

# Texas Health Department and MCO Convening

## DATE

June 13, 2025  
9:30am – 1:00pm

## LOCATION

Texas Medical Association  
Thompson Auditorium  
401 W 15th St, Austin, TX

## AGENDA

### Registration and Light Breakfast

9:30am – 10:00am

### Welcome and Introductions

10:00am – 10:20am

#### **Ann Barnes, MD, MPH**

President and CEO of Episcopal Health  
Foundation

#### **Lisa Dick**

President, Texas Association of City &  
County Health Officials

### Health Department and MCO Policies

10:20am – 10:50am

#### **Michelle Erwin**

Deputy Associate Commissioner, Policy,  
Medicaid and CHIP Division, Health and  
Human Services Commission

#### **Rachel Samsel**

Associate Deputy Commissioner for  
Regional and Local Health Operations,  
Texas Department of State Health  
Services



EPISCOPAL HEALTH  
FOUNDATION



## Local Health Department Panel

10:50am - 11:20am

### **Sharon Thomas, RN**

Director of Nursing, Corsicana-Navarro  
County Public Health District

### **Casie Stoughton, MPH, RN**

Director of Public Health, Amarillo Public  
Health

### **Whitney S. Craig, DrPH, MPH, CPM**

Midland Health Services, Health  
Services Manager

### **Sharon Whitley**

Hardin County, Health Services Director

### **Saad Mustafa**

Senior Financial Manager, Dallas County  
Health and Human Services

### **Cyneitra Hearn**

Billing & Collection Analyst, Dallas  
County Health and Human Services

### **Lisa Dick, RDN, LD**

Health and Sr. Citizens Director,  
Brownwood/Brown County Health  
Department

## MCO Panel

11:20am - 11:50am

### **Shari Waldie, MS, PT**

Director, Texas Medicaid Programs  
BlueCross BlueShield TX

### **Sara Daugherty, RN, MSN, CHIE**

President, Dell Children's Health Plan

### **Tania Colon**

VP Government Contracts & Advocacy,  
Molina Healthcare of Texas

### **Jennifer Kopecky RN BBA**

Sr. Health Services Director, Complex  
Care Management, UnitedHealthcare  
Community Plan of Texas

## Lunch (Provided) and Networking

11:50am - 12:10pm

## Breakout Sessions

12:10pm - 12:30pm

Facilitated by EHF, Treaty Oak Strategies, and  
TACCHO Staff

## Breakout Reports and Discussion

12:30pm - 12:50pm

### **Laurie Vanhoo**

Principal, Treaty Oak Strategies

## Next Steps & Closing Remarks

12:50pm - 1:00pm

### **Shao-Chee Sim**

Executive Vice President for Health Policy,  
Research and Strategic Partnerships, Episcopal  
Health Foundation

### **Laurie Vanhoo**

Principal, Treaty Oak Strategies

## Adjourn

This convening is possible thanks to the support of the Episcopal Health Foundation.

# Texas Health Department and MCO Convening

June 13, 2025

On June 13, 2025, the Episcopal Health Foundation (EHF), along with the Texas Association of City and County Health Officials (TACCHO), Texas Association of Health Plans and Texas Association of Community Health Plans hosted a convening to discuss previous challenges and future opportunities for local health departments (LHDs) and Medicaid managed care organizations (MCOs) to better coordinate. LHDs are facing significant cuts and funding shortages and need to ensure they can be reimbursed for seeing Medicaid members. Texas public health departments are bracing for another \$119 million in federal cuts. Three months ago, Texas lost \$700 million in unspent federal pandemic-era funding. This makes it even more important for MCOs and LHDs to collaborate.

Many LHDs are not currently enrolled or if enrolled, are not currently billing for all the services they provide. MCOs often struggle to fully understand the scope of LHDs services and programs but have their own pain points that LHDs could help address. The meeting provided an opportunity for LHDs to learn about Medicaid and Medicaid managed care and for MCOs to learn more about LHDs. Most importantly, the meeting provided an opportunity to network and identify ways to improve coordination. Over 75 individuals registered for the event consisting of a mix of MCO, LHD, HHSC, DSHS, foundation, and association staff.

