

Texas Telehealth Law for Health Benefit Plan Issuers:

**An Assessment of Payer Compliance to
a New Law on Publication of Payer
Policies**

Center for Connected Health Policy

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BACKGROUND

The interest in and use of telehealth to provide health care services has steadily increased over the last few decades. In particular, telehealth policy developments have become more frequent in the past five years. Telehealth is defined by the Center for Connected Health Policy as “a collection of means or methods for enhancing health care, public health and health education delivery and support using telecommunications technologies”. [1] Utilizing telehealth has the potential to increase access to care, reduce travel time to receive care, improve communication among clinicians, and increase cost-effectiveness of service delivery. Although providers have increasingly integrated telehealth technologies into their practices, there have been and continue to be barriers to maximizing its utilization.



Previously, the state of Texas required an in-person exam to take place to establish a provider-patient relationship. This rule interfered with the use of telehealth as some providers may only utilize the technology when engaging with a patient. The requirement prompted some telehealth providers to raise issues and culminated in a court case between Teladoc and the Texas Medical Board. The case led to an injunction being filed, putting a temporary hold on the rule. Ultimately, Teladoc dropped the lawsuit in late 2017, after the state adopted new regulations regarding patient-physician relationships in the context of telehealth services. [2] The legislation that established the new regulations was Senate Bill 1107, which amended Chapter 1455 of the Texas Insurance Code and Chapter 111 of the Occupations Code.

SB 1107 was introduced in February 2017 and chaptered in May 2017, to take effect on January 1, 2018. **Figure 1** shows a broad overview of the content of the bill and its full text can be found in **Appendix A**. The new law eliminated policies that created barriers to physician engagement with patients via telehealth. There is also language in the bill regarding reimbursement for telehealth services however, the focus of this report is on one aspect of the bill which relates to telehealth payment policies. Section 7 of SB 1107 added §1455.006 to the Texas Insurance Code, requiring health benefit plan issuers to adopt and conspicuously display a payment policy for services delivered via telehealth. This particular addition to the insurance code will be the focus of this study.

Why is this important?

The requirement for health benefit plans to adopt and display telehealth policies and payment practices online provides a new level of transparency for providers who currently have, or are interested in incorporating, a telehealth program into their practice. An obstacle to the implementation of telehealth programs is the lack of information surrounding payment policies for services delivered via telehealth.

The target time frame for implementation of SB 1107 was late summer 2018. Being the first law of its kind, there is a need to evaluate the effectiveness of INS §1455.006. The purpose of this study is to measure the compliance of Texas health benefit plan issuers with this specific law.

Senate Bill (SB) 1107 (Full Text - Appendix A)

What did the bill do?

Figure 1

1. Provided several definitions related to telehealth such as, store-and-forward technology, telehealth service, and telemedicine medical service.
2. Acknowledged Texas Medical Board and Insurance Commission as having the power to adopt rules to ensure quality of care, patient privacy, and patient safety.
3. Established requirements for practitioner-patient relationships and defined accepted modes of telemedicine medical service.
4. Charged the Texas Medical Board, the Texas Board of Nursing, the Texas Physician Assistant Board, and the Texas State Board of Pharmacy with coordinating to determine requirements for a valid prescription via telemedicine.
5. Established standard of care for telemedicine medical services and telehealth services.
6. Clarified that health benefit plans cannot deny coverage or increase cost to consumers for telemedicine services solely because the services are not delivered in-person.
7. Required issuers of health benefit plans to adopt and conspicuously display their telehealth policies and payment practices online. Did not require contract payment rates to be displayed.

SB 1107 - Bill Language

SECTION 7. Chapter 1455, Insurance Code, is amended by adding Section 1455.006 to read as follows:

Sec. 1455.006. TELEMEDICINE MEDICAL SERVICES AND TELEHEALTH SERVICES STATEMENT.

(a) Each issuer of a health benefit plan shall adopt and display in a conspicuous manner on the health benefit plan issuer's Internet website the issuer's policies and payment practices for telemedicine medical services and telehealth services.

(b) This section does not require an issuer of a health benefit plan to display negotiated contract payment rates for health professionals who contract with the issuer to provide telemedicine medical services or telehealth services.

