

**FOOD FOR  
THOUGHT**

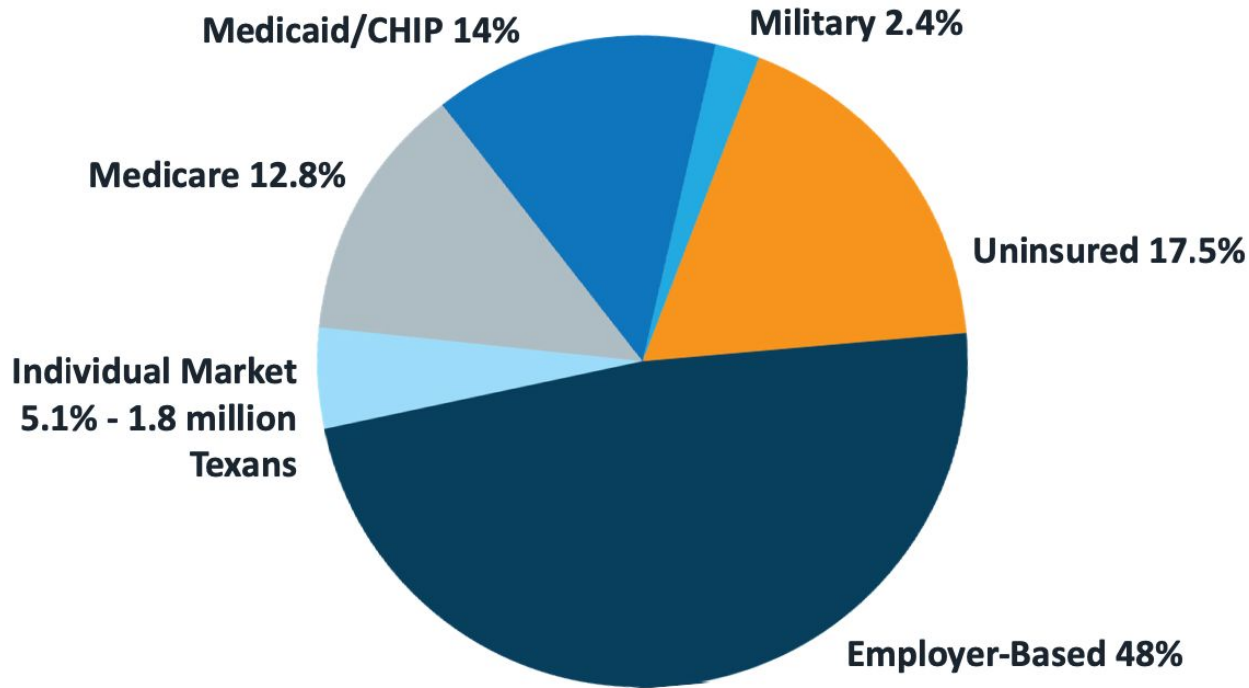


# Talking Telehealth

Sept. 1, 2022



# TAHP Health Plans Cover More Than 20 Million Texans



Health insurance helps keep families and communities healthy through:

- Medicaid
- Medicare
- Tricare
- Individual
- Employer



[Who We Are: One Pager](#) – Meet the Texas Health Plans

# TAHP Staff



**Jamie Dudensing, RN**  
CEO  
[jdudensing@tahp.org](mailto:jdudensing@tahp.org)  
(512) 651-3578



**Jason Baxter**  
Dir. of Gov. Relations  
[jbaxter@tahp.org](mailto:jbaxter@tahp.org)  
(512) 900-3916



**Jessica Lynch**  
Dir. of Policy & Medicaid  
Operations  
[jlynch@tahp.org](mailto:jlynch@tahp.org)  
281-705-8667



**Blake Hutson**  
Dir. of Public Affairs  
[bhutson@tahp.org](mailto:bhutson@tahp.org)  
512-636-7213



# TAHP Staff



**Kevin Stewart**  
General and Regulatory  
Council  
[kstewart@tahp.org](mailto:kstewart@tahp.org)  
512-698-8908



**Alicia Pierce**  
Communications  
Director  
[apierce@tahp.org](mailto:apierce@tahp.org)  
512-934-1856



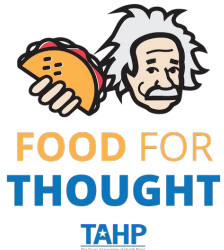
**Erin Jordan**  
Communications  
Associate  
[ejordan@tahp.org](mailto:ejordan@tahp.org)



# Health Plans Expanded Telehealth During COVID-19

During the COVID-19 crisis, Texas health insurance providers expanded access to and encouraged the use of telehealth by:

