

STATE OF VERMONT
AGENCY OF HUMAN SERVICES
Department of Vermont Health Access (DVHA)

AHS Bulletin No: 14-05P

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FROM: Mark Larson, Commissioner
Department of Vermont Health Access

DATE: 10/8/14



SUBJECT: Medicaid Covered Services - 7702 Telemonitoring

CHANGES ADOPTED EFFECTIVE: 10/29/14

TYPE OF RULE CHANGE

Adopted Rule Changes

Final Proposed Rule Change

Proposed Rule Change

RULE REFERENCE(S): 7702

This proposed rule is being implemented as directed by Act 153 of the 2013 -2014 Legislative Session, An Act Relating to Medicaid Coverage for Home Telemonitoring Services.

Sec. 1. 33 V.S.A. § 1901g is added to read:

§ 1901g. MEDICAID COVERAGE FOR HOME TELEMONITORING SERVICES

(a) The Agency of Human Services shall provide Medicaid coverage for home telemonitoring services performed by home health agencies or other qualified providers as defined by the Agency of Human Services for Medicaid beneficiaries who have serious or chronic medical conditions that can result in frequent or recurrent hospitalizations and emergency room admissions. Beginning on July 1, 2014, the Agency shall provide coverage for home telemonitoring for one or more conditions or risk factors for which it determines, using reliable data, that home telemonitoring services are appropriate and that coverage will be budget-neutral. The Agency may expand coverage to include additional conditions or risk factors identified using evidence-based best practices if the expanded coverage will remain budget-neutral or as funds become available.

Sec. 2. GRANT FUNDING

The Department of Vermont Health Access and home health agencies shall seek to maximize opportunities for grant funding to offset start-up, equipment, technology, maintenance, and other costs related to home telemonitoring in order to minimize the expense to the Medicaid program.

Sec. 3. EFFECTIVE DATE

This act shall take effect on July 1, 2014.

Specific Changes to Rule Sections

Section	Description of Change
7702	<p>New rule added to DVHA Medicaid coverage rules. Rule reads:</p> <p>7702 <u>Telemonitoring</u> (10/29/2014, 14-05P)</p> <p>Home telemonitoring is a health service that requires scheduled remote monitoring of data related to an individual’s health, and transmission of the data from the individual’s home to a licensed home health agency. Scheduled periodic reporting of the individual’s data to the licensed physician is required, even when there have been no readings outside the parameters established in the physician’s orders. Telemonitoring providers must be available 24 hours per day, 7 days a week.</p> <p>7702.1 <u>Eligibility and Conditions for Coverage</u> (10/29/2014, 14-05P)</p> <p>Home telemonitoring services will be a benefit for individuals with primary Vermont Medicaid or non-homebound individuals with dual Medicare and Medicaid who are served by Vermont Home Health Agencies in accordance with clinical coverage guidelines, as updated annually and described in the Provider Manual.</p> <p>7702.2 <u>Qualified Providers</u> (10/29/2014, 14-05P)</p> <p>Qualified providers are home health agencies enrolled with Vermont Medicaid.</p> <p>Qualified providers must follow data parameters established by a licensed physician’s plan of care.</p> <p>Qualified providers must use the following licensed health care professionals to review data: registered nurse (RN), nurse practitioner (NP), clinical nurse specialist (CNS), licensed practical nurse (LPN) under the supervision of a RN, or physician assistant (PA). In the event of a measurement outside of the established individual’s parameters, the provider shall use the health care professionals noted above to be responsible for reporting the data to a physician.</p> <p>The data transmission must comply with standards set by the Health Insurance Portability and Accountability Act (HIPAA).</p> <p>7702.3 <u>Reimbursement</u> (10/29/2014, 14-05P)</p> <p>Reimbursement for telemonitoring services is described in the Provider Manual and updated annually.</p>

A public hearing was held on Friday, September 5, 2014 from 12:00 PM to 2:00 PM in the Agency of Human Services (AHS) Training Room, 208 Hurricane Lane, Suite 103, Williston, Vermont. No oral comments were received during the public hearing.

