sup>125</sup> MS Code Sec. 83-9-351
- <sup>126</sup> SB 2646; <http://billstatus.ls.state.ms.us/2014/pdf/history/SB/SB2646.xml>
- <sup>127</sup> Mississippi Division of Medicaid, SPA 15-003 Telehealth Services; <http://www.medicaid.ms.gov/wp-content/uploads/2015/04/SPA-15-003.pdf>
- <sup>128</sup> Code Miss. R. 30-5-2635; [http://www.msbnl.ms.gov/msbnl/web.nsf/webpages/Regulations\\_Regulations/\\$FILE/11-2013AdministrativeCode.pdf?OpenElement](http://www.msbnl.ms.gov/msbnl/web.nsf/webpages/Regulations_Regulations/$FILE/11-2013AdministrativeCode.pdf?OpenElement)
- <sup>129</sup> MO Revised Statutes § 376.1900.1
- <sup>130</sup> MO Code of State Regulation, Title 13, 70-3.190
- <sup>131</sup> ATA State Telemedicine Matrix 2015; <http://www.americantelemed.org/docs/default-source/policy/state-legislation-matrix-as-of-4-28-2015A6D18E449A99.pdf?sfvrsn=4>
- <sup>132</sup> MO HealthNet Provider Manuals – Physicians Section 13; [http://207.15.48.5/collections/collection\\_phy/Physician\\_Section13.pdf](http://207.15.48.5/collections/collection_phy/Physician_Section13.pdf)
- <sup>133</sup> MO Consolidated State Reg. 22:10-3.057
- <sup>134</sup> MO HealthNet Provider Manuals – Behavioral Health Section 13; [http://207.15.48.5/collections/collection\\_psy/Behavioral\\_Health\\_Services\\_Section13.pdf](http://207.15.48.5/collections/collection_psy/Behavioral_Health_Services_Section13.pdf)
- <sup>135</sup> MO HealthNet Provider Manuals – Comprehensive Substance Abuse Treatment and Rehabilitation Section 13; [http://207.15.48.5/collections/collection\\_cst/CSTAR\\_Section13.pdf](http://207.15.48.5/collections/collection_cst/CSTAR_Section13.pdf)
- <sup>136</sup> MO HealthNet Provider Manuals – Comprehensive Substance Abuse Treatment and Rehabilitation Section 19; [http://207.15.48.5/collections/collection\\_cst/CSTAR\\_Section19.pdf](http://207.15.48.5/collections/collection_cst/CSTAR_Section19.pdf)
- <sup>137</sup> Missouri Telehealth Network; <http://medicine.missouri.edu/telehealth/>
- <sup>138</sup> MT Code Sec. 33-22-138
- <sup>139</sup> MT Dept. of Public Health and Human Services, Medicaid and Medical Assistance Programs Manual, Physician Related Services; <http://medicaidprovider.hhs.mt.gov/pdf/manuals/physician07012014.pdf>

- <sup>140</sup> ATA State Telemedicine Matrix 2015; <http://www.americantelemed.org/docs/default-source/policy/state-legislation-matrix-as-of-4-28-2015A6D18E449A99.pdf?sfvrsn=4>
- <sup>141</sup> LB 254; [http://nebraskalegislature.gov/bills/view\\_bill.php?DocumentID=18716](http://nebraskalegislature.gov/bills/view_bill.php?DocumentID=18716)
- <sup>142</sup> Nebraska Medical Assistance Program State Plan Amendment; <http://dhhs.ne.gov/medicaid/Documents/Part2.pdf>
- <sup>143</sup> Provider Manual; [http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-471/Chapter-02.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-02.pdf)
- <sup>144</sup> American Telemedicine Association, State Medicaid Best Practice: School-based Telehealth. July 2013; <http://www.americantelemed.org/docs/default-source/policy/state-medicare-best-practice---school-based-telehealth.pdf?sfvrsn=8>
- <sup>145</sup> Revised Statutes of NE. Sec. 71-8506
- <sup>146</sup> NMAP Services, 471 NAC 1-006
- <sup>147</sup> Proposed regulation, NMAP Services, 471 NAC 1-006; <http://www.sos.ne.gov/rules-and-regs/regtrack/proposals/000000000001346.pdf>
