Texas CHIP Coalition
Meeting Minutes

December 18, 2015

Present:	Kathy Eckstein, CHAT Clayton Travis, TPS Jillian Grisel, Seton Anne Dunkelberg, CPPP Helen Kent-Davis, TMA Greg Hansch, NAMI-TX Juanita Gutierrez, CommUnity Care Angelica Davila, CommUnity Care John Berta, THA Melissa McChesney, CPPP
On the phone:	Sister J.T. Dwyer, Daughters of Charity Betsy Coates, Maximus Stacy Wilson, THA Lee Johnson, TX Council Chris Yanas, MHM Miryam Bujanda, MHM Jennifer Banda, TX Hospital Association Sonia Lara, TACHC Bob Reed, Parkland Health & Hospital System
Chair:	Anne Dunkelberg, CPPP
Minutes Scribe:	Julia Von Alexander, Center for Public Policy Priorities
Next meeting:	January 15, 2015

I. Medicaid Provider Re-Enrollment Process (Laura Blanke**,** HHSC**)**

- See slides.
- Background- all providers must re-enroll in Medicaid on a periodic basis- fed req.
- Enrolled after 1/1/13 is compliant with ACA requirements
- FAQ- have risk category table. Most physicians, social workers, people in this room- limited risk (every 5 years)
- Slide 5 outlines the process and has links. Different types enroll differently- Acute/Pharmacy/DMA-TMHP; Long Term Care (re-enroll through DADS.), etc.
- Refer to Laura if confused- *contact information at bottom of this section* (i.e. DADS/TMHP say not to re-enroll there)
- Encouraging people to re-enroll online b/c it is easier. Slide 6- improvements to re-enrollment process.
- Have added a re-enrollment deadline date (i.e. you re-enroll today, date in account would be 5 years from today) and whether provider is compliant.

- Some providers w/ multiple TX Provider Identifications- can use info from 1 TPI and apply to other TPIs (if that provider has one National Provider Id).
- Compliance summary graph (slide 8-10?)- Latest as of Nov 23rd.
- Generally speaking at 65% compliant overall (total of 92,000).
- Helen: Eye MD reports application lost 3 times, so stopped trying. TMHP wasn't helpful. No clear explanation why lost. Timed out when online (and had to restart). Many issues. Laura B- agreed. Some issues heard- group will submit the exact same application for all locations and come back with different deficiencies. 26 new people recently hired at TMHP- have talked about some of the training issues.
- Anne- has HHSC gotten all the feedback from providers? Laura B- working directly with some provider associations, but would definitely welcome more feedback. TMHP has developed some webinars for concerned groups. If there is anyone on the phone/in room that are getting complaints from providers that don't feel are addressed send it to Laura B.
- Helen K- worried about those doctors that will just quit. Texas Tech has a huge group and is having major issues. Laura- HHSC concerned too.
- Outreach- working with MCOs and associations, internally w/ other agencies (state programs re-enrolling). TMHP- face to face visits, phone calls, emails; attending meetings; town halls (workshops around state); if need more webinars let Laura know; call line, etc.
- Slide 16- resources and links for re-enrollment and re-enrollment assistance.
- Conversations w/ CMS around extending the deadline? TX is not only state having trouble re-enrolling/meeting the deadline. CMS- states that b/c written into ACA, they don't have authority to extend. But will work with states on a corrective action plan on trying to help providers re-enroll. Still in communication on this with CMS and hoping to get more guidance from CMS.
- Jennifer B- 2 conference calls with TMHP, talking about all concerns/issues hospitals are having and TMHP is working on it. Vast majority of hospitals have started the process but couldn't make it through. THA requests a list of hospitals that haven't even begun the process and THA can help to target outreach to them. Laura B- TMHP numbers are not broken down that way, but is a great idea. Will talk and ask to work w/ TMHP to get that info. Thank you for the offer, will take any help can get. Jennifer- big issue and don't think have identified any problems.
- Helen- if associations need to weigh in w/ CMS will do it. Will make it a huge push in Jan., but difficult now.
- Clayton- what if provider doesn't want to re-enroll? Opportunity later on to enroll. Just have to start over? Laura- same form (for enrollment and re-enrollment), but don't get paid until re-certified. Takes 34 days for a perfectly clean application. Can enroll at any time.
- **Laura Blanke's contact information:** Email: laura.blanke@hhsc.state.tx.us Phone: 512-487-3448

II. Discussion on Next Steps for the Coalition

- Started a conversation on next steps last month. Consensus around having a more focused legislative agenda, branding w/ coalition brand, requiring a certain level of commitment on active advocacy on an issue before including it.
- Clayton T.- more participation and more events leading up to session that are providing education on good things happening around Medicaid. Need to do a better job in interim of telling the Medicaid story, through briefs/presentations that build on our legislative briefings. Lots of education needed

(from what is Medicaid to Continuous Enrollment). We can break it up in to smaller chunks. This December meeting attendance is small (about 10 orgs at this meeting); we need to get more CHIP Coalition orgs involved, and other community partners. We should do more outreach to engage local advocates and providers in educating state officials.

- Anne: Next month- could we have a goal to identify a group of people who volunteer to organize the first briefing? How can we Outreach to legislative staff to max participation.
- Melissa M.- OTA workgroups- relationship bldg. happening there. Dallas CHIP coalition- and people there are looking for specific opportunities to work w/ legislators. And be more involved.
- Clayton- Very soon, need to outline a calendar of what we would like accomplished. If want 3 briefings this year, need on calendar now (at least tentative)
- Anne: labor intensive. So 3 may be too ambitious, but 2 sounds good.
- Kathy E.- it would be good to have an idea of timing of interim charges where there would be good times to go in.
- Clayton: Yes, let's have an item on this process on the monthly meeting agenda calendar every time.
- Anne: will require some legwork to get people to interim CHIP Coalition briefings, and bipartisan participation (which is important)

III. Update & Group Discussion of Sunset Implementation

- At CPPP we are working on ranking related interim charges for what we will focus most of our efforts. Might be useful as a coalition if id some high priority/people who would be leads and make reports for HHSC transformation and interim studies.
- HHSC Transformation- Next steps? Clayton- TPS/TMA working on making comments on transformation. Having hearings around the state and will have some physicians speak to their concerns. Advisory committees- opportunities for input for stakeholders. DSHS- lose of clinical input. Number of physicians in those agencies has continued to decline. Need others at the agency or at least a process to solicit their input b/c of public health/clinical focus.
- January 22nd – last day to submit HHS Transformation comment period (to submit a comment go here)
- Helen: a few weeks ago, it wasn't clear how issues are getting resolved. May be waiting for Dr. Hellerstedt.
- Clayton: DARS split in half: TWC and others to HHSC. ECI program : TPS says should go to HHSC alongside Medicaid.
- Anne: May need to ask Texans Care. Will try to make sure they're in the loop in ECI conversation.
- Clayton: Timeline- see HHSC transformation page. 3/1/16 must have transformation plan to lege. 1/25 legislative oversight committee meeting. 1:30 in Senate Finance cmte room. Will be hearing invited testimony only.
- SB 760- any big takeaways?
- Clayton: Helen's suggestion regarding a smaller workgroup on reviewing best practices on time/distance standards for providers. Weedy committee that provides us with those and gives recommendations.
- Helen- NY state did a webinar- primary care regional services areas based on analysis of their Medicaid population transportation patterns. Drilling down and what is reasonable- will be hard to settle on a different standard. Impression from HHSC that we need to subdivide the state into rural/suburban/urban. - Is there someone nationally who will help us think through the issue more? Anne: hard to find a good standard, that's the problem. Anne: hard to find a good standard, that's the

problem. States have avoided robust analysis of Medicaid access adequacy historically because they don't intend to address. Important for us to communicate/document how challenging it is to have enough access. There will always pressure on the Medicaid agency not to paint that picture.

