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MCO Leadership Meeting

Feb. 15, 2024

Next Meeting: April 18, 2024, 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



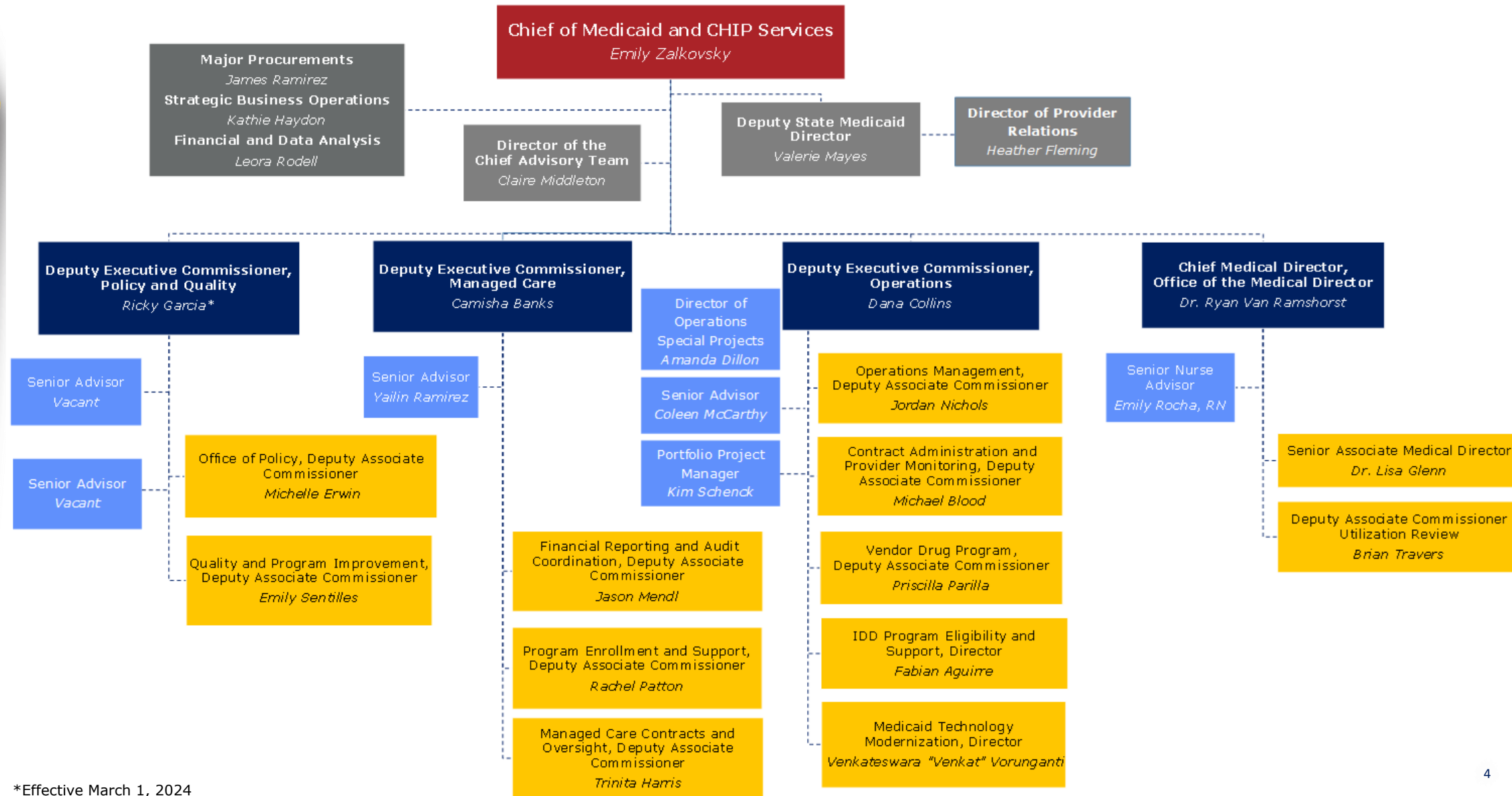


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Welcome & State Medicaid Director Update

Emily Zalkovsky, *State Medicaid Director*
Medicaid and CHIP Services

MCS High-Level Org Chart



*Effective March 1, 2024

Major Initiatives Timeline



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State FY 2024

State FY 2025

On the Horizon

Sept. Oct. Nov. Dec. Jan. Feb. March April May June July Aug. Sept. Oct. Nov. Dec. Jan. Feb. March April May June July Aug.

Phase 1:
Medicaid
Enterprise
System (MES)
Transition

HB 1575:
Pregnant
Women
Screening
Development

HB 3286:
Drug Utilization
Review Board
Changes (MCOs)

HB 3286:
Antidepressant
PDL Change

HB 3286:
Provisional
Formulary

**Healthy Texas
Women to
Managed Care**

**STAR
Health:**
Contract
Operational
Go-Live

EVV:
Home
Health Care
Services

HB 12:
Extended
Post Partum
Coverage

HB 44:
Immunization
Status

HB 1575:
Begin New Case
Management
Provider Types
Claims Processing

Phase 2:
In Lieu of
Services

HB 916:
Contraceptive
Prescription
Coverage

HB 3286:
Drug Shortage
Exception

HB 1575:
MCO Requirement
for Screening

HB 2727:
FQHC and RHC
Telemonitoring

HB 1575:
Data Collection
& Reports

**Dual
Demonstration
Transition**

HB 3286:
Antipsychotic
Preferred Drug List
(PDL) Change

HB 3286:
Expedited
Review
Process

STAR+PLUS:
Contract Operational
Go-Live

SB 8, Sec. 13:
Provider
Credentialing
Portal

Rider 32:
Wrap Around
Services
for Duals

HB 2802:
MCO Client
Contact Information
Updates

SB 989:
Biomarker
Testing

Ongoing Procurement and Readiness Activities

End of Continuous Coverage

Agenda



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Texas Department of State Health Services

- Congenital Syphilis Prevention

88th Legislative Implementation Updates

- House Bill 1575
- House Bill 12

Federal Continuous Eligibility for Children

- Updates

End of Continuous Medicaid Coverage

- Updates

Policy and Quality Updates

- Medicare-Medicaid Dual Demonstration Transition
- Aligning Technology by Linking Interoperable Systems for Client Health Outcomes (ATLIS)

Operations Updates

- Electronic Visit Verification
- Provider Enrollment Management System+
- Post-PHE Provider Enrollment Revalidations
- Vendor Drug Program Modernization

