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# **DSRIP Transition Plan: Telemedicine and Telehealth Assessment**

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# Key Report Topics

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- **Rural Healthcare Access Barriers**
  - The Digital Divide
- **Teleservices Policy: Federal and Texas Medicaid**
- **Recent Trends in Rural Texas Teleservices Utilization**
  - COVID-19 PHE Impacts
- **Strategies for Facilitating Teleservices in Rural Texas**



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# Main Themes/Findings

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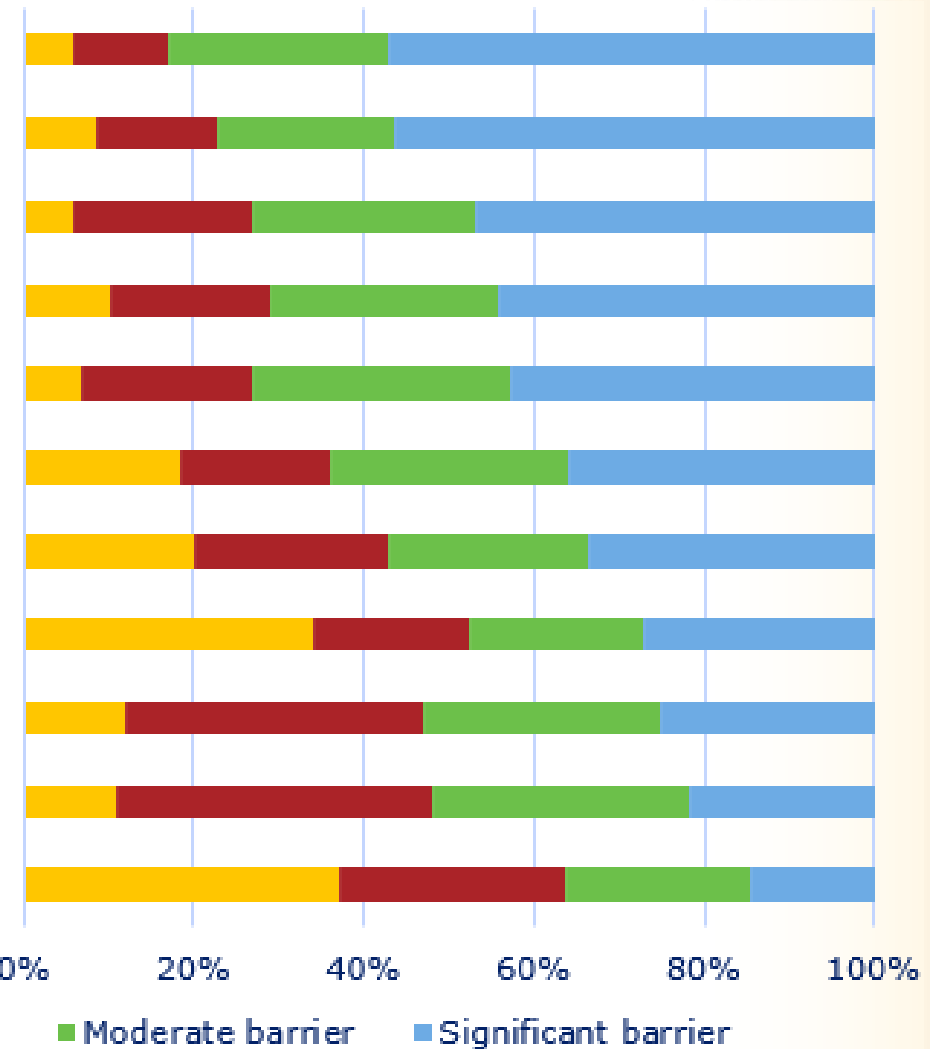
- Telemedicine/telehealth flexibilities have been very helpful for meeting access to care challenges resulting from the COVID-19 PHE
  - House Bill 4, 87th Legislature
- Some rural areas have been impacted by the “digital divide,” particularly with regard to broadband access
  - House Bill 5, 87th Legislature
- Teleservices access should continue forward using an evidence-based approach in alignment with value-based principles



