

By: Senator(s) Burton

To: Insurance

SENATE BILL NO. 2646
(As Sent to Governor)

1 AN ACT TO CREATE NEW SECTION 83-9-353, MISSISSIPPI CODE OF
2 1972, TO REQUIRE HEALTH INSURANCE AND EMPLOYEE BENEFIT PLANS IN
3 THIS STATE TO PROVIDE COVERAGE AND REIMBURSEMENT FOR
4 "STORE-AND-FORWARD TELEMEDICINE SERVICES" AND "REMOTE PATIENT
5 MONITORING SERVICES" TO THE SAME EXTENT THAT THE SERVICES WOULD BE
6 COVERED AND REIMBURSED IF THEY WERE PROVIDED THROUGH IN-PERSON
7 CONSULTATION; TO DEFINE "STORE-AND-FORWARD TELEMEDICINE" AND
8 "REMOTE PATIENT MONITORING"; TO AMEND SECTION 83-9-351,
9 MISSISSIPPI CODE OF 1972, TO INCLUDE EMPLOYEE BENEFIT PLANS IN THE
10 REQUIREMENT FOR INSURANCE REIMBURSEMENT FOR TELEMEDICINE SERVICES;
11 AND FOR RELATED PURPOSES.

12 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

13 **SECTION 1.** The following shall be codified as Section
14 83-9-353, Mississippi Code of 1972:

15 83-9-353. (1) As used in this section:

16 (a) "Employee benefit plan" means any plan, fund or
17 program established or maintained by an employer or by an employee
18 organization, or both, to the extent that such plan, fund or
19 program was established or is maintained for the purpose of
20 providing for its participants or their beneficiaries, through the
21 purchase of insurance or otherwise, medical, surgical, hospital
22 care or other benefits.



23 (b) "Health insurance plan" means any health insurance
24 policy or health benefit plan offered by a health insurer, and
25 includes the State and School Employees Health Insurance Plan and
26 any other public health care assistance program offered or
27 administered by the state or any political subdivision or
28 instrumentality of the state. The term does not include policies
29 or plans providing coverage for specified disease or other limited
30 benefit coverage.

31 (c) "Health insurer" means any health insurance
32 company, nonprofit hospital and medical service corporation,
33 health maintenance organization, preferred provider organization,
34 managed care organization, pharmacy benefit manager, and, to the
35 extent permitted under federal law, any administrator of an
36 insured, self-insured or publicly funded health care benefit plan
37 offered by public and private entities, and other parties that are
38 by statute, contract, or agreement, legally responsible for
39 payment of a claim for a health care item or service.

40 (d) "Store-and-forward telemedicine services" means the
41 use of asynchronous computer based communication between a patient
42 and a consulting provider or a referring health care provider and
43 a medical specialist at a distant site for the purpose of
44 diagnostic and therapeutic assistance in the care of patients who
45 otherwise have no access to specialty care. Store-and-forward
46 telemedicine services involve the transferring of medical data
47 from one (1) site to another through the use of a camera or



48 similar device that records (stores) an image that is sent
49 (forwarded) via telecommunication to another site for
50 consultation.

51 (e) "Remote patient monitoring services" means the
52 delivery of home health services using telecommunications
53 technology to enhance the delivery of home health care, including:

54 (i) Monitoring of clinical patient data such as
55 weight, blood pressure, pulse, pulse oximetry and other
56 condition-specific data, such as blood glucose;

57 (ii) Medication adherence monitoring; and

58 (iii) Interactive video conferencing with or
59 without digital image upload as needed.

60 (f) "Medication adherence management services" means the
61 monitoring of a patient's conformance with the clinician's
62 medication plan with respect to timing, dosing and frequency of
63 medication-taking through electronic transmission of data in a
64 home telemonitoring program.

65 (2) Store-and-forward telemedicine services allow a health
66 care provider trained and licensed in his or her given specialty
67 to review forwarded images and patient history in order to provide
68 diagnostic and therapeutic assistance in the care of the patient
69 without the patient being present in real time. Treatment
70 recommendations made via electronic means shall be held to the
71 same standards of appropriate practice as those in traditional
72 provider-patient setting.



73 (3) Any patient receiving medical care by store-and-forward
74 telemedicine services shall be notified of the right to receive
75 interactive communication with the distant specialist health care
76 provider and shall receive an interactive communication with the
77 distant specialist upon request. If requested, communication with
78 the distant specialist may occur at the time of the consultation
79 or within thirty (30) days of the patient's notification of the
80 request of the consultation. Telemedicine networks unable to
81 offer the interactive consultation shall not be reimbursed for
82 store-and-forward telemedicine services.

83 (4) Remote patient monitoring services aim to allow more
84 people to remain at home or in other residential settings and to
85 improve the quality and cost of their care, including prevention
86 of more costly care. Remote patient monitoring services via
87 telehealth aim to coordinate primary, acute, behavioral and
88 long-term social service needs for high-need, high-cost patients.
89 Specific patient criteria must be met in order for reimbursement
90 to occur.

