

S. 234

FISCAL IMPACT:

Research conducted in coordination with the Vermont Association of Home Health Agencies (VAHHA) estimates the fiscal impact of this bill to be at \$315,000 (\$137,214 state share) based on a \$350 PMPM and utilization of 75¹ individuals per month.

See the table below for the full potential range of utilization and federal/state share breakout:

# of Beneficiaries	Low	Middle	High	
		50		75
PMPM Rate 1	\$350	\$210,000	\$315,000	\$420,000
	Fed*	\$118,524	\$177,786	\$237,048
	State*	\$91,476	\$137,214	\$182,952

*Assumed FMAP: Fed 0.5644 and State 0.4356

Potential for Cost Savings:

A literature review of the potential for cost savings reveals that:

- Most published studies are small.
- Some studies present contradictory findings.
- There is still a need for large, well-controlled studies.
- The preponderance of evidence supports that cost savings may be realized on hospitalizations.
 - While individuals receiving telemonitoring may still be hospitalized as frequently as other home health patients, they will likely be admitted sooner and in better condition than their counterparts without telemonitoring, thereby resulting in reduced length of stay.

Home Health ER and Hospitalization rates:

- Data provided by VAHHA show general hospitalization rates as low as 7% or 8% for patients with Medicare.
- The rate of re-hospitalization for Medicaid patients receiving home health services² is about 13% for ER visits and 9% for inpatient admissions. These rates are already low enough that it is unclear what potential there is for savings.

¹ This number is based on Medicaid and VAHHA data and assumes some utilization expansion based on increased home health capacity.

² SFY 13, within 30 days of receiving home health services



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Agency of Human Services

Sec. 1. 33 V.S.A. § 1901g is added to read:

§ 1901g. MEDICAID COVERAGE FOR HOME TELEMONTORING SERVICES

(a) The Agency of Human Services shall provide Medicaid coverage for home telemonitoring services performed by home health agencies or other qualified providers as defined by the Agency of Human Services for Medicaid beneficiaries who have serious or chronic medical conditions that can result in frequent or recurrent hospitalizations and emergency room admissions. The Agency shall use evidence-based best practices to determine the conditions or risk factors to be covered.”

(b) A home health agency or other qualified providers as defined by the Agency of Human Services shall ensure that clinical information gathered by the home health agency or other qualified providers as defined by the Agency of Human Services while providing home telemonitoring services is shared with the patient’s treating health care professionals. The Agency of Human Services may impose other reasonable requirements on the use of home telemonitoring services.

(c) As used in this section:

(1) “Home health agency” means an entity that has received a certificate of need from the State to provide home health services and is certified to provide services pursuant to 42 U.S.C. § 1395x(o).