MCO Leadership Meeting

July 20, 2023

Next Meeting: Sept. 21, 2023, at 1 p.m.

Reminders

- ☑ To ensure the meeting runs smoothly, webinar attendees are muted

- ☑ We will break after each topic to answer questions

- ☑ If a webinar attendee has a question or comment during the webinar use the "raised hand" icon and we will unmute the attendee to speak
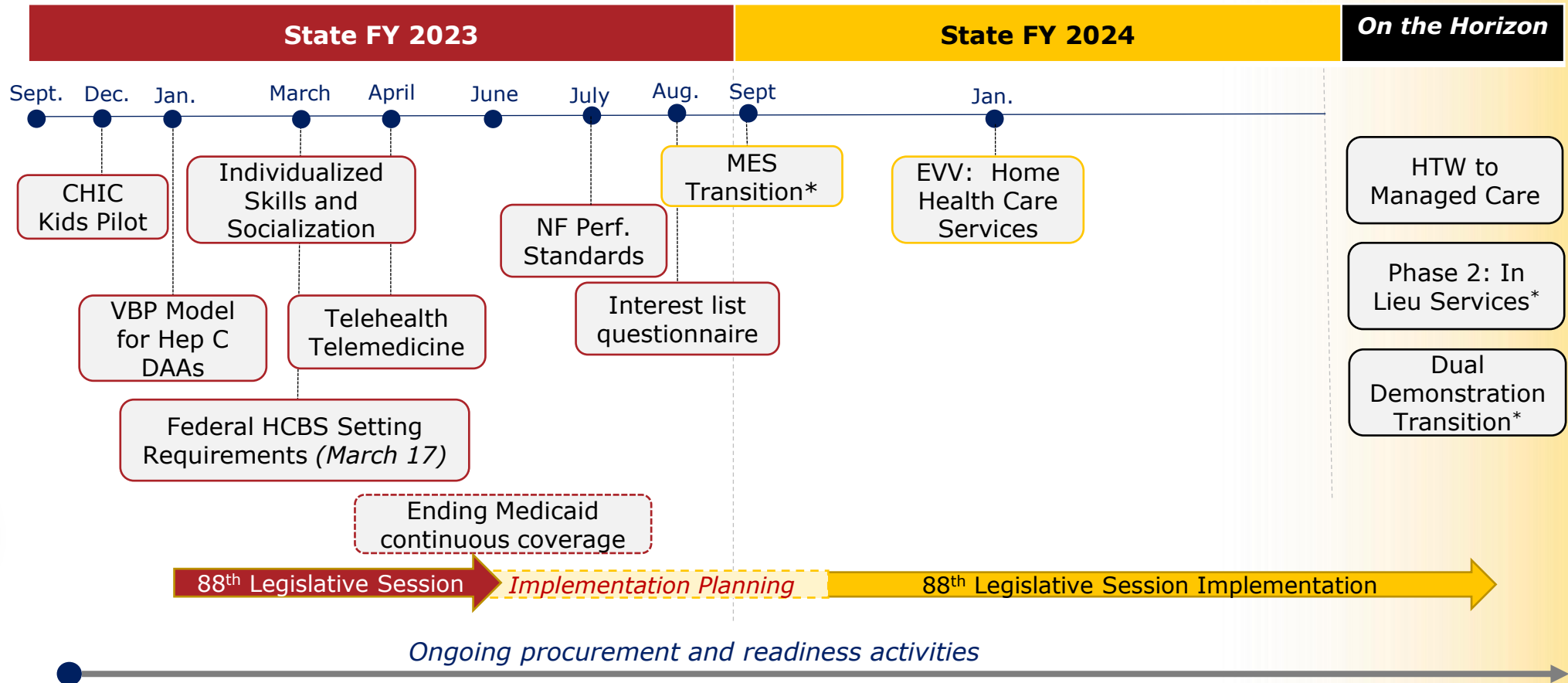
Welcome & State Medicaid Director Update

Emily Zalkovsky, *State Medicaid Director*

Medicaid and CHIP Services

Major Initiatives

| State FY 2023 | State FY 2024 | On the Horizon |

Sept. | Dec. | Jan. | March | April | June | July | Aug. | Sept | Jan.