- <sup>148</sup> Nebraska Statewide Telehealth Network; <http://www.netelehealth.net/>
- <sup>149</sup> ATA State Telemedicine Matrix 2015; <http://www.americantelemed.org/docs/default-source/policy/state-legislation-matrix-as-of-4-28-2015A6D18E449A99.pdf?sfvrsn=4>
- <sup>150</sup> REVISED PROPOSED REGULATION OF THE ADMINISTRATOR OF THE DIVISION OF INDUSTRIAL RELATIONS OF THE DEPARTMENT OF BUSINESS AND INDUSTRY, LCB File No. R069-13, November 18, 2013; <https://www.leg.state.nv.us/register/2013Register/R069-13RP1.pdf>
- <sup>151</sup> NV Dept. of Health and Human Services., Medicaid Services Manual, Section 3403.4
- <sup>152</sup> NH Revised Statutes Annotated, 415-J:3
- <sup>153</sup> Well Sense Health Plan; [https://www.google.com/url?q=http://www.bmchp.org/app\\_assets/physician-non-physician-reimbursement-policy-nh\\_20131114t114633\\_en\\_web\\_452716bd5a7947b59381a6194af31713.pdf&sa=U&ei=FjrVU-q9G-m-sQTg4YCQCg&ved=0CAYQFjAA&client=internal-uds-cse&usq=AFQjCNGBBItApuMULB1o7VV9mAYi3KKdg](https://www.google.com/url?q=http://www.bmchp.org/app_assets/physician-non-physician-reimbursement-policy-nh_20131114t114633_en_web_452716bd5a7947b59381a6194af31713.pdf&sa=U&ei=FjrVU-q9G-m-sQTg4YCQCg&ved=0CAYQFjAA&client=internal-uds-cse&usq=AFQjCNGBBItApuMULB1o7VV9mAYi3KKdg)
- <sup>154</sup> New Hampshire Healthy Families (Cenpatico); [http://www.nhhealthyfamilies.com/files/2012/01/NHWF\\_ProviderManual\\_REVFeb2014.pdf](http://www.nhhealthyfamilies.com/files/2012/01/NHWF_ProviderManual_REVFeb2014.pdf)
- <sup>155</sup> ATA State Telemedicine Matrix 2015; <http://www.americantelemed.org/docs/default-source/policy/state-legislation-matrix-as-of-4-28-2015A6D18E449A99.pdf?sfvrsn=4>
- <sup>156</sup> ATA State Telemedicine Matrix 2015; <http://www.americantelemed.org/docs/default-source/policy/state-legislation-matrix-as-of-4-28-2015A6D18E449A99.pdf?sfvrsn=4>
- <sup>157</sup> NJ Department of Human Services Division of Medical Assistance & Health Services, December 2013 Newsletter; [www.njha.com/media/292399/Telepsychiatrymemo.pdf](http://www.njha.com/media/292399/Telepsychiatrymemo.pdf)
- <sup>158</sup> NM Statute. 59A-22-49.3
- <sup>159</sup> American Telemedicine Association, State Medicaid Best Practice: School-based Telehealth. July 2013; <http://www.americantelemed.org/docs/default-source/policy/state-medicare-best-practice---school-based-telehealth.pdf?sfvrsn=8>
- <sup>160</sup> NMAC 8.310.2.9-M; <http://www.nmcpr.state.nm.us/nmac/parts/title08/08.310.0002.htm>
- <sup>161</sup> American Telemedicine Association, State Medicaid Best Practice: Telemental and Behavioral Health. August 2013; <http://www.americantelemed.org/docs/default-source/policy/ata-best-practice---telemental-and-behavioral-health.pdf?sfvrsn=10>
- <sup>162</sup> American Telemedicine Association, State Medicaid Best Practice: Telerehabilitation. January 2014; <http://www.americantelemed.org/docs/default-source/policy/state-medicare-best-practice---telerehabilitation.pdf?sfvrsn=6>
- <sup>163</sup> New Mexico Telehealth Alliance; <http://www.nmtelehealth.org/>
- <sup>164</sup> NMAC 8.308.9.18; <http://www.nmcpr.state.nm.us/nmac/parts/title08/08.308.0009.htm>
- <sup>165</sup> American Telemedicine Association, State Medicaid Best Practice: Managed Care and Telehealth. January 2014; <http://www.americantelemed.org/docs/default-source/policy/state-medicare-best-practice-managed-care-and-telehealth.pdf?sfvrsn=6>
