

May 18, 2020

Stephanie Stephens
Deputy Executive Commissioner Medicaid and CHIP Services
Texas Health and Human Services Commission
P.O. Box 13247
Austin, Texas 78711-3247

Submitted via email to: stephanie.stephens01@hhsc.state.tx.us

Dear Deputy Commissioner Stephens,

On behalf of the Texas Pediatric Society, the Texas Chapter of the American Academy of Pediatrics, the Texas Medical Association, the Texas Academy of Family Physicians, the American College of Obstetricians and Gynecologists District XI (Texas), the Texas Association of Obstetricians and Gynecologists, and American College of Physician Services Texas Chapter, we applaud the flexibility Texas Medicaid has provided in recent months to ensure physicians can continue to provide high quality care to their patients during the COVID-19 pandemic. We appreciate the ongoing collaboration and communication between organized medicine and the Health and Human Services Commission to help our members better respond to the health care needs of the youngest, most vulnerable, Texans.

As HHSC evaluates continuation of COVID19-related waivers and flexibilities, we write to urge that HHSC maintain flexibilities relating to telemedicine, provider revalidation, prior authorization, and CHIP copayment for at least the next six months while also refining them to ensure they have their intended benefit.

The gradual reopening of the state's economy will not mean a resumption of pre-pandemic physician practice operations. For the foreseeable future, COVID-19 will be in circulation, necessitating social distancing and continued use of related practice protocols, including telemedicine. Maintaining Medicaid flexibilities will be essential to helping practices adapt to the new practice landscape, as well as remain financially afloat. We respectfully ask that you consider the waiver extensions outlined below.

Additionally, to address the precipitous and alarming drop in childhood vaccination rates, our organizations support implementation of a coordinated, statewide outreach campaign conducted by

organized medicine, HHSC, and the Medicaid managed care organizations (MCOs), among other stakeholders, to encourage families to get their children vaccinated. Additionally, we also request that HHSC work with our organizations to increase availability of Long-Acting Reversible Contraceptives, the availability of which has declined during the public health emergency and will undermine women's health in addition to contributing to higher Medicaid costs. In the coming weeks, we request time to discuss how to bring these suggestions to fruition.

Specific Recommendations

Texas Health Steps Telemedicine Payments

- **Immediately extend the Texas Health Steps telemedicine benefit for six months.** Our members applaud the decision to approve telemedicine payments for well-child visits. Under the initial guidance, Medicaid approved coverage from May 7 to May 31. While some practices have already been completing telemedicine well-child visits or can immediately begin doing so, feedback from our members indicates that most will require considerable ramp up time to fully utilize this tool. To begin performing telemedicine well-child visits in Medicaid, first practices must update coding and billing software; alter workflows for physicians, nurses, and front desk staff; edit electronic health records to ensure appropriate documentation; and establish call-back mechanisms to ensure timely completion of the in-person components of THSteps within 6 months of the telemedicine exam. All these administrative changes must be completed before outreach to and scheduling of patients. In short, it will take most practices the entire three-week benefit period to ramp up before they can begin seeing patients via this modality. Texas Health Steps participating physicians and providers must be given assurance that the benefit will be of use to them and their practices before dedicating the enormous administrative and training bandwidth required to implement.
- **Enact retroactive payment for telemedicine Texas Health Steps visits to the beginning of this crisis.** Recognizing that some pediatricians and family physicians began providing telemedicine care from the beginning of the COVID-19 crisis in order to ensure children remained current with vital developmental and preventive care services, payment and payment parity should be made retroactive to March 13, 2020, the date Gov. Greg Abbott declared a statewide state of disaster in response to COVID-19. Physician primary care offices are struggling right now, and the state can take this important step to ensure its physician networks remain adequate and that access remains constant for Medicaid beneficiaries.
- **Provide technical assistance and communication regarding certain specifics of the Texas Health Steps telemedicine benefit.** As pleased as our members were about the temporary THSteps telemedicine policy, the announcement also raised concerns about whether this new tool could lead to recoupments. We request that the guidance clarify the following:
 - Point-of-Service code for the initial and follow up visit;
 - Well-child and acute care telemedicine visit can be performed the same day;
 - Telemedicine services will be paid without waiting for completion of in-person services within the following 6 months;
 - Performance of in-person preventive services on same date of service as subsequent sick visit will be allowed;

- A parent’s decision not to return for their child’s subsequent in-person visit will not result in recoupment from the practice when the situation is documented in the medical record; and
- Other issues as identified.

