

Agenda

Healthy Texas Women (HTW) transition to managed care update

Presented by Susana Penata, HHSC Policy Advisor

- The STAR and CHIP RFP notice of awards will be posted in Q1 SFY25 and the anticipated start is Q1 SFY26. (This has been updated since the last meeting.)
- Implementation steps have not changed (see slides). HHSC still needs to submit a waiver to CMS.

COVID-19 vaccine commercialization and Respiratory Syncytial Virus (RSV): a presentation by the Texas Department of State Health Services Immunization Unit

Presented by Mark Ridder, CDC Advisor at DSHS

- This is a brand-new immunization, the RSV immunization. Never had two launch at the same time. And the flu vaccine is coming in a few weeks.
- The Texas Vaccines for Children Program has 3,000 providers who provide vaccines at no cost. 1,800 are in private provider offices. More peds providers are needed, though.
- Both Medicaid/CHIP-enrolled or Medicaid-eligible kids are eligible. Roughly 59% of all Texas kids are eligible. (see slides for regional eligibility)
- The peds PSV immunization is available for infants less than 8 months of age based on weight. They are really targeting infants under 1, or about 280,000 eligible kids.
 - Looking at partnerships with hospitals. There are 216 birthing hospitals in the state, based on a DSHS survey, but only 61 are enrolled in the Program (28%). This may be because there weren't a lot of vaccines for newborns, but this needs to be addressed collaboratively.
- Generally, started getting hiccups when HRSA stopped providing funding for special sites to provide vaccines "post"-COVID. The CDC is trying to set up a two-year bridge

program to take on the uninsured/underinsured ADULTS. It's a \$1.1B public-private partnership.

- The timeline for the commercialization of COVID vaccines is expected Summer/Fall 2023.
- The COVID vaccine guidance will be posted in October for children aged 6 months-18 years
- Q: *Are Texas Health Steps providers matched when they enroll?* We encourage them, and DSHS works with HHSC on those connections to send recruitment packets over. That way they also get reimbursed for admin costs.

Network adequacy for dental providers

Ombudsman report on access to dental services

Presented by Matthew Lum, Ombudsman Managed Care Assistance Team

- OMCAT received 15 complaints in a year's time: 5 couldn't locate a dental provider. 6 members never responded. 1 changed dental plans. 3 were referred back to their DMO to originate the complaint with the plan.
- Travis, Harris, and Dallas received more than 1 complaint (of the 15 complaints, total)
- Complaint by dental plan (member size not considered):
 - United: 10
 - Dentaquest: 2
 - MCNA: 3
- Summation: Not a large lack of providers, as evidenced by complaints

Network adequacy standards related to dental providers

Presented by Clea Humphrey, MCCO Network Adequacy at HHSC

- Network Adequacy is assessed by:
 - Quarterly analysis of geo-mapping reports that measure the distance or travel time between the provider's geographic locations and the member's residence
 - Monitoring of member and provider complaints related to access to care or lack of providers
 - Monitoring of the MCOs' out-of-network utilization

- Provider directory secret shopper calls
- MCOs must meet a 95% network adequacy requirement for general dentistry with at least 2 available providers, and 90% for specialists with at least 2 available providers
- As of June 2023, there are a total of 1,120 instances of the DMOs not meeting Time or Distance requirements, across the 3 Dental networks:
 - 450 of those providers are Endodontists
 - 312 Oral Surgeons
 - 286 Orthodontists
 - 4 Main Dentists
 - 68 Pediatric Dentists
- DMOs report provider workforce shortages, lack of participation in the program, and providers unwilling to participate in the program

Implementation of HB 3550 (88R)

Presented by Lori Fitzgerald

- HB 3550 directs HHSC Regulatory Licensing to adopt new rules to establish minimum standards for transportation services. The rules will require a center to:
 - Coordinate the schedule of transportation services with a minor client's parent, guardian or other legally authorized representative (LAR), and
 - Coordinate with the client's prescribing physician what type of provider needs to be present during transportation
 - Permit a minor client's parent, guardian, or other LAR to decline a center's transportation services entirely or only on a specific date.
- The rules may not:
 - Require a plan of care or physician's order to document a minor's need for transportation services to access a PPECC's services
 - Consider transportation services as nursing services in a minor's plan of care
 - (Note the current rules contained a question as to whether PPECC transportation was required, which was causing confusion and felt like an order was necessary)
- PPECC rules will be posted in July of 2024 and will start Dec. 2024

Prescribed Pediatric Extended Care Centers (PPECCs): an overview by the Texas PPECC Association

Presented by David Maymon, ED of Texas PPECC Association

- Texas has 7 PPECCS, while Florida has over 200. Miami Dade County has 50 alone.
- PPECCS can offer therapies: PT, ST, OT, FT. And they provide a stable, consistent daily treatment team working with providers and parents. They can also partner with local ISDs for educational services.
- In Texas, they can use telemedicine capabilities and partner with hospitals, when needed.
 - In Texas, in 34 months, PPECCS recorded 235 episodes of seizures. Only 8 needed to be transferred to the ER.
- Looking to improve reimbursements for T1025-27
- Q: *Elizabeth Tucker: This seems great, but I'm concerned about contacts with the school districts. We've worked hard for schools to already provide a free and affordable system and we don't want PPECCs to become a segregated school. Just a comment.*
 - Maymon: This really came from our parents, who said their kids aren't enrolled in schools.
- Q: **What aren't there more PPECCs?**
 - Maymon: PPECCs have regulations like NF, but with PPECCs, members leave at the end of the day. It should be a different type of building with different licensing and building requirements. More rules will need to be changed as PPECCs ramp up.

Action items and future agenda topics

- DMOs have been asked to conduct a presentation in November