

By: Representative Mims

To: Public Health and Human Services

HOUSE BILL NO. 799

1 AN ACT TO AMEND SECTION 83-9-351, MISSISSIPPI CODE OF 1972,
 2 TO PROVIDE THAT HEALTH INSURANCE COMPANIES AND EMPLOYEE BENEFIT
 3 PLANS MAY LIMIT TELEMEDICINE COVERAGE TO HEALTH CARE PROVIDERS IN
 4 NETWORK WITH THE PLAN INSTEAD OF IN A TELEMEDICINE NETWORK
 5 APPROVED BY THE PLAN; TO AMEND SECTION 83-9-353, MISSISSIPPI CODE
 6 OF 1972, TO REVISE THE DEFINITION OF "STORE-AND-FORWARD
 7 TELEMEDICINE SERVICES" FOR THE PURPOSES OF COVERAGE AND
 8 REIMBURSEMENT FOR THOSE SERVICES; TO REVISE THE CRITERIA FOR
 9 QUALIFYING PATIENTS FOR REMOTE PATIENT MONITORING SERVICES; TO
 10 DELETE THE REQUIREMENT THAT A REMOTE PATIENT MONITORING PRIOR
 11 AUTHORIZATION REQUEST BE SUBMITTED TO REQUEST TELEMONITORING
 12 SERVICES; TO REVISE THE PROVISION THAT PROHIBITS PLACING
 13 GEOGRAPHICAL RESTRICTIONS ON THE DELIVERY OF TELEMEDICINE SERVICES
 14 TO DELETE REFERENCE TO SERVICES IN THE HOME SETTING; TO PROVIDE
 15 THAT HEALTH INSURANCE COMPANIES AND EMPLOYEE BENEFIT PLANS MAY
 16 LIMIT TELEMEDICINE COVERAGE TO HEALTH CARE PROVIDERS IN NETWORK
 17 WITH THE PLAN INSTEAD OF IN A TELEMEDICINE NETWORK APPROVED BY THE
 18 PLAN; TO PROHIBIT A HEALTH INSURANCE OR EMPLOYEE BENEFIT PLAN FROM
 19 CONDITIONING PAYMENT FOR SERVICES TO A HEALTH CARE PROVIDER OR
 20 FACILITY BASED UPON THE ACTIONS OR OMISSIONS OF ANOTHER HEALTH
 21 CARE PROVIDER OR FACILITY; AND FOR RELATED PURPOSES.

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

23 **SECTION 1.** Section 83-9-351, Mississippi Code of 1972, is
 24 amended as follows:

25 83-9-351. (1) As used in this section:

26 (a) "Employee benefit plan" means any plan, fund or
 27 program established or maintained by an employer or by an employee



28 organization, or both, to the extent that such plan, fund or
29 program was established or is maintained for the purpose of
30 providing for its participants or their beneficiaries, through the
31 purchase of insurance or otherwise, medical, surgical, hospital
32 care or other benefits.

33 (b) "Health insurance plan" means any health insurance
34 policy or health benefit plan offered by a health insurer, and
35 includes the State and School Employees Health Insurance Plan and
36 any other public health care assistance program offered or
37 administered by the state or any political subdivision or
38 instrumentality of the state. The term does not include policies
39 or plans providing coverage for specified disease or other limited
40 benefit coverage.

41 (c) "Health insurer" means any health insurance
42 company, nonprofit hospital and medical service corporation,
43 health maintenance organization, preferred provider organization,
44 managed care organization, pharmacy benefit manager, and, to the
45 extent permitted under federal law, any administrator of an
46 insured, self-insured or publicly funded health care benefit plan
47 offered by public and private entities, and other parties that are
48 by statute, contract, or agreement, legally responsible for
49 payment of a claim for a health care item or service.

50 (d) "Telemedicine" means the delivery of health care
51 services such as diagnosis, consultation, or treatment through the
52 use of interactive audio, video, or other electronic media.



53 Telemedicine must be "real-time" consultation, and it does not
54 include the use of audio-only telephone, e-mail, or facsimile.

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

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

64 (4) A health insurance or employee benefit plan may limit
65 coverage to health care providers in * * * network * * * with the
66 plan.

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

71 (6) In a claim for the services provided, the appropriate
72 procedure code for the covered services shall be included with the
73 appropriate modifier indicating interactive communication was
74 used.

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



77 **SECTION 2.** Section 83-9-353, Mississippi Code of 1972, is
78 amended as follows:

79 83-9-353. (1) As used in this section:

80 (a) "Employee benefit plan" means any plan, fund or
81 program established or maintained by an employer or by an employee
82 organization, or both, to the extent that such plan, fund or
83 program was established or is maintained for the purpose of
84 providing for its participants or their beneficiaries, through the
85 purchase of insurance or otherwise, medical, surgical, hospital
86 care or other benefits.

