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House Bill 4

Erica Brown, *Deputy Director*
MCS Program Policy

Background (1 of 3)

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.



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Background (2 of 3)

Senate Bill (SB) 670 (86th Legislative Session, 2019):

- MCOs have the responsibility to determine which services could be delivered through telemedicine, telehealth, and audio-only methods.



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Background (3 of 3)

Senate Bill (SB) 670 (86th Legislative Session, 2019):

- 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;
 - Cannot deny or reduce reimbursement for a covered health care service or procedure based upon the network provider's choice of platform; and
 - MCOs must ensure that telemedicine and telehealth services promote and support patient-centered medical homes.



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HB4 Timeline (1 of 3)

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.



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HB4 Timeline (2 of 3)

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.



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HB4 Timeline (3 of 3)

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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HB4 Winter Notices Issued

- **MCO Notices**

- Medicaid MCO Reminder – SB 670
- CHIP Notice
- Behavioral Health Audio-Only Services

- **FFS Interim Guidance**

- Therapies
- Behavioral Health
 - Audio-only and audio-visual delivery of behavioral health services day programming for adult acute care needs ended Feb. 28, 2022.
- Healthy Texas Women



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Managed Care Assessments & Service Coordination Draft Policy

Managed Care Assessments

| In-Person Required | Audio-Visual (A/V) Allowed | Audio-Only Allowed |
|--|---|---|
| <ul style="list-style-type: none"> All initial assessments and annual reassessments for medical necessity and level of care must be done in-person <ul style="list-style-type: none"> SK-SAI Functional assessments for personal care services or personal assistance services and CFC must be done in-person Change in condition off-cycle assessments for medical necessity and level of care that may result in a Resource Utilization Group (RUG) change (including MDCP waiver eligibility) must be done in-person | <ul style="list-style-type: none"> Change in condition assessments that primarily involve adjustments in services (i.e., more hours of nursing or personal care services/personal assistance services for persons following a hospital stay) may be done A/V Members must be offered a choice to receive the assessment in-person, verbal consent to A/V must be documented, and the A/V must be done in a HIPAA compliant manner | <ul style="list-style-type: none"> Only in a future Public Health Emergency/Disaster |



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Managed Care Assessments & Service Coordination Draft Policy

Managed Care Service Coordination

| In-Person Required | Audio-Visual (A/V) Allowed | Audio-Only Allowed |
|---|--|---|
| <ul style="list-style-type: none"> Service Coordination visits where an assessment will be conducted must be done in-person All STAR Kids Level 1, 2 and 3 members must receive at least 1 in-person Service Coordination visit per year* <p>*The in-person visit where the SK-SAI is administered satisfies this minimum requirement</p> | <ul style="list-style-type: none"> Service coordination visits where no assessment is being conducted may be done A/V Members must be offered a choice to receive the service in person, consent to A/V must be documented, and the A/V must be done in a HIPAA compliant manner | <ul style="list-style-type: none"> Only in a future Public Health Emergency/Disaster |



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Managed Care Assessments & Service Coordination Draft Policy

- **Service Coordination (cont.)**
 - 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.
 - Audio-only in place of in-person visits allowed only in an emergency or state of disaster.
 - 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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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](mailto: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
