COMMUNITY HEALTH WORKER & HB 1575 MEETING

MARCH 25, 2024
10AM – 2PM

AUSTIN PBS/KLRU
ST. DAVID'S FOUNDATION CONFERENCE ROOM
6101 Highland Campus Drive, Building 3000
ACC Highland Campus

MEETING OBJECTIVES

ENGAGE WITH the Health and Human Services Commission (HHSC) staff and learn about implementation of HB 1575 and timeline.

BETTER UNDERSTAND provider enrollment, contracting, and credentialing and working with Medicaid managed care organizations (MCOs).

LEARN DIRECTLY from Community Health Workers (CHWs) about their models of care, concerns, questions, comments, and considerations.

AGENDA

Welcome and Introductions
10:00am - 10:30am

- **Edward Burger** | President and CEO | St. David's Foundation
- **Ann Barnes** | President and CEO | Episcopal Health Foundation
- **Michelle Erwin** | Deputy Associate Commissioner; Policy, Medicaid and CHIP Division | Health & Human Services Commission
- **Roxana Lopez** | Board President | Texas Association of Promotores & Community Health Workers

How to Use this PDF:

Select the dotted rectangles to jump to section

Medicaid 101 and Questions

10:30am - 11am

HHSC will provide an overview of the Medicaid, CHIP and Case Management for Children and Pregnant Women (CPW) programs.

- **Joanna Seyller** | Health & Human Services Commission

HB 1575 Implementation Update and Questions

11:00am - 11:30am

HHSC will provide an overview of implementation activities and timeline for HB 1575.

- **Judy Branham** | Health & Human Services Commission
- **Joelle Jung** | Health & Human Services Commission

Medicaid Managed Care and HB 1575

11:30am - 12:00pm

MCO reps and the health plan associations will explain credentialing and contracting processes and provide their perspectives on HB 1575.

- **Camryn Burner** | Texas Association of Health Plans

Lunch Break and Networking

12-12:30

Facilitated Conversation with CHWs

12:30pm - 1:45pm

Meeting facilitators will facilitate a conversation for MCOs and HHSC to learn more about CHWs and their work and hear considerations for implementation.

- **Shannon Ghangurde** | Shannon Ghangurde Consulting
- **Laurie Vanhoose** | Treaty Oak Strategies

Next Steps

1:45pm-2pm

- **Shao-Chee Sim** | Episcopal Health Foundation
- **Amy Einhorn** | St. David's Foundation

Adjourn

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Introduction to Texas Medicaid and CHIP

Texas Health and Human Services Commission

What is Medicaid?

Medicaid

A jointly funded state-federal healthcare and long-term services program for certain groups of low-income persons

CHIP

A similar program for children whose families earn too much to qualify for Medicaid but can not afford health insurance

HHSC

Medicare

A federal program that provides health coverage for people who are 65 and older or have a severe disability, regardless of income

Certain clients may be on Medicare and Medicaid

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Impact Perspective

4.5 million
Texans receiving services

- **14%** of Texans covered
- **53%** of Texas births covered by Medicaid
- **44%** of Texas children on Medicaid or CHIP
- **62%** of nursing home residents covered by Medicaid

Medicaid is an entitlement program.
Federal funding is open ended to provide eligible services to eligible persons.

CHIP is <u>not</u> an entitlement program.
Federal funds are capped. When a state's CHIP funds are spent, no more are available.

Numbers are approximate. This information is as of January 2020

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Who is Eligible for Medicaid?

Federal law:

- Requires coverage of certain populations and services
- Gives flexibility for states to cover additional populations and services

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Financial Criteria

How the applicant's income compares to the definition of the federal poverty level (FPL) for annual household incomes.

