

STATE	CONTACT	RESOURCE	MEDICARE/MEDICAID RESOURCES
AL	William Rodgers, Life and Health Attorney, william.rodgers@insurance.alabama.gov	The Alabama Department of Insurance is actively engaged with our health insurance industry to ensure appropriate protections are being implemented in response to the spread of the Coronavirus. The Department has compiled the following information from health insurance issuers providing coverage in Alabama. In the linked sheet, please find updates on telehealth coverage from insurance companies	The extension of telemedicine services is effective March 16, 2020. This extension allows clinicians to provide medically necessary services that can be appropriately delivered via telecommunication services including telephone consultations. The extension also allows some behavioral health services to be appropriately delivered via telecommunication services including telephone consultations. It will be reevaluated for a continuance as needed. Can be telephone only.
AK	Sarah Bailey, Life and Health Section Supervisor, sarah.bailey.alaska.gov 907-465-4608	New law providing access for telehealth services: SCS HB 29(HSS): "An Act relating to insurance coverage for benefits provided through telehealth; and providing for an effective date." "A health care insurer that offers, issues for delivery, or renews in the state a health care insurance plan in the group or individual market [that provides mental health benefits shall provide coverage for mental health benefits provided through telehealth by a health care provider licensed in this state and may not require that prior in-person contact occur between a health care provider and a patient before payment is made for covered services."	During the Covid-19 public health emergency, telemedicine for Medicaid recipients in Alaska is temporarily being expanded to include telephone and online digital services. This guidance provides the hierarchy of billable services that providers should follow for individual and group services, as well as a list of appropriate billing codes. CMS has approved Alaska's request for an 1135 Medicaid waiver. The approved waiver enables Alaska to temporarily suspend FFS prior authorization requirements, temporarily enroll providers who are enrolled with another SMA or Medicare, and allow for reimbursement facility services in alternative settings for the duration of the public health emergency.
AZ		Governor Ducey issued Executive Order 2020-15, requiring health care insurance companies to expand telemedicine coverage for all services that would normally be covered for an in-person visit	Temporarily suspend Medicaid fee-for-service prior authorization requirements. Section 1135(b)(1)(C) allows for a waiver or modification of pre-approval requirements, including prior authorization processes required under the State Plan for particular benefits. Requires all health insurance plans regulated by the Department of Insurance to provide coverage for all telemedicine services. It also includes Medicaid.
AR	Arkansas Insurance Department, insurance.legal@arkansas.gov, 501-371-2600	On March 13, 2020, Governor Asa Hutchinson issued Executive Order 20-05, which amended 20-03 and suspended certain provisions of the Telemedicine Act (Ark. Code Ann. § 17-801-401 et seq.) to "fully leverage telehealth in Arkansas and mitigate the spread of COVID-19." Recognizing the importance of telemedicine to mitigate the spread of COVID-19 as described by Executive Order 20-05, the Commissioner reminds all health insurance carriers offering health insurance plans, including short-term limited-duration insurance plans, regulated by the Department that they must comply with the reimbursement requirements for healthcare services provided through telemedicine.	Arkansas Department of Human Services Medicaid Guidance on Telemedicine: Can be audio only. requirement for in-person establishment of relationship waived, provided the physician has access to health care record. Updated on April 15 to include more Behavioral Health Providers, such as psychologists, counselors, and social workers, among others. Telemedicine may be used for Crisis Intervention Services. Arkansas submitted an 1115 Waiver, asking for \$116 million in additional Medicaid funding to support a number of initiatives to protect Arkansas health care workers and their patients and to support health care providers.
CA	Celeste Fitterer, Associate Insurance Compliance Officer, celeste.fitterer@insurance.ca.gov, 866-225-6585 x 6865	In a press release dated March 18, 2020 Insurance Commissioner Lara directed health insurance companies to submit emergency plans detailing how they will ensure continued access to medically necessary health care services including maximizing telehealth to help health insurance policyholders who are sheltered in place.	Request approved for Medicaid Section 1135 Waiver Flexibilities Related to Covid-19 The waiver requests flexibility for telehealth and virtual communications to make it easier for providers to care for people in their homes. Specifically, flexibility to allow telehealth and virtual/telephonic communications for covered State plan benefits, including but not limited to, behavioral health treatment services, waiver of face-to-face encounter requirements for Federally Qualified Health Centers, Rural Health Clinics, and Tribal 638 Clinics relative to covered services via telehealth, allowance for reimbursement of virtual communication and e-consults for FQHCs, RHCs and Tribal 638 clinics and waiver of limitations around virtual/telephonic communications prior to or after an in office visit.