- CHIC Kids Pilot
- VBP Model for Hep C DAAs
- Federal HCBS Setting Requirements (March 17)
- Individualized Skills and Socialization
- Telehealth Telemedicine
- Ending Medicaid continuous coverage
- NF Perf. Standards
- Interest list questionnaire
- MES Transition*
- EVV: Home Health Care Services

On the Horizon:
- HTW to Managed Care
- Phase 2: In Lieu Services*
- Dual Demonstration Transition*

88th Legislative Session → Implementation Planning → 88th Legislative Session Implementation

Ongoing procurement and readiness activities

Art. II, Rider 27 (b) Enrollment at Eligibility timeline under reevaluation

*Dates are TBD

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88th Legislative Session

88th Legislative Session

		Versus 87th Session*
11,807	Total Bills Filed	⬆ 10,000
900+	Medicaid-related Bills	⬆ 800
1,246	Total Enrolled Bills	⬆ 1,073
655	Tracked, Enrolled and Sent to the Governor	⬆ 505
64	Total MCS Bills Enrolled	⬆ 60

*Numbers are approximated

Key Topics

- Provider Requirements

- Long-term Services & Supports

- Women's Health

- New or amended Medicaid/CHIP Services

- Pharmacy/Prescription Drugs

- Other MCO Contract Requirements

- Takeaways from the General Appropriations Act

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Provider Requirements

Enrolled Legislation

- **HB 44 (Swanson)** - Relating to provider discrimination against a Medicaid recipient or child health plan program enrollee based on immunization status

- **HB 1009 (Turner)** - Requires a provider to suspend a residential caregiver found to have abused, neglected or exploited a person receiving services while the individual exhausts any appeals processes, and requires HHSC to disenroll any Medicaid providers who violates these provisions, and addresses background check requirements

Long-term Services & Supports

Enrolled Legislation

- **HB 3550 (Rose)** - Addresses prescribed pediatric extended care center (PPECC) services, including issues related to PPECC transportation. Allows responsible adult signatures on one consent document

- **HB 54 (Thompson)** - Increases the personal needs allowance for certain Medicaid recipients who are residents of long-term care facilities

Women's Health

Enrolled Legislation

- **HB 12 (Rose)** - Extends Medicaid for pregnant women to 12-months postpartum in accordance with Section 1902(e)(16), Social Security Act

- **SB 989 (Huffman)** - Expands existing biomarker testing benefit in Medicaid and CHIP

- **HB 1575 (Hull)** - Requires HHSC to develop a non-medical health screening tool and collect related data; the standardized screening questions must be used by Medicaid MCOs; requires new Case Management for Children and Pregnant Women (CPW) training and adds doulas and community health workers as CPW provider types
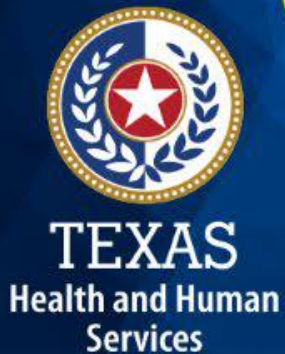
New or Amended Medicaid & CHIP Services

Enrolled Legislation

- **HB 2727 (Price)** - Adds Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) as home telemonitoring providers; allows home telemonitoring services if they are cost effective and clinically effective; changes eligibility for home telemonitoring services

- **HB 1488 (Rose)** - Relating to sickle cell disease health care improvement and the sickle cell task force

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Pharmacy/Prescription Drugs

Enrolled Legislation

- **HB 1283 (Oliverson)** - Relating to prescription drug formularies applicable to the Medicaid managed care program

- **HB 3286 (Klick)** - Relating to certain prescription drug benefits under the Medicaid managed care program

- **HB 4990 (Bonnen)** - Relating to the creation, management, and administration of the Texas Pharmaceutical Initiative

MCO Contract Requirements

Enrolled Legislation

- **SB 1051 (Hughes)** - Requires the commissioner of insurance to adopt rules establishing a uniform coordination of benefits questionnaire to be used by all health benefit plan issuers in Texas

- **HB 1696 (Buckley)** - Requires additional provisions in a managed care plan's relationship and contract with optometrists, therapeutic optometrists, or ophthalmologists. Will require CHIP MCOs to give optometrist or therapeutic optometrist at least 90 days' notice for a contract change

