

S.50 - An act relating to insurance coverage for telemedicine services delivered in or outside a health care facility

**Department of Vermont Health Access
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Current Policy & Coverage

- **2012:** Medicaid covers telemedicine when a provider is in a health care facility and a patient is in a separate facility (Act 107).
 - Allowable for all Medicaid covered services.
 - Coverage and limitations of services are the same as if provided at an in-person visit.
 - Payment for services provided by telemedicine are the same as in-person.
 - Patient sites are reimbursed a facility fee (“room rent” for the visit).
 - Provider must comply with HIPAA standards.
- **2015:** Medicaid covers primary care consultations when a patient is outside a facility (Act 54).
 - Payment for services the same as if provided in-person.
- **2016:** Over 2,000 paid claims for services provided by telemedicine.
 - This represents an increase from previous years (Paid claims SFY15: 1,962; SFY14: 1,765)
 - Evaluation & Management from FQHC are majority of services billed under telemedicine. 2

S.50 – Departmental Impacts

- S.50 would expand eligible providers who can deliver telemedicine services to a patient outside a facility. Providers added include:
 - Psychologist
 - Social worker
 - Licensed alcohol and drug counselor
 - Clinical mental health counselor
 - Marriage and family therapist
 - Psychoanalyst
 - Physical therapist
 - Occupational therapist
 - Speech-language pathologist
 - Dietician
- Implementation considerations for DVHA include:
 - Determining clinically appropriate services for telemedicine outside a facility
 - Establishing performance and quality measures
 - Instituting evaluation & monitoring and program integrity activities
 - Defining billing requirements and making necessary changes to the Medicaid Management Information System (claims processing)
 - Promulgating administrative rule on telemedicine services and reimbursement
- With new means to access care, there is likely to be increased service utilization and Medicaid expenditures.
 - Possible cost avoidance if fewer emergency department or urgent care visits and less use of transportation.