Open Discussion



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Texas DSHS: Congenital Syphilis Prevention

Dr. Manda Hall, *Associate Commissioner*

Dr. Kelly Fegan-Bohm, *Medical Director*

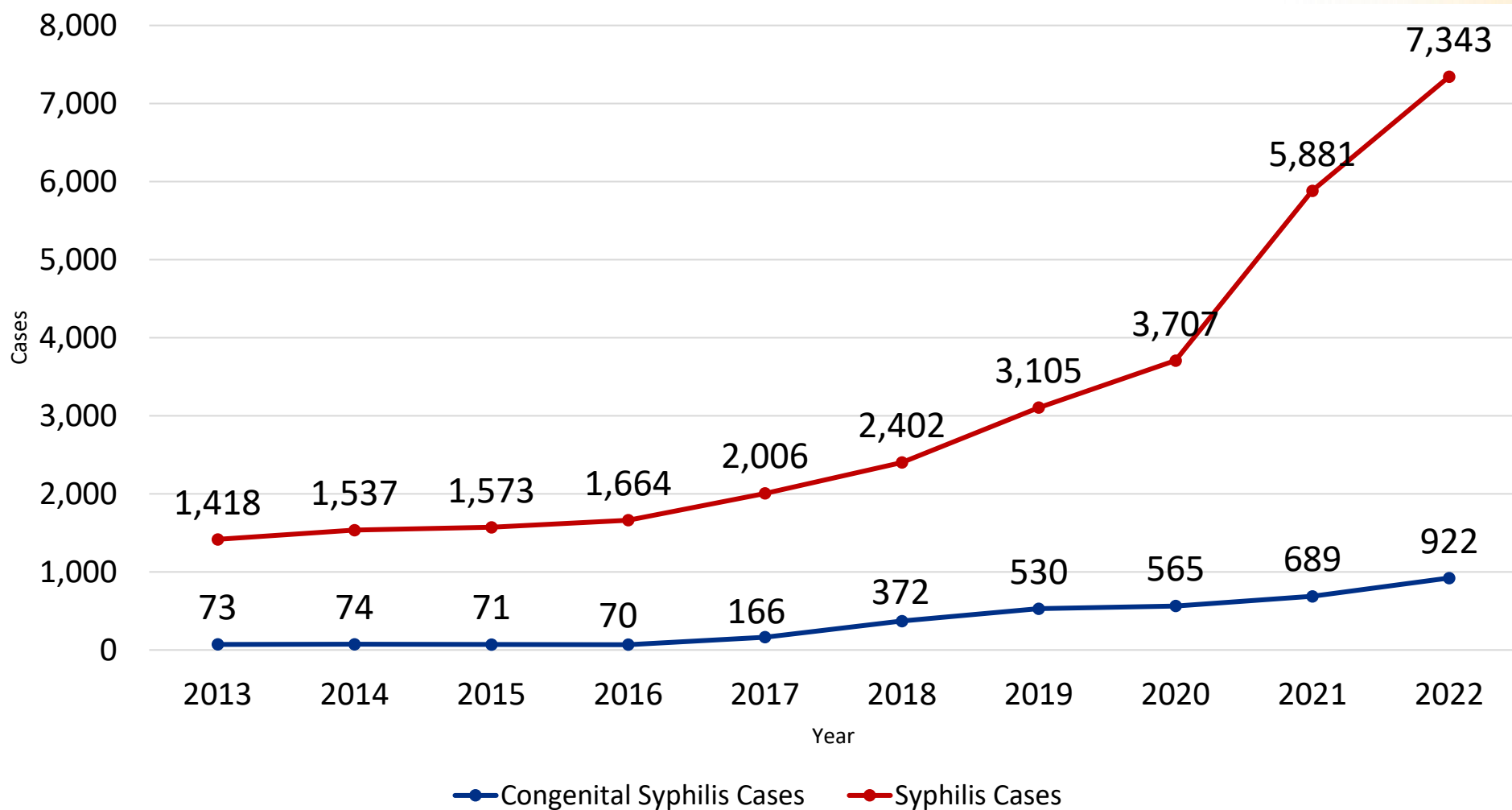
Community Health Improvement Division

Texas Department of State Health Services

Growth of CS Cases & Total Syphilis Cases in Women of Childbearing Age in Texas



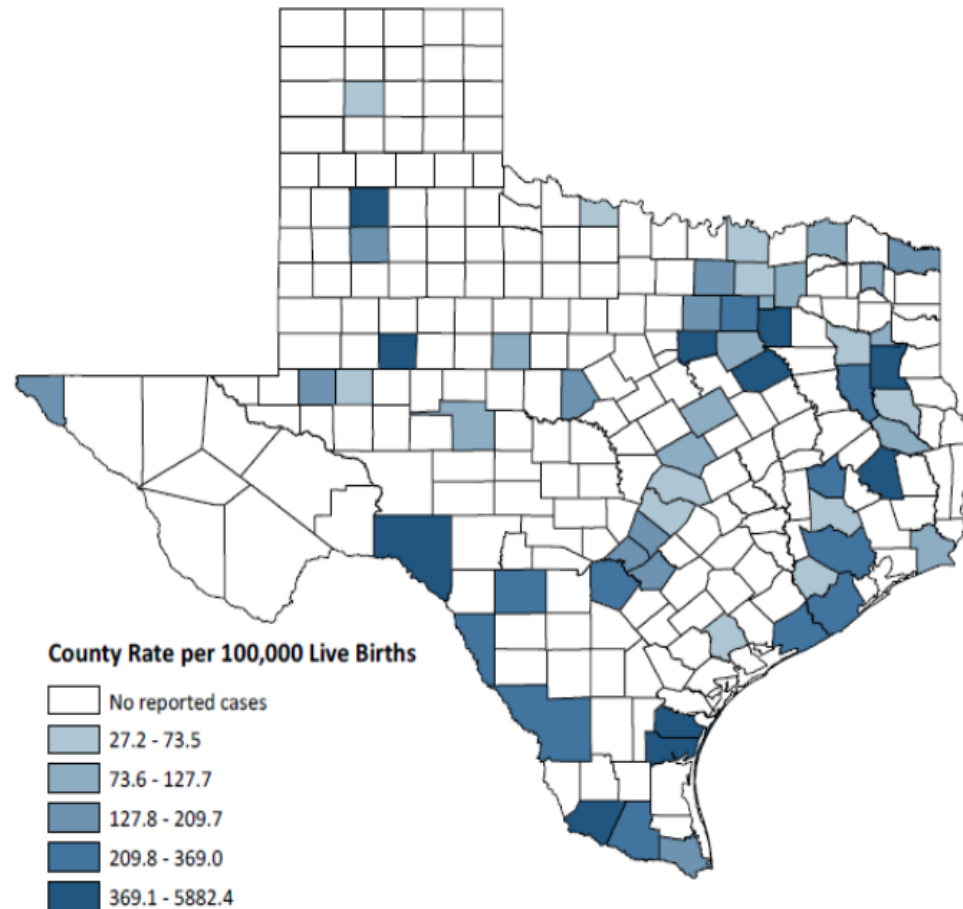
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Rates of CS by County in Texas, 2021