Non-Financial Criteria

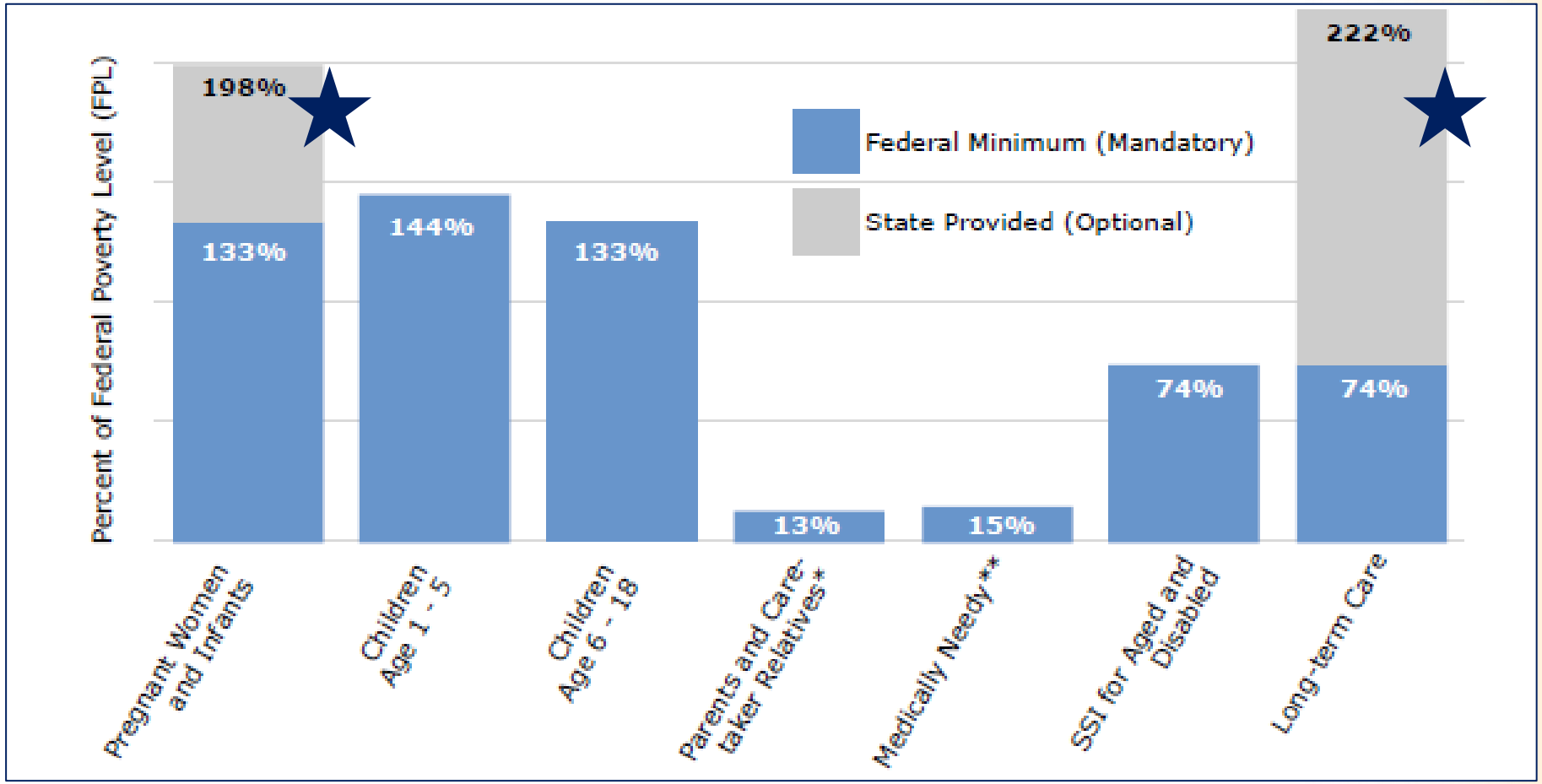
- Age
- Residency
- Citizenship or alien status

Varies by program

Eligible Population Categories

- Children and Youth
- Parents and Caretaker Relatives
- Women
- People Age 65 and Older
- Children and Adults with Disabilities

Texas Medicaid Income Eligibility Levels



This figure reflects eligibility levels as of March 2020.
*For Parents and Caretaker Relatives, the monthly income limit in SFY 2020 was $230 for a family of three or about 13 percent of the FPL.
**For Medically Needy children and pregnant women, the monthly income limit in SFY 2020 is $275 for a family of three or about 15 percent of the FPL.

More information on eligibility criteria for Medicaid and CHIP can be found in Chapter 1 of the Texas Medicaid and CHIP Reference Guide

Governing Framework

Medicaid Governing Framework

- Basic principles for Medicaid were established by the Social Security Act
- The Centers for Medicare & Medicaid Services (CMS) is the agency within the U.S. Department of Health and Human Services that oversees the Medicaid Program
- Federal regulations require each state designate a single state agency responsible for the program
- The Medicaid State Plan is a dynamic document that serves as a contract between the states and CMS
- States can apply to CMS through waivers to test new ways to delivery and pay for services

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Fundamental Requirements

1. **Statewide Availability:** All Medicaid services must be available statewide and may not be restricted to residents of particular localities
2. **Sufficient Coverage:** States must cover each service in an amount, duration, and scope that is "reasonably sufficient"
3. **Service Comparability:** The same level of services (amount, duration, and scope) must be available to all clients, except where federal law specifically requires a broader range of services or allows a reduced package of services
4. **Freedom of Choice:** Clients must be allowed to go to any Medicaid health care provider who meets program standards

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State Plan

- Each state has a State Plan that constitutes that state's agreement with the federal government on questions such as:
  - Who will receive Medicaid services (all mandatory and any optional populations)?
  - What services will be provided (all mandatory and any optional services)?
  - How will the program be administered?
  - How will the program be financially administered?
  - What are the other program requirements?
- CMS must approve the State Plan to ensure the federal matching funds will be provided

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Programs and Services Available to Texans

Programs and Services

- **Acute Care:** Focus on preventive care, diagnostics and treatments.
- **Long-Term Services & Supports:** Ongoing, day-to-day activities, rather than treating or curing a disease or condition.
- **Behavioral Health Services:** Treat mental health conditions and substance use disorder.
- **Prescription Drugs:** most outpatient prescription drugs covered through the Vendor Drug Program.
- **Medical Transportation Program:** Nonemergency medical transportation services if no other means of transportation to a health care appointment (but excludes ambulance).

