



# Changes in Medicaid Telehealth Policies Due to COVID-19: Catalog Overview and Findings

**June 4, 2020**

Jenna Libersky, Elena Soyer, Télyse Masaoay, Margaret Coit, and Rebecca Edelberg

---

**Submitted to:**

Medicaid and CHIP Payment and Access  
Commission (MACPAC)  
180 M Street NW, Suite 650 South  
Washington, DC 20036

**Submitted by:**

Mathematica  
1100 First Street, NE, 12th Floor,  
Washington, DC 20002-4221  
Phone: (202) 484-9220  
Fax: (202) 863-1763

The research underlying this report was completed with support from MACPAC. The findings, statements, and views expressed are those of the authors and do not necessarily represent those of MACPAC.

**This page has been left blank for double-sided copying**

## Contents

Introduction and purpose .....	1
Catalog contents and data sources .....	3
Key findings .....	5
Start and end dates for telehealth policies related to COVID-19 .....	5
Services and specialties eligible for telehealth .....	6
Providers eligible to deliver services via telehealth .....	7
Telehealth modalities .....	10
Home as an originating site .....	11
Payment parity for in-person and telehealth services .....	11
Conclusion .....	12
References .....	13
Appendix A: Summary Tables .....	14

## Figures

Figure 1. Number of states and territories allowing various services and specialties via telehealth before and/or in response to the COVID-19 outbreak.....	7
Figure 2. Number of states and territories allowing various provider types to use telehealth before and/or in response to COVID-19.....	9
Figure 3. Number of states and territories allowing various modalities before and/or in response to COVID-19 .....	11

## Tables

Table A.1. Earliest dates that states and territories enacted telehealth policy changes, and expiration dates for temporary policies .....	14
Table A.2. Services and specialties eligible to be delivered via telehealth before and in response to COVID-19 .....	16
Table A.3. Providers eligible to deliver services via telehealth before and in response to COVID-19 .....	19
Table A.4. Telehealth modalities allowed for at least one provider or service type before and in response to COVID-19.....	22
Table A.5. Home as an originating site before and in response to COVID-19, and payment parity policies used in response to COVID-19 .....	25

### Introduction and purpose

Federal Medicaid statutes and rules give states broad flexibility to establish policies that govern the use of telehealth. Specifically, without federal approval states can determine which services can be provided through telehealth (if any), where in the state to use telehealth, which modalities to allow, which providers may deliver services via telehealth, and the rates at which telehealth will be reimbursed. States can also select the Healthcare Common Procedure Coding System (HCPCS) codes and modifiers they will use to identify, track, and reimburse for these services. States can set these policies without specific federal approval, though changes in payment methodologies for telehealth require the Centers for Medicare & Medicaid Services (CMS) to approve a state plan amendment (CMS 2020a).

With federal approval, states can also allow telehealth to replace the face-to-face assessment requirements for home and community-based services (HCBS) specified in Section 1915(i). They can also use telehealth for case management and some personal care services 1915(c) waivers (CMS 2020b). Moreover, states can expand the availability of telehealth providers by using Section 1135 waivers<sup>1</sup> to relax licensing laws so that out-of-state providers with equivalent licensing may practice in their state; to date, 50 states have done so (Weigel et al. 2020).

In response to the COVID-19 outbreak, Medicaid agencies have used these flexibilities to expand the use of telehealth in unprecedented ways. To learn more about the extent of these changes, the Medicaid and CHIP Payment and Access Commission (MACPAC) engaged Mathematica to catalog telehealth policies before the COVID-19 pandemic and those in response to it in 50 states, the District of Columbia, and 5 territories. This report summarizes the contents of the catalog, its data sources, and key findings.

---

<sup>1</sup> Section 1135 of the Social Security Act authorizes the secretary of the U.S. Department of Health and Human Services (HHS) to temporarily modify or waive Medicaid and other federal statutory requirements during a disaster or emergency. HHS Secretary Azar declared a public health emergency on January 31, 2020, and President Trump declared COVID-19 to be a national emergency on March 13, 2020.

**This page has been left blank for double-sided copying**

### Catalog contents and data sources

In consultation with MACPAC, we developed an Excel-based catalog to systematically record information on several aspects of Medicaid telehealth policies:

- **Details on policies related to COVID-19**, including their start and end dates, the URLs for policy updates, and state points of contact
- **Services and specialty care** eligible to be delivered through telehealth before and in response to COVID-19, including primary care, behavioral health care, maternity care, physical/occupational/speech therapies, dental care, and long-term services or supports
- **Providers allowed to deliver services** through telehealth before and in response to COVID-19, including physicians, advanced practice providers, behavioral health providers, and dental providers
- **Modalities** covered before and in response to COVID-19, including live video, store and forward (in which data from the patient is sent to a provider, who sends back diagnostic results or treatment advice), remote patient monitoring, telephone (live voice), and text-based communications (such as text messages and email)
- **Delivery requirements**, including details on originating sites and allowed out-of-state providers before and in response to COVID-19
- **Payment policies**, including changes in provider payments in response to COVID-19, as well as changes in co-payments and place of service codes and modifiers used to track telehealth claims (both of which are included for reference but are not summarized in this report)

The catalog includes information that Mathematica and MACPAC agreed was most important to the expansion of telehealth and could be documented consistently across states. The catalog does not discuss certain other aspects of telehealth policy that are well-documented elsewhere. For example, it does not systematically describe consent requirements before delivering services via telehealth, existing patient-provider relationships required for telehealth use before COVID-19, changes to facility fees, and prescribing requirements. The Center for Connected Health Policy (CCHP) summarizes this information on its website.<sup>2</sup>

The catalog also does not specify which federal authorities, such as Section 1135 and Appendix K of 1915(c) waivers, were used to implement various policy changes. The Kaiser Family Foundation publishes this information through its Medicaid Emergency Authority Tracker,<sup>3</sup> and CMS posts all approval letters for Section 1135 waivers and Appendix K of 1915(c) waivers on Medicaid.gov.<sup>4</sup> As of May 15, 2020, the tracker indicates that all 50 states have used Section 1135 to relax licensing laws so that out-of-state providers with equivalent licensing may practice in their state. It also indicates that,

---

<sup>2</sup> Available at [https://www.cchpca.org/sites/default/files/2020-05/STATE%20TELEHEALTH%20ACTIONS%20IN%20RESPONSE%20TO%20COVID%20OVERVIEW%205.2020\\_0.pdf](https://www.cchpca.org/sites/default/files/2020-05/STATE%20TELEHEALTH%20ACTIONS%20IN%20RESPONSE%20TO%20COVID%20OVERVIEW%205.2020_0.pdf).

<sup>3</sup> Available at <https://www.kff.org/medicaid/issue-brief/medicaid-emergency-authority-tracker-approved-state-actions-to-address-covid-19/>.

<sup>4</sup> Available at [https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/federal-disaster-resources/index.html?items\\_per\\_page=10&page=0](https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/federal-disaster-resources/index.html?items_per_page=10&page=0) and <https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/home-community-based-services-public-health-emergencies/emergency-preparedness-and-response-for-home-and-community-based-hcbs-1915c-waivers/index.html>.

## Changes in Medicaid Telehealth Policies Due to COVID-19

---

through Appendix K of 1915(c) waivers, 36 states have authorized electronic methods for providing services remotely in the home, and 39 states have temporarily expanded settings where services may be provided, among other things (Kaiser Family Foundation 2020).

We collected information for the catalog from several publicly available sources between April 20 and May 22, 2020; the data on all states and territories is considered current as of May 1, 2020. For policies in effect before COVID-19, we abstracted information from CCHP's (2019a) report on state telehealth laws and reimbursement policies, the most current version available when Mathematica began work on the catalog. For policies that changed in response to COVID-19, we collected information from policy documents, provider notices, and other communications listed on state Medicaid websites. In most cases, states published COVID-19-related policies on a single page, which is listed in the "URL for source location" column of the catalog.

The catalog and its analysis do not capture all the details of coverage policies or rules. The catalog specifies services and providers eligible for telehealth, allowable modalities, and other telehealth policy details according to high-level categories; where possible, it uses parentheses to use add details to each category. Similarly, the analysis counts which states have opted to extend the use of telehealth to categories of services and providers, and through modality types; however, the number and subcategories of allowable services, providers, and modalities vary within each category and over time.

