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<http://www.hhsc.state.tx.us/stakeholder>.



New Eligibility System Update

Aurora LeBrun

January 2009

Enhancements to the system, combined with increased staff training have yielded good results:

- In September 2008, food stamp applications processed in TIERS were completed timely 78.5 percent of the time. This is an increase from December 2007 when only 47.5 percent of applications processed in TIERS were completed within established timeframes.
- Timeliness improved in December 2008 after slight declines in October and November as a result of Hurricane Ike. In December, food stamp applications processed in TIERS were completed timely 75.4 percent of the time.
- Timeliness of recertifications processed in TIERS continues to improve. In December 2008, food stamp recertifications processed in TIERS were completed timely 88 percent of the time, compared to 74.5 percent in December 2007.

Authorization was received in June 2008 from the U.S. Department of Agriculture's Food and Nutrition Service (FNS) to geographically roll-out TIERS to up to 22 percent of the food stamp caseload.

- In October 2008, nine Central Texas (Region 7) offices with approximately 8,500 Medicaid, TANF, and food stamp cases were converted to TIERS.

Bastrop

Hamilton

Llano

Elgin

LaGrange

Marble Falls

Goldthwaite

Lampasas

San Saba

- In November 2008, four additional offices in Central Texas with approximately 22,000 cases were converted.

Copperas Cove

Gatesville

Killeen

Temple

Status of TIERS roll-out approved by FNS –

- Performance within the offices converted in October and November is being monitored.
- Proposed January roll-out will add 11 offices and approximately 22,500 cases.
- Central Texas roll-out is planned to be complete in February 2009.
- Roll-outs for the El Paso Region are scheduled to begin in April 2009.
- Roll-outs in the Lubbock Region are planned to begin in July 2009.

Three procurements for services that support the eligibility system are in progress.

- **Eligibility Support Services and Document Processing Services**
 - Tentative contract awards were anticipated for January 1, 2009 for both; however, the evaluation process is still underway.
- **TIERS Maintenance**
 - Final Request for Proposal is currently scheduled for release in May 2009.



Application Redesign Update

Fawn Escalante

January 2009

Background:

- **Integrated Application (Form H1010)** allows Texans to apply for multiple benefit programs:
 - Food stamps
 - Medicaid
 - Children's Health Insurance Program (CHIP)
 - Temporary Assistance for Needy Families (TANF)
 - Medicare Savings Programs

- **Application Redesign Project**
 - Includes changing the graphic design and editing the text to make the Integrated Application easier for people to read, understand and fill out.



HHSC Application Process Consumer Education Campaign

Purpose of Education Campaign:

- **Help applicants:**
 - Fill out applications accurately and completely.
 - Submit the correct verification documents.

As a result, applicants will complete the application process more quickly.

- **Respond to requirements of House Bill 3575**, 80th Legislature, Regular Session, 2007, to simplify the application process.
- **Complement efforts already being made** to redesign the application.

Objectives of Education Campaign:

- **Conduct consumer focus groups** to:
 - Gain feedback on the redesign of the application for benefits.
 - Learn what information should be included in educational materials.

- **Produce educational materials** to help people apply for benefits. Educational materials should:
 - Explain steps involved in the application process.
 - Explain which documents are needed before eligibility can be determined.
 - Provide tips or reminders for how to fill out the application.

Focus Group Participants:

➤ **Some must:**

- Receive benefits now or received them in the past.
- Never received benefits.
- Have mobility disabilities.
- Have low-literacy skills.

➤ **All must:**

- Have two or more people living in the home.
- Be responsible or share responsibilities for making decisions for the household.
- Have a low income.

Educational Materials:

➤ **Materials must:**

- Complement the 1010's new design.
- Be easy for those with low-literacy skills to understand.
- Be in English and Spanish.
- Be culturally appropriate.
- Communicate messages in creative and compelling ways that promote understanding by the target audience.

Educational Materials:

➤ Materials will include:

- Short video segments for web posting and inclusion on the educational DVD.
- Educational DVDs.
- Educational Poster – hard copies and copies for online download.
- Application Guide – hard copies and copies for online download.