- Eliminating out-of-pocket costs for telehealth services
- Ensuring Texans have 24/7 telehealth access in the safety of their homes
- Providing coverage and payment for all network telehealth services
- Helping providers with the infrastructure support needed to transition to telehealth
- Using telehealth to provide service coordination, case management, and discharge planning





# The Modernization of Medicaid

- **School Telehealth**

- Goodside Health partnered with Superior HealthPlan to bring virtual care to children in school districts across Texas. The partnership **allows children to see a medical provider, virtually, while at school** to address a variety of health concerns or illnesses.
- The partnership **will also support STAR Health so that children and youth in foster care can receive on-demand telehealth services** statewide as well the critical Child and Adolescent Needs and Strengths (CANS) 2.0 Assessments in the El Paso area.



# The Modernization of Medicaid

- **Supporting Pregnant Women**

- Parkland Community Health Plan offers access to Pyx Health, a service primarily accessed via an app, to pregnant members across urban Dallas County and surrounding rural counties. The app **connected soon-to-be-moms with individuals who listened without judgment, helped identify resources, provided guidance** to appropriate care, and connected members with various benefits



# The Modernization of Medicaid

- **Supporting New Moms**

- Texas Children's Health Plan implemented a **telemedicine platform that allows postpartum moms to be seen at 2 weeks** and 6 weeks rather than just at 6 weeks. **Now, new moms feel more supported during the postpartum period.** Previously, new moms were reluctant to come into the clinic two weeks after delivery.
- With the change to telemedicine we have greater compliance, which allows us to screen them for postpartum depression, connect them with our health education team if they are struggling with breastfeeding, and **check on their overall health earlier in the postpartum period**





# What Telehealth Means to Medicaid Families

“The option of online Zoom or Teams conferences has brought a peace of mind to my husband and myself as **we do not have the worry of different people entering our home with the possibility of bringing illness** (albeit not intentionally) to our compromised child or other children in our home. Jacob was born with Bruton’s XLA and has no immune system to protect him from any viral illnesses. Something as mild as a stomach bug could be debilitating for him.”

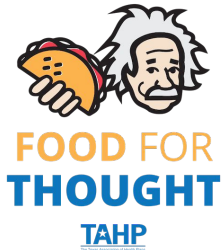
“I am writing not only as an RN service coordinator, but also as a parent of a medically fragile STAR Kids member. When the option arose to have telehealth visits, we were thrilled. **It puts my daughter at ease** and just **makes life so much easier on me as her parent**. I no longer have to worry about if my house is clean enough for me to feel comfortable with someone coming in. We live in a very rural area, so **when someone comes to our home, they often get lost which means the appointment doesn’t start on time**. We already have a pretty busy schedule, so one provider being late can pose a problem.”





Nora Belcher is regarded as one of the most knowledgeable and effective health care advocates in Texas and beyond. She spent five years in the Texas capitol helping shape health care policy, representing then-Governor Rick Perry in collaborative conversations with legislators, private sector health care concerns and the Texas Health & Human Services Commission. In that capacity, she is credited with leading major reform efforts in Medicaid, overseeing the creation of the state's health information exchange, and playing a key role in reorganizing the state's fractured health and human services system.

She founded TeHA as a non-profit advocacy group in 2009 to give health information technology stakeholders a voice in public policy.





# What's Next for Telemedicine in Texas?

Nora Belcher  
Chief Executive Officer  
Texas e-Health Alliance



# Outline

- Landscape Review Post COVID-19
  - Medicare and Medicaid
- Legislative Review - Telemedicine in Medicaid
  - SB 1107 (2017)
  - SB 670 (2019)
  - HB 4 (2021)
- Policy Considerations



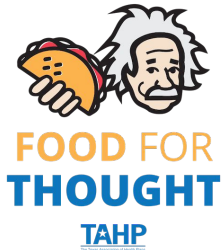
The role of the patient in terms of expectations for virtual care has been permanently changed by COVID-19.



# Landscape Review

Medicare relaxed a number of restrictions under the public health emergency but needs Congressional action to keep them in place.

- The most expensive item is the permanent removal of the “rural” requirement for telehealth for Medicare beneficiaries. The most recent extension (CAA 2022) was scored by CBO at \$633M for 5 months. The House and the Senate have moved separate proposals.
- There have been multiple large fraud cases brought by the Department of Justice involving billions of dollars in false claims for items like DME and tests that were ordered without a patient visit or with just a brief telephone call between the provider and the patient. However, OIG’s own data shows that 84% of Medicare beneficiaries in the first year of the pandemic received these services from their own provider, which should help focus program integrity efforts on bad actors.





