

# TEXAS MEDICAID FEE-FOR-SERVICE ACCESS MONITORING REVIEW PLAN

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Responsive to 42 CFR §447.203(b)

October 1, 2016

Texas Health and Human Services Commission  
Medicaid/CHIP Services Department

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## Overview

State Medicaid programs must comply with newly adopted federal rules<sup>1</sup> at 42 C.F.R. §§447.203-204 intended to establish a standardized, transparent, data-driven process for states to document that fee-for-service (FFS) provider payment rates are consistent with Section 1902(a)(30)(A) of the Social Security Act (the Act). This section of the Act requires states to have methods and procedures to assure that payments to providers are “sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area.”<sup>2</sup>

Major provisions of the new rule include:

- State Medicaid programs must submit an initial FFS Access Monitoring Review Plan (AMRP) by October 1, 2016<sup>3</sup>.
- States must submit subsequent FFS AMRP by October 1, 2019, and every three years thereafter.
- The FFS AMRP must analyze certain services for sufficient access under a state-established methodology.
- When states submit state plan amendments (SPAs) reducing or restructuring rates, they must include an analysis of the current level of access, the expected SPA impact on access, and information and concerns shared by stakeholders.
- States must establish or maintain ongoing provider and beneficiary means for access to care input.
- For identified access issues, states must establish corrective action plans within 90 days intended to remediate identified access to care issues within 12 months.

### **Multi-faceted Approach to Access Analysis and Monitoring**

In addition to the fee-for-service access analysis and monitoring approach under development, the Texas Health and Human Services Commission (HHSC), the single state agency administering Texas Medicaid, is also responding to both state and federal Medicaid managed care organization (MCO) access requirements. Following implementation of the STAR Kids Medicaid managed care model on November 1, 2016, in excess of 90 percent of Texas Medicaid clients will be in managed care.

The federal Medicaid managed care regulations finalized in May 2016 acknowledged the prevalence of Medicaid managed care delivery systems and noted CMS intent for state Medicaid programs to establish enhanced oversight of plan network adequacy requirements while maintaining state flexibility.<sup>4</sup>

The Texas Legislature likewise is committed to enhancing Medicaid managed care network adequacy as demonstrated by the requirements of Senate Bill (S.B.) 760, 84<sup>th</sup> Legislature, Regular Session, 2015. S.B. 760 requires HHSC to enhance existing access standards for MCO provider networks. MCOs will be required to submit a plan on how their networks comply with the newly established standards

Where appropriate, HHSC intends to align access measures and monitoring processes between Medicaid FFS and managed care. This alignment will afford meaningful data analysis and enhance the efficiency and continuity of reporting for the fee-for-service population.

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<sup>1</sup> 80 *Federal Register* (FR) 67575

<sup>2</sup> 42 U.S.C. 1396a(a)(30)(A)

<sup>3</sup> The October 1, 2016, initial plan submission date was established by 81 FR 21479.

<sup>4</sup> 81 FR 27497

### **Texas Fee-for-Service Access Monitoring Review Plan**

This report complies with the requirements of 42 CFR §447.203(b) to develop a FFS Access Monitoring Review Plan. The regulation requires the AMRP to include:

- Analysis of a minimum set of defined fee-for-service categories (i.e., primary care, specialty care, home health, behavioral health, and obstetrics), with possible analysis of other services, as determined by complaint volume or other factors of the state's choosing.
- Prescribed data elements, such as provider availability and utilization by geographic area, that support analysis of whether beneficiaries have sufficient access to care.
- Consideration of input from providers and beneficiaries.
- Comparative rate review of state Medicaid rates to other payer rates (e.g., Medicare).
- Description of standards and methodologies used to monitor access and how the state measures against these standards.
- Procedures to periodically monitor access for at least three years after certain rate reductions or restructuring, including an analysis establishing access to care for the specific service at the time of state plan amendment, and periodic reviews (at least annually) over three years that demonstrate sustained service access.
- Determination of sufficiency of access to care based on findings.

### **HHSC Plan for Enhanced Future Reporting**

This plan represents efforts to report on FFS adequacy in compliance with 42 CFR §447.203(b) given currently available information and will follow CMS guidance that states may rely on data available at the first reporting period with the intent that the analysis become more sophisticated over time.<sup>5</sup> This analysis will provide an overview of the Texas FFS client population; provider counts and client utilization data by service area, service type, and client category; opportunities for public input; and the process for monitoring rate reductions and restructuring.

HHSC will refine the data analysis at successive annual intervals. HHSC will complete an updated analysis by October 1, 2017, that will add Medicare rate comparisons of the top 20 procedure codes for each service category, as applicable, and HHSC will explore options for obtaining commercial payer data. For October 1, 2017, HHSC will perform geo-analysis on all categories of services, with the exception of home health services. Home health services do not lend well to geo-analysis, because the provider address on file is that of the agency and not of the providers who deliver the services. However, the home health analysis will include a rate comparison, and HHSC will explore other options that may be appropriate for home health.

For October 2017, HHSC also will refine the population analysis to more cleanly account for the transition of children with disabilities to the STAR Kids managed care model. Stakeholders will have a 30-day comment period on the October 2017 report and HHSC will seek Medical Care Advisory Committee (MCAC) input prior to finalizing.

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<sup>5</sup> CMS provided guidance to states on February 25, 2016 during an all-state State Operations and Technical Assistance (SOTA) call acknowledging states may not have full data for initial reporting, but states should describe when they will have the data and describe why they are compliant with 1932(a)(30)(A) with the currently available information. CMS reiterated this direction on July 7, 2016 during a Texas technical assistance call between HHSC staff and various CMS staff.

## Population Analysis

The plan and monitoring analysis must consider the characteristics of the beneficiary population, per 42 CFR §447.203(b)(1)(iv). In Texas, the fee-for-service population has diminished significantly over the last decade as Texas has established managed care models for most populations and expanded those models throughout the state. A description of the managed care programs and the clients served follows:

- STAR — provides acute care services for eligible children, newborns, pregnant women, and low-income families.
- STAR+PLUS — provides acute care and long-term services and supports to individuals with disabilities or who are age 65 or older.
- STAR Health — provides a comprehensive array of services for children in the conservatorship of the Texas Department of Family and Protective Services and for certain young adults who were previously in foster care.
- Medicare-Medicaid Plans — provide Medicare and Medicaid covered services to dual eligible individuals in six Texas counties.
- STAR Kids (implementing November 1, 2016) — provides a comprehensive array of services to children and adults age 20 or younger who have disabilities.

After the November 1, 2016, implementation of the STAR Kids managed care model, fewer than 10 percent of Medicaid clients will remain in fee-for-service. Of the clients remaining in FFS, the majority will remain in FFS no more than about 45 days while awaiting managed care enrollment.

HHSC continues to refine the analysis of children with disabilities since significantly fewer children with disabilities will be in FFS following the STAR Kids implementation; therefore, using recent years' data on FFS enrollment will significantly over-represent the number of children with disabilities who will be in FFS in the future. HHSC is developing a methodology that will project future enrollment of children with disabilities in FFS. The methodology will account for the fact that most children with disabilities will be enrolled in STAR Kids, and of those remaining in FFS, it will likely only be for the brief period after they have been deemed Medicaid eligible but have not yet been enrolled in a managed care plan. Analysis regarding children with disabilities is not included in this report but will be included in the October 2017 report.