87 (b) "Health insurance plan" means any health insurance
88 policy or health benefit plan offered by a health insurer, and
89 includes the State and School Employees Health Insurance Plan and
90 any other public health care assistance program offered or
91 administered by the state or any political subdivision or
92 instrumentality of the state. The term does not include policies
93 or plans providing coverage for specified disease or other limited
94 benefit coverage.

95 (c) "Health insurer" means any health insurance
96 company, nonprofit hospital and medical service corporation,
97 health maintenance organization, preferred provider organization,
98 managed care organization, pharmacy benefit manager, and, to the
99 extent permitted under federal law, any administrator of an
100 insured, self-insured or publicly funded health care benefit plan
101 offered by public and private entities, and other parties that are



102 by statute, contract, or agreement, legally responsible for
103 payment of a claim for a health care item or service.

104 (d) "Store-and-forward telemedicine services" means the
105 use of asynchronous computer-based communication between a patient
106 and a consulting provider or a referring health care provider and
107 a medical specialist at a distant site for the purpose of
108 diagnostic and therapeutic assistance in the care of
109 patients * * *. Store-and-forward telemedicine services involve
110 the transferring of medical data from one (1) site to another
111 through the use of a camera or similar device that records
112 (stores) an image that is sent (forwarded) via telecommunication
113 to another site for consultation.

114 (e) "Remote patient monitoring services" means the
115 delivery of home health services using telecommunications
116 technology to enhance the delivery of home health care, including:

117 (i) Monitoring of clinical patient data such as
118 weight, blood pressure, pulse, pulse oximetry and other
119 condition-specific data, such as blood glucose;

120 (ii) Medication adherence monitoring; and

121 (iii) Interactive video conferencing with or
122 without digital image upload as needed.

123 (f) "Medication adherence management services" means the
124 monitoring of a patient's conformance with the clinician's
125 medication plan with respect to timing, dosing and frequency of



126 medication-taking through electronic transmission of data in a
127 home telemonitoring program.

128 (2) Store-and-forward telemedicine services allow a health
129 care provider trained and licensed in his or her given specialty
130 to review forwarded images and patient history in order to provide
131 diagnostic and therapeutic assistance in the care of the patient
132 without the patient being present in real time. Treatment
133 recommendations made via electronic means shall be held to the
134 same standards of appropriate practice as those in traditional
135 provider-patient setting.

136 (3) Any patient receiving medical care by store-and-forward
137 telemedicine services shall be notified of the right to receive
138 interactive communication with the distant specialist health care
139 provider and shall receive an interactive communication with the
140 distant specialist upon request. If requested, communication with
141 the distant specialist may occur at the time of the consultation
142 or within thirty (30) days of the patient's notification of the
143 request of the consultation. Telemedicine networks unable to
144 offer the interactive consultation shall not be reimbursed for
145 store-and-forward telemedicine services.

146 (4) Remote patient monitoring services aim to allow more
147 people to remain at home or in other residential settings and to
148 improve the quality and cost of their care, including prevention
149 of more costly care. Remote patient monitoring services via
150 telehealth aim to coordinate primary, acute, behavioral and



151 long-term social service needs for high-need, high-cost patients.
152 Specific patient criteria must be met in order for reimbursement
153 to occur.

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

156 (a) Be diagnosed * * * with one or more chronic
157 conditions, as defined by the Centers for Medicare and Medicaid
158 Services (CMS), which include, but are not limited to, sickle
159 cell, mental health, asthma, diabetes, and heart disease; and

160 (b) * * * The patient's health care provider recommends
161 disease management services via remote patient monitoring.

162 * * *

163 (* * * 6) The entity that will provide the remote monitoring
164 must be a Mississippi-based entity and have protocols in place to
165 address all of the following:

166 (a) Authentication and authorization of users;

167 (b) A mechanism for monitoring, tracking and responding
168 to changes in a client's clinical condition;

169 (c) A standard of acceptable and unacceptable
170 parameters for client's clinical parameters, which can be adjusted
171 based on the client's condition;

172 (d) How monitoring staff will respond to abnormal
173 parameters for client's vital signs, symptoms and/or lab results;

174 (e) The monitoring, tracking and responding to changes
175 in client's clinical condition;



176 (f) The process for notifying the prescribing physician
177 for significant changes in the client's clinical signs and
178 symptoms;

179 (g) The prevention of unauthorized access to the system
180 or information;

181 (h) System security, including the integrity of
182 information that is collected, program integrity and system
183 integrity;

184 (i) Information storage, maintenance and transmission;

185 (j) Synchronization and verification of patient profile
186 data; and

187 (k) Notification of the client's discharge from remote
188 patient monitoring services or the de-installation of the remote
189 patient monitoring unit.