We assumed that all information about pre-COVID-19 policies in the CCHP report (2019a) was complete and accurate, and we interpreted differences between that report and state-specific sources post-COVID-19 as real changes to states policies. Given the need for state staff to focus on the response to COVID-19, we did not ask them to verify the information in the catalog. However, state staff who would like to clarify or update the data presented here are invited to send a brief explanation and contact information to [macpac@macpac.gov](mailto:macpac@macpac.gov).



### Key findings

In response to the COVID-19 outbreak, many states and territories expanded the availability of Medicaid services via telehealth. The following sections describe the timing and duration of the policies used to extend telehealth, services and specialties covered, provider types eligible, and modalities used across all states and territories. It also discusses two policies—designating the home as an originating site and paying for telehealth services at the same rate as in-person services—designed to encourage the use of telehealth. The appendix contains tables that provide state-by-state information.

### Start and end dates for telehealth policies related to COVID-19

At the time of this analysis, nearly all states and territories (except American Samoa, Guam, and the Northern Mariana Islands) issued emergency policies in response to COVID-19 to make telehealth more widely available in Medicaid. Two states (North Carolina and Oregon) made some aspects of telehealth coverage retroactive to January 1, 2020, but most states began some or all provisions beginning March 2020 (the median date of implementation was March 15, 2020). Among all states and territories, the Virgin Islands was the last to change its telehealth policy in response to COVID-19; it did so on April 9, 2020.

Most states and territories designated their telehealth policies as temporary by specifying an initial end date, which was either tied to the expiration of the state’s declaration of an emergency, the federal emergency declaration, or a calendar date (Table 1). In the District of Columbia and Michigan, policies are set to expire sometime after the end of the state emergency period (60 and 30 days, respectively). Among states that did not tie their telehealth policies to the expiration of an emergency declaration, six set their policies to expire in May (Arkansas, Mississippi, Oklahoma, Rhode Island, Texas, and West Virginia), and one set its policy to expire in June (Tennessee). Thirteen states and territories did not specify an end date for their telehealth policies, so we do not know whether they will rescind or extend these policies in the future. As with all information in this report, the start and expiration dates are current as of May 1, 2020. As state policies in response to COVID-19 are rapidly evolving, states may have modified the end dates for the telehealth policies in the intervening weeks.

**Table 1. Expiration dates for temporary Medicaid telehealth policies, as of May 1, 2020<sup>a</sup>**

Expiration dates	States and territories with expiration dates
May or June 2020	<b>7 states</b> <ul style="list-style-type: none"> <li>Arkansas: 5/17/2020</li> <li>Rhode Island: 5/27/2020</li> <li>Mississippi, Oklahoma, Texas, and West Virginia: 5/31/2020</li> <li>Tennessee: 5/31/20 for teledentistry; 6/19/2020 for physical, occupational, and speech therapies</li> </ul>
Through the state emergency period, with or without additional time	<b>24 states and territories</b> (Arizona, California, Connecticut, District of Columbia, Hawaii, Indiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Utah, Vermont, Virginia, Washington, Wisconsin)
Through federal emergency period	<b>6 states and territories</b> (Alaska, Illinois, Iowa, Kansas, North Dakota, Puerto Rico)

## Changes in Medicaid Telehealth Policies Due to COVID-19

Expiration dates	States and territories with expiration dates
Other	<b>3 states</b> <ul style="list-style-type: none"> <li>Alabama: 5/30/2020 or end of federal emergency period, whichever occurs first</li> <li>Oregon: State plan amendments extend through emergency period; temporary administrative orders end 9/11/2020; expiration date for all other policies not specified</li> <li>South Carolina: Through federal emergency period (unless South Carolina HHS determines it should sunset at an earlier date)</li> </ul>
Not specified*	<b>13 states and territories<sup>b</sup></b> (Colorado, Delaware, Florida, Georgia, Idaho, Kentucky, Louisiana, Missouri, Nebraska, Nevada, South Dakota, Virgin Islands, Wyoming)

<sup>a</sup> States may have modified the end dates since May 1, 2020.

<sup>b</sup> American Samoa, Guam, and the Northern Mariana Islands are excluded from this table because they did not have telehealth-related Medicaid policies specified in publicly available documents.

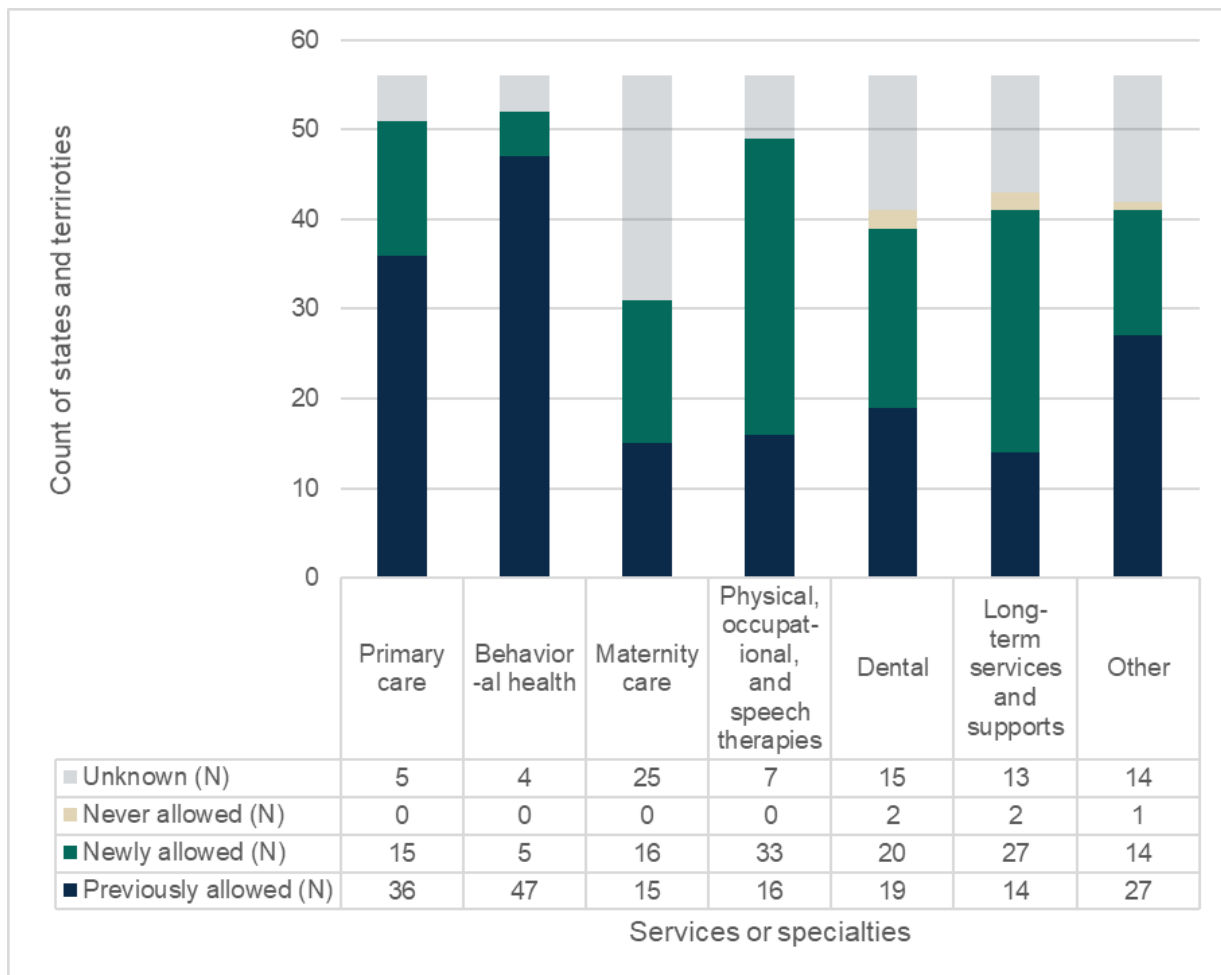
### Services and specialties eligible for telehealth

In response to the COVID-19 outbreak, most states and territories (44) expanded the types of services eligible to be delivered through telehealth. Physical, occupational, and speech therapies underwent the largest change, becoming eligible for telehealth delivery in 33 states and territories, whereas only 16 previously allowed it. Telehealth for long-term services and supports, dental services, and maternity care also expanded (in 27, 20, and 16 states and territories, respectively, compared with 14, 19, and 15 that previously allowed it). Primary care and behavioral health services were also extended in some states and territories (15 and 5 respectively), though both service types were more widely eligible for telehealth before the outbreak.

