



STAR Health Psychiatric Rate Evaluation

As Required by

2022-23 General Appropriations Act,

Senate Bill 1, 87th Legislature,

Regular Session, 2021

(Article II, HHSC, Rider 32)

Health and Human Services

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Executive Summary

This evaluation of rate methodology and payment rates for psychiatric services provided to children enrolled in the State of Texas Access Reform (STAR) Health program is submitted according to the 2022-23 General Appropriations Act, Senate Bill 1, 87th Legislature, Regular Session, 2021 (Article II, Health and Human Services Commission, Rider 32).

Rider 32 requires the Health and Human Services Commission (HHSC) to conduct this evaluation in coordination with a workgroup comprised of stakeholders with knowledge of the foster care population and their behavioral health needs convened by HHSC. The evaluation is required to examine whether the rate of reimbursement for psychiatric services under STAR Health:

- a) Impacts access to psychiatric and other mental health services;
- b) Impacts provider network requirements;
- c) Contributes to psychiatrists leaving the program;
- d) Contributes to the workforce shortages of psychiatrists within the program, considering rural and urban variations;
- e) Results in a higher occurrence of potentially preventable events; and
- f) Other factors that impede access to psychiatric and other mental health services.

The stakeholder workgroup held multiple meetings to discuss these topics starting in November 2021 and ending in January 2022. The workgroup consisted of HHSC, representatives from Superior HealthPlan, Social Service workers, and child welfare advocates.

The stakeholders shared valuable information on the current state of behavioral health in foster care. This report includes stakeholder feedback, analysis of claims data from 2016 to 2020, and Texas psychiatric licensing data.

1. Background

Severe Psychiatrist Shortage in Texas

In May 2022, the American Academy of Child and Adolescent Psychiatry (AACAP) released data illustrating the severe national shortage of child and adolescent psychiatrists (CAPs). These data specifically show the rate of practicing CAPs per 100,000 children aged 0 to 17 years by county (Workforce, 2017). According to AACAP data, there are 745 practicing CAPs in Texas, with an average of 10 CAPs per 100,000 children. The average CAP age in Texas is 51, and the only county in Texas with a mostly sufficient supply of child psychiatrists is Kendall County. According to the Department of State Health Services (DSHS) Physician Supply and Demand Projections 2021-2031 Report, Texas will need 1,143 more licensed psychiatrists to meet the projected demand in 2032 (Department, 2022). DSHS modeled how many psychiatrists could be added if every Texas medical school increased residency slots by 10 percent. This model predicted that more than 600 psychiatrists could be added by 2032. Increasing the number of residencies available to medical students in Texas may increase the likelihood that physicians will remain and practice in Texas (Report, 2021). Without any action, the supply gap is projected to widen by 2032.

STAR Health & Superior Healthplan

Since 2008, Superior Healthplan has been the only Managed Care Organization (MCO) responsible for medical and behavioral services for youth in Texas foster care (Superior, 2018). Medicaid-covered benefits for foster care children include physical health services, behavioral health services, pharmacy services, dental services, and vision services (STAR Health, 2016). According to the National Committee for Quality Assurance (NCQA), Superior Healthplan was the second-highest Texas Medicaid-rated health plan accredited by the NCQA in 2019 (NCQA, 2019).

COVID-19 Public Health Emergency (PHE) Impact on Service Access

Data published by the Centers for Medicare & Medicaid Services (CMS) in 2021 shows that starting in March 2020, primary, preventative, and mental health service use declined nationwide for children under 19 years of age (Medicaid, 2021). Between March and October 2020, the service rates for primary and preventative care rebounded to close to 2018 through 2019 levels. However, data

shows that mental health services for Medicaid children under 19 continued to decline throughout 2020, resulting in 34 percent fewer services used in 2020 than in 2019.

Mental Health Rate Methodology

HHSC sets Medicaid fee-for-service (FFS) psychiatric rates using a combination of Relative Value Units (RVUs) published by CMS, commercial payer data, and fee schedules from other state Medicaid programs. Due to the variability of contracted rates, all rates in the program rate table (Table 2) are an average of all reimbursements paid by Medicaid MCOs in the state of Texas for each procedure code. The average paid unit for each procedure code may differ from published fee schedules. HHSC sets FFS rates for Texas Medicaid and then sets actuarially sound capitated per member per month amounts to Superior Health based on experience data. MCOs then pay a contracted rate to providers. Contracted rates can vary based on location and by provider.

HHSC reviewed STAR Health claims data for psychiatrists from state fiscal years (SFY) 2016 to 2020 and identified the most utilized procedure codes. Evaluation and Management (E&M) codes have significant utilization. The fees listed in Table 1 are from the “Online Fee Lookup” tool on the Texas Medicaid Healthcare Partnership (TMHP) website. All fees in the table below are for Doctors of Osteopathic Medicine in the Psychiatry specialty serving clients 0 to 20 years of age in the Medicaid program.

Table 1. Rates for most utilized psychiatric procedure codes (TMHP, 2022).

Procedure Code	Description	June 2022 TMHP Published Fee
99214	Office or other outpatient visit, E&M, 30-39 minutes	\$ 52.86
90792	Psychiatric diagnostic evaluation with medical services	\$ 162.23
99213	Office or other outpatient visit, E&M, 20-29 minutes	\$ 37.64
99232	Subsequent hospital care, per day, E&M, 25 minutes	\$ 50.43
99223	Initial hospital care, per day, E&M, 70 minutes	\$ 133.20
99233	Subsequent hospital care, per day, E&M, 35 minutes	\$ 67.82
99238	Hospital discharge day management; 30 minutes or less	\$ 60.51
99239	Hospital discharge day management; more than 30 minutes	\$ 79.99

Procedure Code	Description	June 2022 TMHP Published Fee
99231	Subsequent hospital care, per day	\$ 35.13
99215	Office or other outpatient visit, E&M, 40 minutes	\$ 81.38

<https://public.tmhp.com/FeeSchedules/StaticFeeSchedule/FeeSchedules.aspx>

Table 2. Psychiatrist rate table – comparison by program SFY 2020.

Procedure Code	STAR Health Average Paid Rate SFY 2020	STAR Average Paid Rate SFY 2020	FFS Average Paid Rate SFY 2020	CMS Physician Fee Schedule (Facility FY 2020)
99214	\$ 53	\$ 53	\$ 45	\$ 80.48
90792	\$ 126	\$ 125	\$ 118	\$ 142.92
99213	\$ 40	\$ 41	\$ 30	\$ 52.33
99232	\$ 52	\$ 50	\$ 47	\$ 73.62
99233	\$ 69	\$ 68	\$ 63	\$ 106.10
99238	\$ 61	\$ 60	\$ 57	\$ 74.35
99223	\$ 135	\$ 132	\$ 123	\$ 206.07
99222	\$ 103	\$ 102	\$ 97	\$ 140.39
99239	\$ 78	\$ 78	\$ 75	\$ 115.52
99215	\$ 80	\$ 87	\$ 69	\$ 143.11

Rate Data for Table 2: SFY 2020 Medicaid claims data and CMS Physician Fee Schedule.

Table 2 is calculated using the median rate from facility and non-facility settings for the most utilized psychiatric codes in SFY 2020 (Texas Health, 2022) and the 2020 CMS Physician's fee schedule for the same codes (Physician, 2022).

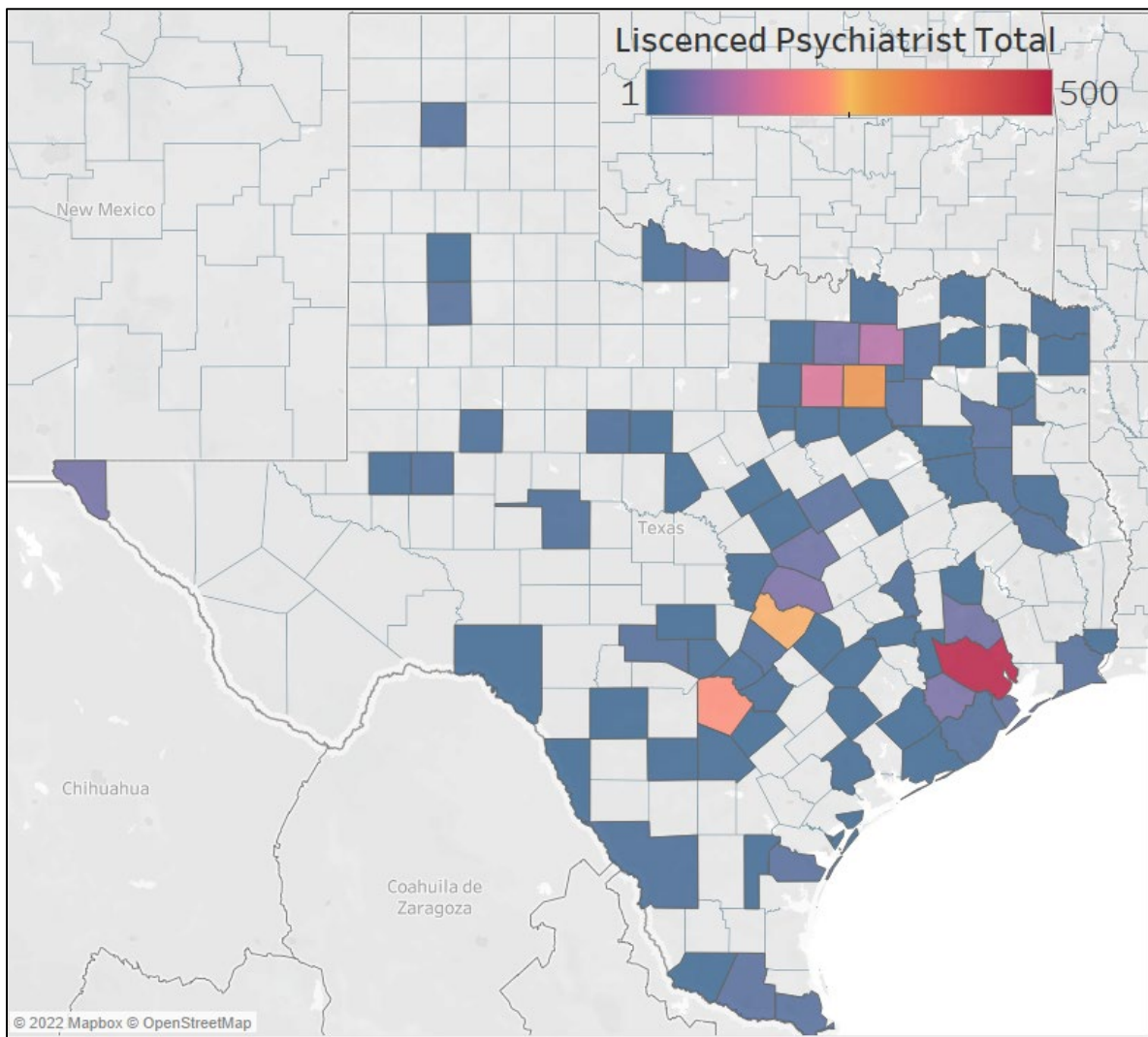
2. Rural/Urban Psychiatrist Workforce Shortages

Number of Licensed Psychiatrists in Texas Counties

DSHS publishes counts of licensed psychiatrists in every Texas county. The map below includes all active and non-federal psychiatrists (medical doctors and doctors of osteopathy) practicing in Texas (County, 2020). The tables include child and adult psychiatrists. Residents and fellows, teachers, administrators, researchers, federal, military, retired, and “not-in-practice” psychiatrists are excluded from the supply totals. Temporary psychiatrists are also excluded.