METHODS

Design Overview

Selected Issuers

- Aetna
- Amerigroup Insurance Company
- BlueCross BlueShield of Texas
- Centene Corporation
- Cigna
- Community First Health Plans, Inc.
- Community Health Choice, Inc.
- Cook Children's Health Plan
- Dentaquest USA Insurance Company, Inc.
- Driscoll Children's Health Plan
- Humana Insurance Company
- KS Plan Administrators, LLC
- Metropolitan Life Insurance Company
- Molina Healthcare of Texas
- Scott and White Health Plan
- SHA, LLC
- United Healthcare Insurance Company
- WellCare of Texas, Inc.

i The term *issuer* will be used to refer to the health benefit plan issuer.

A Public Health Law Research scoring method was used to measure issuers' adherence to INS §1455.006 of Texas law. The codebook for the scoring process is included as **Appendix B**. This research was performed between June - August 2018. The sample of health benefit plan issuers was chosen from the Texas Department of Insurance (DOI) website and those that were shown to hold 1 percent or more of the market share were selected for the study.[3] The original sample included 34 issuers but those that were subsidiary companies to others in the sample group were scored as part of their parent company. This narrowed the sample group to 18 issuers.

Selected issuer websites were searched for the display of a telehealth payment policy for providers. For each of the measures listed below, issuers were assigned scores based on the values provided in the code book. A total score of zero indicates that a telehealth payment policy was not found on the issuer's website and the organization is not in compliance with the law. Higher scores received indicate a conspicuously displayed policy on the issuer's webpage with more comprehensive information for providers. "Conspicuously displayed" was defined as the number of "clicks" or other actions it would take to reach the policy from the company's home page. While collecting policy information, the telehealth modalities mentioned were noted along with whether the policy provided was for a Medicaid Managed Care Plan or for the private issuer. Scoring was conducted by three researchers working independently who would then compare and agree upon a final result if scoring differed. The scoring was based purely on existence for each element. This project does not assess the scope of any of these plans' policies.

COMPLIANCE MEASURES

- Is the payer's telemedicine reimbursement policy displayed on their website?
- Is the telemedicine reimbursement policy displayed conspicuously?
- Are the eligible provider types listed?
- Are the reimbursable services or specialties listed?
- Is a transmission or facility fee mentioned?
- Are eligible modalities listed?
- Is contact information provided for further questions?
- Are eligible patient locations listed?
- Are billing codes for services delivered via telemedicine provided?
- Are telehealth modifiers provided for billing purposes?
- Which telehealth modalities are used?



RESULTS

Table 1 lists the total scores that each of the issuers in the sample received. The details of the parameters used and scores assigned can be found in **Appendix B**. Of the 18 health benefit plan issuers examined, nine received a score of zero as they did not display their telehealth services payment policy on their website. The remaining nine issuers received scores of three or higher out of 12 possible points. Molina Healthcare of Texas and United Healthcare Insurance Company had the highest scores, both receiving 10 points. According to the parameters of the scoring code book, the most conspicuously displayed policies were those belonging to Aetna, Community Health Choice, and Scott and White Health Plan. Although finding the Scott and White Health Plan telehealth policy took few actions, it referred providers to information that is only accessible with a “provider login”. The Amerigroup Insurance Company policy was located only by using the Find Function (Ctrl + F) or scrolling far down through a list of provider updates and was therefore considered inconspicuous.

The most common details included in issuer telehealth payment policies were billing codes, telehealth modifiers to use when filing claims, and telehealth modalities eligible for payment. Incorporated least often into the issuer payment policies were contact information for further questions, types

of providers eligible for reimbursement, and/or mention of reimbursement for any transmission or facility fees. **Figure 2** shows the percentage of issuers sampled who were given the maximum points receivable for each of the parameters used to measure compliance. In other words, the figure displays which compliance measures the issuers met most frequently.