The following table represents the total number of FFS clients by Service Delivery Area (SDA) and category that are included in this analysis of state fiscal year 2015 FFS data. Texas is a vast state with many rural areas. Some of the service areas, called Medicaid Rural Service Areas (MRSAs), capture rural counties that do not include significant urban centers. HHSC is exploring various ways to categorize counties by size, similar to the approach for Medicare Advantage plans, so that differing standards can be established based on county population density.

### State Fiscal Year 2015 Client Counts by SDA and Category

Service Delivery Area	Adults without a disability	Adults with a Disability	Children without a Disability
Bexar	20,441	22,833	48,105
Dallas	31,857	34,184	88,218
El Paso	8,364	8,864	20,291
Harris	60,301	44,574	133,191
Hidalgo	28,754	25,671	62,023
Jefferson	6,008	9,455	13,762
Lubbock	5,961	8,980	16,233
MRSA Central	9,975	19,443	25,513
MRSA Northeast	12,430	26,400	32,299
MRSA West	12,599	25,125	33,989
Nueces	6,772	9,857	16,869
Tarrant	21,939	24,958	56,867
Travis	14,024	15,524	33,558
Unknown	17,943	2,735	3,096
<b>Texas</b>	<b>255,639</b>	<b>275,685</b>	<b>580,454</b>

### Data to Assess Access: Public Input

HHSC uses multiple forms of public input to inform access to care analysis and in accordance with the requirements of 42 C.F.R. §447.203(b)(7). Two of the most important input mechanisms are complaint data to inform ongoing access and comments provided during the rate hearing process to inform decision-making prior to rate changes.

#### Complaint Monitoring Processes

HHSC will leverage existing mechanisms for ongoing beneficiary and provider input on access to care in a quarterly review process that aggregates comments and complaints to HHSC internal and contractor sources. HHSC will review complaint data more frequently if the volume of stakeholder input dictates or if more frequent review is appropriate given a rate reduction or restructuring subject to the requirements of 42 CFR §447.203(b)(6).

HHSC's *Compact with Texans* outlines the agency's customer service principles and standards, including a complaint process for consumers. As part of that process, consumers are directed to first contact the HHS program for which they have an inquiry or a complaint. If the concern is not resolved to their satisfaction, the consumer is directed to contact the HHS Office of the Ombudsman. This process is applicable to both clients and providers in Medicaid FFS program. In both cases, TMHP is contracted by HHSC to receive initial contact.

Descriptions of various entities that monitor complaints and accept public input on an ongoing basis follow. Appendix B contains contact information for the various FFS client and provider complaint channels.

**TMHP Appeals, Complaints, and Resolution Division.** The TMHP Appeals, Complaints, and Resolution (ACR) Division receives issues and complaints via escalations from the TMHP contact center, HHSC Operations Management referral, and an email address for provider and client complaints. TMHP ACR staff capture detail on the complainant, provider, complaint classification, complaint description, and complaint resolution. Complaint data is reported weekly and monthly by the TMHP Project Management team.

Section 7.3.4 of the *Texas Medicaid Provider Procedures Manual*, which is a resource for all Medicaid providers, describes the complaint process and provides contact information. All contact information also is on the TMHP website and the contact number is on provider Remittance and Status reports.

Clients receive TMHP contact information, in addition to other contact information, in the *Your Health Care Guide* for Medicaid clients. There is a Medicaid client hotline on various places on the HHSC website and on the back of FFS Medicaid clients' Your Texas Benefits cards. This line tells clients how to address any of their Medicaid needs, including complaints. The TMHP website also includes ways clients can contact TMHP.

**HHSC Claims Administrator Operations Management.** Operations Management staff receive issues and complaints escalated from TMHP or directed from other areas of HHSC, such as Ombudsman Office or the Medicaid/CHIP Policy and Program Section. Operations Management staff confirm the complaint pertains to services for a fee-for-service client, engages the resources necessary to resolve the issue, then records the outcome. Information is tracked via the Project Portfolio Management (PPM) tool.

**HHSC Office of the Ombudsman.** The Health and Human Services Commission's Office of the Ombudsman is comprised of a team of professionals committed to a high level of customer service. The Ombudsman Office receives, responds to, and refers calls and correspondence from the public, working closely with health and human services agencies' leadership, management, and program staff.

With respect to fee-for-service Medicaid, the Office of the Ombudsman helps individuals when the complaint process initiated through TMHP does not satisfactorily resolve the issue. The Office of the Ombudsman's services include:

- Conducting independent reviews of complaints concerning agency policies or practices
- Ensuring policies and practices are consistent with the goals of HHSC
- Ensuring individuals are treated fairly, respectfully, and with dignity
- Making referrals to other agencies, as appropriate

All contacts received by the Office of the Ombudsman are captured in a tracking database. Key data points are collected, including the subject matter of complaints or inquiries and resolution descriptions. The Office of the Ombudsman conducts monthly reporting and can run specific reports relevant to areas within HHSC.

Ways to contact the Office of the Ombudsman are included in the welcome packet clients receive with their Medicaid ID card, included in the *Your Health Care Guide* for Medicaid clients, and posted on the

HHSC website. Additionally, Ombudsman produces outreach materials that are shared with consumers and community partner organizations.

### **HHSC Rate Hearing Comment and Resolution Process**

The HHSC Rate Analysis Division (RAD) holds quarterly and, if required, special rate hearings to obtain public comment on proposed rate reimbursement adjustments. Notices announcing the rate hearings with instructions for accessing the rate hearing packets and public comment procedures are published in the *Texas Register* and on HHSC websites. Prior to the rate hearing, rate hearing information packets are posted on the RAD website and an email notice that the packets are posted is sent to stakeholders. Rate hearings are video broadcast live and archived on the HHSC website for public viewing.

Commenters have the opportunity to document and discuss their support for the proposed rate actions or their issues with the proposed rate actions via:

- written comments accepted prior to and until 5 p.m. the day of the rate hearing via email, fax, and mail; and
- verbal testimony recorded on the day of the rate hearing.

All comments are reviewed and summarized on a spreadsheet. After the rate hearing and prior to making a final recommendation, RAD staff analyze all submitted comments and documentation. Staff will consult with clinical, policy and other appropriate HHSC staff regarding any access to care issues raised through the rate hearing comment process and the merit of such comments. After consultation, RAD staff may develop alternative rate adjustment recommendations.

The summarized comments, analysis, and final RAD recommendations are presented to HHSC leadership for review, discussion, and used to inform a final decision. Once a decision is finalized, RAD directs HHSC's claims administrator to implement the new rates and publish provider notifications regarding the adopted rates and their effective date. This information is published and available to the public on the claims administrator's website.

### **Data to Assess Access: Service-Specific Analyses**

Per 42 CFR §447.203(5)(ii), the AMRP must address the following service categories:

- Primary care;
- Physician specialist;
- Behavioral health;
- Pre- and post-natal obstetrics; and
- Home health services.

The state did not identify additional categories of service that must be included in the report at this time. In assessing the five service categories, HHSC used state fiscal year 2015 enrollment and utilization data to conclude that there is active FFS service utilization in all reported service categories in all service delivery areas of the state.

For the October 1, 2017, analysis, HHSC will add Medicare rate comparisons of the top 20 procedure codes for each service category, as applicable. HHSC will be further refining the analysis of the child with disabilities population in order to apply a consistent methodology to determine the top 20 procedure codes for the Medicare comparison. Texas Medicaid does not currently have a resource for private payer rate data. HHSC will explore options for obtaining commercial payer data.



### **Common Elements of Analyses**

The assumptions in this section apply to all service-specific analyses, unless otherwise noted in the service-specific section. Data was drawn from fee-for-service claims from state fiscal year (SFY) 2015.

