TELEHEALTH 201: Medicaid Telehealth Policy

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CENTER FOR CONNECTED HEALTH POLICY (CCHP) is a non-profit, non-partisan organization that seeks to advance state and national telehealth policy to promote improvements in health systems and greater health equity.
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- Always consult with legal counsel.
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Most established telehealth policies are on reimbursement:
- 4 typical elements make up reimbursement policy
- Most limitations are around these 4 elements

Medicaid reimbursement and coverage policy usually covers these elements in some way.
Medicaid is provides health coverage for low-income adults, children, pregnant women, elderly and people with disabilities

- Administered by the states, there are federal requirements
- It is funded by both federal AND state funds

Medicaid Telehealth Policy

- States have great leeway in how they formulate their Medicaid telehealth policies
- Medicaid reimbursement for telehealth delivered services "must satisfy federal requirements of efficiency, economy and quality of care."
- States are not required to submit a state plan amendment (SPA) if they decide to reimburse for telehealth the same way as they do for in-person

- CMS Toolkit for Medicaid and CHIP
- Medicaid.gov page on telehealth and state Medicaid
MEDICAID REIMBURSEMENT BY SERVICE MODALITY
(Fee-for-Service)

Live Video
50 states and DC

Store and Forward
Only in 22 states

Remote Patient Monitoring
29 states

As of September 2021
Telephone Medicaid Reimbursement

Eighteen state Medicaid programs now allow for telephone reimbursement in some ways. Sometimes they only reimburse specific specialties such as mental health, or for specific services such as case management. Medicare and three out of the fifteen states are counted as reimbursing for telephone as a result of reimbursement for a CTBS code that allows for audio-only interaction. Map based on research conducted between June 2021 and September 2021.
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