Figure 2 Percentage of Issuers Receiving Maximum Points for Each Parameter

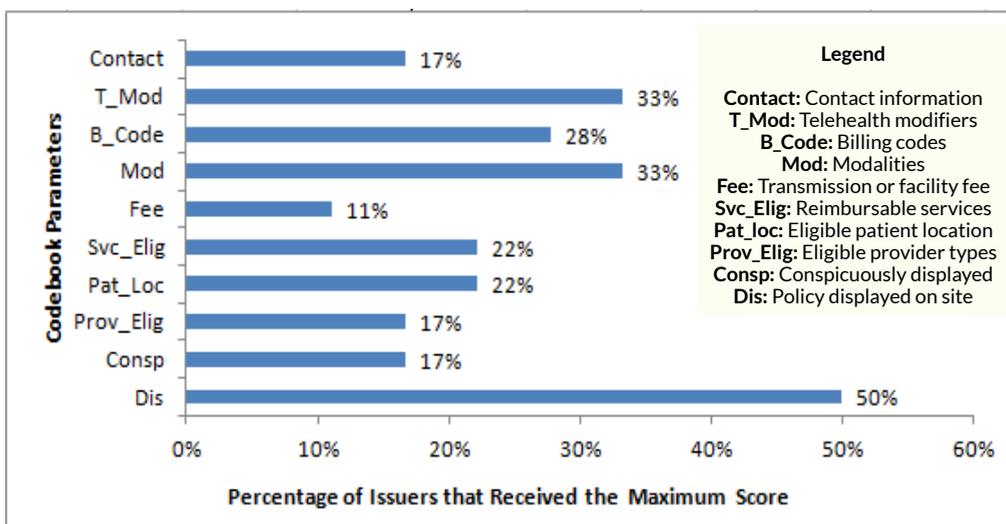


Table 1 Total Compliance Scores Assigned to Texas Issuers

Parent Company	Total Score
Molina Healthcare of Texas	10
United Healthcare Insurance Company	10
Community Health Choice, Inc.	8
BlueCross BlueShield of Texas	7
Aetna	5
Scott and White Health Plan	5
Amerigroup Insurance Company	4
Humana Insurance Company	4
Centene Corporation	3
Cigna	0
Community First Health Plans, Inc.	0
Cook Children's Health Plan	0
Dentaquest USA Insurance Company, Inc.	0
Driscoll Children's Health Plan	0
KS Plan Administrators, LLC	0
Metropolitan Life Insurance Company	0
SHA, LLC	0
WellCare of Texas, Inc.	0

Some of the issuers, including Aetna, Molina Healthcare of Texas, United Healthcare Insurance Company, and Humana Insurance Company, displayed policies that were focused only on Medicaid and Medicare reimbursement for telehealth services.

DISCUSSION & CONCLUSION

The results of this study show that, as of July, 2018, half of the health benefit plan issuers in this sample, are out of compliance with Texas INS §1455.006, which took effect on January 1, 2018. This section of law requires issuers to "adopt and conspicuously display" on their website, a telehealth provider payment policy. Half of the issuers examined did not display the policy conspicuously in the time period when this research took place which was well after the statutory deadline. Publishing payment policies online allows providers to understand whether, and to what extent, an issuer will issue payment for services delivered via telehealth. The purpose of creating a law that encourages open

"With the goal of increasing transparency in mind, it is crucial to provide specific guidelines on what information to include in a payment policy."

communication and transparency between payer and provider is to improve quality, cost effectiveness, and access to care for patients who may not be able to reach a physician where they are physically located. With so much ambiguity around payments, providers are unaware of their eligibility to receive reimbursement for telehealth services, and may not pursue its implementation.

There were limitations to the study due to the small sample size. The list of issuers operating in Texas used for this study was not comprehensive and only included the top 40 accident and health plan issuers and Health Maintenance Organizations by written premium and market share. The results may have varied with a greater sample size, based on an all-inclusive list of issuers in Texas.

By measuring the number of issuers adhering to new telehealth laws and the extent to which they are doing so, this project can help inform future policies that are more effective. Issuers that took action to comply with the laws added to chapter 1455 of the Texas Insurance Code often did not include great detail in their policies. Others adopted a telehealth payment policy but did not display it conspicuously.