CO	Michael Conway, Insurance Commissioner, michael.conway@state.co.us, 303-894-7480	Permits the utilization of telemedicine through interactive audio, video, or data communication to limit face-to-face visits between clients and health professionals. Waived licensure for telemedicine: Suspension of requirements that patients must be located in Colorado at time of consultation to expand treatment for traveling Colorado citizens. Executive Order 2020-20 temporarily suspends certain statutes to expand the use of telemedicine. The Department of Insurance released rules requiring carriers to reimburse providers for telehealth services using nonpublic facing audio or video communication products during the coronavirus nationwide public health emergency.	

CT	Nina Holmes, Medical Policy Consultant, nina.holmes@ct.gov, 860-424-5486	Emergency Temporary Telemedicine Coverage (3/13/2020). Waiving the homebound requirements for all otherwise coverable medical telemedicine services; addition of specified "New Patient" Evaluation and Management (E&M) Services; and waiving the originating site requirements for psychiatric diagnostic evaluations.	Expanded Telemedicine and New Audio-Only (Telephonic) Services for Medicaid– Select E&M codes can be billed for telephone-only services provided to established patients. Permits telehealth providers who are Medicaid-enrolled providers providing telehealth to "new or established patients" to engage in audio-only telehealth.
DE	Trinidad Navarro, Commissioner, trinidad.navarro@delaware.gov, 302-674-7300	Although in person treatment is likely the most appropriate method for mental health and substance use disorder treatment, telehealth must be the substitute for the immediate future. Between the governor's executive orders and our current statutory requirements already in place, we are committed to ensuring the essential services are covered by our commercial insurers.	Delaware 1135 Medicaid Waiver is Approved: The approved waiver enables Delaware to provide flexibilities in Medicaid provider screening and enrollment, forgo certain pre-admission screening and annual resident review assessments, and lift prior authorization requirements.
DC		Because COVID-19 is a communicable disease, some enrollees might choose or be asked to use telehealth services instead of in-person health care services, or might be under restrictions that limit their ability to visit providers in person. Carriers shall enhance their coverage of telehealth services, and are directed to review their telehealth programs with participating providers to ensure that the programs are robust and will be able to cover any increased demand. Cost sharing for telehealth services shall not be more than for in-person services.	Updated Medicaid Telehealth Guidance: audio-only communication may be used for Medicaid telehealth. DHCF adopted an emergency and proposed rule that established authority for Medicaid reimbursable services to be delivered in a beneficiary's home to ensure the health, safety, and welfare of residents is not threatened by a lapse of in-person access to covered healthcare services due to the threat of infection with COVID-19. The policy change requires Medicaid telemedicine providers to ensure that any technology used meets the standards of care when the beneficiary receives telemedicine services at their home.
FL	Florida Office of Insurance Regulation, IM2004M@floir.com	Governor signed an Executive Order on 3/26/2020 relating to Telehealth. Amends the state employee health benefits plan to include telehealth services at no additional cost to employees. Ensures that all state employees have access to telehealth services through the state's contracted HMO plans and PPO organization plan without cost sharing effective immediately.	1135 Waiver: Florida received federal approval for a Section 1135 waiver to provide more flexibility for the health care delivery system. The waiver allows Florida to provide flexibilities in Medicaid provider screening, forgo certain pre-admission screening and annual resident review assessments, lift prior authorization requirements, allow the provision of facility services in alternative settings, and extend fair hearing timelines.
GA		Given that COVID-19 is a communicable disease, some insureds may be using telehealth services instead of in-person services. Health insurers should ensure their telehealth programs with participating providers will be able to meet any increased demand resulting from the COVID-19 outbreak.	CMS Approves 1135 Waiver for Georgia - Suspends Medicaid FFS prior authorization requirements. Temporarily enroll providers who are enrolled in another State Medicaid Agency or Medicare. Allows for reimbursement for residential psychiatric facilities in alternative settings. Suspends Pre-Admission Screening and Annual Resident Review (PASRR) Level I and II for 30 days. After 30 days, new admissions with mental illness should receive a Resident Review as soon as resources become available.
HI		Commercial health insurance plans are required to provide coverage for telehealth services by state law. Governor Ige Announces Telehealth Licensure Waivers: For the duration of the COVID-19 crisis, licensed providers are able to deliver telehealth without an in-person consultation or a prior existing physician-patient relationship. Additionally, out-of-state physicians, osteopathic physicians, and physician assistants with a current and active license, or those who were previously licensed, but who are no longer current and active, will be allowed to deliver telehealth in Hawai'i without a license. Requirements for in-person consultation and prior existing physician-patient relationship will be waived.	CMS Approves 1135 Waiver for Hawaii: Temporarily suspends Medicaid FFS prior authorization. Extends pre-existing authorizations. Suspends pre-admission screening and annual resident review (PASRR) level I and II assessments for 30 days. After 30 days, new admissions with mental illness or intellectual disability should receive a resident review as soon as resources are available. May enroll providers who are enrolled in another State Medicaid Agency or Medicare. Allows for billing in alternative settings for patients in psychiatric residential treatment facilities.