Figure 1—which is current as of May 1, 2020—shows the number of states and territories in which each service type was (1) previously allowed before COVID-19, regardless of the policy after the outbreak; (2) newly allowed after the outbreak where it was not covered before or where previous coverage was unknown; (3) never allowed; or (4) unknown, both before and after the outbreak. This analysis did not find any states that restricted the categories of allowable services in response to the outbreak, so it assumes that policies in place before the outbreak remained in place afterwards.

The analysis counts which states offer allowable services by category; however, the number and types of allowable services vary within each category and over time. Some state policies specify services that are allowed within a given category. For example, Oklahoma covered the following specific behavioral health services prior to COVID-19: psychiatric diagnostic evaluation, evaluation and management, psychotherapy, crisis intervention, community recovery support, and psychosocial rehabilitation). In contrast, other states identify broad service categories (such as teledentistry or behavioral health services) that are allowed via telehealth. Some adopted this more generalized approach in response to COVID-19; for example, Oklahoma expanded telehealth to “behavioral health services” in its COVID-19 telehealth policies. Figure 1 accounts for these specific and generalized approaches in its count of services allowed via telehealth in the period of interest.

**Figure 1. Number of states and territories allowing various services and specialties via telehealth before and/or in response to the COVID-19 outbreak, as of May 1, 2020**



States with the most expansive telehealth policies allowed any clinically appropriate, Medicaid-covered services to be delivered via telehealth, regardless of service category. As shown by the asterisk in Appendix Table A.2, five states (Massachusetts, New Hampshire, New Jersey, New York, and Wyoming) added broad language to their telehealth policies to newly allow at least one service type via telehealth. Eight states (California, Florida, Hawaii, Massachusetts, Minnesota, Montana, New Hampshire, and New York) allowed a limited set of services via telehealth before COVID-19 but added broad language to expand allowed services following the outbreak. Three states (Nebraska, North Carolina, and Rhode Island) also added assessment and management of COVID-19 symptoms to their list of telehealth-eligible services (Appendix Table A.2).

### Providers eligible to deliver services via telehealth

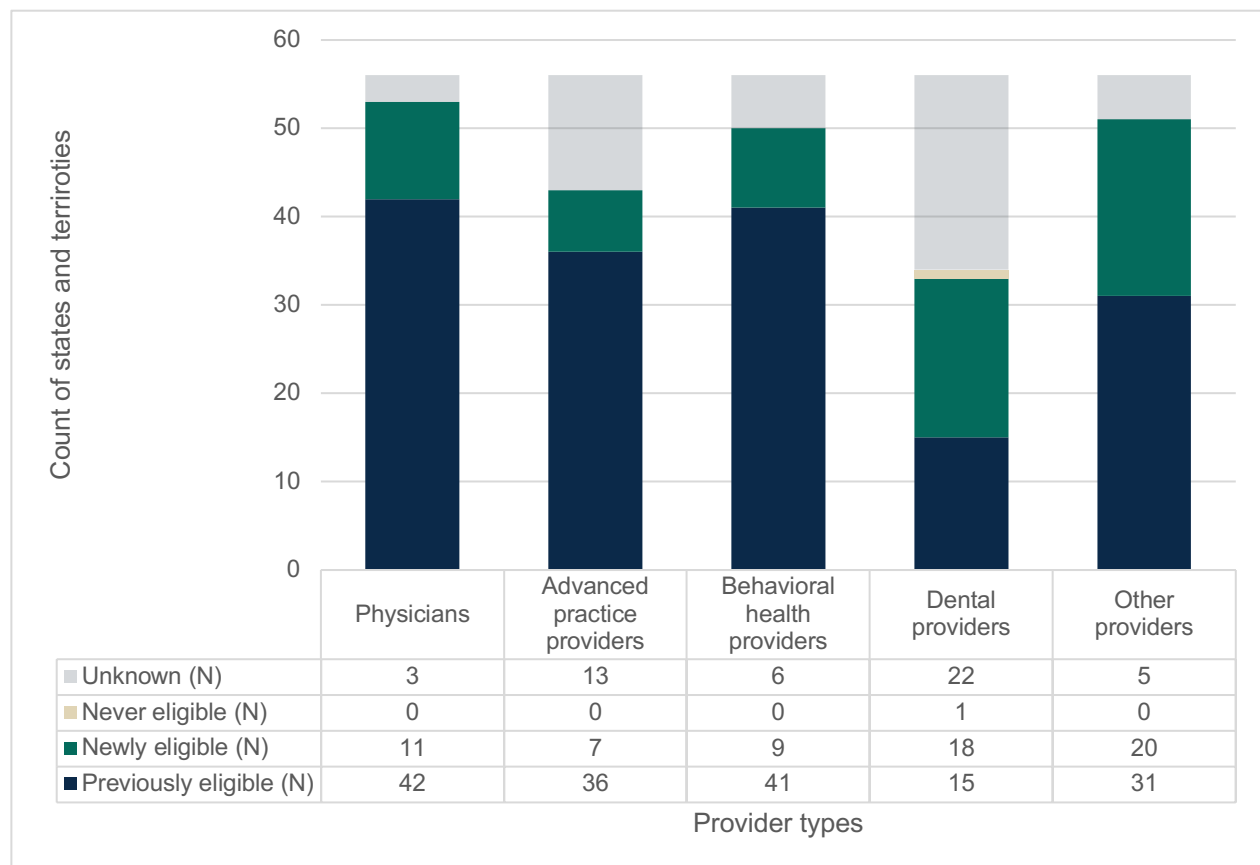
In response to the COVID-19 outbreak, most states and territories (32) expanded the types of providers eligible to deliver services via telehealth. Dental providers saw the largest expansion in eligibility; 18

states newly allowed them to provide services via telehealth, with only 15 previously allowing it.<sup>5</sup> Physicians, advanced practice providers (which include nurse practitioners, physician assistants, and nurse midwives), and behavioral health providers also became eligible in some states (11, 7, and 9 states, respectively), though many states (42, 36, and 41, respectively) allowed them to provide telehealth services before the outbreak. Other providers also gained eligibility, including optometry or vision care providers; early childhood and school-based service providers; Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Service clinics; physical, occupational, and speech therapists; and other providers. Figure 2 shows the number of states and territories in which each provider type was previously eligible, newly eligible, or never eligible to deliver services via telehealth, or whose eligibility was unknown; its information is current as of May 1, 2020. Like Figure 1, the number and types of eligible providers varies within each category and over time, and states with service categories identified as “newly eligible” had no indication of any coverage prior to COVID-19. This analysis did not find any states that restricted the provider types allowed to use telehealth following the outbreak, so it assumes that policies in place before the outbreak remained in place after the outbreak.

---

<sup>5</sup> These numbers differ because language specifying dental services and dental providers is not always consistent within a state across time. For example, 7 states (Delaware, District of Columbia, Idaho, Indiana, Puerto Rico, South Dakota, and Wyoming) allowed dental services to be delivered before and/or in response to COVID-19 but do not specify whether dental providers are eligible in either period. Four states (Colorado, Iowa, North Carolina, and North Dakota) allowed dental services via telehealth prior to COVID-19 but only specified that dental providers could deliver such services after the COVID-19 response; Ohio did the reverse. Nebraska’s policies were inconsistent in how they specified coverage of dental services and providers over time; specifically, Nebraska did not allow dental services prior to COVID-19 but did allow them following the outbreak. This was inconsistent with its language around dental providers, who were covered using broad language in the pre-period but were not specifically called out as covered providers in the state’s response to COVID-19, unlike other provider types.