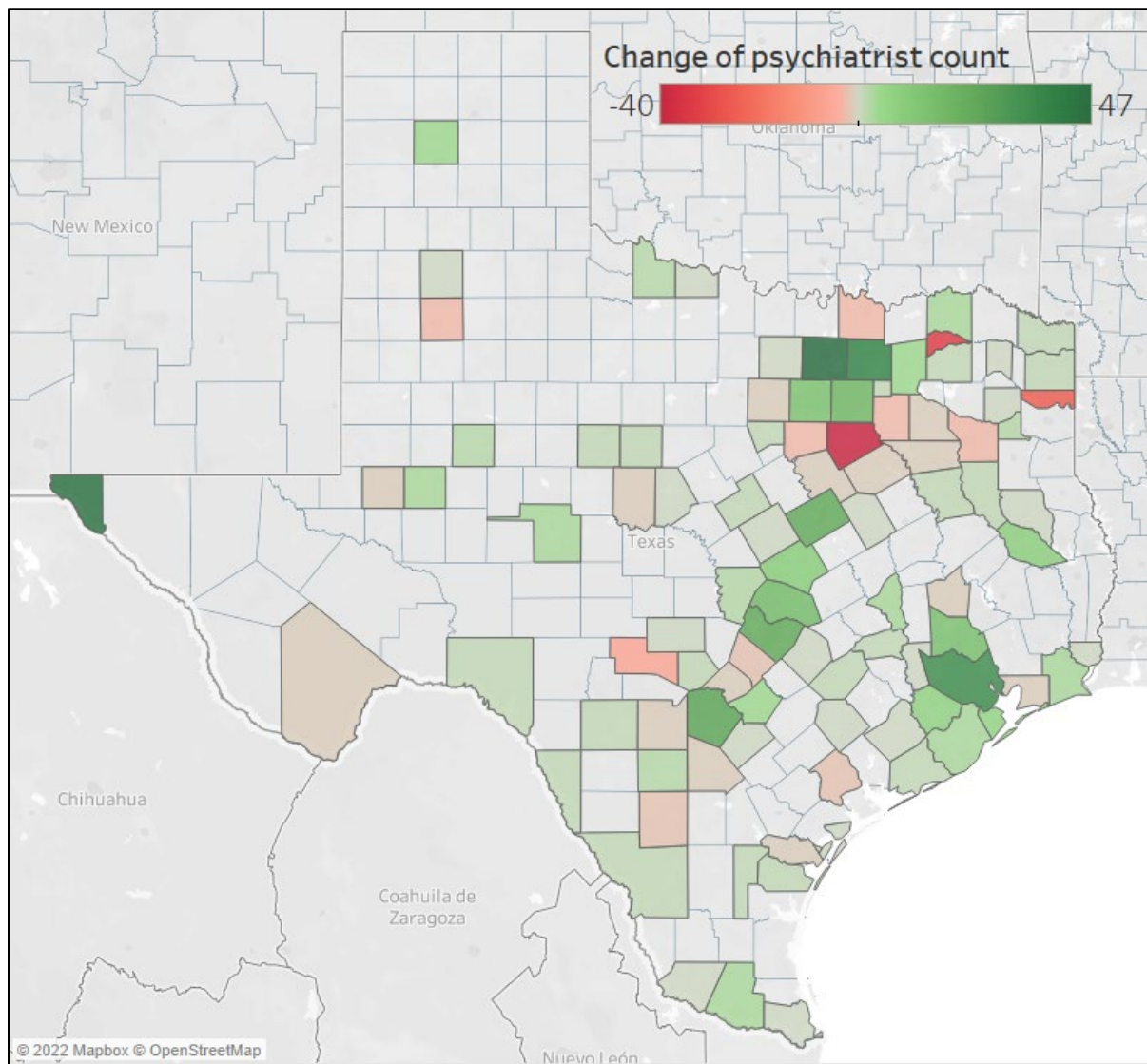
As of 2020, 170 counties in Texas had no licensed psychiatrist; 159 of these counties are rural. 26 counties have between two and nine licensed psychiatrists; half of these counties are rural. 35 counties have more than 10 licensed psychiatrists; three of these counties are rural. Figure 1 shows the counts of licensed psychiatrists in each county for 2020 according to licensing data. Harris, Dallas, Travis, Bexar, Tarrant, and Collin counties account for two-thirds of Texas licensed Psychiatrists. Figure 2 shows the changes in the number of licensed psychiatrists for each county between 2016 and 2020 according to licensing data. De Witt, Ellis, and Collin counties added the most licensed psychiatrists, while El Paso, Denton, and McLennan counties lost the most licensed psychiatrists. Figure 3 shows the average number of CAPs in each Texas county per 100,000 children in 2022 (Workforce, 2022). According to AACAP data, all counties in Texas except Kendall County are experiencing a shortage of child psychiatrists or have no available child psychiatrists.

Figure 1. Counts of Licensed Psychiatrists in Texas 2020 (County, 2020).



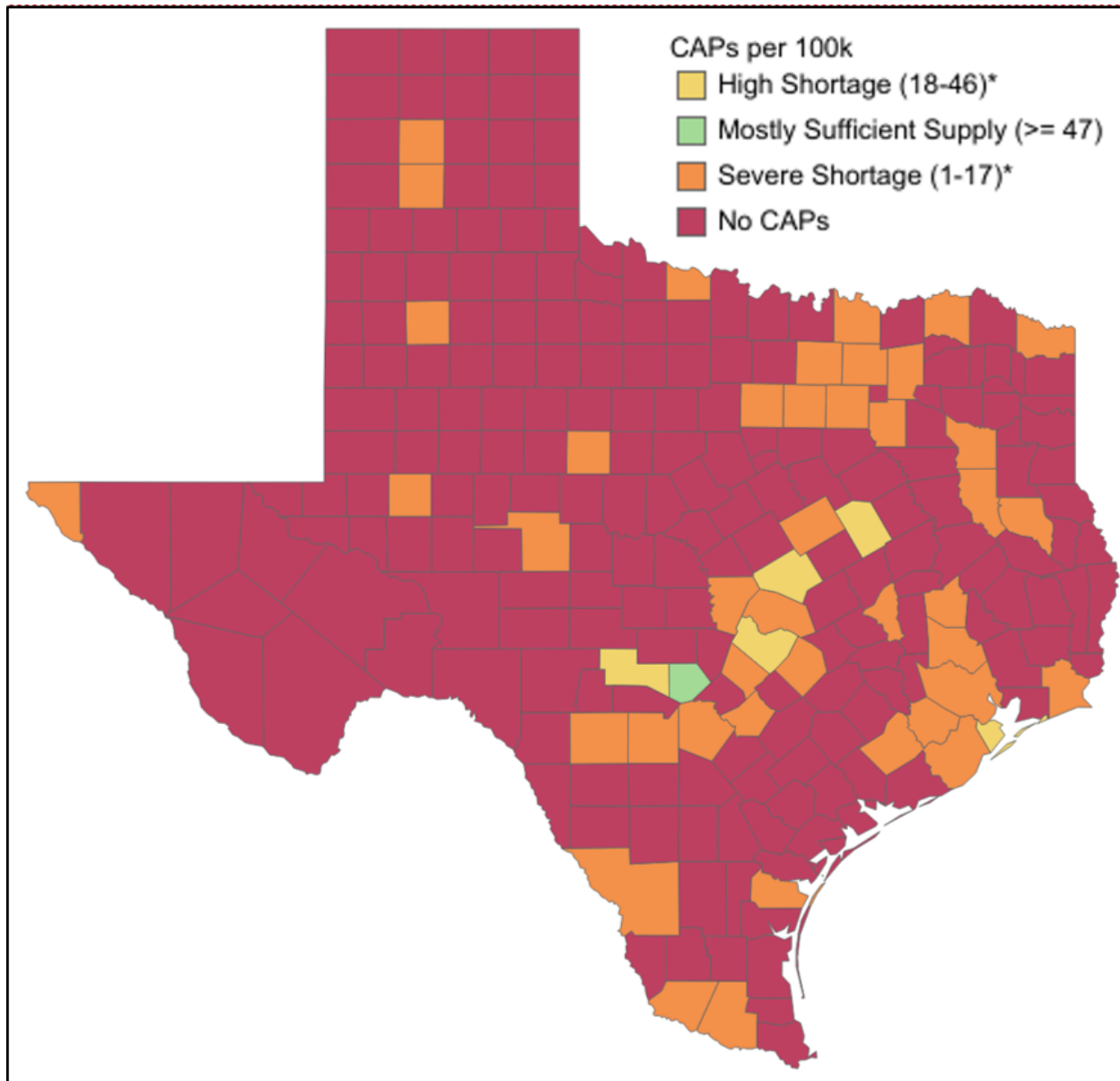
Source: Licensure Data.

Figure 2. Change in Texas Psychiatrist Supply 2016 – 2020 (County, 2020).



Source: Licensure Data.

Figure 3. Count of CAPs per 100,000 children According to 2022 AACAP data (Workforce, 2022).



Source: Figure 3 data includes the count of CAPs per 100,000 children according to 2022 data published by the AACAP. Based on an AACAP 2022 release of workforce maps, it was noted that, "Ratios of child and adolescent psychiatrists' range by state from 1 to 60 per 100,000 children, with a nationwide median of 14 child and adolescent psychiatrists per 100,000 children. This includes Puerto Rico and District of Columbia." The Texas state average ratio is 10 per 100,000 children.

3. STAR Health Psychiatric & Other Mental Health Service Access

STAR Health Perception of Access

According to data published by the STAR Health Caregiver Survey, the percentage of caregivers reporting easy access to specialized emotional and behavioral counseling increased from 60 percent in 2016 to 66 percent in 2020 (Experience, 2020). The survey data is published every two years and it is difficult to draw a conclusion from the self-reported information. We evaluated the number of providers available in an attempt to address this question as well as taking a look at the reimbursement rates for applicable services.

Mental Health Service Groups

The Texas Medicaid Provider Procedures Manual (TMPPM) defines Mental Health services in Volume 2 of the Behavioral Health and Case Management Services Handbook (Texas Medicaid, 2022). Procedure code service groups can be found in the following locations: Outpatient Mental Health Services, Chapter 4; Mental Health Targeted Case Management Services, Chapter 5; and Inpatient Psychiatric Services, Chapter 7. Service types are based on procedure codes grouped into similar areas, such as Testing and Evaluation, Outpatient Services, Case Management Services, and Inpatient Services. The following review uses claim and encounter data (Texas Health, 2022). Information regarding the program, provider, client, location, paid amount, SFY, and procedure code was included in the query. The resulting data were grouped by service type and provider classification. This information is used to generate the following figures to show average utilization (unit of service) by county for each service type, and the number of clients served by each provider classification from SFYs 2016 to 2020.