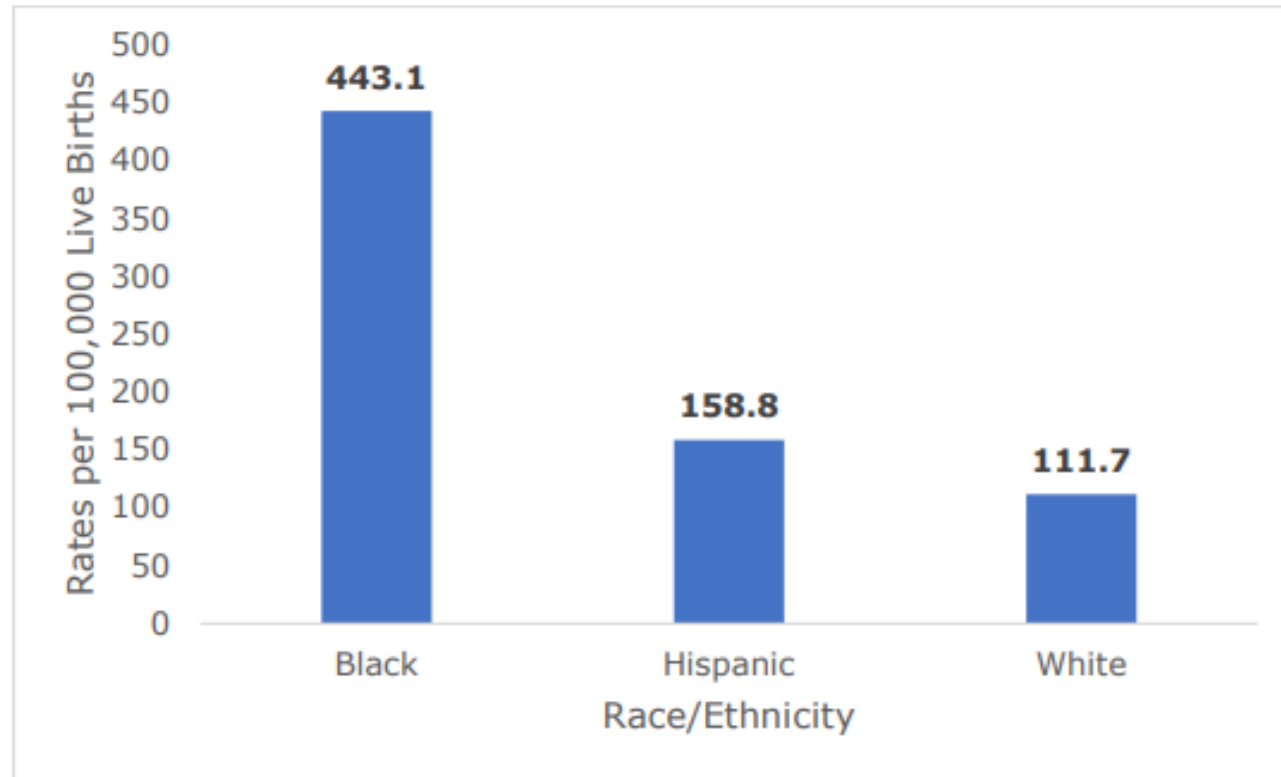


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*Denominator used to calculate rate is the 2021 CHS birth data by county.