**Figure 2. Number of states and territories allowing various provider types to use telehealth before and/or in response to COVID-19, as of May 1, 2020**



Notes: Advanced practice providers include nurse practitioners, physician assistants, and nurse midwives. “Other” providers include optometry or vision care providers; early childhood and school-based service providers; Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Service clinics; physical, occupational, and speech therapists; and other specialists.

States also loosened certain requirements for these providers. Similar to language used for allowed services, states with the most expansive telehealth policies allow any licensed provider in these categories to bill for telehealth services. As shown by the asterisk in Appendix Table A.3, three states changed their telehealth policies in response to COVID-19 to allow any licensed provider in at least one of the provider categories to deliver telehealth services: (1) Massachusetts broadly expanded telehealth to physicians and other providers, (2) Maine expanded to behavioral health providers, and (3) New Jersey expanded to dental providers. Three states previously allowed certain providers in a category to deliver services via telehealth but added broad language to expand eligibility to all providers in that category: (1) Colorado broadly expanded behavioral health providers; (2) Kentucky expanded advanced practice, behavioral health, and dental providers; and (3) Minnesota expanded advanced practice providers. Seven states (Arkansas, Delaware, Hawaii, Missouri, New Hampshire, New York, and Ohio) also expanded the reach of some providers by allowing them to use telehealth with new patients rather than restricting its use to existing patients, as was common before the outbreak.

### Telehealth modalities

In response to the outbreak, most states and territories (49) expanded the modalities through which beneficiaries could receive telehealth, most notably offering telephone and text-based platforms not previously allowed. As shown in Figure 3, as of May 1, 2020, 44 states and territories had begun allowing telehealth via telephone or live audio-only platforms, compared with just 9 states that did so previously. Eleven states offered text-based communications (such as text messaging, email, and online messaging platforms). Five states expanded store and forward technologies, though 3 of those states restricted the technology to certain service types (such as dentistry in South Dakota and Utah and dermatology in Vermont).<sup>6</sup> No states restricted allowed modalities in response to the outbreak. See Appendix Table A.4 for state-by-state details.

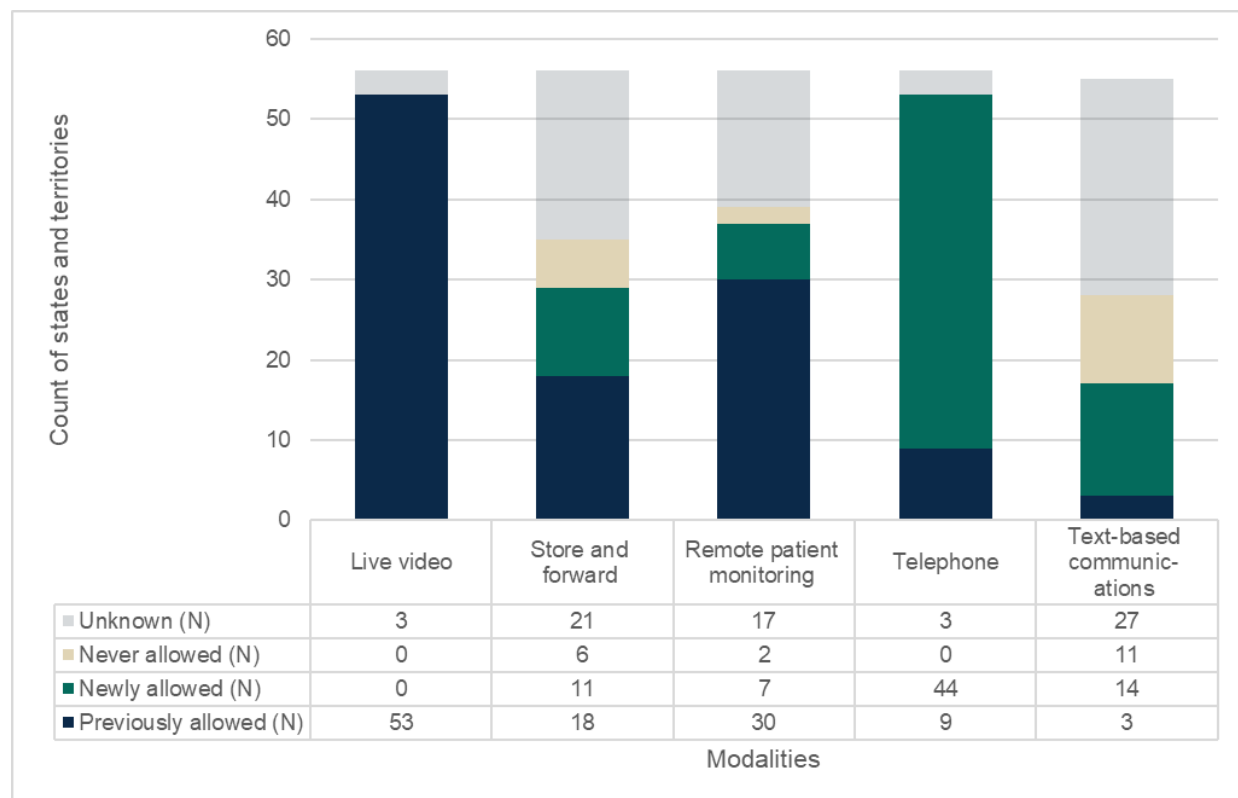
The expansion of telephone and text-based communications represents a major shift in telehealth. Before COVID-19, the most commonly reimbursed modality for delivering telehealth was live video, which every state's Medicaid program reimbursed in some form.<sup>7</sup> Remote patient monitoring and store and forward were also common modalities among states with telehealth policies; these modalities were offered for some or all services in 30 and 18 states, respectively (exact services or specialties allowed by each type can be found in CCHP 2019a). Email, telephone, and fax were rarely acceptable forms of delivery unless they were used along with some other telehealth modality (CCHP 2019a).

---

<sup>6</sup> Such restrictions were likely in place before COVID-19 for some states that previously allowed this modality. The catalog describes restrictions for policies put in place after COVID-19, but we derived most detail on pre-COVID-19 policies from an existing summary report (CCHP 2019a), so we cannot confirm whether the restrictions are new or continuing.

<sup>7</sup> We could not locate pre-COVID-19 telehealth policies for American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the Virgin Islands, so prior period coverage is unknown.

**Figure 3. Number of states and territories allowing various modalities before and/or in response to COVID-19, as of May 1, 2020**



### Home as an originating site

After the outbreak, most states (47) allowed patients to obtain services from their home by designating “home” as an originating site. As of May 1, 2020, these policies were new or documented for the first time in 26 states; the remaining 21 states allowed home as an originating site for one or more services or providers before the outbreak—a trend that had been increasing in recent years (CCHP 2019a, 2019b, 2018). The other 7 states and territories did not specify whether home was allowed as an originating site in their policies, either before or in response to COVID-19. Information on each state’s policies, by modality, can be found in Appendix Table A.5.

### Payment parity for in-person and telehealth services

Besides the policies previously described, many states ensured broad access to telehealth in response to COVID-19 by requiring that it is paid for at the same rate as in-person services (that is, at parity). This policy can be administratively simpler for states in that they can use existing fee schedules for in-person services rather than establishing new fees for equivalent telehealth services. It can also encourage providers to use telehealth by paying them the usual, rather than reduced, rates for any services rendered. Our review of telehealth policies in response to COVID-19 conducted May 1, 2020 identified 32 states and territories that explicitly require payment parity. We do not have enough information on policies that were in place before COVID-19 to understand how parity has changed over time. Information on parity policies by state can be found in Appendix Table A.5.

### Conclusion

Our review of Medicaid telehealth policy in 56 states and territories as of May 1, 2020 revealed the following:

- 33 states and territories that modified Medicaid telehealth policies in response to COVID-19 made them effective through the end of the state or federal emergency period. Seven states specified that their policies would end in May or June 2020, whereas 13 states and territories did not say when and to what extent their policy changes would expire.
- 44 states and territories expanded the types of services eligible for telehealth in response to COVID-19. The most common of these services and specialties were physical, occupational, and speech therapies (newly allowed in 33 states and territories). Long-term services and supports, dental services, and maternity care were also newly allowed in many states (27, 20, and 16 states and territories, respectively).
- 32 states and territories allowed additional providers to deliver services through telehealth in response to COVID-19; dental providers were the most common new provider type (added in 17 states).
- 44 states and territories newly allowed some services to be delivered by telephone, and 11 states and territories newly allowed text-based communications (such as text messages and email).
- 26 states newly allowed homes to qualify as originating sites.
- 32 states issued policy changes clarifying that providers would be paid the same fees for telehealth as those paid for in-person visits.
- No states explicitly restricted telehealth services, providers, or modalities in response to the outbreak.

