

Summary of Vermont Telehealth Reimbursement Policy – December, 2020

Vermont Telehealth Policy – Permanent:

- Parity payment for telemedicine that replaces office visit. This is audio-visual only
- All “clinically appropriate” services covered, including medical, mental, and oral health. Clinician determines if it is clinically appropriate.
- No limits on locations (e.g. home is allowed as an access point) or provider types.
- Store & Forward allowed for all professions, with a goal to expand eConsults in the future.
- Very limited Remote Patient Monitoring.
- Medicaid has reimbursed for 99441-99443 (telephone codes) at a low rate, Commercial payers and Medicare have not.

Added on a Temporary Basis:

- Audio-only telemedicine at parity payment.
- Brief telecommunications codes (G2010, G2012) – allow for “triage” calls, brief assessments.
- VT kept cost sharing in place. Other states, including New York, did not.
- Waiver on patient informed consent to telehealth services, best practice continued to be consent when practical. Continued to require consent for billing.
- Waiver on HIPAA-compliant platforms, note this is a legal agreement with the platform vendor, it doesn’t mean providers ignore patient privacy.

Legislature directed the Dept of Financial Regulation to convene payers, providers, patient advocates to look at what permanent expansion might happen for audio-only reimbursement.

Note on Telehealth Deployment:

- Extremely limited pre-COVID, concentrated in the hospital system.
- 25% of VT addresses lack broadband. When broadband is available adoption rates are comparatively low. Cell coverage has historically been very low, recently improved.
- Vermont had the fastest telehealth adoption in the country when COVID hit – driven in part by strict lock downs turned on quickly.
- Because of how coding worked, audio-only utilization data is difficult to get statewide.

Summary of Working Group Recommendations:

Published December 1, 2020. Full text at [legislature.Vermont.gov/reports-and-research](https://legislature.vermont.gov/reports-and-research)

The full report includes expert testimony, participant comments, and a report from the Vermont Program for Quality in Health Care on clinical evidence around audio-based services.

Recommendation #1: Address the Digital Health Divide – including gaps in broadband, technology to access broadband, and digital literacy.

Recommendation #2: Continue Coverage of Audio-Only Services – this recommendation would change Vermont’s definition of telemedicine to no longer require video.

Recommendation #3: Require Patient Informed Consent for Audio-Only Services - this is an expansion of current statute.

Recommendation #4: Apply the Same Standard of Appropriate Practice Across All Treatment Modalities – reaffirms that this has been an underlying premise of telemedicine.

Recommendation #5: Require Provider Training as Appropriate – this recommendation recognizes that a lot of work is happening in the training space and does not recommend a VT-specific training program if others are available.

Recommendation #6: Standardize Definitions – telemedicine visits replace an office visit equivalently, telehealth includes a broader range of virtual tools (eConsults, Remote Patient Monitoring, mHealth) that aren’t analogous to office visits.

Recommendation #7: Utilize Value-Based Reimbursement – includes fee for service maintained for no less than 2 years and sets a deadline of Jan 1, 2024 for a value-based system as part of VT’s ongoing health reform efforts. This allows time to develop the value-based option and to bridge from pandemic response.