A Texas Checkup-Healthcare Policy Update

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HFMA – Central Texas Regional
Irving
April 22, 2016
Topic Areas

- Texas Politics
- State Budget
- 84th Legislature bills
- HHSC Initiatives
Republican State Leadership

- Governor Greg Abbott
- Lt. Governor Dan Patrick
- Speaker Joe Straus
- Attorney General Paxton

Major changes in the Legislature as will:

- New presiding officer in the Senate
- 8 new Senators (out of 31 total)
- New chairs of Finance, HHS, State Affairs & Business & Commerce
- House Committee Chairmen shuffle
- About 2/3rds of the House will have 2 or less sessions of experience
- Legislature, particularly Senate, more conservative
- Retirements and tough re-election bids for Straus and his lieutenants
Major Issues for Texas Leaders
Oil and gas downturn hurts Texas sales tax revenue

Effect of Texas Energy Patch Woes Spreading

Texas sales tax revenue down, comptroller reports
Straus laid out a host of tough issues lawmakers must consider as they begin discussing the next budget:

- Plunging oil prices slowing revenues and the economy,
- a foster system in crisis that courts may require Texas to fix,
- a potentially costly ruling in long-winding school finance suit and
- the need for a long-term solution to fund health care for retiring teachers.

(And he didn’t even mention some other potentially costly legal battles).
State Budget – FY 2018-2019 – Drop in Federal Rate

Cost to Provide $100.00 in Texas Medicaid Payments

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<thead>
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<th>Year</th>
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State Budget – FY 2016-2017

- Total Budget: $209.4 billion AF/$106.6 billion GR
  - (3.6% AF increase over FY 14-15)
- Total Article II – HHS Budget: $77.2 billion AF/$33.4 billion GR
  ($2.4 billion AF increase over FY 14-15)
- Does NOT include:
  - Cost growth costs
  - PCP payment increase
- Tax Cuts:
  - $3.8 billion in tax cuts
  - Property tax reduction
State Budget – FY 2016-2017 Highlights

- **~ $220 million GR** (all but $5 million GR comes from trauma fund) - Supplemental Hospital Financing through Add-ons for Trauma, Safety-Net, and Rural hospitals (critical to the renegotiation of the 1115 Medicaid Transformation Waiver)

- **$137.8 million GR** – Transfer of Expanded Primary Health Care Program and Family Planning Program

- **$32.5 million GR** – Increase for attendant wages
  - ($8 base/hour)

- **Almost $34 million** for Professional Nursing Shortage Reduction Program and continuation of $10 million in tobacco earnings for nursing school innovation grants

- **$20 million GR** increase to implement grant program for mental health services to veterans
$53 million GR – Increase in GME (ensures a residency spot for every medical school graduate) and $33 million for physician education loan repayment program

$50 million GR for inpatient community beds (100 new beds in 2016 and 150 beds in 2017); $46.5 million GR to expand outpatient capacity; $31 million GR in Crisis Service alternative programs

Quality-based reforms - quality-based payment systems for providers and/or facilities; Bundled payment Medicaid initiative, including a shared savings component for providers that meet quality-based outcomes

$373 million GR - Savings and Cost Containment Rider
$373 million GR - Savings and Cost Containment Rider (highlights of activities that may impact providers)

- Therapy Rates
  - Fully implement **Dual Eligible** Medicare/Medicaid integrated care model.
  - Implement FFS payment changes and MMC premium adjustments that incentivize the most appropriate and **effective use of services**.
- **Improve birth outcomes**, including access to information and payment reform.
- Continue **strengthening prior authorization** and UR.
- Develop MCO premium development process for ongoing methodology for reducing inappropriate utilization, improving outcomes, reducing unnecessary spending and increasing efficiency.
- **Increase third party recoupments**.
- Assess options to **reduce costs for retroactive** Medicaid claims.
State Budget – FY 2016-2017 Highlights (cont’d) – Hospital Specific