- Anne: Raising bar that every health plan has a clearly identified place that you call. Including in Medicaid, CHIP and Marketplace will be important. ADAPT- network adequacy should include adequacy of personal attendant workforce. It's embarrassing to acknowledge how bad the shortages are but must to make it better. Any standards? No, but we need to be cutting edge.
- HHSC Medicaid Managed care protection workgroup meeting- 2/1 next meeting.

IV. Marketplace & CHIP Plan Comparability Report
Melissa McChesney, CPPP

- **See handout for TX specific numbers and how compared to other states.**
- Report is a response to conversations and questions about the overlap for children above Medicaid who were eligible for CHIP but parents are in the Marketplace and might be better to include them w/ their parent's Marketplace plan.
- ACA requires CMS to do a comparability study- Medicaid/CHIP vs. marketplace. Later and shorter than expected. Good primer on CHIP vs. Marketplace. Lots of things would have liked to see that wasn't in the report. Little description of methodology.
- No Marketplace plan in any of 36 states evaluated that comparable to the CHIP in that state. But report notes that currently it is not necessary to identify one b/c not run out of CHIP funding yet.
- For the comparison, chose benchmark plan (2nd lowest cost silver plan in largest rating area) to compare.
- On average if kid on Marketplace cost over $800 but if in CHIP only $75.
- Anne: Do we think $814 takes into account cost sharing reductions? Specifically say takes into account subsidies, but is not specific about cost sharing. We will look into that. Melissa- should be able to do b/c it is tied to one specific plan. Current status of this action item is that national partners are trying to get more information on the methodology and will get back to us.
- Benefits- very high-level description. Did include a table (i.e. which states had EPSDT for kids)
- TX had 2nd lowest actuarial value, but in the middle of pack for out of pocket costs. Reason- b/c our enrollment fee is minimal and we don't charge premiums.
- Caution looking at all 36- some states have buy in (for higher income parents) but can compare to those that only include to up to 200% FPL.
- Could impact sicker kids more (i.e. higher cost when go to get care, but not overall).
- Overall message: CHIP is a better value for kids and more work needs to be done in the Marketplace if want to include kids. Need to continue the CHIP program.
- Clayton: data on if AV impacts access to care or quality to care? Melissa- quite a few states that had 99-100% AV, but doesn't take into account premium. Not aware of any studies that go into that level of detail.
- Some states looking to move certain Medicaid population into Marketplace premium assistance program- can use this type of data to caution.
- Clayton: this is all federal advocacy. Melissa- yes except for if state want to do move from Medicaid/CHIP to marketplace premium assistance program. Anne- AZ shut down their CHIP program.

- John- Why not 50 states? Melissa- only included states w/ a separate CHIP program, not if is an extension of Medicaid. Thought behind that is impetus- if CHIP program went away where would you put kids?
- Clayton: TX doesn't put much money in CHIP, so it is an easy bargain. Don't see lawmakers changing it soon.
- Melissa- need to advocate for improvement of plans for children in the Marketplace (i.e. over 200%)
- Clayton: how? Anne: if above 250% no cost sharing reductions, more families in high deductible plans. Look at are kids getting cost-sharing well care should be? We need to keep an eye on that. Clayton: No direct medium for advocacy. Anne: Need to lobby industry or legislature. Kathy: lack of state oversight.

V. OTA Meeting & Update from HHSC Office of Social Services, Policy Strategy, Analysis, and Development Division
OSS and the Office of the Ombudsman

Community Partner Program and Presumptive Eligibility Updates (Kate Volti, HHSC)

- **See slides.**
- Info at https://www.texaspresumptiveeligibility.com/app/UI/HomePage.aspx.
- Established performance measures- evaluating participating hospitals and working with them if issues. 29 hospitals participating. Kathy: does that mean submitting apps? Will follow up
- Data? Will have by next meeting. 36 total, 4 joining.
- Community partner program- grew very rapidly and now numbers have leveled off some. Looking at recruitment and retention strategies. How can it add value? Working on a survey asking that. Training/info provide. May be coming back to get input and will share the survey.
- Melissa- we can help to promote b/c we have connections with some community partners.
- Background checks- process implemented on 9/1/15. Match names and birthdays with DPS data. There are a few cases they are still working through b/c missing some info on individual, but most are completed. Want to make it more transparent- so will put info on expectations and how works on website.
- Will be releasing rules for CPP and will address background checks in rule.
- Melissa- Complete- means given a decision? Kate V.: Yes. Process is based on asking if there is client risk.
- Melissa- some people had gotten stuck in a backlog and uncertain what to do. Think if complete than this does address the issue we were concerned about. Kate V.: Website changes have led to issues w/ a few. We can look at them individually.
- Melissa: same as if you are an ACA navigator? Many in both roles. Kate V.: a lot is the same, but unsure if same process. Will be opening this up in rule. Trying to look at what is fair. Diff processes b/w HHSC and so a lot to compare it to and trying to figure out what makes sense for clients and partners.
- Kate V. is the best person to contact for any issues.

ACA Implementation and Legislation Updates (Stephanie Stephens, Kate Hendrix, Christina Hoppe, HHSC):

- **See slides.**
- Christina H: System changes in release this weekend- admin renewal process.
- MEPD- instances where people got large packets (included request for diff verification sources). Stepping back to eliminate risk of client confusion- streamline what will receive in the short term. Interim step now- not long term vision. Will go back to pre-populated form. Reasons why MEPD wouldn't admin renewal anyway.
- Texas Health Steps- weren't sending form before and now do.
- For self-employment: Integrated eligibility programs (i.e. SNAP, CHIP, Medicaid) across HHSC are now aligned. Certain fed requirements around SNAP so small variance.
- Anne: Upper limits on allowable expenses? As self-employed can chose to deduct, not forced right? Christina: Yes. Specify that that expense deductions align w/ schedule C (fed requirement).
- ACA policy- large bulletin and not in eligibility handbooks. Now is there.
- Melissa: More large scale handbook updates? Stephanie S.: Yes, still some changes, cleanup/clarifications around admin renewals and retesting process. Other than that have completed large scale ACA changes.
- HB839- juvenile facility (suspend Medicaid when there)- just shared w/ legislative offices. For CHIP can't suspend eligibility b/c children in institutions are not targeted low-income children (i.e. not eligible). Medicaid cert period- bill excludes time in facility- CMS need to submit a waiver proposal. Will move forward with that. Continuing to work on systems updates to program TIERS to establish interface w/ facilities (scheduled for Aug 2016)
- SB 200-SNAP no more permanent disqualification; now automating the process. 2 conditions must meet to continue eligibility (complying with terms of parole and community supervision)- if violate 2 years disqualification. So implementing penalties into system, for now requires self-attestation. Long term won't depend on self-attestation
- Sister JT: Why CHIP can't be suspended while in jails? B/c under fed law aren't eligible for CHIP. Stephanie: No eligibility to suspend. When out and w/in 12 months re-apply? Stephanie- yes, will need to re-apply.
- Before HB 839- same process for reaching out to CHIP clients to tell them to re-apply. Continuing and adding process**.**
- Document processing problem update- systems change caused it. Have added staff resources to mitigate impact. Now have no delays. For now- asking people use different fax line 210-646-2453. If trouble accessing, can use the previous line as well.
- Anne-immigrant meeting discusses lawsuit on access to birth certificate for non-US citizen parents. One ask was that we follow up with HHSC on designating a point of contact at HHSC that will resolve barriers U.S. citizen child is having renewing Medicaid/CHIP while parent is working on getting their birth certificate. Just a heads up that we will be following up and would like to have a conversation.