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Service Delivery

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Two Models for Service Delivery

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5% of clients

Fee-for-Service (FFS)

- Clients go to any Medicaid provider
- Providers submit claims directly to HHSC's administrative services contractor for payment
- Providers are paid per unit of service
- Most FFS clients do not have access to service coordination

95% of clients

Managed Care

- A managed care organization (MCO) is paid a capitated rate for each member enrolled
- MCOs provide a medical home through a primary care physician (PCP) and referrals for specialty providers, when needed
  - *Exception: Clients who receive both Medicare and Medicaid (dual eligible) get acute care services and a PCP through Medicare*
- MCOs negotiate rates with providers
- MCOs may offer value-added services
  - *Examples: youth community or sports membership, pest control, respite care*

Goals of Managed Care

- Emphasize preventive care
- Improve access to care
- Ensure appropriate utilization of services
- Improve client and provider satisfaction
- Establish a medical home for Medicaid clients through a primary care provider
- Improve health outcomes, quality of care, and cost effectiveness
- Promote care in least restrictive, most appropriate setting

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Medicaid Managed Care Programs

Product Name	Population Served
CHIP	Children in families that earn too much money to qualify for Medicaid, but cannot afford to buy private health insurance
STAR	Children, newborns, pregnant women, and some TANF-level families
STAR+PLUS	People with a disability or people who are age 65 or older; and women with breast or cervical cancer
Medicare-Medicaid Plan (MMP)	People who are eligible for both Medicare and Medicaid, also known as 'dual eligibles'
STAR Kids	Children and adults 20 or younger with a disability
STAR Health	Serves children in the conservatorship of the Department of Family and Protective Services
Dental	For most children and young adults enrolled in Medicaid

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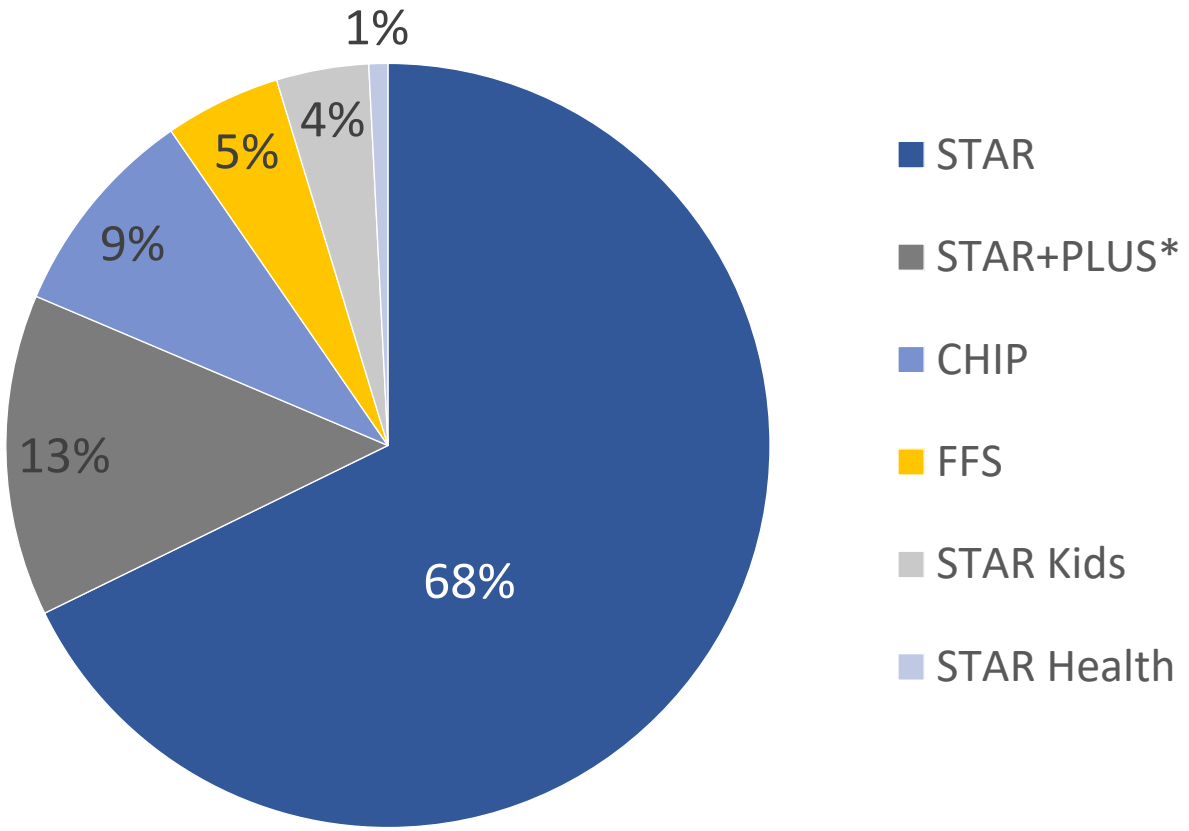
Program Enrollment



**STAR+PLUS includes Dual Demonstration (0.9 percent) and CHIP includes CHIP-Perinatal (0.7 percent).*

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STAR Health (statewide) - *Superior*
Dental (statewide) - *DentaQuest, MCNA, UnitedHealthcare Dental*

