

HOUSE OF REPRESENTATIVES

KENTUCKY GENERAL ASSEMBLY AMENDMENT FORM
2016 REGULAR SESSION
Unofficial Document

Amend printed copy of HB 95/PHS 1

On page 1, line 3, and continuing to page 4, line 9, by deleting all material contained therein and inserting in lieu thereof:

"➔SECTION 1. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO READ AS FOLLOWS:

(1) As used in this section:

(a) "Department" means the Department for Medicaid Services;

(b) "Direct-to-patient telehealth services" means telehealth or remote monitoring services rendered by a qualified medical provider delivered at a site other than a clinic, hospital, or health center, including but not limited to the patient's place of residence, that do not require the recipient to receive services at a site that is part of the telehealth network, established pursuant to KRS 194A.125, in order for services to be provided, covered, and reimbursable;

(c) "Evidence-based best practices" means the integration of the best available research with clinical expertise in the context of patient characteristics and patient and family caregiver preferences;

(d) "Qualified medical provider" means a credentialed and enrolled Medicaid-participating healthcare provider, hospital, rural health center, or licensed home

Amendment No. HFA 2

Sponsor: Rep. Tim Moore

Committee Amendment: _____

Signed: _____

Floor Amendment: _____

LRC Drafter: Kidder, Sarah

Adopted: _____

Date: _____

Rejected: _____

Doc. ID: XXXXXX

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health agency as defined in KRS 216.935; and

(e) "Telemonitoring services" means services that require scheduled remote monitoring of data related to a patient's health where the monitoring is conducted at the patient's place of residence or other site determined by the department.

(2) Not later than July 1, 2017, the department shall establish a pilot project in which it creates coverage provisions and reimbursement criteria for:

(a) Telemonitoring services based on evidence-based best practices; and

(b) Direct-to-patient telehealth services, which shall be subject to the same reimbursement methodology as for other covered face-to-face health services.

(3) In order to effectuate the pilot project, the department may:

(a) Submit a state plan amendment, waiver, or waiver amendment for approval to the Centers for Medicare and Medicaid Services in order to provide coverage for medically necessary telehealth or telemonitoring services performed for a Medicaid beneficiary;

(b) Request funding from the General Assembly to support telehealth and telemonitoring services rendered by a qualified medical provider under this section;

(c) Ensure that clinical information gathered by a qualified medical provider while providing telehealth and telemonitoring services is shared with the patient's treating health care professionals; and

(d) Promulgate administrative regulations in accordance with KRS Chapter 13A for the implementation and administration of this section."