Feedback from hospitals on outstation eligibility workers & TP-36 Process

- TP-36 Process= CHIP Perinatal
- Bob R.-On TP-36 streamline it, when baby is born would like to be able to give 3038 to workers in house to complete the mom and start the baby. Mom on Chip-P and after birth, 3038 is to complete the mom's claim and to start the baby. (Right now gets routed to field office and hard to track.) Would complete whole process for mom and baby right there- seems much easier.

- Stephanie- we will take back and follow up.
- Miryam- children in institutions- send to coalition? Yes, will follow up with that.

Office of the Ombudsman (Paige Marsala and Tina Pham)

- **See slides.**
- Update on first quarter- top 3 complaints: access to prescriptions; application/case denied; case info error.
- Access to prescriptions- 3rd party resources shows on their case. Flagged as having another kind of health coverage e.g. dad forgot to remove them from his work insurance. Also, showed clients as having Medicare but didn't.
- Kathy- not authorization for a specific type of drug? Paige: still get that complaint- but not one of the top issues. Prescriptions not being on formulary/preferred list (1-2% of complaints in last year)
- Another major issue (especially managed care side) individual is cert for Medicaid- but info doesn't get to health plan on pharmacy benefits side. OO works with state/health plan.
- OO shouldn't be the first stop for simple questions.
- Melissa- did people usually try to call 211 first? Paige: sometimes they just get lost in 211 prompts, many times OO is 1st point of contact. People have gotten through in the past and use it again.
- 80%-inquiries
- Sister JT- complaints/inquiries- total for OO or strictly healthcare related? Paige: all HHSC services, not just OO.
- Clayton: breakdown of who contacting? Paige: yes, do have ability to pull that report. Clayton: your guess, 90% consumers? Paige: yes, just about 90%
- Medicaid related- now is a lot more contacts especially as managed care rolls out. (previously 15-20% of calls). Same top 3 complaints as office. Access to prescriptions has crept up since added to managed care plans. Still dealing with the fact that clients don't realize get prescriptions directly from health plan.
- Clayton: consumer doesn't get prior authorization but at the pharmacy. Still a problem w/ pharmacies not doing what they should? Paige: prior authorization isn't a big reason for why clients call. So, no.
- Only 9 calls around imaging processing delays and only 1 on admin renewals.
- Ombudsman Managed Care Assistance Team- will work with community orgs and diff areas around state government to help connect clients to services at state and community. Positions posted and closed, managed care planner will be announced next week. Looking at apps for specialist
- Clayton: can we get the job description? Yes, will send to the coalition
- Anne: org chart, who does what?
- Other ways to access the OO. No online option currently, but are working towards that. Not enough traffic for a chat feature, but some type of online feature or maybe just email.
- Melissa: any issues/complaints while in open enrollment and increased app for Medicaid/CHIP? Paige: not hearing any problem trends, but can pull a report. Melissa: just wanted to check in given timing.
- Those on the phones are supposed to help id any problem trends- send trends to Paige and have check-ins.
- Anne- network adequacy standards. How much do issues for these enrolles filter through to OO? How much going to plans/Maximus? Paige- a lot does go to OMCAT (i.e. many want to change plan b/c doesn't take their current MD- number 1 reason why change plan). Also an issue with dual-eligibles

demonstration (people on Medicaid and Medicare)- many clients are opting out b/c their providers don't take any of the dual demonstration plans but we still have the lowest opt out rate of all the states (we are ~30%).).

- Let the OO know if there is anything that we would like them to report on next time. Melissa will continue to ask for specifics for the OO to report on from the OTA group.
- Miryam?- Track the kind of providers there is a need for in network adequacy when get request? Paige- no, just know that is why they are switching plans.

Follow up from Kate Hendrix (sent to the coalition in an email):

- The federal Centers for Medicare & Medicaid Services (CMS) has provided the Health and Human Services Commission (HHSC) guidance that eligibility for CHIP cannot be suspended for individuals in juvenile facilities. To be eligible for CHIP, an individual must meet the federal definition of a targeted low-income child. An individual in an institution does not meet the definition of a targeted low-income child and is therefore not eligible for CHIP. CMS indicated that HHSC must deny CHIP eligibility when an individual enters a juvenile facility and the individual must reapply for CHIP when they are no longer in the juvenile facility. [42 U.S.C. 1397jj(b)(2)]

- In addition, CMS has indicated that HHSC should submit a waiver proposal to CMS to exclude the period during which the child's eligibility was suspended when reinstating Medicaid eligibility for an individual who is leaving a juvenile facility. HHSC will develop a waiver proposal for submission to CMS.

- HHSC continues to work on eligibility systems changes that are scheduled for the August 2016 systems release.

The following 6 out of 27 PE hospitals have submitted PE determinations.

- Dallas Medical Center
- Denton Regional Medical Center
- Las Palmas Medical Center
- University of Texas Medical Branch (UTMB)
- University Medical Center Health System
- Knapp Medical Center

TEXAS
Health and Human
Services Commission

Federally Mandated Provider Re-enrollment

December 18, 2015

Federal Mandate - ACA

- 42 CFR 455 Subpart E (Code of Federal Regulations) provides procedures under which screening activities are performed for providers who want to participate in Medicare and state Medicaid programs

- Beginning January 1, 2013, Texas Medicaid updated our provider enrollment and screening requirements mandated by the ACA
    - 1 TAC Part 15 Chapter 352 – Medicaid and CHIP Program Provider Enrollment
    - 1 TAC Part 15 Chapter 371 Subchapter E – Provider Disclosure and Screening

Re-Enrollment Requirements

As the result of a new federal regulation, all Texas Medicaid providers must re-enroll in the Medicaid program every 3- 5 years. The frequency with which a provider must re-enroll is dependent on their risk category.

To comply with this mandate, any Texas Medicaid provider enrolled before January 1, 2013 must be fully re-enrolled by March 24, 2016. To be considered fully re-enrolled, providers must submit a completed re-enrollment application and receive verification from TMHP that their application has been approved.

TEXAS Health and Human Services Commission

Re-Enrollment Requirements

The re-enrollment requirement applies to those providers that render services through Medicaid managed care organizations (MCOs), dental maintenance organizations (DMOs) or through traditional fee-for-service Medicaid.

Individual providers whose only relationship with Texas Medicaid is to order, refer, or prescribe supplies or services for Texas Medicaid-eligible clients must enroll in Texas Medicaid as participating providers in accordance with provisions of ACA.

TEXAS Health and Human Services Commission

Re-Enrollment

Re-enrollment is the submission of a new Texas Medicaid provider enrollment application, a new HHSC Texas Medicaid Provider Agreement, and any additional required documentation including submission of an application fee when required to continue the participation in Texas Medicaid.

