

**HHSC Contractor Conference Call
February 19, 2016**

	QUESTION	RESPONSE
1	<p>TPI – currently required for grant participation –</p> <ul style="list-style-type: none"> - That will be required for participation in Family Planning as it is now - Can we use that same TPI to bill HTW? 	<p>Any TPI that can currently be used to bill the Family Planning Program today can be used to bill in the Family Planning Program on 7/1/16 and after. Valid TPIs for the Family Planning Program are associated with provider type 71 (family planning) or 46 (FQHC). All Family Planning Program clinic sites must have a unique TPI.</p> <p>Any TPI that can currently be used to bill TWHP today can be used to bill in HTW on 7/1/16 and after. These TPIs must be certified. HTW certification information can be found on the TWHP Certification FAQ document. Valid TPIs for HTW that must be certified include the following:</p> <ul style="list-style-type: none"> • Physician or physician group with a general surgery, family practice/general practice, gynecology, OB/GYN, internal medicine, or pediatric specialty, or a clinic/group practice • Federally Qualified Health Center (FQHC) • Physician Assistant • Nurse practitioner/clinical nurse specialist • Certified nurse midwife/registered nurse/licensed midwife • Maternity Services Clinic • Family Planning Agency • Rural Health Clinic - Freestanding/Independent • Rural Health Clinic - Hospital Based • Ambulatory Surgical Center - Freestanding/Independent <p>Certain EPHC contractors had TPIs created for them by TMHP in order to bill for EPHC services. TMHP is currently in the process of reaching out to these providers to ensure that they have a valid TPI appropriate for HTW.</p>

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2	I asked the question regarding whether or not perinatal dental services would be covered in any of the new programs if we currently <i>only</i> see perinatal dental patients through EPHC. We are currently a Title V Child Dental provider but our perinatal dental patients were provided under the EPHC grant.	Neither the Family Planning Program nor HTW will cover perinatal dental services. All dental services provided through EPHC will end 8/31/16.
3	Since EPHC will be transitioning to either Family Planning Program or Healthy Texas Women will we only need one TPI#?	See response to question #1.
4	None of these services will be available to women who are not US Citizens – am I correct?	Women who are US citizens or eligible immigrants are eligible for HTW. They are also eligible for the Family Planning Program, but for only a designated amount of time, as all US citizens or eligible immigrants should be enrolled in HTW. Women and men who are Texas residents but not US citizens or eligible immigrants are only eligible for the Family Planning Program.
4a	Also – I would like a copy of what you consider eligible immigrant.	According to rule, HHSC determines client eligibility in accordance with 1 TAC §366.513 (relating to citizenship).
5	How long will we have to respond to the RFP (i.e., how long between release of RFP and due date for the RFP)?	It is anticipated that for both the Family Planning Program RFP and the HTW RFP, respondents will have approximately 30 days from the RFP’s release date to the due date for all responses.
6	What is the definition of an eligible immigrant?	According to rule, HHSC determines client eligibility in accordance with 1 TAC §366.513 (relating to citizenship).

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7	If LARC patients come to the clinic for a problem visit 13 months later, will the claim be denied since no contraception was provided within 12 months?	No.
7a	Medications will be provided through the vendor drug program. If we participate in HTW and family planning, can we provide medications from our class D pharmacy for both programs?	Medications for HTW (not the Family Planning Program) will be provided through the Vendor Drug Program. Yes, you can provide any appropriate medications from your Class D pharmacy for both programs if the medication has a billable CPT code and is covered by the program(s). Those medications would then be billed by to TMHP for reimbursement.
7b	Will our on-site eligibility workers be able to assist us with HTW? Or, are we limited to online applications via TEIRs?	On-site eligibility workers can help assist applicants to complete the paper HTW application and fax to the required location. They may also help applicants apply online for HTW through the Your Texas Benefits website beginning September 1, 2016.
8	In his presentation during today's conference call, Travis Duke said the family planning program will have less funds than it currently does. Why is that?	It was stated on the call that we anticipate that the Family Planning Program will have more funds in FY17 (not less) than it currently does.
8a	Will participants in the new family planning program be required to receive a contraceptive service within 12 months like HTW?	No.
8b	May people with a sterilization method be included in HTW or family planning?	Yes, sterilized women will be eligible for HTW and the Family Planning Program. Sterilized men will be eligible only for the Family Planning Program.
8c	Would providing condoms for people with sterilizations count as a contraceptive related service?	Sterilized individuals will not be required to have a contraceptive service billed within 12 months.

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8d	Will covered services be free to participants in HTW and the family planning program?	<p>Family Planning Program contactors may choose to charge a co-pay for services based on a sliding fee scale. The co-pay must not exceed \$30, and sliding fee scales must be approved by the Family Planning Program.</p> <p>HTW providers are not permitted to charge a co-pay for services.</p>
8e	Will EPHC providers need to do a project end report, other than what is currently required?	EPHC contractors will complete an FY16 annual report. A project end report (assuming this refers to a multi-year report) will not be required.
8f	Will there be an end of project financial audit of EPHC providers?	At this time an end of project financial audit is not planned for EPHC. However, this may change.
8g	When will the budget and cost per patient figures be made public?	On 2/29/16, the budget and cost per patient figures were presented to the Women’s Health Advisory Committee.
9	Currently the TWHP and traditional Medicaid claims are combined on one R&S. Will the TWH claims and the Traditional Medicaid claims be on separate R&S reports or combined?	The R&S reports will continue to be combined. The R&S reports are categorized by program, i.e.: program 100 vs 300. They will not drill down to HTW vs Medicaid.
10	If the FNP providing Women’s Health Services is not comfortable providing primary care for diabetes, hypertension, and hyperlipidemia, will another provider in our FQHC be eligible for reimbursement for providing these services?	Yes, if the provider is a certified HTW provider.

