

Texas Update - December 2006

Happy Holidays!!!

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Women's Health Program - Ready or Not, Here it Comes!

Despite continued assurances of verbal approval from CMS, Texas still has not received written approval for the Medicaid Women's Health Program (WHP), an 1115 waiver program for family planning services for women ages 18-44 and under 185% of the poverty level. Over the past two weeks, HHSC has conducted regional trainings around the state to give providers details on WHP implementation as the state intends to implement the program on January 1, 2007, written approval in hand or not. TACHC has heard many concerns about WHP implementation, chiefly related to FQHC reimbursement policy. TACHC is not willing to accept the state's current position that FQHCs will only be paid once per year per client with no reimbursement for follow up care. But high level HHSC staff have indicated a willingness to work with TACHC to resolve this issue with a meeting in very early January. We'll keep you updated on this situation. In the meantime, please keep TACHC updated on your experiences in your health centers as this new program rolls out.

The state's policy decisions on the interaction of the Title V-family planning, X, and XX family planning programs with the WHP are further problematic, however. Based on their most recent announcements, all women seeking family planning services after January 1, 2007 must be screened for WHP eligibility. If found eligible for the new program, women previously receiving family planning services from Title V, X, or XX will now only be eligible for services covered under the WHP. This leaves out several key services that were covered under Title programs but not under WHP including:

- Syphilis tests
- Cholesterol tests
- Treatment for Chlamydia and gonorrhea
- Facility costs for tubal ligations

Providers who have Title X funds can bill for these non-covered services as an "allowable cost" (a technical matter related to the structure of the funding), but otherwise, WHP women will be left without access to these key services unless the provider provides this care free of charge.

In its current state, the WHP does expand family planning coverage to many more women across the state, but it does not at the same time ensure *access* to those services. TACHC is advocating for a state family planning program that uses the Title family planning programs to fill in any gaps in service *and* ensure that providers are able to provide these services without unnecessary administrative barriers to payment. It's possible to use Title funds to build health care infrastructure, including provider salaries, buildings, and equipment, and increase access to care, if the state structures its programs appropriately.

CHIP Perinatal Program - ALSO Implementing January 1

The CHIP Perinatal program, providing prenatal care to the unborn children of women not eligible for Medicaid, *is* approved by CMS and will implement on January 1, 2007. DSHS has not provided, however, any information at this point to clarify how CHIP Perinatal and the Title V-maternal and child health program will interact, given that many Title V clients will move over to CHIP Perinatal.

On December 14, HHSC hosted a webcast giving details of program implementation. You can access these and other training materials on the [HHSC website](#). The state will be relying on the participating health plans to train providers in their network on billing procedures and other administrative details of program implementation.

Again, the state has the opportunity expand access to care, particularly for children with special health care needs, with careful structuring of the Title V funding source in tandem with the CHIP Perinatal program. TACHC will send out detailed information on this when it is available. In the meantime, be sure to contact the health plans in your area that are administering this program for the state. You can click [here](#) to link to a list of health plans by service area.

Like with WHP, please keep TACHC informed about your experiences as this program goes into effect next year.

Important Update on New Medicaid Citizenship Documentation Requirements

The Center for Public Policy Reports that "[s]ince July 2006, the federal government requires that states make U.S. citizens prove their status in order to receive Medicaid. Three months later, Texas Health and Human Services Commission (HHSC) data reveal that nearly 3,800 applicants--two-thirds of them children--have been denied Texas Medicaid strictly for lack of citizenship documentation. Some recent media reports have erroneously stated that the new federal rules deny Medicaid coverage to newborns of "Emergency Medicaid" non-citizen mothers. In fact, the new federal law and rule did not change eligibility for Medicaid in any way. It is critical that Texas health care providers and social service agencies understand the correct policy so that (1) eligible U.S. citizens are not wrongfully denied Medicaid, and (2) health care providers do not incur avoidable uncompensated care. Learn how to help your clients or report problems at <http://www.cppp.org/research.php?aid=592>."

Houston's Good Neighbor Healthcare Center Executive Director Honored as an Exemplary RN

Janet Donath, the executive director of Good Neighbor Healthcare Center in Houston was one of 20 nurses recently honored by the Texas Nurses Association as an Exemplary RN. Among the awardees, Janet was the only community nurse and the only representative from a Federally Qualified Health Center. The award not only highlights Janet's personal accomplishments but puts the spotlight on Good Neighbor as a quality source of health care in the state. Click [here](#) for a list of all the awardees posted at NurseWeek's website, and be on the lookout for January's edition of The Nurses' Lounge in the Houston area for more info. Congratulations Janet!

STAR+PLUS Expansion Delayed Until February 1, 2007

STAR+PLUS, the Medicaid managed care program that serves the aged, blind, and disabled, was scheduled to expand from Harris County to all of the state's urban areas on January 1. Due to a delay in federal approval for the Medicaid waiver required for the expansion, the state has delayed implementation of the program in the expansion areas of the state until February 1. Community health centers in urban areas will have one more month before this new managed care program comes to your area. For more details on the STAR+PLUS expansion delay, click [here](#).

Important Dates in early 2007

- January 1 - Roll out of Women's Health Program and CHIP Perinatal program
- January 4 - Public Hearing in Austin regarding PPS rate increases (TACHC expects the state to approve the mandated MEI + 1.5% increase, but will be watching just in case...)
- January 9 - STATE LEGISLATIVE SESSION BEGINS
 - Major FQHC legislative agenda items
 - Funding for primary health care and the FQHC Incubator program
 - Addressing the provider shortage through streamlined loan repayment programs
 - Women's health care
 - Reimbursement for after hours care in Medicaid
- February 5 and 6 - TACHC Policy and Issues Forum, Omni Austin Downtown
 - Register [online](#) now!
 - *Be on the lookout for communications from TACHC to get our legislative visits coordinated and organized.*

We need new advocates - especially BOARD MEMBERS!

Sign up here: <http://votervoice.net/groups/tachc/?registeronly=true>