- Acute Care and Pharmacy/DME providers re-enroll through TMHP: https://secure.tmhp.com/ProviderEnrollment
- Long Term Care (LTC) only providers re-enroll through DADS: https://www.dads.state.tx.us/providers/mpre/
- Vendor Drug Program (VDP) providers re-enroll through VDP: http://www.txvendordrug.com/providers/enrollment-forms.shtml

TEXAS Health and Human Services Commission

Improvements to the Re-enrollment Process

System enhancements to the Provider Enrollment Portal (PEP) to improve the functionality and efficiency of the online provider re-enrollment process include:

- Pre-populated demographic data pulled from the provider's account information
- Ability to provide signatures electronically and electronically upload supporting documentation
- Expansion of error messages to provide additional information
- Allow higher web browser capability
- Enrollment deadline information available via “My Account”

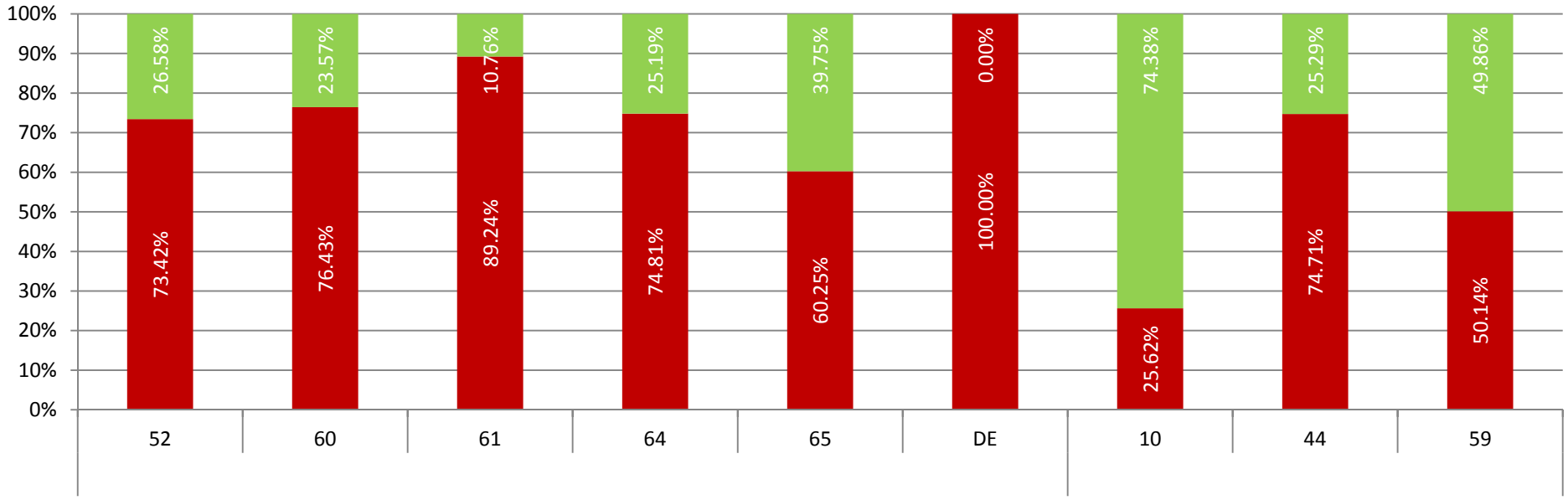
TEXAS Health and Human Services Commission

Recent Improvements

- Addition of re-enrollment deadline date to provider account portal: http://www.tmhp.com/News_Items/2015/11-Nov/11-19-15%20Beginning%20December%202015%20Reenrollment%20Information%20will%20be%20Available%20through%20My%20Account%20.pdf

- Automatic re-enrollment of some TPI numbers
  - Effective November 23, 2015, TMHP will automatically re-enroll some Texas Provider Identifiers (TPIs) if the associated National Provider Identifier (NPI) and license number match an Affordable Care Act-compliant TPI that has already been re-enrolled. Only individual limited-risk providers with multiple TPIs are eligible for automatic match re-enrollment. Groups and facilities are excluded from automatic re-enrollment match.
  - http://www.tmhp.com/News_Items/2015/11-Nov/11-19-15%20Automatic%20Reenrollment%20of%20Texas%20Provider%20Identifiers%20Now%20Available.pdf

Compliance Summary for Group 1 and Group 2 Detail

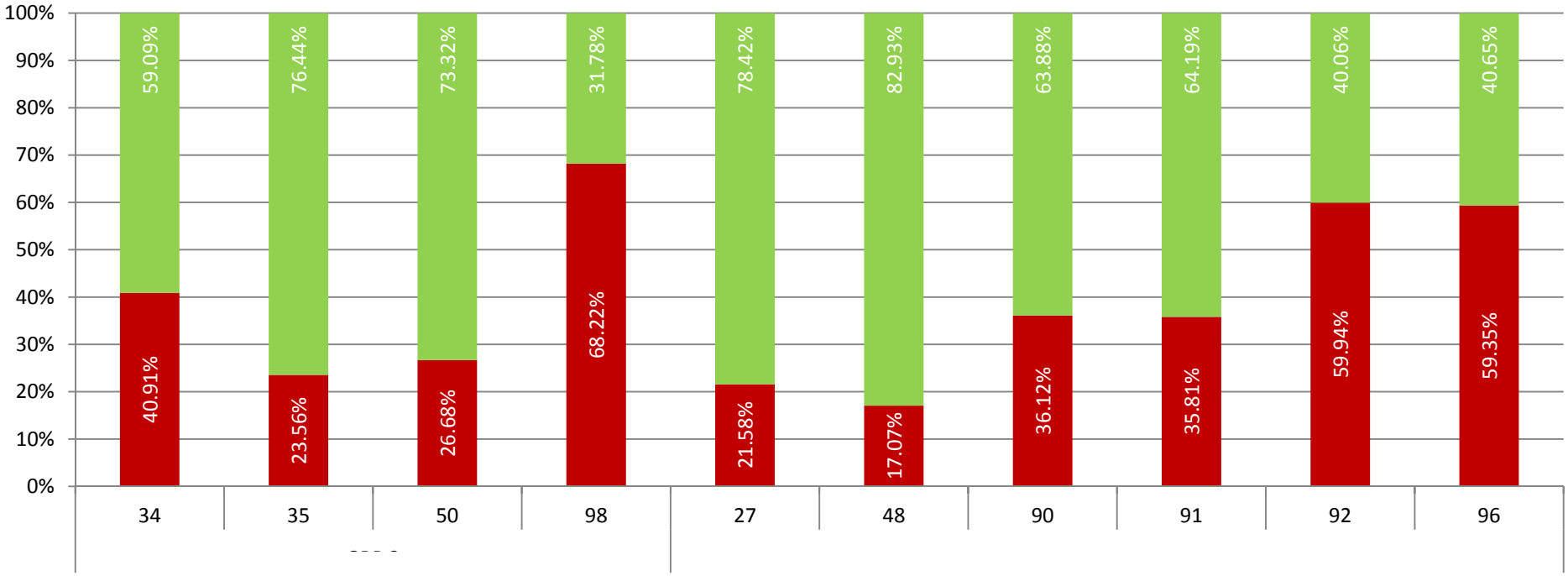


Group	Group 1						Group 2			Total
Provider Type Description	52 - AMBULATORY SURGICAL CENTER -	60 - HOSPITAL - LONG TERM, LIMITED	61 - HOSPITAL - PRIVATE FULL CARE	64 - HOSPITAL - PSYCHIATRIC	65 - REHABILITATION CENTERS	DE - MILITARY HOSPITAL	10 - PHYSICIAN ASST/NURSE PRACT/CL	44 - HOME HEALTH AGENCY	59 - CCP - PCS	
COMPLIANT	151	62	117	33	157	0	16,180	661	179	**17,540**
NON COMPLIANT	417	201	970	98	238	3	5,573	1,953	180	**9,633**
Total	**568**	**263**	**1,087**	**131**	**395**	**3**	**21,753**	**2,614**	**359**	**27,173**

Data Source: Compass21 (C21)