- <sup>166</sup> S07852 – General Assembly; <http://open.nysenate.gov/legislation/bill/S7852-2013>
- <sup>167</sup> A02552 – General Assembly; [http://assembly.state.ny.us/leg/?default\\_fld=&bn=A02552&term=2015&Summary=Y&Actions=Y&Text=Y&Votes=Y](http://assembly.state.ny.us/leg/?default_fld=&bn=A02552&term=2015&Summary=Y&Actions=Y&Text=Y&Votes=Y)

- <sup>168</sup> American Telemedicine Association, State Medicaid Best Practice: Remote Patient Monitoring and Home Video Visits. July 2013; <http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice---remote-patient-monitoring-and-home-video-visits.pdf?sfvrsn=6>
- <sup>169</sup> Medicare-Medicaid Capitated Financial Alignment Demonstration for New York; <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/VAMOU.pdf>
- <sup>170</sup> New York Health Home State Plan Amendment for Individuals with Chronic Behavioral and Mental Health Conditions; <http://www.medicaid.gov/State-Resource-Center/Medicaid-State-Technical-Assistance/Health-Homes-Technical-Assistance/Downloads/New-York-SPA-12-11.PDF>
- <sup>171</sup> American Telemedicine Association, State Medicaid Best Practice: Telestroke. January 2014; <http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice---telestroke.pdf?sfvrsn=8>
- <sup>172</sup> American Telemedicine Association, State Medicaid Best Practice: Managed Care and Telehealth. January 2014; <http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice-managed-care-and-telehealth.pdf?sfvrsn=6>
- <sup>173</sup> ATA State Telemedicine Matrix 2015; <http://www.americantelemed.org/docs/default-source/policy/state-legislation-matrix-as-of-4-28-2015A6D18E449A99.pdf?sfvrsn=4>
- <sup>174</sup> NC General Statutes Article 3, Ch. 143B, Sect. 12A.2B.(b)
- <sup>175</sup> NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry; <http://www.ncdhhs.gov/dma/mp/1H.pdf>
- <sup>176</sup>
- <sup>177</sup>
- <sup>178</sup> ND Dept. of Human Services, General Information For Providers, Medicaid and Other Medical Assistance Programs; [www.nd.gov/dhs/services/medicalserv/medicaid/docs/telemedicine-policy.pdf](http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/telemedicine-policy.pdf)
- <sup>179</sup> ATA State Telemedicine Matrix 2015; <http://www.americantelemed.org/docs/default-source/policy/state-legislation-matrix-as-of-4-28-2015A6D18E449A99.pdf?sfvrsn=4>
- <sup>180</sup> HB 123; [http://www.legislature.state.oh.us/bills.cfm?ID=130\\_HB\\_123](http://www.legislature.state.oh.us/bills.cfm?ID=130_HB_123)
- <sup>181</sup> American Telemedicine Association, State Medicaid Best Practice: School-based Telehealth. July 2013; <http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice---school-based-telehealth.pdf?sfvrsn=8>
- <sup>182</sup> Ohio Health Home State Plan Amendment; <http://www.medicaid.gov/State-Resource-Center/Medicaid-State-Plan-Amendments/Downloads/OH/OH-12-0013-HHSPA.pdf>
- <sup>183</sup> OAC 5122-29-03(F); <http://codes.ohio.gov/oac/5122-29-03>
- <sup>184</sup> OAC 5122-29-04(C); <http://codes.ohio.gov/oac/5122-29-04>
- <sup>185</sup> OAC 5122-29-05(C); <http://codes.ohio.gov/oac/5122-29-05>
- <sup>186</sup> OAC 5122-29-17(C); <http://codes.ohio.gov/oac/5122-29-17>
- <sup>187</sup> OAC 3793:2-1-11; <http://codes.ohio.gov/oac/3793:2-1-11>
- <sup>188</sup> OH Dept. of Job and Family Services, Long Term Care Services and Supports Transmittal Letter (LTCSSSTL) No. 11-15
- <sup>189</sup> OK Statute, Title 36 Sec. 6803.
