

HF2919 - 4A - "Allow Community Health Worker Telemedicine"

Chief Author: **Debra Kiel**
 Committee: **Health and Human Services Finance**
 Date Completed: **04/09/2018**
 Agency: **Human Services Dept**

State Fiscal Impact	Yes	No
Expenditures		X
Fee/Departmental Earnings		X
Tax Revenue		X
Information Technology		X
Local Fiscal Impact		X

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions shown in the parentheses.

State Cost (Savings)	Biennium			Biennium		
	Dollars in Thousands	FY2017	FY2018	FY2019	FY2020	FY2021
Total	-	-	-	-	-	-
Biennial Total			-			-

Full Time Equivalent Positions (FTE)	Biennium			Biennium		
		FY2017	FY2018	FY2019	FY2020	FY2021
Total	-	-	-	-	-	-

Executive Budget Officer's Comment

I have reviewed this fiscal note for reasonableness of content and consistency with MMB's Fiscal Note policies.

EBO Signature: Ahna Minge Date: 4/9/2018 10:58:43 AM
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State Cost (Savings) Calculation Details

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions are shown in parentheses.

*Transfers In/Out and Absorbed Costs are only displayed when reported.

State Cost (Savings) = 1-2		Biennium			Biennium	
Dollars in Thousands	FY2017	FY2018	FY2019	FY2020	FY2021	
Total	-	-	-	-	-	-
Biennial Total			-			-
1 - Expenditures, Absorbed Costs*, Transfers Out*						
Total	-	-	-	-	-	-
Biennial Total			-			-
2 - Revenues, Transfers In*						
Total	-	-	-	-	-	-
Biennial Total			-			-

Bill Description

This legislation creates an exception to the telemedicine visit limit under the Medical Assistance (MA) program for services delivered for the treatment and control of tuberculosis (TB).

Assumptions

Under Minnesota Statutes 256B.69 sub. 5a, requirements applicable to managed care programs under 256B and 256L established after the date of the contract take effect when the contract is next issued or renewed. Accordingly, this estimate assumes a July 1, 2018 effective date for changes to telemedicine services under fee for service and a January 1, 2019 effective date for the changes under managed care.

The MA benefit set includes medically necessary telemedicine services delivered by a licensed health care provider in the same manner as though the service was delivered in person. Coverage is limited to three visits per enrollee per week.

This bill creates an exception to the three visit limit for services provided for the treatment and control of TB. MA covers TB case management and directly observed therapy for people infected with TB. Given the scope of case management services, it is assumed that the visit limit exclusion in this bill would apply to directly observed therapy. This service is included under the MA benefit when provided by a eligible providers employed by a Community Health Board. The service includes direct observation of the enrollee taking a prescribed medicine for the treatment and control of TB.

In the first six months of 2017 there were roughly 4,000 claims for directly observed therapy provided to 127 unique MA enrollees. None of the services were delivered via telemedicine. Given that this service is limited to people with a TB infection, it is assumed that lifting the visit limit will permit providers to conduct directly observed therapy via interactive video with the frequency required for a daily medication regimen, and that services delivered via telemedicine will replace those delivered in person. Accordingly, this fiscal note assumes no impact to the MA program.

Expenditure and/or Revenue Formula

N/A

Long-Term Fiscal Considerations

None

Local Fiscal Impact

None

References/Sources

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