

Telemedicine Services Medical Policy Public Comments

Texas Medicaid posted draft policy language updates to the Telemedicine Services policy to include the following provision of S.B. 670 (86-R): *A Medicaid Managed Care Organization cannot deny reimbursement for a covered health care service or procedure delivered by a health care provider with whom the managed care organization contracts to a Medicaid recipient as a telemedicine service solely because the covered service or procedure was not provided through an in-person consultation.* The draft policy was posted for public comment between June 15, 2020 and June 29, 2020. During this period, HHSC received 38 comments from stakeholders. A summary of comments received and HHSC's responses follow.

1. Two stakeholders shared personal stories supporting telemedicine services and recommended continuing to reimburse for telemedicine services made available in response to COVID-19.

HHSC Response: HHSC thanks you for your feedback. The scope of this medical policy review is limited to expanding telemedicine services to Medicaid Managed Care clients. As required by S.B. 670, a Medicaid MCO must consider reimbursement for all medically necessary Medicaid-covered benefits delivered via telemedicine. Medicaid MCOs cannot deny reimbursement for an otherwise covered benefit solely because the benefit was delivered via telecommunications. HHSC will further review and consider additional procedure codes for delivery via telemedicine as part of a future comprehensive review of the Telemedicine Services policy.

2. One stakeholder asked if EMS is included as a provider type in the Telemedicine Services policy.

HHSC Response: Emergency Medical Services (EMS) enroll in Texas Medicaid as Ambulance providers. Ambulance providers are not included in the Telemedicine Services policy because this policy is applicable to physicians and health professionals working under delegation and supervision of a physician.

3. Four stakeholders recommended allowing audio-only telemedicine services for Medicaid recipients.

HHSC Response: HHSC declines to revise the policy in response to this comment as it is out of scope for this review. HHSC will further review and consider this suggested revision as part of a future comprehensive review of the Telemedicine Services policy. MCOs may optionally reimburse for

telemedicine services provided via synchronous or asynchronous audio interactions, including audio-only telephone consultations, text-only email messages, or a facsimile transmission. MCOs will be required to disseminate telemedicine modality coverage information to contracted providers and Medicaid members.

4. A stakeholder suggested adding psychiatric outpatient services to the policy.

HHSC Response: HHSC declines to revise the policy in response to this comment. This section of the policy is not proposed for amendment at this time. HHSC will further review and consider this suggested revision as part of a future comprehensive review of the Telemedicine Services policy. As required by S.B. 670, a Medicaid MCO must consider reimbursement for all medically necessary Medicaid-covered benefits delivered via telemedicine.

5. Two stakeholders suggested the language regarding MCO reimbursement for telemedicine services is too broad.

HHSC Response: HHSC agrees to amend the policy language addressing MCO reimbursement for telemedicine services to better align with the intent of the legislation.

6. Two commenters requested adding Federally Qualified Health Centers as a provider type to the Telemedicine Services policy, per S.B. 670.

HHSC Response: To complete implementation of the provisions outlined in S.B. 670, HHSC intends to add Federally Qualified Health Centers as a provider type to the Telemedicine Services policy.

7. A stakeholder recommended defining cost-effectiveness in the section of the policy that states MCOs may use cost-effectiveness as a factor to determine whether to reimburse for a telemedicine service.

HHSC Response: HHSC declines to revise the policy in response to this comment. It is outside of the scope of the policy review to define cost-effectiveness.

8. Two stakeholders highlighted the draft Telemedicine Services policy omitted the following provision of S.B.670: *The commission shall ensure that a Medicaid Managed Care Organization: (2) does not limit, deny, or reduce reimbursement for a covered health care service or procedure delivered by a health care provider with whom the MCO contract to a Medicaid recipient as a telemedicine medical service or a telemedicine service based on the health*

care provider's choice of platform for providing telemedicine services. Stakeholders recommended adding language related to this provision to the policy.

HHSC Response: HHSC agrees to add the following language to the Telemedicine Services policy: *Texas Medicaid MCOs cannot limit, deny, or reduce reimbursement for a covered health care service or procedure delivered by a health care provider with whom the MCO contract to a Medicaid recipient as a telemedicine medical service or a telemedicine service based on the health care provider's choice of platform for providing telemedicine services.*

9. Two stakeholders recommended HHSC create and maintain a webpage for all MCO telemedicine policies.

HHSC response: HHSC declines to create and maintain a webpage for MCO telemedicine policies. Texas Medicaid MCOs are responsible for providing information about telemedicine coverage to contracted providers and members.

10. Four stakeholders recommended that HHSC require MCOs to not limit or reduce reimbursement for telemedicine services.

HHSC Response: HHSC declines to revise the policy in response to this comment. Medicaid MCO reimbursement rates are negotiated, contracted rates between providers and individual MCOs.

11. Two stakeholders recommended adding language to the policy detailing how telemedicine must be billed by provider type and MCO.

HHSC response: HHSC declines to revise the policy in response to this comment as it is out of scope for this review. HHSC will further review and consider this suggested revision as part of a future comprehensive review of the Telemedicine Services policy.

12. A stakeholder recommended procedure code Q3014, a patient site facility fee, be reimbursed when the patient site is home.

HHSC response: HHSC declines to revise the policy in response to this comment as it is out of scope for this review.