With the goal of increasing transparency in mind, it is crucial to provide specific guidelines on information to include in a telehealth payment policy. It may also be helpful to designate a location on the website for the policy or to clearly define, within the law, the term "conspicuously". Furthermore, contact information should be listed for assistance in understanding policies and determining program eligibility. If a provider is unsure about whether they have the capacity to implement a telehealth program, they will need to know if the issuer allows it, and when reimbursement is possible. If the information is not clearly available on their website or elsewhere in their provider manuals, a provider may be given the impression that the issuer does not support telehealth and choose not to take advantage of its benefits. Policies that explain reimbursement eligible services, locations, and healthcare professionals, clarify for providers whether the program they choose will be covered by the issuer. The more difficult it is to find this information, the fewer the number of providers that will pursue this type of service delivery. Additionally, the law does not specify any penalty or entity to enforce the requirement to display a telehealth policy online. Without enforcement of any kind, it is less likely to see issuers work to remain in compliance.

Examining the language added to INS §1455.006 and the sample of health benefit plan issuers selected for this study, it seems clear that the lack of specificity in the law may have contributed to inconsistency in issuer compliance and policy detail. Inclusion of explicit guidelines and penalties for noncompliance may encourage more uniform adherence to future policies.

REFERENCES

[1] About Telehealth. Center for Connected Health Policy. Accessed Aug. 2018. Retrieved from: <https://www.cchpca.org/about/about-telehealth>.

{2} Sweeney, Evan. "Teladoc drops lawsuit against Texas Medical Board following amended telemedicine regulations" Fiercehealthcare. Dec. 4, 2017. Accessed Aug. 2018. Retrieved from: <https://www.fiercehealthcare.com/regulatory/teladoc-texas-medical-board-telehealth-licensing-regulations-state-law>

[3] Texas Department of Insurance. (2018). Top 40 List of Insurers. Accessed Aug. 2018. Retrieved from: <http://www.tdi.texas.gov/company/top40.html>

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Appendix A - SB 1107 Full Text

S.B. No. 1107

AN ACT

relating to telemedicine and telehealth services.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 111.001, Occupations Code, is amended by amending Subdivision (2) and adding Subdivisions (3) and (4) to read as follows:

(2) "Store and forward technology" means technology that stores and transmits or grants access to a person's clinical information for review by a health professional at a different physical location than the person.

(3) "Telehealth service" means a health service, other than a telemedicine medical service, delivered by a health professional licensed, certified, or otherwise entitled to practice in this state and acting within the scope of the health professional's license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology.

(4) "Telemedicine [and "telemedicine] medical service" means a health care service delivered by a physician licensed in this state, or a health professional acting under the delegation and supervision of a physician licensed in this state, and acting within the scope of the physician's or health professional's license to a patient at a different physical location than the physician or health professional using telecommunications or information technology [have the meanings assigned by Section 57.042, Utilities Code].

SECTION 2. Section 111.004, Occupations Code, is amended to read as follows:

Sec. 111.004. RULES. The Texas [~~State Board of~~] Medical Board [~~Examiners~~], in consultation with the commissioner of insurance, as appropriate, may adopt rules necessary to:

(1) ensure that patients using telemedicine medical services receive appropriate, quality care;

(2) prevent abuse and fraud in the use of telemedicine medical services, including rules relating to the filing of claims and records required to be maintained in connection with telemedicine medical services;

(3) ensure adequate supervision of health professionals who are not physicians and who provide telemedicine medical services; and

(4) establish the maximum number of health professionals who are not physicians that a physician may supervise through a telemedicine medical service[~~and~~

~~(5) -- require a face-to-face consultation between a patient and a physician providing a telemedicine medical service within a certain number of days following an initial telemedicine medical service only if the physician has never seen the patient].~~

SECTION 3. Chapter 111, Occupations Code, is amended by adding Sections 111.005 through 111.008 to read as follows:

Sec. 111.005. PRACTITIONER-PATIENT RELATIONSHIP FOR TELEMEDICINE MEDICAL SERVICES. (a) For purposes of Section 562.056, a valid practitioner-patient relationship is present between a practitioner providing a telemedicine medical service and a patient receiving the telemedicine medical service as long as the practitioner complies with the standard of care described in Section 111.007 and the practitioner:

(1) has a preexisting practitioner-patient relationship with the patient established in accordance with rules

adopted under Section 111.006;

(2) communicates, regardless of the method of communication, with the patient pursuant to a call coverage agreement established in accordance with Texas Medical Board rules with a physician requesting coverage of medical care for the patient; or