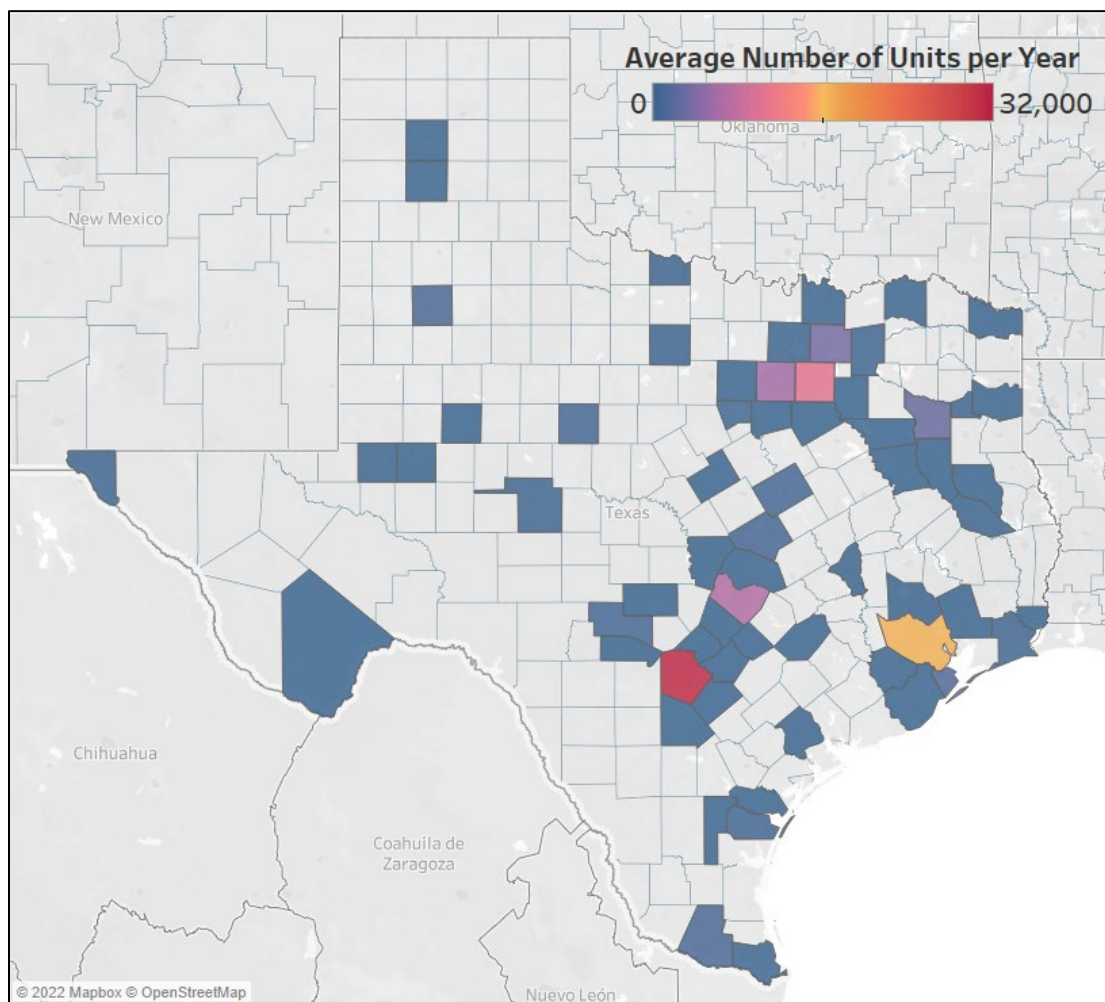
Rate Methodology

Most of the behavioral health services reviewed in this document are priced using an RVU methodology which is based on the Medicare RVU for a service that accounts for physician work, practice expense and malpractice insurance multiplied by a conversion factor to derive a fee ($\text{RVU} \times \text{conversion factor} = \text{reimbursement rate}$). Pricing information regarding RVUs is published by CMS. HHSC compared rates from other programs and average commercial rates (ACR) for the services included in this review and noted where rates differ significantly (Texas HHSC, 2022).

Testing & Evaluation Services

Testing and Evaluation services include psychiatric, psychological, neurobehavioral, and neurophysical testing by psychiatrists and psychologists. Figure 4 below provides additional detail on the regions in Texas where testing services appear to be concentrated based on the number of units for testing and evaluation codes reimbursed from SFY 2016-2020.

Figure 4. Average number of testing and evaluation units STAR health reimbursed to psychologists and psychiatrists from SFY 2016 – SFY 2020 (Texas Health, 2022).

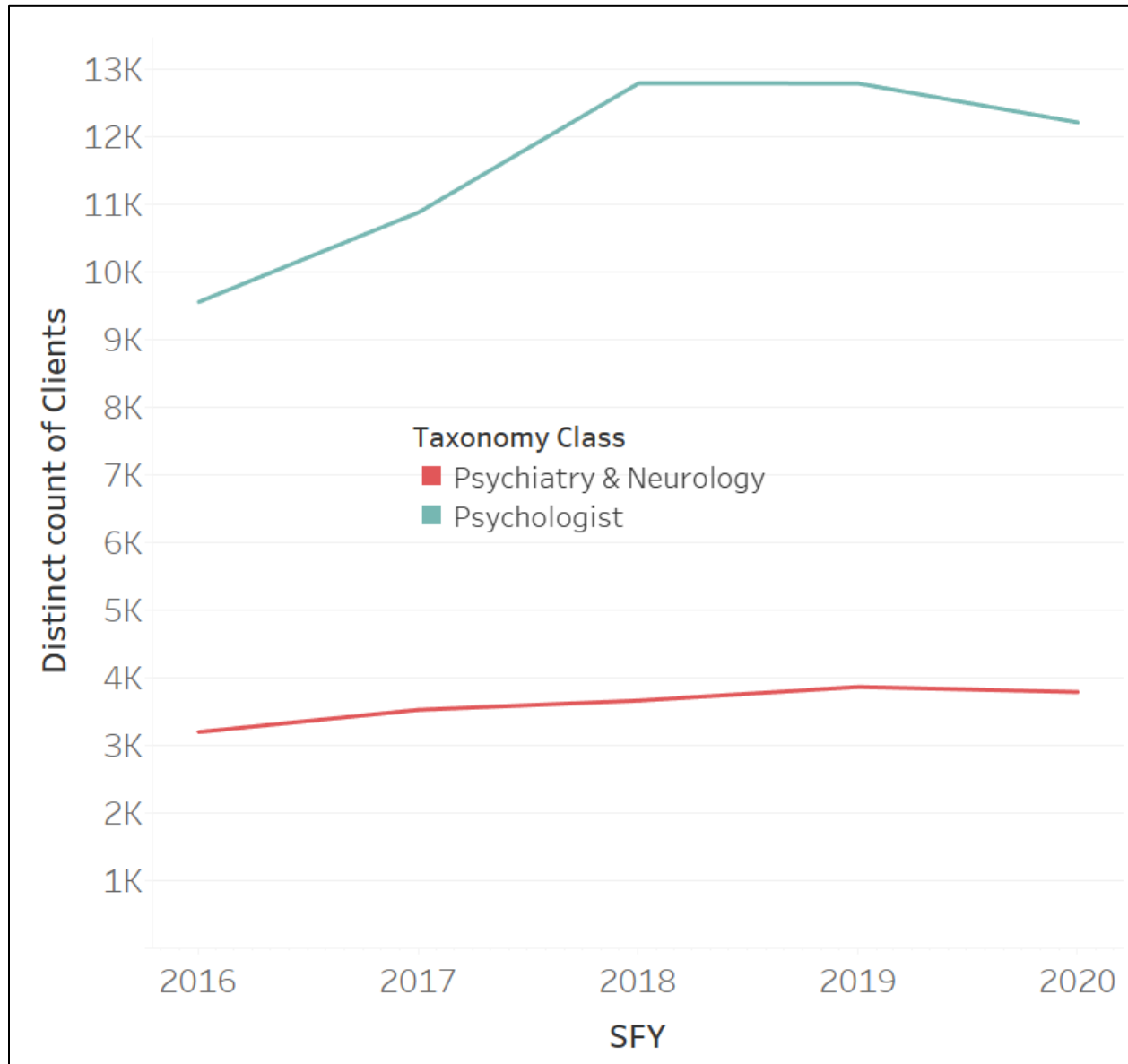


Source: Figure 4 includes the average number of Testing and Evaluation units per SFY from 2016 – 2020 given to STAR Health clients. Testing and Evaluation codes can be found in the Outpatient Mental Health Services (Chapter 4) of the Texas Medicaid Provider Procedure Manual.

The Metro counties of Bexar, Harris, and Dallas have the highest utilization of testing and evaluation services provided by psychiatrists and psychologists. For some rural counties, Testing and Evaluation services are infrequently billed by providers and reimbursed only for a handful of clients. HHSC reviewed how much Superior Health paid on average in both high and low utilization counties and found that rates do not vary widely between counties for these services.

HHSC reviewed claims data for psychiatric and other mental health services from the STAR and FFS programs. Claims data showed that these programs reimbursed a majority of testing and evaluation claims in the same counties that STAR Health reimbursed testing and evaluation claims. Webb County is the only county with significant utilization in STAR and FFS, but not STAR Health. STAR Health pays a slightly higher rate on average than STAR and FFS for testing and evaluation services. When comparing the average paid rate for Testing and Evaluation services in STAR Health to the ACR of the same procedure codes, Superior pays more than the ACR for the highly utilized code 96131 (Psychological and Neuropsychological Testing). Superior pays similar to the ACR for the highly utilized code 96137 (Test admin and scoring).

Figure 5. Number of STAR Health clients receiving testing and evaluation services from psychiatrists and psychologists in SFY 2016 – SFY 2020 (Texas Health, 2022).

