

## REIMBURSEMENT OF TELEHEALTH IN GEORGIA

Amanda Scott and Brandon Williams

### Executive Summary

Autism spectrum disorders, or ASDs, are considered “highly prevalent” with a diagnosis rate of approximately 1 in 68 children nationwide having increased by 30% in the last 2 years (CDC, 2014). In Georgia alone, 1 in 64 children are diagnosed which has resulted in significant strains on the state’s care services and funding (CDC, 2014). Children diagnosed with ASD generally suffer from other comorbidities, associated physical problems, including gastrointestinal symptoms, sleep problems, and epilepsy that can all exacerbate the health costs associated with ASD (Parellada, 2013). Based on the severity of an individual’s condition, as determined by that individual’s disabilities, the likelihood of being diagnosed with a comorbidity, and the time at which therapy is initiated, the care of a child with ASD is complicated, time consuming, and costly. Out of these factors, time is the most critical as early treatment and intervention can “potentially increase [a child’s] language and social skills as well as circumvent the development of aberrant behaviors” (Marcus Autism Center, 2013). Early intervention is ideally implemented by 18-24 months of age. However, resources are currently not available to diagnose and treat all children at such an early age with the average diagnosis age at 5.7 years old (Marcus Autism Center, 2012).

The rapid development of remote, interactive technologies has provided Georgia and the Marcus Autism Center with a new outlet in which to perform time-sensitive health services to individuals with ASD. Literature demonstrates the need and possible impacts of telehealth technologies in the medical arena specifically for the care of chronic health conditions such as ASD. By broadening our approach to include care for chronic disease in general, meaningful statistics regarding the impact of telehealth could be analyzed. Already in use at the Marcus Autism Center, a telehealth platform regularly connects to health centers throughout the state seeking additional consultation to diagnose children with ASD. This service is currently reimbursable by the state’s Medicaid program, however it does not reimburse for in-home telehealth services that would further provide care services and intervention to children with ASD.

In this report, we present and analyze the state Medicaid programs of Kansas, Minnesota, New York, and Washington that reimburse home telehealth services for chronic diseases and compare them to Georgia’s current Medicaid program. Through this analysis we demonstrate the effectiveness of the Kansas Medicaid program and recommend it as the model for Georgia to follow. By implementing a similar reimbursement scheme, Georgia could expand health services to more individuals with ASD by providing an effective home telehealth program capable of delivering quality intervention and care services that can enhance the future quality of life of patients.