(3) provides the telemedicine medical services through the use of one of the following methods, as long as the practitioner complies with the follow-up requirements in Subsection (b), and the method allows the practitioner to have access to, and the practitioner uses, the relevant clinical information that would be required in accordance with the standard of care described in Section 111.007:

(A) synchronous audiovisual interaction between the practitioner and the patient in another location;

(B) asynchronous store and forward technology, including asynchronous store and forward technology in conjunction with synchronous audio interaction between the practitioner and the patient in another location, as long as the practitioner uses clinical information from:

(i) clinically relevant photographic or video images, including diagnostic images; or

(ii) the patient's relevant medical records, such as the relevant medical history, laboratory and pathology results, and prescriptive histories; or

(C) another form of audiovisual telecommunication technology that allows the practitioner to comply with the standard of care described in Section 111.007.

(b) A practitioner who provides telemedicine medical services to a patient as described in Subsection (a)(3) shall:

(1) provide the patient with guidance on appropriate follow-up care; and

(2) if the patient consents and the patient has a primary care physician, provide to the patient's primary care physician within 72 hours after the practitioner provides the services to the patient a medical record or other report containing an explanation of the treatment provided by the practitioner to the patient and the practitioner's evaluation, analysis, or diagnosis, as appropriate, of the patient's condition.

(c) Notwithstanding any other provision of this section, a practitioner-patient relationship is not present if a practitioner prescribes an abortifacient or any other drug or device that terminates a pregnancy.

Sec. 111.006. COORDINATION TO ADOPT RULES THAT DETERMINE VALID PRESCRIPTION. (a) The Texas Medical Board, the Texas Board of Nursing, the Texas Physician Assistant Board, and the Texas State Board of Pharmacy shall jointly adopt rules that establish the determination of a valid prescription in accordance with Section 111.005. Rules adopted under this section must allow for the establishment of a practitioner-patient relationship by a telemedicine medical service provided by a practitioner to a patient in a manner that complies with Section 111.005(a)(3).

(b) The Texas Medical Board, the Texas Board of Nursing, the Texas Physician Assistant Board, and the Texas State Board of Pharmacy shall jointly develop and publish on each respective board's Internet website responses to frequently asked questions relating to the determination of a valid prescription issued in the course of the provision of telemedicine medical services.

Sec. 111.007. STANDARD OF CARE FOR TELEMEDICINE MEDICAL SERVICES AND TELEHEALTH SERVICES. (a) A health professional providing a health care service or procedure as a telemedicine medical service or a telehealth service is subject to the standard of care that would apply to the provision of the same health care service or procedure in an in-person setting.

(b) An agency with regulatory authority over a health

professional may not adopt rules pertaining to telemedicine medical services or telehealth services that would impose a higher standard of care than the standard described in Subsection (a).

Sec. 111.008. MENTAL HEALTH SERVICES EXCLUDED. This chapter does not apply to mental health services.

SECTION 4. Section 562.056, Occupations Code, is amended by adding Subsection (c) to read as follows:

(c) For purposes of this section, a valid practitioner-patient relationship is present between a practitioner providing telemedicine medical services and the patient receiving the telemedicine medical services if the practitioner has complied with the requirements for establishing such a relationship in accordance with Section 111.005.

SECTION 5. Section 1455.001(3), Insurance Code, is amended to read as follows:

(3) "Telehealth service" and "telemedicine medical service" have the meanings assigned by Section 111.001 [57.042], Occupations [Utilities] Code.

SECTION 6. Section 1455.004, Insurance Code, is amended to read as follows:

Sec. 1455.004. COVERAGE FOR TELEMEDICINE MEDICAL SERVICES AND TELEHEALTH SERVICES. (a) A health benefit plan may not exclude from coverage a covered health care service or procedure delivered by a preferred or contracted health professional to a covered patient as a telemedicine medical service or a telehealth service [from coverage under the plan] solely because the covered health care service or procedure is not provided through an in-person [a face-to-face] consultation.

(b) A health benefit plan may require a deductible, a copayment, or coinsurance for a covered health care service or procedure delivered by a preferred or contracted health professional to a covered patient as a telemedicine medical service or a telehealth service. The amount of the deductible, copayment, or coinsurance may not exceed the amount of the deductible, copayment, or coinsurance required for the covered health care [a comparable medical] service or procedure provided through an in-person [a face-to-face] consultation.