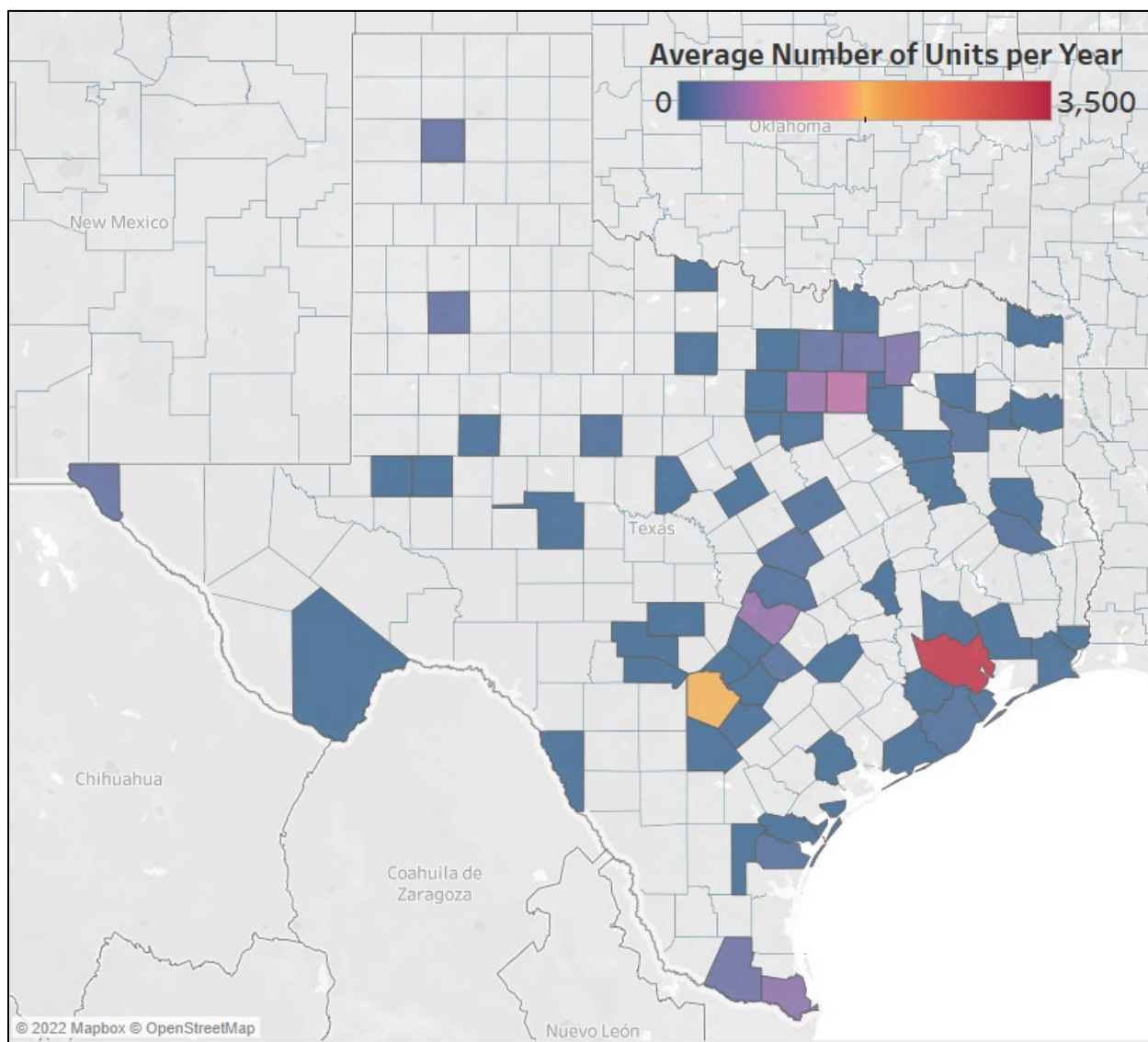


Source: Figure 5 includes the number of STAR Health clients that psychiatrists and psychologists tested per SFY from 2016 – 2020. Testing and Evaluation codes can be found in the Outpatient Mental Health Services (Chapter 4) of the TMPPM. The number of clients receiving testing and evaluation services from Psychiatrists and Psychologists increased from SFYs 2016 to 2018, then decreased slightly from SFYs 2018 to 2020. In SFY 2020, 25 percent of clients tested received remote testing and evaluation services from psychiatrists and psychologists via telehealth.

Outpatient Services

Outpatient services include psychotherapy, office visits, or any other outpatient visit to evaluate and manage a new or established patient. Figure 6 below provides a heatmap of the outpatient services reimbursed to providers through STAR from 2015-2020. It is important to note that many counties that have no utilization may have no psychiatrists or psychologists (Figure 3 shows all counties with no CAPs).

Figure 6. Average number of outpatient units STAR Health reimbursed psychiatrists and psychologists in SFYs 2016 –2020 (Texas Health, 2022).



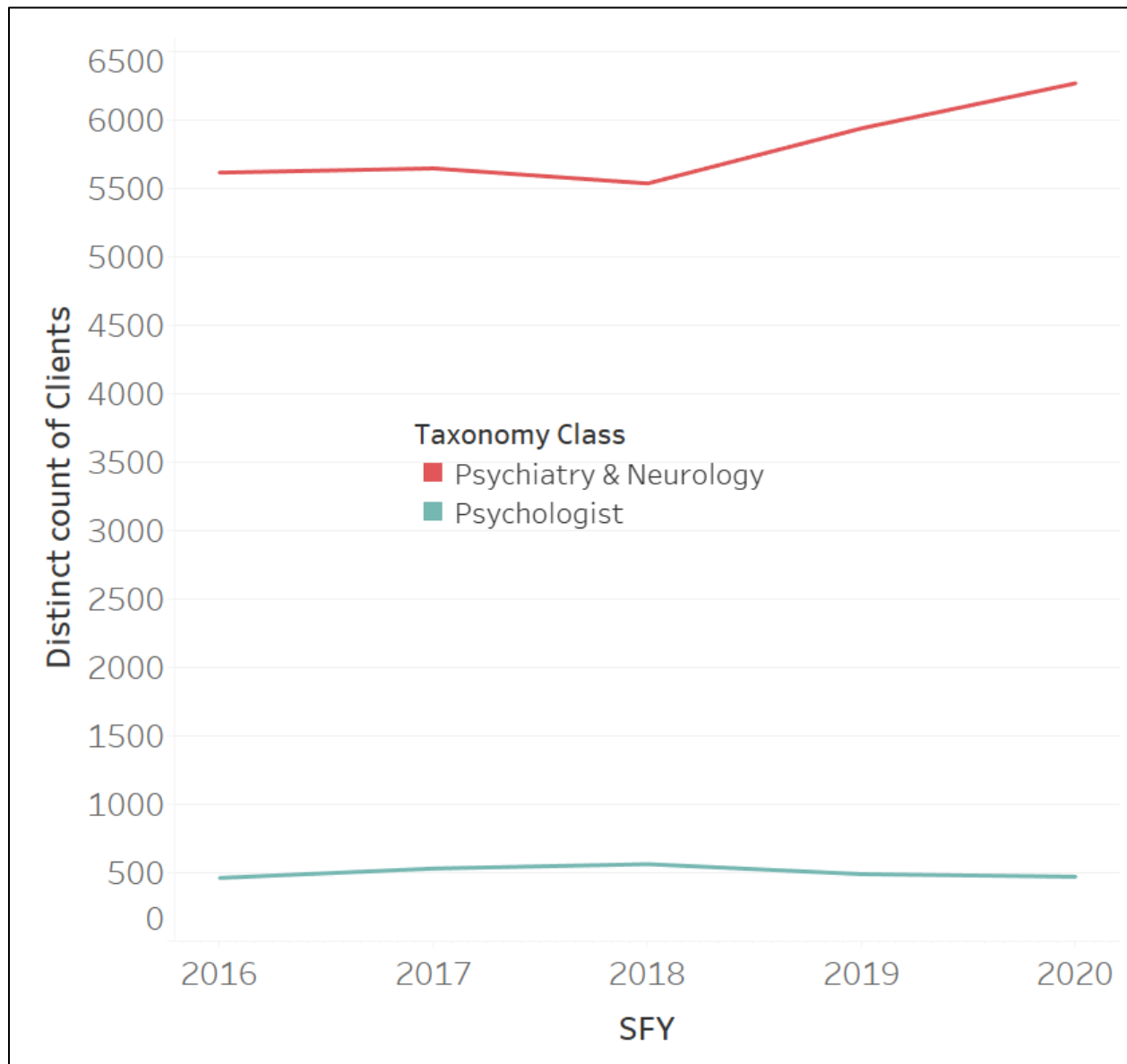
Source: Figure 6 data includes the average number of outpatient units of service reimbursed to psychiatrists and psychologists from SFY 2016-2020 based on all

psychiatrist and psychologist taxonomies for Outpatient Mental Health Services codes found in Volume 2, Chapter 4 of the TMPPM.

The Metro counties of Bexar, Harris, and Dallas have the highest utilization of outpatient services provided by psychiatrists and psychologists. For some rural counties, outpatient services are infrequently billed by these providers and reimbursed for only a handful of clients. HHSC reviewed the average paid amount for reported encounters by Superior Health in both high and low utilization counties and determined that rates do not vary widely between counties for Outpatient services.

HHSC reviewed claims data for psychiatric and other mental health services from the STAR and FFS programs and found that these programs reimbursed most outpatient claims in the same counties that STAR Health reimbursed outpatient claims. Jefferson and Webb counties are the only counties with significant utilization of outpatient services in STAR and FFS, but not STAR Health. It appears that STAR paid psychiatrists and psychologists a slightly higher rate on average for outpatient services than FFS and STAR Health.

Figure 7. Number of clients receiving outpatient services from psychiatrists and psychologists in SFYs 2016 – 2020 (Texas Health, 2022).



Source: Figure 7 includes the number of STAR Health clients that received Outpatient services from psychiatrists and psychologists per SFY from 2016 – 2020. Outpatient codes can be found in the Outpatient Mental Health Services (Chapter 4) of the TMPPM.

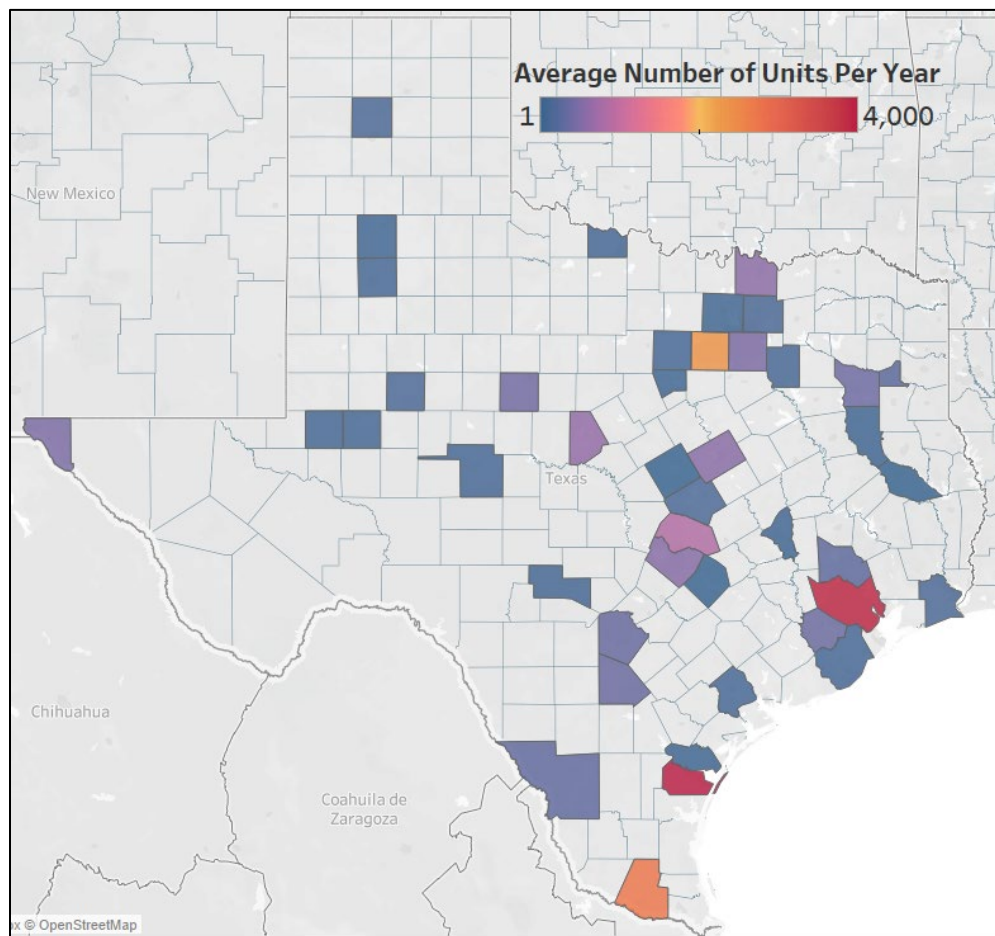
The total number of STAR Health clients receiving Outpatient services from psychiatrists and psychologists maintained even utilization from 2016 to 2019, then increased from SFYs 2019 to 2020. In SFY 2020, more than half of outpatient

clients received remote outpatient services from psychiatrists and psychologists via telehealth.

