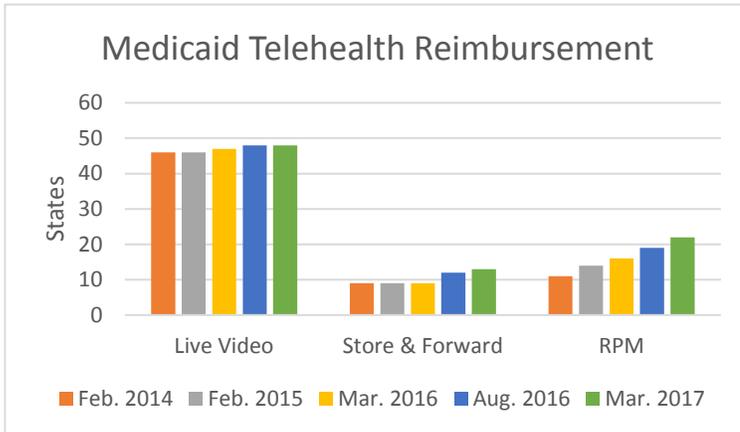


50 State Scan of Telehealth Reimbursement Laws and Medicaid Policies - Factsheet

Telehealth policy trends continue to vary from state-to-state, with no two states alike in how telehealth is defined, reimbursed or regulated.



Medicaid Policy Trends

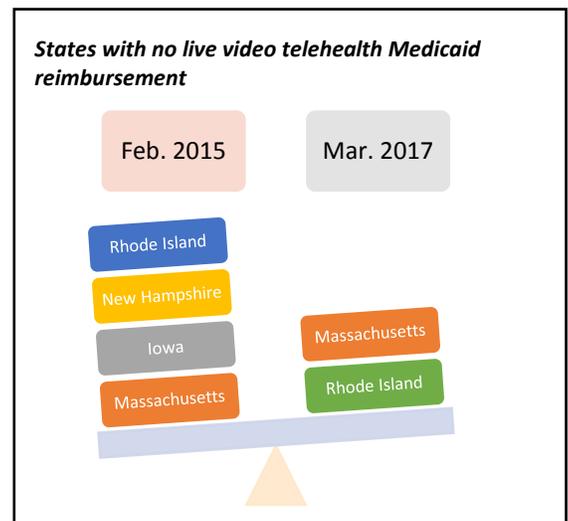
Live video Medicaid reimbursement continues to far exceed reimbursement for store-and-forward and remote patient monitoring (RPM). Since CCHP's August 2016 update, **1 state** (NV) has added reimbursement for store-and-forward and **3 states** have added reimbursement for RPM, although limitations apply.

However, many of the reimbursement policies that do exist continue to have restrictions and limitations, creating a barrier to utilizing telehealth to deliver services.

The current state of Medicaid reimbursement:

- **48 states** and Washington DC provide reimbursement for some form of live video in Medicaid fee-for-service
- **13 states*** reimburse for store and forward delivered services. States that only provide reimbursement for teleradiology were not counted in this number
- **22 states*** reimburse for remote patient monitoring (RPM)
- **9 states** reimburse for all three
- **31 states** provide a transmission and/or facility fee

* Not all of these policies are currently in effect.



Despite the large number of states reimbursing for live video telehealth, restrictions are still prevalent. One of the most common restrictions is a limitation on where the patient is located, referred to as the originating site. A handful of states have adopted Medicare's policy of limiting telehealth reimbursement to rural areas in some way. Additionally, an increasing number of Medicaid programs have limited the type of facility that can serve as an originating site, often excluding a patient's home from eligibility. However, three states (DE, CO and OH) have recently added policies to explicitly allow the home to be an eligible originating site.