Welcome and Intros: Dr. Ann Barnes, CEO of EHF, and Lisa Dick, President of TACCHO, welcomed the group and provided opening remarks about the importance of supporting our public health systems, now more than ever. They set the intention for the day to be about learning, collaboration, and networking.

Health Department and MCO Policies: Michelle Erwin with HHSC provided an overview of Medicaid and managed care for the LDs and provided the full group an overview of current policies related to LHDs. Michelle explained that MCOs are contractually required to offer provider contract for covered services to enrolled LHDs and Public Health Districts. Additionally, Michelle provided background related to LHD provider types. In 2021 the Legislature passed SB 73 to address contracting challenges often faced by LHEs regarding reimbursement from MCOs. The bill directed HHSC to establish a separate provider type for a local public health entity, which is defined as a local health unit, a local health department, and/or a public health district.

Effective December 31, 2022, a separate provider type was made available for Medicaid and beginning April 14, 2023, LHD providers were able to bill Medicaid for the reimbursable procedure codes.

See slides for more details including current billing codes, FAQs, and other resources.

Local Health Department Panel: Health Departments from across the state provided an overview of the various services they provide ranging from WIC, screening and referrals for NMDOH, immunizations, disease prevention and control, environmental health services, public health emergency preparedness, etc. We also heard about challenges and opportunities. The challenge that resonated the most through out the entire day was the difficulty with getting enrolled in Medicaid. Even with the new provider type, it has become very difficult to get enrolled and credentialed – one LHD shared that they were enrolled as another provider type and gave up trying to change to the new LHD provider type because of the difficulties they experienced. Another LHD shared that they were able to enroll under the new provider type but have not been able to get reimbursed so just decided to start billing under the old provider type again.

It was also shared that most LHDs only have a basic understanding of Medicaid and managed care so do not know what is even available to bill, don't know how to get in contact with an MCO and have not had luck finding someone to help them, and don't have the resources to take on the administrative side of billing Medicaid.

An important comment of note was that not all of the things that LHDs do are billable, some are more social in nature but still benefit Medicaid members. There isn't a HCPCs code for all the things they are doing making it harder to be reimbursed for all of their time spent with Medicaid members.

Many of the LHDs are using Find Help and closed loop technology.

Managed Care Organization Panel: Several MCOs from across the state provided an overview of their MCO, their priorities, pain points, and opportunities for collaboration with LHDs. All of the MCOs shared maternal health and ensuring immunizations as major priorities. Often times, MCOs do not know about a pregnant Member until the third trimester or when it is too late to have the greatest impact on birth outcomes. MCOs also struggle to know how to contact a LHD to discuss collaboration, don't always know what services they provide that could be billed for, but see the need and potential for collaboration moving forward.

Probably the greatest opportunity is for health departments to help MCOs identify pregnant women earlier. MCOs thought APMs could be developed around maternal health and immunizations.

The MCOs also let the LHDs know that they can connect them with a provider representative that can come onsite and help them understand how and what they can bill.

Break-out Sessions: The attendees spent the last hour of the meeting breaking out into groups based on the region of the state they are located. This allowed LHD and MCO staff to get to

know each other better and dig into the biggest challenges and the greatest opportunities. The break-out groups also provided a list of what we could do next to help improve coordination. Some ideas that were presented include:

- Quarterly, regional meetings/webinar between MCOs and LHDs to dig deeper into issues and opportunities – continue the dialogue. Include TMHP, HHSC and DSHS.
- A step-by-step resource/flowchart of how to enroll, credential, contract and bill for Medicaid services. If LHDs can start billing, the claims data will help MCOs identify other opportunities for collaboration. A meeting with TMHP and TAHP to better understand enrollment and credentialing.
- A resource for LHDs that includes the points of contact for each health plan.
- A resource for MCOs that lists the LHDs by region, point of contact and list of services.
- A standard data use agreement for LHDs.
- Data sharing was identified by the MCOs, but it was pointed out by the LHDs that they may not have the ability to provide the data needed by the MCOs, or the resources to provide the data. More discussions on standardizing data could help accomplish this goal.
- Partner during community events.