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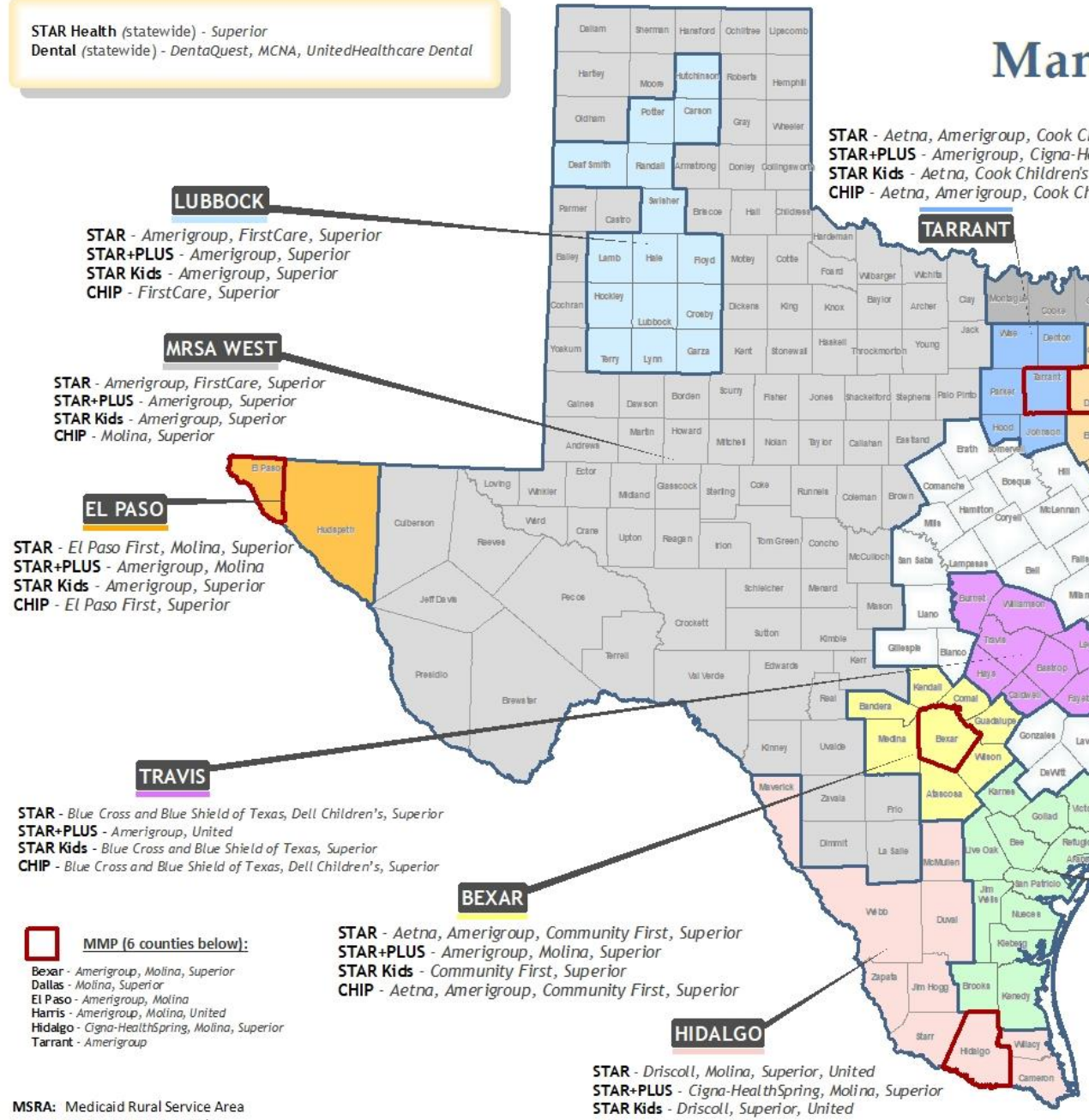
Managed Care Service Areas



STAR - *Aetna, Amerigroup, Cook Children's*
STAR+PLUS - *Amerigroup, Cigna-HealthSpring*
STAR Kids - *Aetna, Cook Children's*
CHIP - *Aetna, Amerigroup, Cook Children's*

LUBBOCK
STAR - *Amerigroup, FirstCare, Superior*
STAR+PLUS - *Amerigroup, Superior*
STAR Kids - *Amerigroup, Superior*
CHIP - *FirstCare, Superior*

MRSA WEST
STAR - *Amerigroup, FirstCare, Superior*
STAR+PLUS - *Amerigroup, Superior*
STAR Kids - *Amerigroup, Superior*
CHIP - *Molina, Superior*

EL PASO
STAR - *El Paso First, Molina, Superior*
STAR+PLUS - *Amerigroup, Molina*
STAR Kids - *Amerigroup, Superior*
CHIP - *El Paso First, Superior*

TRAVIS
STAR - *Blue Cross and Blue Shield of Texas, Dell Children's, Superior*
STAR+PLUS - *Amerigroup, United*
STAR Kids - *Blue Cross and Blue Shield of Texas, Superior*
CHIP - *Blue Cross and Blue Shield of Texas, Dell Children's, Superior*

BEXAR
STAR - *Aetna, Amerigroup, Community First, Superior*
STAR+PLUS - *Amerigroup, Molina, Superior*
STAR Kids - *Community First, Superior*
CHIP - *Aetna, Amerigroup, Community First, Superior*

HIDALGO
STAR - *Driscoll, Molina, Superior, United*
STAR+PLUS - *Cigna-HealthSpring, Molina, Superior*
STAR Kids - *Driscoll, Superior, United*
CHIP - *Molina, Superior*

TARRANT
STAR - *Amerigroup, Molina, Parkland*
STAR+PLUS - *Molina, Superior*
STAR Kids - *Aetna, Amerigroup*
CHIP - *Amerigroup, Molina, Parkland*

DALLAS
STAR - *Amerigroup, Molina, Parkland*
STAR+PLUS - *Molina, Superior*
STAR Kids - *Aetna, Amerigroup*
CHIP - *Amerigroup, Molina, Parkland*