Timeline

- January:** Conduct client focus groups and get stakeholder and staff input and work with the designer to make changes and adjustments as needed.
- February:** Finalize the design and translate the text into Spanish.
- March:** Finalize the Spanish version.



Health Care and Medicaid Reform Waiver Update

Maureen Milligan

January 2009

GOALS

Transform the system for more efficient health care funding.

Reduce the number of uninsured in Texas, by making it easier for working families to buy employer-sponsored health coverage.

Restructure current federal funding to gain flexibility in federal funds expenditures to:

- Redirect investments to focus on access to primary and preventive care.
- Reduce the number of uninsured individuals.
- Help reduce uncompensated care cost trends.

The central goal for the waiver continues to be approval to use federal funds to subsidize the acquisition of private health insurance for uninsured, low-income Texas adults.

HHSC continues to negotiate with CMS on Texas' reform waiver:

- A key point of discussion focuses on the use of existing unmatched state and local program expenditures as the basis for providing the state match for premium subsidies under the waiver.
- To facilitate negotiations, the State has streamlined and simplified the waiver requests to reflect core elements necessary to create a foundation of reform and set a basis for future expansions.

HHSC will continue to provide regular updates throughout the waiver process.

For more information:

- Sign up for updates and notification at www.hhs.state.tx.us
- Visit our website at:
<http://www.hhs.state.tx.us/medicaid/reform.shtml>
- Text of waiver:
http://www.hhs.state.tx.us/medicaid/Waiver_041708.pdf
- For questions, e-mail medreform@hhsc.state.tx.us



Frew v. Hawkins **Strategic Initiatives**

Olga Rodriguez

January 2009

Distinct Impacts and Objectives to Achieve with Funding

Increases:

- Increase number of children who receive Texas Health Steps medical and dental check-ups
- Increase participation of medical and dental providers
- Improve appropriate utilization of medically necessary health care services
- Improve coordination of care

Projects or initiatives to be funded by HHSC from the \$150 million will be intended to result in fundamental or critical improvements in the Medicaid program

Expenditure Authority Received from the Governor's Office and LBB for

- First Dental Home: Implemented for Pediatric (March) and general dentists (May)– Over 37,000 children served as of December, 2008.
- Oral Evaluation and Application of Fluoride Varnish in the Medical Home: -- Over 400 children served since September 2008
- Mobile Dental Unit in the Valley: Over 650 dental procedures provided in Zapata and Duvall counties.
- Integrated Pediatric and Mental Health Proposal: Over 1,700 face-to-face contacts with licensed mental health professionals since September 2008
- Two elements of the Pediatric Subspecialty Access Proposal
 - Telephone consultation reimbursement as a Medicaid benefit: Implemented in January 2009
 - Developing referral guidelines for PCPs to use: To be developed and implemented throughout 2009; first guideline to be completed in March 2009

Expenditure Authority Received from the Governor's Office and LBB

- Migrant Data Exchange with TEA
- Vitamin and Mineral Benefit Study
- Community Health Worker/Promotora in the Emergency Room
- Pediatric subspecialists telemedicine pilots
- Consultation and Referral Networks for Pediatric Subspecialists
- Medicaid Eligibility and Health Information Project
- Developmental Calendars
- Loan Repayment

As of January 2009, \$46.3 million in general revenue has been authorized for 13 projects for the 2008-2009 biennium. On-going expected fiscal impact is an additional \$99.7 million in general revenue for the 2010-2011 biennium.

The next meeting of the Frew Advisory Committee is scheduled for April 3, 2009.