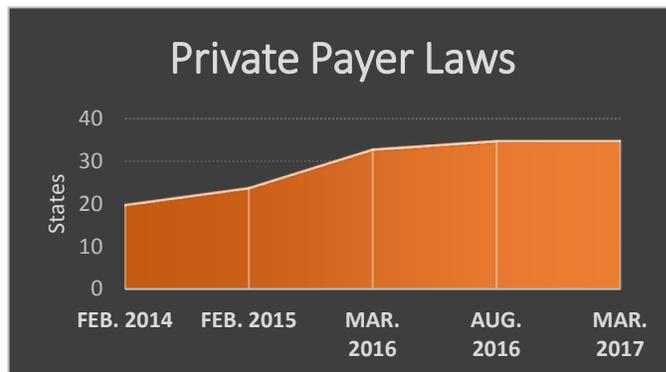
- **6 states** have geographic/rural restrictions
- **5 states** have eliminated their geographic requirement since February 2013.
- **23 states** limit reimbursement to a specific list of facilities, down two from CCHP's Aug. 2016 update.

Other common telehealth restrictions include:

- The specialty that telehealth services can be provided for
- The types of services or CPT codes that can be reimbursed (office visit, inpatient consult, etc.)
- The type of providers that can be reimbursed (e.g. physician, nurse, etc.)

Private Payer Reimbursement

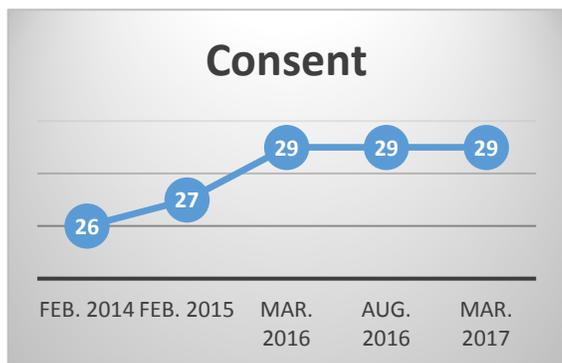
35 jurisdictions have laws that govern private payer reimbursement of telehealth. This has remained constant since Aug. 2016, with states with already existing private payer laws merely making modifications. Some laws require reimbursement be equal to in-person coverage, however most only require parity in covered services, not reimbursement amount. Not all laws mandate reimbursement.



Other Telehealth Policy Trends

Online Prescribing

Most states consider an online questionnaire only as insufficient to establish the patient-provider relationship and prescribe medication. Some states allow telehealth to be used to conduct a physical exam, while others do not. More and more states are passing legislation directing healthcare professional boards to adopt practice standards for its providers who utilize telehealth. Medical and Osteopathic Boards often address issues of prescribing in such regulatory standards.



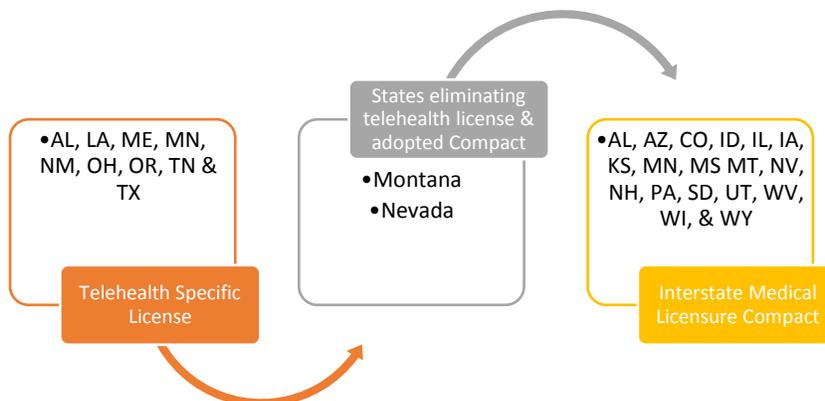
Consent

29 States have a consent requirement in either Medicaid policy, law or regulation. The number of states with telehealth consent requirements has remained constant since Mar. 2016.

Licensure

9 state boards issue licenses related to telehealth. **2 states** dropped their telemedicine license and adopted the Interstate Medical Licensure Compact last year. Tennessee's Medical board also dropped their telemedicine license, however the TN Osteopathic Board will continue to issue them.

18 states have adopted the Compact, which is an expedited licensure process.



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