

Harris County Medical Society
Medicaid/Medicare Reform Committee

Meeting Minutes
4:00 p.m. Wed 5th April 2006
drafted by Bach-Mai "Katherine" Vu & John Zimmerman
student representatives from UT-Houston Medical School

A. Introductions

B. Approval of minutes from 1st Feb 2006 meeting (relevant issues continued below)

C. Primary Care Case Management (PCCM) is being phased out from Harris & Contiguous Counties

? During 02/01 meeting:

? The state informed Medicaid Managed Care representatives that the PCCM model will be phased out beginning in June or July. More info to follow.

? A PCCM Transition Workgroup was formed to ensure a smooth transition.

? Important dates for the phase-out:

? 10th July – PCCM will not be a choice for new Medicaid candidates.

? 21st July – PCCM won't be accepted as a choice for new candidates or candidates wishing to change their Medicaid electives.

? 26th July to 15th August – Enrollment information will be mailed to current PCCM members.

? 1st Sept – The phase-out coincides with The Medicaid/CHIP HMO contracts effective date.

? 23rd Oct – Reminder letter sent to those who have not made a change to another plan.

? 15th Nov – If clients have not picked an HMO or chosen Transitional Medicaid, a plan will be chosen for them. TANF families who have not made the change will be defaulted. The process for defaulting is still being developed by HHSC. In the past, this was done by the Enrollment Broker based on the client's history with providers, geographic area, and lastly by random selection based on panels and % of clients served. Clients will be assigned to a PCP with the plans based on their claims history. All defaults will be divided among the new plans in the Service Area until a plan reaches 15,000 in enrollment or until 6 months from the operation start date of 09/01/06, whichever comes first.

? 1st Dec – End date for PCCM model to be in the STAR program. (TANF families on the PCCM Model of Care will not remain in PCCM after this.)

? 1st Jan 2007 – New version of STAR PLUS+ is effective; SSI-related clients may remain in PCCM until then.

? HCMS requests from Medicaid a list of Significant Transitional Providers (STPs) – doctors who have lots of PCCM patients – so that we can alert and work with them to inform their patients of the change.

? Other issues to be addressed: Continuity of service for clients with long-term care (e.g. substance abuse treatment) or procedures scheduled during or through the transition period. Educating clients on how to get referrals to specialists in the HMO system. A marketing event or marketing material (e.g. a public service announcement) to advertise the program transition to the public. Will hospitals bill the State or the HMOs? Will the addition of more clients to the existing HMO system affect the already troubled billing/claims/payment system? What will happen to the smaller companies who were historically unable to contract with the HMOs?

D. Effective 27th March 2006 (not 10th May as earlier reported), the Texas Medicaid, Medicaid Managed Care, and Children with Special Health Care Needs Services Programs **allowable fee for procedure code 1-90772 (some sort of intramuscular injection) will be reduced from \$13.37 to \$2.15** for dates of service on or after 1st Jan 2006. This reduction in allowable fee will be implemented retroactively. That is, if a physician charged a 1-90772 fee to Medicaid between 1st Jan and 27th March 2006, their next Medicaid payment will be reduced by the fee reduction multiplied by the number of times that fee was charged by that physician.

E. Louisiana Medicaid ending in 40 days for beneficiaries currently living in Texas

- ? Under guidance from the federal Centers for Medicare and Medicaid Services, the Louisiana Dept. of Health and Hospitals Medicaid Program will send letters to Louisiana enrollees living in 10 states, including Texas, explaining that they have 45 days before their Medicaid coverage from Louisiana will end – an extension of the 10 days' notice that Medicaid normally gives to people when coverage is ending.
- ? Clients still living out of state can call the New Orleans Regional Medicaid Office at 504-599-0656 to request that their coverage be continued. Decisions will be made on a case-by-case basis. The Louisiana Medicaid free hotline (1-888-342-6207) will operate under extended hours, 8 am – 7 pm, Monday through Friday, and 8 am – 5 pm on Saturdays for two weeks after the letters are sent out, to help people who have questions about their coverage.
- ? It's easier for hospitals than for doctors to do the paperwork to get LA Medicaid/Medicare coverage for their patients. Doctors need to work with social workers to make sure their LA M/M patients call and make the arrangements to get their coverage.

F. Beginning 1st April 2006, primary care providers (PCPs) must ensure that they are listed on a PCCM client's Medicaid Identification Form (3087/H3087) to receive reimbursement for services.

- ? A PCCM client should see the PCP listed on their Medicaid Identification Form. A PCP may assist but not influence a client's wish to request a different PCP.
- ? Direct questions to PCCM Provider Helpline at 1-888-834-7226 or the TMHP Contact Center at 1-800-925-9126.