ID	Marissa Morrison Hyer, Press Secretary, marissa.morrison@gov.idaho.gov, 208-943-1686	Governor Little suspends more rules to increase telehealth access, ease licensing for medical professionals fighting coronavirus.	Idaho Department of Health and Welfare - allows for Medicaid telehealth reimbursement of telephone calls. Provision of Services in Alternative Settings -- Allow facilities, including NFs, intermediate care facilities for individuals with intellectual and developmental disabilities (ICF/IDDs), psychiatric residential treatment facilities (PRTFs), and hospital NFs, to be fully reimbursed for services rendered to an unlicensed facility (during an emergency evacuation or due to other need to relocate residents where the placing facility continues to render services).

IL	DOI.Communication@illinois.gov	While a disaster proclamation remains in effect, the EO requires a health insurance issuer “to cover the costs of all Telehealth Services rendered by in-network providers to deliver any clinically appropriate, medically necessary covered services and treatments to insureds, enrollees, and members under each policy, contract, or certificate of health insurance coverage.” Under this EO, telehealth services are not expressed as a separate covered benefit or set of benefits, but rather a delivery method for covered health care services. To the extent that a covered service or treatment may be delivered in a clinically appropriate manner via telehealth instead of in-person, the policy must cover it when medically necessary for the insured.	CMS approved Illinois' Medicaid Section 1135 Waiver. Highlights include: Temporarily suspend Medicaid fee-for-service prior authorization requirements. Allows for a waiver or modification of pre-approval requirements, including prior authorization processes required under the State Plan for particular benefits. Extend pre-existing authorizations for which a beneficiary has previously received prior authorization through the end of the public health emergency.
IN	Health Alford, Halford@idoi.IN.gov, 317-232-2421	The IDOI encourages the use of telemedicine in all reasonable instances in connection with testing, screening, and treatment of COVID-19, and to waive any cost-sharing for the use of telemedicine related to testing, screening, and treatment of COVID-19 to ensure policyholders have access to this critical preventive care.	Indiana's 1135 Medicaid Waiver Approved: Lifts some prior authorization requirements, Suspend Pre-Admission Screening and Annual Resident Review (PASRR) Level I and Level II Assessments for 30 days, Authorizes care to be provided in alternative settings, including psychiatric residential treatment facilities, Expands provider enrollment for out-of-state providers.
IA		Health carriers shall not limit telehealth services only to patients with COVID-19. Health carriers shall modify existing telehealth payment methodologies to ensure that rates of payment to health care professionals for services delivered through telehealth are identical to the rates of payment established for services delivered for in-person visits. Health carriers shall not limit, deny or reduce coverage or reimbursement for a covered health care service delivered through telehealth. Telemedicine and Telehealth Services: All rules which establish preconditions, limitations, or restrictions on the provision of telehealth or telemedicine services in Iowa are temporarily suspended. All rules which require face-to-face interactions with health care providers, and impose requirements for residential and outpatient substance use disorder treatment and for face-to-face visitations, are temporarily suspended.	All Medicaid services, including MH/SUD services, may be provided through telehealth. This may include telephone only, although the bulletin seemed to suggest that this may be limited to phones with video capabilities. All Medicaid services, including MH/SUD services, may be provided through telehealth. This may include telephone only, although the bulletin seemed to suggest that this may be limited to phones with video capabilities.
KS	Insurance.kansas.gov , 1-800-432-2484	Executive Order 20-08: expands access to telemedicine and empowers the Board of Healing Arts to grant temporary emergency licenses. Encourages physicians to utilize telemedicine and allows out-of-state physicians to treat Kansans through telemedicine.	Kansas Section 1135 Waiver approved. Temporarily suspends some prior authorization processes. Extends pre-existing authorizations throughout the public health emergency. Suspend Pre-Admission Screening and Annual Resident Review (PASRR) Level I and Level II Assessments for 30 days. Authorizes provider enrollment for non-Kansas providers.
KY	Sharon P. Clark, Insurance Commissioner, sharonp.clark@ky.gov , 502-564-6026	Telehealth coverage is allowed for commercial/fully insured health coverage in Kentucky per KRS 304.17A-250. On March 18, 2020, the federal government “set aside” restrictions and the Kentucky Department of Insurance did the same with our statutes so as to allow more platforms such as Facetime, etc. The guidance that the Department of Insurance issued has been sent to all health insurance companies offering fully insured coverage in the Commonwealth as well as to health care provider associations.	Medicaid Telehealth Guidance for Behavioral Health Providers: Must be HIPAA compliant; cannot be telephone only. following codes added temporarily: G2012 and G2010. CMS has approved an 1135 Waiver.