Refresh Date: 11/23/2015

Compliance Summary for Group 3 and Group 4 Detail

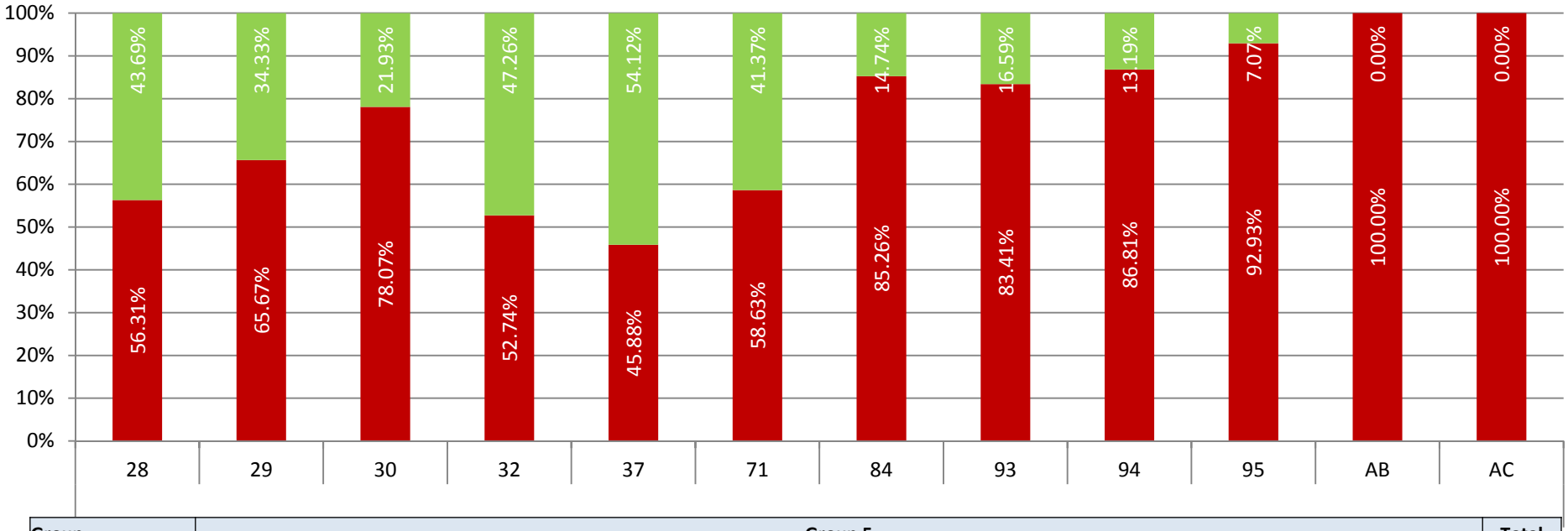


Group	Group 3				Group 4						Total
Provider Type Description	34 - PHYSICAL THERAPIST	35 - OCCUPATIONAL THERAPIST	50 - CCP PROVIDER	98 - PHYSICAL THERAPY GROUP	27 - DENTIST (D.D.S., D.M.D.)	48 - TEXAS HEALTH STEPS - DENTAL	90 - ORTHODONTIST	91 - ORAL MAXILOFACIAL SURGEON	92 - TEXAS HEALTH STEPS DENTAL - G	96 - DENTISTRY GROUP	
COMPLIANT	1,076	305	2,699	75	1,272	30,433	773	484	1,203	87	**38,407**
NON COMPLIANT	745	94	982	161	350	6,265	437	270	1,800	127	**11,231**
Total	**1,821**	**399**	**3,681**	**236**	**1,622**	**36,698**	**1,210**	**754**	**3,003**	**214**	**49,638**

Data Source: Compass21 (C21)

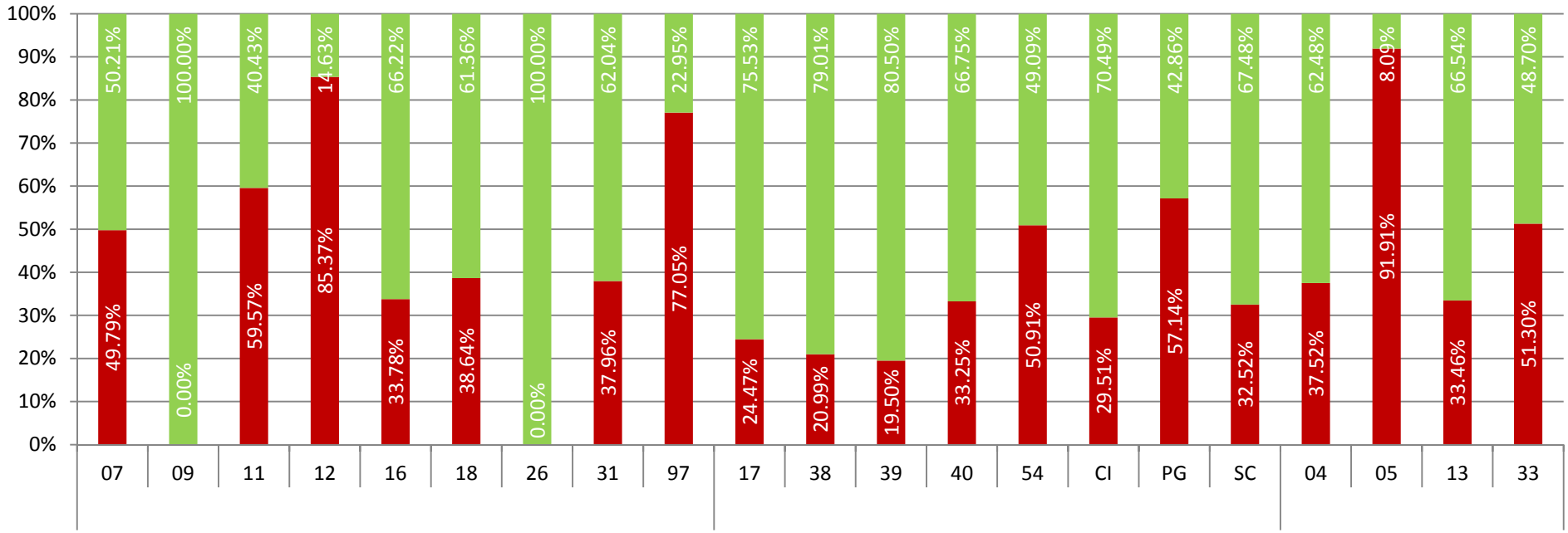
Refresh Date: 11/23/2015

Compliance Summary for Group 5 Detail



Group	Group 5												Total
Provider Type Description	28 - OPTOMETRIST	29 - OPTICIAN OR DISPENSING OPTICA	30 - CHIROPRACTOR	32 - PODIATRIST	37 - AUDIOLOGIST	71 - FAMILY PLANNING CLINIC	84 - HEARING AID	93 - OPTOMETRIC GROUP	94 - CHIROPRACTIC GROUP	95 - PODIATRY GROUP	AB - TB CLINIC - INDIVIDUAL	AC - TB CLINIC - GROUP	
COMPLIANT	952	172	59	336	302	254	51	76	12	13	0	0	**2,227**
NON COMPLIANT	1,227	329	210	375	256	360	295	382	79	171	22	5	**3,711**
Total	**2,179**	**501**	**269**	**711**	**558**	**614**	**346**	**458**	**91**	**184**	**22**	**5**	**5,938**