- **HB 2802 (Rose)** - Requires HHSC to ensure MCOs may communicate with enrolled Medicaid recipients through electronic means, which now includes telephone, in addition to text message and email, regarding eligibility, enrollment and other health care matters when the member provides their contact information to the MCO outside of the Medicaid application process

General Appropriations Act

H.B. 1 – Key Takeaways

- **Rate Increases**
  - Attendant wages (Rider 30)
  - Ground ambulance (Rider 33)
  - Nursing facility add-on (Rider 24)
  - Pediatric Long Term Care Facility (Rider 35)
  - Pediatric Services and Women's Health Related Surgeries (Rider 31)
  - Private Duty Nursing (Rider 34)
  - Rural Hospitals (Rider 8)
  - Rural Labor and Delivery Medicaid Add-on (Rider 16)

- **Rider 25** - Patient Driven Payment Model for Nursing Facility Services

- **Rider 26** - HCBS Waiver Slots

General Appropriations Act

Enrolled Legislation - H.B. 1

- **Rider 32** - Transition of Medicaid only services into managed care for dually eligible people

- **Rider 36** - Continued funding for a provider enrollment and credentialing portal

- **STAR+PLUS Pilot Program** - Not funded

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Agenda

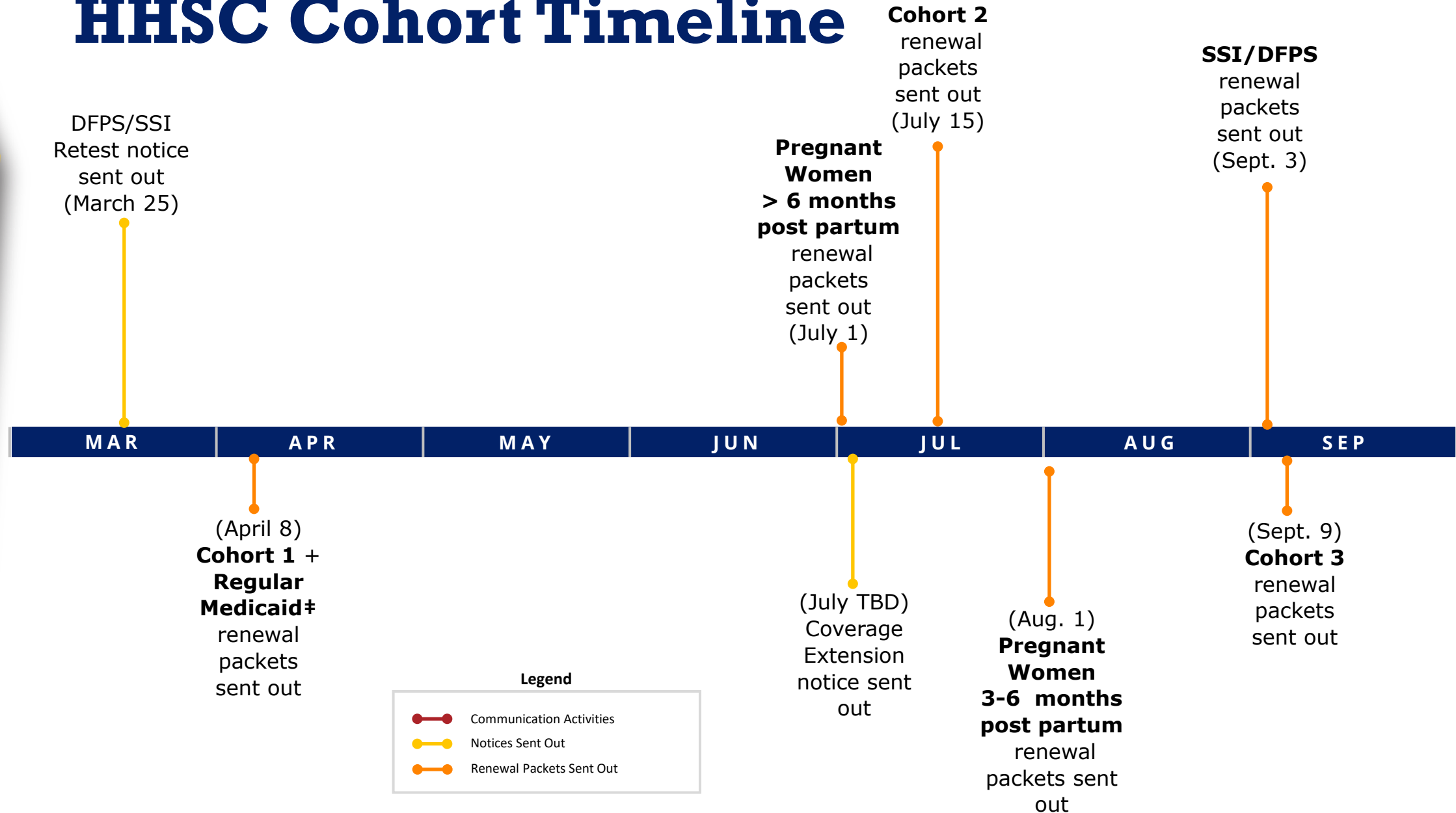| COVID-19	• End of Continuous Medicaid Coverage Updates
Policy & Quality Updates	• Medical and Dental Policies Recently Implemented or in Progress • State Fiscal Year 2022 EQRO Annual Technical Report
Operations Updates	• Provider Enrollment and Management System (PEMS) Enhancements and Credentialing • TexMedCentral Transition to MCOHub • Electronic Visit Verification (EVV) • Medicaid Enterprise System (MES)

