1. **The plans' input is not accepted, and not solicited by HHSC when it should be**
    a. Managed care is 97% of the Medicaid market (and growing). It's vital that these systems work for the plans and providers who will be using them.
    b. Plans who did not participate in targeted testing haven't had a chance to review and provide feedback on testing progress and next steps.
        - They've requested testing updates at several scan call meetings and HHSC/TMHP has declined.
    c. Plans who participated in targeted testing do not agree that testing yielded successful outcomes. This has not altered TMHP/HHSC's course of action.
    d. The MCO notice outlining address remediation was sent before looping plans in on testing progress.
        - In addition, the notice only asks for plan input on the project timeline (not remediation or next steps).
        - All of the plans agree that address remediation is not feasible at this time.
    e. TMHP/HHSC should seek the plans' input to determine if their solutions are feasible BEFORE ENACTING THEM.
2. **Over-reliance on provider addresses**
    a. Accenture is treating Medicaid and CHIP enrollment as address-specific. This does not align with managed care contracting and credentialing of providers which is based only on provider NPI, Tax ID and potentially taxonomy (specialty) for some providers.
        - Feedback from the plans:
            - I*n the managed care world, contracting by 'address' of the provider would be unmanageable and unnecessary, as we would be required to recontract/recredential a provider with each location change or add. There is no need to 'contract/credential' the provider by location.*
            - *We learned from Accenture that logic was applied to PEMS to 'default' the address of all practitioners that are part of a group to the Group's address, which in many/most cases is the Group's billing office, which isn't appropriate for representing to members locations for access to care.*
    b. Plans do not believe the address remediation as described in the MCO notice is feasible. Feedback on outlined remediation activities:
        - *HHSC's proposal presents a significant lift for MCOs to conduct ongoing, including weekly (daily?) analysis of provider demographic data between the MCO system and PEMS and sending to Accenture, ongoing outreach by all MCOs to providers (multiple outreach attempts to the same providers by multiple MCOs) re: address discrepancies in PEMS, and significant abrasion to providers who have no incentive to update information between periods of Program enrollment.*

        - *It appears HHSC is proposing the MCO's 'threaten' providers with claim denials, but we anticipate many providers will take no action until claims have been denied, resulting in more abrasion.*

3. **Lack of effective communication**
    a. TMHP/HHSC still need to meet with the plans and provide responses to some of their basic questions.
        - State staff who can answer the plans' questions are not always available on project calls, so items must be taken back and can't be thoroughly vetted with the plans. We'd appreciate coordination to ensure that appropriate staff attend.
        - PEMS and PEMS+ issue logs are convoluted and not readily available. Plans are unable to reliably locate them, and have reported that questions are regularly closed out without adequate resolution.
            - Issue logs are sent out via email, at irregular intervals, embedded in PowerPoint presentations which you have to download to access.
                - Several plans have cited issues with downloading/accessing the issue log.
                - The plans request that issue logs and project updates be distributed via MCO notice.
    b. PEMS and PEMS+ project names are regularly switched, causing confusion. They need to know which meetings/updates are taking place so they can coordinate and ensure appropriate staff attend.
        - On the last few scan calls, the agenda states a PEMS+ update is happening but PEMS MPF testing updates are given.
        - Standing meetings for PEMS and PEMS+ (not currently taking place, but PEMS meetings will resume as targeted testing has concluded and PEMS+ meetings will resume with Deloitte) had reversed names.
            - Weekly PEMS meetings (conducted from 2/2/23-4/13/13) to prepare for MPF testing were titled "Thursday meetings with MCO to capture completion of PEMS+ TPT Prep."
                - Credentialing was not discussed at any of these meetings.
            - Weekly meetings to discuss credentialing applications (conducted from 2/3/23-3/30/23) were titled "PEMS Credentialing MCO Due Diligence," yet credentialing applications were discussed.

4. **MPF issues: Incongruence between PEMS MPF and legacy file, and use of the PEMS MPF as the source of truth.**
    a. The last the plans heard was that the legacy file would be updated and maintained just like the PEMS file.
        - Plans noted that the files could take anywhere from a week to 4 months to align.

        - Updates to PEMS don't appear in the legacy file timely (IS THIS TRUE FOR THE REVERSE– HOW LONG DO UPDATES FROM THE LEGACY FILE TO THE PEMS MPF TAKE?)
    b. Different TMHP/HHSC areas seem to be referring to the legacy MPF and the PEMS MPF as the source of truth.
        - Troy Fuller stated PEMS is currently the source of truth. The 6/22 PEMS call with HHSC/TMHP was the first plans had heard as much.
        - On the same call, Meghan Taylor stated EB p-file layouts go hand-in-hand with use of the PEMS MPF. She stated EB is ready to transition as soon as the plans are, contrary to the update Troy Fuller gave.
    c. None of the plans believe that the PEMS MPF is stable enough to begin discussing the transition to its use as the source of truth.

5. **Encounter rejection (new issue)**
    a. The issue isn't that claims are denying, bc they're validating or unable to validate NF and some other providers as well (but the primary issue is with NFs).
        - Problem is when they submit encounters, TMHP is rejecting those with the "provider not enrolled" rejection reason.
        - This started in the last 2 weeks, seems to be escalating.
        - In the 2 weeks since this issue has been identified, one plan has accumulated over $2 million in rejected NF encounters.
    b. This item is a priority for quick resolution.