91 (5) Qualifying patients for remote patient monitoring
92 services must meet all the following criteria:

93 (a) Be diagnosed, in the last eighteen (18) months,
94 with one or more chronic conditions, as defined by the Centers for
95 Medicare and Medicaid Services (CMS), which include, but are not
96 limited to, sickle cell, mental health, asthma, diabetes, and
97 heart disease;



98 (b) Have a recent history of costly service use due to
99 one or more chronic conditions as evidenced by two (2) or more
100 hospitalizations, including emergency room visits, in the last
101 twelve (12) months; and

102 (c) The patient's health care provider recommends
103 disease management services via remote patient monitoring.

104 (6) A remote patient monitoring prior authorization request
105 form must be submitted to request telemonitoring services. The
106 request must include the following:

107 (a) An order for home telemonitoring services, signed
108 and dated by the prescribing physician;

109 (b) A plan of care, signed and dated by the prescribing
110 physician, that includes telemonitoring transmission frequency and
111 duration of monitoring requested;

112 (c) The client's diagnosis and risk factors that
113 qualify the client for home telemonitoring services;

114 (d) Attestation that the client is sufficiently
115 cognitively intact and able to operate the equipment or has a
116 willing and able person to assist in completing electronic
117 transmission of data; and

118 (e) Attestation that the client is not receiving
119 duplicative services via disease management services.

120 (7) The entity that will provide the remote monitoring must
121 be a Mississippi-based entity and have protocols in place to
122 address all of the following:



- 123 (a) Authentication and authorization of users;
- 124 (b) A mechanism for monitoring, tracking and responding
- 125 to changes in a client's clinical condition;
- 126 (c) A standard of acceptable and unacceptable
- 127 parameters for client's clinical parameters, which can be adjusted
- 128 based on the client's condition;
- 129 (d) How monitoring staff will respond to abnormal
- 130 parameters for client's vital signs, symptoms and/or lab results;
- 131 (e) The monitoring, tracking and responding to changes
- 132 in client's clinical condition;
- 133 (f) The process for notifying the prescribing physician
- 134 for significant changes in the client's clinical signs and
- 135 symptoms;
- 136 (g) The prevention of unauthorized access to the system
- 137 or information;
- 138 (h) System security, including the integrity of
- 139 information that is collected, program integrity and system
- 140 integrity;
- 141 (i) Information storage, maintenance and transmission;
- 142 (j) Synchronization and verification of patient profile
- 143 data; and
- 144 (k) Notification of the client's discharge from remote
- 145 patient monitoring services or the de-installation of the remote
- 146 patient monitoring unit.
- 147 (8) The telemonitoring equipment must:



148 (a) Be capable of monitoring any data parameters in the
149 plan of care; and

150 (b) Be a FDA Class II hospital-grade medical device.

151 (9) Monitoring of the client's data shall not be duplicated
152 by another provider.

153 (10) To receive payment for the delivery of remote patient
154 monitoring services via telehealth, the service must involve:

155 (a) An assessment, problem identification, and
156 evaluation that includes:

157 (i) Assessment and monitoring of clinical data
158 including, but not limited to, appropriate vital signs, pain
159 levels and other biometric measures specified in the plan of care,
160 and also includes assessment of response to previous changes in
161 the plan of care; and

162 (ii) Detection of condition changes based on the
163 telemedicine encounter that may indicate the need for a change in
164 the plan of care.

165 (b) Implementation of a management plan through one or
166 more of the following:

167 (i) Teaching regarding medication management as
168 appropriate based on the telemedicine findings for that encounter;

169 (ii) Teaching regarding other interventions as
170 appropriate to both the patient and the caregiver;



171 (iii) Management and evaluation of the plan of
172 care including changes in visit frequency or addition of other
173 skilled services;

174 (iv) Coordination of care with the ordering health
175 care provider regarding telemedicine findings;

176 (v) Coordination and referral to other medical
177 providers as needed; and

178 (vi) Referral for an in-person visit or the
179 emergency room as needed.

180 (11) The telemedicine equipment and network used for remote
181 patient monitoring services should meet the following
182 requirements:

183 (a) Comply with applicable standards of the United
184 States Food and Drug Administration;

185 (b) Telehealth equipment be maintained in good repair
186 and free from safety hazards;

187 (c) Telehealth equipment be new or sanitized before
188 installation in the patient's home setting;

189 (d) Accommodate non-English language options; and

190 (e) Have 24/7 technical and clinical support services
191 available for the patient user.

192 (12) All health insurance and employee benefit plans in this
193 state must provide coverage and reimbursement for the asynchronous
194 telemedicine services of store-and-forward telemedicine services
195 and remote patient monitoring services based on the criteria set



196 out in this section. Store-and-forward telemedicine services
197 shall be reimbursed to the same extent that the services would be
198 covered if they were provided through in-person consultation.

