

Telehealth and New Hampshire Medicaid

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New Hampshire's Telehealth Policy History

- State components of telehealth coverage and reimbursement expansions were initiated by Emergency Order #8 made possible by the Executive Order 2020-04, which declared a State of Emergency in New Hampshire.
- That EO was extended 20 times and ran until June 11, 2021.
- New Hampshire enacted HB1623 a year prior, on July 21 2020, which made the majority of Emergency Order #8's telehealth provisions permanent.



HB 1623: NH's Telehealth Statute

Coverage and reimbursement parity required as between in-person services and telehealth services

Coverage for telehealth services to include audio-only appointments as well as other electronic media provided by medical providers for all medically necessary services

Expanded reimbursable telehealth sites of service that include client's home as the originating site and provider's office as the distant site

What Does Parity Mean?

Medicaid and state-regulated health insurance carriers must offer the same type and amount of services via telehealth that they offer in person.

Medicaid and state-regulated health insurance carriers must reimburse for a telehealth service at the same rate that they reimburse for the in-person version of the service.

HB 1623: NH's Telehealth Statute



Enabled all providers to provide telehealth services through telehealth for Medicaid and state-regulated commercial health insurance coverage.



Allowed providers to provide telehealth services without an established face-to-face relationship in certain instances, including providing access to MAT.



Enabled the use of telehealth services to deliver Medicaid reimbursed services to schools.



Established a 14-member commission to study telehealth services.

New Hampshire Medicaid to Schools Statute RSA 167:3-k

II A reimbursable service under this section shall be:

- (a) A covered New Hampshire Medicaid state plan service determined by a Medicaid qualified provider to meet accepted standards of medical practice for the service, or such other necessary health care, diagnostic services, treatment, and other measures described in section 1905(a) of the Social Security Act through the Early and Periodic Screening Diagnosis and Treatment (EPSDT) benefit if medically necessary, meaning that the item or service is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions that endanger life, cause pain, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and no other equally effective course of treatment is available or suitable for the student/individual requesting the medically necessary service;
- (b) Provided to a Medicaid enrolled child after obtaining parental consent;
- (c) Provided by a Medicaid qualified provider; and
- (d) Provided in compliance with applicable state and federal law and rules.
- (e) Include services delivered through telehealth, as defined in RSA 167:4-d.**



Questions?

Thank you!

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