CS Rates by Infants by Mother's Race/Ethnicity, 2021

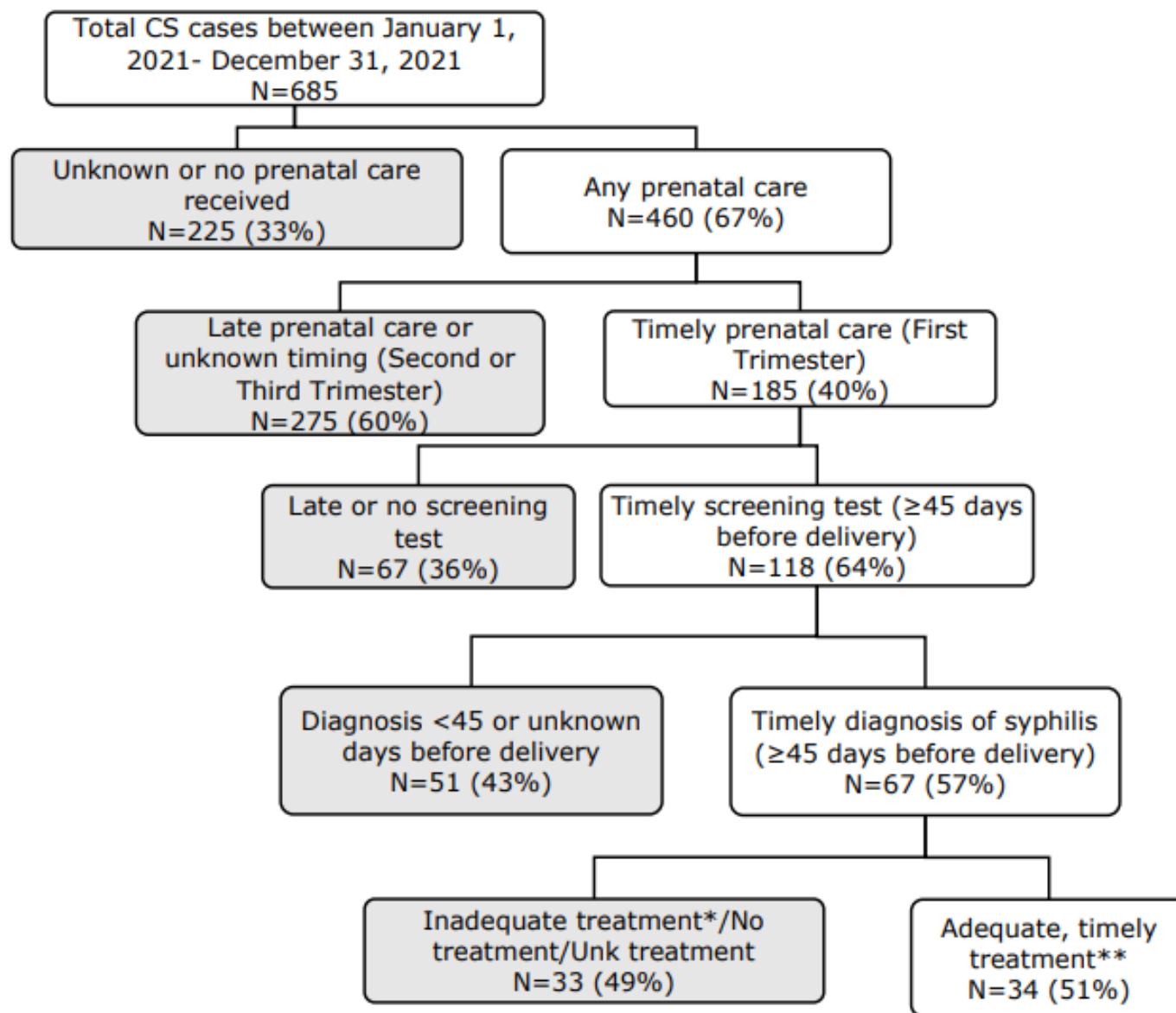


*Denominator used to calculate rate is the 2021 CHS birth data by county. Excludes Other/Unknown race.



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Figure 20: CS Cascade in Texas, 2021



Texas DSHS Congenital Syphilis Prevention Initiatives

- **Case Management Strategy with Interagency Input**
- **Improving Data Management Strategies and Data Sharing**
- **Outreach and Education**
 - Texas AIM CS Summit (Fall 2024)
 - DSHS Grand Rounds
 - Updated CS website and resources
 - Quality Improvement Toolkit
 - Healthy Texas Mothers and Babies Community Coalitions
- **Community Health Worker Trainings on CS**
 - In-person and online
- **Fetal Infant Morbidity Reviews**
 - Semi-annual reports for community action items





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88th Legislative Implementation Updates



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House Bill (H.B.) 1575

Michelle Erwin, *Deputy Associate Commissioner*
Office of Policy

Emily Sentilles, *Deputy Associate Commissioner*
Quality & Program Improvement

H.B. 1575 Summary



MCOs and Thriving Texas Families (TTF) screen pregnant women for nonmedical health-related needs and coordinate services

Pregnant women must opt-in



MCOs and TTF share results with HHSC



Community Health Workers (CHW) and doulas will be new providers of Medicaid case management for Children and Pregnant Women (CPW) services

Revised provider training for CPW services

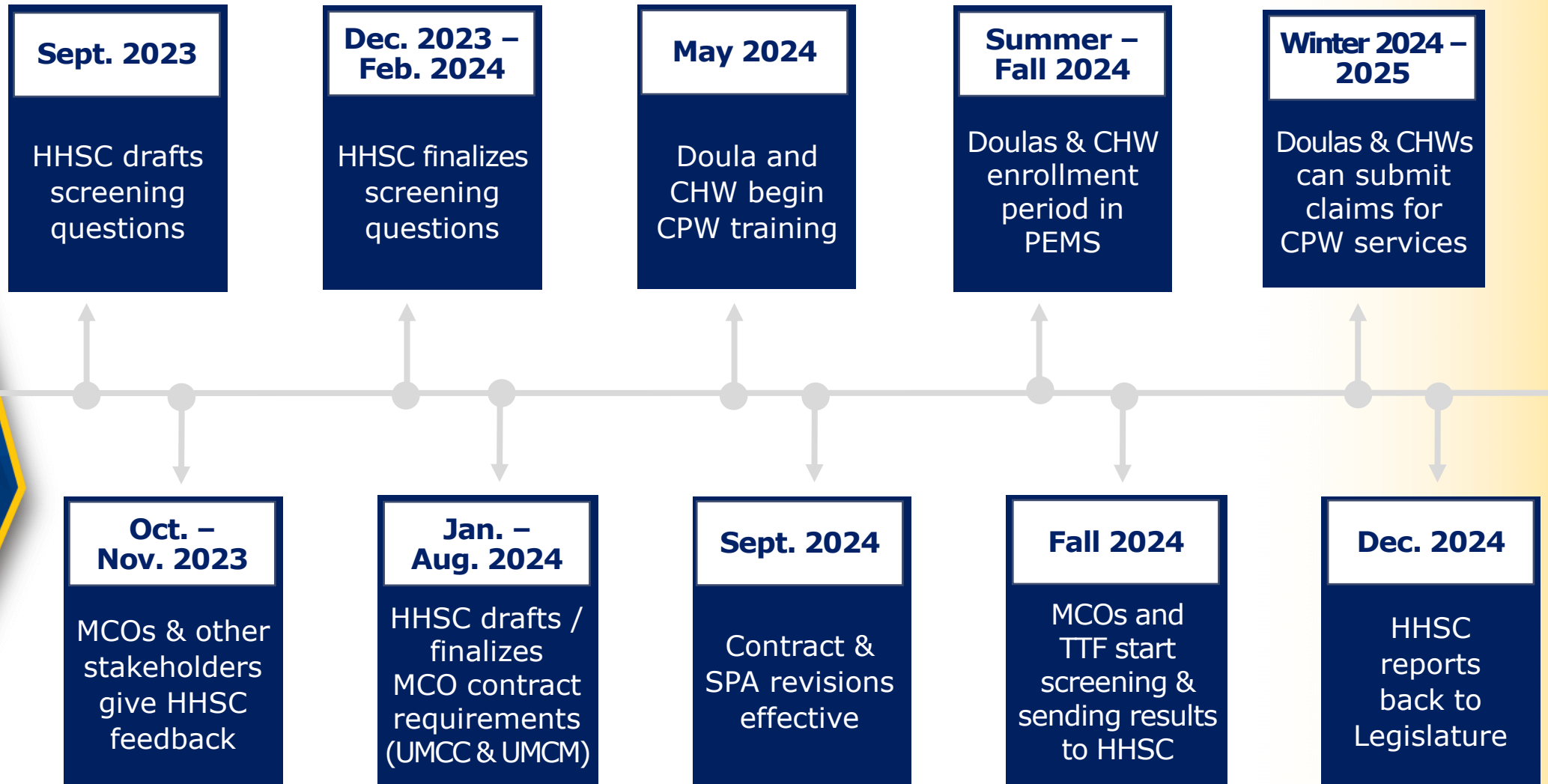


Reports sent to the Legislature every two years



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H.B. 1575 Timeline



Upcoming Implementation Activities

Nonmedical Needs Screening Questions

- HHSC will continue to finalize the screening questions
- Most MCOs expressed interest in piloting the screening questions before Sept. 1, 2024
 - HHSC is looking into options for coordinating this
- Managed care contract amendments are in progress and the redline contract will be sent for MCO comment in April 2024
- HHSC is working on developing a UMCM text file layout for MCOs to submit the required data through TexConnect

