

Telehealth (Non-Physician Delivered) Services - Medicaid

The 14-day comment period for the Telehealth (non-physician delivered) Services policy ended June 23, 2022. During this period, HHSC received multiple comments from stakeholders. A summary of comments relating to the proposed policy and HHSC's responses follow.

Policy Comment Responses

- 1. Comment:** A commenter suggested adding [mobile] phone carrier(s) and/or [mobile] phone plan limitations to the evaluation of equity of access.

Response: HHSC acknowledges this comment and declines to update the framework for providing services, as clients' mobile carriers and mobile plans are outside of the scope of Texas Medicaid policy. However, low-income Texas residents, including those receiving Medicaid or other state assistance, may be eligible for a Lifeline Service.

As Texas Medicaid provides healthcare services within the rules and policies of the U.S. Health and Human Services department, Texas' Public Utility Commission (PUC) administers and oversees telecommunications within the rules and policies the Federal Communications Commission (FCC).

The Texas PUC established state rules and policies to operate within FCC regulations, for example, the Texas Universal Service Fund, Chapter 26, Subchapter P, §26.412. Lifeline Service Program. For information regarding the FCC's Emergency Broadband Benefit Program, which includes the federal Lifeline Service Program, please visit the following site:

<https://www.hhs.texas.gov/provider-news/2021/05/19/fcc-announces-emergency-broadband-benefit-program>.

- 2. Comment:** A commenter suggested adding clarity by stating the existing policy related to the Medicaid managed care organizations (MCOs) obligations to provide coverage parity for telemedicine and telehealth services under 86th Regular Session Senate Bill (SB) 670.

Response: HHSC thanks the commenter for taking the time to review and provide comments on HHSC's updates to Medicaid benefit policy language. HHSC declines to repeat policy language as it creates challenges in future updates such as ensuring duplicate language is updated in more than one

area of a Medicaid benefit policy and the need to audit cross-references within Medicaid benefit policy.

Medicaid benefit policy guidelines for telemedicine and telehealth in managed care service delivery are in chapter 3.2 of the Telecommunication Services Handbook of the Texas Medicaid Provider Procedures Manual (TMPPM). Regarding coverage parity, the Medicaid MCOs requirements to provide coverage for telemedicine and telehealth in accordance with SB 670 are outlined in the Uniform Managed Care Contract (UMCC), individual program contracts (e.g., STAR+PLUS contract) and managed care manuals.

- 3. Comment:** Two commenters remarked on inconsistencies in the telecommunications policy language and recommended updates across handbooks to describe telecommunications.

Response: HHSC thanks the commenters for taking the time to review and comment. HHSC agrees terminology consistency is important and is conducting a comprehensive review of telecommunications terms in its benefit policies. However, some language will be specific to each policy handbook.

The Telemedicine Services and Telehealth Services policies are intended to provide general guidance on electronic or other remote delivery modalities. Texas Medicaid works with a variety of healthcare providers with different licensure requirements overseen by various professional boards. Texas healthcare providers are also governed by regulations other than Texas Medicaid policies, such as Occupational Codes.

HHSC declines to detail specific policies relevant to certain providers in more than one handbook for two reasons. First, it creates challenges to update a policy when it exists in more than one Texas Medicaid handbook or manual. Second, prior to expanding telemedicine and telehealth delivery of Texas Medicaid benefits, healthcare providers requested HHSC contain policy details to a single handbook or provider manual to reduce confusion. Therefore, the Telecommunications Handbook will contain policies that apply to all healthcare providers in traditional, fee-for-service Medicaid.

More detailed policies on delivery of Texas Medicaid benefits will continue to be documented in benefit-specific handbooks (e.g., Behavioral Health and Case Management Services Handbook; Physical Therapy, Occupational Therapy, and Speech Therapy Services Handbook; School Health and Related Services (SHARS) Handbook).