Compliance Summary for Group 6, Group 7 and Group 8 Detail

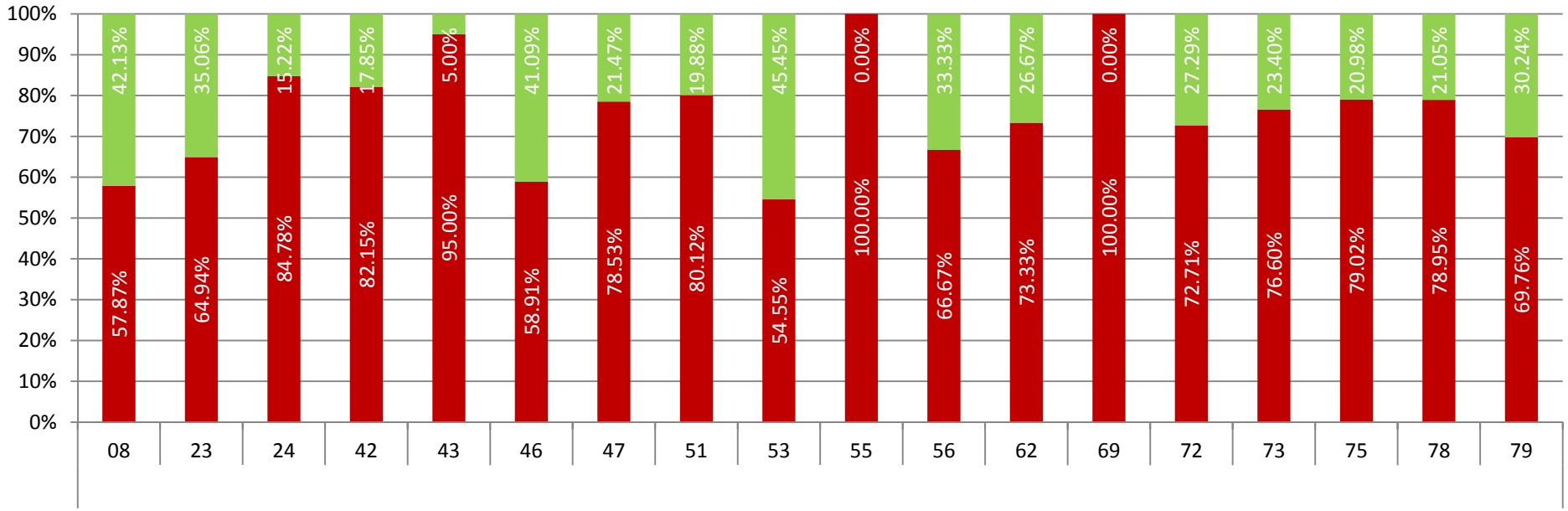


Group	Group 6									Group 7								Group 8				Total
Provider Type Description	07 - CASE MANAGEMENT	09 - YES WAIVER/MENTAL RETARDATION	11 - EARLY CHILDHOOD INTERVENTION	12 - MH REHABILITATION	16 - LICENSED PROFESSIONAL COUNSEL	18 - CCP SOCIAL WORKER	26 - PHARMACIST	31 - PSYCHOLOGIST	97 - PSYCHOLOGY GROUP	17 - HOME HEALTH DME	38 - PROSTHETIST	39 - ORTHOTIST	40 - MEDICAL SUPPLIER (DME); LCSW	54 - MEDICAL SUPPLY COMPANY	CI - CUSTOM DME	PG - PHARMACY	SC - SPECIALIZED/ CUSTOM WHEELED MO	04 - CERTIFIED REGISTERED NURSE AN	05 - CERTIFIED REGISTERED NURSE AN	13 - SHARS - INDIVIDUAL	33 - CERTIFIED NURSE MIDWIFE/REGIS	
COMPLIANT	234	32	19	6	4,865	235	6	1,100	14	1,420	192	227	2,638	27	43	6	413	4,938	11	543	150	**17,119**
NON COMPLIANT	232	0	28	35	2,482	148	0	673	47	460	51	55	1,314	28	18	8	199	2,965	125	273	158	**9,299**
Total	**466**	**32**	**47**	**41**	**7,347**	**383**	**6**	**1,773**	**61**	**1,880**	**243**	**282**	**3,952**	**55**	**61**	**14**	**612**	**7,903**	**136**	**816**	**308**	**26,418**

Data Source: Compass21 (C21)

Refresh Date: 11/23/2015

Compliance Summary for Group 9 Detail

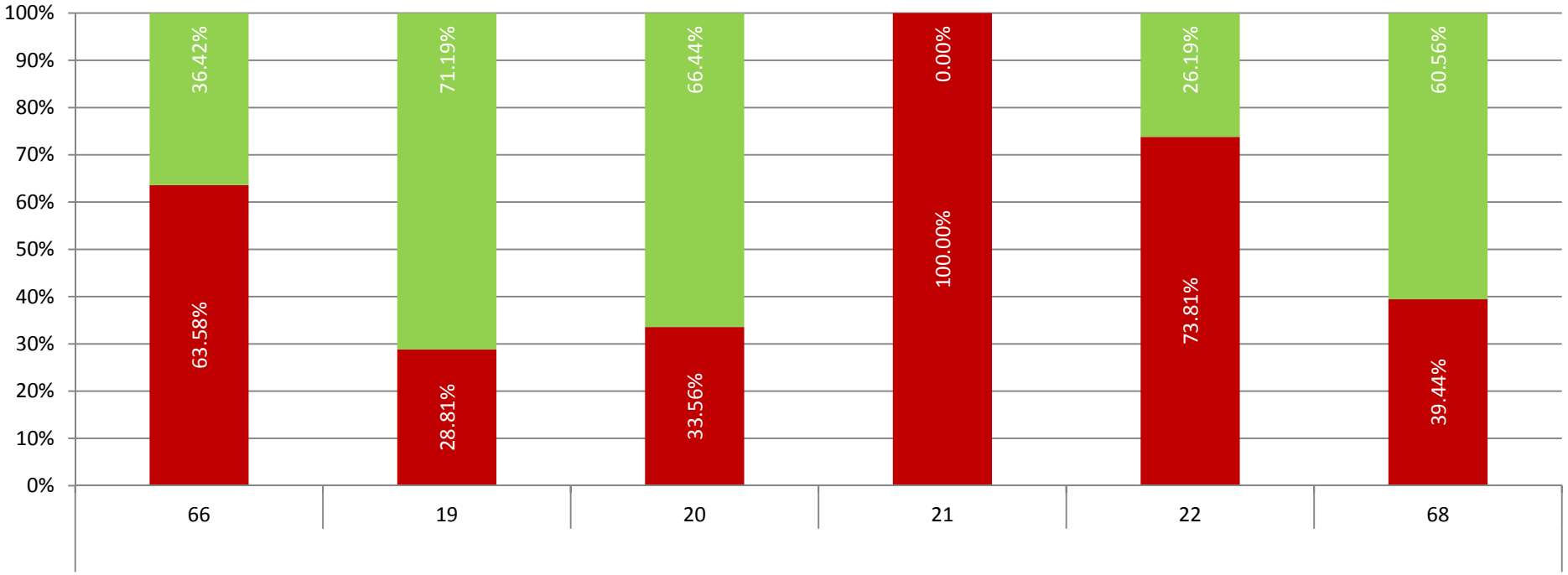


Group	Group 9																		Total
Provider Type Desc	08 - CHEMICAL DEPENDENCY TREATMENT	23 - INDEPENDENT LAB/PRIVATELY OWN	24 - INDEPENDENT LAB/PRIVATELY OWN	42 - AMBULANCE	43 - RADIATION TREATMENT CENTERS	46 - FEDERALLY QUALIFIED HEALTHCE	47 - NURSING HOME	51 - AMBULATORY SURGICAL CENTER -	53 - BIRTHING CENTER	55 - MATERNITY SERVICE CLINIC	56 - COMPREHENSIVE HEALTH CENTER (	62 - HOSPITAL - PRIVATE, O/P SERVI	69 - INDIAN HEALTH SERVICES	72 - NEPHROLOGY (HEMODIALYSIS, REN	73 - RENAL DIALYSIS FACILITY	75 - PORTABLE X-RAY SUPPLIER, RADI	78 - RURAL HEALTH CLINIC - FREESTA	79 - RURAL HEALTH CLINIC - HOSPITA	
COMPLIANT	83	95	21	164	1	173	190	66	5	0	1	4	0	161	11	107	32	62	**1,176**
NON COMPLIANT	114	176	117	755	19	248	695	266	6	25	2	11	2	429	36	403	120	143	**3,567**
Total	**197**	**271**	**138**	**919**	**20**	**421**	**885**	**332**	**11**	**25**	**3**	**15**	**2**	**590**	**47**	**510**	**152**	**205**	**4,743**