Mental Health Case Management Services (MHCM)

Mental Health Case Management includes Healthcare Common Procedure Coding System code T1017 – Targeted MHCM, 15 minutes. The following figures include services to STAR Health clients from Case Managers, Care Coordinators, Family Therapists, Social Workers, Counselors, and other Multi-specialty providers.

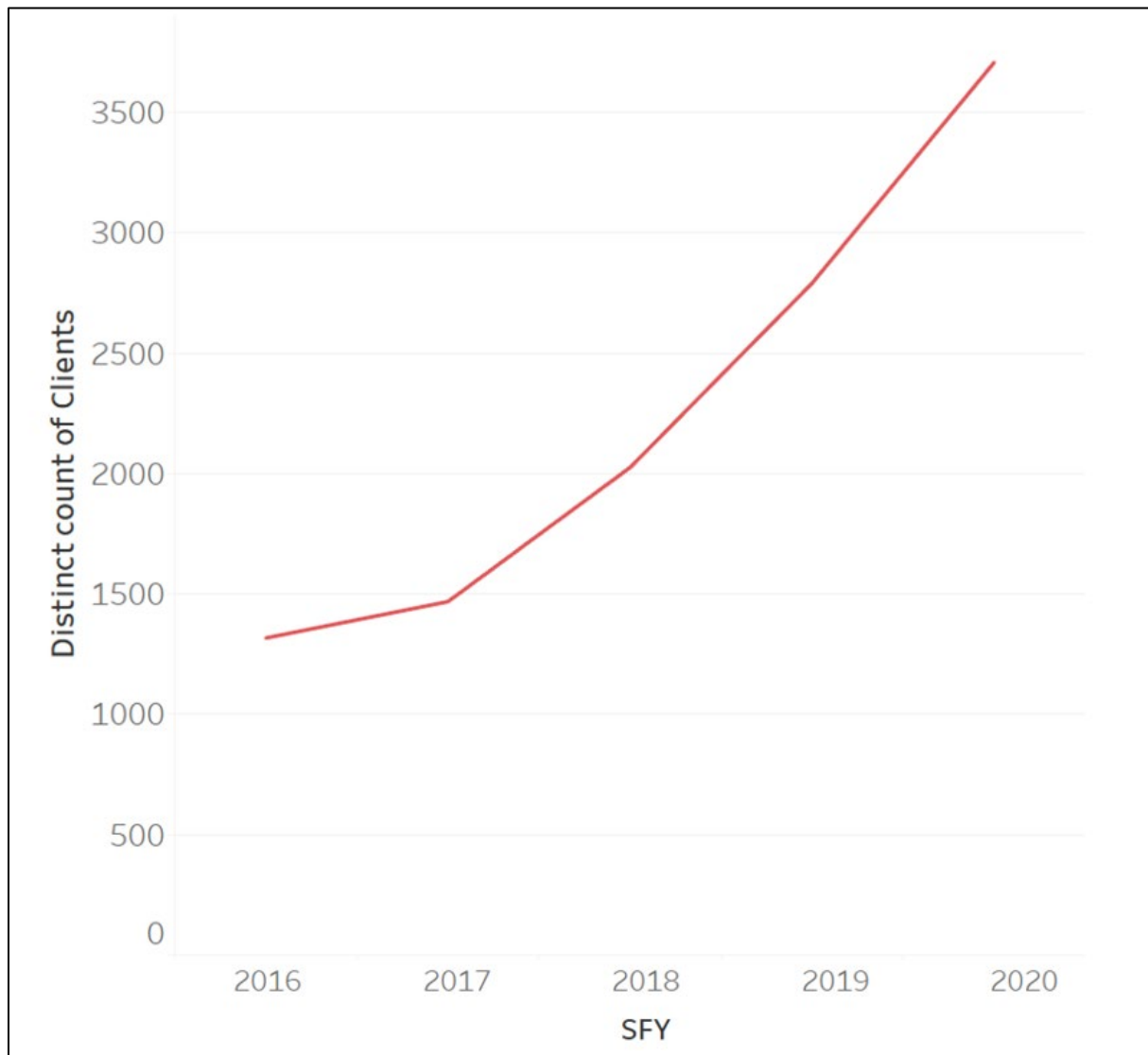
Figure 8. Average Number of MHCM units STAR Health Reimbursed to all STAR Health providers SFY 2016 – SFY 2020 (Texas Health, 2022).



Source: Figure 8 data includes the average number of MHCM units of service reimbursed to all mental health providers from SFY2016-2020 based on procedure code T1017 found in Volume 2, Chapter 5 of the TMPPM. Nueces, Harris, Hidalgo, and Tarrant counties have the highest utilization for MHCM services in STAR Health. For some rural counties, MHCM services are infrequently billed by these providers

and reimbursed for only a handful of clients. HHSC reviewed the average paid amount for reported encounters by Superior Health in high utilization counties and low utilization counties and found that in SFY 2020, Travis, Tarrant, and San Patricio counties were the only counties that paid above \$30 per unit on average. All other counties have an average paid rate between \$22 and \$29 dollars.

Figure 9. Number of STAR Health clients receiving MHCM Services from all providers SFY 2016 – SFY 2020 (Texas Health, 2022).

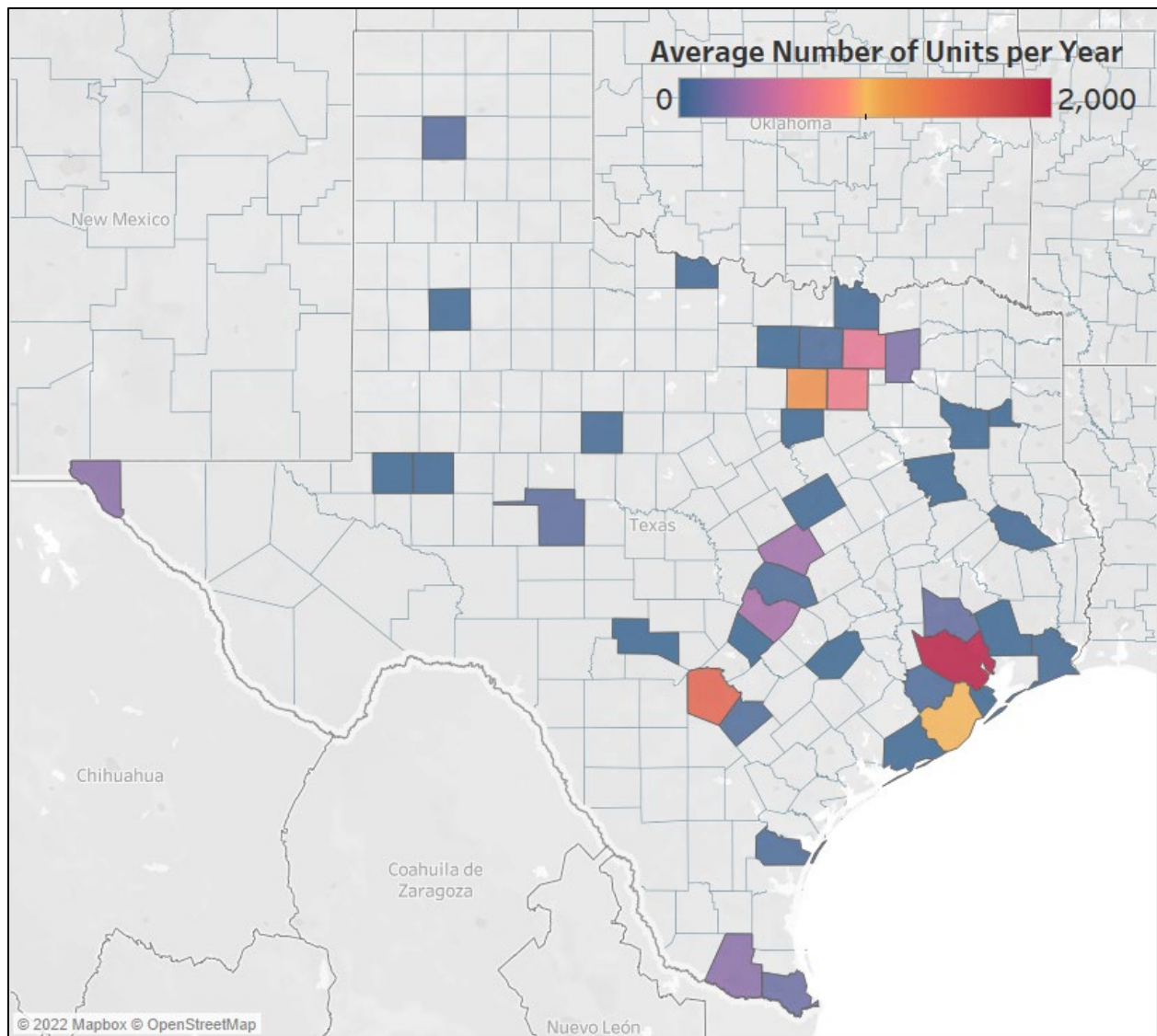


Source: Figure 9 includes the number of STAR Health clients that received MHCM per SFY from 2016 – 2020 based on procedure code T1017 found in Volume 2, Chapter 5 of the TMPPM. The number of clients receiving MHCM services from all providers increased from SFYs 2016 to 2020.

Inpatient Services

Inpatient, Hospital, and clinic services include inpatient consultations, inpatient observation care, mental health rehabilitation, and partial hospitalization services.

Figure 10. Average Number of Inpatient Units STAR Health Reimbursed to Psychiatrists and Psychologists SFY 2016 – SFY 2020 (Texas Health, 2022).