- **$129 million** in state funding for a Medicaid rate add-on for safety net hospitals

- **$67 million** for trauma add-on over 2016-2017 biennium in addition to the $44 million already appropriated add-on payment for trauma care

- **$25 million** for rural outpatient services at 100% of costs

- All but $5 million comes from unspent trauma funds
Safety Net Adjustment - I

- **10% paid on Quality**

- **Proposed Rule – Feb 4th**
  - Medicaid DSH Hospital – Hi Volume
  - Lump Sum Payment
  - 50% PPR 50% PPC
  - Weighs measure and volume
  - Establishes Ceiling and Floor
Safety Net Adjustment - II

- Problems Exist
  - FY2014 PPC Report – Re-Rerun
  - Teaching hospitals – PPR
    - Should be adjusted for Socio-economic factors
- Threshold very restrictive
- Fiscal Year 2016-17 - $15 Million per year
- Rule Establishes Baseline Methodology and Formula
- Fiscal Year 2018-19 uses?
Rural Adjustment

- Outpatient policy changes
  - General outpatient reimbursement = 100 percent of cost
  - Outpatient emergency department services that do not qualify as emergency visits = 65% percent of cost
  - Create rural hospital add-ons to the outpatient hospital imaging services fee schedule
Local Provider Participation Fund

- Local Provider Option - New
- Bowie
- McLennan
- Bell
- Beaumont
- Gregg
- Hays
- Rusk
- Brazos
Legislative Highlights - Hospitals

- **HB 3074 – Artificially Administered Nutrition and Hydration**
  - Must be administered as ordinary care, unless doing so would (1) hasten death; (2) is medically contraindicated; (3) cause substantial pain; (4) be medically ineffective in prolonging life; and (5) be contrary to the patient’s or their surrogate’s documented desire.
  - Creates conflict resolution process for circumstances when patient requests life-sustaining treatment the attending physician and medical ethics committee confirms is *medically inappropriate*.

- **HB 1874 - Establishes Palliative Care Interdisciplinary Advisory Council** to develop a report providing education about palliative care, patients’ and families’ rights, and advance directives.
**Legislative Highlights - Hospitals**

- **HB 635** - Hospital must release fetal remains upon request by parent of unborn child.
- **SB 11** - allows concealed handgun license (CHL) holders to carry handguns on public higher-education campuses, but *prohibits possession* on hospitals operated by public institutions.
- **HB 910** allows *open carry* of handguns, but *did not eliminate* current prohibition against carrying in hospitals.
Legislative Highlights - Hospitals

- SB 1881 – establishes a supported decision-making agreement as an alternative to limit or avoid guardianship. Allows an adult with a physical or mental impairment that limits one or more major life activities to voluntarily enter into an agreement with a supporter to do a number of activities, including:
  - Assistance in understanding responsibilities of adult’s life decisions;
  - Assistance in collecting/obtaining information relevant to a given life decision re: medical, psychological, financial, educational or treatment records from any person.
- Supporter must ensure PHI under HIPAA is kept privileged and confidential.
- Agreement may be in any form as long as not inconsistent with the form in the law.
Legislative Highlights - Hospitals

- SB 1753 – The “Badge Bill” requires addition of “plain language” descriptors on hospital badges in expectation to create better transparency in care of patients. Example: “RN” and “registered nurse”; “M.D.” and “physician”. Four-year implementation due to recent re-badging of professionals based on bill that passed in 2013

- SB 373 – PPE Report - Requires hospitals that have committed a potentially preventable adverse event (PPE) to develop and implement a plan for approval by the Texas Department of State Health Services to address deficiencies that contributed to the event.
Hospital Operations

**DID NOT PASS**

- HB 308 – Repeal of Prohibition of Handguns in Hospitals and Nursing Homes
- SB 424 – New Procedures re: Hospital Surveys/Inspections; Emergency Suspension of License; Administrative Penalties
- HB 2240 – Public Posting of Final Statement of Deficiencies
- HB 1069 – Certification of Interpreters for Persons Deaf or Hard of Hearing
- HB 3903 – Caregivers Act
Legislative Highlights - Physicians

- HB 2171 – Immunization registry - extends the ability of the registry to maintain immunization information until a person reaches 26.