These policies represent a significant expansion of telehealth in Medicaid; however, it is unknown whether the policies will continue in some form after the end of the federal or state emergency period. Some observers speculate that the “genie is out of the bottle,” meaning it will be difficult for beneficiaries and providers who have become used to giving and receiving care through telehealth to see these allowances expire (Beck 2020; Raney 2020). The degree to which these policy changes affect service use, access to care, and the quality of care provided through telehealth is also unknown; the documents we reviewed did not describe how states plan to monitor the effects of such policies on access and quality of services. Further research on these topics and others could inform MACPAC’s understanding of telehealth policies used in response to COVID-19 and how they might continue in the future.



### References

- Beck, Angela. “Behavioral Telehealth: Models for Advancing Access to Care.” Online presentation to the CMS Medicaid Managed Care Behavioral Health Network Adequacy Series, April 29, 2020.
- CCHP. “State Telehealth Laws and Reimbursement Policies: A Comprehensive Scan of the 50 States and the District of Columbia.” Sacramento, CA: CCHP, 2019a. Available at <https://www.cchpca.org/sites/default/files/2019-10/50%20State%20Telehealth%20Laws%20and%20Reimbursement%20Policies%20Report%20Fall%202019%20FINAL.pdf>. Accessed May 17, 2020.
- CCHP. “State Telehealth Laws and Reimbursement Policies: A Comprehensive Scan of the 50 States and the District of Columbia.” Sacramento, CA: CCHP, 2019b. Available at [https://www.cchpca.org/sites/default/files/2019-05/cchp\\_report\\_MASTER\\_spring\\_2019\\_FINAL.pdf](https://www.cchpca.org/sites/default/files/2019-05/cchp_report_MASTER_spring_2019_FINAL.pdf). Accessed May 17, 2020.
- CCHP. “State Telehealth Laws and Reimbursement Policies: A Comprehensive Scan of the 50 States and the District of Columbia.” Sacramento, CA: CCHP, 2018. Available at [https://www.cchpca.org/sites/default/files/2018-10/CCHP\\_50\\_State\\_Report\\_Fall\\_2018.pdf](https://www.cchpca.org/sites/default/files/2018-10/CCHP_50_State_Report_Fall_2018.pdf). Accessed May 17, 2020.
- CMS. “COVID-19 Frequently Asked Questions (FAQs) for State Medicaid and Children’s Health Insurance Program (CHIP) Agencies.” Baltimore, MD: CMS, 2020a. Available at <https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkit.pdf>. Accessed May 17, 2020.
- CMS. “State Medicaid & CHIP Telehealth Toolkit: Policy Considerations for States Expanding Use of Telehealth, COVID-19 Version.” Baltimore, MD: CMS, May 5, 2020b.
- Kaiser Family Foundation. “Medicaid Emergency Authority Tracker: Approved State Actions to Address COVID-19.” Washington, DC: Kaiser Family Foundation, May 15, 2020. Available at <https://www.kff.org/medicaid/issue-brief/medicaid-emergency-authority-tracker-approved-state-actions-to-address-covid-19/>. Accessed May 17, 2020.
- Raney, Lori. “Strategies for Medicaid Agencies to Expand Access to Behavioral Health Using Telehealth.” Online presentation to the CMS Medicaid Managed Care Behavioral Health Network Adequacy Series, April 29, 2020.
- Weigel, Gabriela, Amrutha Ramaswamy, and Laurie Sobel. “Opportunities and Barriers for Telemedicine in the U.S. During the COVID-19 Emergency and Beyond.” Washington, DC: Kaiser Family Foundation, May 11, 2020. Available at <https://www.kff.org/womens-health-policy/issue-brief/opportunities-and-barriers-for-telemedicine-in-the-u-s-during-the-covid-19-emergency-and-beyond/>. Accessed May 15, 2020.

## Appendix A: Summary Tables

**Table A.1. Earliest dates that states and territories enacted telehealth policy changes, and expiration dates for temporary policies, as of May 1, 2020**

State	Earliest effective date	Latest expiration date
Alabama	3/16/2020	Other
Alaska	3/30/2020	Through federal emergency period
American Samoa	None found	Not specified
Arizona	3/25/2020	Through state emergency period
Arkansas	3/18/2020	5/17/2020
California	3/15/2020	Through state emergency period
Colorado	3/20/2020	Not specified
Connecticut	3/13/2020	Through state emergency period
Delaware	3/18/2020	Not specified
District of Columbia	3/12/2020	Through state emergency period
Florida	3/16/2020	Not specified
Georgia	3/18/2020	Not specified
Guam	None found	Not specified
Hawaii	3/1/2020	Through state emergency period
Idaho	3/17/2020	Not specified
Illinois	3/9/2020	Through federal emergency period
Indiana	3/30/2020	Through state emergency period
Iowa	3/11/2020	Through federal emergency period
Kansas	3/12/2020	Through federal emergency period
Kentucky	3/11/2020	Not specified
Louisiana	3/14/2020	Not specified
Maine	3/18/2020	Through state emergency period
Maryland	3/1/2020	Through state emergency period
Massachusetts	3/12/2020	Through state emergency period
Michigan	3/1/2020	Through state emergency period
Minnesota	3/19/2020	Through state emergency period
Mississippi	3/20/2020	5/31/2020
Missouri	3/23/2020	Not specified
Montana	3/19/2020	Through state emergency period
Nebraska	3/1/2020	Not specified
Nevada	3/17/2020	Not specified
New Hampshire	3/17/2020	Through state emergency period
New Jersey	3/16/2020	Through state emergency period
New Mexico	3/28/2020	Through state emergency period
New York	3/1/2020	Through state emergency period
North Carolina	1/1/2020	Through state emergency period

## Changes in Medicaid Telehealth Policies Due to COVID-19

State	Earliest effective date	Latest expiration date
North Dakota	3/20/2020	Through federal emergency period
Northern Mariana Islands	None found	Not specified
Ohio	3/9/2020	Through state emergency period
Oklahoma	3/16/2020	5/31/2020
Oregon	1/1/2020	Other
Pennsylvania	3/1/2020	Through state emergency period
Puerto Rico	3/1/2020	Through federal emergency period
Rhode Island	3/18/2020	5/27/2020
South Carolina	3/15/2020	Other
South Dakota	3/13/2020	Not specified
Tennessee	3/13/2020	6/19/2020
Texas	3/15/2020	5/31/2020
Utah	3/1/2020	Through state emergency period
Vermont	3/13/2020	Through state emergency period
Virgin Islands	4/9/2020	Not specified
Virginia	3/12/2020	Through state emergency period
Washington	3/17/2020	Through state emergency period
West Virginia	3/13/2020	5/31/2020
Wisconsin	3/1/2020	Through state emergency period
Wyoming	3/18/2020	Not specified

**Table A.2. Services and specialties eligible to be delivered via telehealth before and in response to COVID-19, as of May 1, 2020**