- <sup>190</sup> OK Admin. Code Sec. 317:30-3-27
- <sup>191</sup> OR Revised Statutes Sec. 743A.058
- <sup>192</sup> ATA State Telemedicine Matrix 2015; <http://www.americantelemed.org/docs/default-source/policy/state-legislation-matrix-as-of-4-28-2015A6D18E449A99.pdf?sfvrsn=4>
- <sup>193</sup> OARS 410-130-0610
- <sup>194</sup> ATA State Telemedicine Matrix 2015; <http://www.americantelemed.org/docs/default-source/policy/state-legislation-matrix-as-of-4-28-2015A6D18E449A99.pdf?sfvrsn=4>
- <sup>195</sup> PA Dept. of Aging, Office of Long Term Aging, APD #09-01-05, Oct. 1, 2009; [http://www.dpw.state.pa.us/cs/groups/webcontent/documents/document/d\\_007041.pdf](http://www.dpw.state.pa.us/cs/groups/webcontent/documents/document/d_007041.pdf)
- <sup>196</sup> PA Department of Public Welfare, Medical Assistance Bulletin 09-12-31,31-12-31, 33-12-30, May 23, 2012; [http://www.dpw.state.pa.us/cs/groups/webcontent/documents/bulletin\\_admin/d\\_005993.pdf](http://www.dpw.state.pa.us/cs/groups/webcontent/documents/bulletin_admin/d_005993.pdf)
- <sup>197</sup> American Telemedicine Association, State Medicaid Best Practice: Telehealth for High-risk Pregnancy. January 2014; <http://www.americantelemed.org/docs/default-source/policy/state-medicaid-best-practice---telehealth-for-high-risk-pregnancy.pdf?sfvrsn=6>

- <sup>198</sup> ATA State Telemedicine Matrix 2015; <http://www.americantelemed.org/docs/default-source/policy/state-legislation-matrix-as-of-4-28-2015A6D18E449A99.pdf?sfvrsn=4>
- <sup>199</sup> SC Department of Mental Health Telepsychiatry Program; <http://www.state.sc.us/dmh/telepsychiatry/>
- <sup>200</sup> SC Health and Human Services Dept., Physicians Provider Manual; <https://www.scdhhs.gov/internet/pdf/manuals/Physicians/Manual.pdf>
- <sup>201</sup> SC Community Choices (0405.R02.00); <https://www.scdhhs.gov/historic/insideDHHS/Bureaus/BureauofLongTermCareServices/telemonitoring.html>
- <sup>202</sup> Kevin Burbach. (2014, August 2). State to test telehealth drug treatment program. *Argus Leader*. Retrieved from <http://www.argusleader.com/story/news/local/2014/08/02/state-test-telehealth-drug-treatment-program/13505693/>
- <sup>203</sup> SD Medical Assistance Program, Professional Services Manual; <http://dss.sd.gov/sdmedx/includes/providers/billingmanuals/docs/ProfessionalManual9.20.12.pdf>
- <sup>204</sup> American Telemedicine Association, State Medicaid Best Practice: Store and Forward Telemedicine. July 2013; <http://www.americantelemed.org/docs/default-source/policy/state-medicare-best-practice---store-and-forward-telemedicine.pdf?sfvrsn=10>
- <sup>205</sup> SD Regulation 67:40:18
- <sup>206</sup> SD Dept. of Social Services, Dept. of Adult Services & Aging, Telehealth Technology; <http://dss.sd.gov/elderlyservices/services/telehealth.asp>
- <sup>207</sup> SB 2050; <http://wapp.capitol.tn.gov/apps/Billinfo/default.aspx?BillNumber=SB2050&ga=108>
- <sup>208</sup> TX Insurance Code, Title 8, Sec. 1455.004
- <sup>209</sup> Texas Medicaid Provider Procedures Manual, Volume 2; [http://www.tmhp.com/TMPPM/TMPPM\\_Living\\_Manual\\_Current/Vol2\\_Telecommunication\\_Services\\_Handbook.pdf](http://www.tmhp.com/TMPPM/TMPPM_Living_Manual_Current/Vol2_Telecommunication_Services_Handbook.pdf)