# Texas Health Department and MCO Convening

June 13, 2025

# Welcome and Introductions

**Ann Barnes, MD, MPH**

**President and CEO of Episcopal Health Foundation**

**Lisa Dick**

**President, Texas Association of City & County Health Officials**



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# **Texas Medicaid and Local Health Departments**

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**Medicaid and CHIP Services, HHSC**

**Office of Policy**

**June 2025**



# What is Medicaid?

## HHSC

### Medicaid

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

### Children's Health Insurance Program

Referred to as CHIP, a similar program for children whose families earn too much to qualify for Medicaid but can not afford health insurance

*Certain clients may get Medicare and Medicaid*

### Medicare

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



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# Impact Perspective



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**19%**  
of Texans covered

**53%**  
Texas births  
covered by Medicaid

**51%**  
of Texas children  
on Medicaid or CHIP

**56%**  
of nursing home residents  
covered by Medicaid

**Note:** Medicaid and CHIP caseload data is for June 2024 and is not final. Percentage covered is based on FY24, FY23 (births) statistics.

# Two Service Delivery Models



## **Managed Care**

Serves 97% of clients



## **Fee-for-Service (FFS)**

Serves 3% of clients



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# Major Differences: Managed Care and Fee-for-Service

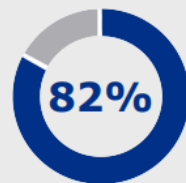
	Managed Care	Fee-for-Service
<b><i>Finance Model</i></b>	Risk-based: A managed care organization (MCO) is paid a capitated rate for each member enrolled	Non-risk: Providers submit claims directly to HHSC's administrative services contractor for payment
<b><i>Contracting</i></b>	State contracts with MCOs Providers enroll in Texas Medicaid and contract with MCOs	Providers enroll in Texas Medicaid and contract with the state
<b><i>Access to Services</i></b>	Members choose an MCO and receive services through their chosen medical/dental home and other providers in their plan's network – the MCO must authorize any providers that are out-of-network.  Referrals are required for certain types of specialists	Clients go to any Medicaid provider, but they must find their own health care providers
<b><i>Service Coordination</i></b>	Provided for certain programs and on request	Limited to persons in waiver programs
<b><i>Benefits</i></b>	<ul style="list-style-type: none"><li>• Value-added services</li><li>• Unlimited prescriptions</li><li>• Unlimited hospital stays for most adults</li></ul>	<ul style="list-style-type: none"><li>• Basic Medicaid benefits</li><li>• 3-Prescription limit for adults</li><li>• 30-Day hospital stay limit for adults</li></ul>



# Texas Managed Care Programs

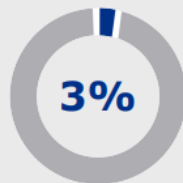


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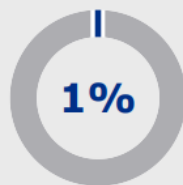
## STAR

Children, pregnant and postpartum women, and some families



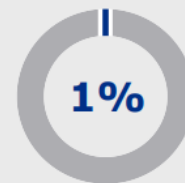
## STAR Kids

Children and youth with disabilities



## CHIP

Children and youth who don't qualify for Medicaid due to family income



## STAR Health

Children who get Medicaid through the Department of Family and Protective Services and young adults previously in foster care



## STAR+PLUS

Adults with a disability, people age 65 and older (including those dually eligible for Medicare and Medicaid), and women with breast or cervical cancer