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# Most Significant Barriers to Participating in Teleservices

- Payers do not offer sufficient reimbursement for the services.
- Payers do not offer reimbursement for the services outside of the COVID-19 public health emergency.
- Payer reimbursement policies are unclear.
- Patient lack of broadband.
- Patient lack of technology.
- Lack of funding to pay ongoing subscription fees for software or platforms.
- Lack of funding to purchase or rent telemedicine equipment.
- Lack of access to broadband/bandwidth needed to support telemedicine.
- Volume of telemedicine services does not support costs.
- Patient reluctance to receive telemedicine or telehealth services.
- Telemedicine equipment shortages.



# Barriers to Participating in Telemedicine

	Not at all a barrier	Minor barrier	Moderate barrier	Significant barrier
Payers do not offer sufficient reimbursement	6%	11%	26%	57%
Payers do not offer reimbursement for the services outside of the COVID-19 public health emergency.	8%	14%	21%	56%
Payer reimbursement policies are unclear.	6%	21%	26%	47%
Patient lack of broadband.	10%	19%	27%	44%
Patient lack of technology.	7%	20%	30%	43%
Lack of funding to pay ongoing subscription fees for software or platforms.	18%	18%	28%	36%
Lack of funding to purchase or rent telemedicine equipment.	20%	23%	24%	34%
Lack of access to broadband/bandwidth needed to support telemedicine.	34%	19%	20%	27%
Volume of telemedicine services does not support costs .	12%	35%	28%	25%
Patient reluctant to receive telemedicine or telehealth services.	11%	37%	30%	22%
Telemedicine equipment shortages.	37%	27%	22%	15%



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# Teleservices and The Digital Divide in Rural Texas (1 of 3)

Number of Texas Counties by Level of Broadband Access\* as of July 2020

	<b>Low</b>	<b>Medium</b>	<b>High</b>	<b>Total</b>
<b>Rural</b>	36	36	100	172
<b>Suburban</b>	4	7	45	56
<b>Urban</b>	0	0	26	26
<b>Total</b>	40	43	171	254