***Service Delivery Area.*** All analyses reflect estimates of FFS clients broken down by the service delivery areas (SDAs) used in Medicaid managed care. This structure ultimately will assist in making comparative analyses between FFS and managed care populations, as appropriate. Enrolled and active provider counts are stratified by Medicaid SDA using the county of the provider's physical address. Stratification of client counts by SDA are based on a client's county of residence.

***Provider Categories.*** Each analysis reflects unduplicated data for one or more of the following provider categories:

- Enrolled Providers - includes providers meeting the criteria defined for each service category.
- Active Providers - includes the providers who provided services that HHSC identified as specific to each service category within SFY 2015.
- Providers With New Clients - includes providers who saw FFS clients and billed codes or modifiers, as applicable in each service category, that the provider bills when seeing a new client.

***Client Categories.*** Each analysis reflects unduplicated data for the following categories of clients:

- Adults (age 21 or older) without a disability;
- Adults (age 21 or older) with a disability;
- Children without a disability (younger than age 21).

***Children with a Disability.*** The October 1, 2017, report will include children with a disability (younger than age 21). HHSC is refining a methodology that will review data collected prior to the implementation of STAR Kids and project how many children with disabilities will remain in FFS after STAR Kids implementation. Using recent years' data on FFS enrollment without applying such a methodology will significantly over-represent the number of children with disabilities that will be in FFS in the future. The majority of clients under age 21 with disabilities who remain in FFS following STAR Kids implementation would only access FFS temporarily while awaiting STAR Kids managed care enrollment.

### **Primary Care Services**

Data for primary care services separately addresses medical and dental providers. The primary care medical providers' data includes:

- physicians (M.D. or D.O.) and physician group practices with specialty in family practice, internal medicine, pediatrics, or obstetrics/gynecology (OB/Gyn);
- federally qualified health centers (FQHCs);
- rural health clinics (RHCs);
- comprehensive health centers (CHCs);
- physician assistants (PAs);
- advanced practice registered nurses (APRNs); and
- Texas Health Steps (THSteps) medical providers.

**PC1 - MEDICAL PRIMARY CARE PROVIDERS.** Number of enrolled and active medical PCPs, PCPs who saw new clients, and number of clients receiving services from a medical PCP by SDA and client group during SFY 2015.

Service Delivery Area (SDA)	Enrolled Providers	Active Providers	Providers with New Client(s)	Adults without a Disability	Adults with a Disability	Children without a disability
Bexar SDA	4,587	387	275	6,760	5,727	25,718
Dallas SDA	8,560	649	464	9,050	9,012	51,279
El Paso SDA	1,425	177	146	2,460	2,090	11,421
Harris SDA	11,866	1,093	843	15,693	14,074	78,557
Hidalgo SDA	2,380	536	451	9,757	12,878	41,863
Jefferson SDA	1,196	162	113	1,896	3,328	7,371
Lubbock SDA	1,601	137	89	1,466	2,586	7,497
MRSA Central	3,614	190	132	2,058	5,508	12,836
MRSA Northeast	3,340	326	222	3,128	8,676	14,538
MRSA West	3,193	379	237	3,289	8,549	15,838
Nueces SDA	1,475	196	142	2,373	3,534	9,800
Tarrant SDA	4,907	398	274	3,486	5,276	26,148
Travis SDA	3,646	243	152	3,915	4,465	18,579
Out-of-State	0	27	5	0	0	0
Unknown	0	0	0	7	754	275
<b>Total</b>	<b>42,171</b>	<b>4,879</b>	<b>3,529</b>	<b>65,237</b>	<b>85,988</b>	<b>321,080</b>

*Note: See Children with a Disability section on page 8 explaining why children with a disability are not included.*

The primary care dental providers' data includes:

- dentists (D.D.S. or D.M.D.);
- dentistry groups; or
- providers enrolled as THSteps dental or THSteps dental groups.

**PC2 - DENTAL PRIMARY CARE PROVIDERS.** Number of enrolled and active dental PCPs, dental PCPs who saw new clients, and number of clients receiving services from a dental PCP by SDA and client group during state fiscal year 2015.

Service Delivery Area (SDA)	Enrolled Providers	Active Providers	Providers with New Client(s)	Adults without a Disability	Adults with a Disability	Children without a disability
Bexar SDA	1,270	237	211	6	467	10,699
Dallas SDA	2,395	491	443	6	304	23,641
El Paso SDA	397	60	59	0	32	6,128
Harris SDA	2,811	710	664	0	320	33,058
Hidalgo SDA	872	224	213	4	85	17,515
Jefferson SDA	248	48	46	0	117	2,660
Lubbock SDA	314	42	35	0	101	2,956
MRSA Central	421	71	59	1	102	4,125
MRSA Northeast	575	92	84	1	248	6,731
MRSA West	487	90	80	0	301	6,746
Nueces SDA	319	60	54	5	85	2,920
Tarrant SDA	1,761	293	284	2	479	14,341
Travis SDA	762	165	141	0	284	7,601
Out-of-State	0	4	2	0	0	0
Unknown	0	0	0	0	10	57
<b>Total</b>	<b>9,030</b>	<b>2,568</b>	<b>2,359</b>	<b>25</b>	<b>2,922</b>	<b>139,142</b>

*Note: See Children with a Disability section on page 8 explaining why children with a disability are not included.*

### **Physician Specialist Services**

The physician specialist data must address priority specialty physician services identified by the state. Texas has determined to align the fee-for-service physician specialty analysis with analysis of physician specialists in Medicaid managed care. Therefore, data was collected on the following specialties:

- Cardiovascular Disease
- Ear, Nose, and Throat (ENT)
- Orthopedic Surgery
- Urology
- Ophthalmologists

**PS1 - CARDIOVASCULAR DISEASE (CVD).** Enrolled and active CVD specialists, CVD specialists who saw new clients, and clients receiving CVD specialist services by SDA and client group during SFY 2015.

Service Delivery Area (SDA)	Enrolled Providers	Active Providers	Providers with New Client(s)	Adults without a Disability	Adults with a Disability	Children without a disability
Bexar SDA	202	14	10	95	774	53
Dallas SDA	372	28	22	186	2,258	22
El Paso SDA	56	9	7	37	689	19
Harris SDA	620	87	71	642	5,124	61
Hidalgo SDA	82	17	17	330	2,710	5
Jefferson SDA	50	10	9	116	1,244	14
Lubbock SDA	72	7	5	9	170	10
MRSA Central	105	3	3	38	549	3
MRSA Northeast	148	11	9	34	908	9
MRSA West	100	10	10	14	895	7
Nueces SDA	60	4	3	77	939	9
Tarrant SDA	231	16	12	59	816	5
Travis SDA	133	5	3	14	296	0
Unknown	0	4	3	0	93	1
<b>Total</b>	<b>2,005</b>	<b>225</b>	<b>184</b>	<b>1,647</b>	<b>17,436</b>	<b>218</b>

*Note: See Children with a Disability section on page 8 explaining why children with a disability are not included.*

**PS2 - EAR, NOSE, & THROAT.** Number enrolled and active ENT specialists, ENT specialists who saw new clients, and clients receiving services from an ENT specialist by SDA and client group during SFY 2015.