State	Primary care	Behavioral health	Maternity care	Physical, occupational, and speech therapies	Dental	Long-term services and supports	Other
Alabama	Previously allowed	Previously allowed	Newly allowed	Newly allowed	Newly allowed	Never allowed	Previously allowed
Alaska	Unknown	Previously allowed	Newly allowed	Newly allowed	Unknown	Newly allowed	Previously allowed
American Samoa	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Arizona	Previously allowed	Previously allowed	Previously allowed	Newly allowed	Previously allowed	Previously allowed	Previously allowed*
Arkansas	Previously allowed	Previously allowed	Previously allowed	Previously allowed	Unknown	Unknown	Unknown
California	Previously allowed	Previously allowed	Previously allowed	Previously allowed	Previously allowed	Previously allowed*	Previously allowed
Colorado	Previously allowed	Previously allowed	Previously allowed	Newly allowed	Previously allowed	Newly allowed	Unknown
Connecticut	Newly allowed	Previously allowed	Unknown	Newly allowed	Unknown	Newly allowed	Newly allowed
Delaware	Previously allowed	Previously allowed	Previously allowed	Previously allowed	Previously allowed	Previously allowed	Previously allowed
District of Columbia	Previously allowed	Previously allowed	Previously allowed	Previously allowed	Previously allowed	Unknown	Unknown
Florida	Previously allowed	Previously allowed	Newly allowed	Newly allowed	Previously allowed*	Unknown	Previously allowed
Georgia	Previously allowed	Previously allowed	Unknown	Previously allowed	Previously allowed	Newly allowed	Previously allowed
Guam	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Hawaii	Previously allowed	Previously allowed*	Previously allowed*	Previously allowed	Previously allowed*	Previously allowed	Unknown
Idaho	Previously allowed	Previously allowed	Previously allowed	Previously allowed	Newly allowed	Newly allowed	Previously allowed
Illinois	Previously allowed	Previously allowed	Unknown	Newly allowed	Newly allowed	Unknown	Newly allowed
Indiana	Previously allowed	Previously allowed	Unknown	Newly allowed	Never allowed	Previously allowed	Previously allowed
Iowa	Previously allowed	Previously allowed	Previously allowed	Previously allowed	Previously allowed	Previously allowed	Previously allowed
Kansas	Previously allowed	Previously allowed	Unknown	Previously allowed	Newly allowed	Newly allowed	Previously allowed
Kentucky	Previously allowed	Previously allowed	Previously allowed	Previously allowed	Previously allowed	Previously allowed	Previously allowed
Louisiana	Newly allowed	Previously allowed	Unknown	Newly allowed	Newly allowed	Newly allowed	Newly allowed
Maine	Previously allowed	Previously allowed	Unknown	Unknown	Unknown	Previously allowed	Previously allowed
Maryland	Previously allowed	Previously allowed	Unknown	Newly allowed	Newly allowed	Unknown	Newly allowed
Massachusetts	Newly allowed*	Previously allowed*	Newly allowed*	Newly allowed*	Newly allowed*	Newly allowed*	Newly allowed*

## Changes in Medicaid Telehealth Policies Due to COVID-19

State	Primary care	Behavioral health	Maternity care	Physical, occupational, and speech therapies	Dental	Long-term services and supports	Other
Michigan	Previously allowed	Previously allowed	Newly allowed	Previously allowed	Never allowed	Newly allowed	Previously allowed*
Minnesota	Previously allowed	Previously allowed*	Unknown	Previously allowed	Previously allowed	Newly allowed	Previously allowed
Mississippi	Previously allowed	Newly allowed	Unknown	Newly allowed	Unknown	Unknown	Previously allowed
Missouri	Previously allowed	Previously allowed	Previously allowed	Unknown	Previously allowed	Previously allowed	Previously allowed
Montana	Previously allowed	Previously allowed	Previously allowed	Previously allowed*	Previously allowed	Previously allowed	Newly allowed
Nebraska	Newly allowed**	Previously allowed	Newly allowed	Newly allowed	Newly allowed	Previously allowed	Previously allowed
Nevada	Previously allowed	Previously allowed	Newly allowed	Newly allowed	Unknown	Newly allowed	Never allowed
New Hampshire	Previously allowed*	Previously allowed*	Newly allowed*	Newly allowed*	Newly allowed*	Never allowed	Unknown
New Jersey	Newly allowed*	Previously allowed	Newly allowed*	Newly allowed*	Newly allowed	Newly allowed*	Unknown
New Mexico	Unknown	Newly allowed	Unknown	Newly allowed	Unknown	Newly allowed	Previously allowed
New York	Previously allowed*	Previously allowed*	Previously allowed*	Newly allowed*	Previously allowed*	Previously allowed*	Previously allowed
North Carolina	Previously allowed**	Previously allowed	Newly allowed	Newly allowed	Previously allowed	Newly allowed	Newly allowed
North Dakota	Previously allowed	Previously allowed	Previously allowed	Previously allowed	Previously allowed	Previously allowed	Newly allowed
Northern Mariana Islands	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Ohio	Previously allowed	Previously allowed	Newly allowed	Newly allowed	Newly allowed	Newly allowed	Newly allowed
Oklahoma	Newly allowed	Previously allowed	Unknown	Newly allowed	Newly allowed	Unknown	Unknown
Oregon	Newly allowed	Previously allowed	Unknown	Newly allowed	Previously allowed	Newly allowed	Unknown
Pennsylvania	Newly allowed	Previously allowed	Unknown	Newly allowed	Newly allowed	Newly allowed	Newly allowed
Puerto Rico	Newly allowed	Unknown	Unknown	Unknown	Newly allowed	Unknown	Unknown
Rhode Island	Previously allowed**	Newly allowed**	Previously allowed	Newly allowed	Unknown	Newly allowed	Newly allowed
South Carolina	Previously allowed	Previously allowed	Unknown	Newly allowed	Unknown	Unknown	Previously allowed
South Dakota	Newly allowed	Previously allowed	Newly allowed	Previously allowed	Newly allowed	Unknown	Newly allowed
Tennessee	Newly allowed	Previously allowed	Unknown	Newly allowed	Newly allowed	Newly allowed	Unknown
Texas	Previously allowed	Previously allowed	Newly allowed	Newly allowed	Unknown	Newly allowed	Previously allowed
Utah	Previously allowed	Previously allowed	Unknown	Unknown	Newly allowed	Previously allowed	Previously allowed

## Changes in Medicaid Telehealth Policies Due to COVID-19

State	Primary care	Behavioral health	Maternity care	Physical, occupational, and speech therapies	Dental	Long-term services and supports	Other
Vermont	Previously allowed	Previously allowed	Unknown	Newly allowed	Previously allowed	Newly allowed	Previously allowed
Virgin Islands	Newly allowed	Newly allowed	Unknown	Newly allowed	Unknown	Newly allowed	Newly allowed
Virginia	Previously allowed	Previously allowed	Unknown	Previously allowed	Unknown	Newly allowed	Previously allowed
Washington	Newly allowed	Previously allowed	Newly allowed	Newly allowed	Previously allowed	Newly allowed	Previously allowed
West Virginia	Newly allowed	Previously allowed	Unknown	Newly allowed	Newly allowed	Newly allowed	Previously allowed
Wisconsin	Previously allowed	Previously allowed	Newly allowed	Newly allowed	Newly allowed	Newly allowed	Newly allowed
Wyoming	Newly allowed*	Newly allowed*	Newly allowed*	Newly allowed*	Newly allowed*	Newly allowed*	Unknown

\* Indicates a state expanded services to all Medicaid-eligible or all clinically appropriate services in a category in response to COVID-19. "Previously allowed\*" means the state allowed a narrow list of services in the category to be delivered via telehealth prior to COVID-19 but broadly expanded services in response to COVID-19. "Newly allowed\*" means the state either did not allow any services in the category or did not specify allowed services prior to COVID-19 but broadly expanded services in response to COVID-19.

\*\* Indicates a state added coverage of COVID-19-related services via telehealth.