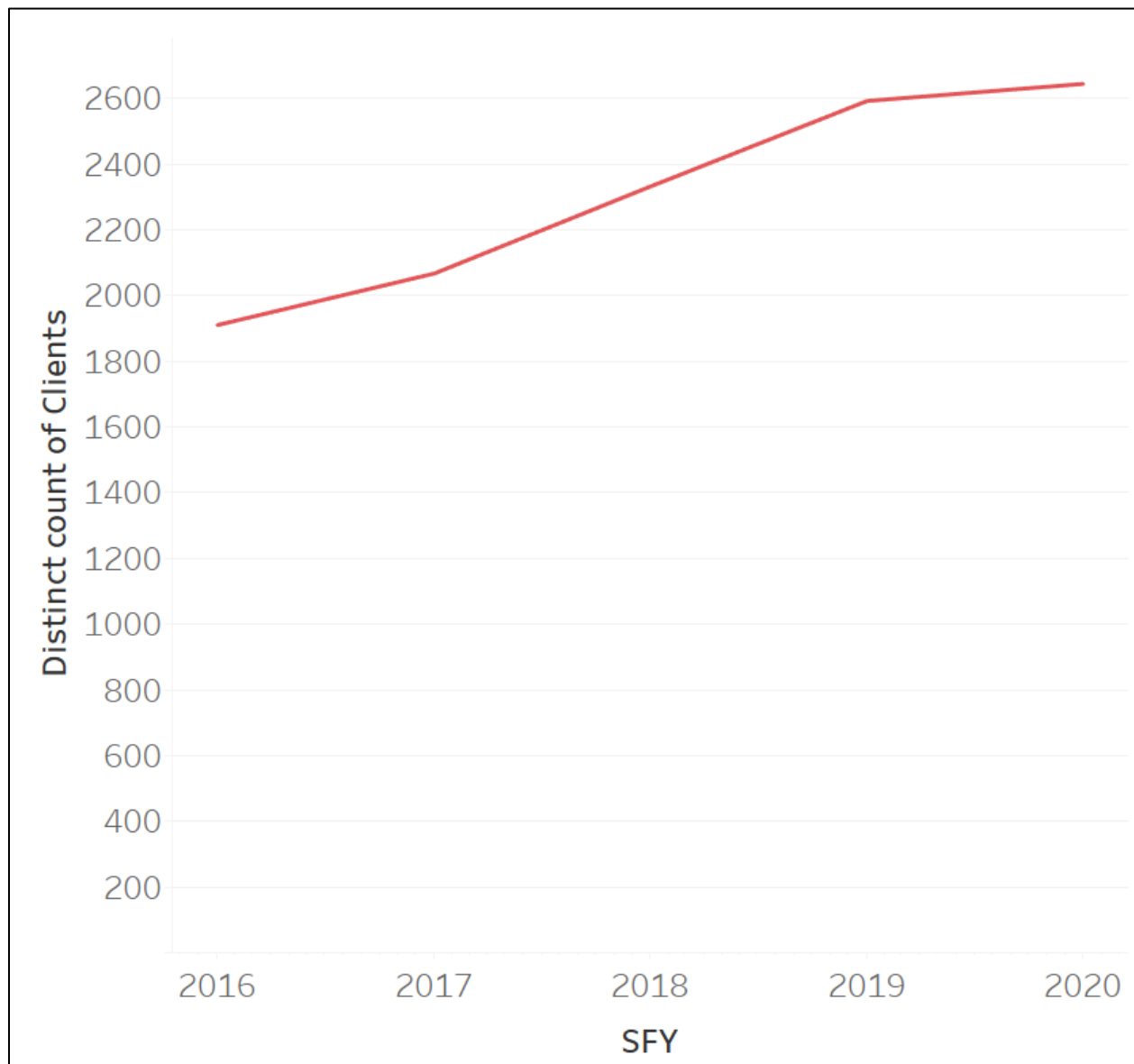


Source: Figure 10 data includes the average number of inpatient units of service reimbursed to psychiatrists and psychologists from SFY2016-2020 based on all psychiatrist and psychologist taxonomies for Inpatient Psychiatric codes found in Volume 2, Chapter 7 of the TMPPM.

The Metro counties Bexar, Brazoria, and Tarrant have the highest utilization of inpatient services provided by psychiatrists and psychologists. For some rural counties, outpatient services are infrequently billed by these providers and reimbursed for only a handful of clients. HHSC reviewed how much Superior Health paid on average in both high and low utilization counties and determined that rates do not vary widely between counties for these services.

HHSC reviewed claims data for psychiatric and other mental health services from the STAR and FFS and found that these programs reimbursed a majority of inpatient services in the same counties that STAR Health reimbursed inpatient claims. No counties have large differences in relative utilization between programs for inpatient services. STAR Health reimburses slightly more based on average paid encounters when compared to STAR and FFS for some inpatient services and slightly below average for other inpatient services. Superior paid lower than the ACR for all Inpatient codes with significant utilization.

Figure 11: Number of clients receiving Inpatient Services from Psychiatrists and Psychologists SFY 2016 – SFY 2020 (Texas Health, 2022).



Source: Figure 11 includes the number of STAR Health clients that received inpatient services per SFY from 2016 – 2020. Inpatient codes can be found in the Inpatient Psychiatric Services section (Chapter 7) of the TMPPM. The number of clients receiving inpatient services from psychiatrists and psychologists increased from SFYs 2016 to 2020.

Rate Methodology vs. Provider Availability for Service Access

Overall claims data shows STAR Health increased the amount of psychiatric and other mental health services utilization from psychiatrists, psychologists, and other mental health providers from SFYs 2016 to 2019. Yet, the majority of utilization for these services remains in Harris and Bexar counties. Contracted rates for all service groups are not significantly different in Harris and Bexar than in counties with lower utilization. STAR Health reimbursed psychiatrists more often for high acuity services like E&M services. These services typically have higher rates and longer service times. Many rural counties with little or no utilization may not have a licensed psychiatrist. According to licensing information from the Texas Medical Board, two-thirds of licensed psychiatrists in Texas live in Harris, Dallas, Travis, Bexar, Tarrant, and Collin counties (County, 2020). Harris, Bexar, Tarrant, Dallas, Brazoria, and Travis counties have the highest utilization in the STAR Health program.

4. Provider Network Requirements

Superior Healthplan stated that it is difficult to get additional providers to join at the contracted rate. Workgroup members asserted that not all STAR Health-enrolled behavioral health providers offer the bundled services reimbursed by STAR Health, which could mean the client is unable to access needed services even if the client lives near a provider. Stakeholders indicated that increased telehealth was important to maintaining access to care. However, none of these statements indicate that the reimbursement rate had a causal relationship to these factors.

Table 3. Texas Distance Standard by County Type (Access, 2021).

Texas Distance standards vary according to the county type where members reside:
Members residing in metro counties – Within 30 miles of at least 2 Psychiatrists
Members residing in micro counties – Within 45 miles of at least 2 Psychiatrists
Members residing in rural counties – Within 60 miles of at least 2 Psychiatrists

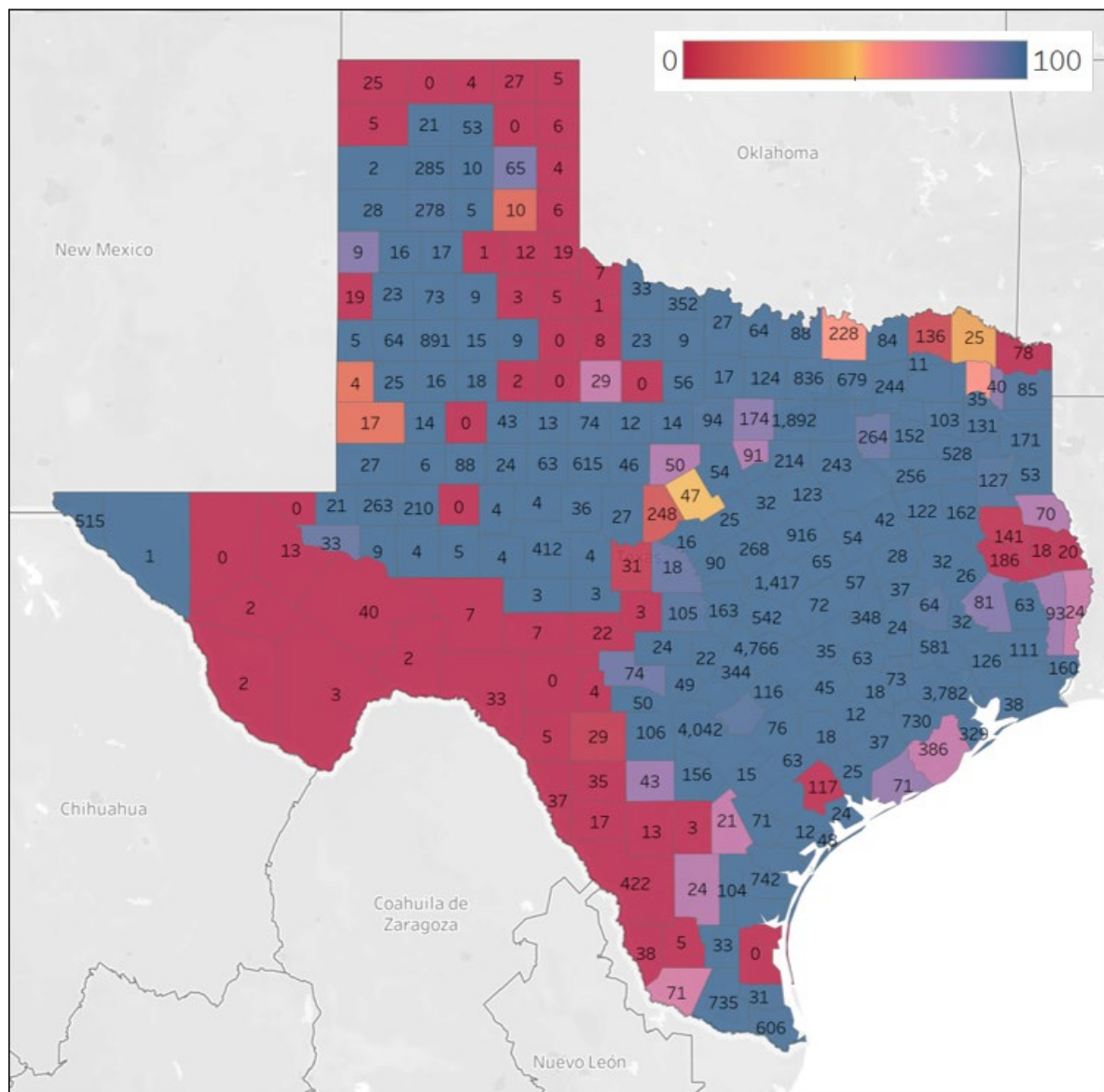
Source: Uniform Managed Care Manual, 5.28.1 Access to Network Providers Performance Standards and Specifications:

<https://www.hhs.texas.gov/services/health/medicaid-chip/managed-care-contract-management/texas-medicaid-chip-uniform-managed-care-manual>

CMS requires states to develop and implement network adequacy standards for behavioral health providers (Zhu, 2021). These standards must include time and distance, but not a specific value. The current Texas Medicaid Managed Care network adequacy standard is that 90 percent of plan members have geographical access to at least two in-network psychiatrists (Access, 2021). Geographical access means within the distance standard (a certain number of miles) applicable to member location (Table 3). Figure 12 provides the percentage of STAR Health members within the distance standard, using enrollment and provider data from the third quarter of SFY 2022 (Member, 2022., Provider, 2022). HHSC included data from 2021 in the analysis as well. The percentage of STAR Health beneficiaries within the distance standard increased from 89.3 percent in the third quarter of SFY 2021 to 94.7 percent in the third quarter of SFY 2022. The workgroup discussed that there may be limitations to this method in measuring network adequacy,

particularly for the recent increase in telehealth utilization due to the COVID-19 PHE.

