



Telemedicine in Medicaid

Review of March Report Chapter



Medicaid and CHIP Payment and Access Commission

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Chapter Overview

- Modalities for telemedicine
- Federal Medicaid guidelines
- State policy design choices
- Applications
- Considerations for adoption
- Looking ahead

Modalities

- Live video (synchronous): real-time interaction patient to provider, or provider to provider, using audiovisual technology
- Store and forward (asynchronous): secure transmission of medical information (e.g., images) provider to provider for evaluation by specialist
- Remote patient monitoring (RPM): collection and secure transmission of patient health data (e.g., vital signs, weight) from patient to provider for assessment

Federal Medicaid Guidelines

- Few federal requirements or restrictions
- Broad Medicaid rules apply
 - Providers must be within scope of practice
 - State licensing rules apply
 - Payments rules on efficiency, economy, and quality of care apply
- Comparability, statewideness, freedom of choice do not apply
- State plan amendments not required, unless coverage differs from face-to-face visits

State Policy Design Choices

- Modalities
- Specialties and services
- Eligible providers
- Originating sites
- Distance or geographic restrictions
- Other features

Applications in Medicaid – Behavioral Health

- Higher rates for many disorders in Medicaid than in private insurance
- Barriers to care
 - Fragmented delivery system
 - Insufficient number and maldistribution of providers
 - Stigma and confidentiality concerns in getting care
- Applications throughout care continuum

Behavioral Health – Evidence

- Psychotherapy effective
- Growing body of evidence on effectiveness of videoconferencing for assessment and treatment of myriad conditions
- Generalizability, availability, quality of research can vary
 - These qualifiers not unique to behavioral health research

Behavioral Health – Medicaid Policies

- All states with telemedicine benefit cover videoconferencing
 - Most common for mental health assessments, individual therapy, psychiatric diagnosis, medication management
- Limited coverage for telephone-only care, provider to provider e-consults, Collaborative Care Model
- Eligible providers
 - Generally, psychiatrists, advanced practice nurses with clinical specialty, and psychologists
 - 23 states and DC: licensed clinical social workers, 17 states and DC: licensed professional counselors

Applications in Medicaid – Oral Health

- Low use of services in Medicaid
- Barriers
 - cost, locating provider, fear, inconvenient location or time
- Telemedicine applications include:
 - Videoconferencing with general or specialty dentist for diagnosis and treatment plan development
 - Store and forward of radiographs and photographs to other dentists for consultation
 - RPM, e.g., collection and transmission of data on saliva pH
- Emerging evidence generally supports effectiveness, but more research is needed
- Varied coverage in 11 states

Applications in Medicaid – Maternity Care

- Ob-gyn shortage
- Telemedicine applications include:
 - Videoconferencing for:
 - Patient consult with maternal-fetal medicine specialist
 - Provider to provider e-consults
 - Genetic counseling
 - Neonatal resuscitation
 - Store and forward for ultrasound reading
 - Remote monitoring for gestational diabetes
- Varied state coverage

Applications in Medicaid – High-Need Populations

- Telemedicine incorporated into Medicaid
 - Health homes
 - Videoconferencing with specialists
 - Home and community-based services
 - Remote patient monitoring
 - Dually eligible beneficiaries
 - Videoconferencing and RPM

Considerations for Adoption

- Expected outcomes
 - Balance better access with potential for overuse and budgetary constraints
 - Quality of care
- Connectivity and technology
 - Access to affordable and reliable broadband
 - Additional costs for equipment

Considerations (cont.)

- Licensure
 - 48 states and DC require providers to be licensed in patient's state
- Other considerations
 - Privacy rules
 - State and federal requirements for prescribing
 - Informed consent
 - Operational challenges

Looking Ahead

- Continued interest in telemedicine in Medicaid
- Need for additional research on effects of telemedicine on access, quality, and cost for the Medicaid population
- Telemedicine may help address some but not all access concerns
- Disseminating information on state experience and strategies may be beneficial



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