**Table A.3. Providers eligible to deliver services via telehealth before and in response to COVID-19, as of May 1, 2020**

State	Physicians	Advanced practice providers	Behavioral health providers	Dental providers	Other providers	Other changes
Alabama	Previously eligible	Newly eligible	Previously eligible	Newly eligible	Newly eligible	n.a.
Alaska	Previously eligible	Previously eligible	Previously eligible	Unknown	Newly eligible	n.a.
American Samoa	Unknown	Unknown	Unknown	Unknown	Unknown	n.a.
Arizona	Previously eligible	Previously eligible	Previously eligible	Previously eligible	Previously eligible	n.a.
Arkansas	Previously eligible	Newly eligible	Previously eligible	Unknown	Newly eligible	New policy - No requirement for previous relationship
California	Previously eligible	Previously eligible	Previously eligible	Previously eligible	Newly eligible	n.a.
Colorado	Previously eligible	Previously eligible	Previously eligible*	Newly eligible	Newly eligible	n.a.
Connecticut	Previously eligible	Previously eligible	Previously eligible	Unknown	Previously eligible	n.a.
Delaware	Previously eligible	Previously eligible	Previously eligible	Unknown	Previously eligible	New policy - No requirement for previous relationship
District of Columbia	Previously eligible	Previously eligible	Previously eligible	Unknown	Unknown	Any practitioner may use telehealth
Florida	Previously eligible	Previously eligible	Previously eligible	Previously eligible	Previously eligible	n.a.
Georgia	Previously eligible	Previously eligible	Previously eligible	Previously eligible	Previously eligible	n.a.
Guam	Unknown	Unknown	Unknown	Unknown	Unknown	n.a.
Hawaii	Previously eligible	Previously eligible	Previously eligible	Previously eligible	Newly eligible	New policy - No requirement for previous relationship
Idaho	Previously eligible	Previously eligible	Previously eligible	Unknown	Previously eligible	n.a.
Illinois	Previously eligible	Previously eligible	Previously eligible	Newly eligible	Previously eligible	n.a.
Indiana	Previously eligible	Unknown	Previously eligible	Unknown	Previously eligible	n.a.
Iowa	Newly eligible	Newly eligible	Newly eligible	Newly eligible	Newly eligible	n.a.
Kansas	Previously eligible	Previously eligible	Previously eligible	Newly eligible	Previously eligible	n.a.
Kentucky	Previously eligible	Previously eligible*	Previously eligible*	Previously eligible*	Newly eligible	n.a.
Louisiana	Newly eligible	Unknown	Newly eligible	Newly eligible	Newly eligible	n.a.
Maine	Previously eligible	Previously eligible	Newly eligible*	Unknown	Newly eligible	n.a.
Maryland	Previously eligible	Previously eligible	Previously eligible	Newly eligible	Previously eligible	Any practitioner may use telehealth

## Changes in Medicaid Telehealth Policies Due to COVID-19

State	Physicians	Advanced practice providers	Behavioral health providers	Dental providers	Other providers	Other changes
Massachusetts	Newly eligible	Newly eligible	Previously eligible	Newly eligible	Newly eligible	Any practitioner may use telehealth
Michigan	Previously eligible	Unknown	Previously eligible	Never eligible	Previously eligible	n.a.
Minnesota	Previously eligible	Previously eligible*	Previously eligible	Previously eligible	Previously eligible	n.a.
Mississippi	Previously eligible	Previously eligible	Previously eligible	Unknown	Newly eligible	n.a.
Missouri	Previously eligible	Previously eligible	Previously eligible	Previously eligible	Previously eligible	New policy - No requirement for previous relationship
Montana	Previously eligible	Previously eligible	Previously eligible	Previously eligible	Previously eligible	n.a.
Nebraska	Previously eligible	Previously eligible	Previously eligible	Previously eligible*	Previously eligible	n.a.
Nevada	Previously eligible	Unknown	Previously eligible	Unknown	Previously eligible	n.a.
New Hampshire	Previously eligible	Previously eligible	Previously eligible	Newly eligible	Previously eligible	New policy - No requirement for previous relationship
New Jersey	Previously eligible	Previously eligible	Previously eligible	Newly eligible*	Previously eligible	n.a.
New Mexico	Newly eligible	Unknown	Newly eligible	Unknown	Previously eligible	n.a.
New York	Previously eligible	Previously eligible	Previously eligible	Previously eligible	Previously eligible	New policy - No requirement for previous relationship
North Carolina	Previously eligible	Previously eligible	Previously eligible	Newly eligible	Previously eligible	n.a.
North Dakota	Previously eligible	Unknown	Unknown	Newly eligible	Previously eligible	n.a.
Northern Mariana Islands	Unknown	Unknown	Unknown	Unknown	Unknown	n.a.
Ohio	Previously eligible	Previously eligible	Previously eligible	Previously eligible	Previously eligible	New policy - No requirement for previous relationship; Any practitioner may use telehealth
Oklahoma	Newly eligible	Newly eligible	Previously eligible	Newly eligible	Newly eligible	n.a.
Oregon	Newly eligible	Unknown	Newly eligible	Previously eligible	Newly eligible	n.a.
Pennsylvania	Previously eligible	Previously eligible	Previously eligible	Newly eligible	Previously eligible	n.a.
Puerto Rico	Newly eligible	Unknown	Unknown	Unknown	Unknown	n.a.
Rhode Island	Newly eligible	Newly eligible	Newly eligible	Unknown	Newly eligible	n.a.
South Carolina	Previously eligible	Previously eligible	Newly eligible	Unknown	Newly eligible	n.a.
South Dakota	Previously eligible	Previously eligible	Previously eligible	Unknown	Previously eligible	n.a.



## Changes in Medicaid Telehealth Policies Due to COVID-19

State	Physicians	Advanced practice providers	Behavioral health providers	Dental providers	Other providers	Other changes
Tennessee	Newly eligible	Unknown	Newly eligible	Newly eligible	Newly eligible	n.a.
Texas	Previously eligible	Previously eligible	Previously eligible	Unknown	Previously eligible	n.a.
Utah	Previously eligible	Newly eligible	Previously eligible	Newly eligible	Previously eligible	n.a.
Vermont	Newly eligible	Previously eligible	Newly eligible	Previously eligible	Newly eligible	n.a.
Virgin Islands	Newly eligible	Unknown	Unknown	Unknown	Newly eligible	n.a.
Virginia	Previously eligible	Previously eligible	Previously eligible	Unknown	Previously eligible	n.a.
Washington	Previously eligible	Previously eligible	Previously eligible	Previously eligible	Previously eligible	n.a.
West Virginia	Previously eligible	Previously eligible	Previously eligible	Newly eligible	Newly eligible	n.a.
Wisconsin	Previously eligible	Previously eligible	Previously eligible	Newly eligible	Previously eligible	n.a.
Wyoming	Previously eligible	Previously eligible	Previously eligible	Unknown	Previously eligible	n.a.

Note: "Advanced practice providers" includes nurse practitioners, physician's assistants, and nurse midwives, among others. "Other providers" includes optometry/vision providers; early childhood/school-based service providers; clinics including Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Services clinics; physical, occupational, and speech therapists; and a specialists not covered in the other categories.

\* Indicates a state that added broad language to its telehealth policies after COVID-19 allowing any licensed provider in these categories to bill for telehealth services. "Previously eligible\*" means the state allowed a narrow list of providers in the category to use telehealth prior to COVID-19 but broadly expanded eligible providers in response to COVID-19. "Newly eligible\*" means the state either did not allow any providers to use telehealth or did not specify whether providers were eligible prior to COVID-19 but broadly expanded eligible providers in response to COVID-19.

n.a = Not applicable

**Table A.4. Telehealth modalities allowed for at least one provider or service type before and in response to COVID-19, as of May 1, 2020**

State	Live video	Store and forward	Remote patient monitoring	Telephone	Text-based communications
Alabama	Previously allowed	Unknown	Previously allowed	Newly allowed	Unknown
Alaska	Previously allowed	Previously allowed	Previously allowed	Newly allowed	Newly allowed
American Samoa	Unknown	Unknown	Unknown	Unknown	Unknown
Arizona	Previously allowed	Previously allowed	Previously allowed	Newly allowed	Newly allowed
Arkansas	Previously allowed	Never allowed	Unknown	Newly allowed	Never allowed
California	Previously allowed	Previously allowed	Newly allowed	Previously allowed	Newly allowed
Colorado	Previously allowed	Unknown	Previously allowed	Newly allowed	Newly allowed
Connecticut	Previously allowed	Newly allowed	Unknown	Newly allowed	Unknown
Delaware	Previously allowed	Never allowed	Never allowed	Newly allowed	Never allowed
District of Columbia	Previously allowed	Never allowed	Never allowed	Previously allowed	Previously allowed
Florida	Previously allowed	Newly allowed	Newly allowed	Newly allowed	Never allowed
Georgia	Previously allowed	Previously allowed	Unknown	Newly allowed	Unknown
Guam	Unknown	Unknown	Unknown	Unknown	Unknown
Hawaii	Previously allowed	Newly allowed	Previously allowed	Newly allowed	Unknown
Idaho	Previously allowed	Unknown	Newly allowed	Newly allowed	Unknown
Illinois	Previously allowed	Unknown	Previously allowed	Newly allowed	Newly allowed
Indiana	Previously allowed	Never allowed	Previously allowed	Newly allowed	Never allowed
Iowa	Previously allowed	Newly allowed	Previously allowed	Previously allowed	Previously allowed
Kansas	Previously allowed	Unknown	Previously allowed	Newly allowed	Unknown
Kentucky	Previously allowed	Previously allowed	Previously allowed	Newly allowed	Newly allowed
Louisiana	Previously allowed	Unknown	Previously allowed	Newly allowed	Never allowed
Maine	Previously allowed	Newly allowed	Previously allowed	Previously allowed	Newly allowed
Maryland	Previously allowed	Unknown	Previously allowed	Newly allowed	Unknown
Massachusetts	Previously allowed	Unknown	Newly allowed	Previously allowed	Unknown
Michigan	Previously allowed	Unknown	Unknown	Newly allowed	Unknown
Minnesota	Previously allowed	Previously allowed	Previously allowed	Newly allowed	Unknown

