

## **Texas Update – January 2008**

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### **Families Can Now Make CHIP Payments Through Texas Online**

The Health and Human Services Commission added a new enrollment fee payment option this month for CHIP families. Through the [Texas Online](#) website, families can now pay their enrollment fee with a credit or debit card. Families will be charged a \$2 convenience fee if they use this option.

### **No Major Developments in Texas Medicaid Reform, at least for now...**

While the HHSC Medicaid Reform [website](#) still reports that they plan to submit a full Section 1115 Waiver application in January 2008, there has been no recent, public word on the progress of the full application. HHSC did report at a stakeholder forum early this month that CMS approved of the general concept behind Texas' proposal laid out in the [concept paper](#) HHSC submitted to them on December 5, 2007. Stakeholders submitted comments on the draft concept paper on December 28, 2007 – see the attached document for a chart summarizing TACHC's comments. We'll keep you posted as developments occur.

### **Medicaid Access Card Update**

Last month, the update reported on the new Medicaid Smart Card project that HHSC is rolling out statewide. The "smart cards," what the state is now calling the Medicaid Access Card, will resemble credit cards and take the place of the paper cards Medicaid beneficiaries are mailed each month. Each card will hold eligibility and identity information for the Medicaid client, and this information will be verified at the provider's office by the use of finger imaging technology. While there is no specific provider training schedule set at this point, the state has clarified that finger imaging will only be used for clients aged 13 to 68 and only client finger images will be used. Providers should not request finger imaging data from parents of Medicaid children. This program is scheduled to be fully implemented in the latter part of 2009.

### **Integrated Care Management Model to Roll Out Early This Year**

The integrated care management model or ICM, a non-capitated managed care model that includes integrated acute and long-term care services and supports for Aged, Blind, and Disabled clients in the Dallas and Tarrant service areas, began client enrollment activities in December of 2007. This new model was developed during the 2005 legislative session as an alternative Medicaid managed care program for this population. The state estimates

a caseload of 70,000, including 65,000 adults (who are required to enroll) and 5,000 children (who can enroll voluntarily). Evercare of Texas will administer the program and provide service coordination and case management for clients. Health centers in these areas should be aware of the new program in case any of your patients will be participating. For more information, see the [Department of Aging and Disability Services' ICM website](#).

### **Medicaid ID Changes for PCCM Clients**

For those health centers located in the non-urban areas of the state where the Medicaid Primary Care Case Management (PCCM) program operates, be aware of some changes to your Medicaid clients' ID cards. Beginning March 1, 2008, the patient's Primary Care Provider (PCP) will no longer be listed on the Medicaid ID. Instead, when a patient requests a PCP change, they will receive a separate letter documenting who their PCP is. In the past, the PCP change could not be confirmed until the Medicaid ID made it official. Now, PCP changes can take effect more quickly. Providers should be aware that clients will now have *separate* documentation of their PCP. Ideally, the client will bring both this letter and their Medicaid ID to their appointment. If they do not, the provider can still verify that he or she is the PCP of record by contacting TMHP. This change should not hinder client access to care in anyway. The goal of the change was to ensure client access to their provider of choice as quickly as possible and to ensure that the new PCPs are able to bill for those services without obtaining a referral from the prior PCP. Please keep TACHC informed of your experiences with this change as it takes effect.

### **Insure Texas Kids Campaign Begins Work To Develop 2009 Legislative Agenda**

The Insure Texas Kids Campaign, the advocacy arm of the Texas CHIP Coalition, met this month to begin deliberations on a children's health coverage agenda for the 2009 state legislative session. Initial proposals include increasing the children's Medicaid eligibility period to twelve months, CHIP buy-in options for families with incomes higher than 200% of the federal poverty level, and increased funding for eligibility workers and outreach. TACHC supports these proposals for children's coverage, particularly increasing the children's Medicaid eligibility period to twelve months, and will continue to participate with the Campaign as it refines its agenda and develops strategies for accomplishing it.

### **Deadline Approaching for Use of Tamper Resistant Prescription Pads in Medicaid**

As you may remember, there was a mandate enacted as a fraud reducing measure in the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007 (Public Law 110-28). On August 17, 2007, CMS issued guidance to State Medicaid Agencies regarding the use of tamper-resistant prescription pads. Originally, the effective date to be compliant with this mandate was October 1, 2007. Shortly before the October effective date, a later effective date of April 1, 2008, was given. So, beginning April 1, 2008, a hand written Medicaid prescription must be tamper-resistant and thus must contain **at least one** of the following three characteristics:

1. One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form.

2. One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber.
3. One or more industry-recognized features designed to prevent the use of counterfeit prescription forms

Beginning October 1, 2008, (this date has not been pushed to a later date) a tamper-resistant prescription pad must contain **all** of the above three characteristics.

Please note that pharmacists should fill noncompliant scripts, and then get verification of their authenticity. If the authenticity is not confirmed, the pharmacy must note to verify that patient's noncompliant script BEFORE filling in the future to prevent the enabling of Medicaid fraud and any risk of prosecution based on that.

**Please forward this update to your colleagues and ask them to click [here](#) to sign up as a community health center advocate!**