TELEMEDICINE, TELEHEALTH, AND HOME TELEMONITORING TEXAS MEDICAID SERVICES

Biennial Report to the Texas Legislature

As Required by Texas Government Code §531.0216

Texas Health and Human Services Commission

December 1, 2014

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Executive Summary

Since Texas Medicaid began providing telemedicine medical services in 1998, the types of services that can be provided via advanced telecommunications has been modified and expanded, with the goal of providing better access to current Medicaid health services. Laws were passed each legislative session from 2001 to 2013 to improve the provision of telemedicine services. In 2011, significant changes were made by the legislature to further expand the types of Medicaid providers and Medicaid services that can be reimbursed via telecommunication. Senate Bill 293, passed during the 82nd Legislative session, added the services of telehealth and home telemonitoring to the types of advanced telecommunications available to providers to provide better access to care.

In 2013, HHSC adopted changes to 1 TAC 354.1430 related to definitions that removed the telemedicine and telehealth limitation on clients in rural or underserved areas regardless of the provider or provider specialty.

The changes to Medicaid's telemedicine policy have resulted in increased visibility of services and also increased the state's ability to track telemedicine utilization and distinguish between patient and provider sites.

HHSC found an increase in the number of providers using telemedicine from fiscal year 2011 to 2013. From fiscal year 2011 to 2013, the number of providers using telemedicine more than doubled. The number of clients receiving telemedicine services increased by 79 percent from 2011 to 2013, while expenditures for telemedicine services increased by 124 percent. It is assumed that this increase is the direct result of expanded telemedicine services, improved tracking of telemedicine, acceptance by providers, and other telemedicine network expansion initiatives aimed at improving access to specialty and sub-specialty care in Medicaid.

Introduction

Pursuant to the Texas Government Code Section 531.0215, the Texas Health and Human Services Commission (HHSC) is required to submit a report to the speaker of the Texas House of Representatives and the lieutenant governor by December 1 of each even-numbered year, on the effects of telemedicine medical services, telehealth services, and home telemonitoring services on the Texas Medicaid program, including:

- The effects of telemedicine medical services, telehealth services, and home telemonitoring services on the Medicaid program in the state.
- The number of physicians, health professionals, and licensed health care facilities using telemedicine medical services, telehealth services, and home telemonitoring services.
- The geographic and demographic disposition of the physicians and health care professionals.
- The number of patients receiving telemedicine medical services, telehealth services, and home telemonitoring services.
- The types of services being provided.
- The cost of utilization telemedicine medical services, telehealth services, home telemonitoring services to the program.

To prepare the information for this report, HHSC conducted analyses of the telemedicine services over the previous two fiscal years (2012 and 2013). The results of the analyses are compared to the historical data and are provided in the appendix of this report.

History and Background

Adoption of the Telemedicine Services Benefit in Texas Medicaid

H.B. 2386 and H.B. 2017, 75th Legislature, Regular Session, 1997, directed HHSC to reimburse providers for services performed using telemedicine. Pursuant to this legislative direction, HHSC adopted rule § 354.1432 that was published in the TAC, which set forth benefits and limitations for telemedicine and established Medicaid reimbursement for distant and patient site providers. The original adopted rule allowed providers to be reimbursed for consultations, interpretations, and interactive video visits when provided via telemedicine technology. Medicaid started reimbursing providers for these services in August 1998.

Legislative Changes Affecting Telemedicine Medical Services, Telehealth Services, and Home Telemonitoring Services

Since the adoption of the telemedicine benefit in 1998, changes in state and federal laws have affected telemedicine reimbursement, expanded the use of telemedicine medical services, and added telehealth services and home telemonitoring services in Texas Medicaid.

Federal Legislation

The Health Insurance Portability and Accountability Act (HIPPA) was enacted by the U.S. Congress in 1996. The Act required that by October 2003 health insurance payers, including state Medicaid, use universal transaction and code standards for claims payment. Up until this point, payers could use their own standards, which is how HHSC reimbursed providers. Because of this new requirement, HHSC had to change the telemedicine policy. Instead of using a local reimbursement code, HHSC was required to adopt national codes for reimbursement of its telemedicine services.