Data Source: Compass21 (C21)

Refresh Date: 11/23/2015

Compliance Summary for Group 10 and Physician Detail



Group	Group 10	Physician					Total
Provider Type Description	66 - TEXAS HEALTH STEPS - MEDICAL	19 - PHYSICIAN (D.O.)	20 - PHYSICIAN (M.D.)	21 - PHYSICIAN GROUP (D.O.S ONLY)	22 - PHYSICIAN GROUP (M.D.S ONLY A	68 - GENETICS	
COMPLIANT	1,581	7,086	80,167	0	3,682	86	92,602
NON COMPLIANT	2,760	2,867	40,490	93	10,379	56	56,645
Total	4,341	9,953	120,657	93	14,061	142	149,247

Data Source: Compass21 (C21)

Refresh Date: 11/23/2015

HHSC Outreach

- Coordination with MCOs
  - Posting non-compliant lists every other week to central portal
  - Development of messaging MCOs can use for provider notifications, R&S reports, website/claims portals, and call center hold messages
  - Presentation during MCO leadership meeting
- Non-compliant lists to associations
- GovDelivery Notices
  - Quarterly messages sent to 22,000 individuals who are part of the HHSC provider distribution list
- Updates to HHSC website
- Leveraging the Your Texas Medicaid Benefits Provider Portal
  - Addition of re-enrollment information to both the home page of the provider portal and the hold message for the provider line
- Incorporated re-enrollment messaging into DSHS Texas Health Steps New Initiatives in Medicaid webinar
- Collaborate with DSHS Texas Health Steps regional provider representatives to communicate information to provider community
- Work with Regional Community Relations to ensure provider re-enrollment information is included in regional stakeholder forums
- Outreach to provider associations
  - Periodic mass email to stakeholder associations
  - Follow-up with TMHP outreach groups
  - Coordinate with TMHP to ensure representation at association meetings
  - Article in Texas Medicine, the Texas Medical Association magazine
- Coordinating dissemination of information to other state agencies/programs
- Information included in HHSC InTouch Newsletter

TMHP Outreach

- Leveraging provider representatives to do face-to-face visits, phone calls and emails to providers
  - Schedule established for targeting different provider types, but re-enrollment is referenced at every opportunity
- Attending provider association meetings
- Providing re-enrollment workshops around the state
- Webinars – one specifically for hospital providers, one for physicians
- Developing banner messages and other resources as necessary
- TMHP Provider Call Lines

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Resources

- Visit the TMHP Re-enrollment webpage at: http://www.tmhp.com/Pages/Topics/ACA.aspx
- Contact a TMHP provider enrollment representative for assistance at: 1-800-925-9126, Option 2
- Attend a "Town Hall" related to federally mandated provider re-enrollment: http://www.tmhp.com/Pages/Education/Ed_Reg.aspx
- See the Re-enrollment Frequently Asked Questions page at: http://www.tmhp.com/TMHP_File_Library/ACA/Affordable%20Care%20Act%20FAQs.pdf
- View the Quick Start Re-enrollment Reference Guide: http://www.tmhp.com/TMHP_File_Library/Enrollment%20and%20reenrollment/Provider%20Enrollment%20Tools%20QRG_0902215.pdf
- Request a PEP application walk-through at: provider.enrollment.mailbox@tmhp.com

Federal Study Shows CHIP is More Kid-Friendly than the Marketplace

In November, the U.S. Health and Human Service (HHS) released a report that compares plan benefits and cost-sharing under the Children's Health Insurance Program (CHIP) to benefits and cost-sharing in plans offered on the new Health Insurance Marketplace created by the Affordable Care Act (ACA).

This report was required under the ACA and many health advocates and policy makers have been anticipating its release.

Key Takeaways

The big takeaway from this report is that CHIP health coverage in all 36 states evaluated is more comprehensive and vastly more affordable than coverage for children in the Marketplace.

Actuarial Value (AV) and Out of Pocket Costs

	Plan AV	Average Premium + Cost Sharing/ yr
Texas QHP Benchmark (largest rating area)	76%	**$814**
Texas CHIP	91%	**$75**

The report states that the benefits provided by CHIP (in every state) were more comprehensive than Marketplace plans, providing more "child-specific" services such as dental, vision, and habilitation services. Furthermore, the study asserts that the benefits provided by CHIP were more suitable for children with special health care needs.

Texas' CHIP Compared to Other States

It is interesting to note that according to this report Texas had one of the lowest CHIP actuarial values compared to other states, which would suggest parents of kids in Texas CHIP have to pay more toward their care. But Texas is closer to the middle of the pack when ranking states by average, yearly out-of-pocket cost. Seems to be due to the fact that Texas' higher co-payments are offset by not requiring monthly CHIP premiums (instead using a yearly enrollment fee for higher income children). Premiums/enrollment fees are included in the calculation of the yearly out-of-pocket cost but are not included in a calculation of a plans actuarial value.

What Does this Mean?

Earlier this year Congress passed the Medicare Access and CHIP Reauthorization Act which extended federal CHIP funding through September 2017. While CHIP funding is secure until then, some have questioned whether CHIP is still needed since the creation of the Health Insurance Marketplaces.

What this report clearly shows is that the **Marketplaces are not ready for kids,** and that advocates and stakeholders should continue to support CHIP as the best way to provide health insurance to low- and moderate-income children. In addition, we must advocate for improvements to the Marketplace plans to make them more kid-friendly.

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Presumptive Eligibility and the Community Partner Program

Office of Social Services

Kate Volti
Director of Community Access
December 18, 2015

Presumptive Eligibility (PE)

- Presumptive Eligibility (PE) is short-term Medicaid coverage determined by Qualified Hospitals (QHs) and Qualified Entities (QEs) while a determination for regular Medicaid is being made by HHSC.
- The Affordable Care Act (ACA) requires states to allow QHs to determine individuals presumptively eligible for certain Medicaid programs including pregnant women, children under the age of 19, parents and caretaker relatives, and former foster care children. QEs only make presumptive eligibility determinations for pregnant women.
- QH/QEs also help individuals submit a regular Medicaid application using YourTexasBenefits.com.

Presumptive Eligibility (PE)

- The PE website, www.TexasPresumptiveEligibility.com, launched December 3, 2014. The PE website includes a wealth of information about the program including: general information, access to required trainings, program updates, policy requirements, and a link to submit PE determinations.
- As of December 10, 2015:
  - 36 QH/QEs have joined the program.
  - 4 hospitals/entities are in the PE enrollment process.
- QH/QEs began submitting PE determinations effective February 1, 2015.
- HHSC initiated the Corrective Action Plan (CAP) review process on December 16, 2015. In the review HHSC will analyze determinations submitted during the months of June, July and August of 2015.

Community Partner Program

- In 2011, the Texas Legislature passed H.B. 2610 directing HHSC to train and certify volunteers and staff of faith and community-based organizations to assist individuals applying for public benefits.
- In early 2012, HHSC launched the Community Partner Program (CPP) pilot with the participation of eight (8) organizations.
- As of December 15, 2015, Community Partners serve clients at 1387 sites across the state.
- During the month of November 2015, Community Partners submitted:
  - 4,068 applications
  - 10,009 document uploads

Community Partner Program: Background Checks

- Beginning September 1, 2015, Community Partners and community-based organizations applying to participate in CPP are required to pass a background check.
- Background checks provide a measure of protection for clients by helping ensure the integrity and security of the sensitive information provided to Community Partners during the application process.
- Background checks also align HHSC with rules established by the Texas Department of Insurance.
- To date CPP has conducted a total of 607 background checks. Background checks are performed regularly and are currently up-to-date.

