STROUDWATER

Lights, Camera, Telehealth! Episode 4
Payment: How Does Medicaid Reimburse for Telehealth?

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Telehealth becomes infinitely more complex when policies move to the state level, as is the case with Medicaid. Forty-nine states and Washington D.C. have some form of reimbursement for telehealth within their Medicaid public program; as of 2018, only Massachusetts did not have any written reimbursement polices around telehealth.[1] However, Massachusetts does employ managed care plans in its Medicaid programs and some of those plans could provide telehealth reimbursement. As with Medicare, states have restrictions on reimbursement by type of service, type of provider, and location of patient or originating site. However, these restrictions can differ from state to state. For example, of the forty-nine states that provide some form of reimbursement for telehealth in their Medicaid programs, only thirty-two state Medicaid programs offer a transmission or facility fee when telehealth is used.[1]

The following are examples of the various ways in which state Medicaid programs reimburse for different types of telehealth services.

- Although 49 states provide some sort of reimbursement for real time telehealth, there is no conformity on that reimbursement. "The spectrum ranges from a Medicaid program in a state like New Jersey, which will only reimburse for telepsychiatry services, to states like California which reimburses for live video across a wide variety of specialties."[1]

- Similar to real-time telehealth reimbursement, individual states have restrictions on what can be reimbursed in terms of RPM telehealth. The most common restrictions include reimbursement to home health agencies, restricting what symptoms for each clinical condition can be monitored, and limiting the type of monitoring device and information that is collected. As of 2018, 20 states have some form of reimbursement for RPM in their Medicaid programs.[1]

- Many states exclude store-and-forward services from their Medicaid programs because they maintain that the delivery of services must take place in real time. However, teleradiology is not included in this store-and-forward grouping because it is such a common service. In 2018, 15 states had laws around store-and-forward reimbursement.[1] Store-and-forward is a growing and important option for patients and providers because it enables providers to review patient cases

[1] "State telehealth Laws and Reimbursement Policies." *Center for Connected Health Policy,* Public Health Institute Center for Connected Health Policy, 2018.
http://www.cchpca.org/sites/default/files/resources/50%20STATE%20FULL%20PDF%20SPRING%202018%20-%20PASSWORD.pdf. Accessed July 2018.

when it is convenient for them, and regardless of location. This option decreases wait times for specialty care, especially in areas where there is a shortage of medical specialists.

Of the forty-nine states that provide reimbursement for some form of telehealth within their Medicaid program only nine states reimburse for all three types of telehealth (live video, store and forward, and RPM). The majority of U.S. states currently reimburse for real-time telehealth more frequently than for store-and-forward or remote patient monitoring (RPM) telehealth. However, this trend is evolving as both RPM and store-and-forward gain popularity.

Next week we'll dive into regulations surrounding private payer insurance and telehealth. In the prior blog, we discussed how Medicare covers telehealth services.

Read episode 1: Who Art Thou, Telemedicine?
Read episode 2: What Are the Various Types of Telemedicine, and How Do We Use Them?

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