State Legislation

S.B. 789, 77th Legislature, Regular Session, 2001, authorized HHSC to establish procedures to determine which telemedicine medical services should be reimbursed, reimburse services at the same rate as face-to-face medical services, and submit a report to the legislature by December 1 of each even-numbered year, on the effects of telemedicine medical services on the Medicaid program.

S.B. 691, 78th Legislature, Regular Session, 2003, required HHSC to periodically review policies regarding the reimbursement of telemedicine services under the Medicaid program. Specifically, HHSC was directed to identify variations between Medicaid and Medicare reimbursement and was also authorized to modify rules and procedures as appropriate.

S.B. 1340, 79th Legislature, Regular Session, 2005, authorized HHSC to develop, and the Texas Department of State Health Services (DSHS) to implement, a pilot program enabling Medicaid recipients in need of mental health care to receive these services via telemedicine.

S.B. 24 and S.B. 760, 80th Legislature, Regular Session, 2007, directed HHSC to make additional policy changes to the Medicaid telemedicine program. S.B. 24 instructed HHSC to add office visits as an additional telemedicine service for which distant site providers may receive reimbursement and to establish a mechanism to reimburse services provided at the patient site by either: (1) allocating reimbursement between the distant and patient site; or (2) establishing a facility fee and extending the telemedicine mental health pilot through September 1, 2009. S.B. 760 changes the telemedicine terminology and directed HHSC to encourage the use of telemedicine.

S.B. 293, 82nd Legislature, Regular Session, 2011, directed HHSC to provide reimbursement for a new telehealth benefit and provide reimbursement for a new home telemonitoring benefit. The telehealth services benefit implemented May 1, 2013 and the home telemonitoring services benefit implemented October 1, 2013. The new home telemonitoring benefit is provided by home health agencies and hospitals enrolled in the Texas Medicaid program, and to clients with certain eligibility conditions. S.B. 293 also directed HHSC to not provide reimbursement for home telemonitoring services on or after September 1, 2015.

Defining the Telemedicine Medical Service and Telehealth Service

Texas Administrative Code (TAC) §354.1430 provides the definitions for telemedicine medical services and telehealth services. Telemedicine is a defined health care service, initiated by a physician who is licensed to practice medicine in Texas under Title 3, Subtitle B of the Occupations Code or provided by a health professional acting under physician delegation and supervision, that is provided for purposes of patient assessment by a health professional, diagnosis or consultation by a physician, or treatment, or for the transfer of medical data, and that requires the use of advanced telecommunications technology. Telehealth is a health service, other than a telemedicine medical service, delivered by a licensed or certified health professional acting within the scope of the health professional's license or certification who does not perform a telemedicine medical service and that requires the use of advanced telecommunications technology. Telephone and facsimile technology are not acceptable forms of advanced telecommunications to render telemedicine or telehealth services.

The provision of telemedicine medical services and telehealth services involves: (1) a patient site presenter responsible for presenting the patient for services; and (2) a distant site provider rendering consultation or evaluation for the purposes of diagnosis or treatment of the patient. The patient site presenters and distant site providers are restricted to certain provider types and locations as specified in the state's rules for Medicaid services.

Texas Medicaid uses the following words and terms to define providers and places of service for both telemedicine medical services and telehealth services.

Distant Site – The place where a physician or health professional is physically located when providing telemedicine medical services or telehealth services.

Patient Site – The site where the patient is located.

Patient Site Presenter - The patient site presenter is an individual at the patient site who introduces the patient to the distant site provider for examination, and to whom the distant site provider may delegate tasks and activities in accordance with 22 TAC §174.6 (relating to Delegation to and Supervision of Patient Site Presenters). The patient site presenter must be: licensed or certified in this state to perform health care services and must present and/or be delegated tasks and activities only within the scope of the individual's licensure or certification; and/or a qualified mental health professional (QMHP) as defined in 25 TAC §412.303(48) (relating to Definitions).

The patient site must be: an established medical site (telemedicine); an established health site (telehealth); or a state mental health facility (telemedicine and telehealth); or a state supported living center (telemedicine and telehealth). A patient's private home is not an established health site.

The patient site presenter must be readily available for telehealth services. However, if the telehealth service relates only to mental health, a patient site presenter does not have to be readily available except when the patient may be a danger to himself or to others.