- <sup>210</sup> TX Admin. Code, Title 1, Sec. 354.1434 and 355.7001
- <sup>211</sup> UT Admin. Code R414-42-2
- <sup>212</sup> Utah Medicaid Provider Manual: Home Health Agencies
- <sup>213</sup> Utah Telehealth Network; <http://www.utahtelehealth.net/>
- <sup>214</sup> UT Code Annotated Sec. 26-18-13 and UT Physician Medicaid Manual
- <sup>215</sup> UT Div. of Medicaid and Health Financing, Utah Medicaid Provider Manual, Mental Health Centers/Prepaid Mental Health Plans
- <sup>216</sup> VT Statutes Annotated, Title 8 Sec. 4100k
- <sup>217</sup> Dept. of VT Health Access, Provider Manual, Section 10.3.52
- <sup>218</sup> VA Code Annotated § 38.2-3418.16. Coverage for telemedicine services; <https://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+38.2-3418.16>
- <sup>219</sup> Ibid.
- <sup>220</sup> VA DMAS, Medicaid Provider Manual, Chapter–IV Physician/Practitioner, p. 19; [https://www.virginiamedicaid.dmas.virginia.gov/ECMPdfWeb/ECMServlet/Documentationmanuals/Phy4/chapterIV\\_phy](https://www.virginiamedicaid.dmas.virginia.gov/ECMPdfWeb/ECMServlet/Documentationmanuals/Phy4/chapterIV_phy)
- <sup>221</sup> VA DMAS, Medicaid Provider Manual, Chapter–IV Local Education Agency, p. 11; [https://www.virginiamedicaid.dmas.virginia.gov/ECMPdfWeb/ECMServlet/Documentationmanuals/School4/chapterIV\\_sd](https://www.virginiamedicaid.dmas.virginia.gov/ECMPdfWeb/ECMServlet/Documentationmanuals/School4/chapterIV_sd)
- <sup>222</sup> American Telemedicine Association, State Medicaid Best Practice: Telerehabilitation. January 2014; <http://www.americantelemed.org/docs/default-source/policy/state-medicare-best-practice---telerehabilitation.pdf?sfvrsn=6>
- <sup>223</sup> American Telemedicine Association, State Medicaid Best Practice: School-based Telehealth. July 2013; <http://www.americantelemed.org/docs/default-source/policy/state-medicare-best-practice---school-based-telehealth.pdf?sfvrsn=8>
- <sup>224</sup> VA DMAS Medicaid Memo, May 13, 2014, Updates to Telemedicine Coverage; <https://www.virginiamedicaid.dmas.virginia.gov/ECMPdfWeb/ECMServlet?memospdf=Medicaid+Memo+2014.05.13.pdf>
- <sup>225</sup> American Telemedicine Association, State Medicaid Best Practice: Telestroke. January 2014; <http://www.americantelemed.org/docs/default-source/policy/state-medicare-best-practice---telestroke.pdf?sfvrsn=8>
- <sup>226</sup> American Telemedicine Association, State Medicaid Best Practice: Telehealth for High-risk Pregnancy. January 2014; <http://www.americantelemed.org/docs/default-source/policy/state-medicare-best-practice---telehealth-for-high-risk-pregnancy.pdf?sfvrsn=6>

- 
- <sup>227</sup> Virginia Telehealth Network; <http://ehealthvirginia.org/>
- <sup>228</sup> American Telemedicine Association, State Medicaid Best Practice: Managed Care and Telehealth. January 2014; <http://www.americantelemed.org/docs/default-source/policy/state-medicare-best-practice-managed-care-and-telehealth.pdf?sfvrsn=6>
- <sup>229</sup> Medicare-Medicaid Capitated Financial Alignment Demonstration for Virginia; <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/VAMOU.pdf>
