

August 9, 2018

Via electronic submission to: MCDMedicalBenefitsPolicyComment@hpsc.state.tx.us

PUBLIC COMMENT LETTER

Stephanie Muth
Texas Health and Human Services Commission
Medicaid and CHIP Services Department
Brown-Heatly Building
4900 N. Lamar Boulevard
Austin, Texas 78751

Re: Draft Texas Medicaid Substance Use Disorder Services Medical Policy Under Review, July 2018

Dear Ms. Muth:

On behalf of our more than 465 member hospitals and health systems, including rural, urban, children's, teaching and specialty hospitals, the Texas Hospital Association thanks you for the opportunity to comment on the Draft Texas Medicaid Substance Use Disorder Services Medical Policy.

THA's comments are limited to item number 97 of the draft policy, which states that "SUD treatment services may not be delivered via telemedicine or telehealth, with the exception of prescribing MAT medications via telemedicine." THA encourages the Texas Health and Human Services Commission to reconsider this restriction and permit the use of telemedicine to the greatest extent possible, especially given the shortage of mental health professionals in the state. The Kaiser Family Foundation estimates that the current number of mental health professionals in Texas is only able to meet just over 44 percent of the population's need. THHSC should not further limit access to the current number of mental health professionals in Texas by barring Medicaid coverage for SUD counseling and psychiatric treatment services via telemedicine. Providers, hospitals, and other facilities throughout the country have already successfully employed telehealth and telemedicine services in the behavioral health setting to expand access to care, which is particularly valuable in rural areas.

In addition, the federal government has supported the delivery of services covered by Medicaid through telemedicine. A June letter from CMS Acting Director Tim Hill to state Medicaid directors encourages states to use telemedicine in this very setting:

Access to substance use disorder (SUD) treatment providers remains a challenge for states and, appropriately, the President's Commission supports leveraging telemedicine and telepsychiatry to facilitate more coordinated care. States are reminded that they need not necessarily submit a state plan amendment to begin delivering covered Medicaid services through telehealth modalities.

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State plan amendments are only required if a state decides to reimburse for telemedicine services differently than they pay for face-to-face services, visits, and consultations.¹

Thank you for your consideration of these comments. We look forward to working with you on these issues. Should you have any questions, please do not hesitate to contact me at cduncan@tha.org or 512/465-1539.

Respectfully submitted,



Cameron Duncan
Assistant General Counsel
Texas Hospital Association

¹Tim Hill, Leveraging Medicaid Technology to Address the Opioid Crisis, CMS, SMD # 18-006, 5 (June 11, 2018), <https://www.medicaid.gov/federal-policy-guidance/downloads/smd18006.pdf>.