

Vermont Medicaid: Telehealth (Store and Forward) Expansion & Telephonic Coverage

Written Testimony Materials, Joint Hearing of the House Committee on Health Care and the Senate Committee on Health and Welfare – Dr. Nissa James (PhD) & Dr. Scott Strenio (MD)

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Telehealth, Telemedicine, & Store and Forward: Reviewing Definitions

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For the purposes of Vermont Medicaid, **telehealth** refers to methods for health care service delivery using telecommunications technologies. Telehealth includes:

- Telemedicine (**2-way, real-time, audio and video/visual interactive communication** through a secure connection that complies with HIPAA);
- Store and forward (the asynchronous transfer of medical information from a provider at one site to a provider at a distant site* through a secure connection that complies with HIPAA);
- Telemonitoring (the remote monitoring of a member's health-related data, i.e. by a home health agency).

*Please see next slide for explanation regarding the highlighted text.

<https://humanservices.vermont.gov/sites/ahsnew/files/documents/MedicaidPolicy/3.101-telehealth-rule-adopted-rule.pdf>

& <https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html>

H.723 & H.742 (Act 91) of 2020: Impact for Vermont Medicaid

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For the purposes of Vermont Medicaid, the adopted health care administrative rule defines Store and Forward as the asynchronous transfer of medical information from a provider at one site to a provider at a distant site through a secure connection that complies with HIPAA. Pursuant to H.723/H.742, the legislation requires the Department of Vermont Health Access to:

- 1). Expand coverage for Store and Forward to include the asynchronous transfer of medical information from a patient to a provider;
- 2). Expand the provider to provider Store and Forward coverage broadly, beyond the previous permissive statutory language for teleophthalmology and teledermatology.

Effective date per Act 91 (2020): January 1, 2021.

<https://humanservices.vermont.gov/sites/ahsnew/files/documents/MedicaidPolicy/3.101-telehealth-rule-adopted-rule.pdf>,
<https://legislature.vermont.gov/Documents/2020/Docs/ACTS/ACT091/ACT091%20As%20Enacted.pdf>, &
<https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html>

Expansion of Store and Forward Coverage by January 1, 2021: Actions Completed & Planned

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Vermont Medicaid has:

- 1). Expanded coverage for Store and Forward to include the asynchronous transfer of medical information from a patient to a provider effective for date of service on/after March 13, 2020 through coverage/reimbursement for remote evaluation of recorded video/images submitted by a patient to a provider, including interpretation and follow-up with the patient (i.e. HCPCS G2010);
- 2). Exploring expansion of the provider to provider Store and Forward coverage broadly, beyond the previous permissive statutory language for teleophthalmology and teledermatology, to incorporate lessons learned from implementation of coverage & reimbursement parity for telemedicine where adoption did not translate into sufficient utilization until the public health emergency occurred.

<https://humanservices.vermont.gov/sites/ahsnew/files/documents/MedicaidPolicy/3.101-telehealth-rule-adopted-rule.pdf>,
<https://legislature.vermont.gov/Documents/2020/Docs/ACTS/ACT091/ACT091%20As%20Enacted.pdf>, &
<https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html>

Expansion of Store and Forward Coverage by January 1, 2021: Actions Planned

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For provider to provider Store and Forward expansion, Vermont Medicaid is exploring the best method for implementation that supports improving access to care. Ideally, this expansion would:

- 1). Improve access to specialty care - for Medicaid members but also for Medicaid-participating primary care providers so that, when appropriate, more treatment can be provided within the primary care setting and primary care providers receive timely responses for treatment recommendations (within 48 hours);
- 2). Reduce unnecessary travel, lost work time, duplicative tests/procedures for Medicaid members but also allow support, education, and mentoring for primary care providers from consultative specialists;
- 3). Produce improvements in health outcomes, quality of care, and communication/collaboration.

<https://humanservices.vermont.gov/sites/ahsnew/files/documents/MedicaidPolicy/3.101-telehealth-rule-adopted-rule.pdf>,
<https://legislature.vermont.gov/Documents/2020/Docs/ACTS/ACT091/ACT091%20As%20Enacted.pdf>, &
<https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html>

Expansion of Store and Forward Coverage by January 1, 2021: Actions Planned

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For provider to provider Store and Forward expansion, Vermont Medicaid is in the process of:

- 1). Engaging with the Clinical Utilization Review Board (33 V.S.A. § 2031) for recommendations regarding coverage based on emerging technologies/relevant evidence-based clinical practice guidelines to inform approach given the Board is comprised of members with diverse medical experience (May 2020);
- 2). Engaging with the Medicaid and Exchange Advisory Committee (33 V.S.A. § 402) – state and federal requirements for advising on policy development and program administration (June 2020).

Recommendations will guide evaluation of options (value-based payment model / fee-for-service / combination), coordination with the Vermont Medicaid Next Generation program, and revision of the current adopted health care administrative rule on telehealth as the Department works towards the effective date per Act 91 (2020): January 1, 2021.

