



Presentation to the House Human Services Committee

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Dual Demonstration Project Overview

- Implementation date: March 1, 2015
- The Texas Dual Demonstration project is a fully integrated managed care model for individuals who are enrolled in Medicare and Medicaid (i.e., dually eligible).
- The goals of the project are to:
 - Have one health plan responsible for both Medicare and Medicaid services,
 - Improve quality and individual experience in accessing care,
 - Promote independence in the community, and
 - Allow shared savings between the state and federal government.
- HHSC received federal approval, including signing the memorandum of understanding with CMS in May 2014.

Dual Demonstration

Legend

 Dual Demonstration County

The Demonstration will be implemented in the following 6 counties:

- Bexar
- Dallas
- El Paso
- Harris
- Hidalgo
- Tarrant

El Paso (19,645)
Amerigroup, Molina

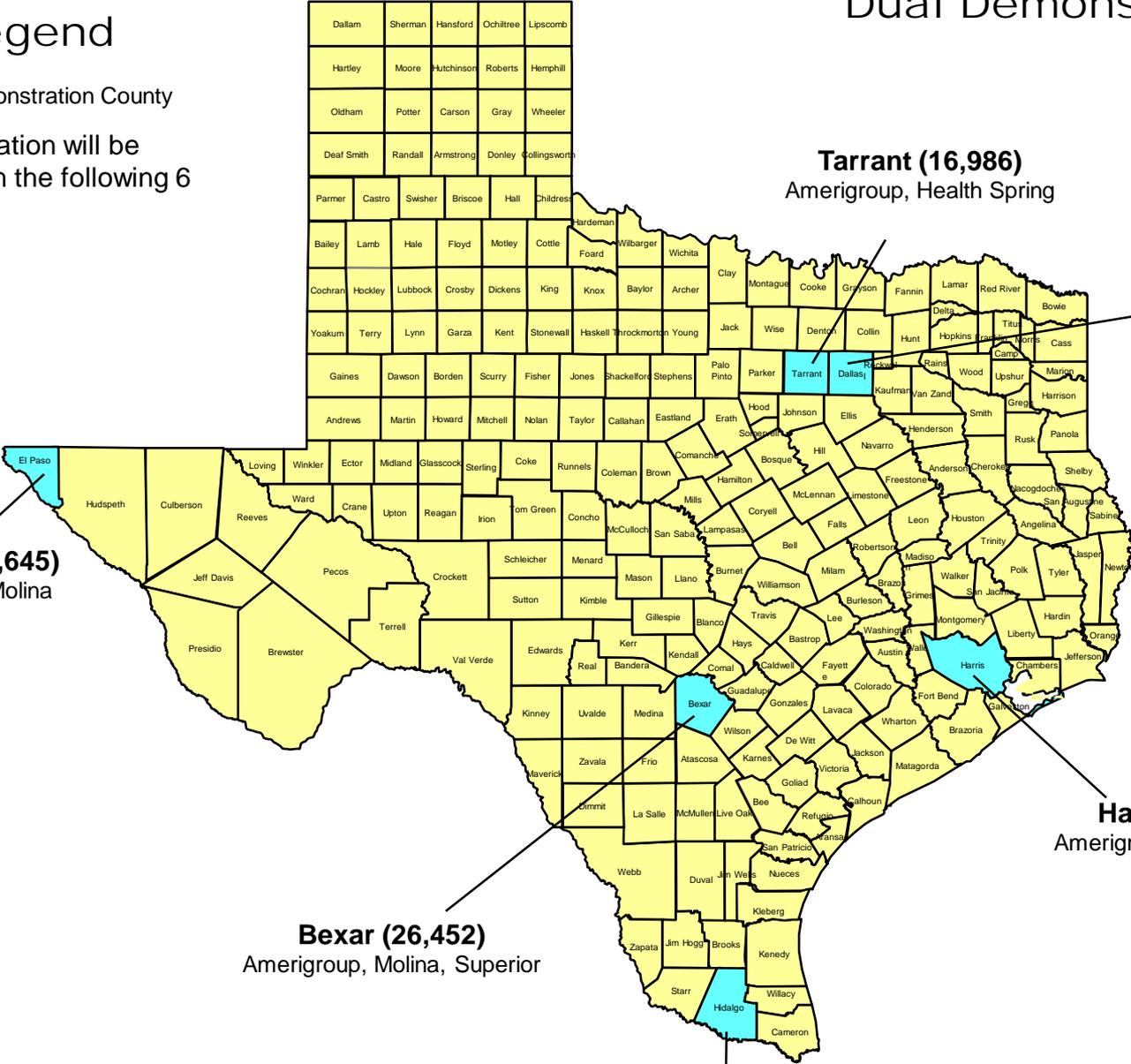
Bexar (26,452)
Amerigroup, Molina, Superior

