# House Bill 4 – Medicaid and CHIP Teleservices

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Revised 8/24/22

# Background (1 of 3)

**House Bill (HB) 4 (87th Legislative Session, 2021):**

- The Texas Health and Human Services Commission (HHSC) allowed the use of telemedicine, telehealth, and audio-only for many new Medicaid services during the COVID-19 Public Health Emergency (PHE).
- HB4 requires HHSC to allow more services to be delivered using telemedicine, telehealth, and audio-only methods on a permanent basis after the PHE ends if clinically appropriate and cost-effective.

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# Background (2 of 3)

**Senate Bill (SB) 670 (86th Legislative Session, 2021):**

- Managed Care Organizations (MCOs) have the responsibility to determine which services could be delivered through telemedicine, telehealth, and audio-only methods.
- Under SB670 MCOs cannot:
  - Deny reimbursement to health care providers for a Medicaid service or procedure just because it was delivered via telemedicine or telehealth; and
  - Deny or reduce reimbursement for a covered health care service or procedure based upon the network provider's choice of platform.

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# Background (3 of 3)

**Senate Bill (SB) 670 (86th Legislative Session, 2021):**

- Under SB670 MCOs:
  - Must ensure that telemedicine and telehealth services promote and support patient-centered medical homes.

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# HB4 Timeline (1 of 2)

**Phase I and II: Analysis and Interim Guidance (Completed Winter and Spring 2022)**

- HHSC asked stakeholders for input about services that were available for remote delivery during the PHE to help determine whether permanent telemedicine, telehealth, and audio-only delivery methods would be cost-effective and clinically appropriate.
- HHSC released interim guidance about certain services that are approved for telemedicine, telehealth, and audio-only delivery methods on an ongoing basis.

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# HB4 Timeline (2 of 2)

**Phase III: Policy Development (Summer 2022)**

- Draft rules required by legislation and policy changes were posted for public comment.
- Notices were issued to update providers on FFS policy changes that will be effective Sept. 1, 2022.

**Phase IV: Rulemaking (Fall 2022 - Winter 2023)**

- Rules required by legislation will be posted for formal public comment and are expected to be effective in early 2023.

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# Medicaid FFS Policy

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# Permanent Allowances in FFS (1 of 5)

| ***New* Audio-Visual <u>and</u> Audio-Only Allowances** |
| --- |
| Screening, Brief Intervention, and Referral to Treatment Services |
| Health and Behavior Assessment and Intervention Services |
| Mental Health Targeted Case Management (TCM)* |
| Psychotherapy Services (individual, family, and group)* |
| Mental Health Rehabilitation Services (excluding day programming for acute care needs)* |
| Peer Specialist Services* |
| SUD counseling (individual and group)* |

* Requires existing clinical relationship for delivery via audio-only technology.

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# Permanent Allowances in FFS (2 of 5)

| ***New* Audio-Visual <u>and</u> Audio-Only Allowances** |
| --- |
| Psychiatric Diagnostic Evaluation Services (with & without medical services)* |
| Psychiatric Evaluation & Management (E&M) Services and Pharmacological Management Services for the diagnosis, evaluation and treatment of a mental health or Substance Use Disorder (SUD) condition only.* |
| Case Management for Children and Pregnant Women (CPW) Follow-up Visit |
| HTW and HTW PLUS services that are allowed in FFS |

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* Requires existing clinical relationship for delivery via audio-only technology.

# Permanent Allowances in FFS (3 of 5)

| *New* Audio-Visual Allowances |
| --- |
| Several physical, occupational, and speech therapy services |
| SUD comprehensive assessment |
| Renewal Assessments and Focused Nursing Assessments in HCS, TxHML, and CLASS |
| CLASS Specialized Therapies |
| Certain services in HCS, TxHmL, and CLASS (behavior support services, dietary services, social work and audiology services) |
| CPW Comprehensive Visit |
| Certain School Health and Related Services, including PT/OT/ST |
| Physician E&M Services - New or Established Patient Office or Outpatient Services for Family Planning, Prenatal, and Postnatal |
| Neurobehavioral, Neuropsychological, and Psychological Testing in certain circumstances |
| Early Childhood Intervention TCM (audio-only already allowed) |