(c) Notwithstanding Subsection (a), a health benefit plan is not required to provide coverage for a telemedicine medical service or a telehealth service provided by only synchronous or asynchronous audio interaction, including:

- (1) an audio-only telephone consultation;
- (2) a text-only e-mail message; or
- (3) a facsimile transmission.

SECTION 7. Chapter 1455, Insurance Code, is amended by adding Section 1455.006 to read as follows:

Sec. 1455.006. TELEMEDICINE MEDICAL SERVICES AND TELEHEALTH SERVICES STATEMENT. (a) Each issuer of a health benefit plan shall adopt and display in a conspicuous manner on the health benefit plan issuer's Internet website the issuer's policies and payment practices for telemedicine medical services and telehealth services.

(b) This section does not require an issuer of a health benefit plan to display negotiated contract payment rates for health professionals who contract with the issuer to provide telemedicine medical services or telehealth services.

SECTION 8. Sections 531.001(7) and (8), Government Code, are amended to read as follows:

(7) "Telehealth service" has the meaning assigned by Section 111.001, Occupations Code [means a health service, other than a telemedicine medical service, that is 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, other than telephone or

~~facsimile technology, including:~~

- ~~[(A) -- compressed digital interactive video, audio, or data transmission;~~
- ~~[(B) -- clinical data transmission using computer imaging by way of still image capture and store and forward; and~~
- ~~[(C) -- other technology that facilitates access to health care services or medical specialty expertise].~~

(8) "Telemedicine medical service" has the meaning assigned by Section 111.001, Occupations Code ~~[means a health care service that is initiated by a physician 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, other than telephone or facsimile technology, including:~~

- ~~[(A) -- compressed digital interactive video, audio, or data transmission;~~
- ~~[(B) -- clinical data transmission using computer imaging by way of still image capture and store and forward; and~~
- ~~[(C) -- other technology that facilitates access to health care services or medical specialty expertise].~~

SECTION 9. Section 531.0216(b), Government Code, is amended to read as follows:

(b) In developing the system, the executive commissioner by rule shall:

- (1) review programs and pilot projects in other states to determine the most effective method for reimbursement;
- (2) establish billing codes and a fee schedule for services;

~~(3) [provide for an approval process before a provider can receive reimbursement for services;~~

~~[(4)]~~ consult with the Department of State Health Services to establish procedures to:

(A) identify clinical evidence supporting delivery of health care services using a telecommunications system; and

(B) annually review health care services, considering new clinical findings, to determine whether reimbursement for particular services should be denied or authorized;

~~[(4)]~~ ~~[(5)]~~ establish a separate provider identifier for telemedicine medical services providers, telehealth services providers, and home telemonitoring services providers; and

~~[(5)]~~ ~~[(6)]~~ establish a separate modifier for telemedicine medical services, telehealth services, and home telemonitoring services eligible for reimbursement.

SECTION 10. Sections 531.0217(c-1) and (i), Government Code, are amended to read as follows:

(c-1) Notwithstanding Subsection (b) or (c), the commission shall provide for reimbursement under Medicaid for an office visit provided through telemedicine by a physician who is assessing and evaluating the patient from a distant site if[+

~~[(1) -- a health professional acting under the delegation and supervision of that physician is present with the patient at the time of the visit; and~~

~~[(2)]~~ the medical condition, illness, or injury for which the patient is receiving the service is not likely, within a reasonable degree of medical certainty, to undergo material deterioration within the 30-day period following the date of the visit.

(i) The Texas Medical Board, in consultation with the commission, as appropriate, may adopt rules as necessary to:

- (1) ensure that appropriate care, including quality of care, is provided to patients who receive telemedicine medical

services; and

(2) prevent abuse and fraud through the use of telemedicine medical services, including rules relating to filing of claims and records required to be maintained in connection with telemedicine[~~and~~

~~[(3) -- define those situations when a face to face consultation with a physician is required after a telemedicine medical service].~~

SECTION 11. Section 771.151(7), Health and Safety Code, is amended to read as follows:

(7) "Telemedicine medical service" has the meaning assigned by Section 111.001, Occupations Code [~~means a health care service that is initiated by a physician 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, other than telephone or facsimile technology, including:~~

~~[(A) -- compressed digital interactive video, audio, or data transmission;~~

~~[(B) -- clinical data transmission using computer imaging by way of still image capture and store and forward; and~~

~~[(C) -- other technology that facilitates access to health care services or medical specialty expertise].~~

SECTION 12. Sections 531.02163 and 531.0217(i-1), Government Code, are repealed.

