



# **Presentation to the House Public Health Committee: Teleservices in Medicaid**

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# Presentation Overview

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- Medicaid Telemedicine Services
- Medicaid Telehealth Services
- Medicaid Home Telemonitoring Services
- Teleservices in Medicaid Managed Care
- DSRIP Teleservices projects
- Medicaid Teleservices Initiatives

# Telemedicine Services in Medicaid: Definition

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- In Texas Medicaid, telemedicine is defined as a health-care service that is either
  - initiated by a physician who is licensed to practice medicine in Texas, or
  - provided by a health professional who is acting under physician delegation and supervision.
- Telemedicine is provided for the purpose of:
  - Client assessment by a health professional;
  - Diagnosis, consultation, or treatment by a physician;
  - Transfer of medical data that requires the use of advanced telecommunications, technology, other than telephone or facsimile technology.

# Telemedicine Services in Medicaid: Billing

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- Providers bill for medically necessary services using the procedure code that relates to the Medicaid service provided.
- When billing, providers use a modifier to indicate the service was provided via telemedicine.
- Reimbursement is available for the distant site provider and the patient site (facility fee).

# Telemedicine Services in Medicaid: Distant Sites

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- A distant site is the location of the provider rendering the service.
- Distant site providers must be enrolled in Medicaid.
- A distant site provider does not need to evaluate a patient for a diagnosis or condition in-person prior to providing telemedicine services.

# Telemedicine Services in Medicaid: Providers

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- Eligible distant site providers:
  - Physician (M.D. or D.O.)
  - Nurse practitioner\*
  - Clinical nurse specialist\*
  - Physician assistant\*
  - Certified Nurse Midwife\*

\*Must be acting under the delegation and supervision of a physician.

# Telemedicine Services in Medicaid: Providers

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- A patient site is where the client is physically located while the service is rendered and must be one of the following:
  - Established medial site
  - State mental health facility
  - State supported living center
- Patient site presenters must be a licensed or certified healthcare professional and must be enrolled in Medicaid.

# Telehealth Services in Medicaid: Definition

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- In Texas Medicaid, telehealth services are defined as a health service, other than telemedicine, that are delivered by licensed or certified health professionals who are acting within the scope of their licensure or certification.
- Before receiving a telehealth service, the patient must receive an in-person evaluation for the same diagnosis or condition, with the exception of a mental health diagnosis or condition

# Telehealth Services in Medicaid: Providers

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- Telehealth providers must be enrolled in Medicaid.
- Eligible distant site providers:
  - Licensed professional counselor (LPC)
  - CCP social worker
  - Psychologist
  - Registered nurse
  - Nurse midwife
  - Licensed clinical social worker (LCSW)
- Eligible patient site presenters are any health care professional that is licensed or certified in Texas and who is practicing within the scope of their licensure or certification.

# Telehealth Services in Medicaid: Reimbursable Services

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## Telehealth Services:

- Psychiatric diagnostic evaluation
  - Psychotherapy
  - End-stage renal disease related services
  - Medical nutrition therapy
  - Evaluation and management of a new or established patient
  - Inpatient pharmacological management
  - Nutritional counseling
- Telehealth reimbursements are available for the distant site provider, but not the patient site.

# Home Telemonitoring Services in Medicaid: Definition

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- Home telemonitoring is the scheduled, remote monitoring of data related to a patient's health, and the transmission and review of that data.
- Home telemonitoring services must be ordered by a physician.
- The clients plan of care outlines the schedule of transmissions.
- Home telemonitoring requires prior authorization in traditional Medicaid.

# Home Telemonitoring Services in Medicaid: Eligible Patients

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- Patient must have a diagnosis of hypertension or diabetes.
- Patient must meet at least two of the following risk factors:
  - Two or more hospitalizations in the prior 12-month period
  - Frequent or recurrent emergency department visits
  - A documented history of poor adherence to ordered medication regimens
  - A documented history of falls in the prior six-month period
  - Limited or absent informal support systems
  - Living alone or being home alone for extended periods of time
  - A documented history of care access challenges

# Home Telemonitoring Services in Medicaid: Providers

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- Providers must be enrolled in Medicaid.
- Monitoring providers must be available 24 hours a day, 7 days a week.
- Eligible remote monitoring providers:
  - Home health agency
  - Hospital

# Home Telemonitoring Services in Medicaid: Providers

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- Reviewing provider must be enrolled in Medicaid.
- Eligible reviewing providers:
  - Physician (M.D. or D.O.)
  - Nurse practitioner
  - Clinical nurse specialist
  - Physician assistant

# Home Telemonitoring Services in Medicaid: Reimbursement

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- Initial set-up and installation of remote monitoring equipment
  - One time reimbursement unless new episode of care.
- Home health agency review of data transmissions
  - Daily reimbursement, regardless of the number of data transmissions per day.
- Provider review of data transmissions
  - Reimbursement once every 7 days, regardless of the number of data transmissions per 7 day period.

# Teleservices in Medicaid Managed Care

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- Section 8.2.18 of the Uniform Managed Care Manual outlines that telemedicine, telehealth, and telemonitoring are Medicaid covered services.
- MCOs are encouraged to contract with providers offering these services to provide better access to healthcare for their members.
- Medicaid MCOs must be able to accept and process provider claims for these services in conformity with the Texas Medicaid benefit.

# DSRIP Teleservices Projects

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- There are 80 active telemedicine, telehealth, or telemonitoring projects in the Delivery System Reform Incentive Payment (DSRIP) program under the 1115 Medicaid Transformation Waiver.
- Example: Las Palmas Medical Center tele-psychiatry program.
  - Links emergency room doctors with distant site psychiatrists.
  - Las Palmas Medical Center sees approximately 1,500-1,800 patients each year in the emergency room who present with a behavioral health condition.
  - The project's goal by Demonstration Year 5 is to serve at least 900 (60%) of those 1,500 patients in the emergency room via telemedicine services.

# Recent Developments and Initiatives in Teleservice Delivery

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The 84<sup>th</sup> Legislature enacted:

- House Bill 1878 Laubenberg, which requires the HHSC to ensure that Medicaid reimbursement is provided for telemedicine medical services provided in a school setting regardless of who the primary care physician is on record; and
- House Bill 3519 by Guerra authorized HHSC to offer reimbursement for home telemonitoring services until Sept. 1, 2019.

HHSC is currently:

- Researching additional diagnoses for home telemonitoring reimbursement.
- Reviewing the feasibility of adding patient site reimbursement for FQHCs.