Other Proposals Under Consideration or Considered

Pediatric Subspecialty Circuit Rider Program
School Based Telemedicine
Targeted Rate Increase for Medicaid Providers in Underserved Areas
Healthy Lifestyle Incentive
Mental Health Mentoring Project
Medical Transportation Program Improvements
Prior Authorization Improvements
Disease Management (obesity) Proposal
Physician directed case coordination proposal
Additional mobile dental units
Targeted Rate Increased for Pediatric Subspecialists
CPT Code Review
On-Line Provider Enrollment and Look-up Enhancements
Medical Home for Children with Special Health Care Needs Pilots
Education and Outreach for THSteps Teens
THSteps Laboratory Provider Service Enhancements
Physician Ombudsman Proposal
Electives and subinternships in Medical and Dental Schools



Frew v. Hawkins
**Preliminary Report on the Impact of Rate
Increases on Provider Participation**

Rick Allgeyer

January 2009

H.B. 15, 80th Legislature, Regular Session, 2007, increased reimbursement rate to Medicaid providers with the goal to improve client access to preventive health services and office-based medical visits, while reducing reliance on hospital-based care.

HHSC has conducted an initial study of the rate increases on Medicaid provider participation.

- Since the effect of the new rates would likely appear first in the enrollment of new providers, this study concentrates on this group rather than on existing providers.
- While growing, new providers only account for about two percent of all providers.
- For future analysis, data reflecting a longer implementation of rate increases will monitor the caseloads of existing providers and the level of client utilization.

The Preliminary Analysis Major Findings

- New Unique Medicaid Providers and New Provider Locations
 - Providers are joining the Medicaid program at an accelerated pace since enactment of the new reimbursement rates. This growth shows up in two ways: (1) the number of new *unique providers*; and (2) the number of new *provider locations* (i.e., counting every practice location when a provider has more than one in the program).
- Provider Type
 - New provider participation grew across all provider types, including primary care physicians and dentists.
- Metropolitan Statistical Area (MSA) Designation
 - New provider participation also grew across all types of MSA designations – metropolitan, micropolitan, and rural.
- Claims
 - Comparing the first three quarters of fiscal year 2007 and fiscal year 2008, the number of Medicaid claims by new provider locations increased by 57 percent.



Medicaid /CHIP Update Smoking Cessation Pilot

Michelle Harper

January 2009

S.B. 10 required HHSC to

- Develop and implement a pilot program in one area of the state;
- Provide Medicaid recipients positive incentives to lead healthy lifestyles, through participation in certain health-related programs or engaging in certain health-conscious behaviors; and
- Submit a report to the legislature by December 1, 2010.

HHSC implemented a tobacco cessation pilot aimed to promote healthy lifestyles and reduce the risk of tobacco-related conditions.

Smoking is the leading preventable cause of death.

- More people die from smoking than from car accidents, fire, AIDS, heroin, cocaine, alcohol, and murder - combined.

Smoking rates in the Medicaid population nationally are higher than in the general public.

- 35 percent vs. 20.8 percent

Texans with disabilities have a higher prevalence of smoking.

- 29.9 percent vs. 19.8 percent

Texas Medicaid covers over the counter tobacco cessation products and prescribed medications.

Texas Medicaid does not cover tobacco cessation counseling (i.e, individual, telephone, or group counseling).

HHSC implemented a tobacco cessation pilot aimed to promote healthy lifestyles and reduce the risk of tobacco-related conditions.

- Current Texas Medicaid Coverage includes:
 - Over the counter tobacco cessation products and prescribed medications.
- Additionally, the pilot provides telephone and face-to-face tobacco cessation counseling services.
 - Due to the high prevalence of smoking among people with disabilities, HHSC is offering counseling services to STAR+PLUS members in the Bexar County Service Area.
- The state’s external quality review organization (EQRO), the Institute for Child Health Policy (IHP), is evaluating the pilot.

Pilot participants are randomly assigned by ICHP to one of three groups:

- Telephone counseling;
- Face-to-face group counseling; or
- Control group (important for comparison and evaluation purposes).

The telephone and face-to-face counseling provides education, motivation, and support services.

As part of the pilot's evaluation, participants in all 3 groups will be asked to complete 4 surveys over the length of the pilot and receive an incentive for completing each survey.

Pilot services began on November 15, 2008, and will end in February 2010.

- Outreach and enrollment lasts three months.
- Participants receive services upon enrollment in the pilot program.

Evaluation is expected to be completed by Spring 2010.

Final report will be submitted to the Legislature by December 1, 2010.