G. Health & Human Services Commission (HHSC) report

- ? Check website for newsletters: CHIP & Medicaid newsletter, "In Touch", etc.
- ? Medicare Rx Part D was taken back by the "feds" as of 1st April. Dual-eligibles must pay a co-pay. The majority of participants won't have to pay a co-pay, and medical schools are free from financial risk on their medications as well.

H. Children's Health Insurance Program (CHIP) update

- ? FYI – CHIP provides health care coverage for children in families who earn up to 200% of the federal poverty level (\$40,000/year income for a family of four). CHIP covers doctor visits, immunizations, hospital care, behavioral health services, surgery, X-rays, physical, speech & occupational therapies, prescription drugs, vision services, emergency services, transplants, and now dental services (see below). Call 800-647-6558 for info about or applications for CHIP in English or Spanish from 8 am – 8 pm Central Time, Monday through Friday.

1. State

- ? The Texas Children's Partnership is now called CHIP/Children's Medicaid.
- ? **Drastic reduction in # of children covered by CHIP** over the past few months (up to 28,000) – most likely because of a computer software problem during the recent transition from one contractor to another. HHSC is working on this problem, having the contractors call the families to confirm that their unenrollment was not intentional on the part of the family and re-enroll the children.
- ? **Starting 1st April, CHIP is expanding to include dental benefits**, including regular check-ups, cleanings, X-rays, sealants, fillings, tooth removal, crowns/caps, and root canals.

2. Gulf Coast CHIP Coalition

I. Children's Defense Fund update – see immunizations (J below)

J. Houston/Harris County Childhood Immunization Initiative update

- ? Slogan: "Immunize on time, every time." Goal: increase childhood immunization rate in Harris County from 61.7% to 70% by August 2012.
- ? Parents can "opt in" to the immunization registry before leaving the hospital with their newborn by checking a box on the certificate of birth application. About 97% of parents in Harris County have opted in over the past couple of years!

- ? Reminder/Recall Strategy: Send a phone call, letter, or postcard to parents one month prior to a needed vaccination. If no response, follow-up with another phone call, letter, or postcard.
- ? Other strategies: Provide local, on-site support to train physicians and staff on registry use. Enhance after-hours access to immunizations.

K. Medicare Part D

1. Dual eligibles

? During 02/01 meeting – Concern re: Medicare/Medicaid dual-eligibles who are defaulted from Traditional Medicare to Evercare and Amerigroup. These patients' physicians file the claims to Medicare, and the claims are denied as HMO. An Evercare STAR+PLUS representative explained that dual-eligible participants received a letter from the federal government informing them that if they do not opt out of Evercare or Amerigroup's Medicare product (whichever they have as their Medicaid STAR+PLUS plan), they will be passively enrolled. Thus a large number of patients were passively enrolled into the Medicare product in which they have their Medicaid plan. **Evercare is giving a 1-year grace period** on out-of-network care, during which they are recruiting into their network. **Amerigroup is giving a 4-month grace period.**

2. Medication preauthorizations

? A more user-friendly formulary finder is at www.hcms.org/Template.aspx?id=276

? The goal to eliminate the need for a physician to get Medicaid preauthorization for a prescription written from the formulary was added to HCMS' strategic plan.

L. THSteps update – none

M. HMO update – trying to educate doctors about PCCM phase-out.

N. TMHP update – See banner messages library at www.tmhp.com for snippets of provider-relevant info.

O. New business or other issues

? STAR enrollment for Harris County and statewide decreased recently – this is in spite of the addition of so many Katrina refugees and the general rise in poverty.

P. Information items

1. **Beginning 1st Oct 2005, Respiratory Syncytial Virus prophylaxis injections will be covered for up to 6 doses from October through the end of March, the season of widespread RSV activity indicated by the latest statewide Texas RSV surveillance data.** (This affects procedure code 90378 for both the Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Programs.) Texas Dept. of State Health Services will maintain a summary of the statewide data at www.dshs.state.tx.us
2. **Beginning 1st May 2006, both traditional Medicaid and PCCM require prior authorization or retrospective authorization for all out-patient non-emergent MRI, MRA, CT, and CTA (radiology) procedures.** See TMHP website for more info or for the Radiology Prior Authorization Form.
3. **Immune Globulin diagnosis restrictions** announced for the Texas Medicaid Program. Contact TMHP for more info.
4. Updated PDL list
5. Advanced Practicing Nurses will now receive 92% of the standard doctor's payment for services instead of the previous 85%.
6. **“Focusing on Physicians: A Medicaid Workshop”** available in Apr 2006. TMHP-hosted. Free. To increase physician understanding of billing, filing Medicaid claims, and available resources.
7. **2006 Acute Care TDHconnect 3.0 Workshops** available in May. For health care billing staff.

Q. Next meeting scheduled for Wed 7th June 2006