LA		Expands access to telemedicine services so Louisiana residents can continue receiving necessary care without a visit to a hospital or clinic, including permitting telemedicine visits conducted through the patient’s phone or personal device. Requires insurers to cover mental health services via telemedicine to the extent they would be covered in-person, except for treatments that are not appropriate for remote delivery. Broadens telehealth availability by waiving restrictions requiring patients to only conduct telemedicine visits with providers in the insurer’s existing telemedicine network.	CMS has approved an 1135 Waiver for Louisiana:Suspend Pre-Admission Screening and Annual Resident Review (PASRR) Level I and Level II Assessments for 30 days. Provider Enrollment for non-Louisiana providers. Provision of Services in Alternative Settings including inpatient residential psychiatric facilities.

ME	Ben Yardley, Senior Staff Attorney, benjamin.yardley@maine.gov, 207-624-8537	On March 12th Governor Mills issued a proclamation that an insurance emergency exists in Maine because of the COVID-19 crisis, and on the same day Superintendent Cioppa issued an Insurance Emergency Response Order in light of the public health emergency related to COVID-19. You can see all of these orders at our home web page, www.maine.gov/pfr/insurance . Superintendent of Insurance Requires Insurers to Expand Telehealth: The Superintendent signed an order that requires insurance companies to provide coverage for clinically-appropriate services delivered by telephone, as well as via more commonly used apps, such as FaceTime, WhatsApp and Skype, as long as they are private. This provides flexibility to patients who may not have access to web-based applications traditionally used for telehealth.	DHHS issued release outlining the following provisions for Medicaid: Allows prescribing through telehealth; No copays for prescriptions, office visits, emergency department visits, radiology and lab services; Allow early refills of prescriptions; Extend the amount of time that home health providers have to submit plans of care from within five business days to within 30 business days from the start of services; and more. CMS Approves Maine's Section 1135 Medicaid Waiver Request.
MD	Life & Health Unit of the Maryland Insurance Administration, 410-468-2170	The use of telehealth services is encouraged, as appropriate, by all members to reduce the likelihood of exposure to and transmission of COVID-19.	Medicaid telehealth guidance: Temporarily expand the definition of a telehealth originating site under COMAR 10.09.49.06 to include a participant's home or any other secure location as approved by the participant and the provider for the purpose of delivery of Medicaid-covered services. Services provided through telehealth are subject to the same program restrictions, preauthorizations, limitations and coverage that exist for the service when provided in-person. Audio-only telehealth calls for behavioral health services are now authorized for reimbursement by Medicaid providers or providers in a program of the Behavioral Health Administration.
MA	Gary Anderson, Commissioner of Insurance, gary.d.anderson@state.ma.us, 617-521-7301	In response to the COVID-19 public health crisis, on March 15, 2020, Governor Baker issued an Emergency Order: "Order Expanding Access to Telehealth Services and to Protect Health Care Providers" (Emergency Order). The Emergency Order, https://www.mass.gov/doc/march-15-2020-telehealth-order/download , requires health insurance carriers to permit in-network providers to provide clinically appropriate, medically necessary services via telehealth. The Division of Insurance has issued Bulletin 2020-04, "Emergency Measures to Address and Stop the Spread of COVID-19 (Coronavirus)," https://www.mass.gov/doc/bulletin-2020-04-emergency-measures-to-address-and-stop-the-spread-of-covid-19-coronavirus/download , which provides guidance regarding the Emergency Order, including standards for appropriate telehealth service delivery.	MassHealth issued a bulletin to providers specifying the following for fee-for-service Medicaid: Services may be provided through telehealth, including telephone; Reimbursement will be same as in-person; and more. CMS Approves 1135 Waiver for Massachusetts.
MI		Insurance plans like Blue Cross Blue Shield of Michigan, Blue Care Network of Michigan, Priority Health, Meridian, CVS Health, McLaren, and Health Alliance Plan also announced that they will cover and encourage the use of virtual care and telemedicine, as well as waive cost-sharing for COVID-19 testing.	Governor Gretchen Whitmer announced that her administration will expand access to telemedicine for Michiganders by immediately allowing Medicaid beneficiaries to receive services in their home while the state combats the spread of Novel Coronavirus (COVID-19). Telemedicine Policy Expansion Bulletin for Medicaid: Codes for Behavioral Health and Developmental Disabilities Administration able to provide telephone-only services.
MN		Health carriers should take any necessary steps to expand the availability of telemedicine services for their enrollees, and eliminate any barriers to its use.	Minnesota's 1135 Waiver Approved: Authorizes provision of care in alternative settings; Extends provider enrollment to non-Minnesota providers; Temporarily suspends some prior authorization requirements.