13. Two stakeholders recommended adding home as a place of service to the Telemedicine Services policy.

HHSC response: HHSC declines to revise the policy in response to this comment as it is out of scope for this review. HHSC will further review and consider this suggested revision as part of a future comprehensive review of the Telemedicine Services policy. As required by S.B. 670, a Medicaid managed care organization (MCO) must consider reimbursement for all medically necessary Medicaid-covered benefits delivered via telemedicine and cannot deny reimbursement solely because the service is delivered remotely. This includes services rendered to patients in other places of service than those listed in the policy.

14. One stakeholder suggested the language related to MCO reimbursement for telemedicine services is too broad and recommends adding additional language to the amendment that ensures the service is delivered in accordance to the law and HHSC policies. The same stakeholder suggests amending the telemedicine-telehealth addendum to the Uniform Managed Care Contract to require MCOs to provide members and providers with information on coverage of telemedicine services.

HHSC Response: HHSC agrees to add language to the Telemedicine Services policy to ensure all telemedicine services are provided in accordance with the law and contract requirements applicable to the provision of the same health care service provided in-person and to ensure MCOs provide their contracted providers and members information on telemedicine coverage. HHSC will amend the telemedicine-telehealth addendum to the Uniform Managed Care Manual to require MCOs to provide members and providers with information on coverage of telemedicine services.

15. A stakeholder stated the Texas Administrative Code rule reference in section 7.1 of the policy (25 Texas Administrative Code §412.303 (48)) has since been updated to 26 Texas Administrative Code 301.303 (48).

HHSC Response: HHSC will update the Texas Administrative Code rule reference in section 7.1 of the Telemedicine Services policy (25 Texas Administrative Code §412.303 (48)) to 26 Texas Administrative Code 301.303 (48).

16. One stakeholder requested HHSC create a list of procedure codes not covered by MCOs when delivered via telemedicine.

HHSC Response: HHSC declines to revise the policy in response to this comment. Creating and maintaining an exclusionary list would impede an MCO's autonomy to reimburse for remote delivery of any medically necessary Medicaid benefit, as granted by this bill.

17. A stakeholder asked if MCO reimbursement flexibility is in light of COVID-19 or a permanent flexibility.

HHSC Response: The language in the draft Telemedicine Services policy is a permanent change to the policy resulting from legislatively mandated changes to Texas Administrative Code 354.1432 resulting from the passage of SB 670. MCOs are obligated to consider reimbursement for all medically necessary Medicaid-covered benefits by law.

18. A stakeholder asked if the policy language in section 3 provides flexibility for audio-only to be reimbursable in times of emergencies, public health disasters, or failure of synchronous audio-video connectivity during a service?

HHSC Response: The language in section 3 of the Telemedicine Services policy is not specific to audio-only services, but all Medicaid-covered benefits that can be effectively delivered via synchronous audio-video telemedicine. MCOs may optionally reimburse for telemedicine services provided via synchronous or asynchronous audio interactions, including audio-only telephone consultations, text-only email messages, or a facsimile transmission under any circumstance, not only during emergencies or technology failures. MCOs will be required to disseminate telemedicine modality coverage information to contracted providers and Medicaid members.

19. Two stakeholders recommended adding APRNs as a provider type to the Telemedicine Services policy.

HHSC Response: APRNs are a provider type of Telemedicine Services. HHSC agrees to amend the Telemedicine policy to clarify APRNs of all subtypes are authorized providers of telemedicine medical services.

20. A stakeholder asked if a healthcare provider is required to use audio-interaction when reviewing video footage or images?

HHSC Response: Yes, fee-for-service Medicaid providers must engage in an audio interaction with a client while using asynchronous store and forward technology to review an image. Asynchronous store and forward technology must be used in conjunction with synchronous audio or other forms of audiovisual telecommunication technologies that allow the distant site provider to meet the in-person visit standard of care to receive reimbursement. MCOs may optionally reimburse for telemedicine services provided via synchronous or asynchronous audio interactions, including audio-only telephone consultations, text-only email messages, or a facsimile

transmission. MCOs will be required to disseminate telemedicine modality coverage information to contracted providers and Medicaid members.

21. A stakeholder recommended HHSC not require distant site providers to send a treatment summary to a patient's primary care provider if the treatment was for a behavioral health or mental health condition.

HHSC Response: Distant site providers are not required to send a treatment summary to a patient's primary care provider if the treatment was for a behavioral health or mental health condition.

22. A stakeholder asked if out of state providers are eligible for reimbursement under Texas Medicaid and if a Texas Medicaid provider identifier is required for Texas Medicaid reimbursement?

HHSC Response: If the out of state provider is enrolled as a Texas Medicaid provider then the provider is eligible for reimbursement under Texas Medicaid. HHSC and the Texas Medicaid & Healthcare Partnership (TMHP) will be releasing more information on retirement of the Texas Medicaid provider identifier (TPI) in the near future, but at present the TPI is still required for reimbursement.

23. Three stakeholders recommended HHSC require MCOs to disclose the criteria used to determine whether to cover a service or not.

HHSC Response: HHSC declines to revise the policy in response to this comment. Medicaid MCOs must consider reimbursement for a covered health care service or procedure delivered via telemedicine by a health care provider whom the MCO contracts with using the following conditions outlined in the policy: medical necessity; clinical effectiveness; cost-effectiveness; the telemedicine service is provided in accordance with the law and contract requirements applicable to the provision of the same health care service provided in person; and, the use of telemedicine promotes and supports patient-centered medical homes. Medicaid MCOs will be required to disseminate telemedicine coverage information to contracted providers and Medicaid members.