

Texas Update – February 2008

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STAR Health Provider Training Schedule Posted

The Health and Human Services Commission (HHSC) is launching STAR Health, a new health-care program to improve services and better coordinate care for children in foster care. STAR Health will begin enrolling participants in March 2008, and children in foster care will begin receiving services through the program in April 2008. Services to children in foster care will be provided through a contract with Superior HealthPlan Network. Superior has posted a schedule of provider trainings which you can find [here](#). TACHC encourages all centers that are serving or are interested in serving foster children to attend one of these trainings, if you haven't already.

Medicaid Reform Update: HHSC Lays Out Medicaid Waiver Benefit Options

In the next round of development in Texas's Medicaid reform proposal, the Health and Human Services Commission (HHSC) laid out options for a health benefit package earlier this month that would be funded through the Health Opportunity Pool or HOP program being proposed in the state's Section 1115 Medicaid waiver application. The benefit packages are minimal, with an emphasis on primary and preventive care services. One of the benefit options includes 5 days of inpatient hospital coverage; the other option presented includes no hospital coverage. To see what benefits these two preliminary plans include, take a look at the [HHSC Presentation](#) to the HHSC Council Subcommittee on Medicaid Reform and Hospital Financing.

While the benefit options are not set in stone (ultimately one benefit structure will be chosen), they are a good indication of what HHSC feels the state can realistically afford in providing health insurance coverage to uninsured parents of Medicaid and CHIP enrolled children – the group of uninsured people targeted for Phase 1 of the state's implementation of the HOP. New benefit structures have yet to be developed for Phase 2 of implementation – expanding coverage to eligible adults not currently part of any state benefit program.

Advocacy groups are troubled by the minimal benefit options presented by the state, noting that the program may not have generous enough benefits to encourage people to sign up and does not do enough to reduce demand for uncompensated care before diverting funds from hospitals. During a Medicaid Reform Oversight Committee hearing on February 20, committee members expressed concern that stakeholder groups key to the success of the reform proposal, including the Texas Medical and Hospital

Associations which sent a joint letter to HHSC and the committee outlining their concerns, are not on board with the state's plan.

With these concerns in mind, HHSC will continue to develop its proposal with the guidance of the Oversight Committee and direction from the Center for Medicare and Medicaid Services (CMS) which will ultimately approve or disprove the proposal. FQHC reimbursement in the program remains a question mark, as do many other aspects of the reform program. Stay tuned – we'll keep you updated as we know more.

State Eligibility System Still Struggles – State Staff Indicate Need for Greater Manpower

A recent state auditor's report found that TIERS, the state's integrated eligibility and enrollment system, can determine eligibility correctly for the most part for Medicaid, TANF, and food stamps, but the system is still too cumbersome to use and the design of the program "hinders the ability to process and maintain the integrity of the data." The audit also found that TIERS doesn't have the storage or capacity to handle a statewide rollout. The state's response to problems with the eligibility system continue to be that a lack of adequate manpower, including tenured staff who are trained both in eligibility policy and the TIERS system, is hindering their ability to meet timeliness standards for application processing.

Despite these problems, the state continues to manage more and more cases in the TIERS system. In January of 2007, there were 150,000 clients in the TIERS system, primarily from central Texas counties where the system initially rolled out. As of January 2008, there are not 350,000 cases in TIERS – 11% of all cases for Medicaid, food stamps, and TANF. Much of the reason for the dramatic increase in TIERS cases relates to the Women's Health Program. As you know, all WHP cases are processed in TIERS. If the WHP applicant has other family members who participate in a state program, such as children on Medicaid, the children's cases are then pulled into the TIERS system to keep families all in the same system.

TACHC is particularly concerned about the impact of the TIERS rollout on FQHC outstationed eligibility workers who have not yet been trained on or have access to the TIERS system. Please keep TACHC informed of the impact the eligibility system problems are having on your staff and clients – we can then work to improve this situation with the state and other advocacy groups.

Frew Settlement: The First Dental Home Project

The \$150 million the state appropriated as part of the settlement of the Frew vs. Hawkins lawsuit that asserted the state did not do enough to ensure access to care for Medicaid children is finding its way into several projects, including the First Dental Home project. First Dental Home is a new initiative designed to help Texas Health Steps (THSteps) and Children with Special Health Care Needs (CSHCN) Services Program clients 6 months through 35 months of age to establish a dental home. Earlier oral evaluation allows earlier identification of dental needs and the start of needed preventive and therapeutic dental services. Dentists will be required to complete training and be certified to

participate in the First Dental Home initiative. Effective for dates of service on or after March 1, 2008, dentists must be certified as First Dental Home providers in order to receive reimbursement for procedure code D0145. The Texas Department of State Health Services (DSHS) will begin training and certifying currently-enrolled pediatric dental providers on or after March 1, 2008. Training for general dentists will begin on or after May 1, 2008. For more information about training, contact Dr. Linda Altenhoff at Linda.altenhoff@dshs.state.tx.us or 512-458-7111, Ext. 3001.

NPI Contingency Period Extended through May 23, 2008

Texas Medicaid providers received another reprieve on the deadline for attesting their National Provider Identifier information to TMHP. Full NPI compliance will now be implemented starting May 24, 2008. For those of you enrolled as primary care providers in the Primary Care Case Management (PCCM) program, TMHP will begin reassignment of panels of TPIs that have *not* been attested on April 1, 2008. For providers with multiple TPIs and with at least one attested TPI, TMHP will transfer the clients from the unattested TPI to the attested TPI if the following criteria are met:

- The attested TPI suffix is credentialed with PCCM as the same type of provider as the unattested TPI suffix.
- The attested TPI suffix has the same physical address as the unattested TPI suffix.

For providers without a TPI to transfer clients to, TMHP will notify the clients to choose a different primary care provider and the provider's panel report will be closed.

For more information on the new deadlines for NPI/TPI attestation, along with information on how to attest your information, click [here](#).

Please forward this Update to your colleagues and ask them to [register](#) as community health center advocates!