MRSA NORTHEAST
STAR - *Amerigroup, Superior*
STAR+PLUS - *Cigna-HealthSpring, United*
STAR Kids - *Texas Children's, United*
CHIP - *Molina, Superior*

MRSA CENTRAL
STAR - *Amerigroup, RightCare-Scott and White, Superior*
STAR+PLUS - *Superior, United*
STAR Kids - *Blue Cross and Blue Shield of Texas, United*
CHIP - *Molina, Superior*

JEFFERSON
STAR - *Amerigroup, Community Health Choice, Molina, Texas Children's, United*
STAR+PLUS - *Amerigroup, Molina, United*
STAR Kids - *Texas Children's, United*
CHIP - *Amerigroup, Community Health Choice, Molina, Texas Children's, United*

HARRIS
STAR - *Amerigroup, Community Health Choice, Molina, Texas Children's, United*
STAR+PLUS - *Amerigroup, Molina, United*
STAR Kids - *Amerigroup, Texas Children's, United*
CHIP - *Amerigroup, Community Health Choice, Molina, Texas Children's, United*

NUECES
STAR - *Driscoll, Superior, United*
STAR + PLUS - *Superior, United*
STAR Kids - *Driscoll, Superior*
CHIP - *Driscoll, Superior, United*

MMP (6 counties below):
Bexar - *Amerigroup, Molina, Superior*
Dallas - *Molina, Superior*
El Paso - *Amerigroup, Molina*
Harris - *Amerigroup, Molina, United*
Hidalgo - *Cigna-HealthSpring, Molina, Superior*
Tarrant - *Amerigroup*

MSRA: Medicaid Rural Service Area
MMP: Medicare - Medicaid Plan

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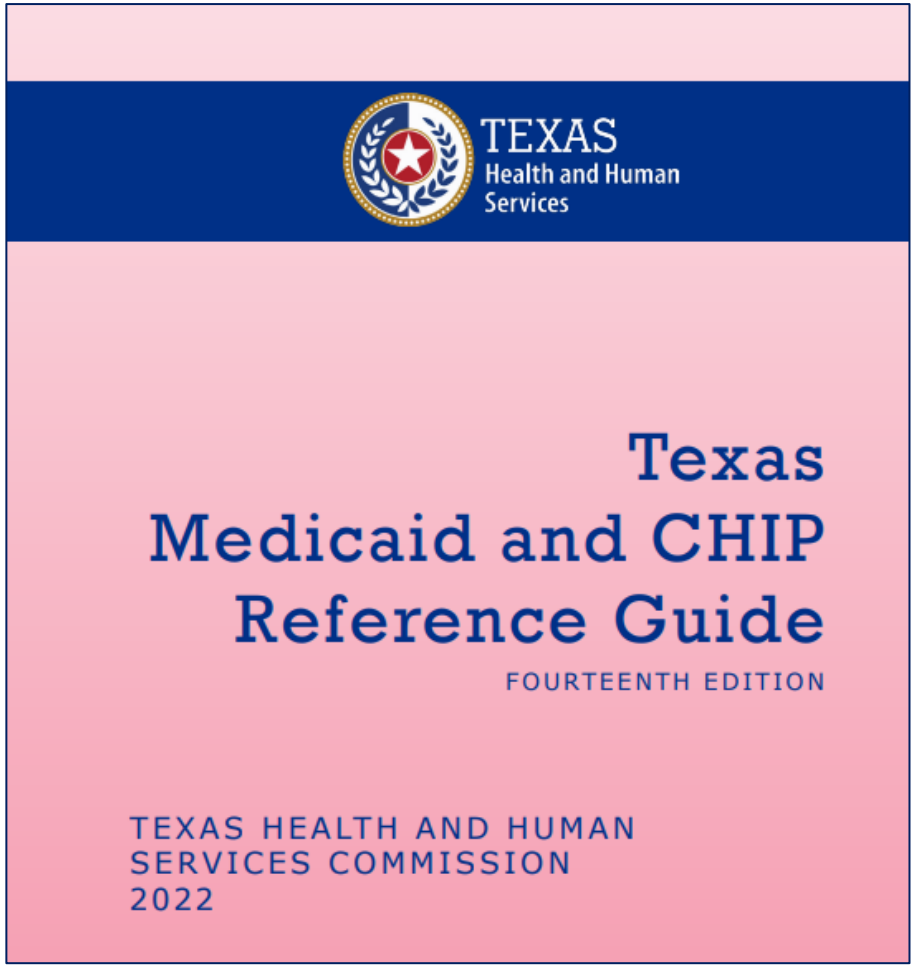
Effective September 1, 2020
Map Prepared by: Texas Health and Human Services Commission.
Center for Analytics and Decision Support. MRL.
August 13, 2020

Want to Know More?

Published every two years



https://www.hhs.texas.gov/sites/default/files/documents/texas-medicaid-chip-reference-guide-14th-edition.pdf

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Questions?