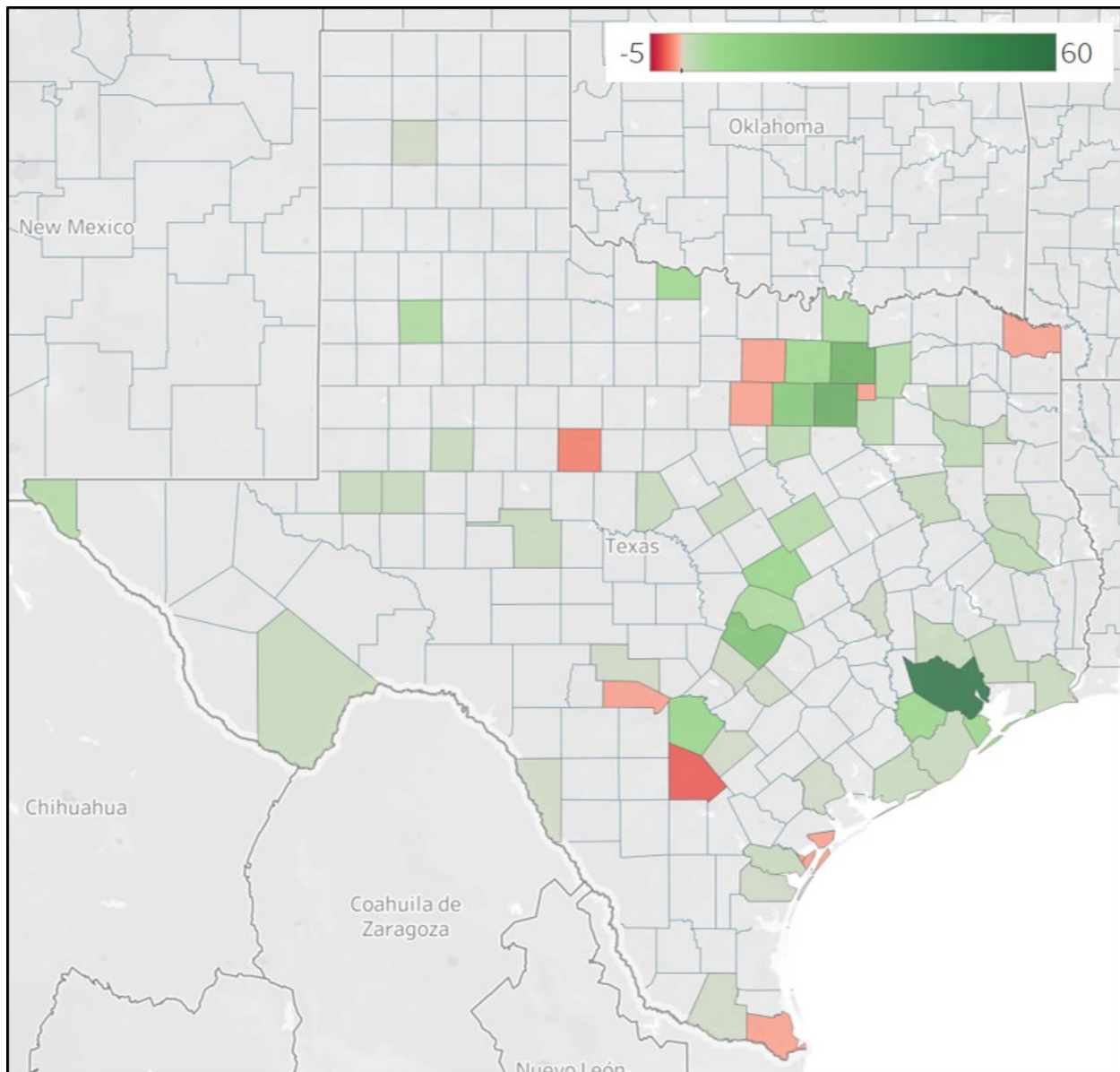
Figure 12. Percent (color) of Star Health members within distance standard of two psychiatrists in SFY 2022 (Member, 2022., Provider, 2022). Numbers are total enrolled clients in that county.



5. Psychiatrist Participation in STAR Health

HHSC reviewed behavioral health claims using the procedure codes from Outpatient Mental Health Services, Chapter 4; Mental Health Targeted Case Management Services, Chapter 5; and Inpatient Psychiatric Services, Chapter 7 of the TMPPM during the SFYs 2016 to 2020. The delimited count of providers was calculated by counting the number of unique National Provider Identifier (NPI) numbers submitting at least one claim using the Psychiatry and Neurology taxonomy as the billing or rendering provider. Figure 13 shows the change in the number of psychiatrists reimbursed by STAR Health in each county between SFYs 2016 and 2020. The number of psychiatric NPIs reimbursed for behavioral health services increased from SFYs 2016 to 2020 (Texas Health, 2022).

Figure 13. Change in Count of Psychiatrists Reimbursed for Behavioral Health services by STAR Health from SFY 2016 to SFY 2020 (Texas Health, 2022).



Source: Figure 13 data includes psychiatrists that submitted claims for STAR Health in Texas Medicaid Encounters claims data for STAR Health from SFY2016-2020. This includes all claims for TMPPM behavioral health codes submitted by and paid to psychiatrists for SFY2016-2020.

Figure 13 shows 58 counties with a psychiatrist that submitted at least one claim to STAR Health between SFYs 2016 and 2020. Psychiatrists participating and providing services in STAR Health increased in 38 counties, was unchanged in 10 counties,

and decreased in nine counties. Harris County increased by the greatest number of psychiatrists, and Atascosa County decreased by the greatest number of psychiatrists.

Stakeholder Feedback

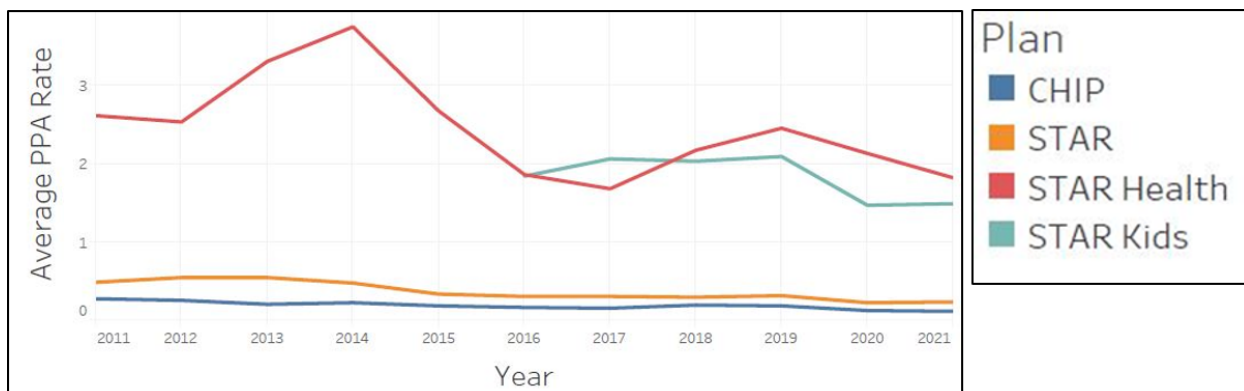
Workgroup participants stated that providers felt administratively burdened by the amount of paperwork required for foster children, such as monthly summaries and [Form 2403 \(Medical, Dental, Vision, Hearing, or Behavioral Health Appointment form\)](#). They also stated that providers feel burdened by the expectation to work collaboratively with a treatment team. Additionally, providers report that approximately 20 percent of appointments result in a no-show or cancellation, resulting in a loss of reimbursement for that hour. Stakeholders mentioned that they pay providers to complete the paperwork and credentialing without state reimbursement to reduce the administrative burden. However, according to the STAR Health Caregiver Survey, approximately two-thirds of caregivers reported that their child's health plan forms are easy to complete (Experience, 2020). Stakeholders mentioned that telehealth could help reduce the administrative burden but added that access to telehealth equipment and the internet could be a challenge for rural clients with the lowest access to services. In general, the feedback did not indicate a causal relationship between these factors and the reimbursement rate.

6. Potentially Preventable Events (PPE)

Stakeholders stated that PPE are higher for foster children in kinship placement due to the negative stigma experienced by new guardians when seeking care soon after a child's placement. Additionally, stakeholders identified the lack of administrative support for kinship guardians. Therefore, the emergency department becomes the primary source of psychiatric care for these children. Stakeholders asked HHSC to investigate other preventative services, including medication management along with culture and language appropriate services.

HHSC publishes PPE data in the Texas Healthcare Learning Collaborative (THLC) Portal. The following graphs and maps compare Potentially Preventable Admission Rates (PPA rate) and Potentially Preventable Readmission (PPR) Rates across programs and Service Delivery Areas (SDA). Figure 14 shows the PPA rate from 2011 to 2021. As of 2021, STAR Health has the highest PPA rate out of these four programs. The THLC portal also includes counts of the diagnosis groups that most often cause potentially preventable events. For all four programs in 2020, the top diagnosis groups for PPA were Bipolar Disorders and Major Depressive Disorders.

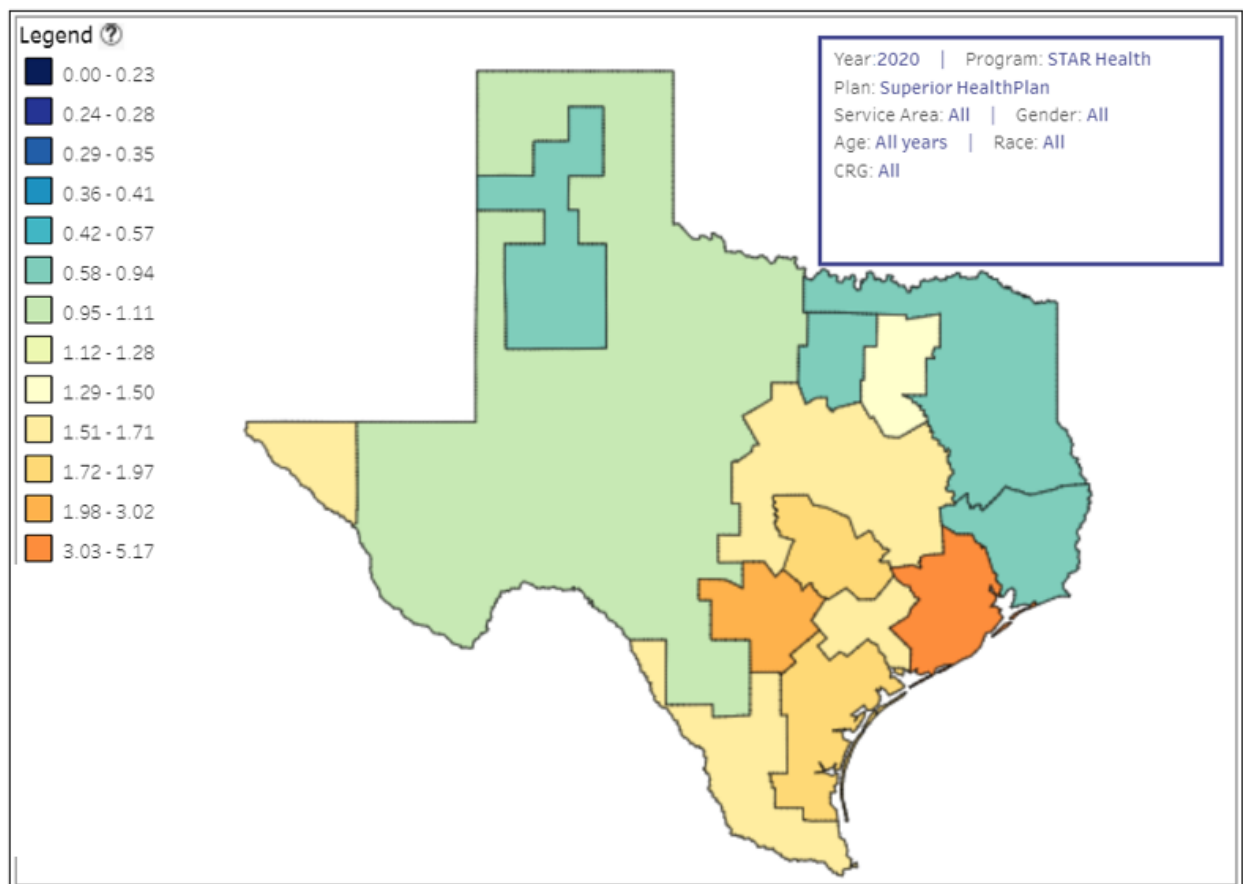
Figure 14. Potentially Preventable Admissions (PPA) Rate (Potentially, 2021).