- <sup>230</sup> <http://www.telemedicine.vcuhealth.org/>
- <sup>231</sup> HB 1448 – 2013 and 2014 Regular Session; <http://apps.leg.wa.gov/billinfo/summary.aspx?bill=1448&year=2013>
- <sup>232</sup> WAC 182-531-1730 Telemedicine - Emergency Rulemaking; <http://apps.leg.wa.gov/documents/laws/wsr/2014/11/14-11-018.htm>
- <sup>233</sup> WAC 182-531-1436 Applied behavior analysis (ABA)—Services provided via telemedicine - Emergency Rulemaking; <http://apps.leg.wa.gov/documents/laws/wsr/2014/02/14-02-056.htm>
- <sup>234</sup> American Telemedicine Association, State Medicaid Best Practice: Remote Patient Monitoring and Home Video Visits. July 2013; <http://www.americantelemed.org/docs/default-source/policy/state-medicare-best-practice---remote-patient-monitoring-and-home-video-visits.pdf?sfvrsn=6>
- <sup>235</sup> WA State Health Care Authority Apple Health, Medicaid Provider Manual, Physician-Related Services/Health care Professional Services, p. 45; [http://www.hca.wa.gov/medicaid/billing/Documents/guides/physician-related\\_services\\_mpg.pdf](http://www.hca.wa.gov/medicaid/billing/Documents/guides/physician-related_services_mpg.pdf)
- <sup>236</sup> WA State Health Care Authority Apple Health, Medicaid Provider Manual, Home Health Services (Acute Care Services), p. 20; [http://www.hca.wa.gov/medicaid/billing/documents/guides/home\\_health\\_services\\_bi.pdf](http://www.hca.wa.gov/medicaid/billing/documents/guides/home_health_services_bi.pdf)
- <sup>237</sup> WV Department of Health and Human Services, Medicaid Provider Manual, Chapter–519.7.5.2 Practitioners Services, p. 25; [http://www.dhhr.wv.gov/bms/Documents/manuals\\_Chapter\\_519\\_Practitioners.pdf](http://www.dhhr.wv.gov/bms/Documents/manuals_Chapter_519_Practitioners.pdf)
- <sup>238</sup> WV Department of Health and Human Services, Medicaid Provider Manual, Chapter–502.13 Behavioral Health Clinic Services, p. 13; [http://www.dhhr.wv.gov/bms/Documents/Chapter502\\_BHCS.pdf](http://www.dhhr.wv.gov/bms/Documents/Chapter502_BHCS.pdf)
- <sup>239</sup> WV Department of Health and Human Services, Medicaid Provider Manual, Chapter–503.13 Behavioral Health Rehabilitation Services., p. 13; [http://www.dhhr.wv.gov/bms/Documents/Chapter503\\_BHRS.pdf](http://www.dhhr.wv.gov/bms/Documents/Chapter503_BHRS.pdf)
- <sup>240</sup> WV Department of Health and Human Services, Medicaid Provider Manual, Chapter–527.30.5.1.4 Mountain Health Choices, p. 40; [http://www.dhhr.wv.gov/bms/Documents/bms\\_manuals\\_Chapter\\_527MountainHealthChoices.pdf](http://www.dhhr.wv.gov/bms/Documents/bms_manuals_Chapter_527MountainHealthChoices.pdf)
- <sup>241</sup> WI Forward Health, BadgerCare Plus and Medicaid Provider Manual, Topic #510, <https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Print/tabid/154/Default.aspx?ia=1&p=1&sa=50&s=2&c=61&nt=Telemedicine>
- <sup>242</sup> WY Equality Care, Medicaid Provider Manual, Chapter–6.24 General Provider Information, p. 6-62; [http://wyequalitycare.acs-inc.com/manuals/Manual\\_CMS%201500.pdf](http://wyequalitycare.acs-inc.com/manuals/Manual_CMS%201500.pdf)
- <sup>243</sup> Wyoming Telehealth Consortium; <http://wyomingtelehealth.org/>