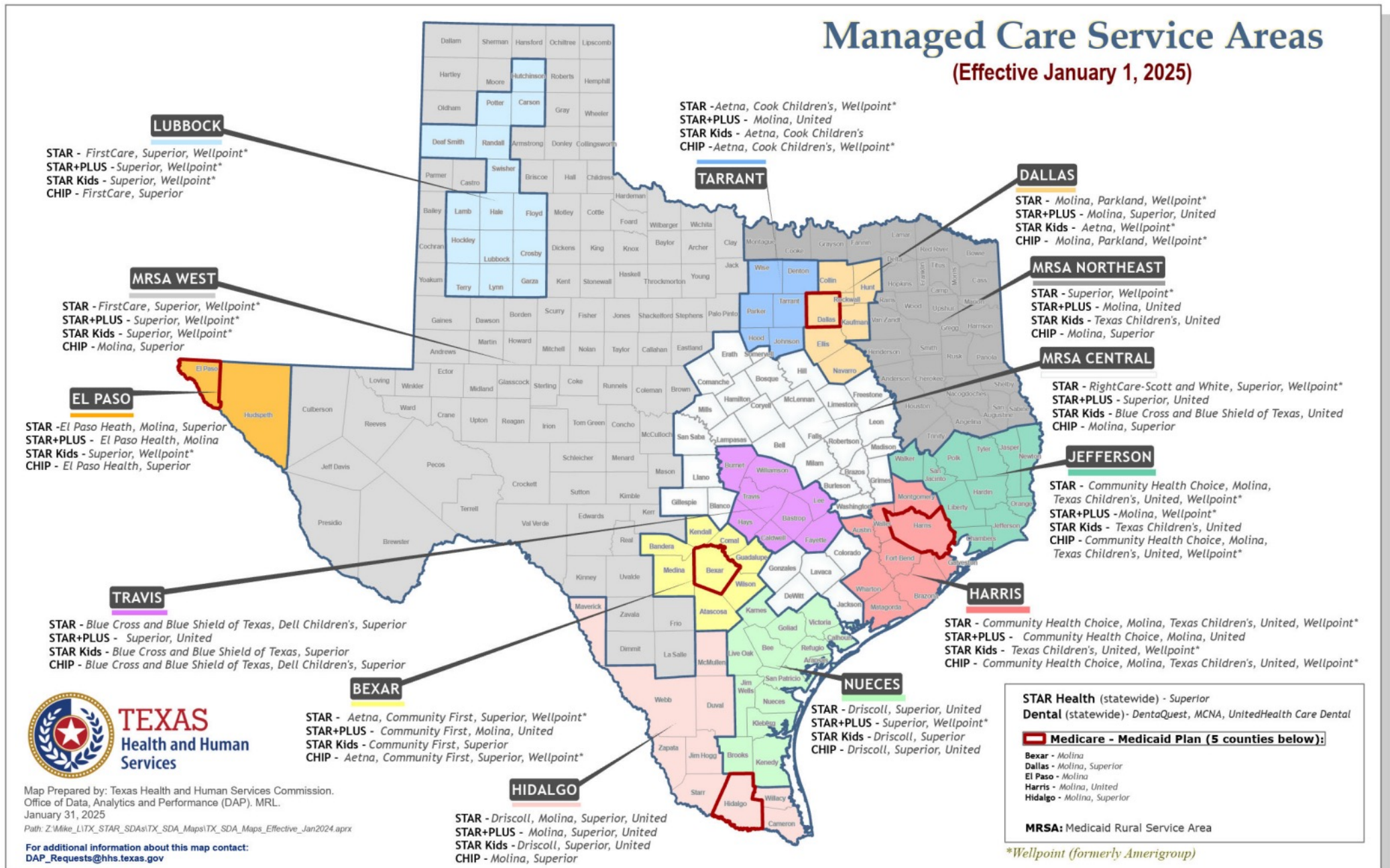


Dental: Children and adults 20 or younger enrolled in Medicaid or CHIP





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# Managed Care Organization Expectations

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- An MCO **must offer** provider contracts for covered services with Medicaid- and CHIP-enrolled Local Health Departments and Public Health Districts.
- An MCO **must make a good faith effort** to enter into provider contracts for covered services with a health service regional office in a Public Health Region and a Hospital District providing covered services to Medicaid and CHIP members.
- The contract must specify:
  - ▶ responsibilities of both parties,
  - ▶ methodology and agreements regarding billing and reimbursements, and
  - ▶ agreements for sharing confidential medical record information.