MS	Bob Williams, Director of the Life and Health Division, Bob.Williams.mid.ms.gov, 601-359-9375	Telemedicine limitations have been suspended, including: 1. Limitations on audio-only telephonic consultations. 2. Any requirement on a health insurance or employee benefit plan that limits coverage to the plan's telemedicine network. Telemedicine should be covered to the same extent that services would be covered if they were provided in-person.	CMS has approved an 1135 waiver for Mississippi: Temporarily suspend Medicaid fee-for-service prior authorization requirements. Section 1135(b)(1)(C) allows for a waiver or modification of pre-approval requirements, including prior authorization processes required under the State Plan for particular benefits. Extend pre-existing authorizations for which a beneficiary has previously received prior authorization through the end of the public health emergency. Provision of Services in Alternative Settings, including inpatient residential psychiatric facilities.

MO		Health carriers are reminded to review Section 376.1900 RSMo regarding the delivery of health care services via telehealth. Health carriers are asked to review and ensure their telehealth programs with participating providers are robust and will be able to meet any increased demand. In addition, while section 376.1900.8 allows carriers to restrict coverage for telehealth services to those provided by in-network providers, carriers are strongly encouraged to implement this bulletin along with Bulletin 20-03, in an effort to broaden access to services provided via telehealth. This request applies to all services provided through telehealth, including mental health services and therapies, not just testing or office visits related to COVID-19.	Medicaid Telehealth: Medicaid will waive requirement of pre-existing relationship prior to providing services via telehealth and allow services to be provided to enrollee while at home via telephone.
MT		Each insurance company is taking its own specific steps to expand coverage, and every insurance plan is different. Montanans should follow the guidance of medical professionals and discuss their specific insurance policy with their insurance company regarding coverage for telehealth services.	Telehealth: State enacted private insurance telehealth parity law in 2013. Medicaid also reimburses with few restrictions. Medicaid will reimburse for telemedicine via telephone or live video.
NE		Information by insurance providers about telehealth coverage and services may be viewed at the linked document. Health insurers have responded to COVID-19 by voluntarily expanding coverage beyond what is mandated by the federal government. Insurers' expansion of telehealth coverage encourages people to stay home, stay safe, and stay connected to their health care providers, whenever telehealth is medically appropriate.	Nebraska's Section 1135 Waiver Flexibilities for COVID-19 granted 4/2. Temporarily suspend Medicaid fee-for-service prior authorization requirements. Allow facilities, including NFs, intermediate care facilities for individuals with intellectual and developmental disabilities (ICF/IDDs), <i>psychiatric residential treatment facilities (PRTFs)</i> , and <i>hospital NFs</i> , to be fully reimbursed for services rendered to an unlicensed facility provided that the State makes a reasonable assessment that the facility meets minimum standards, consistent with reasonable expectations in the context of the current public health emergency, to ensure the health, safety and comfort of beneficiaries and staff.
NV		Telehealth: A health insurer shall issue guidance to inform its insureds and network providers about available benefits, options for medical advice and treatment through telehealth, and preventive measures related to COVID-19.	CMS Approves 1135 Waiver for Nevada: Allows for billing in alternative settings for patients in psychiatric residential treatment facilities. Temporarily suspends Medicaid FFS prior authorization. Extends pre-existing authorizations. May enroll providers who are enrolled in another State Medicaid Agency or Medicare.
NH		Can not deny coverage just because service is provided through telemedicine. Telehealth reimbursement typically requires live video and audio, however, during the declared state of emergency period related to COVID-19 in New Hampshire, audio only telehealth is eligible for reimbursement. There are no restrictions on originating sites. Commercial carriers are directed to pay the same rate as if the service was provided face-to-face.	CMS Approves New Hampshire's Section 1135 Medicaid Waiver Request: The approved waiver enables New Hampshire to provide flexibilities in Medicaid provider screening and enrollment, forgo certain pre-admission screening and annual resident review assessments, lift prior authorization requirements, allow for reimbursement facility services in alternative settings, and extend fair hearing and appeals timelines.
NJ		Providers must provide robust availability and treatment through telehealth. Emergency legislation (A 3860) enacted 3/19 specifies the following about telehealth: Practitioner licensed in any state may practice telehealth in NJ, within scope of practice of practitioner's home state. Services must be limited to COVID-19 unless practitioner already has existing relationship with patient.	CMS approved New Jersey's Section 1135 Medicaid waiver request: The approved waiver enables New Jersey to provide flexibilities in Medicaid provider screening and enrollment, forgo certain pre-admission screening and annual resident review assessments, lift prior authorization requirements, allow for reimbursement facility services in alternative settings, and extend fair hearing and appeals timelines.