Open Discussion

End of Continuous Medicaid Coverage Updates

Rachel Patton, *Deputy Associate Commissioner*

Program Enrollment & Support

HHSC Cohort Timeline

DFPS/SSI Retest notice sent out (March 25)

Cohort 2 renewal packets sent out (July 15)

SSI/DFPS renewal packets sent out (Sept. 3)

Pregnant Women > 6 months post partum renewal packets sent out (July 1)

MAR	APR	MAY	JUN	JUL	AUG	SEP

(April 8)
Cohort 1 + Regular Medicaid‡ renewal packets sent out

(July TBD) Coverage Extension notice sent out

(Aug. 1) **Pregnant Women 3-6 months post partum** renewal packets sent out

(Sept. 9) **Cohort 3** renewal packets sent out

Legend
- Communication Activities
- Notices Sent Out
- Renewal Packets Sent Out

Case Processing Examples

Example: Member returns packet and recertified

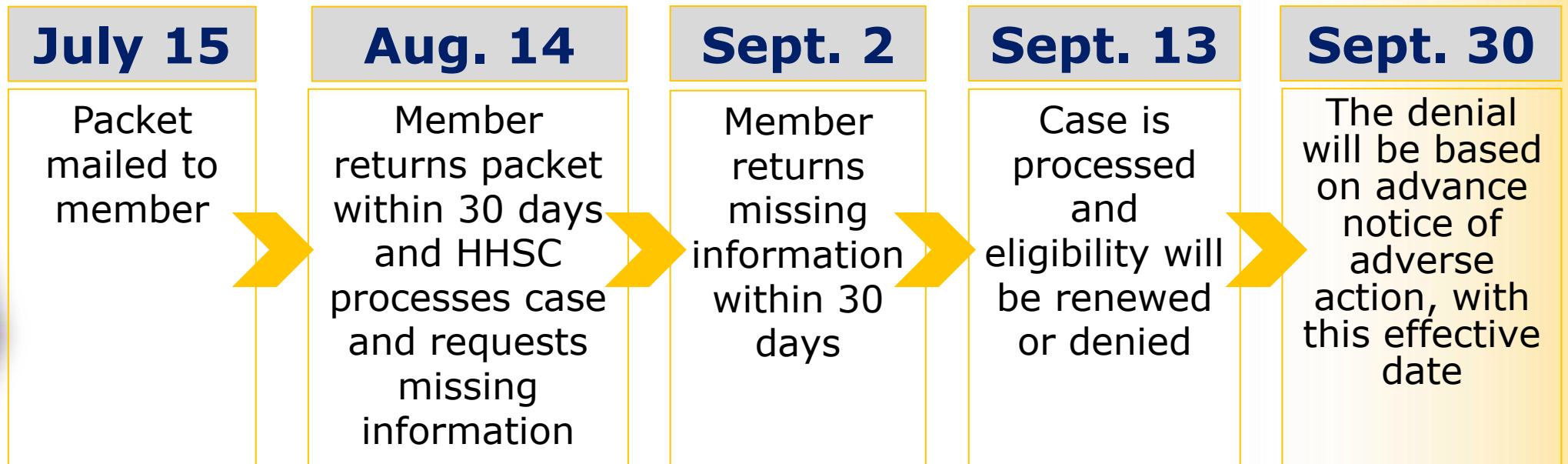| July 15	Aug. 14	Oct. 31	
Packet mailed to member	Member returns packet within 30 days	Case is processed and determined eligible by the end of the scheduled certification period of Oct. 31	Member receives new 12-month certification period*