- HB 7 – Occupations Tax repealed.
  - Attorneys also included.
Legislative Highlights - Physicians

- **HB 1514** – Identification cards issued by qualified health plan issuers.
  - Under state law – insurers are not required to issue ID Cards, but for those plans who do issue cards, and
  - for plans sold through the exchange the ID Card must, in addition to any requirement under other law, contain the letters “QHP”.

- **HB 1945** – Safe harbor for those practitioners who want certainty their practice model is not the business of insurance.
  - Direct Primary Care – a primary medical care service provided by a physician to a patient in return for payment in accordance with a direct fee.
  - NOT just family physicians – it can include many specialists. OB/GYN – Endocrinology – Cardiology
Legislative Highlights – Commercial Insurance

- SB 481 – Balance Billing Protections
- HB 574 – Prohibition Against “De-Listing” Network Providers for OON Referrals
- HB 1624 – Health Plan Formulary Transparency
- SB 684 – Network Access for Optometrists and Ophthalmologists
- HB 1621 – UR for Prescription Drugs & Infusion Therapy
Commercial Did NOT Pass

- HB 616 (G. Bonnen) - OON Government Rate Setting
- Prompt pay penalties – HB 1433 (Smithee) and HB 3006 (Coleman) did not pass
- HB 2267 (S. Davis) – Licensing of Anesthesiologist Assistant (failed 3rd reading and motion to reconsider)
- HB 1263 (Raymond) – Physical Therapy Direct Access
- HB 661(Zerwas) – Interstate Medical Licensure Compact
- SB 848 (Estes) – Licensing of Radiologist Assistant (cleared Senate and no hearing in House)
Legislative Highlights – Medicaid Managed Care

- SB 760 – Medicaid Network Adequacy Standards
- HB 3523 – “SB 7 Clean Up” – IDD waiver transition and nursing home carve-in
- HB 1878 - School-Based Telemedicine
- HB 3519 – Home Telemonitoring services under Medicaid
- HB 2641 – Health Information Exchange
Legislative Highlights - Miscellaneous

- SB 425 – Freestanding Emergency Room (ER) Patient Notices
- SB 304 - Nursing Home Violations
- SB 202 – DSHS Sunset Bill (transfer of licensing authority to TDLR and TMB).
- SB 519 – DSO registration
Legislative Highlights - Miscellaneous

  - A communication or record that is otherwise confidential and privileged under the relevant section of the Occupations Code may be disclosed by a physician without the patient’s consent if the disclosure is related to a judicial proceeding in which the patient is a party and the disclosure is requested under a subpoena.

- **SB 18 - Creation of Graduate Medical Education (GME) Grant Program**
  - $58 million in state funding (HB 1)
  - Increases the number of first-year medical residency slots to a ratio of one graduate to 1.1 residency slots
  - Establishes a permanent fund to be used to create and sustain additional residency slots
  - Texas Higher Education Coordinating Board will implement GME grant programs
HHSC Sunset – Major Provisions of S.B. 200

- Reorganizes the HHS System, bringing client services, regulatory, and facility operations in to HHSC
- Focuses DSHS on public health and DFPS on protective services
- Creates a Transition Legislative Oversight Committee to govern the reorganization process
- Requires the Executive Commissioner to develop a transition plan, submitted to the Committee at regular intervals, and to assess the continuing need for DFPS and DSHS as standalone entities
- Continues HHSC for 12 years, DSHS and DFPS for eight years, and provides for limited-scope Sunset review of OIG in six years

**per HHSC Presentation to HHSC Council 06/12/15**
HHSC Sunset – Major Provisions of S.B. 200

- **Health Care Quality Initiatives**
  - Develops plan to coordinate major healthcare quality initiatives
  - Develops incentives to promote coordination among various quality initiatives
  - Limits project options funded under the 1115 Waiver to include only projects critical to improving the quality of health care