NM		Encourage network providers to utilize telehealth services to minimize exposure of provider staff and other patients to those who may have the virus.	New Mexico's Medicaid Program is now requiring managed care organizations to reimburse doctors, behavioral health providers and other health care professionals for telephone and video patient visits until the end of the COVID-19 public health emergency, as well as Coordinate with home care providers to ensure coordinated care for those patients requiring telemedicine services.
NY		Insurance Law §§ 3217-h and 4306-g and Public Health Law § 4406-g prohibit issuers from excluding a service that is otherwise covered under a comprehensive health insurance policy or contract because the service is delivered via telehealth.	Providers who submit a Self-Attestation containing all of the elements below will be authorized to deliver services via telemental health for a time-limited period, not to exceed the disaster emergency. Telemental health for Medicaid-reimbursable services is temporarily expanded to include telephonic and video, including technology commonly available on smart phones and other devices.
NC		Insurers are reminded to review provisions in current policies regarding the delivery of health care services via telehealth and ensure their telehealth programs with participating providers are robust and will be able to meet any increased demand.	Updated NC Medicaid Telemedicine and Telepsychiatry Coverage Policy: Reimbursement for telehealth or telepsychiatry services at parity with in-person; Originating and distant site requirements can be anywhere. HOWEVER, must still use video technology. Mental health treatment - FQHCs may use telephone only.

ND	North Dakota Insurance Department, insurance@nd.gov, 701-328-2440	Pursuant to this bulletin and the guidance of CMS, health insurers must relax the guidelines under HIPPA consistent with CMS guidance (i.e. serving patients in good faith through everyday communications technologies to include, but not limited to telephone, FaceTime or Skype). Further, insurance carriers must start or continue to provide covered services via telehealth visits. In addition to traditional telehealth services carriers must expand telehealth under the CMS guidance and now offer coverage for e-visits and virtual check-ins. Insurance carriers shall establish reasonable requirements for the coverage of these virtual check-ins and e-visits. Executive Order 2020-05.1 suspended the "audio-only" provision. No insurance carriers shall impose any specific requirements on the technologies used to deliver telemedicine services (including any limitations on audio-only or live video technologies).	North Dakota's Section 1135 Waiver approved 3/24. Highlights: Temporarily suspend Medicaid fee-for-service prior authorization requirements. Extend pre-existing authorizations for which a beneficiary has previously received prior authorization through the end of the public health emergency; and more.
OH	Meredith Alexander, Assistant Director of Government Affairs - Ohio Department of Insurance, meredith.alexander@insurance.ohio.gov	The Department has issued several bulletins over the last week in order to address the evolving situation regarding COVID-19. You can find the other bulletins we have issued on our website: https://insurance.ohio.gov/wps/portal/gov/odi/about-us/divisions/communications/resources/insurance-relief-for-ohioans . Issuers that provide coverage for services delivered via telemedicine are expected to provide such coverage for COVID-19 testing and treatment. Requests that issuers comply early with telehealth law scheduled to take effect 1/2021 that prohibits denials of a service just because it was delivered through telehealth and requires telehealth to be covered "on the same basis and to the same extent."	In partnership with the Ohio Department of Medicaid, Director Criss announced emergency orders that reduce restrictions on telehealth, ensuring that every Ohioan has access to behavioral health care via telehealth services by landline or cell phone.
OK	Mike Rhoads, Oklahoma Insurance Department, mike.rhoads@oid.ok.gov	Given that COVID-19 is a communicable disease, some insureds may be using telehealth services instead of in-person health care services. Health carriers shall review and ensure their telehealth programs with participating providers are robust and will be able to meet any increased demand. Additionally, health carriers shall waive telehealth copayments for insureds and reimburse the provider for the copayment.	Medicaid announces 3/20 that behavioral health providers may provide telehealth services through the telephone when enrollee does not have typical telehealth technology available.
OR		The state expects health plans of all types to provide increased access to health care services through telehealth delivery platforms and to encourage patients to use telehealth delivery options to limit the amount of in-person health care services they seek. This includes commercial health plans regulated by DCBS and Medicaid health plans regulated by OHA. Telehealth services shall be available for all conditions, not just COVID-19 or suspected COVID-19 cases, as medically and clinically appropriate.	Medicaid Telehealth Guidance: Coverage for physical health telemedicine services include Telehealth (synchronous audio/video visits), Patient to Clinician services (electronic/telephonic) and Clinician to Clinician Consultations (electronic/telephonic).