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. For a mental health diagnosis or condition, the patient may receive a telehealth service without an in-person evaluation provided the purpose of the initial telehealth appointment is to screen and refer the patient for additional services and the referral is documented in the medical record. For the continued receipt of a telehealth service, the patient must receive an in-person evaluation at least once during the previous 12 months by a person qualified to determine a need for services.

Texas Medicaid began reimbursing for telehealth services during the last four (4) months of the 2013 fiscal year. This biennial report is for fiscal years 2012 and 2013. Therefore, at the time of this report, there was not enough data to provide the information required by Texas Government Code § 531.0216.

Defining the Home Telemonitoring Service

S.B. 293, 82nd Legislature, Regular Session, 2011, directed HHSC to establish home telemonitoring as a benefit of Texas Medicaid. It is a health service that requires scheduled remote monitoring of data related to a client's health, and transmission of the data from the client's home to a licensed home health agency or a hospital. The data transmission must comply with standards set by HIPAA. Data parameters are established as ordered by a physician's plan of care. Data must be reviewed by a registered nurse (RN), nurse practitioner (NP), clinical nurse specialist (CNS), or physician assistant (PA), who is responsible for reporting data to the prescribing physician in the event of a measurement outside the established parameters. Online

evaluation and management for home telemonitoring services is a benefit in the office or outpatient hospital setting when services are provided by an NP, CNS, PA, or physician provider.

Home telemonitoring is a benefit for Texas Medicaid clients who are diagnosed with diabetes and/or hypertension. Clients must exhibit two or more of the following risk factors:

- Two or more hospitalizations in the previous 12-month period
- Frequent or recurrent emergency department visits
- A documented history of falls in the previous 6-month period
- Documented history of poor adherence to ordered medication regiments
- Limited or absent informal support systems
- Living alone or being home alone for extended periods of time
- A documented history of care access challenges

The home telemonitoring benefit was implemented October 1, 2013, which is in the 2014 fiscal year. Therefore, the required information for the home telemonitoring service from Texas Government Code § 531.0216 is not included in this 2012-2013 biennial report.

Telemedicine Medicaid Policy

Telemedicine is a benefit of Texas Medicaid and is a health-care service that is either initiated by a Medicaid enrolled physician who is licensed to practice medicine in Texas or provided by a Medicaid enrolled health professional who is acting under physician delegation and supervision. Telemedicine is provided for the purpose of the following:

- 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, including the following:
  - Compressed digital interactive video, audio, or data transmission.
  - Clinical data transmission using computer imaging by way of still-image capture and store-and forward.
  - Other technology that facilitates access to health-care services or medical specialty expertise.

Table A in the Appendix (A-1) shows the allowable Medicaid services, locations, and provider types that may be reimbursable when provided via telemedicine technology.

Measuring Telemedicine Services

The telemedicine Medicaid benefit is used to increase access to care. One impactful use of telemedicine services is to provide specialty care since there are shortages of specialists in many areas of the state, particularly in rural and medically underserved areas.

From 1998 to early 2009 the Texas Medicaid program reimbursed distant site providers for consultation and patient site providers for office visits. In addition, telemedicine was reimbursed

when mental health services were provided within the scope of a telemedicine mental health pilot. This included reimbursement of medication management, diagnostic interviews, and psychotherapy. The mental health services pilot ended and was replaced by the current Medicaid telehealth benefit (S.B. 293, 82nd Legislature, Regular Session, 2011).

On April 1, 2009 Texas Medicaid began reimbursing distant site providers for office visits, and psychiatric services, to include those services previously limited to the telemedicine mental health pilot. In addition, Texas Medicaid reimburses the telemedicine patient site a facility fee for presenting a client for telemedicine services and expanded the allowable patient site presenters to include any licensed or certified provider or qualified mental health professional as defined in state rule (25 TAC §412.303 (31)). In January 2010, as part of routine annual procedure code updates, Texas Medicaid added inpatient telemedicine consultation codes developed by CMS. Prior to the adoption of these codes, specific telehealth consultation codes did not exist. In July 2011, Texas Medicaid removed the limitation on clients to be in a rural and underserved location when seeing a distant provider who is a specialist or sub specialist.

HHSC made changes to 1 TAC§ 354.1430 related to definitions, which removed the telemedicine and telehealth limitation on clients to be in a rural and underserved area regardless of the provider or provider specialty. This rule change was approved by the HHSC Executive Commissioner, Dr. Kyle Janek, and effective May 1, 2013.