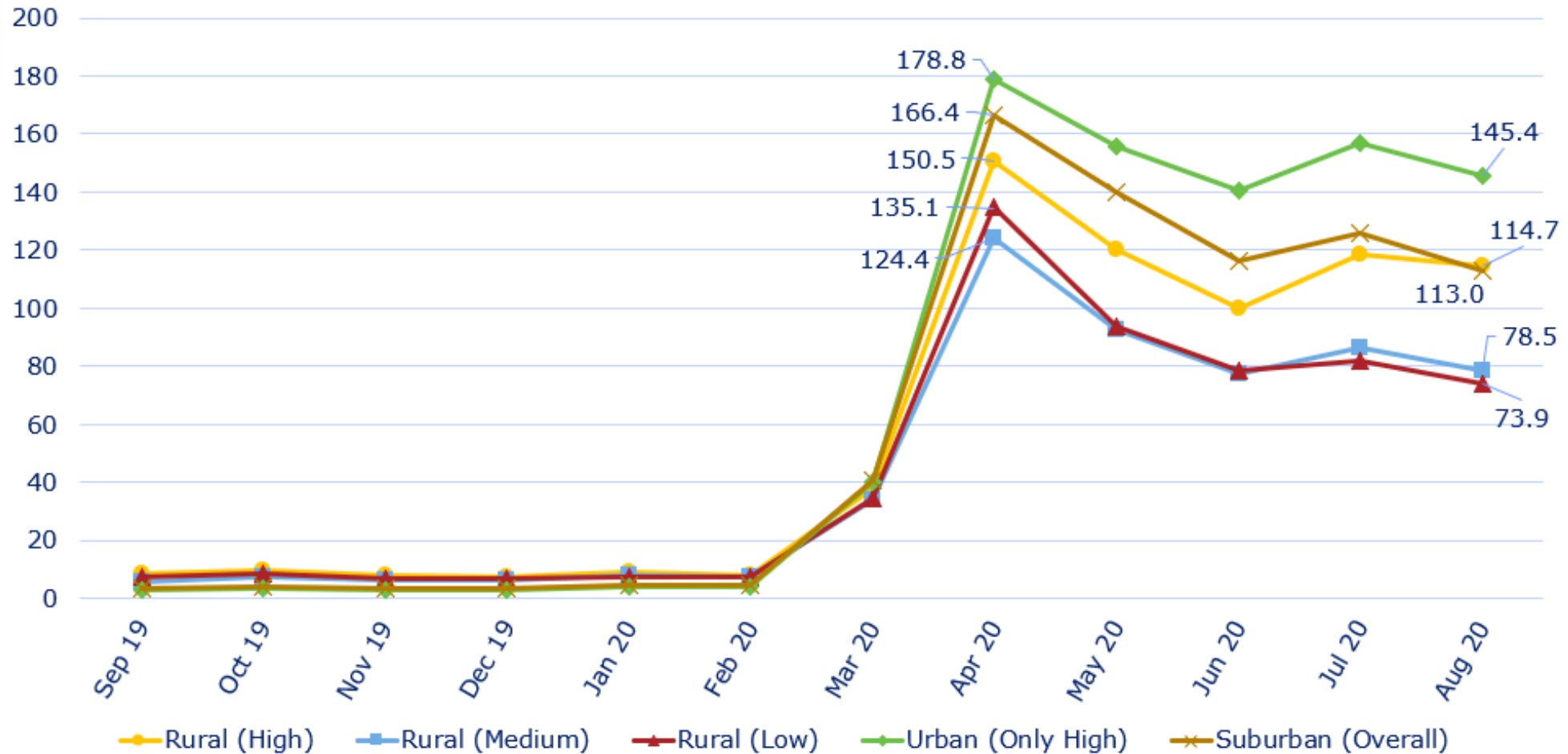
\*Broadband access categories are based on the distribution of percentages of households in each Texas county with access to 25x3 Mbps internet speeds. These percentages are estimated biannually by Connected Nation Texas. This table uses the July 31, 2020 update. For this report, low access is defined as less than 60% of county households having access to 25x3 Mbps internet speeds. Medium access is defined as 60% - 79% with access. High access is defined as 80% or higher.



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# Teleservices and The Digital Divide in Rural Texas (2 of 3)

Texas Medicaid Teleservices per 1,000 Clients by Month, Client County of Residence and Broadband Access Category



# Teleservices and The Digital Divide in Rural Texas (3 of 3)

Texas Medicaid Teleservices per 1,000 Clients by Month, Client County of Residence and Broadband Access Category

<b>Access Category</b>	<b>Rural(High)</b>	<b>Rural(Medium)</b>	<b>Rural(Low)</b>	<b>Urban(Only High)</b>	<b>Suburban(Overall)</b>
September 2019	8.6	5.9	7.5	2.9	3.5
October 2019	9.9	7.3	8.8	3.5	4.3
November 2019	7.9	6.2	6.6	3.1	3.6
December 2019	7.3	6.3	7.1	2.9	3.6
January 2020	9.4	7.8	7.7	4.3	4.7
February 2020	8.2	7.7	7.2	3.8	4.7
March 2020	38.1	34.2	34.7	40.4	40.9
April 2020	150.5	124.4	135.1	178.8	166.4
May 2020	120.2	92.9	94.0	155.7	139.8
June 2020	99.9	77.6	78.7	140.5	116.5
July 2020	118.6	86.3	82.1	156.9	125.7
August 2020	114.7	78.5	73.9	145.4	113.0