- **Provider Enrollment**
  - Creates single, consolidated enrollment and credentialing portal
  - Prohibits duplicative criminal history checks for providers reviewed by licensing boards
  - Develops criminal history guidelines and require background checks to be completed within 10 business days
  - *per HHSC Presentation to HHSC Council 06/12/15*
House of Representatives Interim Charges - Highlights

- **House Committee on Appropriations**
  - Review hospital reimbursement methodologies, including supplemental payments and the Medicaid safety-net and trauma add-ons. In the review, include reimbursement methodologies for rural and children's hospitals. Also, monitor the extension of the Texas Healthcare Transformation and Quality Improvement 1115 waiver.
  - Study the state's trauma system.
  - Examine the historical growth of the Texas Medicaid program, including factors affecting caseload and cost trends. Review effectiveness and identify savings of initiatives created to detect or deter waste, fraud and abuse; to reduce cost; or improve the quality of health care in the Texas Medicaid program.

- **House Committee on Human Services**:
  - Study the ten-year anticipated growth of aging Texans. Review state services and programs available to seniors to determine the capacity and effectiveness of the programs.
  - Review the HHSC’s Medicaid managed care organizations policies and procedures including a review of quality initiatives. Study contract management and Vendor Drug Program drug formularies. Determine what mechanisms or policies could be modified or strengthened to encourage increased participation or retention of health care providers in the Medicaid managed care system.
House of Representatives Interim Charges Highlights – cont’d

- **House Committee on Insurance:**
  - Examine the effectiveness of previous legislative efforts to encourage **transparency and adequacy of health care networks**, and of legislation to protect consumers from the negative impacts of disputes over out-of-network services. Study whether enhancements in transparency or regulation are necessary.
  - Evaluate the statutory **penalty calculations** under Texas's prompt payment laws.
  - Study the **impact of chronic disease in Texas and identify the major regional chronic health challenges**. Review the types of health data collected by the state related to chronic disease and how the data is utilized to improve health care.
  - Examine the history of **telemedicine** in Texas and the adequacy of the technological infrastructure for use between Texas health care providers. Review the benefits of using telemedicine in rural and underserved areas and current reimbursement practices. Explore opportunities to expand and improve the delivery of healthcare and identify methods to increase awareness by provider groups, including institutions of higher education, and payers of telemedicine activities being reimbursed in Texas.
  - Review programs focused on **improving birth outcomes** including evaluating the effectiveness and identifying any cost avoidance associated with them. Study barriers pregnant women face enrolling in services and receiving regular prenatal care. Identify factors, including substance abuse, associated with preterm birth and review services available for mothers postpartum.
Senate Interim Charges - Highlights

- Study the impact of the Section 1115 Waiver on improving health outcomes, reducing costs and providing access to health care for the uninsured, and monitor the renewal process of the waiver. Explore other mechanisms and make recommendations to control costs and increase quality and efficiency in the Medicaid program, including the pursuit of a block grant or a Section 1332 Medicaid State Innovation Waiver for the existing Medicaid program.

- Evaluate the necessity of the Driver Responsibility Program and make recommendations for alternative methods of achieving the program's objectives.

- Examine and recommend ways to improve quality and oversight in long-term care settings, including nursing homes and ICF/HCS programs. Monitor the implementation of legislation related to the revocation of nursing home licenses for repeated serious violations.

- Study the impact of recent efforts by the legislature to divert individuals with serious mental illness from criminal justice settings and prevent recidivism. Study and make recommendations to address the state's ongoing need for inpatient forensic capacity, including the impact of expanding community inpatient psychiatric beds.

