

By: Representative Powell

To: Insurance

HOUSE BILL NO. 738

1 AN ACT TO AMEND SECTION 83-9-351, MISSISSIPPI CODE OF 1972,  
 2 TO PROVIDE THAT A HEALTH INSURANCE OR EMPLOYEE BENEFIT PLAN SHALL  
 3 NOT DELAY OR CONDITION PAYMENT TO A HEALTH CARE PROVIDER ON THE  
 4 COORDINATION OF THE FILING OF CLAIMS BETWEEN ORIGINATING AND  
 5 DISTANT SITES; TO AMEND SECTION 83-9-353, MISSISSIPPI CODE OF  
 6 1972, TO REMOVE CERTAIN RESTRICTIONS ON STORE AND FORWARD  
 7 TELEMEDICINE SERVICES AND REMOTE PATIENT MONITORING SERVICES; AND  
 8 FOR RELATED PURPOSES.

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

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

12 83-9-351. (1) As used in this section:

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

20 (b) "Health insurance plan" means any health insurance  
 21 policy or health benefit plan offered by a health insurer, and



22 includes the State and School Employees Health Insurance Plan and  
23 any other public health care assistance program offered or  
24 administered by the state or any political subdivision or  
25 instrumentality of the state. The term does not include policies  
26 or plans providing coverage for specified disease or other limited  
27 benefit coverage.

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

37 (d) "Telemedicine" means the delivery of health care  
38 services such as diagnosis, consultation, or treatment through the  
39 use of interactive audio, video, or other electronic media.  
40 Telemedicine must be "real-time" consultation, and it does not  
41 include the use of audio-only telephone, e-mail, or facsimile.

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



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

51 (4) A health insurance or employee benefit plan may limit  
52 coverage to health care providers in \* \* \* network \* \* \* with the  
53 plan, but no geographic restrictions shall be placed on coverage  
54 for, or the delivery of, telemedicine to covered persons,  
55 including, but not limited to, restrictions based on a covered  
56 person's geographic proximity to a network provider.

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

61 (6) In a claim for the services provided, the appropriate  
62 procedure code for the covered services shall be included with the  
63 appropriate modifier indicating interactive communication was  
64 used.

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

67 (8) A health insurance or employee benefit plan shall not  
68 delay or condition payment to a health care provider on the  
69 coordination of the filing of claims between the originating site



70 and a distant site providing telemedicine for the same episode of  
71 care.

72 (9) A health insurance or employee benefit plan may not  
73 condition payment for telemedicine to a health care provider or  
74 facility based upon the actions or omissions of another health  
75 care provider or facility providing telemedicine or other  
76 healthcare services for the same episode of care.

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 \* \* \*

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

163 \* \* \*

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

167 (a) Authentication and authorization of users;



- 168           (b) A mechanism for monitoring, tracking and responding  
169 to changes in a client's clinical condition;
- 170           (c) A standard of acceptable and unacceptable  
171 parameters for client's clinical parameters, which can be adjusted  
172 based on the client's condition;
- 173           (d) How monitoring staff will respond to abnormal  
174 parameters for client's vital signs, symptoms and/or lab results;
- 175           (e) The monitoring, tracking and responding to changes  
176 in client's clinical condition;
- 177           (f) The process for notifying the prescribing physician  
178 for significant changes in the client's clinical signs and  
179 symptoms;
- 180           (g) The prevention of unauthorized access to the system  
181 or information;
- 182           (h) System security, including the integrity of  
183 information that is collected, program integrity and system  
184 integrity;
- 185           (i) Information storage, maintenance and transmission;
- 186           (j) Synchronization and verification of patient profile  
187 data; and
- 188           (k) Notification of the client's discharge from remote  
189 patient monitoring services or the de-installation of the remote  
190 patient monitoring unit.
- 191           ( \* \* \*7) The telemonitoring equipment must:





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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

237 ( \* \* \* 11) All health insurance and employee benefit plans  
238 in this state must provide coverage and reimbursement for the  
239 asynchronous telemedicine services of store-and-forward  
240 telemedicine services and remote patient monitoring services based



241 on the criteria set out in this section. Store-and-forward  
242 telemedicine services shall be reimbursed to the same extent that  
243 the services would be covered if they were provided through  
244 in-person consultation.

245 ( \* \* \*12) Remote patient monitoring services shall include  
246 reimbursement for a daily monitoring rate at a minimum of Ten  
247 Dollars (\$10.00) per day each month and Sixteen Dollars (\$16.00)  
248 per day when medication adherence management services are  
249 included, not to exceed thirty-one (31) days per month. These  
250 reimbursement rates are only eligible to Mississippi-based  
251 telehealth programs affiliated with a Mississippi health care  
252 facility.

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

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

263 ( \* \* \*15) Health care providers seeking reimbursement for  
264 store-and-forward telemedicine services must be licensed  
265 Mississippi providers that are affiliated with an established



266 Mississippi health care facility in order to qualify for  
267 reimbursement of telemedicine services in the state. If a service  
268 is not available in Mississippi, then a health insurance or  
269 employee benefit plan may decide to allow a non-Mississippi-based  
270 provider who is licensed to practice in Mississippi reimbursement  
271 for those services.

272 ( \* \* \*16) A health insurance or employee benefit plan may  
273 charge a deductible, co-payment, or coinsurance for a health care  
274 service provided through store-and-forward telemedicine services  
275 or remote patient monitoring services so long as it does not  
276 exceed the deductible, co-payment, or coinsurance applicable to an  
277 in-person consultation.

278 ( \* \* \*17) A health insurance or employee benefit plan may  
279 limit coverage to health care providers in \* \* \* network \* \* \*  
280 with the plan, but no geographic restrictions shall be placed on  
281 coverage for, or the delivery of, telemedicine to covered persons,  
282 including, but not limited to, restrictions based on a covered  
283 person's geographic proximity to a network provider.

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

289 ( \* \* \*19) In a claim for the services provided, the  
290 appropriate procedure code for the covered service shall be



291 included with the appropriate modifier indicating telemedicine  
292 services were used. A "GQ" modifier is required for asynchronous  
293 telemedicine services such as store-and-forward and remote patient  
294 monitoring.

295 ( \* \* \*20) The originating site is eligible to receive a  
296 facility fee, but facility fees are not payable to the distant  
297 site.

298 **SECTION 3.** This act shall take effect and be in force from  
299 and after its passage.