PA		Given that COVID-19 is a communicable disease, some insureds may prefer to use telehealth services instead of in-person health care services. Health insurers are encouraged to review their respective participating telehealth service provider arrangements, provide coverage of costs related to telehealth services and to be prepared to meet any increased demand for that means of delivery.	CMS Approves 1135 Waiver for Pennsylvania: Temporarily suspends Medicaid FFS prior authorization. May enroll providers who are enrolled in another State Medicaid Agency or Medicare. Allows for billing in alternative settings for patients in psychiatric residential treatment facilities. The Office of Medical Assistance programs issued guidance specifying that managed care organizations must cover through telehealth (including phone only) all of the services, facilities, and provider types covered by the fee-for-service program.
RI		Temporary access to telemedicine triage services at no cost. During this outbreak, you may not have to leave your home for your medically necessary care. Many services that your provider and health plan agree can appropriately be provided by an audio-visual or audio-only means are included as a temporary covered benefit. Not every health care provider is participating in these telemedicine programs. Your health care provider can tell you if they have telemedicine available and how to set up these alternative visits.	CMS Approves Rhode Island's 1135 Waiver Request: Expands provider enrollment to cover non-Rhode Island licensed providers. Lifts some prior authorization requirements.

SC	Raymond Farmer, Director, rfarmer@doi.sc.gov, 803-737-6805	Governor McMaster asked health insurance issuers to expand telehealth access and they are actively responding. Further, the SC Department of Insurance issued a bulletin that informs the industry that we expect them to provide relief for consumers/ claimants in response to COVID-19. Obviously, it takes time to roll out these changes and they are being modified as the situation evolves. We are attempting to keep relevant information specific to each health insurance issuer updated on our website at: www.doi.sc.gov/coronavirus .	CMS has approved 1135 Waiver for South Carolina. Extends pre-existing authorizations for previous prior authorizations from March 1. Suspends Pre-Admission Screening and Annual Resident Review (PASRR) Level I and II for 30 days. After 30 days, new admissions with mental illness should receive a Resident Review as soon as resources become available. Temporarily enroll providers who are enrolled with another State Medicaid Agency or Medicare. Allows for reimbursement of psychiatric residential treatment facilities in alternative settings.
SD		Health carriers are strongly encouraged to take necessary steps to expand the availability of telemedicine services in all areas of care for their insureds by eliminating barriers to its use. Carriers are also encouraged to waive cost sharing (copayment, coinsurance, deductibles) for telehealth services. Executive Order 2020-07: Suspends regulatory provisions that limit or restrict telemedicine. It removes the requirement that face-to-face contact be required for reimbursement for treatment, visits, interviews, and sessions with providers.	Section 1135 Waiver. Highlights include: Provision of Services in Alternative Settings: Allow facilities, including NFs, intermediate care facilities for individuals with intellectual and developmental disabilities (ICF/IDDs), psychiatric residential treatment facilities (PRTFs), and hospital NFs, to be fully reimbursed for services rendered to an unlicensed facility. Suspend Pre-Admission Screening and Annual Resident Review (PASRR) Level I and Level II Assessments for 30 days.
TN		The Department has also requested that health carriers provide timely, accurate information, respond to consumer inquiries quickly, utilize telehealth services where available, and not use preauthorization requirements as a reason for not providing testing and treatment.	The Division of TennCare issued a memo specifying that behavioral health services, generally speaking, will be covered through telehealth, including through phone-only service delivery. CMS has approved a 1135 Waiver for Tennessee. Temporarily enroll providers who are enrolled with another State Medicaid Agency or Medicare. Criminal background and fingerprint checks are waived. Allows psychiatric residential treatment facilities to be fully reimbursed. Suspends Pre-Admission Screening and Annual Resident Review (PASRR) Level I and II for 30 days. New admissions with mental illness should receive a Resident Review as soon as resources become available.
TX	Kenisha Schuster, Assistant Director of Government Relations - Texas Department of Insurance, Kenisha.Schuster@tdi.texas.gov, 512-676-6605	We've posted an FAQ about TDI's emergency rule on telemedicine on the TDI website . Within the page you will see the details on the inclusion of covered mental health services and the inclusion of licensed or certified mental health professionals in the definition of health professionals. The Texas Medical Board also has an FAQ on telemedicine for providers. Telehealth: The Governor granted waivers to allow hospitals to increase the total number of unused beds without having to apply or pay additional fees in addition to directing the Texas Department of Insurance to issue an emergency rule regarding telemedicine care for patients. Doctors will be eligible for payment from insurance plans regulated by TDI for medical visits they conduct over the phone instead of in-person at the same rate they would receive for in-person visits.	CMS has approved an 1135 Waiver. Can temporarily enroll providers who are enrolled with another State Medicaid Agency or Medicare. Suspends Pre-Admission Screening and Annual Resident Review (PASRR) Level I and II assessments for 30 days. After 30 days, new admissions with mental illness or intellectual disability should receive a Resident Review as soon as resources become available. Extends pre-existing prior authorizations.