- Examine the cause of action known as "wrongful birth." The study should examine 1) its history in Texas, 2) its effect on the practice of medicine and 3) its effect on children with disabilities and their families. Examine related measures proposed or passed in other states.
HHSC Initiatives
Medicaid Managed Care Client Enrollment

- Further incentivize transformation
- As of April 2015:
  - 3,976,027 clients are enrolled in Texas Medicaid
  - 3,408,877 members are enrolled in:
    - STAR – 2,800,660
    - STAR Health – 30,818
    - STAR+PLUS – 577,399
  - 405,000 members are enrolled in Children’s Health Insurance Program (CHIP)
New Initiative: Nursing Facility Implementation

- On March 1, 2015, most adults living in a nursing facility (NF) began receiving Medicaid services through a STAR+PLUS MCO.

- The MCOs are responsible for:
  - Reimbursing providers for services
  - Ensuring appropriate utilization of add-on and acute care services
  - Ensure care coordination
  - Helping to reduce preventable hospital admissions, readmissions, and emergency room visits.
Dual Demonstration

- Federal-state partnership persons eligible for both Medicare and Medicaid
- Test innovative payment and service delivery model to improve coordination of services for dual eligibles with goal of enhancing quality of care and reducing cost
  - Require one health plan to be responsible for the full array of Medicare and Medicaid services
  - Create a single point of accountability for the delivery, coordination and management of Medicare and Medicaid services
  - Integrate the fragmented model of care for dual eligibles
Dual Demonstration

- Each member is enrolled in a Medicare-Medicaid Plan (MMP)
- Enrollment for most eligible members is conducted using a passive enrollment process, with the opportunity to opt out
- Demonstration started March 1, 2015, and will run through December 2018
- Available in these counties:
  - Bexar
  - Dallas
  - El Paso
  - Harris
  - Hidalgo
  - Tarrant
1115 Waiver

- Current Waiver expires September 2016
- Renewal request to continue all three components of the waiver – statewide managed care, the UC pool, and the DSRIP pool.
- Regarding DSRIP, more time is needed to evaluate project outcomes and lessons learned.
  - Projects were approved one and a half to two and a half years into the 5 year waiver, they are relatively early in implementation.
  - Outcomes baseline data was reported in October 2014 to measure outcomes improvements in years four and five of the waiver.
  - Early results indicate many promising projects, but more information is needed to identify best practices and how to sustain and replicate them.
1115 Waiver

- CMS concern – how non-federal share of private hospital UC and DSRIP payments is financed in Texas. CMS lifted a related funding deferral in January 2015 and indicated it will work with HHSC for Texas to come into compliance by September 2017.

- CMS has indicated it will apply the following principles to all states with UC pools (similar experience to Florida):
  - Coverage rather than UC pools is the best way to secure affordable access to health care for low-income individuals, and UC pool funding should not pay for costs that would be covered in a Medicaid expansion.
  - Medicaid payments should support services provided to Medicaid beneficiaries and low-income uninsured individuals.
  - Provider payment rates must be sufficient to promote provider participation and access, and should support plans in managing and coordinating care.
HHSC DSRIP Principles - Waiver Continuation

- Further incentivize transformation
- Maintain program flexibility
- Integrate with Texas Medicaid managed care quality strategies
- Streamline and lesson administrative burden
- Improve project-level evaluation
- Support the healthcare safety net for Medicaid and low income uninsured Texans
Method of Finance

- CMS Deferral – 18 months ago
- Public/Private Affiliation Agreements Reviewed
- THHSC met with CMS over the summer
- CMS notifies Texas current arrangements are good thru August 2017
- THHSC to continue to “draw out” CMS on August 2017 position
Texas UC Part I - Florida LIP

- Florida LIP 2014 = $2.16 billion
- For 2015-2016, the federal government will send approximately $1 billion to the low-income pool.
- In 2016-2017, that amount will drop to about $600 million.
Texas UC Part I - Florida LIP2

- CMS Three Principles
- Use Rates to Fix Medicaid Rates
- Use Medicaid Expansion to Fix Uninsured
- Other Uninsured Cost LIP funds are available
Texas UC Pool