Measuring Effects of Telemedicine in Texas Medicaid

Data continues to show an increase in the number of providers using telemedicine and number of services being provided via telemedicine technology. It is assumed that this increase is the direct result of; expanded telemedicine services, improved tracking of telemedicine, acceptance by providers, and other telemedicine network expansion initiatives aimed at improving access to specialty and sub-specialty care in Medicaid.

Telemedicine services are reported by using a GT (telemedicine) modifier on a claim. A physician will submit a claim for services with a procedure code describing the services provided and appending a "GT" to the procedure code. The "GT" modifier identifies the services as telemedicine. The "GT" modifier enables HHSC to track the use of telemedicine services. A "GT" modifier is not required and reimbursement for services is not affected by the presence of the "GT" modifier. Because the modifier is not required and reimbursement is not affected, the data presented in this report may not provide a complete representation of Medicaid telemedicine services.

- The number of physicians and health professionals using telemedicine medical services.
  - From 2011 to 2013 the number of unique telemedicine providers in the state increased from 98 to 200 providers, an increase of 104 percent (Appendix B, B-1).
- The number of clients receiving telemedicine medical services.
  - There were 9,748 clients receiving telemedicine services in 2011 and by 2013 that number increased to 17,416, representing a 79 percent increase in utilization (see Appendix B, B-1).
- The types of services being provided.

- From 2011 to 2013, the most common telemedicine procedures billed continued to be medication management and the telemedicine facility fee. These two codes make up 72 percent of the codes billed. The next most frequent code is for office and outpatient visits for an established client at 14 percent. Then psychiatric diagnostic interview at approximately 13 percent. From 2012 to 2013 there was a 57 percent decrease in medication management services while the same years saw a 1,568 percent increase in office and outpatient visits for an established client (see Appendix C, C-2 and C-3).

- The reimbursement expenditure for telemedicine medical services.
  - In 2011, Medicaid expenditures were $1,233,903, in 2012 Medicaid expenditures were $1,997,699.39, and in 2013 Medicaid expenditures were $2,768,685.40. Over the three year period from state fiscal year 2011 to 2013, Medicaid expenditures for telemedicine services increased by 124 percent (see Appendix B, B-1).

Conclusion

HHSC conducted an analysis of telemedicine services to evaluate the effects of telemedicine in Texas Medicaid. HHSC found an increase in the number of providers using telemedicine from fiscal year 2011 to 2013. From fiscal year 2011 to 2013 the number of providers using telemedicine increased by 104 percent. The number of clients receiving telemedicine services increased by 79 percent from 2011 to 2013, while the expenditure of telemedicine services increased by 124 percent. It is assumed that this increase is the direct result of; expanded telemedicine services, improved tracking of telemedicine, acceptance by providers, and other telemedicine network expansion initiatives aimed at improving access to specialty and sub-specialty care in Texas Medicaid. The December 2016 Biennial Report (2014-2015) to the Texas Legislature for Telemedicine, Telehealth, and Home Telemonitoring will not be limited to telemedicine medical services, but rather will include data for all three services.

Appendix A: Texas Medicaid Telemedicine/Telehealth Benefits

Medicaid Reimbursable Distant Site Services	Allowable Distant Site Locations	Allowable Distant Site Providers	Allowable Patient Site Locations*	Allowable Patient Site Providers and Tele-presenters
• Consultations • Medication Management • Psychiatric Diagnostic Interviews • Office or other Outpatient Visits • Psychotherapy • Data Transmission	• No Limitation; The place where a physician or health professional is physically located when providing telemedicine medical services or telehealth services.	Telemedicine: • MDs • CNS • NP • PA • CNM Telehealth: • LPC • LMFT • LCSW • Psychologist • LPC • Provisionally licensed Psychologist • Licensed Dietician	• State hospital • State school • Established Medical or Health Site	• An individual who is licensed or certified in Texas to perform health-care services and who presents or is delegated tasks and activities only within the scope of the individual's licensure or certification. • Qualified Mental Health Professional – community services (QMHP-CS)

* Note: A client's private home is not considered an established medical or health site.