HHSC could address these concerns through a policy addendum or a Frequently Asked Questions document.

Acute Care Telemedicine Services

- **Extend authorization for audio-only telemedicine and telehealth services.** This waiver flexibility is particularly important to serving many low-income patients who lack ready access to the “smart” technology necessary to support audio-visual telemedicine/telehealth services, who reside in communities with limited broadband availability, or who otherwise struggle to use the equipment. We ask that HHSC extend audio-only waivers for Medicaid medical and behavioral health services as well as Healthy Texas Women and Family Planning Programs
- **Telemedicine and Telehealth for Federally Qualified Health Centers and Rural Health Clinics.** Extend authorization for all telemedicine and telehealth services provided by these facilities, which are critical to the state’s safety net.

Prior Authorization Extensions

- **Extend prior authorizations for services requiring recertification for an additional 90 days.** The current waiver applies to all acute and long-term care services requiring recertification, such as private duty nursing, and physical, speech, and occupational therapies, among others.
- To the extent possible, **eliminate prior authorizations for medical services within both FFS and managed care.** While some prior authorizations will remain necessary to promote patient safety and quality, physician practices are stretched exceptionally thin. HHSC and MCOs should do all they can to eliminate paperwork and burden to help ensure practice viability.

CHIP Enrollment and Copayments

- **Automatically renew CHIP for three months for children whose eligibility will expire in June, July, or August.** Month to month determinations of whether the state will automatically extend CHIP for certain cohorts of children makes it difficult for practices to schedule specialized services or those that have follow up appointments. Knowing well in advance that Texas will automatically renew coverage will help practices manage patient care and staff resources.
- **Suspend all CHIP cost-sharing through the end of the emergency.** We thank HHSC for waiving CHIP office copayments during the emergency. Other costs, such as enrollment fees and prescription drug copayments, also should be waived. Many families with low-income children are newly unemployed or have reduced work hours. Even nominal cost-sharing could be financially burdensome, potentially causing families to skip or postpone filling prescriptions or choosing not to enroll their children.

Provider Revalidation

- Suspend revalidation requirements through the end of the emergency period for all physician, health care professionals, and provider revalidation activities to allow practices to focus on patient care. At the end of the emergency period, establish at least a six-month grace period before resuming revalidation to ensure practices that may have been forced to reduce staff or temporarily close have time to regroup.
- Streamline the requirement for reporting a change in practice operations (e.g., temporary closure); for example, allow MCOs to report the change to the Texas Medicaid & Healthcare Partnership since MCOs will likely receive notification from the practice.
- Ensure that practices that must close temporarily in response to the emergency do not lose their MCO credentials or Medicaid enrollment.

Administrative Flexibilities

- Suspend Medicaid and Office of Inspector General-related audits of physicians that are unrelated to suspected fraud or abuse (e.g., audits/recoupments related to billing and coding errors).
- Suspend reporting related to performance or quality metrics for both physicians and MCOs and eliminate state or plan-specific penalties for failure to meet performance targets.
- To extent feasible, allow electronic signatures instead of physical ones.

Thank you for your timely consideration.

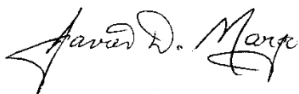
Sincerely,



Tammy Camp, MD
President, Texas Pediatric Society



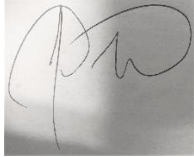
Diana L. Fite, MD
President, Texas Medical Association




Jake Margo, MD
President, Texas Academy of Family Physicians



Eugene Toy, MD
Chair, American College of Obstetricians and Gynecologists District XI (Texas)



John Thoppil, MD
President, Texas Association of Obstetricians and Gynecologists



Amanda LaViolette, MD, MPH
President, American College of Physicians Services, Texas Chapter

cc: Michelle Alletto, Chief Program and Services Officer
Ryan Van Ramshorst, MD, Chief Medical Director, Medicaid and CHIP Services