
Telehealth

3.101 Telehealth

3.101.1 Definitions

For the purposes of this rule, the term:

- (a) **“Telehealth”** means methods for health care service delivery using telecommunications technologies. Telehealth includes telemedicine, store and forward, audio-only, and remote patient monitoring~~telemonitoring~~.
- (b) **“Telemedicine”** means health care delivery by a provider who is located at a distant site to a beneficiary at an originating site for purposes of evaluation, diagnosis, consultation, or treatment, using telecommunications technology via two-way, real-time, audio and video interactive communication, through a secure connection that complies with HIPAA.
- (c) **“Store and forward”** means an asynchronous transmission of a beneficiary’s medical information from a health care professional or a patient-beneficiary to a provider at a distant site, through a secure connection that complies with HIPAA, without the beneficiary present in real time.
- (d) **“~~Telemonitoring~~Remote Patient Monitoring”** means a health service that enables remote monitoring of a beneficiary’s physiological health-related data by a home health agency done outside of a conventional clinical setting and in conjunction with a plan of care ordered by a physician, nurse practitioner, clinical nurse specialist, or physician assistant. ~~’s plan of care.~~
- (e) **“Originating site”** means the site where the beneficiary is located, whether or not accompanied by a health care provider, when telemedicine or audio-only services are provided. The originating site may include the beneficiary’s home or another nonmedical setting (e.g., school, workplace), a health care provider’s office, a facility, or a hospital.
- (f) **“Distant site”** means the site where the provider is located, and the beneficiary is not located, when telemedicine audio-only, or store and forward services are provided.
- (g) **“Clinically appropriate”** means clinically accepted standards of medical practice and delivery methods that are considered effective in providing health care services to patients, including for purposes of evaluation, diagnosis, consultation, or treatment.
- ~~(g)~~(h) **“Audio-Only”** means real-time health care delivery by a provider who is located at a distant site to a beneficiary at an originating site for purposes of evaluation, diagnosis, consultation, or treatment, using audio-only telecommunications technology.

3.101.2 Covered Services

(a) Telemedicine:

(1) To be covered, services shall be:

- (A) Clinically appropriate for delivery through telemedicine, and
- (B) Medically necessary.

(2) Services delivered shall:

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- (A) Include any service that a provider would typically provide to a beneficiary in a face-to-face setting, and
 - (B) Adhere to the same program restrictions, limitations, and coverage that exist for the service when not provided through telemedicine.
- ~~Be reimbursed at the same rate as the service being provided in a face-to-face setting.~~

(b) Store and Forward

- (1) To be covered, services shall
- be
- :

- (A) Clinically appropriate for delivery through store and forward, and
- (B) ~~Be m~~Medically necessary, and
~~— Only be allowed for teledermatology and teleophthalmology.~~

(c) ~~Telemonitoring~~ Remote Patient Monitoring

- (1) To be covered, services shall
- be
- :

- (A) ~~C~~Be clinically appropriate for delivery through remote patient monitoring ~~telemonitoring~~,
- (B) ~~M~~Be medically necessary, and
- (C) ~~L~~Be limited to a Congestive Heart Failure, Hypertension, or Diabetes diagnosis.

(d) Audio-Only

- (1)
- To be covered, services shall be:

- (A) Clinically appropriate for delivery through audio-only, and
- (B) Medically necessary.

3.101.3 Qualified Providers

Telehealth services must be provided by a provider who is working within the scope of his or her practice and enrolled in Vermont Medicaid.

3.101.4 Beneficiary Eligibility

For remote patient monitoring ~~telemonitoring~~ services, beneficiaries shall:

- (a) Have Medicaid as their primary insurance or Medicaid and dually enrolled in Medicare with a non-homebound status,
- (b) Have a Congestive Heart Failure, Hypertension, or Diabetes diagnosis,
- (c) Be clinically eligible for home health services, and
- (d) Have a physician's plan of care with an order for remote patient monitoring ~~home telemonitoring~~ services.

3.101.5 Conditions for Coverage

- (a) Qualified telemedicine
- ~~and~~
- , store and forward,
- and audio-only
- providers shall:

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- (1) Meet or exceed applicable federal and state legal requirements of medical and health information privacy, including compliance with HIPAA.
 - (2) Provide appropriate informed consent, in a language that the beneficiary understands, consistent with 18 V.S.A. § 9361(c)(1) and 18 V.S.A. § 9362 to include:
 - (A) Identifying the beneficiary, the provider, and the provider's credentials,
 - (B) The types of services permitted using ~~telemedicine-telehealth~~ technologies,
 - (C) A statement that the provider determines whether the conditions being diagnosed and/or treated are appropriate for a ~~telemedicine-telehealth~~ encounter,
 - (D) Details on security measures taken with the use of ~~telemedicine-telehealth~~ technologies,
 - (E) Disclosure to the beneficiary that information may be lost due to technical failures,
 - (F) A statement that the provider will follow all applicable federal and state legal requirements of medical and health information privacy, and
 - (G) Circumstances under which consent is not required.
 - (3) Take appropriate steps to establish the provider-patient relationship and conduct all appropriate evaluations and history of the beneficiary consistent with traditional standards of care.
 - (4) Maintain medical records for all beneficiaries receiving health care services through ~~telehealthmedicine~~ that are consistent with established laws and regulations governing patient health care records.
 - (5) Establish an emergency protocol when care indicates that acute or emergency treatment is necessary for the safety of the beneficiary.
 - (6) Address needs for continuity of care for beneficiaries (e.g., informing beneficiary or designee how to contact provider or designee and/or providing beneficiary or identified providers timely access to medical records).
 - (7) If prescriptions are contemplated, follow traditional standards of care to ensure beneficiary safety in the absence of a traditional physical examination.
- (b) Qualified ~~telemonitoring-remote patient monitoring~~ providers shall:
- (1) Use the following licensed health care professionals to review data:
 - (A) Registered nurse (RN)
 - (B) Nurse Practitioner (NP)
 - (C) Clinical nurse specialist (CNS)
 - (D) Licensed practical nurse (LPN) under the supervision of a RN or physician assistant (PA), and
 - (2) Follow data parameters established by a ~~licensed physician's~~ plan of care, and
 - (3) Meet or exceed applicable federal and state legal requirements of medical and health information privacy, including compliance with HIPAA.

3.101.6 Prior Authorization and Documentation Requirements

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Services provided through telehealth are subject to the same prior authorization requirements that exist for the service when not provided through telehealth.

3.101.7 Non-Covered Services

- (a) Services and procedures that are not covered in a face-to-face setting under Vermont Medicaid are not covered under telemedicine or audio-only.
- (b) Services delivered via ~~audio-only telephone~~, facsimile, text communication, or electronic mail messages are not considered ~~telemedicine-telehealth~~ and are not covered.