* For most Medicaid and CHIP programs

Case Processing Examples

Example: Member returned renewal and additional information needed

July 15	Aug. 14	Sept. 2	Sept. 13	Sept. 30
Packet mailed to member	Member returns packet within 30 days and HHSC processes case and requests missing information	Member returns missing information within 30 days	Case is processed and eligibility will be renewed or denied	The denial will be based on advance notice of adverse action, with this effective date

Case Processing Examples

Example: Failure to return renewal packet

July 15	Aug. 14	Sept. 31
Packet mailed to member	If a member does not return the packet within 30 days, the denial is processed	Member loses coverage, effective on this date

Member Outreach

✓ Notice for all members in continuous coverage that redeterminations would begin
- – Jan. 2023: All cohorts
- – March 2023: SSI/DFPS populations

✓ Renewal notices – As cohort initiates (continuous coverage Medicaid) or regular renewal initiates

✓ MCO Outreach

✓ Robocalls

✓ HHSC Texts

✓ Social media

Policy and Quality Updates

Medical and Dental Policies Recently Implemented or in Progress

Sarah Gonzaga, *Manager V*

Office of Policy – Medical and Dental Benefits Policy

Noninvasive Prenatal Screening (NIPS) – July 1

Update to Existing NIPS Benefit

- Include coverage for all confirmed intrauterine singleton pregnancies dated 10 weeks gestation or greater, with or without the presence of an indicator or risk factor for fetal aneuploidy, in alignment with current clinical practice guidelines

Additional Updates

- Removing current high-risk limitation criteria, (i.e., maternal age of 35 years or greater at time of delivery, etc.)

- Removing the fee-for-service requirement for prior authorization

Policy implemented: July 1, 2023

Computed Tomography and Magnetic Resonance Imaging and Related Services – Sept. 1

Update to Benefit

- Adds new Transient Elastography (TE) benefit (procedure code 91200) and policy language outlining the existing Magnetic Resonance Elastography (MRE) benefit (procedure code 76391)
  - Both procedures offer testing options for certain clients diagnosed with liver fibrosis in place of a liver biopsy

Update to Title of Policy

- From "Computed Tomography and Magnetic Resonance Imaging" to "Computed Tomography and Magnetic Resonance Imaging and Related Services." This includes include non-CT/-MRI services outlined in the policy

Expected policy implementation date: Sept. 1, 2023

Preventive Dental Services – Sept. 1

Updates to Policy Language and Prior Authorization Requirements

- Added caries arresting medicament silver diamine fluoride, (procedure code D1354), as a new benefit for children 0 through 6 years of age

- Updated space maintainers benefit age limitation to 1-12 years

Expected policy implementation date: Sept. 1, 2023

State Fiscal Year 2022 EQRO Annual Technical Report

Emily Sentilles, *Deputy Associate Commissioner*

Quality & Program Improvement

What is the EQRO Annual Technical Report?