SECTION 13. (a) Except as provided by Subsection (b) of this section, this Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2017.

(b) Sections 1455.001(3) and 1455.004, Insurance Code, as amended by this Act, and Section 1455.006, Insurance Code, as added by this Act, take effect January 1, 2018.

President of the Senate

Speaker of the House

I hereby certify that S.B. No. 1107 passed the Senate on March 29, 2017, by the following vote: Yeas 31, Nays 0; and that the Senate concurred in House amendment on May 18, 2017, by the following vote: Yeas 30, Nays 0.

Secretary of the Senate

I hereby certify that S.B. No. 1107 passed the House, with amendment, on May 11, 2017, by the following vote: Yeas 135, Nays 0, one present not voting.

Chief Clerk of the House

Approved:

Date

Governor

Appendix B - Code Book

Question	1. Is the payer's telemedicine reimbursement policy displayed on their website?
Variable Name	Dis
Variable Values	0, 1
Value Label	0=No
Value Label2	1=Yes
Question	2. Is the telemedicine reimbursement policy displayed conspicuously?
Variable Name	Consp
Variable Values	0, 1, 2, 3
Value Label	0= Policy not found
Value Label2	1= six or more clicks/actions required
Value Label3	2= four or five actions/clicks required
Value Label4	3= three or fewer clicks/actions
Question	3. Are the eligible provider types listed or explained?
Variable Name	Prov_Elig
Variable Values	0, 1
Value Label	0= No
Value Label2	1= Yes
Question	4. Are eligible patient locations specified/listed?
Variable Name	Pat_Loc
Variable Values	0, 1
Value Label	0= No
Value Label2	1= Yes
Question	5. Are the reimbursable services or specialties listed?
Variable Name	Svc_Elig
Variable Values	0, 1
Value Label	0= No
Value Label2	1= Yes
Question	6. Is a Transmission or facility fee mentioned?
Variable Name	Fee
Variable Values	0, 1
Value Label	0= No
Value Label2	1= Yes
Question	7. Are eligible modalities listed?
Variable Name	Mod
Variable Values	0, 1
Value Label	0=No
Value Label2	1=Yes
Question	8. Are billing codes for services delivered via telemedicine provided?
Variable Name	B_Code
Variable Values	0, 1
Value Label	0= No
Value Label2	1= Yes
Question	9. Are telehealth modifiers listed for billing codes?
Variable Name	T_Mod
Variable Values	0, 1
Value Label	0= No
Value Label2	1= Yes
Question	10. Is contact listed for further information?
Variable Name	Contact
Variable Values	0, 1
Value Label	0= No
Value Label2	1= Yes

