

## Texas Update - July 2007

### **In this issue:**

1. National Health Center Week is Almost Here
2. 3<sup>rd</sup> Annual Health Center Week Advocacy Contest - Updated Prizes!
3. CHIP Perinatal Program Update
4. Update on FQHC Reimbursement in the Women's Health Program
5. PCCM After Hours Care Reimbursement
6. NPI Attestation
7. Texas Health Center Cost Effectiveness Study
8. Registry [link](#) for new advocates PLUS link to [online petition](#)

### **National Health Center Week - August 5-11, 2007**

National Health Center Week is approaching. This year's theme is "America's Health Centers: Your Health Care Home." As part of health center week, NACHC will be releasing a new report: *Access Granted: The Primary Care Pay-Off* that emphasizes how focus on primary care keeps people healthy and prevents more expensive specialty and emergency room care down the road. Governor Rick Perry has officially declared the week Community Health Center Week in Texas. See the attached copy of the proclamation. TACHC will be issuing a press release to major papers highlighting the Governor's support and key elements of the new report. Please let us know if you are planning health center week events and be sure to note whether state, federal, or local officials will be attending. You can get health center week materials and post your events at [www.healthcenterweek.org](http://www.healthcenterweek.org). Texas versions of media tools are available on the [TACHC advocacy page](#)

### **Plus! The 3<sup>rd</sup> Annual Advocacy Contest - Check out the prizes!!**

And, as we have done the past couple of years, Health Center Week is a great time to reinvigorate our grassroots network by bringing in new advocates. Instead of merely signing up new advocates, 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. By signing the petition, advocates who include their email addresses are automatically signed in to our grassroots network.

To win, your health center must have the most petition signers per patients served at your center (according to the 2005 UDS). Here are the prizes:

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

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

**3<sup>rd</sup> prize** - One complementary registration to TACHC's Annual Conference 2007.

**Advocates can start signing 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 attend your health center week events. You can send copies of the signatures to Katie Coburn at TACHC to be counted toward your total. Now get out there and start signing!

### **The CHIP Perinatal Program Update - Moms Need to Report Baby's Birth**

During TACHC's recent webcast for frontline staff on CHIP and Children's Medicaid, a health center reported having trouble getting payment for the baby's post partum care because they had not received a health plan enrollment number for the child. HHSC's current policy is that after the CHIP Perinatal mom delivers, the mom must report the delivery of her baby to HHSC. HHSC will not enroll the child unless the mom makes this report. Many health providers and health plans are frustrated with this issue, and we will be communicating with HHSC about it. In the meantime, you should educate your CHIP perinatal moms that they need to report the birth of their child by calling: **1-877-KIDS-NOW and tell HHSC the baby has arrived**. The mom should also select a primary care physician for the child that is in the CHIP network she chooses.

The third in the series of eligibility and enrollment trainings for front line staff will be held Tuesday August 7 from 12-1pm. The webcast will cover the basics for eligibility and enrollment for Medicare parts B and D for the dual eligible population.

### **Women's Health Program FOHC Reimbursement Update**

As the update has reported, a rider provision in the 2007-2008 state budget that ensured that FQHCs are reimbursed for up to three visits annually for Women's Health Program (WHP) clients. HHSC has submitted the change in reimbursement policy to CMS and does not anticipate a problem in the request being approved. In fact, HHSC is working to change its billing systems to authorize payment for the three visits. These system changes will be in place by October, but additional claims will be paid retroactive to September 1 pending federal approval. CMS has indicated that there should be no hold up on their end in getting this policy change through. That said, TACHC will continue to monitor this situation closely.

In the meantime, it is important for health centers to continue appealing denied claims for WHP clients, particularly after the September 1 provision is supposed to take effect.

### **PCCM Updates Including After Hours Reimbursement**

As a result of HB 1579 which passed this legislative session, FQHCs and RHCs will now be reimbursed for after hours care they provide regardless of whether they have a referral from the patient's assigned primary care provider (PCP). HHSC is currently working on an automated mechanism to pay these claims. To bill for these services, health centers will add a modifier to indicate an after hours encounter. The provision will go into effect September 1 of this year; however, they do not anticipate the automated systems will be fully operational until October. HHSC advises providers to go ahead and bill these claims after September 1. Initially, the claims will deny in the TMHP system, but they will automatically be reprocessed after the new systems are in place. Health centers

should be sure to track these claims to make sure they are getting reprocessed correctly, and please let TACHC know if you are having any problems.

On another PCCM note, HHSC is working to add all names of performing providers under group practices to its provider directory listings. This means that not only will the health center be listed under its corporate name, but individual provider names will be listed as well. This can help clients who are trying to choose PCPs who may know their doctor's name but not necessarily the corporate name of the health center. This change was scheduled to come online this September but has been pushed back to next spring due to unexpected problems linking their computer systems.

### **Make Sure TMHP Knows Your NPI Number**

TMHP is currently communicating with Medicaid providers to let them know they must attest their National Provider Identifier number (NPI). You can find out much more information on TMHP's website on [NPI announcements](#). In a nutshell, providers must inform TMHP of their new NPI in order to avoid trouble with claims processing in the future. There is no set deadline for lack of NPI attestation resulting in denied claims at this point. You can report your NPI to TMHP online by going to their main site, [www.tmhp.com](http://www.tmhp.com) and clicking on the first link on the top right, under the heading "I would like to..."

### **Cost Effectiveness Study of FOHCs in Texas**

In early 2006, the TACHC board authorized TACHC staff to work with Brandeis University on a cost effectiveness study of Texas health centers in Medicaid. At that time, we had difficulties working with the state Medicaid agency in getting them to release data to the researchers. As a result, the project stalled. TACHC and Brandeis researchers, however, have remained open to other possibilities to complete the study. Now, there is a renewed opportunity to participate in cost effectiveness study that goes beyond cost analysis. Assuming Medicaid and UDS data issues go smoothly, Texas health centers will be participating in a research study called: Ingredients of High Performing Community Health Centers. The two year study will first assess cost effectiveness and then, based on that data, will provide case studies on high performing health centers to detail best practices for other health centers to emulate. Stay tuned for more information in the coming months.

### **Recruit 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.