Source: THLC Portal

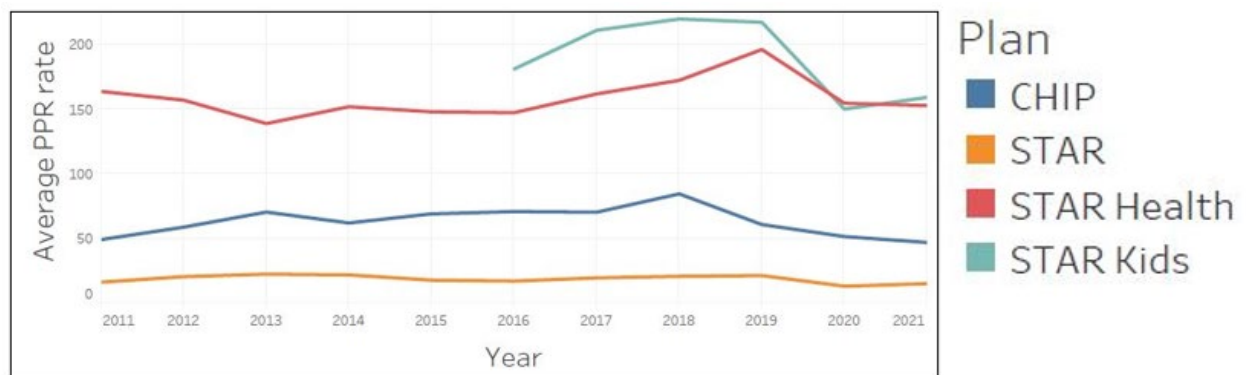
PPA rate is calculated as the weight of member admissions per 1,000 member months. Figure 14 shows the average PPA rate for each SDA in Texas. In 2020, Harris SDA had the highest PPA rate, and Tarrant SDA had the lowest. For most procedure codes, contracted rates are comparable between Tarrant SDA and Harris SDA. For Current Procedural Terminology (CPT) code 90791 (integrated biopsychosocial assessment), the average paid rate for Tarrant SDA is about 8 percent higher than the average paid rate for Harris SDA.

Figure 15. PPA Rate by SDA (Potentially, 2021).



Source: THLC Portal

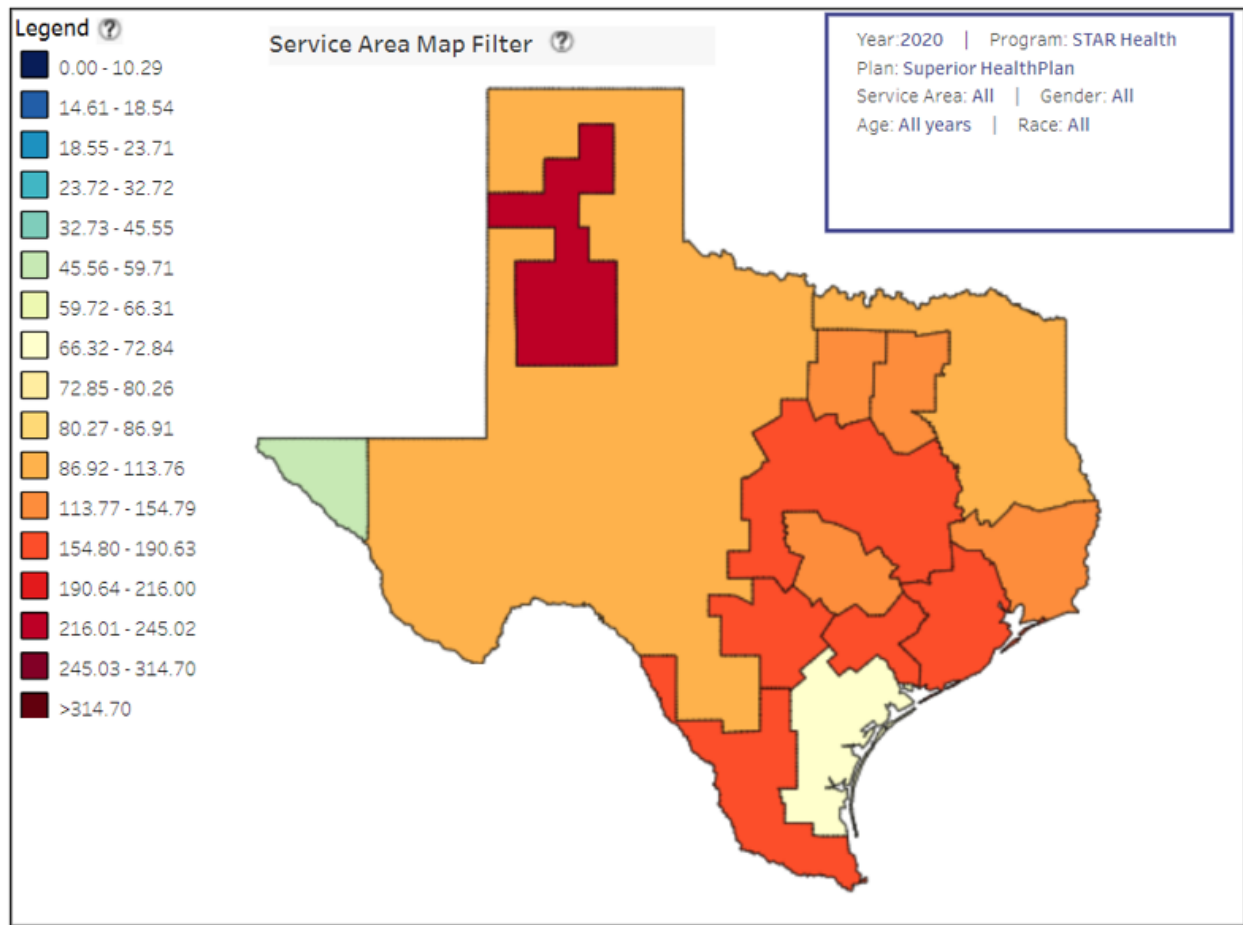
Figure 16. Potentially Preventable Readmissions (PPR) Rate (Potentially, 2021).



Source: THLC Portal. PPR Rate is calculated as the weight of member admissions per 1,000 at-risk admissions. According to the THLC Portal, STAR Health has higher PPR rates when compared to the Children's Health Insurance Program (CHIP) and

STAR and slightly lower rates than STAR Kids. In STAR Health, the PPA and PPR Rates are highest in the 15 to 18 age group. For all programs shown in Figures 14 and 16, the highest expenditures by diagnosis group were bipolar disorders and major depressive disorders. STAR Health pays a slightly higher than average rate than STAR for most behavioral health services.

Figure 17. PPR by SDA (Potentially, 2021).



PPR rate is calculated as the number of readmissions for every 1,000 at risk admissions. Source: THLC Portal. Figure 17 shows the average PPR rate for each SDA in Texas. In 2020, Lubbock SDA had the highest PPR rate, and El Paso SDA had the lowest. For most procedure codes, contracted rates are comparable between Lubbock and El Paso SDAs. For CPT code 90792 (psychiatric diagnostic evaluation), the average paid rate for Lubbock SDA is about 20 percent higher than the average paid rate for El Paso SDA.

7. Other Factors

Coordination of Care

Stakeholders and HHSC discussed coordination of care (service management) and medication management for behavioral health services in STAR Health.

Stakeholders expressed concern that the psychiatrist shortage impedes service management from facilitating access to psychiatric services, even when a child's screening indicates a high need. According to data published by the STAR Health Caregiver survey, the percentage of caregivers reporting that anyone from their child's health plan, doctor's office, or clinic helped them get behavioral therapy counseling for their child did not change significantly between 2016 (44 percent) and 2020 (43 percent) (Experience, 2020). Due to the shortage of psychiatrists, stakeholders also noted a lack of medication management for foster children. The behavioral health hotline required by the STAR Health Contract is designed to aid caregivers in this situation (STAR, 2022).

Cultural Factors/Language Services

Stakeholders noted a lack of culturally and linguistically appropriate services for foster children for whom English is their second language. The behavioral health hotline is required to have Spanish-speaking persons on staff (STAR, 2022).

Variation from Commercial Rate Methodology

The analysis for this report includes comparisons of commercial payer data to contracted rates reimbursed by Superior Healthplan. On average, Medicaid rates are lower than commercial rates. However, the rate provided by the CMS rate methodology can vary from the commercial rate methodology. The rare codes with Medicaid rates much higher than commercial rates tend to have high provider participation and utilization, and vice versa for codes with significantly lower Medicaid rates.

8. Recommendations

Maintain Telehealth Rate Methodology

Stakeholders expressed support for the current telehealth methodology of paying telehealth psychiatric services equal to in-person psychiatric services. There is no plan to change the current rate methodology for FFS Medicaid related to telehealth services. Stakeholders also mentioned that without the overhead cost of an office visit, more psychiatrists might be willing to provide services to clients that otherwise would not have access to a psychiatrist further supporting the availability of the telehealth option.

Conclusion

HHSC's data shows that the highest access to psychiatric and other mental health services is in the most populous Metro counties (Harris, Bexar, Dallas, Travis, and Tarrant). Most STAR Health clients live in these counties, and licensing data shows hundreds of psychiatrists in these counties. Alternatively, many foster children living in rural counties may not have consistent access to psychiatrists because only a handful of licensed psychiatrists (or only one) serve their county, and they might not participate in STAR Health. HHSC did not find evidence that the Medicaid rate of reimbursement was the key driver of increased or decreased access to psychiatric services.

Acronym List

Acronym	Full Name
AACAP	American Academy of Child and Adolescent Psychiatry
ACR	Average Commercial Rate
CAP	Child and Adolescent Psychiatrist
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
CPT	Current Procedural Terminology
DSHS	Department of State Health Services
E&M	Evaluation and Management
FFS	Fee For Service
HHSC	Health and Human Services Commission
MCO	Managed Care Organization
MHCM	Mental Health Case Management
NCQA	National Committee for Quality Assurance
NPI	National Provider Identifier
PHE	Public Health Emergency
PPA	Potentially Preventable Admissions
PPE	Potentially Preventable Events
PPR	Potentially Preventable Readmissions
RVU	Relative Value Unit
SDA	Service Delivery Area
SFY	State Fiscal Year
STAR	State of Texas Access Reform
THLC	Texas Healthcare Learning Collaborative
TMHP	Texas Medicaid Healthcare Partnership
TMPPM	Texas Medicaid Provider Procedure Manual

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