House Bill (H.B.) 1575

Judy Branham

Medicaid Medical and Dental Benefits Policy

Health and Human Services Commission

H.B. 1575 Summary

MCOs and Thriving Texas Families (TTF) screen pregnant women for nonmedical health-related needs and coordinate services

Pregnant women must opt-in

MCOs and TTF share results with HHSC

Community Health Workers (CHW) and doulas will be new providers of Medicaid case management for Children and Pregnant Women (CPW) services

Revised provider training for CPW services

Reports sent to the Legislature every two years

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H.B. 1575 Timeline

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Sept. 2023
HHSC drafts screening questions

Oct. – Nov. 2023
MCOs & other stakeholders give HHSC feedback

Dec. 2023 – Feb. 2024
HHSC finalizes screening questions

Jan. – Aug. 2024
HHSC drafts / finalizes MCO contract requirements (UMCC & UMCM)

May 2024
Doula and CHW begin CPW training

Sept. 2024
Contract & SPA revisions effective

Summer – Fall 2024
Doulas & CHW enrollment period in PEMS

Fall 2024
MCOs and TTF start screening & sending results to HHSC

Winter 2024 – 2025
Doulas & CHWs can submit claims for CPW services

Dec. 2024
HHSC reports back to Legislature

Children and Pregnant Women Program Services

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Essential Components of Case Management:

- Intake is an initial assessment to collect demographic, health and other information necessary to determine eligibility.
- Comprehensive Visit* includes a face-to-face meeting with the client to develop:
  - A Family Needs Assessment (to also include nonmedical needs)
  - A Service Plan
- Follow-up contacts* are completed to ensure that adequate services are being received

* The comprehensive visit and follow-up contacts are billable components using procedure code G9012. Modifiers designate how the service was delivered: in-person, synchronous audiovisual, or audio-only.

Upcoming Implementation Activities

Community Health Workers (CHW)

- HHSC is working with the Department of State Health Services to ensure:
  - Proof of certifications are available for existing CHWs
  - Sufficient resources are available to train new CHWs wanting to enroll
- The CHW provider type to be added to the Provider Enrollment and Management System (PEMS) and claims processing systems
- New provider training to be conducted over Summer 2024
- CHWs begin PEMS enrollment - targeting Fall 2024
- CHWs begin claims submittal - targeting early 2025

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Thank You

Credentialing for Medicaid Providers

March 25, 2024

Texas CVO

Texas Credentialing Verification Organization

Background

- The Texas Association of Healths Plans (TAHP) manages the centralized credentialing entity, known as Texas Credentialing Verification Organization (CVO), on behalf of Texas' Medicaid managed care organizations (MCOs).
- SB 200 (84R) requires a streamlined process for Medicaid provider enrollment and managed care credentialing.
  - Prior to the passage of SB 200, provider recredentialing dates varied MCO, based on a provider's original credentialing date. Now, providers who contract with multiple plans have 1 recredentialing date—the earliest date they were due for recredentialing, which occurs every 3 years, with any MCO.
- In accordance with 8.1.4.4 of the Uniform Managed Care Contract, all Medicaid MCOs must utilize TAHP's contracted CVO, Verisys, as part of its credentialing and recredentialing process regardless of membership in TAHP. The CVO is responsible for receiving completed applications, attestations and primary source verification documents.

Texas CVO
Texas Credentialing Verification Organization

Key Terms

- **PSV** (Primary Source Verification) is the verification of a provider's reported qualifications by the original source or an approved agent of that source. The PSV requirements have been defined by Medicaid MCOs based on requirements of each Practitioner/Facility Type.
- **Verisys** serves as the online facility application portal for all Medicaid plans and also provides the practitioner application portal.
- **Council for Affordable Quality Healthcare (CAQH)** serves as the online application portal. Applications may be submitted in other ways, such as by paper and/or directly to Verisys.
- **Facility** - health care facility types include hospitals, skilled nursing facilities, nursing homes, birthing centers, behavioral health care, freestanding surgical centers, and Ancillary Service Providers, which provide health care services.
- **Credentialing** - the review of qualifications and other relevant information pertaining to a provider who seeks to participate in a health plan's network.
- **Recredentialing** - the review of credentialing every 3 years in accordance with regulatory agencies and accreditation bodies.

Texas CVO
Texas Credentialing Verification Organization

What does a CVO do?

- CVOs work on behalf of their clients to **gather and validate all relevant information** on new or current providers.
  - CVOs use PSV to obtain information about medical education and training, work history, licenses, and certifications. They also search thousands of databases, including sex offender and abuse registries.
  - This information is used by the MCOs to protect patients from potentially fraudulent or dangerous practitioners and ensures compliance with federal and state regulations.
- Verisys is certified by NCQA and accredited by URAC. Verisys' SaaS-based solution screens and monitors provider credentials using PSV and highly sophisticated identity matching algorithms.
  - Verisys also deals directly with providers to handle provider disputes and adverse event reporting, if necessary.

