

# ATA's Standardized Telehealth Terminology and Policy Language for States on Coverage and Reimbursement

## INTRODUCTION

The standardized telehealth terminology and policy language on coverage and reimbursement were developed by the American Telemedicine Association (ATA) to serve as a toolkit for state policymakers throughout the country as they grapple with crafting telehealth laws that work in the best interest of their constituents. The suggested terminology and policies are rooted in ATA's vision: we promote a healthcare system where people can access to safe, effective and appropriate care when and where they need it, while enabling clinicians to do more good for more people. States face significant challenges due to rising healthcare costs, an aging population, variation in quality and outcomes, and an inadequate number of clinicians. The ATA advocates using technology to reimagine care and supports policies that allow practitioners to use all available telehealth modalities – whether synchronous or asynchronous (when clinically appropriate)– to ensure all people receive care when and where they need it. The policy options delineated below, if adopted by state legislatures, will expand patient access to healthcare services, improve the quality of care and reduce costs through the use of telehealth.

## DEFINITIONS

"Telehealth" means a mode of delivering healthcare services through the use of telecommunications technologies, including, but not limited to, asynchronous and synchronous technology, and remote patient monitoring technology, delivered by a healthcare practitioner to a patient or to another practitioner at a different physical location than the healthcare practitioner.

## PRIVATE COVERAGE

Health insurers, including, but not limited to, health maintenance organizations, disability insurance programs, workers' compensation programs, and all state employee health plans, shall provide coverage for healthcare services delivered via telehealth to the same extent the services would be covered via an in-person encounter, when clinically appropriate. Coverage for healthcare services provided through telehealth must be determined consistent with coverage for healthcare services provided through in-person consultation.

The requirements shall apply to all insurance policies, contracts, and plans delivered, issued for delivery, reissued, or at any time thereafter when any term of the policy, contract, or plan is changed, or any premium adjustment is made.

A health insurer shall not impose any unique conditions for coverage of healthcare services delivered via telehealth. A health plan shall not impose any originating site restrictions, nor distinguish between patients in rural or urban locations, nor impose any geographic or distance-based restrictions, when

providing coverage for healthcare services delivered via telehealth. A health plan shall not restrict the type of telehealth technology that a healthcare provider may use to deliver services as long as it is HIPAA compliant.

### **PRIVATE REIMBURSEMENT**

For purposes of reimbursement and payment, a health insurer shall compensate the healthcare provider for services delivered via telehealth at a fair payment rate that considers the ongoing investment necessary to ensure that telehealth platforms are continuously maintained, seamlessly updated, and expanded as needed.

#### ***Utilization Review***

Decisions denying coverage of services provided via telehealth shall be subject to utilization review procedures.

### **MEDICAID COVERAGE**

The state's Medicaid plan shall provide coverage for healthcare services delivered via telehealth to the same extent the services would be covered if delivered via an in-person encounter. Coverage for healthcare services provided through telehealth must be determined in a manner consistent with coverage for healthcare services provided through in-person consultation.

The state's Medicaid plan shall not impose any unique conditions for coverage of healthcare services delivered via telehealth and shall not require telehealth practitioners to offer in-person services or maintain an in-state address as a condition of Medicaid provider enrollment. A health plan shall not impose any originating site restrictions, distinguish between patients in rural or urban locations, or impose any geographic or distance-based restrictions when providing coverage for healthcare services delivered via telehealth. In the case that a service covered by the state's Medicaid plan necessitates an existing practitioner-patient relationship, a healthcare practitioner can create a valid practitioner-patient relationship via telehealth without an in-person exam. The State's Medicaid plan shall not restrict the type of telehealth technology that a healthcare provider may use.

### **MEDICAID REIMBURSEMENT**

For purposes of reimbursement and payment, the state's Medicaid plan shall compensate the healthcare provider for services delivered via telehealth at a fair payment rate that reflects the ongoing investment necessary to ensure these telehealth platforms are continuously maintained, seamlessly updated, and services can continue to expand as needed.

*Adopted by the ATA Policy Council: October 2020*

*Please do not hesitate to contact the ATA to let us know how we can be helpful to efforts to advance common sense telehealth policies in the states. If you have any questions or would like to further discuss the telehealth industry's perspective on state legislation, please contact Kyle Zebley, the ATA's Senior Vice President, Public Policy at [kzebley@americantelemed.org](mailto:kzebley@americantelemed.org).*