Service Delivery Area (SDA)	Enrolled Providers	Active Providers	Providers with New Client(s)	Adults without a Disability	Adults with a Disability	Children without a disability
Bexar SDA	79	12	10	37	377	239
Dallas SDA	119	28	24	37	2,820	193
El Paso SDA	21	3	3	3	51	8
Harris SDA	205	26	24	96	900	266
Hidalgo SDA	31	7	7	27	280	104
Jefferson SDA	13	4	4	4	100	18
Lubbock SDA	20	2	1	0	11	5
MRSA Central	41	4	3	6	216	95
MRSA Northeast	44	10	10	13	493	141
MRSA West	40	12	11	30	569	204
Nueces SDA	20	1	1	2	33	7
Tarrant SDA	67	14	13	14	2,055	173
Travis SDA	62	7	6	18	242	88
Unknown	0	1	1	0	45	1
<b>Total</b>	<b>736</b>	<b>130</b>	<b>117</b>	<b>287</b>	<b>8,180</b>	<b>1,542</b>

*Note: See Children with a Disability section on page 8 explaining why children with a disability are not included.*

**PS3 - ORTHOPEDIC SURGERY.** Number enrolled and active orthopedic surgeons, surgeons who saw new clients, and clients receiving services from an orthopedic surgeon by SDA during SFY 2015.

Service Delivery Area (SDA)	Enrolled Providers	Active Providers	Providers with New Client(s)	Adults without a Disability	Adults with a Disability	Children without a disability
Bexar SDA	189	24	22	45	528	259
Dallas SDA	284	41	34	18	783	14
El Paso SDA	61	5	5	8	187	94
Harris SDA	395	42	38	136	820	117
Hidalgo SDA	56	20	19	153	1,097	291
Jefferson SDA	40	7	7	48	429	95
Lubbock SDA	64	8	7	8	147	27
MRSA Central	113	3	3	12	183	40
MRSA Northeast	117	6	6	22	332	29
MRSA West	106	16	14	38	536	115
Nueces SDA	46	5	5	13	178	118
Tarrant SDA	207	17	13	28	374	29
Travis SDA	143	11	11	20	307	266
Unknown	0	1	1	0	25	1
<b>Total</b>	<b>1,702</b>	<b>206</b>	<b>185</b>	<b>548</b>	<b>5,914</b>	<b>1,494</b>

*Note: See Children with a Disability section on page 8 explaining why children with a disability are not included.*

**PS4 - UROLOGY.** Number of enrolled and active urologists, urologists who saw new clients, and number of clients receiving services from a urologist by SDA and client group during SFY 2015.

Service Delivery Area (SDA)	Enrolled Providers	Active Providers	Providers with New Client(s)	Adults without a Disability	Adults with a Disability	Children without a disability
Bexar SDA	63	8	6	5	233	10
Dallas SDA	165	8	8	28	271	59
El Paso SDA	37	1	1	0	40	0
Harris SDA	192	21	17	61	555	13
Hidalgo SDA	25	7	6	26	320	3
Jefferson SDA	13	2	2	17	193	2
Lubbock SDA	32	5	3	3	72	3
MRSA Central	45	4	4	1	150	11
MRSA Northeast	63	6	6	9	330	22
MRSA West	44	10	9	20	472	27
Nueces SDA	21	5	5	6	142	4
Tarrant SDA	106	9	9	6	183	1
Travis SDA	44	7	7	16	182	147
Unknown	0	1	1	0	17	2
<b>Total</b>	<b>727</b>	<b>94</b>	<b>84</b>	<b>197</b>	<b>3,150</b>	<b>304</b>

*Note: See Children with a Disability section on page 8 explaining why children with a disability are not included.*

**PS5 - OPHTHALMOLOGIST.** Number of enrolled and active ophthalmologists, ophthalmologists who saw new clients, and number of clients receiving services from an ophthalmologists by SDA and client group during SFY 2015.

Service Delivery Area (SDA)	Enrolled Providers	Active Providers	Providers with New Client(s)	Adults without a Disability	Adults with a Disability	Children without a disability
Bexar SDA	161	40	10	61	1,268	484
Dallas SDA	255	40	19	97	1,752	290
El Paso SDA	35	7	3	34	796	248
Harris SDA	352	42	14	307	3,122	797
Hidalgo SDA	68	18	11	296	2,533	711
Jefferson SDA	39	4	3	21	577	34
Lubbock SDA	67	13	2	5	220	113
MRSA Central	82	13	6	13	936	74
MRSA Northeast	94	12	5	14	878	61
MRSA West	54	13	2	21	931	112
Nueces SDA	38	8	2	26	553	116
Tarrant SDA	152	24	12	39	1,011	107
Travis SDA	112	17	9	47	797	169
Unknown	0	4	3	0	67	5
<b>Total</b>	<b>1,317</b>	<b>249</b>	<b>95</b>	<b>981</b>	<b>15,421</b>	<b>3,321</b>

*Note: See Children with a Disability section on page 8 explaining why children with a disability are not included.*

### **Behavioral Health Services**

The analysis of behavioral health (BH) services must address both mental health (MH) and substance use disorder (SUD) services.

Behavioral health services refer to any services received by clients with a primary diagnosis of a mental health or substance use disorder or procedure codes that are mental health and SUD-related.<sup>6</sup>

The analysis first looks at all BH service codes - either MH or SUD - and documents services provided by providers classified as behavioral health providers versus other provider types.

BH providers include psychiatrists, psychologists, social workers, counselors, mental health rehabilitation/case management service providers, psychiatric hospitals, and chemical dependency treatment facilities (CDTFs).

BH services may be provided by non-BH provider types. An example might include a non-psychiatrist physician who prescribes anti-depressant medications to a client.

<sup>6</sup> SUD services refer to any services provided by a 'Chemical Dependency Treatment Facility' or by any health care providers billing for procedure codes in list (H0001, H0016, H0050, S9445, H0031, T1007, H0047, H0012, H2035, H0004, H0005, H0020 and H2010) or any services received by clients with a primary ICD-9 diagnosis between 291-292.99 or between 303-305.99 or ICD-10 diagnosis between F10-19.

**BH1 - BH SERVICES BY BH PROVIDERS.** Number of enrolled and active BH providers and number of clients receiving BH services from BH providers by SDA and client group during SFY 2015

Service Delivery Area (SDA)	Enrolled Providers	Active Providers	Adults without a Disability	Adults with a Disability	Children without a disability
Bexar SDA	1,528	339	583	2,961	2,643
Dallas SDA	1,064	167	83	2,822	344
El Paso SDA	320	108	185	471	508
Harris SDA	2,302	471	642	4,455	2,846
Hidalgo SDA	451	183	535	1,993	1,469
Jefferson SDA	229	82	236	1,394	765
Lubbock SDA	342	162	129	1,518	701
MRSA Central	633	164	262	1,630	963
MRSA Northeast	719	220	372	2,542	1,433
MRSA West	629	209	339	2,927	1,361
Nueces SDA	285	111	242	1,055	566
Tarrant SDA	976	267	465	2,710	1,627
Travis SDA	1,255	236	349	1,918	1,344
Out-of-State	0	9	0	0	0
Unknown	0	28	0	10	4
<b>Total</b>	<b>9,636</b>	<b>2,748</b>	<b>4,414</b>	<b>28,175</b>	<b>16,456</b>

Note: See Children with a Disability section on page 8 explaining why children with a disability are not included.

**BH2 - BH SERVICES BY NON-BH PROVIDERS.** Number of active non-BH providers delivering BH services and number of clients receiving BH services from non-BH providers by SDA and group during SFY 2015.

