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House Bill 4 – Medicaid Teleservices

**Presentation to the Behavioral Health Advisory Committee |
November 4, 2022**

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Background (1 of 2)

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.



Background (2 of 2)

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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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 policy changes that will be effective September 1, 2022.
- Click [here](#) for the behavioral health services notice.

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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Behavioral Health

Mental Health and Substance Use Benefits in Medicaid

Changes Impacting Behavioral Health Providers

- **MCO**

- 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

- **Healthy Texas Women (HTW) and HTW Plus**

- HTW and HTW Plus allows telemedicine/telehealth in alignment with Medicaid program



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Delivery by Synchronous Audiovisual Technology

Changes Impacting Behavioral Health FFS Medicaid Providers (1 of 2)

Delivery by Synchronous **Audiovisual** Technology in Policy Effective 9/1/2022 (**modifier 95**)

- Psychiatric Diagnostic Evaluation (with & without medical services)
- Psychotherapy (individual, family, & group)
- Neurobehavioral, neuropsychological & psychological testing*
- Health & Behavioral Assessment & Intervention (HBAI)
- Screening, Brief Intervention & Referral to Treatment (SBIRT)
- Substance Use Disorder Assessment & Counseling (individual & group)

**Restrictions apply to neuropsychological and psychological testing services*



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Changes Impacting Behavioral Health FFS Medicaid Providers (2 of 2)

Delivery by Synchronous **Audiovisual** Technology in Policy Effective 9/1/2022, cont. (**modifier 95**)

- Peer Specialist Services*
- Mental Health Rehabilitation Services* (excluding day programming for acute care needs)
- Mental Health Targeted Case Management Services*
- Pharmacological Management & Physician Evaluation & Management Services – Office & Other Outpatient Services (new & established patient services)

** Requires **documented approval** by the treatment team in the person's plan of care prior to the delivery of the services (excluding mental health rehabilitation – crisis intervention services)*



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Delivery by Synchronous Audio-Only Technology

Synchronous Audio-Only Technology Existing Clinical Relationship (1 of 2)

Defined as:

- An 'existing clinical relationship' occurs when a person has received at least **one** in-person or synchronous audiovisual (insert type) service from the **same provider** within the **6** months **prior** to the initial service delivered by synchronous telephone (audio-only) technology. The 6-month requirement for at least one in-person or synchronous audiovisual service prior to the initial synchronous telephone (audio-only) service may **not** be waived.



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Synchronous Audio-Only Technology Existing Clinical Relationship, cont. (2 of 2)

Defined as:

- Providers are **required** to conduct at least **one** in-person or synchronous audio-visual (insert type) service **every rolling 12 months** of each follow-up service delivered by synchronous telephone (audio-only) technology **unless** the person receiving services and the provider agree that an in-person or synchronous audiovisual service is clinically contraindicated, or the risks or burdens of an in-person or synchronous audio-visual service outweigh the benefits. The decision to waive the 12-month requirement applies to that particular rolling 12-month period and the basis for the decision **must** be documented in the person's medical record.



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Changes Impacting Behavioral Health FFS Medicaid Providers (1 of 3)

Delivery by Synchronous **Audio-Only** Technology in Policy Effective 9/1/2022, cont. (**modifier FQ**)

- Psychiatric Diagnostic Evaluation (with & without medical services)*
- Psychotherapy (individual, family, & group)*
- Substance Use Counseling (individual & group)*
- Health and Behavioral Assessment and Intervention (HBAI)
- Screening, Brief Intervention and Referral to Treatment (SBIRT)

** May be provided by synchronous telephone (audio-only) technology to persons with whom the treating provider has an '**existing clinical relationship**'*



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Changes Impacting Behavioral Health FFS Medicaid Providers (2 of 3)

Delivery by Synchronous **Audio-Only** Technology in Policy Effective 9/1/2022, cont. (**modifier FQ**)

- Peer Specialist Services*
- Mental Health Rehabilitation Services* (excluding day programming for acute care needs & crisis intervention services)
- Mental Health Targeted Case Management Services*

** May be provided by synchronous telephone (audio-only) technology to persons with whom the treating provider has an **'existing clinical relationship'**. Also, requires **documented approval** by the treatment team in the person's plan of care prior to the delivery of the services (excluding mental health rehabilitation – crisis intervention services)*



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Changes Impacting Behavioral Health FFS Medicaid Providers (2 of 3)

Delivery by Synchronous **Audio-Only** Technology in Policy Effective 9/1/2022, cont. (**modifier FQ**)

- Pharmacological Management & Physician Evaluation and Management Services – Office & Other Outpatient Services
 - Established patient services' codes **only** (excluding 99211); and
 - For the diagnosis, evaluation & treatment of a mental health or substance use condition **only**.



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Changes Impacting Behavioral Health Providers

Medicaid FFS Policy Requirements

- Must be clinically appropriate and safe, as determined by the provider or supervising clinician.
- Providers must defer to needs of person receiving services.
- Modality must be driven by member choice and consent.
- Delivery method should be accessible, person- and family-centered.
- Services must align with licensure and regulatory requirements.



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Behavioral Health Rule Update

- **Rule Project 22R075: Medicaid Health Services Provided via Telemedicine and Telehealth including Audio-only Delivery Methods**
 - Implements TAC rules related to behavioral health audio-only services and other teleservices updates.
 - Draft **rules** posted for informal public comment April 8, 2022 - April 22, 2022.
 - Formal comment period expected fall 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](mailto:HHSC_MCS_HOUSE_BILL_4@hhs.texas.gov)

A webpage on the HHS site outlining ways to give input : [Medicaid and CHIP Teleservices | Texas Health and Human Services](#)



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Thank You