190 (* * *7) The telemonitoring equipment must:

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

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

194 (* * *8) Monitoring of the client's data shall not be
195 duplicated by another provider.

196 (* * *9) To receive payment for the delivery of remote
197 patient monitoring services via telehealth, the service must
198 involve:

199 (a) An assessment, problem identification, and
200 evaluation that includes:



201 (i) Assessment and monitoring of clinical data
202 including, but not limited to, appropriate vital signs, pain
203 levels and other biometric measures specified in the plan of care,
204 and also includes assessment of response to previous changes in
205 the plan of care; and

206 (ii) Detection of condition changes based on the
207 telemedicine encounter that may indicate the need for a change in
208 the plan of care.

209 (b) Implementation of a management plan through one or
210 more of the following:

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

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

215 (iii) Management and evaluation of the plan of
216 care including changes in visit frequency or addition of other
217 skilled services;

218 (iv) Coordination of care with the ordering health
219 care provider regarding telemedicine findings;

220 (v) Coordination and referral to other medical
221 providers as needed; and

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



224 (* * *10) The telemedicine equipment and network used for
225 remote patient monitoring services should meet the following
226 requirements:

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

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

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

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

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

236 (* * *11) All health insurance and employee benefit plans
237 in this state must provide coverage and reimbursement for the
238 asynchronous telemedicine services of store-and-forward
239 telemedicine services and remote patient monitoring services based
240 on the criteria set out in this section. Store-and-forward
241 telemedicine services shall be reimbursed to the same extent that
242 the services would be covered if they were provided through
243 in-person consultation.

244 (* * *12) Remote patient monitoring services shall include
245 reimbursement for a daily monitoring rate at a minimum of Ten
246 Dollars (\$10.00) per day each month and Sixteen Dollars (\$16.00)
247 per day when medication adherence management services are
248 included, not to exceed thirty-one (31) days per month. These



249 reimbursement rates are only eligible to Mississippi-based
250 telehealth programs affiliated with a Mississippi health care
251 facility.

252 (* * * *13) A one-time telehealth installation/training fee
253 for remote patient monitoring services will also be reimbursed at
254 a minimum rate of Fifty Dollars (\$50.00) per patient, with a
255 maximum of two (2) installation/training fees/calendar year.
256 These reimbursement rates are only eligible to Mississippi-based
257 telehealth programs affiliated with a Mississippi health care
258 facility.

259 (* * * *14) No geographic restrictions shall be placed on the
260 delivery of telemedicine services * * * other than requiring the
261 patient reside within the State of Mississippi.

262 (* * * *15) Health care providers seeking reimbursement for
263 store-and-forward telemedicine services must be licensed
264 Mississippi providers that are affiliated with an established
265 Mississippi health care facility in order to qualify for
266 reimbursement of telemedicine services in the state. If a service
267 is not available in Mississippi, then a health insurance or
268 employee benefit plan may decide to allow a non-Mississippi-based
269 provider who is licensed to practice in Mississippi reimbursement
270 for those services.

271 (* * * *16) A health insurance or employee benefit plan may
272 charge a deductible, co-payment, or coinsurance for a health care
273 service provided through store-and-forward telemedicine services



274 or remote patient monitoring services so long as it does not
275 exceed the deductible, co-payment, or coinsurance applicable to an
276 in-person consultation.

277 (* * * 17) A health insurance or employee benefit plan may
278 limit coverage to health care providers in * * * network * * *
279 with the plan.

280 (* * * 18) Nothing in this section shall be construed to
281 prohibit a health insurance or employee benefit plan from
282 providing coverage for only those services that are medically
283 necessary, subject to the terms and conditions of the covered
284 person's policy.

285 (* * * 19) In a claim for the services provided, the
286 appropriate procedure code for the covered service shall be
287 included with the appropriate modifier indicating telemedicine
288 services were used. A "GQ" modifier is required for asynchronous
289 telemedicine services such as store-and-forward and remote patient
290 monitoring.

291 (* * * 20) The originating site is eligible to receive a
292 facility fee, but facility fees are not payable to the distant
293 site.

294 (21) A health insurance or employee benefit plan may not
295 condition payment for services to a health care provider or
296 facility based upon the actions or omissions of another health
297 care provider or facility.



298 **SECTION 3.** This act shall take effect and be in force from
299 and after July 1, 2018.