Upcoming Implementation Activities

Douglas and CHWs

- HHSC to begin stakeholder input process for doula credentialing criteria
- New provider training to be conducted over Summer 2024
- Douglas and CHW begin PEMS enrollment by Fall 2024



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House Bill (H.B.) 12

Valerie Mayes, *Deputy State Medicaid Director*
Medicaid and CHIP Services

Background

- Prior to March 1, 2024, Medicaid and CHIP provide postpartum coverage for **2 months** after pregnancy ends
- HB 12, 88th Legislature, 2023 Regular Session, provides Medicaid pregnant women with **12 months** of postpartum coverage beginning the month after the pregnancy ends
- Also applies 12 months of postpartum coverage to CHIP (*CHIP Perinatal recipients not eligible*)

HB 12 effective date:
March 1, 2024



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Who is Eligible?



Medicaid or CHIP recipients who:

- Are pregnant or who enroll based on pregnancy or become pregnant
- Were enrolled while pregnant, are no longer pregnant, but are still within a 12-month postpartum period

Individuals who received services while pregnant in Texas that would have been covered by Medicaid, but who apply for Medicaid after their pregnancy ends

- Applicants with unpaid medical bills can apply for coverage for up to three months prior to their application month



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Transition Period

Full-coverage Medicaid or CHIP will be reinstated effective March 1, 2024, for individuals who were enrolled in Texas Medicaid or CHIP while pregnant, are still within the 12-month postpartum period, and who remain Texas residents

Includes individuals who are:

- 1 No longer enrolled in Medicaid or CHIP
- 2 Currently enrolled in Medicaid, CHIP, or Healthy Texas Women (HTW) on a basis other than pregnancy



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Exceptions

Eligible recipients will receive the extended coverage through the postpartum period regardless of any change in circumstance, unless the individual:

- ⇒ Voluntarily withdraws,
- ⇒ Moves out of state,
- ⇒ Dies, or
- ⇒ Is determined ineligible due to fraud, abuse, or perjury

Notices for Client Communication



Eligible recipients as well as those whose benefits are being reinstated will be sent a notice about their extended coverage through Form TF0001, Notice of Case Action

- The notice will be mailed to them or sent electronically through their Your Texas Benefits account, depending on the customer's preference
- TF0001, Notice of Case Action, has been updated to reflect the extension to postpartum coverage



Notices will be sent out in **Feb. 2024**



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Managed Care Enrollment & Capitation Rates

Managed care enrollment will be based on the current restorative and default rules

- Individuals reinstated with no gap in coverage will have managed care restored with no gap and will be communicated on the MCO's daily file
- Individuals reinstated with a gap in coverage will be reinstated prospectively and communicated on the monthly 834 file



- Capitation rates will be adjusted as a result of this change
- Actuarial Analysis provided this information to MCOs on Feb. 8



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Federal Continuous Eligibility for Children

Valerie Mayes, *Deputy State Medicaid Director*
Medicaid and CHIP Services

Background

The Consolidated Appropriations Act (CAA) of 2023 requires states to provide children under 19 years of age with 12 months of continuous eligibility in Medicaid and CHIP

- Children under age 19 who are determined eligible for Medicaid or CHIP at application, or renewal will remain continuously eligible for the full 12-month certification period, regardless of changes in income
 - Periodic Income Checks are no longer allowed for children under 19 years of age in Medicaid or CHIP

Federal law was effective **Jan. 1, 2024**



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Exceptions

Children under age 19 remain eligible during the continuous eligibility period with the following exceptions:

- ➔ Death
- ➔ Moves out of state
- ➔ Voluntary withdrawal
 - Not validly enrolled due to being certified in error at application or HHSC's OIG has determined the person fraudulently received Medicaid or CHIP and coverage should be denied
- ➔ The household reports a change that makes the CHIP child eligible for Medicaid, or
- ➔ Reaches age 19

Current Members

- For active Medicaid and CHIP members under age 19, continuous eligibility applies for the remainder of the current certification period
- Children under age 19 newly certified or renewed after Jan. 1, 2024 will receive 12 months of continuous eligibility

Example: For a child whose Medicaid eligibility began on Nov. 1, 2023, and the continuous eligibility started on Jan. 1, 2024, then the continuous coverage will remain in place through Oct. 31, 2024 (the end of the current 12-month certification period). A Periodic Income Check will not occur in the fifth month



MCOs must ensure Medicaid and CHIP member ID cards reflect accurate eligibility information



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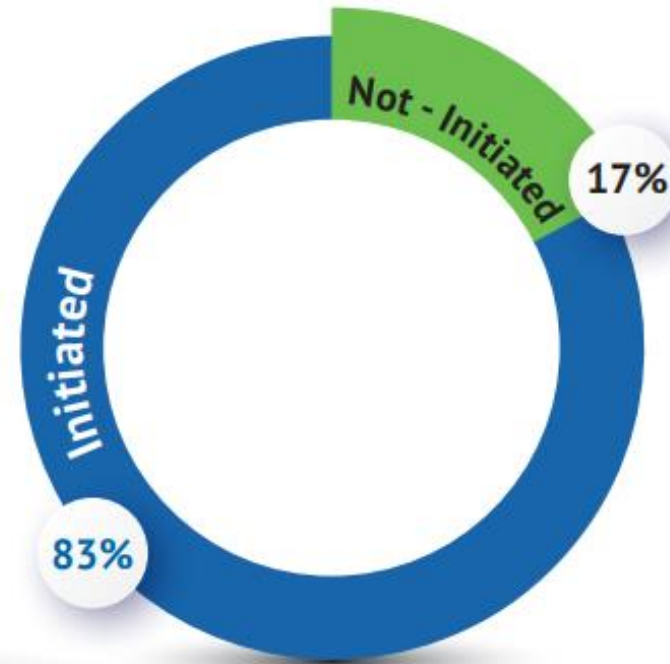
End of Continuous Medicaid Coverage Updates