Appendix B: Telemedicine Client Utilization, Provider Participation, and Expenditure

Fiscal 2005 - Fiscal Year 2013

Fiscal Year	No. Unique Clients	No. Unique Providers	No. Visits	Amount Paid
2005	332	14	1,022	$29,117
2006	443	16	1,444	$41,315
2007	1,281	25	4,408	$146,250
2008	2,341	43	6,598	$184,510
2009	4,269	46	14,767	$506,136
2010	6,939	67	29,953	$919,233
2011	9,748	98	39,719	$1,233,903
2012	13,928	186	57,018	$1,997,699
2013	17,416	200	68,338	$2,768,685

Note: Data source for Appendix B is claims data from HHSC Strategic Decision Support.

Appendix C: Telemedicine Services Provided
Fiscal Year 2005 - Fiscal Year 2013

Fiscal Year 2005	Procedure Codes	No.	Percent
90862	Medication Management	749	73.3%
99211-99215	Office/Outpatient Visit-Established Client	170	16.6%
99241-99244	Office Consultation	75	7.3%
90801-99802	Psychiatric Diagnostic Interview	15	1.5%
99201-99205	Office/Outpatient Visit-New Client	11	1.1%
90805	Psychiatric Treatment, Office, 20-30 minute	2	0.2%
	Total Fiscal Year 2005	**1,022**	**100%**

Fiscal Year 2006	Procedure Codes	No.	Percent
90862	Medication Management	843	58.4%
99211-99215	Office/Outpatient Visit-Established Client	375	26.0%
90805	Psychiatric Treatment, Office, 20-30 minute	87	6.0%
99241-99244	Office Consultation	67	4.6%
90801-99802	Psychiatric Diagnostic Interview	56	3.9%
99201-99205	Office/Outpatient Visit-New Client	16	1.1%
	Total Fiscal Year 2006	**1,444**	**100%**

Fiscal Year 2007	Procedure Codes	No.	Percent
90862	Medication Management	2,186	49.6%
99211-99215	Office/Outpatient Visit-Established Client	1,572	35.7%
90805	Psychiatric Treatment, Office, 20-30 minute	376	8.5%
90801-99802	Psychiatric Diagnostic Interview	213	4.8%
99241-99244	Office Consultation	37	0.8%
99201-99205	Office/Outpatient Visit-New Client	24	0.5%
	Total Fiscal Year 2007	**4,408**	**100%**

Fiscal Year 2008	Procedure Codes	No.	Percent
90862	Medication Management	3,233	49.00%
Q3014	Telemedicine Facility Fee	1,800	27.28%
99211-99215	Office/Outpatient Visit-Established Client	658	9.97%
90805	Psychiatric Treatment, Office, 20-30 minute	437	6.62%
90801-99802	Psychiatric Diagnostic Interview	378	5.73%
99201-99205	Office/Outpatient Visit-New Client	50	0.76%
99241-99244	Office Consultation	42	0.64%
	Total Fiscal Year 2008	**6,598**	**100%**

Fiscal Year 2009	Procedure Codes	No.	Percent
90862	Medication Management	7,873	53.35%
Q3014	Telemedicine Facility Fee	4,937	33.48%
90801-99802	Psychiatric Diagnostic Interview	1,162	7.89%
99211-99215	Office/Outpatient Visit-Established Client	437	2.96%
90805	Psychiatric Treatment, Office, 20-30 minute	316	2.14%
99241-99244	Office Consultation	21	0.14%
99201-99205	Office/Outpatient Visit-New Client	6	0.04%
	Total Fiscal Year 2009	**14,761**	**100%**

Fiscal Year 2010	Procedure Codes	No.	Percent
Q3014	Telemedicine Facility Fee	13,010	43.43%
90862	Medication Management	12,466	41.62%
90801	Psychiatric Diagnostic Interview	2,814	9.39%
99211-99215	Office/Outpatient Visit-Established Client	1,614	5.39%
99201-99205	Office/Outpatient Visit-New Client	28	0.09%
99242-99244	Office Consultation	18	0.06%
G0426-G0427	Inpt/Ed Teleconsultation	3	0.01%
	Total Fiscal Year 2010	**29,953**	**100%**

