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House Bill 4 Medicaid and CHIP Teleservices Implementation

e-Health Advisory Committee Meeting

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December 6,2021

Existing Fee-for- Service Teleservices (Audio-Visual) Benefits (1 of 2)

Allowed for Telemedicine and Telehealth

- Evaluation and management services
- Psychotherapy
- End-stage Renal Disease services
- Federally Qualified Health Center visit

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Existing Fee-for- Service Teleservices (Audio-Visual) Benefits (2 of 2)

Telemedicine Only

- Inpatient consultation
- Follow-up inpatient consultation

Telehealth Only

- Psychotherapy services
- Medical Nutrition Therapy
- School Health and Related Services

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Existing Managed Care Teleservice Benefits

- Senate Bill 670, 86th Legislative Session, Regular Session, 2019, prohibits Medicaid health plans from denying reimbursement for telemedicine or telehealth services solely because the service was delivered remotely.

- Health plans should use clinical and cost effectiveness, among other factors, in making their coverage determinations.

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COVID-19 and House Bill 4

- To ensure continuity of care for Texas Medicaid members during the COVID-19 public health emergency (PHE), the Health and Human Service Commission (HHSC) authorized the use of telemedicine, telehealth, and audio-only platforms to deliver a range of services, including office visits and behavioral health services.
- House Bill 4 (87th Regular Legislative Session, 2021) seeks to make permanent many of the telehealth PHE flexibilities implemented by HHSC and to further use of teleservices overall, if clinically effective and cost-effective.

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HB4 Teleservices Requirements (1 of 2)

Section	Requirement
1. Rural Health Clinics	Reimburse RHCs as distant site and patient site providers of telemedicine and telehealth services.
2. Benefits and Services	Allow the following services to be delivered via telemedicine and telehealth **so long as they are clinically effective and cost-effective***: • Preventive health and wellness services • Case management services, including targeted case management • Behavioral health services; with a focus on allowing audio-only services • Occupational, physical, and speech therapies • Nutrition counseling • Assessment services, including assessments under 1915(c) waivers

*HHSC is prioritizing analysis of flexibilities allowed under the PHE.

HB4 Teleservices Requirements (2 of 2)

Section	Requirement
3. Home Telemonitoring Service	Authorize MCOs to provide home telemonitoring services to clients with conditions not specified in the Texas Government Code.
6. Improve Access to Care in Managed Care	Establish policies and procedures to improve access to care under the Medicaid managed care program by encouraging the use of telehealth services, telemedicine medical services, home telemonitoring services, and other telecommunications or information technology under the program.
6. Managed Care Service Coordination and Member Assessments	The Commission will establish criteria for remote delivery of service coordination and member assessments for certain members where allowable under federal law and clinically effective. The Commission must also determine categories of recipients of home and community-based services (HCBS) waiver who must receive at least one in-person visit to make an initial waiver eligibility determination. Otherwise MCOs have authority for in person visits for HCBS members.

Framework for Assessing Services

Evaluation Category	Assessment Question
Clinical Effectiveness	Are there indications (standards of practice, expert clinical opinion, professional judgement of subject matter experts, clinical guidance, medical evidence) that the service is **less** clinically effective when provided via audio/audio-visual than in person?
Cost Effectiveness	Is there any data indicating that the service itself is **more expensive** when provided via audio/audio-visual than in person?
Health & Safety	Are there reasons to believe that the service would pose **a health and safety risk** to members if provided via audio/audio-visual rather than in person?
Member Choice & Access	Would member choice and access be **negatively impacted** if the service is provided via audio/audio-visual rather than in person?
Federal/State Laws (includes licensure)	Are there federal or state laws or regulations (including licensure requirements) that **prevent** the service from being delivered via audio/audio-visual?
Other	Are there any other **reasons for concern** about offering the service via audio/audio-visual rather than in person?

Anticipated Outcomes

- Increased client access to care via telemedicine, telehealth, and audio-only service modalities.
- Expanded access to care for Medicaid members, especially for members in rural areas.
- Continued access to services via telecommunications after the public health emergency.

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Stakeholder Engagement (1 of 3)

HHSC is implementing HB4 in phases and will 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

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Stakeholder Engagement (2 of 3)

November Advisory committee presentations and ongoing updates:

- Nov. 4: State Medicaid Managed Care Advisory Committee
- Nov. 10: Medical Care Advisory Committee
- Nov. 15: STAR Kids Managed Care Advisory Committee subcommittee
- Nov. 17: E-health Advisory Committee Workgroup
- Nov. 18: Intellectual & Developmental Disability System Redesign Advisory Committee & STAR+PLUS Pilot Workgroup
- Nov. 18: Behavioral Health Advisory Committee Subcommittee

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Stakeholder Engagement (3 of 3)

This Winter

Interim guidance to be issued for most services and benefits

2022

Policy development through rules and benefit policy updates

Continued opportunities for input

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Interim Guidance

- Interim guidance allows a policy to be implemented while public comment, rule development, and contract amendment processes are in progress.
- This can provide a bridge between a flexibility allowed temporarily in a public health emergency and permanent policy.

Type of PHE Flexibility and HB4 Analysis Result	Interim Guidance
Allowed During PHE | HB4 Analysis Result=Allow Permanently	Yes
Allowed During PHE | HB4 Analysis Result=Allow Permanently with Restrictions	No, not until PHE ends
Allowed During PHE | HB4 Analysis Result=Allow Only During PHE	No

Rule and Policy Updates Expected (1 of 2)

Rule Changes

- Behavioral Health Audio-Only Services
- Managed Care Assessments and Service Coordination
- Language Clarifications Face-to-Face vs. In-Person

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Rule and Policy Updates Expected (2 of 2)

Policy Handbook Changes

- Telecommunications Handbook
- Behavioral Health and Case Management Handbook
- Healthy Texas Women Program Handbook
- Physical, Occupational, and Speech Therapies Handbook
- School Health and Related Services Handbook
- Clinics and Other Outpatient Service Facilities Handbook
- Gynecological, Obstetrics, and Family Planning Title XIX Services Handbook

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Thank You