EQRO Annual Technical Report 42 CFR 438.350-370

State Managed Care Quality Strategy 42 CFR 438.340

Quality Assessment & Performance Improvement (QAPI) 42 CFR 438.330

- Description of External Quality Review Organization (EQRO) activities to review quality, timeliness, and access to the care furnished by MCOs and DMOs

- Recommendations for improving the quality of healthcare

- Comparison information about MCOs and DMOs

- Assessment of the state's managed care quality strategy

Report & Companion can be found in these respective links

State Fiscal Year 2022 EQRO Annual Technical Report Findings

EQRO Findings

Well-childcare continues to be above national average in Texas, including immunization for adolescents, however some vaccines for children have lower than average compliance
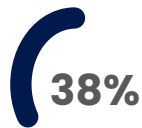
38% Of Race/ethnicity identification is unknown for some Quality-of-Care measures in STAR and STAR Kids

Almost all composite scores and ratings scores on the STAR Adult and STAR+PLUS Member surveys decreased from 2020 to 2022. The biggest change was the Health Care Rating for STAR Adults which decreased **5.7% points**

State Fiscal Year 2022 EQRO Annual Technical Report Recommendations

EQRO Recommendations
HHSC should encourage MCOs to carefully examine their member-facing provider directory to improve access to care
HHSC should consider a Performance Improvement Project or intervention to reduce C-Sections in uncomplicated deliveries
MCOs should continue exploring the efficacy of utilizing behavioral health telehealth services and their impact on the health outcomes of Texans enrolled in Medicaid and CHIP programs

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Operations Updates

Provider Enrollment and Management System (PEMS) Enhancements and Credentialing

Jordan Nichols, *Deputy Associate Commissioner*

Operations Management

Project Background

Objective

Consolidate and streamline provider enrollment and credentialing processes

	Current State	Future State
Applying for Enrollment & Credentialing	• Providers and facilities apply for Medicaid and CHIP enrollment via PEMS • Facilities apply for credentialing via Verisys • Providers apply for credentialing via Council for Affordable Quality Healthcare® (CAQH)	Providers and facilities apply for Medicaid and CHIP enrollment and credentialing via PEMS simultaneously
Verification of Credentials	• Performed by CVO, Verisys	Same
Credentialing of Providers	• Performed by MCO/DMO	Same

Project Status

June 2023	July – Aug. 2023	Sept. 1, 2023
• PEMS enhancements released: – Multifactor Authentication phase 2 – Change of Ownership • Credentialing phase 1 development and testing complete	• Transition PEMS application maintenance and development (AMD) to Deloitte • HHSC and MCOs continue collaboration on master provider file implementation	• Deloitte assumes PEMS AMD responsibilities

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Next Steps

Continue Collaboration

Master Provider File

- Determine any necessary system changes and timeline for development and testing

- Refine provider outreach strategy

- Determine new deployment date

Credentialing

- Ensure the solution meets HHSC, MCO, and provider needs

- Enhance functionality as needed

- Determine new deployment date (no later than Dec. 31, 2024)

MCOHub Deployment

July 1, 2023: MCOHub successfully deployed

July 3, 2023: MCOHub outbound files resumed

July 14, 2023: TxMedCentral decommissioned

Project Benefits

- New hierarchical folder structure improves site security, optimizes functionality, and provides faster response times

- New user groups provide controlled/secured access for users

- Implementation of archive/purge rules improves site security and compliance with HHSC Secure File Transfer Storage Policy

Background

- EVV is a system used by service providers to document service delivery in the home or community

- Federal law requires the use of EVV for Medicaid personal care services and home health care services which begin or end in the home

Jan. 1, 2021

Texas implemented EVV for personal care services

>

By Jan. 1, 2024

Texas must implement EVV for home health care services or risk reduced federal funding

EVV Contract Transition

- HHSC executed a new EVV system management services contract with **Accenture State Healthcare Services LLC** on May 1, 2023

- Accenture's responsibilities include:

1 Providing and managing the new, single, state funded EVV vendor system provided by **HHAeXchange**

2 Reviewing and approving EVV proprietary systems

3 Coordinating EVV system integration with the EVV Aggregator

4 Providing operational and technical support for these functions

Key Transition Dates

July 2023

HHAeXchange information sessions

Aug. 2023

HHAeXchange system training begins

Sept. 2023

HHAeXchange Portal access

Oct. 2023

HHAeXchange goes live, including requirements to support home health care services;