Hidalgo (27,090)
Health Spring, Molina, Superior

Tarrant (16,986)
Amerigroup, Health Spring

Dallas (27,941)
Molina, Superior

Harris (47,160)
Amerigroup, Molina, United



Impact to Individuals who are Dually Eligible

- Access to a comprehensive network of acute care services covered under Medicare and long-term services under Medicaid
- Passive enrollment for eligible populations in the demonstration with the ability to opt-out or select a different plan.
- Individuals already enrolled in a Medicare Advantage Plan not participating in the demonstration will not be passively enrolled, but can elect to participate
- The enrollment process will include:
 - Welcome letter 90 days prior to the start date
 - Notification of enrollment and the choice to opt out of the demonstration (60 and 30 days prior to the start date)
 - The option to opt out on a monthly basis
 - Documentation that fully informs individuals of the initiative

Dual Demonstration Project: Financing

- Health plans will be required to provide Medicare and Medicaid covered services under a capitated model of financing.
- HHSC will pay a capitation payment to the health plans for the Medicaid services.
- CMS will pay a capitated payment for Medicare services.
- Providers will receive payment from the health plan for covered services provided.

Dual Demonstration Project: Next Steps

- Developing a three-way contract for CMS, HHSC and the health plans
- Reviewing additional opportunities for the integration of processes to align Medicare and Medicaid, including appeals, complaints, and enrollment

SB 1803: Overview

- SB 1803, Texas 83rd Legislature, Regular Session, strengthens HHSC's Office of Inspector General's (OIG) efforts to combat fraud, waste, and abuse, while also ensuring due process for providers.
- Existing OIG intake integrity review evaluations are now linked to the requirements of preliminary investigations, while imposing a deadline on conducting the preliminary investigations.
- OIG must conduct a preliminary investigation of fraud or abuse allegations, beginning within 30 days, to determine whether there is sufficient basis to conduct a full-scale investigation.
- OIG must adopt rules establishing criteria for initiating and conducting full-scale fraud or abuse investigation and establishing minimum investigator training requirements.

SB 1803: Implementation

- OIG received seventeen new FTEs (sixteen FTEs have been hired).
- Seventy-six Informal Resolution Meetings (IRMs) have been held since implementation of SB 1803.
 - IRMs are now being recorded and are not confidential.
- Providers can post a surety bond in lieu of payment holds.
- Notices regarding payment holds and/or overpayments were updated to reflect SB 1803 requirements.
- The OIG website was updated with process flowcharts in May 2014, and an OIG video educating providers on the investigative process was completed in August, 2014.

SB 1803: Timeline

SB 1803 Implementation Requirements	Completion Date
New Dental Director hired.	Completed June 2013
New Medical Director hired.	Completed August 2013
Review and revise as needed the intake policies and procedures for preliminary investigations.	Completed August 2014
Review and revise as needed the procedures for scheduling and sending notice of informal resolution meetings. Flowcharts posted on website to reflect new procedures.	Completed May 2014
Develop new rules related to full-scale investigations, minimum investigator training requirements, and criteria for a provider to post a surety bond instead of a payment hold.	Completed April 2014
Develop new rules with SOAH related to administrative hearing costs and provider requirements. MOU with SOAH Completed August 2013.	Completed April 2014
Develop written description and video explaining processes and procedures used by OIG to determine whether to impose a payment hold and post on OIG website.	Completed August 2014