

Telehealth Research Recap: Medicaid



Adoption of Telehealth

The COVID-19 pandemic catalyzed a rapid and extensive increase in the use of telehealth services. Figure 1 shows telehealth use rates among Medicaid patients during the first part of the COVID-19 public health emergency.¹ While states previously had broad flexibility to pay for Medicaid service delivered via telehealth, state Medicaid programs quickly adapted their coverage and reimbursement policies.^{2,3} These changes included expanding the range of services delivered via telehealth, telehealth modalities, provider type, and originating site.⁴ Many states made some of the Medicaid policies permanent.⁵ This transformation marks a significant shift in Medicaid's approach, positioning telehealth as a fundamental component of health care delivery.⁶

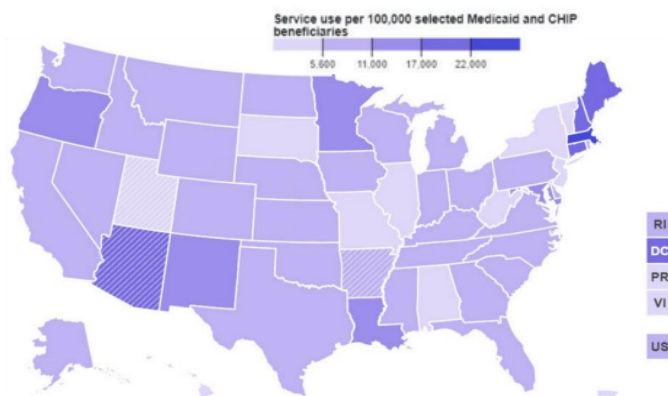


Figure 1. Telehealth Services Use Per 100,000 Medicaid and CHIP Beneficiaries, March 2020-August 2021⁷

Equity and Access Considerations

Medicaid programs need to consider equity as they evaluate telehealth's integration into health care.⁸ Recognizing challenges in access to telehealth services, it is critical to ensure telehealth does not exacerbate disparities, particularly in rural and underserved populations. Eliminating access barriers can help ensure that all patients receive reliable, high-quality care through telehealth.^{9,10} Audio-only services may ease some of the underlying disparities in technology access so that people, including those

with disabilities, can access health care.¹¹ Figure 2 shows the number of Medicaid programs covering various telehealth modalities from 2019 to 2022.¹²

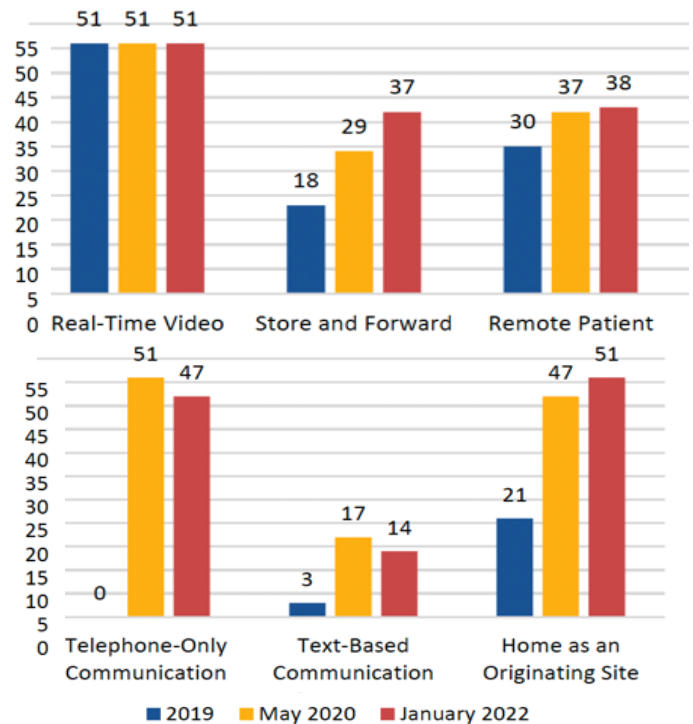


Figure 2. Number of States with Medicaid Coverage for Different Telehealth Modalities, 2019-2022¹³

Medicaid Telehealth Policies and Lessons Learned

State Medicaid programs navigate complex decision-making processes to determine telehealth coverage.¹⁴ The process for making this decision varies across states.¹⁵ Stakeholders provide critical insights into the practical implications of telehealth policies, highlighting issues such as accessibility, effectiveness, utilization, and satisfaction.¹⁶ States emphasize the need for better data collection and analysis to inform data-driven policy decisions.¹⁷ Overall, it remains important to ensure that telehealth improves access to Medicaid services and provides high-quality health care.

