

# Increase Medicaid Physician/Provider Participation by Reducing Administrative Hassles

- Enhance Fraud & Abuse Due Process Protections -- SB 1803 (Sen. Huffman/Rep.Kolkhorst)
  - Promote transparency and enhance due process protections for physicians/providers accused of waste, fraud or abuse
  - Directs HHSC OIG to hire a medical director and dental director to assist with investigations; and
  - Directs HHSC OIG to post an explanation of its payment hold policies and procedures on its website

# Increase Physician/Provider Participation in Medicaid by Reducing Administrative Hassles

- Implement Provider Protection Plan - SB 1150 (Sen. Hinojosa/Rep. Guerra)
  - Directs HHSC to implement a "provider protection plan" under Medicaid HMOs and incorporate the plan into the contracts between HHSC and the plans.
- Standardize Prior Authorization Forms - SB 644 (Sen. Huffman/Rep. Zerwas) and SB 1216 (Sen. Eltife/Rep. S. Davis)
  - Requires TDI to appoint stakeholder workgroups to design standard prior authorization forms for prescription drugs and health care services; new forms will be applicable to all payers, including Medicaid and CHIP

# Enhance Preventive Health Care for Women

- In 2011, lawmakers slashed funding for DSHS family planning services by 66 percent, which resulted in:
  - Closure of 53+ clinics
  - 147,000 fewer women receiving services
  - Nearly 24,000 unplanned Medicaid births in 2014-15 at a cost of more than \$136 million
  - Continuation of the Women's Health Program tenuous
- Yet, overwhelming evidence that women's preventive care saves lives and money by:
  - Increasing early detection and treatment of health care problems
  - Helping women prepare for a healthy pregnancy
  - Reducing unplanned pregnancies
  - Decreasing rate of low-birth and preterm babies

# Enhance Preventive Health Care for Women

- In 2012, new statewide Texas Women's Health Care Coalition formed to promote better access to preventive health care for women. Coalition asked lawmakers to:
  - Restore 2011 family planning cuts
  - Maintain Women's Health Program
  - Expand provider availability and capacity

# Enhance Preventive Health Care for Women

- TWHC advocacy resulted in bipartisan support to increase GR funding for women's health. SB 1:
  - Adds \$100 million to expand DSHS Primary Health Care Program; 60 percent of new funds allocated for family planning;
  - Provides \$73 million in state dollars to fully fund the new Texas Women's Health Program, which replaced the Medicaid Women's Health Program; and
  - Increases state funding to the DSHS Family Planning Program by \$32.1 million to replace federal Title X dollars awarded to the Women's Health and Family Planning Assoc. of Texas (WHFPT).
- Coalition resources: [www.texaswhc.org](http://www.texaswhc.org)

# Improve Texas' Health Care Workforce

- Texas has a shortage of both primary care and specialty physicians
- Texas ranks behind *all* the other most-populous states in the number of patient care physicians per capita.
- In 2012, Texas Higher Education Coordinating Board estimated that by 2016 at least 180 medical school graduates would leave Texas for their first year of residency training due to a lack of residency positions if the state did not increase residency program funding.
  - Texas invests \$168,000 per medical student – when students leave, other states benefit at Texas' expense
  - While some of the graduates who enter residency training in other states may eventually return to Texas, others will not.

# Improve Texas' Health Care Workforce

- This year, lawmakers invested new dollars to grow these much-needed residency slots:
  - SB 1 increases GME funding by 45 percent. Measures include grants for hospitals not currently offering GME; funding for accredited, unfilled, and unfunded GME positions; and funding for newly developed GME positions, including the potential for development of new GME programs.
- Lawmakers also renewed investments in programs designed to train, recruit and retain more physicians:
  - Increased funding for Physician Education Loan Repayment Program by \$28 million (493%)
  - Allotted \$2 million for new Primary Care Innovations Grant Program for medical education pipeline programs that produce more primary care physicians
  - Increased formula funding for medical schools by 7%/year

# Improve Medicaid Primary Care Physician Network

- The Affordable Care Act allotted funding to increase Medicaid payments to Medicare parity for select primary care services provided by PCPs for two years.
  - Eligible physicians include general pediatricians, family physicians, internists and related subspecialties (e.g. adolescent medicine specialist, geriatricians)
  - Services provided by APNs and PAs also will be paid at higher rate if APN/PA supervised by an eligible physician
  - Higher payments will apply to specified “evaluation and management” codes and vaccine administration codes billed by eligible physicians between Jan. 1, 2013 to Dec. 31, 2014



# Improve Medicaid Primary Care Physician Network

- Higher payments will apply to Medicaid fee-for-service and HMO services
- Implementation date not yet known, but anticipated later this year. Once initiated, physicians will receive a lump sum, retroactive payments to Jan. 1, 2013 and quarterly payments thereafter
- Fee increase will be implemented regardless of whether Texas expands Medicaid
- Continuation of fee increase after Dec. 31, 2014 contingent on Congressional or legislative action