



## Top Ten List: Telehealth Coverage During COVID-19

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As the COVID-19 pandemic has demonstrated, Medicaid-eligible and other underserved individuals should be able to benefit from telehealth's promises. During this public health emergency, several states are working to ensure that Medicaid beneficiaries and others have access to needed services. Below are measures that some states have taken to improve access to health services by expanding telehealth programs.

### **(1) States should guarantee payment parity between services delivered via telehealth versus services delivered in person.**

Services delivered via telehealth must be reimbursed at the same rate as services delivered in person. In [California](#), Medi-Cal offers the same reimbursement rate for a service rendered via telephone or virtual communication. Similarly, [Colorado's Medicaid program](#) is reimbursing a telehealth service at the same rate as a comparable in-person service.

Furthermore, states like [Wyoming](#) are clarifying that Medicaid beneficiaries should be able to access their current provider via telehealth. Likewise, a [New Hampshire executive order](#) requires all health insurance carriers to allow all in-network providers to deliver "clinically appropriate, medically necessary Medicaid-covered services to members via telehealth." This clarification prevents insurers from requiring the utilization of third-party telehealth services, like Teladoc, before seeking care from in-network providers.

### **(2) Health care plans should waive cost-sharing for telehealth services.**

Since the pandemic, states have begun to waive cost-sharing for services delivered via telehealth. For example, [Colorado](#) has directed plans to cover COVID-19-related in-network telehealth services without cost-sharing, including co-pays, deductibles, and coinsurance.

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**(3) Medicaid and health care plans should reimburse every telehealth modality, including audio-only, telephonic services and chat communications.**

Medicaid programs should cover all types of telehealth modalities that will support the delivery of care for the patient, including live video (synchronous communications), store-and forward (asynchronous communications), e-consults between providers, e-visits (patient-initiated consultations), remote-patient monitoring, as well as smart phone and audio-only telephones.

At least [thirty-seven states](#) are covering audio-only, telephonic communications since the COVID-19 pandemic hit the United States. States like [Colorado](#) are going further by allowing Medicaid payment for certain services delivered via chat modalities. Moreover, California's Medi-Cal family planning program, known as Family PAC, [is also now allowing](#) the use of telephonic communications to enroll and recertify people who are eligible for Family PACT.

**(4) Medicaid and health care plans should cover telehealth patients in any location.**

Medicaid should reimburse for telehealth services irrespective of the originating site (where the patient is located) or the distant site (where the attending provider is located). A few states, like [California](#), already allowed the patient at the originating site to be located anywhere, including their home, school, community health center, homeless shelter, etc. With the COVID-19 pandemic, more Medicaid beneficiaries can now receive services from their home. For instance, the [Maryland Department of Health Medical Assistance](#) Program updated its telehealth program to permit the delivery of telehealth services to an individual in their home. Some states, like [Delaware](#), are even allowing Medicaid beneficiaries to be "generally...state resident(s)" but not to necessarily be located in Delaware.

**(5) Medicaid agencies, plans, and providers should conduct massive outreach about the availability of Medicaid-covered telehealth services.**

It is critical to conduct extensive public outreach, including trainings and awareness campaigns among providers, their support staff, and communities so that beneficiaries can maximize the use of these resources. For example, [Colorado's Division of Insurance](#) directed all plans to conduct outreach and education campaigns to remind enrollees of their telehealth coverage options.

**(6) Prior authorization requirements should be waived.**

Every measure should be taken to encourage the use of telehealth, including the removal of potential financial barriers. States like [Delaware](#) are removing prior authorization requirements for telehealth-delivered services.

**(7) States should waive state licensing requirements.**

As a result of the COVID-19 public health emergency, [HHS has waived](#) in-state licensure requirements for Medicaid as long as the provider is licensed in another state and not otherwise barred from practice. States like [Florida](#) have followed suit by only allowing medical professionals to hold " valid, unrestricted, and unrestricted, and unencumbered license in any state, territory, and/or district" to render such services in Florida.

**(8) Patients' confidentiality should be protected during telehealth interactions.**

While HHS's Office for Civil rights [announced](#) it will exercise its enforcement discretion and not impose penalties for HIPAA violations against health care providers during the COVID-19 pandemic, all communications and information involved in the delivery of telehealth services should be protected as much as possible. Providers and patients should do everything in their power to have the information technology support to have secure connections.

**(9) Patients should be able to give any form of consent.**

Individuals should retain the right to privacy and make informed decisions when receiving telehealth services and be able to provide either written, oral, or visual consent. A documented, general consent to the use of telehealth before the health care intervention occurs should be sufficient. States like [Colorado](#) are still requiring providers to document the Medicaid enrollee's consent to the health service.

**(10) States should invest in resources for patients and providers.**

States should make significant investments in the development of telehealth technologies, focusing on organizations and providers that serve low-income and underserved populations. Investment should be made on applications, security software, high-speed broadband connections, as well as equipment - including webcam-enabled workstations and internet routers.

In response to the COVID-19 pandemic, [Washington's Medicaid Agency](#) has purchased licenses for Zoom so that health care providers can continue seeing patients without a physical encounter. The licenses are free of charge to providers who have a meaningful need for this platform to support continuity of care and do not already have access to telehealth technology. Some states are using [Appendix K authority](#) to provide equipment and devices for telehealth utilization. [Kansas](#) provides participants with chronic diseases telehealth monitoring equipment to help them manage their conditions so medical intervention happens before health problems deteriorate. [New Mexico](#) is offering beneficiaries up to \$500 to ensure they have access to a computer, tablet, or other smart device necessary for remote video conferencing, training, and monitoring by clinicians.