



Impact of COVID-19 on Vulnerable Populations in Texas

Texas Medicaid and CHIP Teleservices Monthly Trend Dashboard Notes

Policy Changes

To understand the increase in the utilization of teleservices, it is important to note that, HHSC expanded Texas Medicaid coverage of these services during the COVID-19 Public Health Emergency (PHE) to support continuity of care. These flexibilities are comprehensive, covering acute care, behavioral health, and long-term services and supports and apply to both managed care organization (MCO) functions (such as service coordination) and provider services, so long as they are delivered in accordance with the healthcare provider's licensure. HHSC also implemented new telephonic procedure codes for use during the PHE. For more information, please refer to <https://www.hhs.texas.gov/services/health/coronavirus-covid-19/medicaid-chip-services-information-providers>.

Data Source

Claims and encounters data are from TMHP's Analytical Data Store. Demographic and program information are from HHSC's 8-month eligibility file, 24-month eligibility file, TT FFS file, and CHIP History file.

Data Description

Data is subject to change. Claims and encounters data are generally considered to be complete for analysis eight months after the end of a service date. The lag after the end of the service period allows for submission, processing, and any retroactive changes. What may appear as recent decreases in the number of clients receiving services may be due, at least in part, to the lag in claims processing rather than solely due to a reduction in services. Only paid claims and encounters are included.

Measure Information

The all teleservices trend lines show the count and paid amounts of all Medicaid and CHIP teleservices. The bar charts show the count and amounts paid for select high profile services delivered in person versus via teleservices.

Demographic information is collected from Medicaid/CHIP clients when they enroll in the programs. This information is matched to the claims and encounters on the date of service/eligibility month and clients' Medicaid or CHIP identification number. For client race and ethnicity, "Unknown/Other" indicates that the corresponding demographic fell into a category too small to present on its own or the data element was missing for that client. For client gender, "Unknown" indicates the data element was missing for that client.

Totals may differ from the sum of categories because clients may change categories over time (e.g., a client turns 22 during the year and is counted in the <21 and in the 21-64 age group).

The measure "services" for occupational therapy (OT), speech therapy (ST), physical therapy (PT), and well child visits are defined as the count of procedures that were paid for at the detail level. "Services" for mental health and substance use disorder treatment (SUD) is defined as the distinct number of claims or encounters that were paid for at the header level. A claim or encounter may be composed of more than one detail procedure.

The measure "Paid Amount" is defined as the sum of the detail dollar amounts for each procedure code paid at the detail level; except for mental health inpatient episodes. The "Paid Amount" for these hospital stays is defined as the summation of the header paid amount for all services on the inpatient claim or encounter.

Definitions

"Teleservices" includes audio/visual services done by physicians (telemedicine) or non-physicians (telehealth), as well as audio-only done by any licensed provider. Teleservices before 9/1/2019 include procedure codes G0406, G0407, G0408, G0425, G0426, G0427, G0459, or 99457 regardless of modifier or procedure codes 90791, 90792, 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90832, 90833, 90834, 90836, 90837, 90838, 90862, 90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961, 92507, 92508, 92521, 92522, 92523, 92524, 97150, 97165, 97166, 97167, 97168, 97530, 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245,

99251, 99252, 99253, 99254, 99255, 99354, 99355, 99356, 99357, G0406, G0407, G0408, G0425, G0426, G0427, G0459, M0064, S9152, or S9470 with modifier `GT` or `95`.

Beginning 9/1/2019, teleservices include any procedure codes with modifier GT or 95 or procedure codes G0406, G0407, G0408, G0425, G0426, G0427, G0459, 99457, 99441, 99442, or 99443 regardless of modifier.