## Changes in Medicaid Telehealth Policies Due to COVID-19

State	Live video	Store and forward	Remote patient monitoring	Telephone	Text-based communications
Mississippi	Previously allowed	Previously allowed	Previously allowed	Newly allowed	Never allowed
Missouri	Previously allowed	Previously allowed	Previously allowed	Newly allowed	Unknown
Montana	Previously allowed	Unknown	Unknown	Newly allowed	Newly allowed
Nebraska	Previously allowed	Previously allowed	Previously allowed	Previously allowed	Unknown
Nevada	Previously allowed	Previously allowed	Unknown	Newly allowed	Unknown
New Hampshire	Previously allowed	Unknown	Unknown	Newly allowed	Newly allowed
New Jersey	Previously allowed	Previously allowed	Previously allowed	Previously allowed	Newly allowed
New Mexico	Previously allowed	Previously allowed	Previously allowed	Newly allowed	Unknown
New York	Previously allowed	Previously allowed	Previously allowed	Newly allowed	Unknown
North Carolina	Previously allowed	Newly allowed	Unknown	Newly allowed	Newly allowed
North Dakota	Previously allowed	Never allowed	Previously allowed	Newly allowed	Never allowed
Northern Mariana Islands	Previously allowed	Unknown	Unknown	Unknown	Unknown
Ohio	Previously allowed	Newly allowed	Newly allowed	Newly allowed	Newly allowed
Oklahoma	Previously allowed	Previously allowed	Previously allowed	Newly allowed	Unknown
Oregon	Previously allowed	Never allowed (except when used in lieu of videoconferencing due to limited videoconferencing equipment access)	Previously allowed	Previously allowed	Previously allowed
Pennsylvania	Previously allowed	Unknown	Unknown	Newly allowed	Never allowed
Puerto Rico	Previously allowed	Unknown	Unknown	Newly allowed	Unknown
Rhode Island	Previously allowed	Unknown	Unknown	Newly allowed	Unknown
South Carolina	Previously allowed	Unknown	Previously allowed	Previously allowed	Never allowed
South Dakota	Previously allowed	Newly allowed	Newly allowed	Newly allowed	Unknown
Tennessee	Previously allowed	Previously allowed	Unknown	Newly allowed	Unknown
Texas	Previously allowed	Previously allowed	Previously allowed	Newly allowed	Unknown (MCOs may cover at their discretion)
Utah	Previously allowed	Newly allowed	Previously allowed	Newly allowed	Unknown
Vermont	Previously allowed	Newly allowed	Previously allowed	Newly allowed	Never allowed
Virgin Islands	Unknown	Unknown	Previously allowed	Newly allowed	Newly allowed

## Changes in Medicaid Telehealth Policies Due to COVID-19

State	Live video	Store and forward	Remote patient monitoring	Telephone	Text-based communications
Virginia	Previously allowed	Previously allowed	Previously allowed	Newly allowed	Unknown
Washington	Previously allowed	Previously allowed	Previously allowed	Newly allowed	Newly allowed
West Virginia	Previously allowed	Unknown	Unknown	Newly allowed	Unknown
Wisconsin	Previously allowed	Newly allowed	Newly allowed	Newly allowed	Never allowed
Wyoming	Previously allowed	Unknown	Unknown	Newly allowed	Unknown

MCO = Managed care organization

## Changes in Medicaid Telehealth Policies Due to COVID-19

**Table A.5. Home as an originating site before and in response to COVID-19, and payment parity policies used in response to COVID-19, as of May 1, 2020**

State	Home allowed as an originating site	Telehealth reimbursed at same rate as in-person visit*
Alabama	Unknown	Unknown
Alaska	Newly allowed	Unknown
American Samoa	Unknown	Unknown
Arizona	Newly allowed	Yes
Arkansas	Previously allowed	Unknown
California	Previously allowed	Yes
Colorado	Previously allowed	Yes
Connecticut	Newly allowed	Yes
Delaware	Previously allowed	Unknown
District of Columbia	Newly allowed	Yes
Florida	Unknown	Yes
Georgia	Previously allowed	Unknown
Guam	Unknown	Unknown
Hawaii	Previously allowed	Yes
Idaho	Newly allowed	Parity unknown; payment according to current fee schedule
Illinois	Newly allowed	Yes
Indiana	Newly allowed	Parity unknown; payment according to current fee schedule
Iowa	Newly allowed	Parity unknown; payment according to current fee schedule
Kansas	Newly allowed	Yes
Kentucky	Previously allowed	Yes
Louisiana	Newly allowed	Yes
Maine	Newly allowed	Yes
Maryland	Previously allowed (previously only for deaf or hard of hearing patients, now allowed for all)	Unknown
Massachusetts	Newly allowed	Yes
Michigan	Previously allowed	Parity unknown; payment according to current fee schedule
Minnesota	Previously allowed	Unknown
Mississippi	Newly allowed	Unknown
Missouri	Previously allowed	Parity unknown; payment according to current fee schedule
Montana	Previously allowed	Yes
Nebraska	Previously allowed	Yes
Nevada	Previously allowed	Unknown
New Hampshire	Previously allowed	Yes
New Jersey	Newly allowed	Yes
New Mexico	Previously allowed	Yes
New York	Newly allowed	Yes

## Changes in Medicaid Telehealth Policies Due to COVID-19

State	Home allowed as an originating site	Telehealth reimbursed at same rate as in-person visit*
North Carolina	Newly allowed	Yes
North Dakota	Newly allowed	Yes
Northern Mariana Islands	Unknown	Unknown
Ohio	Previously allowed	Unknown
Oklahoma	Unknown	Unknown
Oregon	Previously allowed	Yes
Pennsylvania	Newly allowed	Yes
Puerto Rico	Unknown	Unknown
Rhode Island	Newly allowed	Yes
South Carolina	Newly allowed	Parity unknown; payment according to current fee schedule
South Dakota	Newly allowed	Parity unknown; payment according to current fee schedule
Tennessee	Newly allowed	Yes
Texas	Previously allowed	Parity unknown; payment according to current fee schedule
Utah	Newly allowed	Yes
Vermont	Previously allowed	Yes
Virgin Islands	Unknown	Yes
Virginia	Newly allowed	Yes
Washington	Previously allowed	Yes
West Virginia	Newly allowed	Yes
Wisconsin	Newly allowed	Yes
Wyoming	Previously allowed	Unknown

\* Note: "Parity unknown; payment acc to current fee schedule" indicates that a state pays according to a fee schedule but did not specify in its policies whether fees for in-person and telehealth services have parity; we did not review the fee schedule to assess parity. "Unknown" indicates that a state did not specify in its policies whether fees for in-person and telehealth services have parity, nor it specify the fee schedule for payment.

n.a = Not applicable

**This page has been left blank for double-sided copying**

---

**Mathematica**

Princeton, NJ • Ann Arbor, MI • Cambridge, MA  
Chicago, IL • Oakland, CA • Seattle, WA  
Tucson, AZ • Woodlawn, MD • Washington, DC

**EDI Global, a Mathematica Company**

Bukoba, Tanzania • High Wycombe, United Kingdom



**Mathematica**

Progress Together

[mathematica.org](https://mathematica.org)