Service Delivery Area (SDA)	Active Providers	Adults without a Disability	Adults with a Disability	Children without a disability
Bexar SDA	574	1,138	6,632	3,852
Dallas SDA	853	543	8,449	1,835
El Paso SDA	248	254	1,638	799
Harris SDA	1,383	2,170	13,118	5,924
Hidalgo SDA	679	788	4,282	1,821
Jefferson SDA	238	380	2,547	930
Lubbock SDA	225	266	1,998	841
MRSA Central	382	575	5,589	2,015
MRSA Northeast	585	754	7,420	1,882
MRSA West	576	604	6,085	2,021
Nueces SDA	286	341	3,075	1,257
Tarrant SDA	576	1,009	8,393	2,682
Travis SDA	397	722	5,279	2,124
Out-of-State	122	0	0	0
Unknown	102	0	35	7
<b>Total</b>	<b>7,154</b>	<b>9,526</b>	<b>73,973</b>	<b>27,873</b>

Note: See Children with a Disability section on page 8 explaining why children with a disability are not included.

The remaining analyses in the behavioral health section address either mental health or substance use disorder services rather than behavioral health services collectively.

The below analysis specifically identifies mental health services provided by a psychiatrist. Psychiatrists may provide services not within scope of practice of other mental health provider types.

**BH3 - MENTAL HEALTH DELIVERED BY PSYCHIATRISTS. Enrolled and active psychiatrists and clients receiving services from a psychiatrist for a MH disorder by SDA and client group during SFY 2015.**

Service Delivery Area (SDA)	Enrolled Providers	Active Providers	Adults without a Disability	Adults with a Disability	Children without a disability
Bexar SDA	276	41	20	1,696	774
Dallas SDA	311	39	19	2,050	132
El Paso SDA	93	11	6	143	85
Harris SDA	562	55	83	2,556	694
Hidalgo SDA	57	10	71	1,174	408
Jefferson SDA	33	10	97	969	299
Lubbock SDA	45	11	16	1,151	160
MRSA Central	157	10	7	647	94
MRSA Northeast	159	17	28	859	440
MRSA West	143	13	21	1,234	187
Nueces SDA	43	9	31	474	156
Tarrant SDA	177	36	50	1,432	648
Travis SDA	249	14	13	472	144
Out-of-State	0	5	0	0	0
Unknown	0	3	0	0	3
Total	1,768	284	462	14,737	4,194

*Note: See Children with a Disability section on page 8 explaining why children with a disability are not included.*

The next two tables feature either mental health services or substance use disorder services provided by all provider types.



**BH4 - MENTAL HEALTH SERVICES DELIVERED BY ALL PROVIDERS.** Number of active providers providing MH services and number of clients receiving these services by SDA and client group during SFY 2015.

Service Delivery Area (SDA)	Active Providers	Adults without a Disability	Adults with a Disability	Children without a disability
Bexar SDA	882	1,196	7,671	5,208
Dallas SDA	973	507	9,425	2,016
El Paso SDA	345	306	1,754	1,075
Harris SDA	1,782	2,132	13,974	7,158
Hidalgo SDA	831	1,012	5,095	2,642
Jefferson SDA	312	458	3,050	1,343
Lubbock SDA	376	315	2,713	1,307
MRSA Central	530	658	6,081	2,475
MRSA Northeast	773	848	8,204	2,667
MRSA West	760	722	7,029	2,771
Nueces SDA	378	408	3,472	1,537
Tarrant SDA	805	1,090	9,137	3,460
Travis SDA	614	777	5,816	2,696
Out-of-State	112	0	0	0
Unknown	125	0	34	10
<b>Total</b>	<b>9,522</b>	<b>10,409</b>	<b>82,717</b>	<b>36,160</b>

Note: See Children with a Disability section on page 8 explaining why children with a disability are not included.

**BH5 - SUBSTANCE USE DISORDER (SUD) SERVICES BY ALL PROVIDERS.** Number of active providers providing SUD treatment and number of clients receiving these services by SDA during SFY 2015.

Service Delivery Area (SDA)	Active Providers	Adults without a Disability	Adults with a Disability	Children without a disability
Bexar SDA	140	285	479	90
Dallas SDA	237	111	649	60
El Paso SDA	60	79	136	59
Harris SDA	333	363	1,092	210
Hidalgo SDA	133	140	189	176
Jefferson SDA	64	46	201	74
Lubbock SDA	67	56	185	23
MRSA Central	127	93	468	26
MRSA Northeast	175	125	522	56
MRSA West	162	77	495	59
Nueces SDA	78	109	188	72
Tarrant SDA	161	206	581	75
Travis SDA	147	150	501	97
Out-of-State	42	0	0	0
Unknown	22	0	6	1
<b>Total</b>	<b>1,931</b>	<b>1,838</b>	<b>5,667</b>	<b>1,076</b>

Note: See Children with a Disability section on page 8 explaining why children with a disability are not included.

A Chemical Dependency Treatment Facility (CDTF) is licensed by the Texas Department of State Health Services to offer treatment for persons with chemical dependency.

**BH6 - SUD SERVICES BY CHEMICAL DEPENDENCY TREATMENT FACILITIES (CDTF).** Number of enrolled and active CDTF providers providing services for treatment of a SUD and number of clients receiving these services by SDA and client group during SFY 2015.

Service Delivery Area (SDA)	Enrolled Providers	Active Providers	Adults without a Disability	Adults with a Disability	Children without a disability
Bexar SDA	14	7	152	57	22
Dallas SDA	13	3	7	3	4
El Paso SDA	7	3	49	14	29
Harris SDA	47	14	29	35	28
Hidalgo SDA	19	13	60	7	67
Jefferson SDA	8	4	2	4	49
Lubbock SDA	6	3	9	3	3
MRSA Central	8	5	19	12	7
MRSA Northeast	9	4	38	14	17
MRSA West	13	3	12	16	24
Nueces SDA	9	5	62	23	18
Tarrant SDA	15	6	97	18	38
Travis SDA	14	6	36	25	32
Out-of-State	0	0	0	0	0
Unknown	0	1	0	0	0
<b>Total</b>	<b>178</b>	<b>75</b>	<b>571</b>	<b>228</b>	<b>338</b>

*Note: See Children with a Disability section on page 8 explaining why children with a disability are not included.*

### **Pre- and Post-natal Obstetric Services**

The analysis of pre- and post-natal obstetric services must address related services, including labor and delivery. For the purpose of this analysis, "obstetric health services" refer to any services received by clients with a primary diagnosis related to pregnancy, childbirth, or the postnatal period; a primary diagnosis for certain conditions originating in the perinatal period; or with diagnosis-related group codes for child birth-related procedures. Obstetrics health providers include obstetricians, nurse midwives, maternity service clinics, or birthing centers.

**OB1 - OBSTETRICS HEALTH PROVIDERS.** Number of enrolled and active obstetrics providers, obstetrics providers who saw new clients, and number of clients receiving obstetrics services from an obstetric service provider by SDA and client group during SFY 2015.

Service Delivery Area (SDA)	Enrolled Providers	Active Providers	Providers with New Client(s)	Adults without a Disability	Adults with a Disability	Children without a disability
Bexar SDA	352	59	40	5,389	67	1,184
Dallas SDA	729	95	35	4,592	80	994
El Paso SDA	163	37	32	2,516	16	519
Harris SDA	1,174	164	85	10,568	119	2,139
Hidalgo SDA	251	50	41	6,805	51	1,580
Jefferson SDA	59	18	8	1,176	28	347
Lubbock SDA	111	12	6	389	8	134
MRSA Central	168	7	6	700	14	303
MRSA Northeast	251	34	16	1,506	42	363
MRSA West	221	26	12	1,223	30	453
Nueces SDA	94	14	10	1,842	32	435
Tarrant SDA	458	67	25	2,999	48	635
Travis SDA	320	26	13	1,278	13	336
Out-of-State	0	3	1	0	0	0
Unknown	0	5	1	2	0	3
<b>Total</b>	<b>4,057</b>	<b>614</b>	<b>331</b>	<b>40,923</b>	<b>545</b>	<b>9,402</b>

*Note: See Children with a Disability section on page 8 explaining why children with a disability are not included.*

### **Home Health Services**

The analysis of home health services must address the services meeting criteria at 42 CFR §440.70, which include services delivered at the beneficiary's place of residence or in any setting in which normal life activities take place (with limited exceptions)<sup>7</sup>, and include the following specific services:

- Home health skilled nursing;
- Home health aide services;
- Medical supplies, equipment, and appliances; and
- Physical, occupational, and speech therapy services<sup>8</sup> delivered by a home health agency.