199 (13) Remote patient monitoring services shall include
200 reimbursement for a daily monitoring rate at a minimum of Ten
201 Dollars (\$10.00) per day each month and Sixteen Dollars (\$16.00)
202 per day when medication adherence management services are
203 included, not to exceed thirty-one (31) days per month. These
204 reimbursement rates are only eligible to Mississippi-based
205 telehealth programs affiliated with a Mississippi health care
206 facility.

207 (14) A one-time telehealth installation/training fee for
208 remote patient monitoring services will also be reimbursed at a
209 minimum rate of Fifty Dollars (\$50.00) per patient, with a maximum
210 of two (2) installation/training fees/calendar year. These
211 reimbursement rates are only eligible to Mississippi-based
212 telehealth programs affiliated with a Mississippi health care
213 facility.

214 (15) No geographic restrictions shall be placed on the
215 delivery of telemedicine services in the home setting other than
216 requiring the patient reside within the State of Mississippi.

217 (16) Health care providers seeking reimbursement for
218 store-and-forward telemedicine services must be licensed
219 Mississippi providers that are affiliated with an established
220 Mississippi health care facility in order to qualify for



221 reimbursement of telemedicine services in the state. If a service
222 is not available in Mississippi, then a health insurance or
223 employee benefit plan may decide to allow a non-Mississippi-based
224 provider who is licensed to practice in Mississippi reimbursement
225 for those services.

226 (17) A health insurance or employee benefit plan may charge
227 a deductible, co-payment, or coinsurance for a health care service
228 provided through store-and-forward telemedicine services or remote
229 patient monitoring services so long as it does not exceed the
230 deductible, co-payment, or coinsurance applicable to an in-person
231 consultation.

232 (18) A health insurance or employee benefit plan may limit
233 coverage to health care providers in a telemedicine network
234 approved by the plan.

235 (19) Nothing in this section shall be construed to prohibit
236 a health insurance or employee benefit plan from providing
237 coverage for only those services that are medically necessary,
238 subject to the terms and conditions of the covered person's
239 policy.

240 (20) In a claim for the services provided, the appropriate
241 procedure code for the covered service shall be included with the
242 appropriate modifier indicating telemedicine services were used.
243 A "GQ" modifier is required for asynchronous telemedicine services
244 such as store-and-forward and remote patient monitoring.



245 (21) The originating site is eligible to receive a facility
246 fee, but facility fees are not payable to the distant site.

247 **SECTION 2.** Section 83-9-351, Mississippi Code of 1972, is
248 amended as follows:

249 83-9-351. (1) As used in this section:

250 (a) "Employee benefit plan" means any plan, fund or
251 program established or maintained by an employer or by an employee
252 organization, or both, to the extent that such plan, fund or
253 program was established or is maintained for the purpose of
254 providing for its participants or their beneficiaries, through the
255 purchase of insurance or otherwise, medical, surgical, hospital
256 care or other benefits.

257 (* * *b) "Health insurance plan" means any health
258 insurance policy or health benefit plan offered by a health
259 insurer, and includes the State and School Employees Health
260 Insurance Plan and any other public health care assistance program
261 offered or administered by the state or any political subdivision
262 or instrumentality of the state. The term does not include
263 policies or plans providing coverage for specified disease or
264 other limited benefit coverage.

265 (* * *c) "Health insurer" means any health insurance
266 company, nonprofit hospital and medical service corporation,
267 health maintenance organization, preferred provider organization,
268 managed care organization, pharmacy benefit manager, and, to the
269 extent permitted under federal law, any administrator of an



270 insured, self-insured or publicly funded health care benefit plan
271 offered by public and private entities, and other parties that are
272 by statute, contract, or agreement, legally responsible for
273 payment of a claim for a health care item or service.

274 (* * *d) "Telemedicine" means the delivery of health
275 care services such as diagnosis, consultation, or treatment
276 through the use of interactive audio, video, or other electronic
277 media. Telemedicine must be "real-time" consultation, and it does
278 not include the use of audio-only telephone, e-mail, or facsimile.

279 (2) All health insurance and employee benefit plans in this
280 state must provide coverage for telemedicine services to the same
281 extent that the services would be covered if they were provided
282 through in-person consultation.

283 (3) A health insurance or employee benefit plan may charge a
284 deductible, co-payment, or coinsurance for a health care service
285 provided through telemedicine so long as it does not exceed the
286 deductible, co-payment, or coinsurance applicable to an in-person
287 consultation.

288 (4) A health insurance or employee benefit plan may limit
289 coverage to health care providers in a telemedicine network
290 approved by the plan.

291 (5) Nothing in this section shall be construed to prohibit a
292 health insurance or employee benefit plan from providing coverage
293 for only those services that are medically necessary, subject to
294 the terms and conditions of the covered person's policy.



295 (6) In a claim for the services provided, the appropriate
296 procedure code for the covered services shall be included with the
297 appropriate modifier indicating interactive communication was
298 used.

299 (7) The originating site is eligible to receive a facility
300 fee, but facility fees are not payable to the distant site.

301 **SECTION 3.** This act shall take effect and be in force from
302 and after July 1, 2014.

