

## **Texas Update – September 2008**

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### **Hurricane Ike – TACHC and Health Centers Working Together to Serve Patients**

We've all seen the news reports if we didn't live through the storm ourselves – Galveston, Houston, and other areas of East Texas took a devastating blow from Hurricane Ike earlier this month. Several health centers withstood significant damage and those not directly in the path of the storm scrambled to provide care to evacuees fleeing the area. TACHC worked to keep health centers connected with efforts among state emergency response teams with daily conference calls, negotiations for provision of generators to centers without power, and coordinated donations from foundations and other relief groups. Many thanks to our partners who came through with key support at a time of crisis: Heart to Heart Foundation, AmeriCares, NACHC, OperationUSA, Novo Nordisk, Pfizer Sharing the Care Program, Direct Relief International, and the Children's Health Fund stepped up with volunteers, product donations, coordination efforts, and provision of mobile units to serve the Houston and Galveston areas.

Health centers, particularly those in the path of this enormous storm, showed incredible strength, tenacity, and commitment to patients at a time when need for their services was paramount. TACHC is proud to be working with such dedicated people. Thank you.

### **Gearing Up for A Special Annual Conference – Celebrating TACHC's 25<sup>th</sup> Anniversary**

Every year, TACHC works hard to bring health centers critical and timely information to help you meet the significant challenges in our health care environment so you can better serve your patients. This year is no exception. Check out the [agenda](#) for a look at this year's topics which include clinical sessions, policy updates, effective use of data, developing partnerships with hospitals, leveraging local media and much more. Remember, due to Hurricane Ike, the location of this year's conference was moved from Galveston to the [Horseshoe Bay Resort Marriott](#) in the Hill Country. Early bird registration ends Friday October 3 – Register today! Fax the final two pages of the [agenda](#) to Tasheena Mitchell at 512-329-9189.

Since this year is TACHC's 25<sup>th</sup> Anniversary, have several special events planned to celebrate all of our member centers, our board members, and staff that are together responsible for the phenomenal success and growth of TACHC and health centers in the state over the last 25 years. At a special event scheduled for Sunday October 26<sup>th</sup>, each member center will be highlighted with a special display in its honor. Be sure to get your center's display information to [Erica Swanholm](#) by Friday the 3<sup>rd</sup>!

We are VERY excited about this year's Annual Conference and can't wait to see all of you in October!

### **The Health Center Outstationed Eligibility Worker Program – Some Beneficial Changes in the Works**

As we have reported, TACHC and HHSC staff have been working together productively to improve the outstationed eligibility worker program at health centers. With the ultimate goal being improved service for health center patients, HHSC and TACHC have negotiated a number of new policies related to worker productivity and management, technological support, recertifications for Medicaid children, and HHSC support for outstationed workers. Specifically:

- HHSC will ensure that health center eligibility workers have the necessary automation tools to complete client actions in a timely and efficient manner. All automation costs will be borne by HHSC.
- Outstationed workers have been instructed that they can and should process recertifications for Medicaid children. Beginning in November, workers will also have a policy in place for processing recertifications for their migrant children on Medicaid who have traveled out of state with their parents for employment reasons.
- Health centers will receive monthly productivity reports for the workers stationed at their centers, allowing health center management to more directly ensure that state workers are meeting the needs of their patients. Health centers will also receive back up if their worker must be absent for more than three consecutive business days. We are still working to clarify what kind of back up health centers will receive, but remain focused on the goal of ensuring as few gaps in health center patient eligibility service as possible.
- HHSC will correct inconsistencies in their "first worker free" policy, covering the full cost of most eligibility workers stationed in centers. With this clarification, at least 13 workers for which health centers had been paying for half of the costs of their salary will now be paid for entirely by HHSC. Salary costs for additional workers at a health center will be shared between HHSC and the health center, although centers with multiple workers stationed at sites in different communities may be eligible for all costs for each worker to be paid by HHSC. *There are still some questions related to how this policy is applied to certain centers with multiple workers in the same metropolitan geographic area that TACHC is working with HHSC to clarify. Stay tuned for this update.* In the meantime, the support HHSC is providing in this area frees up resources that health centers can now redirect to patient care.

TACHC is looking forward to continued work with HHSC on these issues. Thanks to all you do to provide convenient, accessible eligibility services to your patients.

### **Moving Ever Closer to the 2009 Texas Legislative Session...**

In preparation for next spring's work on the Texas budget, state agencies have submitted their Legislative Appropriations Requests (LARs) to the Legislative Budget Board. These LARs describe how each agency plans to spend its appropriations for the upcoming biennium (2010-2011) and include "Exceptional Item Requests" – programs and expenditures that each agency

would like to provide but whose costs are not included in their base budget. How the Legislature decides to fund exceptional items requests can make a big difference in the implementation of key programs such as Medicaid, CHIP, CHIP Perinate, and loan repayment programs for health professionals. The Legislature will also have to consider any budget deficits occurring the in the current biennium (2008-2009). HHSC Executive Commissioner Albert Hawkins reported recently in a hearing that the Medicaid program will experience a \$1.2 billion dollar deficit. As for other programs particularly relevant for health centers? DSHS has requested essentially level funding for both the Incubator program and the Primary Health Care program for 2010 and 2011 in their base budget. For more detail, you can view the [HHSC LAR](#) and the [DSHS LAR](#) at these links. Stay tuned for more detail and information from TACHC on specific health center priorities for the state budget.

### **Texas Health Centers Receive HRSA Awards for Expanded Services and Planning**

Congratulations are in order for several health centers receiving HRSA awards this month:

- *Mental Health Expansion:* South Texas Rural Health Services (Cotulla), Project Vida Health Center (El Paso), Community Health Center of Lubbock (Lubbock), and El Centro del Barrio (San Antonio)
- *Oral Health Expansion:* Brazos Valley Community Action Agency (Bryan), Su Clinica Familiar (Harlingen), and Community Health Center of Lubbock (Lubbock)
- *Comprehensive Pharmacy Services:* Centro San Vicente (El Paso)
- *Planning Grants:* County of Howard (Big Spring), National Center for Farmworker Health (Buda), Grayson Volunteer Health Clinic (Denison), Planned Parenthood Center of El Paso (El Paso), Community Health Service Agency (Greenville), and Asian American Health Coalition DBA Hope Clinic (Houston).

See the full list of awards [HERE](#).

### **Developments in the Women's Health Program – Questions Persist**

Effective September 1, HHSC added an additional procedure code, J7302 (the Mirena IUD), as a billable code for FQHCs and RHCs in the Women's Health Program. This code is now the 4<sup>th</sup> billable code for FQHCs in this program, and like the other codes in this program, billing the J7302 does count toward the three payment limit per patient per year for FQHCs. TACHC is still pursuing answers from both DSHS and HHSC on a number of questions regarding how to bill for IUDs and office visits on the same day and reimbursement for Title XX "wrap-around" services for FQHCs who are Title XX contractors. These answers are taking some time in coming. We will keep you updated as soon as we have additional information. Please feel free to [contact me](#) with questions about the details on these issues.

**[Registry Link](#) for New Advocates – Please forward this message and ask your colleagues to sign up as health center advocates by clicking [HERE](#).**