In accordance with the regulatory description of home health services as those meeting criteria at 42 CFR §440.70, the below charts include data on these home health services and do not include data on services, such as Private Duty Nursing or Personal Care Services, that are authorized in other sections of federal law and regulation that may also be delivered in the home.

<sup>7</sup> Per 42 CFR §440.70(c), home health services do not include services delivered in a hospital, nursing facility, or certain intermediate care facilities for persons with intellectual disabilities or any facility for which payment could be made under Medicaid for inpatient services that include room and board.

<sup>8</sup> Physical, occupational, and speech therapy are optional home health services that Texas has opted to cover.

**HH1 - HHA SKILLED NURSING.** Enrolled and active providers of skilled nursing and number of clients receiving these services by SDA during SFY 2015.

Service Delivery Area	Number Enrolled Providers	Number Active Providers	Adults without a Disability	Adults with a Disability	Children without a disability
Bexar SDA	170	94	33	1,349	55
Dallas SDA	409	247	28	2,170	14
El Paso SDA	72	52	4	864	12
Harris SDA	593	341	62	2,926	12
Hidalgo SDA	310	183	34	2,365	31
Jefferson SDA	54	42	9	681	2
Lubbock SDA	42	30	10	523	4
MRSA Central	51	36	10	1,002	3
MRSA Northeast	114	84	10	1,533	10
MRSA West	94	74	11	1,426	6
Nueces SDA	66	49	13	910	6
Tarrant SDA	172	105	22	1,225	19
Travis SDA	64	34	10	877	3
Unknown	0	0	0	51	0
<b>Total</b>	<b>2,169</b>	<b>1,353</b>	<b>255</b>	<b>17,822</b>	<b>177</b>

Note: See Children with a Disability section on page 8 explaining why children with a disability are not included.

**HH2 - HOME HEALTH AGENCY (HHA) AIDES.** Enrolled and active HHAs providing aides and number of clients receiving HHA aide services by SDA and client group during SFY 2015.

Service Delivery Area	Number Enrolled Providers	Number Active Providers	Adults without a Disability	Adults with a Disability	Children without a disability
Bexar SDA	170	44	4	93	0
Dallas SDA	409	161	1	452	0
El Paso SDA	72	41	0	114	0
Harris SDA	593	123	2	238	0
Hidalgo SDA	310	28	0	54	0
Jefferson SDA	54	24	0	74	0
Lubbock SDA	42	24	0	123	0
MRSA Central	51	21	0	104	0
MRSA Northeast	114	59	0	196	0
MRSA West	94	51	0	243	0
Nueces SDA	66	20	1	54	0
Tarrant SDA	172	70	2	298	0
Travis SDA	64	21	0	88	0
Unknown	0	0	0	8	0
<b>Total</b>	<b>2,169</b>	<b>676</b>	<b>10</b>	<b>2,128</b>	<b>0</b>

Note: See Children with a Disability section on page 8 explaining why children with a disability are not included.

**HH3 - DURABLE MEDICAL EQUIPMENT (DME).** Enrolled and active DME providers and number of clients receiving DME from a DME service provider by SDA and client group during SFY 2015.

Service Delivery Area	Number Enrolled Providers	Number Active Providers	Adults without a Disability	Adults with a Disability	Children without a disability
Bexar SDA	603	204	201	4,110	1,434
Dallas SDA	770	352	164	6,575	2,397
El Paso SDA	173	85	77	2,105	549
Harris SDA	1,314	566	270	7,950	3,127
Hidalgo SDA	498	261	373	6,791	2,765
Jefferson SDA	185	91	56	1,799	386
Lubbock SDA	217	113	69	1,801	381
MRSA Central	293	125	84	3,481	496
MRSA Northeast	451	229	115	5,212	813
MRSA West	349	186	112	4,878	709
Nueces SDA	203	98	48	1,937	524
Tarrant SDA	561	225	131	4,186	1,417
Travis SDA	556	161	117	2,802	699
Unknown	0	109	1	305	25
<b>Total</b>	<b>5,879</b>	<b>2,757</b>	<b>1,817</b>	<b>53,642</b>	<b>15,685</b>

Note: See Children with a Disability section on page 8 explaining why children with a disability are not included.

**HH4 - PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY (PTOTST) BY HHA.** Enrolled and active HHAs and number of clients receiving PTOTST from an HHA by SDA and client group during SFY 2015.

Service Delivery Area	Number Enrolled Providers	Number Active Providers	Adults without a Disability	Adults with a Disability	Children without a disability
Bexar SDA	170	113	10	913	869
Dallas SDA	409	233	10	1,337	671
El Paso SDA	72	58	4	669	81
Harris SDA	593	349	19	2,027	622
Hidalgo SDA	310	186	10	1,138	232
Jefferson SDA	54	41	3	429	40
Lubbock SDA	42	31	4	441	125
MRSA Central	51	40	6	780	169
MRSA Northeast	114	83	4	1,164	260
MRSA West	94	69	3	998	82
Nueces SDA	66	50	4	426	74
Tarrant SDA	172	107	4	869	530
Travis SDA	64	38	2	764	356
Unknown	0	0	0	27	11
<b>Total</b>	<b>2,169</b>	<b>1,378</b>	<b>83</b>	<b>11,932</b>	<b>4,107</b>

Note: See Children with a Disability section on page 8 explaining why children with a disability are not included.

## Process for Rate Restructuring and Reductions

Texas Medicaid will comply with requirements at 42 CFR 447.203(b)(6) and 42 CFR 447.204 to monitor the impact from state plan amendments relating to reducing or restructuring provider payment rates in circumstances when the changes could result in diminished access.<sup>9</sup> HHSC will carefully monitor provider availability and access to care for at least three years after the effective date of proposed rate restructuring or reductions that meet the criteria for such monitoring under 42 CFR §447.203(b)(6). The frequency of monitoring will occur no less than annually. The monitoring plan will be included in the associated state plan submission.

Specific monitoring plans will be developed as appropriate for the impacted service. Key factors in such monitoring approaches will likely include:

- Monitor client complaints, including analysis of reported versus substantiated complaints
- Monitor utilization patterns of clients served by affected providers, including discrete provider types and patterns across different client groups

Complaint monitoring will include complaints from HHSC Office of the Ombudsman, Claims Administrator Operations Management, and the claims administrator Appeals, Complaints, and Resolution Division.

If an access to care issue is identified, HHSC will comply with requirements at 42 CFR §447.203(b)(8) to submit a corrective action plan within 90 days of discovery with actions steps and timelines to remediate the access deficiency within 12 months.