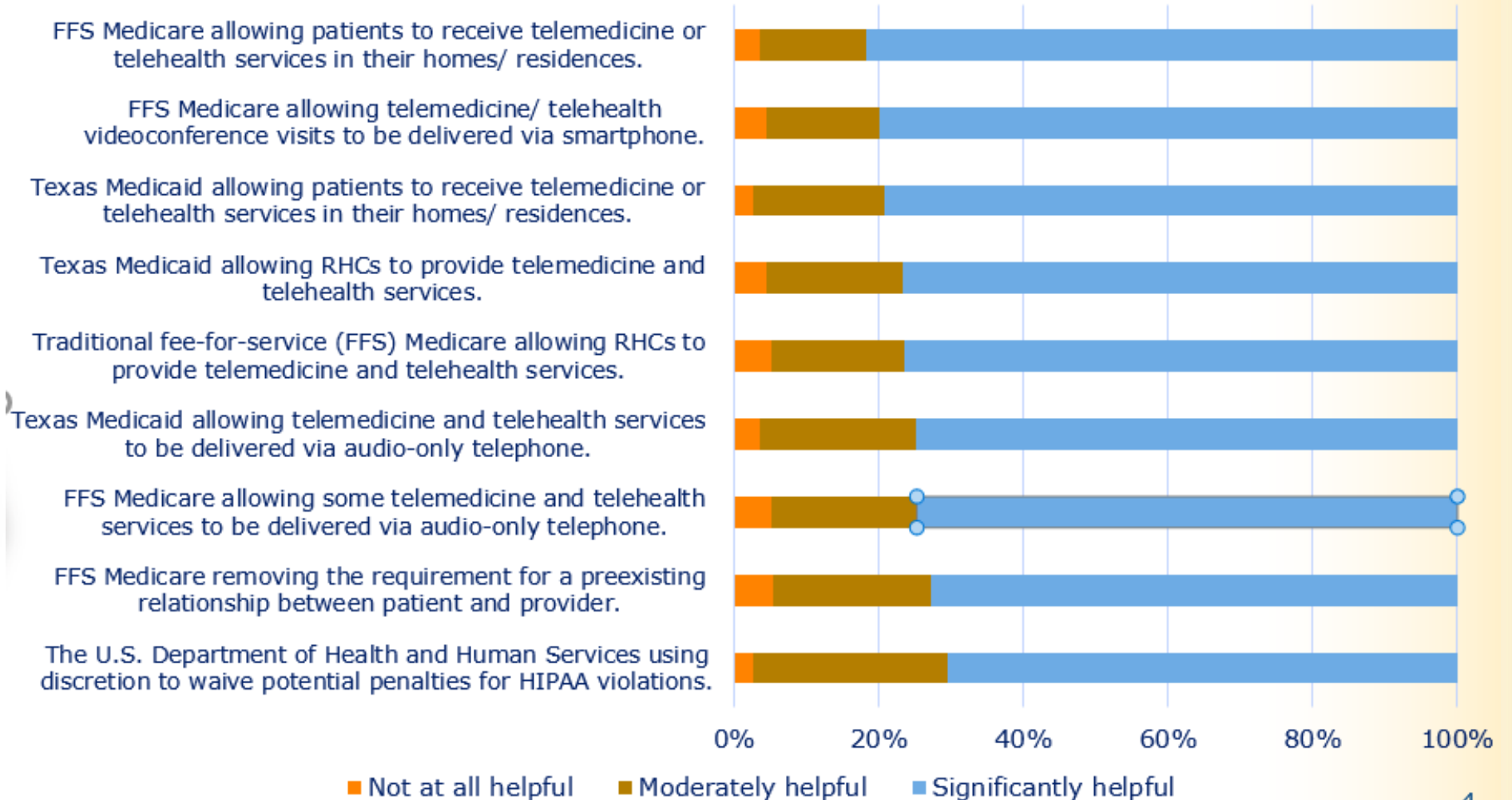
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# COVID-19 Flexibilities for Participating in Teleservices



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# COVID Flexibilities for Telemedicine

