



To: Medicaid Policy Unit, submitted via email to AHS.MedicaidPolicy@vermont.gov
From: Jessa Barnard, Vermont Medical Society,
Date: December 14, 2022
RE: Comments Regarding Health Care Administrative Rules Proposed Rule Filing #14, 3.101 Telehealth

On behalf of the over 2,400 physician and physician assistant members of the Vermont Medical Society (VMS), we appreciate you considering the following comments on Proposed HCAR Filing #14, 3.101, Telehealth.

The Vermont Medical Society supports the proposed changes that define Telehealth to include Audio-Only, that relabel Telemonitoring as Remote Patient Monitoring; and list Audio-Only as a covered service.

VMS has further comments regarding the following sections of the proposal:

1) 3.101.2 (a) Covered Services – Telemedicine

VMS notes the removal of the phrase “Be reimbursed at the same rate as the service being provided in a face-to-face setting.” While we appreciate that rates of payment are typically not addressed in the HCAR description of covered services, and that telemedicine is currently required to be paid at parity by state statute, we do suggest that DVHA have written policy on the coverage rate for telemedicine and other telehealth services, especially for audio-only services. VMS wonders where the payment rate for audio-only services will be documented if and when DVHA does not continue to reimburse audio-only at parity after the end of the federal Public Health Emergency. Previous conversations with DVHA staff indicated this would be addressed in the Telehealth Rule.

2) 3.101.2 (c) Remote Patient Monitoring

The proposed policy limits Remote Patient Monitoring to congestive heart failure, hypertension, or diabetes diagnoses. However, there is evidence supporting the provision of remote patient monitoring for additional conditions. For example, AHRQ lists chronic obstructive pulmonary disease as another indication.¹ Medicare does not limit remote patient monitor to specific diagnoses and covers services for a range of acute care and chronic conditions. HHS lists examples on its website of use cases including: high blood pressure; diabetes; weight loss or gain; heart conditions; chronic obstructive pulmonary disease; sleep apnea and asthma.²

¹ <https://effectivehealthcare.ahrq.gov/products/telehealth-expansion/white-paper>

² <https://telehealth.hhs.gov/providers/preparing-patients-for-telehealth/telehealth-and-remote-patient-monitoring/>

VMS requests that the limit of diagnoses in section 3.101.2 (c) be removed so that, as with all of the other modalities listed (telemedicine, store and forward and audio-only), the rule states that coverage will be provided in instances when remote patient monitoring is clinically appropriate and medically necessary.

3) 3.101.7 Non-Covered Services

Section 3.101.7 states that “Services delivered via facsimile, text communication, or electronic mail messages are not considered telehealth and are not covered.” However, store and forward messages may be transmitted via secure electronic mail messages, and store and forward services are covered under the Rule. VMS suggests that this section state “electronic mail messages other than those meeting the definition of Store and Forward, are not considered telehealth and are not covered.”

Thank you for considering our feedback. Should you have any further questions, I can be reached at jbarnard@vtmd.org or 802-917-1460.