

Vermont Medicaid: Telehealth & Telemedicine

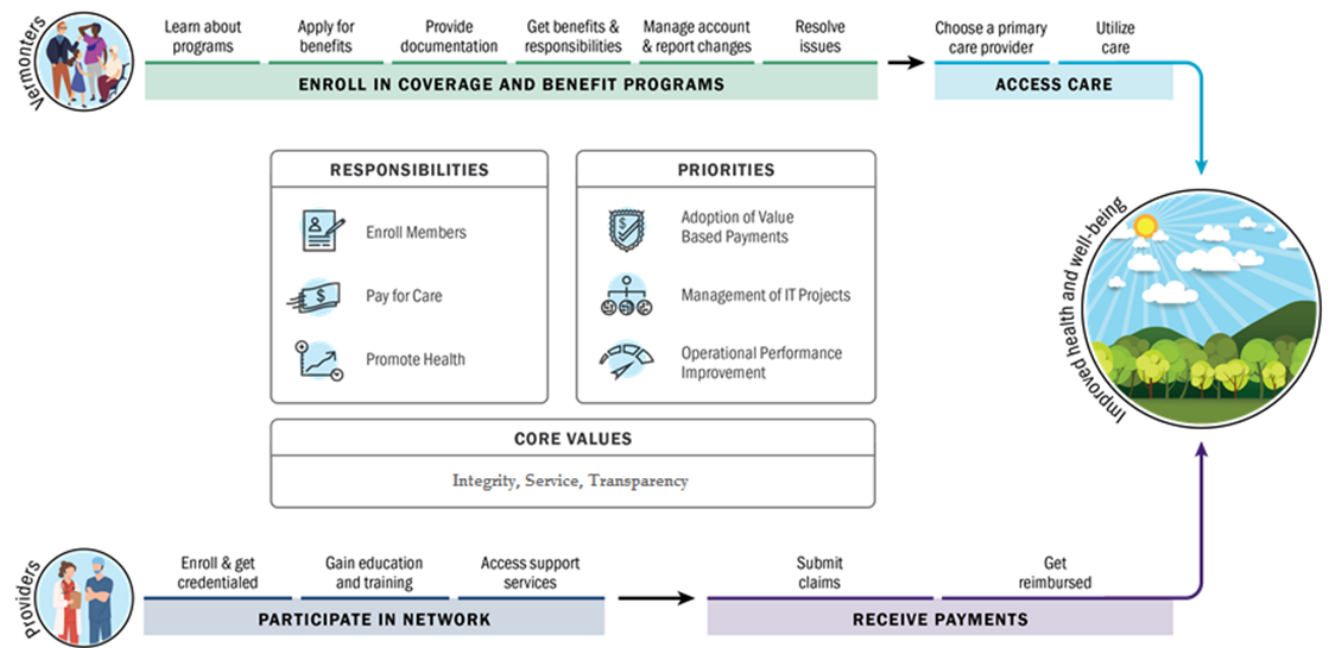
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Improving Health and Well-being

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



Telehealth & Telemedicine

For the purposes of Medicaid:

- **Telehealth:** Refers to methods for health care service delivery using telecommunications technologies.
 - Telehealth includes telemedicine, store and forward, and telemonitoring.
- **Telemedicine:** Refers to health care delivery by a provider who is located at a distant site from the Medicaid member at the originating site for the purposes of evaluation, diagnosis, consultation, or treatment using 2-way, real time, interactive communication.
 - Seeks to improve a patient's health by connecting the patient with a provider at a distant site;
 - Includes audio and video interactive communication through a secure connection that complies with HIPAA;
 - States can choose to cover.

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

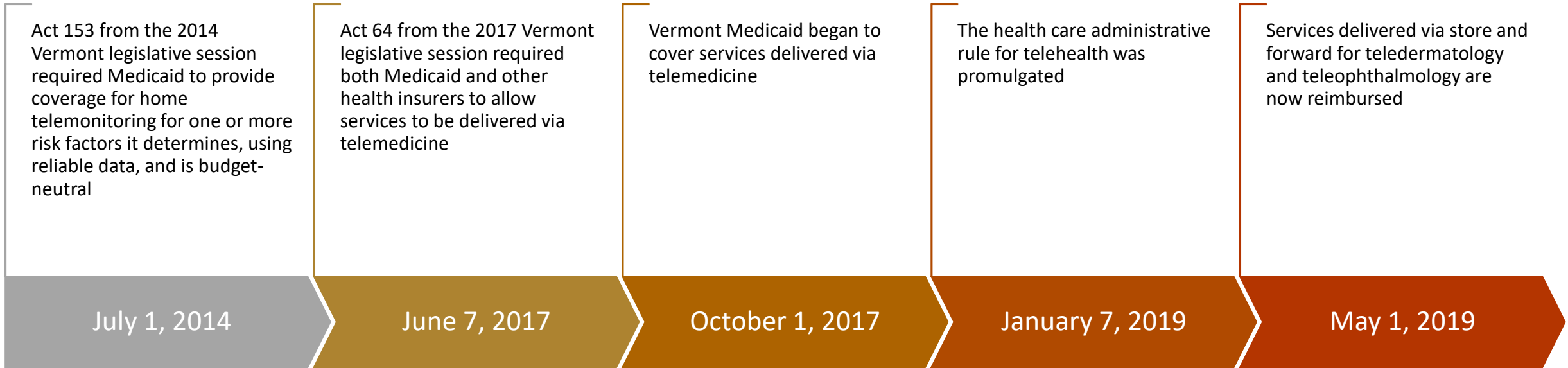
<https://humanservices.vermont.gov/sites/ahsnew/files/documents/MedicaidPolicy/3.101-telehealth-rule-adopted-rule.pdf>

Store and Forward & Telemonitoring

For the purposes of Vermont Medicaid:

- **Store and Forward:** Refers to the transfer of medical information from provider at one site to a provider at a distant site through a secure connection that complies with HIPAA.
 - For example, the use of a camera, or similar device, that records (stores) an image or other data that is then sent (forwarded) through telecommunication to another site for consultation. Asynchronous applications are not considered telemedicine.
- **Telemonitoring:** Refers to the remote monitoring of a member's health-related data, i.e. by a home health agency, that is completed outside of a conventional clinical setting and in conjunction with the physician's plan of care.

Vermont Medicaid: Telehealth Timeline



For the purposes of Vermont Medicaid, high-level requirements:

- **Coverage Requirements:** Medically necessary and clinically appropriate; providers must work within the scope of their practice and be enrolled with Vermont Medicaid.
- **Provider Requirements:** Meet or exceed federal and state legal requirements of medical and health information privacy (including compliance with HIPAA), provide for informed consent (including detailing the types of services permitted, whether the condition being diagnosed/treated is appropriate through telehealth, security, etc.), establishment of provider-patient relationship, maintenance of medical records, etc.