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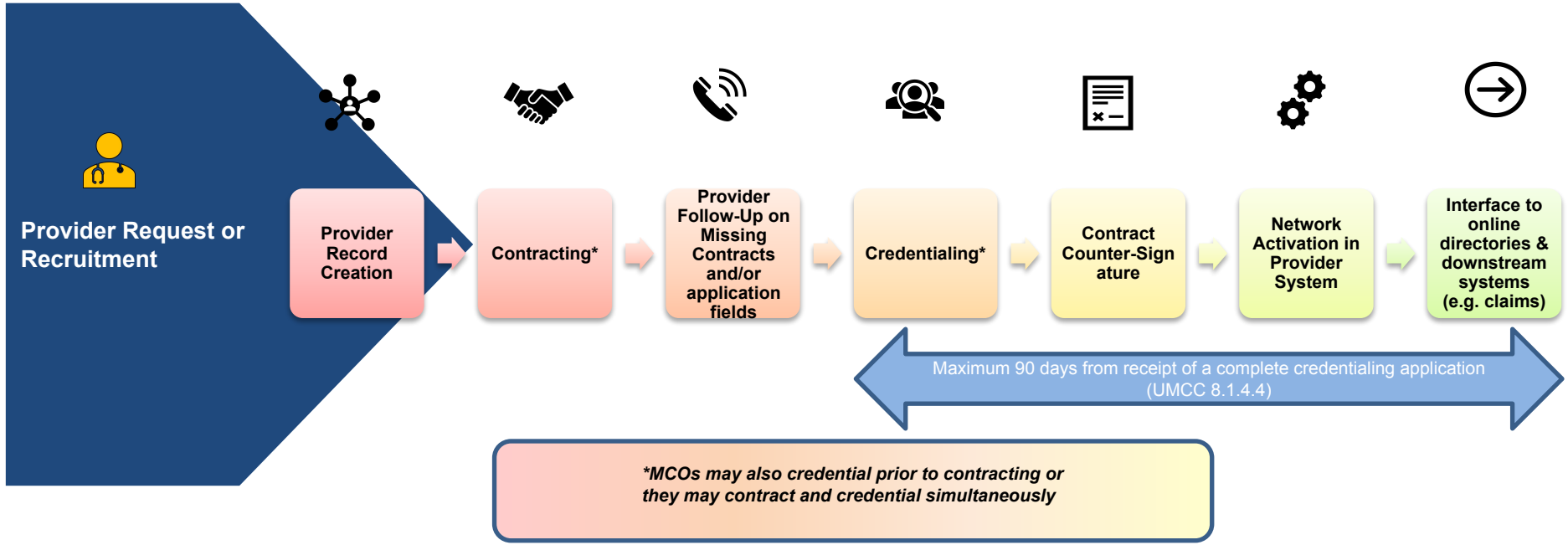
MCO Provider Onboarding – E2E Process



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The Medicaid Credentialing Process for MCOs

Step 1: MCO to Verisys

- MCO submits Verisys Work Order to initiate the credentialing process

Step 2: Verisys to Provider

- Verisys sends 1st provider outreach educating provider on the process and directing provider to applicable application portal
- Providers have 60 days for an application to be submitted
- Reminders are sent every 15 days

Step 3: Provider to Verisys

- Provider submits application
- Verisys bridges application (24-48 hrs)
- Verisys completes PSV based on workflow requirements

Step 4: Verisys to MCO

- Once PSV is complete, Verisys will send the results to MCO via SFTP folder
- MCO completes the credentialing process: review against criteria and decision making by medical director or committee

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Before you get started

- You'll need to **enroll** in Medicaid, as well as credentialing.
- Be sure to **respond to your MCO and Verisys** as soon as possible.
    - You'll be removed from the credentialing process if you don't respond to Verisys or your MCO within the 90-day credentialing timeframe.
- **Onboarding and contracting processes vary** by MCO.
    - Some MCOs conduct pre-contracting discussions and initial rate discussions with their practitioners prior to the credentialing process, other MCOs save that until after PSV has been completed.
    - Contact your MCO for specifics.

The Credentialing Process

1. **Onboarding and contracting** (if conducted by your MCO at this stage).

   If your MCO saves onboarding and/or contracting until after PSV is completed, the credentialing process begins with your MCO; they'll collect needed information from you and submit a work order to Verisys.

   - *Who do I contact with questions?* Your MCO.

2. **Verisys will send you a letter** with information on how to complete and submit your credentialing application.

   - *How long does this take?* Once a work order is received by Verisys, the order will get started within 1 business day. The letter is generated when the work order is processed.
   - *Who do I contact with questions?* Verisys sends the letter with instructions on how to complete and submit your credentialing application. The best way to contact Verisys is through Verisys' Customer Service line at 1-855-743-6161.
     - You can also contact your MCO for a copy of the credentialing application.

The Credentialing Process, continued

3. You **complete your credentialing application**, attest the information on the application is correct, **and submit** it to Verisys.
    - *How long does this take?*
        - Practitioners have up to 120 days to attest that the information on their application is correct.
        - It takes 24-48 hours for your credentialing application to upload into Verisys' system.
    - *Who do I contact with questions?* Verisys.
4. Verisys completes **Primary Source Verification**.
    - *How long does PSV take?*
        - Up to 15 calendar days from receipt of a complete application for initial credentialing events of MDs and DOs, **up to 30 calendar days** for all other practitioner types.
        - Up to 8 calendar days from receipt of a complete application if the MCO requests it.
    - **Verisys will reach out within 5 days of receipt of your credentialing application if they need additional information**.
        - Verisys will make up to 3 attempts to contact you, and will stop processing your application if you don't respond.
    - *Who do I contact with questions?* Verisys.

The Credentialing Process, continued

5. **Verisys sends the completed PSV** information over to your MCO. This initiates the **MCO Credentialing Committee** process.
    - *How long does the MCO Committee process take?* No more than 60 calendar days
    - *Who do I contact with questions?* Your MCO.
6. Your MCO sends you a final letter letting you know if you've been admitted into their network.
    - *Who do I contact with questions?* Your MCO.

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Recredentialing

Recredentialing takes place at least every 3 years, but could be more frequent with participation in the Credentialing Alliance.