Rachel Patton, *Deputy Associate Commissioner*
Program Enrollment & Support

As of Dec. 31, 2023



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Renewal Status



1,028,176
Not Initiated



4,964,570
Initiated

Total = **5,992,746**

90-Day Reconsideration Period

If a client misses their submission deadline, they have up to 90 days to turn it in and HHSC can reopen the first of the month they turn it in

For example, if the deadline was May 31st and the client sends their renewal to us by the middle of July, their coverage can be retroactive to July 1st

In order to reopen, HHSC must receive their renewal packet during the 90 days

- Clients can submit what was mailed to them via fax, mail or through a local office
- Clients can also call 2-1-1, Option 2, for help

If a client turns in their renewal but fails to turn in additional requested information, they can turn that information in during the 90 days

- If the client did not submit their requested information, they can still do so during the 90 days by submitting their information to HHSC



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Return to Normal Process

Activities to Continue Post May 2024

- DFPS and SSI Initiation Files
- MCO Address Change Waiver
- Case Assistance Affiliate Program

Activities to Cease Post May 2024

- Regular renewal supplemental files (initiation and termination)

★ HHSC will host a webinar about returning to normal processes which will include an 834 file refresher. Information on this webinar will be sent via MCO Notice



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Policy and Quality Updates



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Medicare-Medicaid Dual Demonstration Transition

Michelle Erwin, *Deputy Associate Commissioner*
Office of Policy

Dual Demonstration Update

Background

HHSC submitted its preliminary Dual Demonstration transition plan to the Center for Medicare & Medicaid Services (CMS) on Sept. 30, 2022, as required by this CMS administrative rule ([Final Rule](#))



Reminder

HHSC will end the Dual Demonstration Dec. 31, 2025, and transition to integrated Dual Eligible Special Needs Plans (D-SNPs) Jan. 1, 2026



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Medicare-Medicaid Integration Program Features

New integration requirements

- Information sharing between D-SNP and aligned STAR+PLUS MCO
- Medicare and Medicaid service area alignment in the STAR+PLUS and D-SNP contracts



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Medicare-Medicaid Integration Program Features



Planning future integration

- Implement exclusively aligned enrollment between companion D-SNPs and STAR+PLUS MCOs
- Promote fully integrated D-SNPs to serve full benefit dually eligible individuals
- Consider ways to increase the number of full benefit dually eligible individuals in aligned STAR+PLUS MCOs and D-SNPs
- Plan to work with Medicaid and Medicare health plans to clarify the protocols for coordination of care between STAR+PLUS MCOs and D-SNPs



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Stakeholder Engagement

HHSC's statewide integrated D-SNP program will be informed by:

1 Stakeholder feedback

- Regular updates at SMMCAC Service Coordination Subcommittee Meetings
- Stakeholder forums this Spring

2 Regular collaboration with MMPs, STAR+PLUS MCOs, and D-SNPs

 Texas is receiving technical assistance to support the Dual Demonstration transition



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Stakeholder Engagement Forums

HHSC is collecting stakeholder input to inform the Dual Demonstration transition plan

Dually eligible members and their caregivers

Forums to be held in Spring 2024 in five counties



Contact managed_care_initiatives@hhs.texas.gov
to assist with recruiting participants

Health plans, providers and advocates

A virtual forum will be held in Spring 2024

Registration information coming soon



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Aligning Technology by Linking Interoperable Systems for Client Health Outcomes (ATLIS)

**Emily Sentilles, *Deputy Associate Commissioner*
Quality and Program Improvement**

What is ATLIS?

- A proposed 438.6(b) incentive program that aims to expand the exchange and use of electronic health information to improve Medicaid client outcomes and advance alternative payment models
- Will require MCOs to submit structured Quantified Assessments of HIE Connectivity and Interoperability and over time to demonstrate progress on outcome and other relevant metrics

Timeline

- UMCC and UMCM update currently in progress
- A revised draft concept paper is with CMS
- UMCC and UMCM language effective by Sept. 1, 2024
- First Quantitative Assessment due to HHSC on Nov. 1, 2024
- Updated Quantitative Assessment due May 1, 2025



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Operations Updates



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Electronic Visit Verification (EVV)

Jordan Nichols, *Deputy Associate Commissioner*
Operations Management

Recent Key EVV Events

1 Dec. 1, 2023

Claims submission to TMHP, not MCOs

2 Jan. 1, 2024

Home Health Care Services go-live



EVV Contract Transition Challenges



Communication – Claims submission from MCOs to TMHP effective Dec. 1, 2023



HHAEExchange (EVV vendor) Call Center Performance



Learning and training curve for using HHAEExchange, the new EVV State System



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EVV Contract Transition: PSO Growth



Continued growth in use of proprietary systems

- 15% of providers are now using their own system; could grow to over 1,000 or 33% of total providers
- ~400 providers currently on PSO waitlist
- HHSC is working with TMHP to increase 2024 onboarding opportunities

	2022	2023	2024 Plan	2024 Goal
Proprietary Systems	6	10	3	3
Proprietary System Operators (Providers)	34	400+	100+	400+

Home Health Care Services: Challenges



MCO claims denials

- Incorrect CHIP denials
- Incorrect Early Childhood Intervention (ECI) denials
- Incorrect denials of HHCS claims during the practice period



Secondary insurance billing issues

- Some MCOs require an attached EOB when primary insurance denies, however, TexMedConnect and EDI does not support electronic attachments
- Some HHCS providers argue that EVV should not be required where Medicaid is the second payor



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Claims Matching Bypass

	Personal Care Services	Home Health Care Services
HHCS Practice Period	n/a	June 1, 2023 – Dec. 31, 2023
Post-implementation Claims Matching Relief	Oct. 1, 2023 – March 31, 2024	Jan. 1, 2024 – March 31, 2024

HHCS Practice Period

- True hold harmless period due to EVV not yet being required

Post-implementation Claims Matching Relief

- Initially expired Dec. 31, 2023
- On Feb. 1, 2024, HHSC extended this through March 31, 2024
- Claims won't deny for mismatch, but EVV **must** be used



