



Department of Vermont Health Access
312 Hurricane Lane Suite 201
Williston, VT 05495-2087
www.dvha.vermont.gov

[phone] 802-879-5900
[Fax] 802-879-5651

Agency of Human Services

MEMORANDUM

To: Representative Ann Pugh, Chair, House Committee on Human Services

From: Steven M. Costantino, Commissioner, Department of Vermont Health Access
Aaron French, Deputy Commissioner, Department of Vermont Health Access

Cc: Hal Cohen, Secretary, Agency of Human Services

Date: April 8, 2016

Re: S.243 - Department of Vermont Health Access Response to Committee

During testimony on S.243 from the Department of Vermont Health Access (DVHA) to the House Committee on Human Services on April 8, 2016, additional information was requested on what laws, rules and policy currently exist for Medicaid services for care coordination and telemedicine. Below are relevant statute and policy on these Medicaid covered services.

In addition to the information below, DVHA would appreciate the opportunity to provide additional testimony to the committee on S.243 and potential impacts to Medicaid particularly as it relates to care coordination, telemedicine pilot for buprenorphine, retail pharmacy, and acupuncture pilot for chronic pain.

Care Coordination

Health homes services are a Medicaid State Plan service:

- Available statewide as of April 2014 to all categorically and medically needy eligibility groups
- For Medication Assisted Therapy (MAT) for opioid addiction
- Services include (all 6 always available to all beneficiaries):
 1. Comprehensive care management (initial assessment, plan of care, outreach, linkages to LTSS)
 2. Care coordination (implementing plan of care through linkages, referrals, etc.)
 3. Health promotion
 4. Transitional care from inpatient to other settings
 5. Individual and family support
 6. Referral to community and social support services

Team includes:

- Physician
 - Nurse case coordination
 - Social workers
 - Behavioral health professionals
-

As part of the Blueprint, the Hub and Spoke Initiative creates a framework for integrating treatment services for opioid addiction. This initiative represents AHS and DVHA’s efforts—referred to as the Alliance for Opioid Addiction—to collaborate with community providers to create a coordinated, systemic response to the complex issues of opioid addiction in Vermont. The Hub and Spoke Initiative is focused on beneficiaries receiving Medication-Assisted Treatment (MAT) for opioid addiction. Under the Hub and Spoke Health Home approach, each patient undergoing MAT has an established physician-led medical home, a single MAT prescriber, a pharmacy home, access to existing Community Health Teams (CHTs), and access to Hub or Spoke nurses and clinicians. Providers of opioid addiction treatment will have access to resources and support to effectively care for current patients, as well as to support additional care of new patients. This Health Home initiative now serves 5,238 Medicaid beneficiaries in Hub and Spoke programs combined as of December 31, 2015.

Telemedicine

Medicaid currently reimburses for covered services delivered via telemedicine.

Medicaid does not currently have any pilots or studies for services delivered via telemedicine.

Below is statutory language requiring Medicaid to cover telemedicine in the following two circumstances:

1. Services delivered through telemedicine from one facility to another facility.

Sec. 1. 8 V.S.A. Chapter 107, Subchapter 14. Telemedicine

§ 4100k. COVERAGE FOR TELEMEDICINE SERVICES

(a) All health insurance plans in this state shall provide coverage for telemedicine services delivered to a patient in a health care facility to the same extent that the services would be covered if they were provided through in-person consultation.

(1) “Health insurance plan” means any health insurance policy or health benefit plan offered by a health insurer, as defined in 18 V.S.A. § 9402, as well as Medicaid, the Vermont health access plan, and any other public health care assistance program offered or administered by the state or by any subdivision or instrumentality of the state. The term does not include policies or plans providing coverage for specified disease or other limited benefit coverage.

2. Primary care services delivered through telemedicine outside of health facilities.

33 V.S.A. § 1901i. MEDICAID COVERAGE FOR PRIMARY CARE TELEMEDICINE

(a) Beginning on October 1, 2015, the Department of Vermont Health Access shall provide reimbursement for Medicaid-covered primary care consultations delivered through telemedicine to Medicaid beneficiaries outside a health care facility. The Department shall reimburse health care professionals for telemedicine consultations in the same manner as if the services were provided through in-person consultation. Coverage provided pursuant to this section shall comply with all federal requirements imposed by the Centers for Medicare and Medicaid Services.

(b) Medicaid shall only provide coverage for services delivered through telemedicine outside a health care facility that have been determined by the Department’s Chief Medical Officer to be clinically appropriate. The Department shall not impose limitations on the number of telemedicine consultations a Medicaid beneficiary may receive or on which Medicaid beneficiaries may receive primary care consultations through telemedicine that exceed limitations otherwise placed on in-person Medicaid covered services.

(c) As used in this section:

(1) "Health care facility" shall have the same meaning as in 18 V.S.A. § 9402.

(2) "Health care provider" means a physician licensed pursuant to 26 V.S.A. chapter 23 or 33, a naturopathic physician licensed pursuant to 26 V.S.A. chapter 81, an advanced practice registered nurse licensed pursuant to 26 V.S.A. chapter 28, subchapter 3, or a physician assistant licensed pursuant to 26 V.S.A. chapter 31.

(3) "Telemedicine" means the delivery of health care services such as diagnosis, consultation, or treatment through the use of live interactive audio and video over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191. Telemedicine does not include the use of audio-only telephone, e-mail, or facsimile.

Per the above statutory language, Medicaid covers primary care services delivered through telemedicine outside of health care facilities, as well as all Medicaid covered services clinically appropriate for the delivery of telemedicine facility to facility.

Medicaid defines telemedicine as the practice of health care delivery by a provider who is located at a site other than the site where the patient is located for the purposes of evaluation, diagnosis, consultation, or treatment that requires the use of advanced telecommunications technology by permitting two-way, real-time interactive communications between the patient at the originating site and the physician or practitioner at the distant site. Telephone conversations, chart reviews, electronic mail messages, and facsimile transmissions are not considered telemedicine.

Under Medicaid, the distant site provider uses telemedicine to provide a service to the patient at the originating site. Medicaid providers are reimbursed at the same rate whether the service is provided in person or through the use of telemedicine, and are not reimbursed for telemedicine as a distinct service. In telemedicine is provided from facility to facility, patient sites are reimbursed a facility fee.

