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# House Bill 4 – Medicaid and CHIP Teleservices

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# Background

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

- HHSC allowed the use of telemedicine, telehealth, and audio-only for many new Medicaid services during the COVID-19 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.

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

- 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
  - Deny or reduce reimbursement for a Medicaid service or procedure if the health care provider or member chooses to receive the service via telemedicine or telehealth



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# Framework for Assessing Services



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

# HB4 Timeline

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## **Phase I: Analysis - Winter 2022**

- HHSC will release guidance about certain services that are approved for telemedicine, telehealth, and audio-only delivery methods on an ongoing basis.
- HHSC will begin releasing draft rules and other policy updates.

## **Phase II: Analysis - Spring 2022**

- HHSC will ask stakeholders for input about additional 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 will release guidance about additional services that are approved for telemedicine, telehealth, and audio-only delivery methods.

## **Phase III: Rulemaking - Summer 2022**

- Rules required by legislation will be posted for public comment.

## **Phase IV: Finalizing Policy -Fall 2022**

- HHSC expects to finalize formal policy changes after providing an opportunity for stakeholder input on posted rules and policies.



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# Recently Issued Guidance

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- **Winter Notices Issued**
  - Medicaid MCO Reminder – SB 670
  - CHIP Notice
  - Phase 1 FFS Interim Guidance: Behavioral Health, Therapies, Healthy Texas Women
  - [Medicaid and CHIP Teleservices Website for Updates](#)



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# Recently Issued Guidance (Cont.)

- **COVID-19 PHE Flexibilities Extended to 4/30/22**
  - Suspend case management requirements for face-to-face visits, offering telephonic case management for: Case Management for Blind and Visually Impaired Children; Case Management for Children and Pregnant Women; and audio-visual case management for ECI Targeted Case Management
  - Allow reimbursement of medical nutrition counseling services delivered via telephone (audio only).
  - Allow reimbursement for early childhood intervention (ECI) specialized skill training delivered via telephone (audio-only)
  - Permit telemedicine delivery of Texas Health Steps checkups for children over 24 months of age. Providers must follow up with their patients to ensure completion of any components that require an in person visit within 6 months of the telemedicine visit.

**Note** – *This is not a complete list of all flexibilities that have been extended to 4/30/22; it includes only select flexibilities relevant to this committee.*



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# Next Steps

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## Phase II – Spring 2022

- Continued analysis and stakeholder input
- Policy updates and stakeholder engagement
  - To allow Medicaid reimbursement for audio-visual delivery of:
    - ECI Targeted Case Management
  - To allow in a future public health emergency only audio-only delivery of:
    - ECI Specialized Skills Training
    - Medical Nutrition Counseling



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# Resources

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- **HHSC Website**
  - <https://www.hhs.texas.gov/services/health/medicaid-chip/provider-information/medicaid-chip-teleservices>
- **HHSC Email**
  - [HHSC MCS House Bill 4@hhs.texas.gov](mailto:HHSC_MCS_House_Bill_4@hhs.texas.gov)



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# Thank You

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