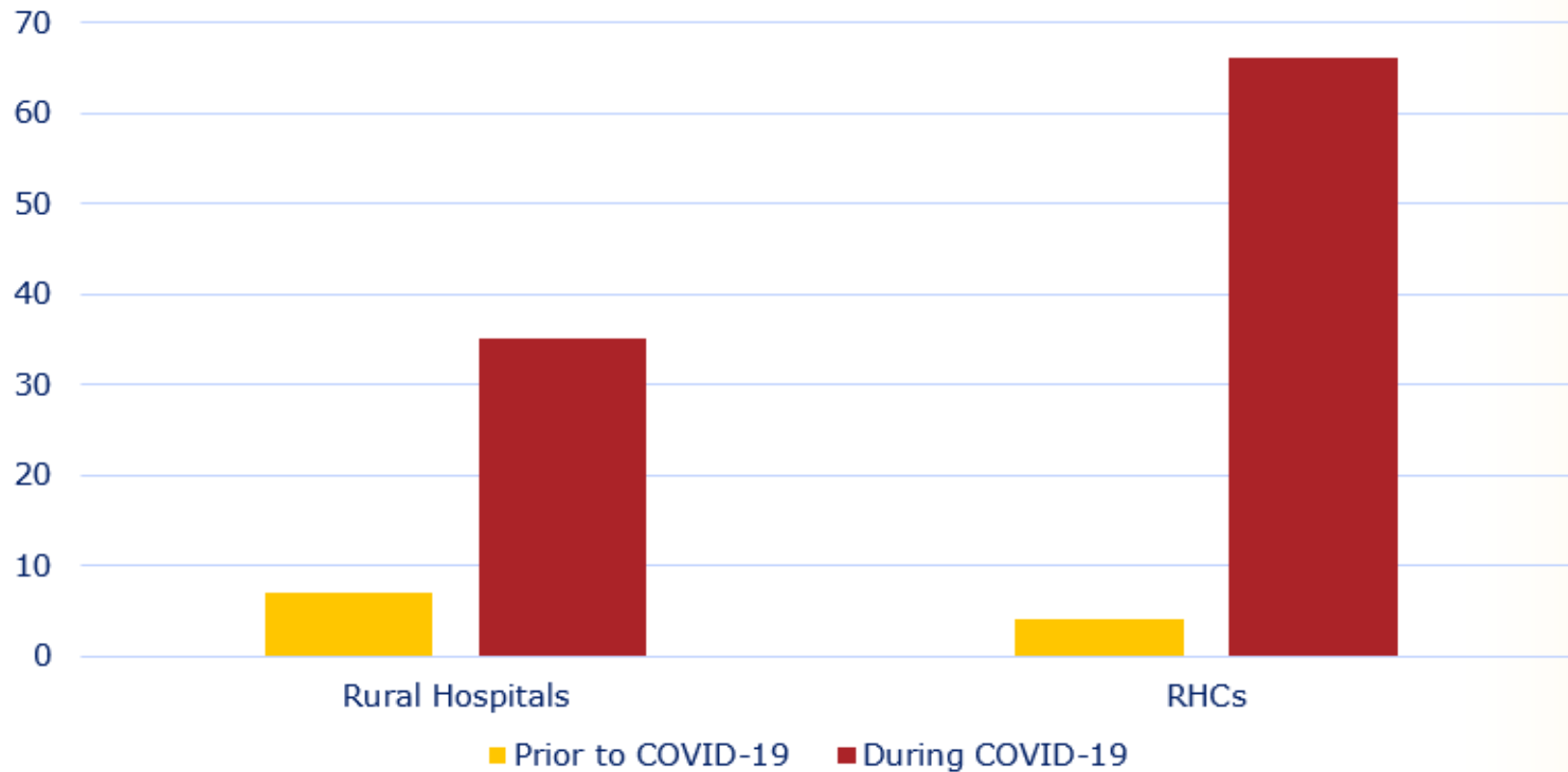
	Not at all helpful	Moderately helpful	Significantly helpful
FFS Medicare allowing patients to receive telemedicine or telehealth services in their homes/residences.	3%	15%	82%
FFS Medicare allowing telemedicine/telehealth videoconference visits to be delivered via smartphone.	4%	16%	80%
Texas Medicaid allowing patients to receive telemedicine or telehealth services in their homes/residences.	3%	18%	79%
Texas Medicaid allowing RHCs to provide telemedicine and telehealth services.	4%	19%	77%
Traditional fee-for-service (FFS) Medicare allowing RHCs to provide telemedicine and telehealth services.	5%	18%	77%
Texas Medicaid allowing telemedicine and telehealth services to be delivered via audio-only telephone.	3%	22%	75%
FFS Medicare allowing some telemedicine and telehealth services to be delivered via audio-only telephone.	5%	20%	75%
FFS Medicare removing the requirement for a preexisting relationship between patient and provider.	5%	22%	73%
The U.S. Department of Health and Human Services using discretion to waive potential penalties for HIPAA violations.	3%	27%	70%



