

Texas Update - August 2007

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Health Center Week 2007 Wrap Up

Thanks to all the health centers out there who participated in Health Center Week this year. Centers across Texas held health fairs, award ceremonies, and hosted a number of elected officials from all levels of government. Congresspeople Lamar Smith, Ciro Rodriguez, Sheila Jackson-Lee, Kay Granger, Charles Gonzalez, Charlie Howard, and John Carter all visited health centers during August 5-11. State Representatives Dan Gattis of Georgetown and Dora Olivo of Fort Bend county also made an appearance at health center week events. When elected officials see what we do on a regular basis, they understand and support our unique and effective model of care. Let's keep those official visits going throughout the year!

Don't forget the advocacy contest! - Send in your handwritten signatures by September 12!

This year we are asking health center supporters to sign a petition, either online or on paper, to members of Congress asking them to continue their support for health centers into the future and support funding increases so health centers can serve 30 million people by 2015. Gateway Community Health Center in Laredo reports having 1,000 signatures already! Way to go! Remember the prizes available to the center with the most signatures per number of center clients per the 2005 UDS:

1st prize - One complete set of TACHC's recently released Optimizing Clinical Care (OC3) manuals

2nd prize - One complementary registration to TACHC's Annual Conference 2007 PLUS one complementary registration to a TACHC training of your choice.

3rd prize - One complementary registration to TACHC's Annual Conference 2007.

Advocates can sign the petition NOW by clicking [here](#). You can also [download](#) copies of the petition in both English and Spanish so you can get signatures from people who come to your health center. **If you are collecting handwritten signatures, please send them to Katie Coburn at the TACHC office by Wednesday September 12.** I will then tally the results and send the signatures on to NACHC to be included in *their* advocacy contest.

Women's Health Program - Update on Covered Services and FQHC Reimbursement

In late May of this year, HHSC submitted an amendment to the Medicaid family planning demonstration waiver, the Women's Health Program (WHP) that requested several additional codes be reimbursable and that FQHCs be reimbursed to up to three visits per year rather than the one reimbursable visit they are currently allowed. The state is still waiting for CMS approval on both of these matters. The state has a legislative mandate to implement these policies on September 1, but they cannot implement the changes until CMS gives the official go-ahead. We will keep you posted on the approval process. In the meantime, here are the policy updates as we have them now:

Additional Covered Services, Including Facility Fees for Tubal Ligations

HHSC proposed to add coverage for the following benefits as part of an initial or follow-up family planning visit: lipid panel; tuberculosis skin test; HIV confirmatory test; syphilis screening; radiological exam of the abdomen related to an intrauterine device; and facility fees for tubal ligation. FQHCs will continue to bill their limited CPT codes for office visits and receive PPS reimbursement - the additional codes will be submitted as informational.

With the inclusion of facility fees for tubal ligations, HHSC has brought the tubal ligation procedure more in line with what the regular Medicaid program will cover. FQHCs that had been performing tubals will now be able to bill WHP as they bill regular Medicaid for this service: PPS for services within scope of project, fee for service for surgical care outside that scope. **Please note that in their waiver amendment, HHSC included the procedure code for facility fees for tubals that are performed at an "ambulatory surgical care center." These ambulatory surgical centers can be co-located with a hospital, but facility fees will NOT be covered for tubal ligation procedures that are performed directly in the hospital setting.** The WHP program made this distinction because the program is not intended to cover inpatient care. Please let us know how this distinction will affect you. TACHC is particularly concerned about rural areas that may have only hospitals available for this service. Please contact Katie Coburn with your feedback (kcoburn@tachc.org).

Three Paid WHP Visits for FQHCs

Included in the waiver application was the request to allow FQHCs be reimbursed for up to three visits per year per patient in the Women's Health Program. This policy should help alleviate some of the financial burden you all are experiencing in implementing WHP. While the Federal government did have some questions about this policy change, HHSC has answered them, and CMS has not given any indication that they will not approve this request. We are still waiting, however, for that final approval to come from Washington.

HHSC indicates that their systems will be ready to implement three visit reimbursement this October, with retroactive coverage to the date of CMS approval. We hope that date is September 1, as state legislation mandates, but if approval comes later than that,

retroactive coverage will go back to the official date of CMS approval. Again, we'll keep you posted.

Use of Family Planning Funds Rider to be Implemented September 1

In the 2008-2009 budget, there is a provision in the DSHS budget that requires the agency to use a portion of the Title V, X, and XX family planning funds to cover services not covered under the Women's Health Program. With the exception of some STD treatment services, many of these uncovered services should be added into the Women's Health Program with CMS approval, as noted above. The good news is that all DSHS family planning providers, not just Title X providers, should now be able to bill Title V and Title XX for family planning services not covered under WHP. We are still working with DSHS to understand the billing structure for this policy, and will pass on what we know as soon as we have it.

After Hours Care Requirement for FQHCs - IMPLEMENTATION UPDATE

As we reported earlier in the summer, Rider 45 in the DSHS budget was amended to include a requirement that FQHCs receiving certain DSHS funds operate "extended weekend and evening hours." DSHS Community Health Services staff are now indicating some specifics as to how this language will be operationalized:

1. This requirement will apply to all FQHCs who receive Primary Health Care funds, and goes into effect on September 1, 2007.
2. If an FQHC that does not have Primary Health Care funds but *does* receive an Incubator grant, the requirement will apply only to Incubator funded organizations that are already FQHCs. The requirement will not apply to Incubator funded organizations that are not yet FQHCs.
3. The revised policy and procedure manual for the Primary Health Care program will include the "extended evening and weekend hours" requirement for FQHCs, but **will not define** what the extended hours actually look like. Each health center should be able to determine what after hours service best fits its community.

DSHS government relations staff are currently working to determine if the open ended definition of "extended evening and weekend hours" will be sufficient to meet legislative intent. The two DSHS departments that are involved, Community Health Services and the Primary Care Office, are also still working out details of the implementation plan. In short, this policy, despite its imminent effective date, is still a moving target. We'll keep you posted if there are changes, but at this point, this is what we know about how DSHS plans to implement this after hours care requirement.

Medicaid Citizenship Documentation Update

On July 13, 2007, CMS published its final rule in implementing the Medicaid citizenship documentation requirements. The rules made a variety of clarifying changes such as expanding the list of acceptable citizenship documentation and providing Medicaid eligibility to newborn children of women receiving Medicaid. Importantly for FQHCs, CMS did include an acknowledgement that, as part of its outstationing activities, an FQHC employee can collect and photocopy an applicant's certification documentation

and certify that the original documentation was seen by the FQHC. This policy should eliminate the need for the applicant to send in the original document to HHSC. Beyond these clarifications, however, the basic four-tiered hierarchy for citizenship documentation in the Medicaid program remains in place.

Registry Link for More Texas Health Center Advocates!

Ask new advocates to join us by forwarding them this update and having them register [here](#) or sign the [online petition](#) to support health centers.