## Public Input on the Draft Plan

On August 29, 2016, the draft *Texas Medicaid Access Monitoring Review Plan* was:

- posted to the Medicaid/CHIP homepage of the HHSC website, noting public comments would be accepted during the 30 days through September 27, 2016.
- Sent to Medical Care Advisory Committee members for input.
- Distributed to the 34,847 subscribers to the following two distribution lists for which members of the public can sign up at [https://service.govdelivery.com/accounts/TXHHSC/subscriber/new: Medicaid Providers and Medicaid Medical Policy Review](https://service.govdelivery.com/accounts/TXHHSC/subscriber/new:MedicaidProvidersandMedicaidMedicalPolicyReview).

All notices described that comments could be sent through September 27, 2016 to either an email address, [MedicaidCHIP\\_Network\\_Adequacy@hhsc.state.tx.us](mailto:MedicaidCHIP_Network_Adequacy@hhsc.state.tx.us), or in writing to the Medicaid/CHIP mailing address at 4900 North Lamar Boulevard, MC-H600, Austin, Texas 78751.

A high-level summary of comments and responses follows.

One commenter stated concerns with two timelines in the report intended to note federal regulatory requirements. The commenter had concerns that the timeline for establishing a corrective action plan for identified access to care issues within 90 days intended to remediate access issues within 12 months would not address access issues quickly enough. The report was citing the federal requirement at 42 CFR

<sup>9</sup> During a technical assistance call between CMS and HHSC on July 7, 2016, CMS indicated that when rate changes are tied to a methodology approved in the Texas Medicaid state plan, the monitoring requirements at 42 CFR 447.203(b)(6) and 42 CFR 447.204 do not apply.

§447.203(b)(8). While this regulation establishes maximum timeframes, access to care is a critical priority that HHSC will address as quickly as feasible.

The commenter also noted concerns with the timeline that monitoring of access following a rate reduction or restructuring would occur for three years, with periodic reviews conducted at least annually. The commenter stated reviews should occur at least every six months. The report was citing the federal requirement at 42 CFR §447.203(b)(6)(ii). HHSC notes that this is the minimum review schedule set forth in federal regulation, but HHSC will determine the most appropriate review schedule for any reduction, which may be more frequent.

Two commenters noted concerns pertaining to access for those enrolled or who will be enrolling in managed care plans. HHSC notes that this plan pertains to FFS only. Federal regulations at 42 CFR Part 438 govern requirements for Medicaid managed care, which are not included in this report regarding access to care in FFS settings.

While this plan pertains specifically to fee-for-service Medicaid, HHSC notes that there are a variety of contract provisions to which managed care organizations must adhere to ensure access, and HHSC conducts monitoring of MCO adherence to these standards through various means, implementing corrective action plans and assessing liquidated damages, as appropriate. HHSC is assessing access standards and monitoring processes for managed care enrollees through separate initiatives, including responding to requirements of Senate Bill 760, 84th Regular Session, 2015.

One of the respondents provided several comments about the complaint monitoring process. The commenter indicated the method for collecting complaints was not clear in the draft plan and that the methods for submitting complaints are not widely known to providers and beneficiaries. The commenter recommended widely distributing to the beneficiary community and providers a written process that details how to make a complaint, how the complaint will be categorized, and in what timeframe the complaint will be addressed based on the category of the complaint. The commenter recommended establishing thresholds that determine when complaint data trends require further investigation and asked what steps are taken to analyze the trend. Finally, the commenter recommended that results of the complaint data should be made available to the public on a quarterly basis.

HHSC appreciates the commenter's recommendations and will take the suggestions under consideration. Based on the comments, HHSC made updates to the final plan to clarify details of the complaint submission process as it pertains to FFS clients and providers, including adding an appendix to this report that provides contact information for the Office of Ombudsman, complaints to TMHP, and the rate hearing contact information. HHSC also updated the Data to Assess Access: Public Input section to indicate how clients and providers receive information about complaint processes. HHSC will evaluate what further tools could be used to educate clients and providers on complaint reporting channels.

A commenter stated that the HHSC rate hearing process described in the AMRP does not differ from the agency's existing rate hearing process. The commenter further stated that HHSC does not publicly issue responses to public comments received for a particular rate change. The commenter noted that under the new federal rules at 42 CFR §447.204 for SPAs that propose to reduce or restructure rates, that prior to a SPA submission States must consider input from beneficiaries, providers and other affected stakeholders on beneficiary access to the affected services and the impact that the proposed rate change will have on continued service access. States must also maintain a record of the public input

received and how the agency responded to the input. The commenter further noted, that when a State submits the SPA to CMS the State must include an analysis of the information and concerns expressed in input from affected stakeholders. The commenter does not believe that the rate hearing process described in HHSC's AMRP satisfies these federal requirements.

Pursuant to the federal requirements at 42 CFR §447.203, and as reflected in the AMRP, HHSC will provide ongoing mechanisms for beneficiary and provider input on access to care consistent with the requirements at 42 CFR §447.204. As required by 42 CFR §447.204, prior to the submission of a SPA that proposes to reduce or restructure Medicaid service payment rates, HHSC will consider input from beneficiaries, providers, and other affected stakeholders regarding beneficiary access to the affected services and the impact of the proposed rate change on continued access to services. HHSC will also maintain a record of the public input received and how the agency responded to the input. When a SPA that proposes to reduce or restructure rates is submitted to CMS, HHSC will include an analysis of the information and concerns in input from affected stakeholders in the SPA submission. HHSC will post the SPA submission on the HHSC website.

A respondent commented that rate comparisons between Medicaid and commercial payers are inappropriate for a number of reasons, including that commercial payers use different methodologies to develop their rates that may not be reflective of the demographics of Medicaid clients nor the utilization patterns and type of coverage used by Medicaid clients. While HHSC acknowledges this comment, regulations at 42 CFR §447.203(b)(3) require states to make comparisons of Medicaid rates to other public and private payers. In compliance with this regulation, HHSC will be exploring options for private payer comparisons, keeping in mind that comparisons with any other payers must be approached thoughtfully.

Comments on the draft plan included suggestions for what to include and how to approach analysis in the enhanced future reporting for October 1, 2017, including:

- Advising HHSC to carefully consider the appropriate fee schedules for Medicare rate comparisons as they relate to the specific service type under comparison;
- Making suggestions about how specific service categories are reported on; and
- Advising that for home health services, HHSC should consider the following:
  - A cost reporting methodology similar to long-term services and supports provider cost-reporting,
  - Provider capacity data; and
  - Data related to how quickly a service provider can begin delivering services.

HHSC will evaluate suggestions for inclusion in the 2017 plan based on what data is reportable and how it meets the objectives of the FFS monitoring plan.

## Conclusion

In compliance with 42 CFR 447.203(b)(2), the state concludes access to care in Medicaid FFS is sufficient based on active service utilization in all service categories in all service delivery areas of the state. In addition, FFS access is assessed via complaint monitoring. HHSC concludes FFS access is sufficient based on complaint monitoring from June 2015 to July 2016 and the finding that during this period, there have not been unusual trends in complaints that have not been resolved. The explanation of an issue that recently occurred but has been resolved follows.



Following the May 1, 2016 implementation of therapy policy changes, Texas Medicaid clients experienced delays in the processing of prior authorization (PA) requests for therapy services. HHSC identified that the vendor that processes fee-for-service PA requests did not appropriately estimate the impact of the policy changes on turnaround time for processing therapy PA requests. As of mid-September, TMHP returned to timelier processing of PAs.