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# Rural Hospital and Rural Health Clinic (RHC) Teleservices Survey

Rural Hospitals and RHCs Providing Telemedicine/  
Telehealth Services prior to COVID-19 and during  
COVID-19



# Teleservices in Rural Texas

Teleservices Provided by Select Provider Types for Clients Living in Rural Counties in SFY 2020

Provider Type (PT)	PT Code	Pre-Covid-19*	During COVID-19**	Difference	Percentage Change (%)
Clinic/Group Practice	22	22,459	149,611	127,152	566
Home Health Agency	44	0	16,533	16,533	-
FQHC	46	117	21,529	21,412	18,301
Physician(PCP)***	19, 20	132	5,597	5,465	4,140
Physician (Specialist)****	19, 20	155	5,547	5,392	3,479
RHC	78, 79	118	19,119	19,001	16,103

\*Pre-COVID-19 is defined as September 1, 2019 through February 29, 2020.

\*\*During COVID-19 is defined as March 1, 2020 through August 31, 2020.

\*\*\*Physician (PCP) includes providers enrolled under PT 19 or 20 and a Specialty Code of 8 (Family Practice/ General Practice), 11 (Internal Medicine), 15 (Obstetrics/ Gynecology), or 37 (Pediatrics).

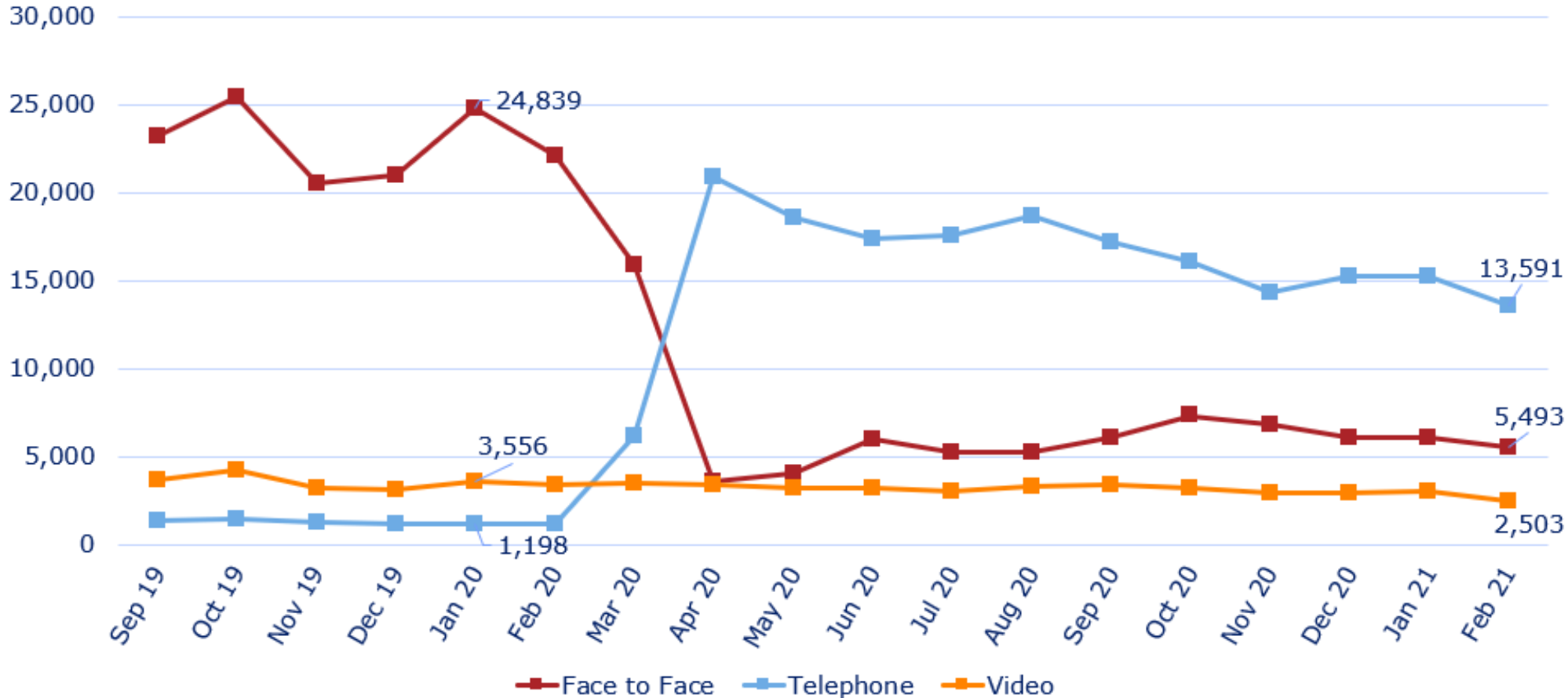
\*\*\*\*Physician (Specialist) includes providers enrolled under PT 19 or 20 and a Specialty Code other than 8, 11, 15, or 37.



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# Impact of Telephonic Services (1 of 2)

Total Medicaid Encounters\* at LMHAs/ LBHAs from Clients in Rural Counties by Encounter Type



\*Encounters for individuals with a full Medicaid benefit indicator.  
 Source: Mental Health and ID Business Objects Warehouse (MBOW)



# Impact of Telephonic Services

Total Medicaid Encounters \* at LMHS/LBHAs from Clients in Rural Counties by Encounter types