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# Permanent Allowances in FFS (4 of 5)

| Flexibility Allowed<br>Only During PHE/Disaster |
| --- |
| Texas Health Steps checkups |
| Initial assessments for waiver program eligibility (HSC, TxHmL, CLASS, DBMD, S+P HCBS and MDCP) |
| Assessments for Personal Care Services, Community First Choice*, Primary Home Care, and Community Attendant Services |
| Quarterly case management visits for HCS, TxHmL, CLASS and DBMD |

*In FFS IDD waiver programs, the CFC PAS/HAB Assessment form must be completed in person with the individual unless individual agrees to the form being completed by videoconferencing or telephone and the individual receives appropriate in-person support during the completion of the form.

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# Permanent Allowances in FFS (5 of 5)

| Audio-Only Allowed Only During PHE/Disaster |
| --- |
| Audio-only nutrition counseling (Audio-visual allowed prior to PHE) |
| SUD comprehensive assessment (Audio-visual allowed through HB4) |
| Early Childhood Intervention Specialized Skills Training (Audio-visual allowed prior to PHE) |

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# Behavioral Health Rule Update

- **Medicaid Health Services Provided via Telemedicine and Telehealth including Audio-only Delivery Methods**
  - Implements rules related to behavioral health audio-only services and other teleservices updates
  - Draft posted for informal public comment April 8, 2022 - April 22, 2022
  - Formal comment period expected in fall 2022

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# Managed Care

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# Changes Impacting Managed Care

- **MCO Telehealth and Telemedicine Services**
  - Medicaid MCO Reminder – SB 670
  - CHIP Notice
  - Behavioral Health Audio-Only Services
- **Rural Health Clinics**
  - Eligible for reimbursement for distant services for telemedicine and telehealth and patient site fees for telemedicine
- **MCO Assessments and Service Coordination**
  - Rules expected to be adopted in early 2023

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# Managed Care Rule Update

- **Telecommunications for Managed Care Service Coordination and Assessments**
  - Implements rules related to use of teleservices in managed care assessments and service coordination
  - Draft rules posted for informal public comment February 24, 2022 - March 10, 2022
  - Formal comment period expected in fall 2022

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# Summary of MC Assessments and SC Proposed Rule (1 of 3)

- **Draft rules allow the use of audio-visual telehealth for**:
  - Service coordination visits that do not include certain types of assessments
  - Change in condition assessments that do not require or potentially require a change in the Resource Utilization Group (RUG) level

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# Summary of MC Assessments and SC Proposed Rule (2 of 3)

- **Draft rules state certain assessments must be done in-person**:
  - Initial assessments and annual reassessments for waiver program eligibility
  - Initial and annual functional assessments for personal assistance services, personal care services, and Community First Choice
  - Change in condition assessments that require or potentially require a change in the RUG level

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# Summary of MC Assessments and SC Proposed Rule (3 of 3)

- **Requirements for Service Coordination**
  - HHSC may, on a case-by-case basis, require a MCO to discontinue service coordination or assessments by telecommunication if HHSC determines discontinuation is in the best interest of the member (HB 4, Section 6(f)).
  - No changes to pre-COVID telephonic service coordination contacts.
  - HHSC will issue guidance in a future emergency/disaster regarding audio-only allowances.
  - Information technology, such as text or email, can supplement service coordination, but cannot be the sole means of conducting service coordination.

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# Member Communications

- HB4 also requires HHSC to adopt and publish guidance for MCOs to communicate to their members via text or email.
- Preliminary guidance was issued in December 2021 and was revised in April 2022 based on MCO feedback.
- The Uniform Managed Care Manual policy updates will be effective September 1, 2022.

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# Stakeholder Engagement

## HHSC is implementing HB4 in phases and continues to seek stakeholder input

Dedicated mailbox to receive input
HHSC_MCS_HOUSE_BILL_4@hhs.texas.gov

A webpage on the HHS site outlining ways to give input
https://www.hhs.texas.gov/services/health/medicaid-chip/provider-information/medicaid-chip-teleservices

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# Thank You

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