• $34.6 Billion Requested
• CMS is Requesting a Cost Study from Texas
  • Study Used by CMS in Florida
  • Lengthy Procurement Process
  • High demand on Hospitals to provide data
UC Shortage in Current Waiver

- The supplemental provider payments to hospitals and physicians made in November and December 2011 under the Medicaid State plan in the amount of $466,091,028 will be considered as if they were payments under this Demonstration, and will be included in the budget neutrality test, and the amount available as payment from the UC Pool.
- Pushed into subsequent period?
- Corrected?
HHSC DSRIP Principles

- Further incentivize transformation
- Maintain program flexibility
- Integrate with Texas Medicaid managed care quality strategies
- Streamline and lesson administrative burden
- Improve project-level evaluation
- Support the healthcare safety net for Medicaid and low income uninsured Texans
New Federal DSRIP Attributes

- Have all-or-nothing payment (instead of partial payment)
- Require participating providers to submit project budgets.
- Require providers to report at a high level how incentive payments are spent.
- Use attribution models to assign a large portion of the state’s low-income patients to specific participating providers.
- Emphasize the importance of sustainability after quality improvements are achieved.
Performance Bonus Pool

- HHSC proposes to set aside 5-10% of each provider’s total DY 6 valuation to lay the groundwork for the performance bonus pool (PBP) that will reward high performing regions from DY 7 onward


- HHSC is requesting feedback from stakeholders on the current measures under consideration to include a description of any gaps in measure topics or any limitations in the measures currently under consideration
TRANSITION YEAR – DY6

- Transition Year Proposal
  DY6 (October 1, 2016 – September 30, 2017)
  SUBJECT TO CMS APPROVAL

Replacement Projects: Evidence Based Models and Approaches

- Combines similar project options and removes selected project options
- Existing projects that are not identified from the high risk list can continue
- The menu applies to the replacement projects only, pending CMS approval:
Network Access Improvement Program “NAIP”

• Public Hospitals and health-related institutions
• Existing Medicaid managed care structure
• Costs incorporated into MCO capitation rate
• MCOs develop and implement provider incentive programs with hospitals and HRIs
• Project examples: bonus fund incentives for access to PCPs; expansion of hours/services; targeted specialty recruitment; telehealth/telemedicine; chronic condition-specific focus; pregnancy and childbirth; behavioral health integration; medication management; integrated service delivery for primary and acute care services.
Quality Incentive Payment Program – Delayed

• The Texas Legislature directed HHSC to base payments through the QIPP upon improvements in quality and innovation in the provision of nursing facility services:
  • Culture change
  • Small house models
  • Staffing enhancements
  • Improved quality of care and life for nursing facility resident
STAR Kids II

- Comprehensive needs assessment
- Client-centered planning and service design
- Service coordination
- Health home
- Behavioral health integration
- Early and thorough adult transition planning
- Rural services program design
- Quality monitoring and improvement
- Ongoing MCO collaboration
### Number of SSI Kids <21 Enrolled in Texas Medicaid, FY 2012

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Medicaid Provider Reenrollment

• Providers that enrolled before January 1, 2013, must re-enroll by March 24, 2016 – September 25, 2016

• Long process – up to 6 weeks – months complete – factor in wait on TMHP/HHSC

• Stop and start process

• http://www.tmhp.com/Pages/Topics/Reenrollment.aspx
85th Legislature 2016-2017

Important Dates

9/30/2016 – Current Waiver Expires

11/8/2016 – November Election

1/10/2017 – 85th Texas Legislature Begins

5/29/2017 – 85th Texas Legislature Ends Regular Session

Thru 8/31/2017 – No Deferral of Private Hospital Payments
Planning for 85th Legislative Session

- More likely to have more conservative Texas Legislature
- Interim Charges
- More pay for performance and quality initiatives
- Waiver Renewal
- HHSC initiative – Provider Experience
- Trauma Fund
- Rate Cuts
Questions and Contact

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