Encounter Type	Face to face	Telephone	Video
September 2019	23,211	1,341	3,675
October 2019	25,469	1,476	4,264
November 2019	20,507	1,251	3,252
December 2019	20,981	1,173	3,126
January 2020	24,839	1,198	3,556
February 2020	22,068	1,165	3,388
March 2020	15,902	6,205	3,470
April 2020	3,601	20,874	3,362
May 2020	4,021	18,614	3,175
June 2020	5,996	17,392	3,225
July 2020	5,216	15,582	3,007
August 2020	5,296	18,642	3,319
September 2020	6,054	17,153	3,387
October 2020	7,336	16,118	3,233
November 2020	6,782	14,303	2,929
December 2020	6,048	15,235	2,930
January 2021	6,071	15,244	2,998
February 2021	5,493	13,591	2,503

\*Encounters for individuals with a full Medicaid benefit indicator.  
Source: Mental Health and ID Business Objects Warehouse (MBOW)



# Strategies for Facilitating Teleservices

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- Review teleservice flexibilities
- Continue monitoring of teleservices' trends
  - Primary care
  - Specialty care
  - Clinics
  - Long term services and supports
  - Broadband access
- Include teleservices in new initiatives
- Evaluate evidence on teleservices effectiveness/value



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# Questions?

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# Thank you

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**Website & DSRIP Transition Plan:**

**<https://hhs.texas.gov/laws-regulations/policies-rules/waivers/medicaid-1115-waiver/dsrip-transition>**

**Email:**

**[txhealthcaretransformation@hhsc.state.tx.us](mailto:txhealthcaretransformation@hhsc.state.tx.us)**