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Provider Compliance Relief

	Personal Care Services	Home Health Care Services
EVV Compliance Grace Period	July 1, 2023 – May 31, 2024	Jan. 1, 2024 – Dec. 31, 2024

EVV Compliance Grace Period

- Reviews are still conducted but no enforcement action taken. This includes:
 - EVV Usage Reviews
 - Landline Phone Verification Reviews



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Provider Enrollment Management System+ (PEMS+)

Jordan Nichols, *Deputy Associate Commissioner*
Operations Management

Project Goals

- ✓ Add credentialing data collection to PEMS
- ✓ Send provider credentialing data from PEMS to Verisys (the credentialing verification organization)
- ✓ Improve data sync between PEMS and national NPI database to reduce provider data mismatches
- ✓ Remediate system issues that are causing data mismatches between PEMS and Compass 21
- ✓ Fully implement the PEMS-based Master Provider File (MPF) and retire the legacy MPF



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Project Status

Nov. 2023

- Deloitte project kickoff occurred
- Stakeholder interviews began
- Development of data comparison model started



Dec. 2023

- Analysis and discovery of existing credentialing functionality
- Stakeholder interviews
- Data comparison between PEMS and legacy data initiated



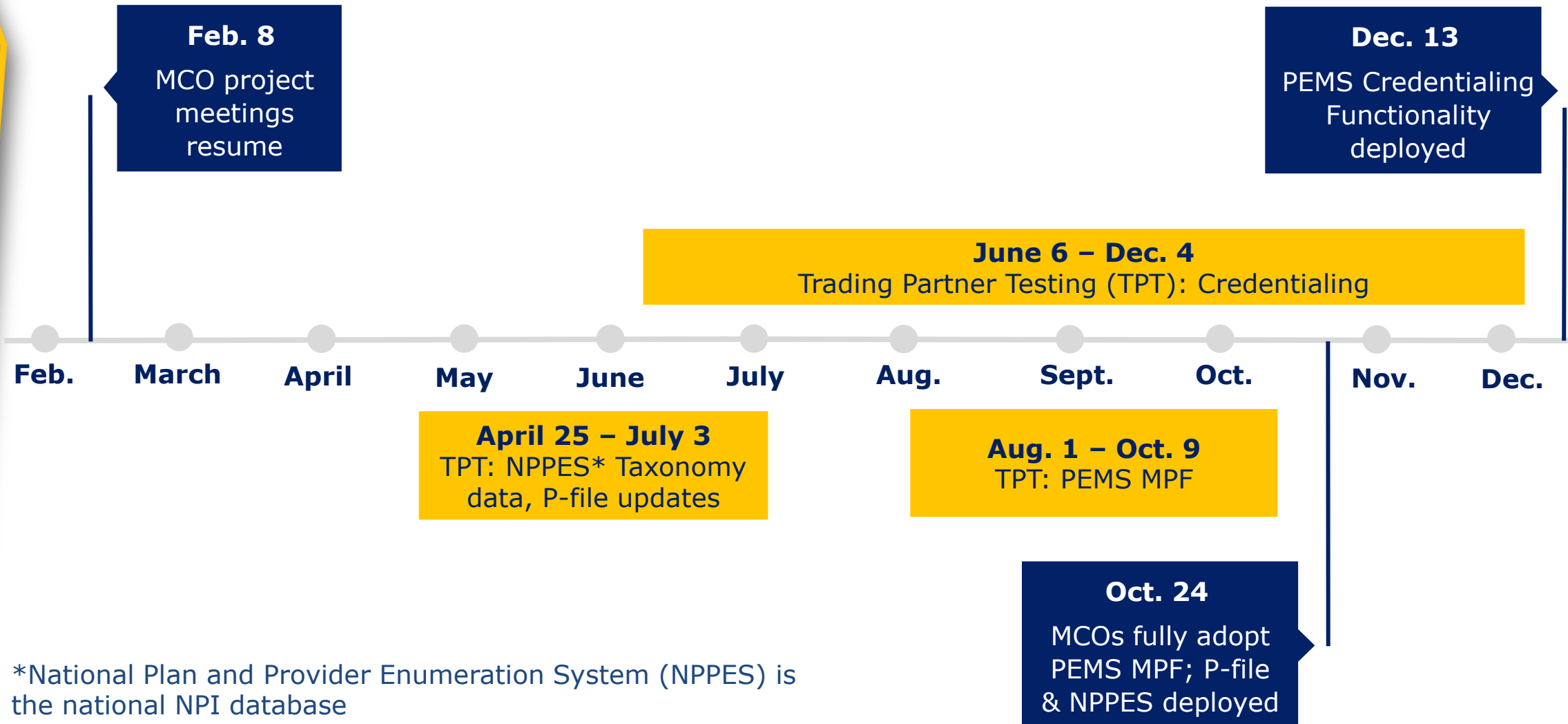
Jan. 2024

- Stakeholder interview results synthesized to guide remaining project development
- Data comparison completed
- Development of data remediation plan initiated



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2024 Timeline





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Post-PHE Provider Enrollment Revalidations

Jordan Nichols, *Deputy Associate Commissioner*
Operations Management

Revalidation Summary

Texas Medicaid providers are required to periodically revalidate their enrollment information, usually every 5 years

Public Health Emergency (PHE) Updates

- Providers whose revalidation due date occurred during the COVID-19 PHE were given flexibility to delay revalidation
- Effective May 11, 2023, the federal flexibility to extend Medicaid provider revalidation dates due during the PHE ended
- Effective Nov. 11, 2023, the federal six-month grace period allowed for providers due for revalidation in the six months following the end of the PHE ended



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Revalidation Metrics



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- 47,448 National Provider Identifiers (NPIs) originally due for revalidation between March 1, 2020, through May 11, 2023, have been given an extension total of 44 months* to revalidate as part of the post-PHE grace period
- 5,163 NPIs originally due for revalidation within six months of the PHE end (May 12, 2023, through November 11, 2023) have been given a six-month extension to revalidate as part of the post-PHE grace period