<https://legislature.vermont.gov/Documents/2020/Docs/ACTS/ACT091/ACT091%20As%20Enacted.pdf>,
<https://legislature.vermont.gov/statutes/section/33/004/00402> &
<https://legislature.vermont.gov/statutes/section/33/019/02031>

Response to Draft 1.1, Section 2: Coverage for Health Care Services Delivered by Telephone; Working Group

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- Vermont Medicaid models its adopted rules after federal regulations and guidance (e.g., the adopted health care administrative rule on telehealth);
- During the Public Health Emergency, CMS released updated guidance on April 30, 2020, that allows **certain counseling and education services, in addition to the telephone evaluation and management services**, to be furnished by audio-only equipment, effective through the end of the Emergency.
- The list of designated codes may be found in the Excel spreadsheet located at the following link, under the column, “Can Audio-only Interaction Meet the Requirements?”:

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

<https://humanservices.vermont.gov/sites/ahsnew/files/documents/MedicaidPolicy/3.101-telehealth-rule-adopted-rule.pdf> & <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>

Response to Draft 1.1, Section 2: Coverage for Health Care Services Delivered by Telephone; Working Group

Considerations for the Working Group:

- Recommendations applicable to Vermont Medicaid should include relevant federal regulations and guidance, including services that are clinically appropriate for delivery by audio-only & appropriate reimbursement for that delivery method;
- Consumer choice in health care service delivery method & state statute requirements for informed consent, incorporating lessons learned from substantial telemedicine utilization during the public health emergency, areas for improvement, and applicability to telephonic health care service delivery.

<https://humanservices.vermont.gov/sites/ahsnew/files/documents/MedicaidPolicy/3.101-telehealth-rule-adopted-rule.pdf> & <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf> & <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

Protecting Health and Well-being during an Emergency Response to COVID-19

DVHA's mission is to improve the health and well-being of Vermonters by providing access to quality health care cost effectively.

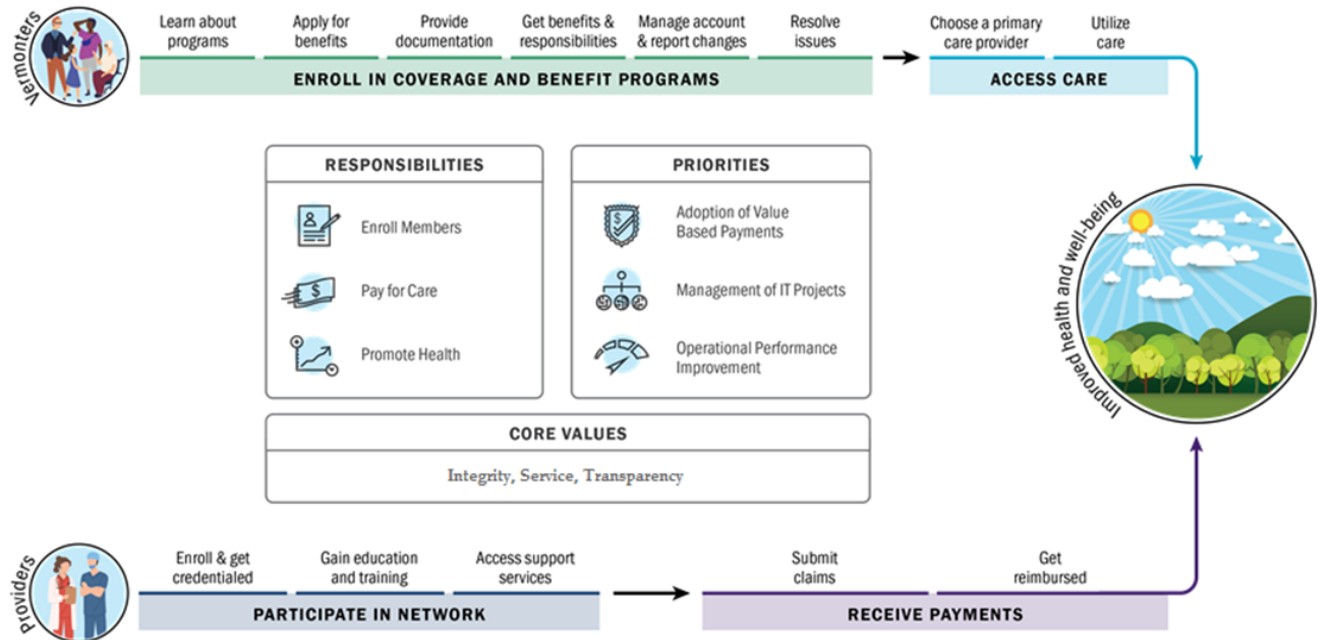
Summary of Temporary Coverage & Reimbursement Parity for Certain Services Delivered by Audio-only during the Emergency:

- Vermont Medicaid providers are encouraged to continue to use telemedicine to care for their Medicaid members during the Emergency when possible;
- As telemedicine (2-way, real-time, audio and video/visual) may not be possible for Medicaid providers to reach all their Medicaid members requiring care during this Emergency, Vermont Medicaid will be temporarily providing coverage & reimbursement parity for specific services that are medically necessary and clinically appropriate for delivery by communications technology, including telephone, from a date of service of 3/13/2020.

<https://dvha.vermont.gov/news/state-emergency-declared-community-mitigation-strategies-response-covid-19>

<https://dvha.vermont.gov/covid-19>

<https://humanservices.vermont.gov/sites/ahsnew/files/documents/MedicaidPolicy/3.101-telehealth-rule-adopted-rule.pdf>



Preliminary Data for Telemedicine, Telephonic, and Brief Virtual Communication Services

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	Telemedicine ¹	Telephone ²	Brief Virtual ³
March of 2020*	15,324	3,795	261
April of 2020*	28,404	9,764	480

By contrast, from January 2019 to February 2020, the highest total number of telemedicine services per month was 1,636 (January of 2020).

*Based on claims submitted for dates of service in March or April of 2020; as more claims are submitted, it is anticipated that the service counts will increase.

¹ Two-way, real-time, audio and video (visual) interactive communication.

² Audio-only; temporary coverage and reimbursement parity for medically necessary and clinically appropriate specific services furnished by telephone effective for dates of service on/after March 13, 2020.

³ Brief virtual communication services, commonly referred to as the 'triage codes,' include G0071, G2012 ('virtual check-in'), & G2010 (i.e., patient to provider store and forward).

<https://dvha.vermont.gov/covid-19>