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# Managed Care Organization Expectations

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- An MCO must coordinate with Public Health Entities in each service area regarding the provision of essential public health care services.
- Coordination examples:
  - ▶ Communicable diseases and disease outbreaks
  - ▶ Women, Infants, and Children's (WIC) program services
  - ▶ Childhood lead prevention or exposure
- An MCO must establish and maintain an effective working relationship with all state and local Public Health Entities in its service areas to identify issues and promote initiatives addressing public health concerns.





# Local Health Department Medicaid Provider Type

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- Senate Bill 73, 87th Texas Legislature, 2021, addressed contracting challenges often faced by LHEs regarding reimbursement from managed care organizations (MCOs) for services provided and funded through Medicaid.
- The bill directed HHSC to establish a separate provider type for a local public health entity.
- "Local public health entity" is defined as a local health unit, a local health department, and/or a public health district.



# Local Health Department Medicaid Provider Type

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- Prior to the creation of this new provider type, LHDs were choosing a provider type that best fit the description of the benefits they provide to enroll in Medicaid, and the licensure of the providers providing the services.
- This new provider type was expected to ease barriers to participation in the Medicaid program



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# Local Health Department Medicaid Provider Type

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- Effective December 31, 2022, a separate provider type (PT) was made available for Medicaid enrollment of local health departments (LHDs), including health service regional offices that operate in the capacity of LHDs (see resources page).
- Beginning April 14, 2023, LHD providers were able to bill Medicaid for the reimbursable procedure codes
- The provider must select LHD as the provider type and provider specialty



# Resources (1 of 4)

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- For LHD questions regarding provider enrollment and claims reimbursement, contact:
  - ▶ TMHP Contact Center: 800-925-9126
  - ▶ TMHP CSHCN Services Program Contact Center: 800-568-2413
- Provider notifications about implementation of the new provider type:
  - ▶ [New Provider Type for Local Health Departments Effective December 31, 2022](#)
  - ▶ [Update to New Provider Type for Local Health Departments](#)



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## Resources (2 of 4)

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- Provider Support Services page:  
[www.tmhp.com/resources/provider-support-services](http://www.tmhp.com/resources/provider-support-services)
- Provider Enrollment Help Page – includes enrollment video tutorials and training modules:  
[www.tmhp.com/topics/provider-enrollment/provider-enrollment-help](http://www.tmhp.com/topics/provider-enrollment/provider-enrollment-help)
- Fee-For Service (FFS) fee schedule – viewable by CPT code or provider type (LHD):  
<https://public.tmhp.com/FeeSchedules/StaticFeeSchedule/FeeSchedules.aspx>

# Resources (3 of 4)

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- Current Codes/Services payable to LHDs



Adobe Acrobat  
Document

- Local Health Department FAQs



Local Health  
Department FAQs

# Resources (4 of 4)

## Managed Care Contract Language

### **Coordination with Public Health Entities:**

- Reimbursed Arrangements with Public Health Entities
- Non-Reimbursed Arrangements with Local Public Health Entities

## Contract Section

Uniform Managed Care Contract - 8.2.9

STAR Kids Contract - 8.1.32.2

STAR Health Contract - 2.6.60.22

STAR+PLUS Contract - 2.6.63.22



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# Local Health Department Panel

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Director of Nursing, Corsicana-Navarro County Public Health District

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# MCO Panel

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Director, Texas Medicaid Programs BlueCross  
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**Tania Colon**

VP Government Contracts & Advocacy, Molina  
Healthcare of Texas

**Jennifer Kopecky, RN, BBA**

Sr. Health Services Director, Complex Care  
Management, UnitedHealthcare Community Plan of  
Texas

# Lunch & Networking

Return at 12:10

Breakout Sessions,  
Report & Discussion

# Next Steps & Closing Remarks

Laurie Vanhooose

Principal, Treaty Oak Strategies

Shao-Chee Sim

Executive Vice President for Health Policy, Research and Strategic Partnerships, Episcopal Health Foundation