

**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.
  - Services delivered must be determined by DVHA Chief Medical Officer to be clinically appropriate.
- **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.

# 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
- Implementation considerations for DVHA include:
  - Determining clinically appropriate services for telemedicine outside a facility
  - Establishing performance and quality measures
  - Instituting 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 see fewer emergency department or urgent care visits and less use of transportation.