Written comments were allowed through 4:30 pm on Friday, September 12, 2014. The DVHA received written comments from the Visiting Nurses Association and the Bi-State Primary Care Association. Their comments are summarized below along with responses from the DVHA.

Comment from the Visiting Nurses Association (VNA): The VNA suggested the following addition to rule: “Home telemonitoring services will be a benefit for individuals, served by Designated Vermont Home Health Agencies, who have primary Vermont Medicaid or individuals dually eligible for Medicare and Medicaid who are not eligible for Medicare payment of their home care services. Telemonitoring would be provided in accordance with clinical coverage guidelines, as updated annually and described in the Provider Manual.”

Response: At this time the DVHA is unable to adopt the addition to rule requested by the VNA due to operational and system constraints. The DVHA will continue to meet with the VNA to discuss the eligibility criteria for telemonitoring services.

Comment from the Bi-State Primary Care Association: “We note a discrepancy between the authorizing legislation and the proposed rule around the definition of qualified providers. The law consistently refers to home health agencies or other qualified providers, and the proposed rule narrows qualified providers to just home health agencies... Considering that the term “other qualified providers” was specifically added in three provisions of the bill during floor debate, it seems inconsistent with legislative intent to exclude “other qualified providers” from the regulation; the exclusion negates the effect of the Senate amendment... Bi-State urges DVHA to include other qualified providers in its rule on reimbursement for telemonitoring services.”

Response: The DVHA read the statute as allowing the Agency of Human Services (AHS) the authority to determine and select qualified providers. Act 153 Section 1 amends 33 V.S.A. §1901g to state (underline added for emphasis): “The Agency of Human Services shall provide Medicaid coverage for home telemonitoring services performed by home health agencies or other qualified providers as defined by the Agency of Human Services [...]”. The Act additionally requires “[...] the Agency shall provide coverage for home telemonitoring for one or more conditions or risk factors for which it determines, using reliable data, that home telemonitoring services are appropriate and that coverage will be budget-neutral.”

Additionally, throughout the legislative process and during DVHA’s review of evidence-based approaches, the DVHA was neither approached with an alternate model by a provider group other than home health, nor found through literature that there were additional provider types delivering evidence based or budget neutral telemonitoring models of service.

Because of the permissions provided in the statute, the DVHA will remain available to discuss the question of other qualified providers and will consider amendments to Medicaid rule based on demonstration of evidence based, budget neutral service delivery models by other qualified providers.

To get more information about the Administrative Procedures Act and the Rules applicable to state rule making go to the website of the Department of the Vermont Secretary of State at: <http://vermont-archives.org/aparules/index.htm> or call Louise Corliss at 828-2863. [General information, not specific rule content information]

For information on upcoming hearing before the Legislative Committee on Administrative rules go to the website of the Vermont Legislature at: <http://www.leg.state.vt.us/schedules/schedule2.cfm> or call 828-5760.

Telemonitoring

7702 Telemonitoring (10/29/2014, 14-05P)

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7702.1 Eligibility and Conditions for Coverage (10/29/2014, 14-05P)

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7702.2 Qualified Providers (10/29/2014, 14-05P)

Qualified providers are home health agencies enrolled with Vermont Medicaid.

Qualified providers must follow data parameters established by a licensed physician's plan of care.

Qualified providers must use the following licensed health care professionals to review data: registered nurse (RN), nurse practitioner (NP), clinical nurse specialist (CNS), licensed practical nurse (LPN) under the supervision of a RN, or physician assistant (PA). In the event of a measurement outside of the established individual's parameters, the provider shall use the health care professionals noted above to be responsible for reporting the data to a physician.

The data transmission must comply with standards set by the Health Insurance Portability and Accountability Act (HIPAA).

7702.3 Reimbursement (10/29/2014, 14-05P)

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