Resources

- ¹ Chen, P.G., Heins, S.E., Dellva, S..State Medicaid Telehealth Coverage Policy Decision Since the COVID-19 Public Health Emergency. HHS Publication PR-A2089-1. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. July 2023.
- ² Ibid.
- ³ Chu, R.C., Peters, C., De Lew, N., Sommers, B.D.. State Medicaid Telehealth Policies Before and During the COVID-19 Public Health Emergency (Issue Brief No. HP-2021-17). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. July 2021.
<https://aspe.hhs.gov/sites/default/files/2021-07/medicaid-telehealth-brief.pdf>
- ⁴ Rudich, J, Conmy, A.B., Chu, R.C., Peters, C., De Lew, N., Sommers, B.D. State Medicaid Telehealth Policies Before and During the COVID-19 Public Health Emergency: .2022 Update (Issue Brief No. HP2022-29). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Nov 2022.
- ⁵ Chen, P.G., Heins, S.E., Dellva, S.. State Medicaid Telehealth Coverage Policy Decision Since the COVID-19 Public Health Emergency. HHS Publication PR-A2089-1. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. July 2023.
- ⁶ Chen, P.G., Heins, S.E., Dellva, S..State Medicaid Telehealth Coverage Policy Decision Since the COVID-19 Public Health Emergency. HHS Publication PR-A2089-1. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. July 2023.
- ⁷ Rudich, J, Conmy, A.B., Chu, R.C., Peters, C., De Lew, N., Sommers, B.D. State Medicaid Telehealth Policies Before and During the COVID-19 Public Health Emergency: .2022 Update (Issue Brief No. HP2022-29). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Nov 2022.
- ⁸ Chu RC, Peters C, De Lew N, Sommers BD. State Medicaid Telehealth Policies Before and During the COVID-19 Public Health Emergency (Issue Brief No. HP-2021-17). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. July 2021.
<https://aspe.hhs.gov/sites/default/files/2021-07/medicaid-telehealth-brief.pdf>
- ⁹ Ibid.
- ¹⁰ Karimi, M., Samson, L.W., Couture, S.J., et al. Trends and Disparities in Pandemic Telehealth Use among People with Disabilities. Assistant Secretary for Planning and Evaluation. May 14, 2024 Available at: [telehealth-disability-ib.pdf \(hhs.gov\)](https://www.hhs.gov/telehealth-disability-ib.pdf)
- ¹¹ Karimi, M., Samson, L.W., Couture, S.J., et al. Trends and Disparities in Pandemic Telehealth Use among People with Disabilities. Assistant Secretary for Planning and Evaluation. May 14, 2024 Available at: [telehealth-disability-ib.pdf \(hhs.gov\)](https://www.hhs.gov/telehealth-disability-ib.pdf)
- ¹² Rudich, J, Conmy, A.B., Chu, R.C., Peters, C., De Lew, N., Sommers, B.D. State Medicaid Telehealth Policies Before and During the COVID-19 Public Health Emergency: .2022 Update (Issue Brief No. HP2022-29). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Nov 2022.
- ¹³ Rudich, J, Conmy, A.B., Chu, R.C., Peters, C., De Lew, N., Sommers, B.D. State Medicaid Telehealth Policies Before and During the COVID-19 Public Health Emergency: .2022 Update (Issue Brief No. HP2022-29). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Nov 2022.
- ¹⁴ Chen, P.G., Heins, S.E., Dellva, S.. State Medicaid Telehealth Coverage Policy Decision Since the COVID-19 Public Health Emergency. HHS Publication PR-A2089-1. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. July 2023.
- ¹⁵ Ibid.
- ¹⁶ Ibid.
- ¹⁷ Ibid.