- The PSV and MCO Committee processes are the same.
- *How will I know it's time to recredential?* Verisys will reach out to you 180 calendar days before your current credentialing end date to initiate the re-credentialing process.
- *Who do I contact with questions?* Verisys

Note: MCOs may elect to participate in the Credentialing Alliance to alleviate burden on the practitioner: practitioners who participate in multiple networks only have to submit one credentialing application to be recredentialed with each of their MCOs (MCOs share your credentialing information). This may come up sooner than once every 3 years as recredentialing intervals could vary with each MCO, depending on when the practitioner was initially credentialed with that MCO. Participation in the Alliance will prompt you to recredential at the earliest opportunity, and you won't be asked to recredential within your other network(s) after.

Practitioner Credentialing Elements

Requirement		PSV Source
Application	• Current within 120 days • Released to the MCO • Complete, including responses to confidential questions with explanations for any Yes answers	• CAQH or • Verisys
License or Certification	• Current, unrestricted license or certification	• Licensing or Certifying Board
DEA or CDS, if applicable	• Current	• NTIS • Copy of DEA or CDS Submitted with the Application
Board Certification, if applicable	• Certification in practicing specialty. If not certified, training must be verified	• ABMS or AOA
Education/Training (initial only)	• Completion of residency or highest-level education	• Institution or AMA
Work History (initial only)	• Last 5 years • No gap >6 months	• Application or CV
Malpractice Insurance	• Current • Limits meet MCO Requirements	• Copy of Certificate of Insurance Submitted with the Application
Professional Liability Claims Hx	• Explanation of Cases included with Application	• NPDB
State sanctions, Restrictions on licensure, and Limitations on scope of practice	• Explanation of Yes Answers on Application	• NPDB • State Board Orders for Licensure Actions
Medicare and Medicaid sanctions	• No sanctions	• NPDB • Exclusion File • OFAC/LEIE/OIG/SAM

Red font indicates elements most commonly missing from the provider application

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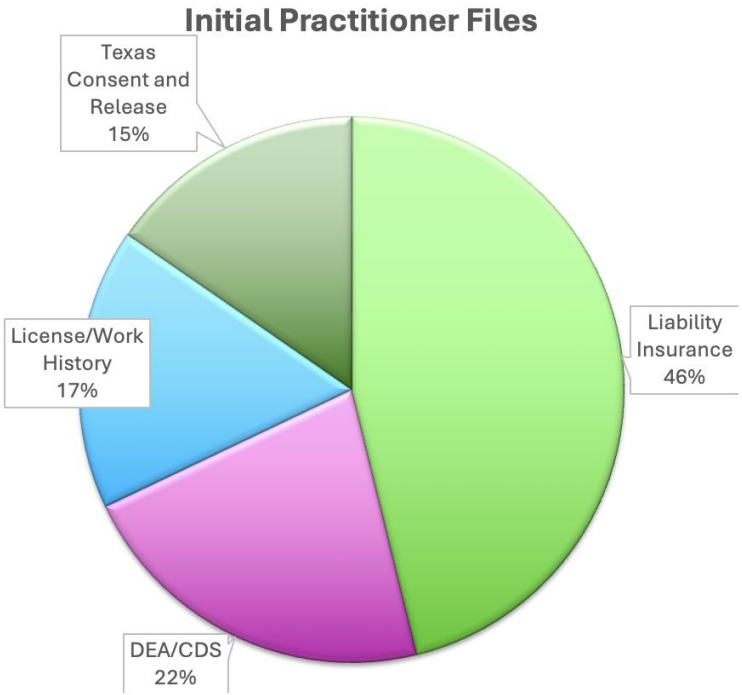
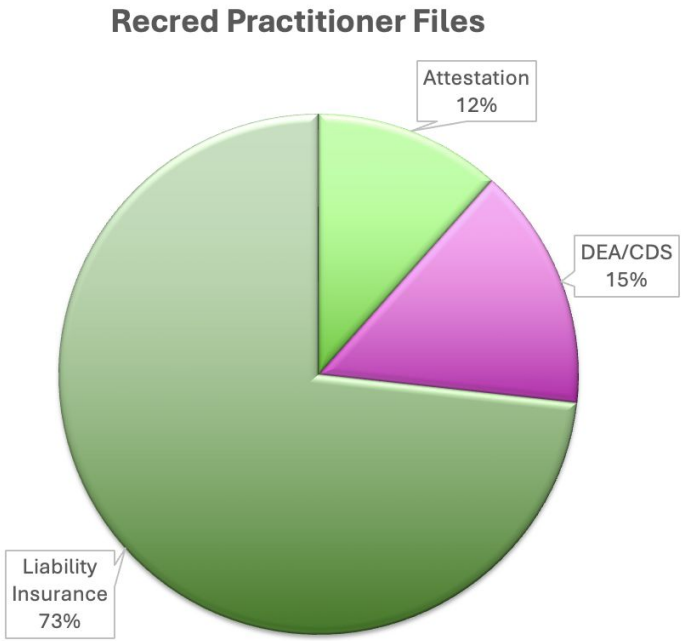
Credentialing File Return Reasons





Texas CVO
Texas Credentialing Verification Organization

The PSV Process Timeline

- Verisys' PSV timeframe starts upon receipt of a complete provider application.
- The associated product code determines timeframe and can span from 8 days (expedite/urgent) to 30 days (routine facility).

Questions?

Texas CVO

Texas Credentialing Verification Organization