Appendix C - Scores and Notes

Parent Company	Dis	Consp	Prov_Elig	Pat_Loc	Svc_Elig	Fee	Mod	B_Code	T_Mod	Contact	Total Score	Notes	DBA/Additional Aliases	Telehealth Modalities	Link to Policy
Community Health Choice, Inc.	1	3	0	0	1	0	0	1	1	1	8		N/A	Not listed	https://provider.communityhealthchoice.org/media/1747/telemedicine-telehealth-policy.pdf
Molina Healthcare of Texas	1	2	1	1	1	1	1	1	1	0	10	Specific to Medicaid	N/A	Score and Forward Video Conference, Remote Patient Monitoring	http://www.molinahealthcare.com/telemedicine-us/PDF/telemedicine-Services.pdf
United Healthcare Insurance Company	1	2	1	1	1	1	1	1	1	0	10	Seems to be for Medicaid/Medicare only	Care Improvement Plus of Texas Insurance Company, All Savers Insurance Company, United Healthcare Benefits of Texas, Inc., United-Healthcare Community Plan of Texas, L.L.C., Physicians Health Choice of Texas, LLC	Video Conference, Score and Forward	https://www.uhc.com/legal/required-state-notices/texas https://www.uhcprovider.com/content/provider/en/ViewErItem?file=%2Fcontent%2Fdam%2Fprovider%2Fdoc5%2Fpublic%2Fpoices%25comm-reimbursement%27-telehealth-and-1-telemedicine-Policy.pdf
Humana Insurance Company	1	1	0	0	0	0	1	1	1	0	5	Mostly about Medicare and Medicaid payment policies	N/A	Not listed	https://idcm.humana.com/MentionWebV.aspx?dtronicid=00000282324f50&searchID=4230&rb-c1=4488-9e81-2594f75d4d19&df=1
Centene Corporation	1	1	0	0	0	0	1	0	0	0	3		DBA Superior HealthPlan, Inc., Superior HealthPlan Network	Not listed	https://secure.compliance360.com/Common/ViewJobAddress/a.aspx?PRX=23473M56CO.wngpdsd87bouDQrml/nubpook%2bdeSNZ4Y1v6wM5r58V15RwUgPnQuik7n0b7n0d7Vz0z5GZ2V1V0R20L1RbOCMWPvWbaurH25QANON%2029XITVQ55vnuKk4k4WUWUUE7%20M4T1C3BE6GQDJ0SM1gkXO13wvdfqW%25ZMY%25%254n1PQ38N1qWQk60Lgm88PFGY80UDU488mG402emfZLlRvY66yQZkacemtem-894965da0-9865-4d37-9edf983023856b112
BlueCross BlueShield of Texas	1	2	0	1	1	0	1	0	1	1	8		N/A	Video Conference, Score and Forward	https://www.bcbxtx.com/providerinfo/bpopopl_telemedicline_and_telehealth_services.pdf
Amerigroup Insurance Company	1	1	1	1	0	0	1	0	1	0	6	Policy is very brief and information is split up across two different documents. To locate policy, providers must scroll through a long list of updates or use the "Find" (Ctrl+F) function. Specifically refers to Medicare Advantage Plans	Amerigroup Texas, Inc.	Not listed	https://providers.amerigroup.com/Public/%20Document%20ALL_CARE_PU_PosCode27TelehealthServices.pdf https://providers.amerigroup.com/ProviderDocuments/TKTX_CAID_ProviderManual.pdf
Aetna	1	3	0	0	0	0	1	0	0	0	5	This policy is specifically in reference to Texas Medicaid.	Aetna Health, Inc., AARP by Aetna, Parkland Community Health Plan	Video Conference, Score and Forward	http://www.tnmp.com/News_Items/2017/12-06/12-01-17%20Telemedicine%20Benefits%20%20Change%20Dec%2017%20Texas%20Medicaid%20%2012018.pdf
Scott and White Health Plan	1	3	0	0	0	0	0	0	0	1	5	Telemedicine policy provided refers providers to information that is only available if they have a provider login. Otherwise, much of the information is covered by referring the provider to chapter 1455 of the Texas Insurance Code.	N/A	Not listed	https://swtp.org/en-us/providers/resources/provider-manual/telemedicine
Cigna	0	0	0	0	0	0	0	0	0	0	0		HealthSpring Life & Health Insurance Company	N/A	N/A
Community First Health Plans, Inc.	0	0	0	0	0	0	0	0	0	0	0		N/A	N/A	N/A
Cook Children's Health Plan	0	0	0	0	0	0	0	0	0	0	0		N/A	N/A	N/A
Dentique USA Insurance Company, Inc.	0	0	0	0	0	0	0	0	0	0	0		N/A	N/A	N/A
Discoll Children's Health Plan	0	0	0	0	0	0	0	0	0	0	0		N/A	N/A	N/A
KS Plan Administrators, LLC	0	0	0	0	0	0	0	0	0	0	0		DBA VelocityCare Advantage	N/A	N/A
Metropolitan Life Insurance Company	0	0	0	0	0	0	0	0	0	0	0		N/A	N/A	N/A
SIAA, LLC	0	0	0	0	0	0	0	0	0	0	0		N/A	N/A	N/A
WellCare of Texas, Inc.	0	0	0	0	0	0	0	0	0	0	0		N/A	N/A	N/A