

# Notice of DVHA Rulemaking

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Department of Vermont Health Access  
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# Rule: Telemonitoring and Prescription Monitoring

## Rule Overview

- Following the 2013-2014 session there were legislative mandates regarding Medicaid administration and covered services
  - Add administrative process: Providers to participate in monitoring of buprenorphine prescriptions via Vermont Prescription Monitoring System
  - Add new cost neutral covered service: Home telemonitoring
  - No appropriations were made for these mandates



# Rule: Telemonitoring and Prescription Monitoring, continued

## Rulemaking Process

### **Emergency rule filing to meet 7/1/14 effective date**

- Effective until: October 29, 2014 (Effective upon filing with Office of Secretary of State for 120 days)

### **Permanent rule filing**

- Proposed effective date: October 29, 2014

### **Public engagement and notice**

#### Telemonitoring:

- DVHA worked with Visiting Nurses Association (VNA) during and after legislative session; Multiple June meetings to finalize scope of benefit with representatives from home health agencies throughout Vermont
- 6/10/14 presentation to MEAB.
- As part of permanent rulemaking process, there will be a public comment period and public hearing

#### Prescription Monitoring:

- DVHA organized a workgroup to design process, includes AHS Departments and providers from across the state
- 6/10/14 presentation to MEAB.
- As part of permanent rulemaking process, there will be a public comment period and public hearing



# Rule: Telemonitoring and Prescription Monitoring, continued

## Proposed Rule – Telemonitoring

This rule is being implemented as directed by Act 153 (S.234), An Act Relating to Medicaid Coverage for Home Telemonitoring Services.

### Benefit Design = Cost neutral (i.e. savings must offset expenses)

- Amount, duration and scope:
  - For individuals with primary Vermont Medicaid served by Vermont Home Health Agencies with certain serious or chronic medical conditions that can result in frequent or recurrent hospitalizations and emergency room admissions.
  - Specific clinical coverage guidelines are in development and will be made available
  - Data parameters are established as ordered by a licensed physician's plan of care. Scheduled periodic reporting of the individual's data to the licensed physician is required. Telemonitoring providers must be available 24 hours per day, 7 days a week.
- Qualified providers:
  - Plan of care: Physician
  - Data review: Registered nurse (RN), nurse practitioner (NP), clinical nurse specialist (CNS) or physician assistant (PA)
- Reimbursement:
  - Based on Medicare's Resource Based Relative Values Scale (RBRVS) payment methodology



# Rule: Telemonitoring and Prescription Monitoring, continued

## Proposed Rule - Prescription Monitoring

This rule is being implemented as directed by S.295, An Act Relating to Pretrial Services, Risk Assessments, and Criminal Justice Programs.

## Benefit Design

- All Medicaid participating providers, whether licensed in or outside Vermont, who prescribe buprenorphine or a drug containing buprenorphine to a Vermont Medicaid beneficiary must query the Vermont Prescription Monitoring System the first time they prescribe buprenorphine or a drug containing buprenorphine for the patient, and at regular intervals thereafter.
- Regular intervals shall exceed the requirements for other Schedule III pharmaceuticals, and queries shall be done prior to prescribing a replacement prescription.
- Rule will reference dosage thresholds, which may be exceeded only with prior approval from the Chief Medical Officer of the Department of Vermont Health Access or designee.
  - Dosage thresholds are in development and will be made available



# Rule: Telemonitoring and Prescription Monitoring, continued

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For additional information or comments, please contact:

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# Additional Information

## **Proposed Rule – Telemonitoring**

**This emergency rule is being implemented as directed by Act 153 (S.234) of the 2013 -2014 Legislative Session, An Act Relating to Medicaid Coverage for Home Telemonitoring Services**

- “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. 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.”

## **Proposed Rule - Prescription Monitoring**

**This emergency rule is being implemented as directed by S.295 of the 2013 -2014 Legislative Session, An Act Relating to Pretrial Services, Risk Assessments, and Criminal Justice Programs.**

- “Sec. 13. VPMS QUERY; RULEMAKING. The Secretary of Human Services shall adopt rules requiring: (1) All Medicaid participating providers, whether licensed in or outside Vermont, who prescribe buprenorphine or a drug containing buprenorphine to a Vermont Medicaid beneficiary to query the Vermont Prescription Monitoring System the first time they prescribe buprenorphine or a drug containing buprenorphine for the patient and at regular intervals thereafter. Regular intervals shall exceed the requirements for other Schedule III pharmaceuticals, and queries shall be done prior to prescribing a replacement prescription. The rules shall also include dosage thresholds, which may be exceeded only with prior approval from the Chief Medical Officer of the Department of Vermont Health Access or designee.”