UT	Health and Life Division, 801-538-3077	Insurers should review their telehealth provider networks to be sure they can meet increased demand as the COVID-19 event continues. Providers do not have to meet security and privacy requirements of HIPAA and HITECH to the extent that it interferes with the ability to offer telehealth. Provider must notify patients if telehealth capabilities in place do not meet HIPAA or HITECH standards and provide patient opportunity to decline telehealth services.	Utah Medicaid has online guidance regarding telehealth that specifies: Any clinically appropriate service that can be "reasonably accommodated" will be covered, statewide. Phone only is allowed. Providers must attempt to use technology that complies with HIPAA, if possible. Reimbursement is the same for in-person.
VT	E. Sebastian Arduengo; Michael Pieciak, Assistant General Counsel, Insurance Commissioner, michael.pieciak@vermont.gov, 802-828-4846	We have reached an agreement with our commercial insurers on mental health parity with respect to telehealth and audio only appointments. All health insurance plans and workers' compensation insurance carriers shall provide coverage for telehealth or audio-only telephone. Payment parity for telehealth and in-person visit. Mental health parity: Health insurance plans may not establish any rate, term, or condition that places a greater burden on an insured for access to treatment for a mental condition delivered remotely through telehealth, audio-only telephone, store-and-forward, and brief telecommunication services than for access to treatment for other health conditions.	Medicaid Payments for Telephonic Services During Emergency Response: Telephone only will be permitted. Telemedicine reimbursed at same amount as in-person (as per Vermont law).

VA		During the COVID-19 emergency, and in the interest of continuity of care, professionals licensed in other states and the District of Columbia are authorized to provide telemedicine services to Virginia residents with whom they have an established practitioner-patient relationship. Establishing a new relationship with a Virginia resident requires a license from the Virginia Board of Medicine. Governor signed Executive Order Number 57 that expands the use of telehealth. It also allows physicians with out-of-state licenses but have Virginia patients to continue to treat their patients via telehealth	CMS has approved an 1135 Waiver for Virginia: FFS prior authorization is waived. Previously approved prior authorizations are extended. MCO beneficiaries may proceed to fair hearing within one day.
WA		Parity for Telemedicine: The Governor's proclamation increases parity between health care providers who deliver in-person and telemedicine care. The measure encourages the use of telemedicine and specifically prohibits insurance carriers from: Reimbursing in-network providers for telemedicine claims for medically necessary covered services at a rate lower than the contracted rate that would be paid if the services had been delivered through traditional (in-person) methods. Denying a telemedicine claim from an in-network provider for a medically necessary covered service due to an existing provider contract term with that provider that denies reimbursement for services provided through telemedicine.	Approved 1135 Medicaid Waiver: Along with several other provisions, the waiver requests flexibility for provision and payment of telehealth services. Apple Health has already opened new billing codes for both telehealth and telephonic services, including for behavioral health services to cover telehealth services in the same manner and at the same rate as in-person care.
WV		The following regularations are to be suspended for the duration of the State of Emergency: Requirement for telemedicine providers to be licensed in West Virginia....provided that such provider possess a license within their own state...requirement that telemedicine be performed by video only.	West Virginia has expanded the use of audio-visual telehealth for non-emergent E&M services to Medicaid members, for mental halth visits in federally qualified health centers and rural health clinics. Medicaid Telehealth: Allowing non-emergent E&M services via telehealth in Medicaid.
WI		Telehealth: Health Plan Issuers are reminded to review provisions in current policies regarding the of the Commissioner of Insurance (OCI) is issuing this Bulletin to assist individuals delivery of health care services via telehealth and ensure their telehealth programs with participating providers are robust and will be able to meet any increased demand.	CMS Approves 1135 Waiver for Wisconsin: Temporarily suspends Medicaid FFS prior authorization. Extends pre-existing authorizations. May enroll providers who are enrolled in another State Medicaid Agency or Medicare. Allows for billing in alternative settings for patients in psychiatric residential treatment facilities.
WY		If you have an <u>existing</u> physician-patient relationship established in a face-to-face encounter in your state, and the patient is not able to travel to your state now due to the Public Health Emergency, you may <u>continue</u> that patient's care via telehealth, including telephone, without a Wyoming physician license. This includes following up on procedures performed in your home state, adjusting medication dosing, prescription refills, ordering diagnostic testing, etc. The telehealth technology must allow you to meet the standard of care at all times.	CMS approved Wyoming's Medicaid Section 1135 Waiver: Temporarily waives some prior authorization requirements. Authorizes care to be provided in alternative settings. Extends enrollment to non-Wyoming providers.