# Legislative Review

Texas Medicaid had been evolving their use of telemedicine and telehealth prior to the pandemic:

- SB 1107 in 2017 allowed direct to consumer telemedicine for non-mental health services
- SB 670 in 2019 required Medicaid MCOs to pay telehealth claims at coverage parity
  - as a result, no CMS waivers were needed for most of the COVID flexibilities



# HB 4

HB 4 (Price/Buckingham) – Makes the COVID flexibilities related to Medicaid and other public benefit programs permanent and adds technology to allowable ways to reach and assess clients:

- allows HHSC to implement telemedicine and telehealth in any program under the commission's jurisdiction as long as those services are cost-effective and clinically effective
- makes audio-only benefits for behavioral health services a permanent benefit and allows HHSC to implement audio-only benefits in other programs
- clarifies that Medicaid managed care organizations may reimburse providers for home telemonitoring services that are not currently included in the program benefit



## HB 4, Con't.

- Directs HHSC to establish policies and procedures that allow managed care organizations to conduct assessment and service coordination activities for members receiving home and community-based services through telecommunication or information technology
- Adds the availability of telemedicine and telehealth services to the list of criteria that must be considered by HHSC when setting provider access standards related to network adequacy for Medicaid managed care plans
- Directs HHSC to create a consent form that will allow Medicaid and CHIP recipients to opt-in to receiving text messages from their health plan once they have enrolled





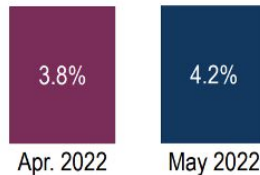
## Top Five Procedure Codes by Utilization

*In order from most to least common*

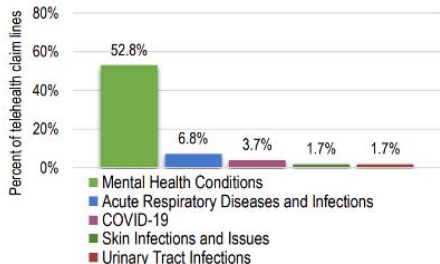
CPT®/HCPCS	DESCRIPTION	PERCENT OF TELEHEALTH CLAIM LINES
90837	PSYCHOTHERAPY, 1 HOUR	21.4%
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 30-39 MINUTES	16.9%
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 20-29 MINUTES	15.0%
99441	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 5-10 MINUTES	8.6%
90834	PSYCHOTHERAPY, 45 MINUTES	6.5%

## Percent of Medical Claim Lines

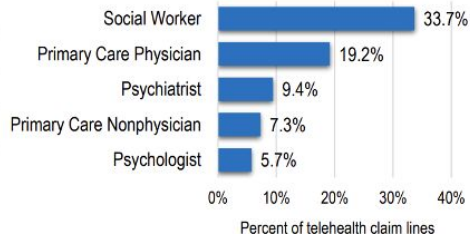
Percent Change (Apr.-May)  
10.53%



## Top Five Diagnoses



## Top Five Specialties



## Telehealth Cost Corner

CPT®/HCPCS	DESCRIPTION
97155	ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL USING AN ESTABLISHED PLAN, EACH 15 MINUTES
MEDIAN CHARGE AMOUNT	MEDIAN ALLOWED AMOUNT
\$37.50	\$24.51

Source: FH NPIC® database of more than 36 billion privately billed medical and dental claim records from more than 70 contributors nationwide. Copyright 2022, FAIR Health, Inc. All rights reserved. CPT © 2021 American Medical Association (AMA). All rights reserved.

[fairhealth.org](http://fairhealth.org) | [fairhealthconsumer.org](http://fairhealthconsumer.org) | [fairhealthconsumidor.org](http://fairhealthconsumidor.org) | 855-301-FAIR (3247) | [info@fairhealth.org](mailto:info@fairhealth.org)



# Policy Considerations

The future is a combination of in-person and virtual care, and the best models will include both

- Virtual care can increase access to needed services like mental health care and speciality care
- The home as a site of service will become more important as the Baby Boomers reach their high utilization years
- Virtual care has the potential to be efficient and bring more people into care earlier



# More Policy Considerations

Areas for future policy development:

- Payment reform/value-based purchasing
  - Fee-for-service frameworks disincentivize telemedicine and telehealth
- Administration and Infrastructure
  - The consumer broadband buildout is essential
  - Regulatory boards need to provide virtual-friendly options for consent, documentation, retention, etc.
- Workforce
  - It doesn't matter if you have connections if there's no provider





# Questions?

Nora Belcher

CEO

Texas eHealth Alliance

[nora@txeha.org](mailto:nora@txeha.org)

(512) 820-7828