Fiscal Year 2011	Procedure Codes	No.	Percent
90862	Medication Management	17,699	44.56%
Q3014	Telemedicine Facility Fee	16,603	41.80%
90801-99802	Psychiatric Diagnostic Interview	4,016	10.11%
99211-99215	Office/Outpatient Visit-Established Client	1,303	3.28%
99241-99244	Office Consultation	55	0.14%
99201-99205	Office/Outpatient Visit-New Client	25	0.06%
99253-99254	Inpatient Consultation	16	0.04%
G0425-G0427	Inpt/Ed Teleconsultation	3	0.01%
	Total Fiscal Year 2011	**39,719**	**100%**

Fiscal Year 2012	Procedure Codes	No.	Percent
90862, M0064	Medication Management	26,500	46.48%
Q3014	Telemedicine Facility Fee	21,982	38.55%
90791-99802	Psychiatric Diagnostic Interview	7,143	12.53%
99211-99215	Office/Outpatient Visit-Established Client	1,227	2.15%

99241-99244	Office Consultation	71	0.12%
99253-99254	Inpatient Consultation	38	0.07%
G0406-G0427	Inpt/Ed Teleconsultation	29	0.05%
99201-99205	Office/Outpatient Visit-New Client	28	0.05%
	Total Fiscal Year 2012	**57,018**	**100%**

Fiscal Year 2013	**Procedure Codes**	**No.**	**Percent**
Q3014	Telemedicine Facility Fee	25,394	37.16%
99211-99215	Office/Outpatient Visit-Established Client	20,471	29.96%
90862, M0064	Medication Management	11,469	16.78%
90791-99802	Psychiatric Diagnostic Interview	10,135	14.83%
G0406-G0427	Inpt/Ed Teleconsultation	485	0.71%
99201-99205	Office/Outpatient Visit-New Client	249	0.36%
99241-99244	Office Consultation	97	0.14%
99253-99254	Inpatient Consultation	38	0.06%
	Total Fiscal Year 2013	**68,338**	**100%**

Note: Data source for Appendix C is claims data from HHSC Strategic Decision Support.

Appendix D: Client Utilization and Expenditures for Telemedicine Services by Metropolitan Statistical Area (MSA) *

Fiscal Year 2007 - Fiscal Year 2013

Fiscal Year	MSA	No. Unique Clients	No. Visits	Amount Paid
	Metro	312	1,682	$42,615
	Micro	277	832	33,066
	Rural	689	1,888	70,311
	Missing	3	6	258
2007	**Total**	**1,281**	**4,408**	**$146,250**
	Metro	815	2,047	$59,727
	Micro	539	1,824	47,179
	Rural	945	2,522	77,376
	Missing	117	205	$226
2008	**Total**	**2,341**	**6,598**	**$184,510**
	Metro	1,600	3,334	$146,317
	Micro	1,008	4,693	152,782
	Rural	1,620	6,392	205,930
	Missing	199	348	$1,106
2009	**Total**	**4,269**	**14,767**	**$506,136**
	Metro	3,346	9,104	$332,134
	Micro	1,509	8,411	266,579
	Rural	2,018	10,812	316,123
	Missing	745	1,626	4,398
2010	**Total**	**6,939**	**29,953**	**$919,233**
	Metro	4,780	14,441	$525,253
	Micro	2,055	10,155	317,006
	Rural	2,705	13,678	381,683
	Missing	546	1,445	9,961
2011	**Total**	**9,748**	**39,719**	**$1,233,903**
	Metro	7,860	22,776	$977,136
	Micro	3,321	17,855	555,252
	Rural	2,989	15,652	438,640
	Missing	205	735	26,671

2012	**Total**	**13,928**	**57,018**	**$1,997,699**
	Metro	10,792	31,758	$1,547,152
	Micro	3,705	19,409	681,041
	Rural	2,967	16,219	499,580
	Missing	299	952	40,912
2013	**Total**	**17,416**	**68,338**	**$2,768,685**

* MSAs are geographic entities defined by the U.S. Office of Management and Budget (OMB) for use of federal statistics. In general terms, a metropolitan area contains a core urban area population of 50,000 or more, a metropolitan area contains an urban core population of 10,000 - 50,000 and a rural area is outside any urban area with a decennial census population of 2,500 or more. For more information, see: http://www.census.gov/geo/lv4help/cengeoglos.html.

Note: Data source for Appendix D is claims data from HHSC Strategic Decision Support.