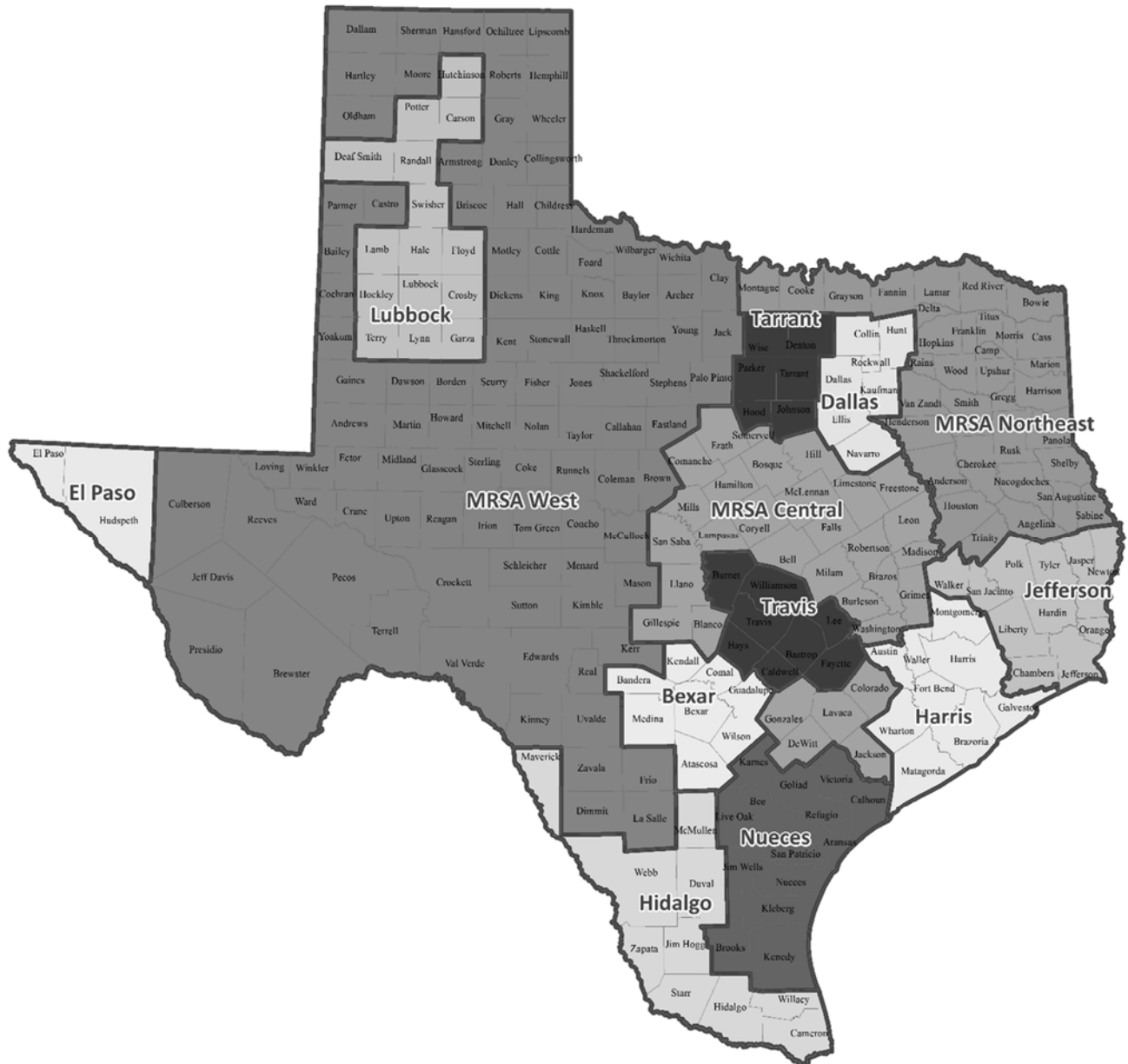
HHSC welcomes the opportunity to assess ways to improve access to care monitoring in FFS Medicaid. Staff currently is undertaking efforts to coordinate access initiatives and standards in FFS and managed care, to the extent appropriate, given the majority of Texas Medicaid clients are in managed care. Efforts to develop meaningful standards for managed care and FFS will be ongoing through 2017 so that HHSC will have made many advances in sophistication of analysis by the publication of the AMRP update for October 2017.

Planned major updates for the October 2017 report include rate comparisons, geo-access analysis for certain services, more in-depth analysis of the collective data findings on each service category, and more in-depth analysis of the FFS client characteristics following refinement of a new methodology to project the number of children with disabilities who will remain in FFS after STAR Kids managed care implementation.

While new measures are under development, HHSC will continue robust complaint monitoring to assure continued access to FFS services.

### APPENDIX A: Service Delivery Area Map

The following map of Texas shows which counties in the state are included in each service delivery area used in this analysis. The service delivery areas are: Bexar; Dallas; El Paso; Harris; Hidalgo; Jefferson; Lubbock; Nueces; Tarrant; Travis; and the Medicaid Rural Service Areas (MRSAs), which include MRSA Central, MRSA Northeast, and MRSA West.



**APPENDIX B: Complaints Contact Information**

Medicaid client hotline: 1-800-252-8263

**HHSC OFFICE OF THE OMBUDSMAN****Mailing address:**

HHSC Ombudsman Office  
Texas Health and Human Services Commission  
Office of the Ombudsman, MC H-700  
P O Box 13247  
Austin, TX 78711-3247

**Phone:** 1-877-787-8999 (Toll-Free)

**Texas Relay:** 7-1-1 or 1-800-735-2989 (Toll-Free) For the deaf or hearing impaired

**Fax:** 1-888-780-8099 (Toll-Free)

**Website:** <https://hhs.texas.gov/about-hhs/your-rights/office-ombudsman>

**TEXAS MEDICAID & HEALTHCARE PARTNERSHIP (TMHP)**

**Email for provider and client complaints:** [pcc@tmhp.com](mailto:pcc@tmhp.com)

**Provider information:**

**Texas Medicaid Provider Procedures Manual *details processes:***

[http://www.tmhp.com/Pages/Medicaid/Medicaid\\_Publications\\_Provider\\_manual.aspx](http://www.tmhp.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.aspx)

***Provider Contact Center:*** 1-800-925-9126

***Provider Mailing Address:***

TMHP  
Complaints Resolution Department  
PO Box 204270  
Austin, TX 78720-4270

Texas Medicaid fee-for-service providers may file complaints to HHSC Claims Administrator Operations Management if they do not believe they received the full due process from TMHP in the management of an appeal. Texas Medicaid fee-for-service providers must exhaust the appeals and grievance process with TMHP before filing a complaint with the HHSC Claims Administrator Operations Management.

Texas Health and Human Services Commission  
HHSC Claims Administrator Operations Management  
Mail Code 91X  
PO Box 204077  
Austin, TX 78720-4077

**Client information:**

***Client Hotline for Medicaid Program Benefits:*** 1-800-335-8957

***Client Notification line for questions on service requests:*** 1-800-414-3406

**RATE HEARING INFORMATION**

Rate Hearing Packets can be found at: <http://www.hhsc.state.tx.us/rad/rate-packets.shtml>

Telephone: (512) 730-7401

Fax: (512) 730-7475

E-mail: [RADAcuteCare@hhsc.state.tx.us](mailto:RADAcuteCare@hhsc.state.tx.us)

**U.S. Mail:**

Texas Health and Human Services Commission

Attention: Rate Analysis, Mail Code H-400

P.O. Box 149030

Austin, Texas 78714-9030

**Overnight mail, special delivery mail, or hand delivery:**

Texas Health and Human Services Commission

Attention: Rate Analysis, Mail Code H-400

Brown-Heatly Building

4900 North Lamar

Austin, Texas 78751