Post-PHE Extension Month													
Original Revalidation Year-Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Ext. Year
May-20 & Jul-23	649												2024
Jun-20 & Aug-23		838											
Jul-20 & Sep-23			1023										
Aug-20 & Oct-23				1983									
Sep-20 & Nov-23					963								
Oct-20						414							
Nov-20							301						
Dec-20								370					
Jan-21									1123				
Feb-21										834			
Mar-21											724		
Apr-21												42	
May-21	975												2025
Jun-21		1102											
Jul-21			2261										
Aug-21				1840									
Sep-21					1581								
Oct-21						880							
Nov-21							1552						
Dec-21								1844					
Jan-22									1799				
Feb-22										2231			
Mar-22											31		
Apr-22												1236	
May-22	576												2026
Jun-22		591											
Jul-22			587										
Aug-22				744									
Sep-22					708								
Oct-22						1114							
Nov-22							897						
Dec-22								766					
Jan-23									749				
Feb-23										949			
Mar-23											966		
Apr-23												1037	
May-23	288												2027

Impacted enrollments have been naturally staggered based on their original due date

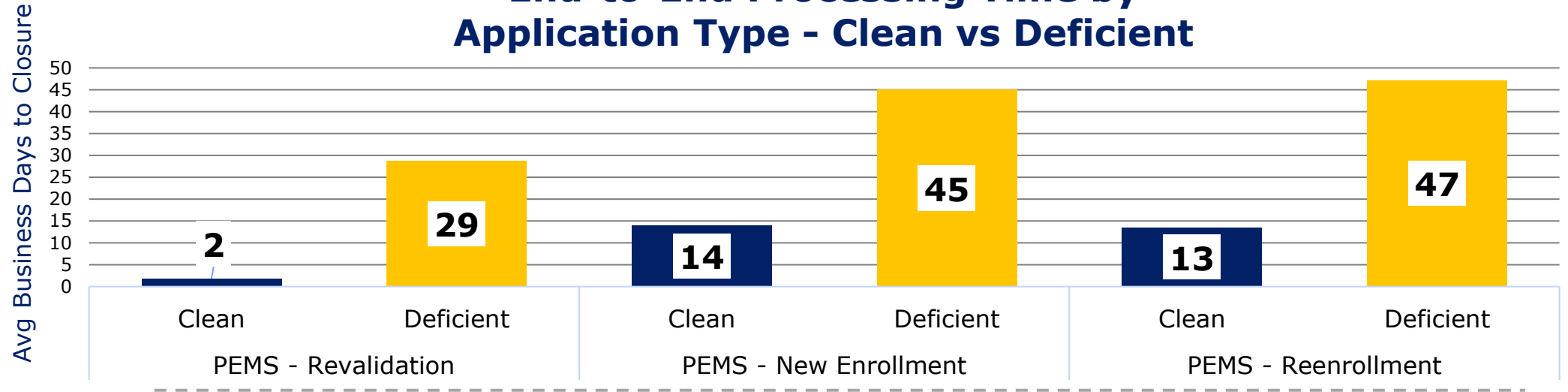
*38-month PHE waiver length, plus six months

Revalidation Metrics



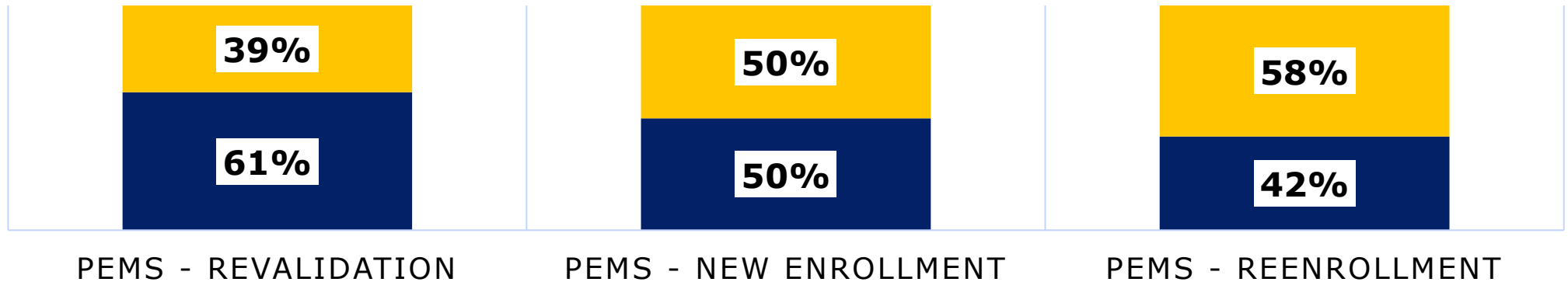
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End-to-End Processing Time by Application Type - Clean vs Deficient



PEMS Clean vs. Deficient Submissions

■ Clean ■ Deficient



Issues and Common Errors



- Incorrect systematic deficiencies triggering for providers
- Converted data triggering incorrect deficiencies
- Not disclosing all principals and managerial employees
- Legal doing-business-as names and assumed name certificates not matching
- Application fee requirements for different programs



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Provider Resources

How to get assistance

- Accenture contact center can help with enrollment applications and enrollment policy.
- Agents can answer questions about maintaining provider accounts, completing a Texas Medicaid program application, and policies that affect enrollment
 - General inquiries: 800-925-9126
 - Account assistance: EDI Help Desk at 888-866-3638

Additional resources:

- [PEMS Instructional Site](#)
- [TMHP video tutorials and demonstrations](#)



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How Can MCOs Help?

- ✓ Remind providers of the revalidation requirement
- ✓ Educate MCO staff on revalidation requirement so they can direct providers to TMHP with questions



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Vendor Drug Program (VDP) Modernization

Priscilla Parrilla, *Deputy Associate Commissioner*
Vendor Drug Program

VDP Vendor Transition

VDP will transition to a new vendor, Gainwell Technologies, on **March 30, 2024**

Functions Gainwell will take over

- Fee-for-service (FFS) Medicaid and other state program pharmacy claims processing
- Administration of Medicaid federal, supplemental, and value-based rebate program
- Preferred drug list management
- FFS Medicaid and other state program pharmacy prior authorization administration
- Formulary management, including the electronic Certificate of Information for VDP
- Prospective and retrospective drug utilization review activities
- FFS pharmacy, prior authorization, and technical call centers

VDP Vendor Transition

- Pharmacy enrollment will continue unchanged through the Texas Medicaid and Healthcare Partnership
- MCOs will continue to receive the same files with no changes to format

MCO Trading Partner Testing scheduled for
Feb. 12 – 15, 2024



Submit questions to: VDP-PBS-Modernization@hhsc.state.tx.us
System transition resources: txvendordrug.com/resources/system-transition-resources



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Open Discussion

Emily Zalkovsky, *State Medicaid Director*
Medicaid and CHIP Services



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Thank You

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