

# Telemedicine Planning

Vermont Medicaid and Exchange Advisory Board  
June 26, 2017

# Telemedicine Planning

## **Act 64 (S.50): An act relating to insurance coverage for telemedicine services delivered in or outside a health care facility**

- Requires all health insurers, including Medicaid, to reimburse for any and all services the insurer already covers when delivered through telemedicine.
- **Medicaid impact:**
  - Current Medicaid telemedicine coverage:
    - Services provided facility-to-facility.
    - Primary care consultation services in the home or community.
  - Expansion of telemedicine as a health care delivery system to patients in non-traditional medical settings (home and community).
- Effective 10/1/17.

# Telemedicine Planning, continued

DVHA is convening an internal workgroup to prepare for 10/1/17 implementation. The workgroup will consider the following issues and would like MEAB input.

- **Establishing standards for clinical appropriateness of services and provider types.**
  - What services or provider types may not be appropriate for telemedicine?
  - How could guidelines be made to define clinically appropriate telemedicine?
  - From which professional organizations or regulatory boards should DVHA draw guidance from?
- **Establishing performance and quality measures.**
  - How do we define quality telemedicine?
  - What measures could be used to promote quality telemedicine services?
- Defining billing requirements and making necessary changes to the Medicaid Management Information System (MMIS) based on decisions made above.