Accenture operations begin, including proprietary system oversight and onboarding responsibilities
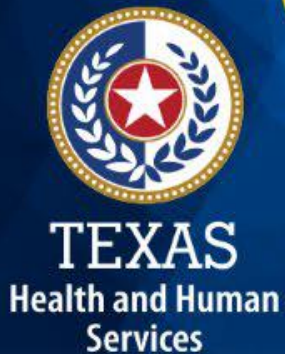
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Home Health Expansion

⇨ HHSC is required to implement EVV for home health care service on Jan. 1, 2024

⇨ MCO trading partner testing and operational readiness reviews are complete

⇨ Home health providers have been instructed to onboard with HHAeXchange or as a proprietary system operator

Home Health Expansion – Key Dates

2023

- **Oct. 1 – Dec. 31**: Home health practice period
- **Dec. 1**: Claims cutover date

2024

- **Jan. 1**: EVV go-live. HHSC and MCOs will deny claims without a matching EVV visit
- **Jan. 1 – Dec. 31**: EVV compliance grace period for home health

Medicaid Enterprise Systems (MES)

Venkat Voruganti, *Director*

Medicaid Technology Modernization

MES Implementation

Medicaid Management Information Systems (MMIS)

Accenture State Healthcare Services, LLC
*Business Operations
Claims Management
Application Maintenance & Development*

HHSC

Transition

Texas Specific System Configuration

Knowledge Transfer

Medicaid Enterprise Systems (MES)

Accenture State Healthcare Services, LLC
Business Operations
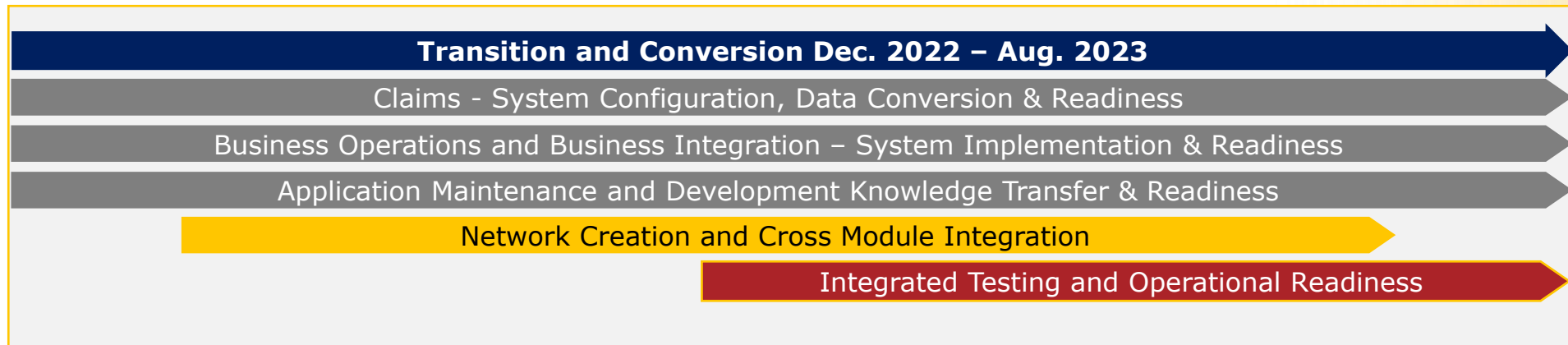
Conduent State Healthcare, LLC
Claims Management

Deloitte Consulting LLP
Application Maintenance & Development

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MES Implementation

Claims	Configuration of claims processing and pricing schedules, crosswalks and financial policies. Setup provider portals and external interfaces
Business Operations	Call center setup, help desk ticket management system setup and external communications plan
AMD	Applications use and code development knowledge transfer
Overall	• Cross vendor network architecture design and connectivity • Internal training, provider training and CMS acceptance • Integrated testing, user testing, external stakeholder testing

Transition and Conversion Dec. 2022 – Aug. 2023

Claims - System Configuration, Data Conversion & Readiness

Business Operations and Business Integration – System Implementation & Readiness

Application Maintenance and Development Knowledge Transfer & Readiness

Network Creation and Cross Module Integration

Integrated Testing and Operational Readiness

Open Discussion

Emily Zalkovsky, *State Medicaid Director*

Medicaid and CHIP Services

Thank You

Next Meeting: Sept. 21, 2023, at 1 p.m.