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Policy Strategy, Analysis, and Development Update

Office of Social Services

Stephanie Stephens

1. Administrative Renewal Updates

- For Medicaid for the Elderly and People with Disabilities (MEPD), correspondence enhancements will be made to ensure verification is appropriately requested.
- MEPD clients who do not receive a streamlined renewal will receive the Form H1200 to renew.
- For Children's Medicaid clients, correspondence updates will be made to clearly communicate what Texas Health Steps (THSteps) verifications are required at renewal.
  - The H1024, Self-Declaration Notice, will also be provided with the renewal when THSteps verification is needed.

2. Self-Employment Expenses

- The policy for self-employment expenses deducted for self-employment income will be aligned for:
  - Medicaid
  - CHIP
  - MEPD
  - Supplemental Nutrition Assistance Program (SNAP)*
  - Temporary Assistance for Needy Families (TANF)

- The new self-employment expenses are based on the IRS Schedule C expenses and include:
  - Insurance
  - Rent or lease
  - Repairs and maintenance

* With certain federal exceptions for SNAP.

ACA Policy and Texas Works Handbook

- As of October, the ACA policy content has been incorporated in the Texas Works Handbook.
- The ACA policy had previously been included in a separate policy bulletin.
- HHSC staff and external partners now have a signal location to access Medicaid and CHIP policy.

Senate Bill 200

- Senate Bill 200 ends the permanent disqualified from SNAP eligibility for all individuals with a felony drug conviction that occurred after August 22, 1996.
- Beginning on September 1, 2015, individuals with a felony drug conviction that occurred after August 22, 1996 are potentially eligible to receive SNAP benefits.
- SB 200 requires the following penalties for individuals who have a felony drug conviction on or after September 1, 2015.
  - Individuals are not eligible for SNAP for two years if they have a felony drug conviction on or after September 1, 2015 and violate parole or community supervision.
  - Individuals who are receiving SNAP and have a subsequent felony drug conviction are permanently not eligible for SNAP.
- Policy and system changes will be implemented in December 2015.

Document Processing Update

- On September 20th, HHSC made systems changes to the software used to process eligibility-related documents that have been mailed or faxed.

- Due to this system change, HHSC temporarily experienced longer than normal processing times for information mailed or faxed to the agency on or after September 20, 2015.

- Normal processing times have been restored and the system has been stabilized. HHSC is implementing system improvements to the document processing software.

- For providers submitting Form H3038-P for CHIP perinatal clients, HHSC requests that the form continue to be faxed to 210-646-2453 until further notified.

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HHS Office of the Ombudsman Update

Presented to
CHIP Coalition
December 18, 2015

TEXAS Health and Human Services System

FY 2016

Overall Ombudsman Contacts for FY2016 First Quarter

- Complaints 4,610
- Inquiries 17,052

Top Three Complaints

- Access to Prescriptions
- Application and/or Case Denied
- Case information Error

Top Three Inquiries

- Checking the eligibility status on an application or case
- Requesting information on how to apply for program benefits
- Requesting explanation of benefits and/or policy

TEXAS Health and Human Services System

FY2016

Top Three Medicaid Related Complaints

- Access to Prescriptions
- Case Information Error
- Application/Case Denied

Top Three Medicaid Related Inquiries

- Requesting information on how to apply for program benefits
- Checking the eligibility status on an application or case
- Access to Prescriptions

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Recent Activity

Image Processing Delays

- Since 09/01/2015, the OO has only received nine contacts related to the image processing delays. This number may be low due to efforts by OSS staff encouraging clients to submit their information by using the online self-service options or in person at a local office.

Administrative Renewals

- Since 09/01/2015, the OO has only received one contact related to Administrative Renewal.

Ombudsman Managed Care Assistance Team (OMCAT)

TEXAS Health and Human Services System

Contact Us

Phone (Toll-free):
Main Line:1-877-787-8999
Managed Care Assistance: 1-866-566-8989
Relay Texas: 7-1-1 or 1-800-735-2989

Online
http://www.hhsc.state.tx.us/ombudsman

Fax (Toll-free):
1-888-780-8099

Mail
Texas Health and Human Services
Office of the Ombudsman, Mail Code H-700
P. O. Box 13247
Austin, Texas 78711-3247

ATTENTION FAMILIES

Do you or someone who you care for receive Supplemental Security Income (SSI) Medicaid or a Medicaid waiver? If so, you need to know about STAR Kids.

STAR Kids is a new Medicaid managed care program specifically serving children and young adults getting SSI Medicaid or a Medicaid waiver. Beginning November 1, 2016, those age 20 and younger will be required to receive services through the STAR Kids program if they:

Receive SSI Medicaid

-OR-

Are enrolled in one of the following Medicaid waivers:

- Medically Dependent Children Program (MDCP)
- Home and Community-based Services (HCS)
- Community Living Assistance and Support Services (CLASS)
- Deaf Blind with Multiple Disabilities (DBMD)
- Texas Home Living (TxHmL)
- Youth Empowerment Services (YES)

Because this new program might change the way you find a doctor and other services, we want to be sure you know about STAR Kids and the choices you need to make about health care.

Please join us for a STAR Kids Information Session, at various locations around the state, or learn more at: http://www.hhsc.state.tx.us/medicaid/managed-care/mmc/star-kids.shtml.

STAR Kids Information Sessions for Families

Edinburg

January 8, 2016, 11am – 1pm January 9, 2016, 9am – 11am	Doctors Hospital at Renaissance (DHR) Edinburg Conference Center 118 Paseo Del Prado Edinburg, TX 78539

Austin

January 12, 2016, 9am – 11am January 12, 2016, 6pm – 8pm	Dell Children's Medical Center Signe Auditorium 4900 Mueller Blvd. Austin, TX 78723

Lubbock

January 14, 2016, 9am – 11am January 14, 2016, 6pm – 8pm	Texas Tech University ACB Building, 100 3601 4th Street Lubbock, TX 79430

San Antonio

January 22, 2016, 6pm – 8pm January 23, 2016, 9am – 11am	Children's Hospital of San Antonio Christopher Goldsbury Building Auditorium, 5th Floor 333 N Santa Rosa Street San Antonio, TX 78207

El Paso

January 26, 2016, 9am – 11am January 26, 2016, 6pm – 8pm	The Hospitals of Providence Sierra Campus Lower Level (next to the cafeteria) 1625 Medical Center El Paso, TX 79902

Fort Worth

February 1, 2016, 9am – 11am February 1, 2016, 6pm – 8pm	Cook Children's Medical Center Hochberger Auditorium 801 Seventh Avenue Fort Worth, TX 76104

Dallas

February 5, 2016, 11am – 1pm February 6, 2016, 9am – 11am	Children's Medical Center Ambulatory Care Pavilion 2350 North Stemmons Freeway Dallas, TX 75207

Tyler

February 10, 2016, 9am – 11am February 10, 2016, 6pm – 8pm	Louise & Joseph Ornelas Amphitheater G3215 11937 U.S. Hwy 271 Tyler, TX 75708

Corpus Christi

February 24, 2016, 9am – 11am February 24, 2016, 6pm – 8pm	Driscoll Children's Hospital Auditorium, 1st Floor 3533 S. Alameda Street Corpus Christi, TX

Webinar Sessions

March 5, 2016, 10am – 12pm	Register Online

Houston

TBD	TBD

Belton/Temple/Waco

TBD	TBD

TEXAS STAR Kids Your Health Plan ★ Your Choice

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