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10a	Since obesity and tobacco use also negatively impact women’s reproductive health, will treatment of these conditions also be covered?	Smoking cessation counseling and medical nutritional therapy will be covered services in both HTW and the Family Planning Program. For a full list of covered services for both programs, visit the Women’s Health Advisory Committee webpage.
10b	How about mental health services?	Mental health services are not covered by either program; however identified problems should be referred appropriately.
11	Where will the RFP announcements and the RFPs be posted?	<p>All RFPs are posted on the Electronic State Business Daily (ESBD) website.</p> <p>If anyone would like to be notified when the Family Planning Program and HTW RFPs are posted, please send your name and email address to famplan@hhsc.state.tx.us and request to be added to the distribution list.</p>
12	We have total of four TPIs and we are currently billing under all the four TPIs for EPHC services for four different locations. The reason I am asking this question this early is the fact that any changes with TPIs take longer and sometimes months to take effect.	See response to question #1.
13	Will we be eligible for our sites to be grandfathered into the new programs, Healthy Texas Women & New Family Planning?	<p>EPHC clinic sites and providers that are certified to provide TWHP services will automatically be eligible to provide HTW services beginning July 1, 2016.</p> <p>EPHC clinic sites will not automatically be grandfathered into the new Family Planning Program. In order to have Family Planning Program clinic sites, you must be successfully awarded a contract through the Family Planning RFP when it’s posted.</p>

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13a	Does this mean we would continue to use the same TPI numbers that we currently use now for EPHC FFS Claims?	See response to question #1.
13b	Will women with existing chronic conditions be treated under HTW?	Yes. Women may be treated for existing chronic conditions (diabetes, hypertension, and high cholesterol management) in HTW regardless of whether they were diagnosed within HTW or outside of HTW.
13c	What type of visit will qualify a woman who is sterilized/infertile to receive/continue benefits with HTW?	There will be no prerequisites for a sterilized or infertile woman to receive benefits in HTW.
13d	Question regarding the TPI numbers we currently use for EPHC and TWHP. Will we use the same numbers for Healthy Texas Women that we use for TWHP now?	See response to question #1.
13e	And, will we use our EPHC numbers for the New Family Planning, if awarded? We currently do not have family planning. Will this be a new set of numbers? Will there be fees incurred for any new numbers if our EPHC sites become FP sites?	See response to question #1.

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14	<p>We provided services to 15 minors under the age of 15 through the Family Planning program in FY15.</p> <p>We also provided services (LARCs) to 17 female minors under the age of 15 through a partnership with the City of San Antonio’s Medicaid waiver program in DSRIP year 4 (Oct 1, 2104 – Sept 30, 2015).</p> <p>Younger minors will no longer have the availability of services.</p> <p>We would request the removal of the age limit for Family Planning to allow younger minors to be served under the program.</p>	<p>On July 1, the age eligibility criteria in the Family Planning Program will be 64 and younger. As required by state law, all minors are required to obtain parental consent to receive most family planning services.</p>
14a	<p>EPHC and Family Planning both have a deductible allowance for clients. <i>They are different and I hope it was a mistake and have asked for clarification.</i></p> <p>This will be important to keep and to add to other programs such as BCCS if possible.</p>	<p>The current policy for the Family Planning Program is:</p> <p>“Services may be provided to clients with third-party insurance if the confidentiality of the client is a concern or if the client’s insurance deductible is 5% or greater of their monthly income.”</p> <p>The current policy for EPHC is:</p> <p>“Individuals with third-party insurance may be eligible for services provided by EPHC if client confidentiality is a concern or if the client’s insurance deductible is 5% or greater of her income.”</p> <p>The policies currently differ, perhaps unintentionally. We will review the policies and any updates will be effective July 1. We can also discuss with our BCCS colleagues the possibility of including this policy in the BCCS Program as well.</p>

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15	<p>Mr. Duke said that there is no cap at all under the HTW FFS program. Does that mean it's like Medicaid in that we can bill for whatever volume comes in the door with unlimited reimbursement potential, or, more likely, will it be similar to the Family Planning grant in that you can bill any incoming volume up to the amount of the funded and budgeted award determined during the RFP process?</p>	<p>It is correct that HTW FFS will have no cap on the amount of funds that can be drawn down from those services. So yes, it's like Medicaid in that certified providers can bill for whatever volume comes in the door with unlimited reimbursement potential.</p> <p>If your agency applies for and is awarded a HTW cost reimbursement contract, then those funds will be drawn down up to the amount of the funded and budgeted award that is determined as part of the RFP process.</p>
15a	<p>We're an FQHC receiving PPS payments. HTW covers sterilizations. At what rate will HTW pay for a tubal ligation? Will it be the normal FFS rates (approx. \$2,400 under Family Planning) or will it be PPS? If it's PPS, no FQHC will be using this program for sterilizations.</p>	<p>FQHC's will be reimbursed their PPS rate for up to 3 encounters per patient per year, regardless of the services provided. We understand that under this reimbursement structure that providing sterilizations may be difficult. We will continue to look into this issue.</p>

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15b	<p>We have a Class A pharmacy on site and currently fill EPHC prescriptions at no cost to the patient. We're not enrolled in the Vendor Drug Program since we have 340(b) drug pricing. Under HTW, the handout says that medications will be reimbursed through the Vendor Drug Program. It seems to me that we'd need to write prescriptions for a HTW patient and refer them to Walgreens or some other pharmacy that participates in the Vendor Drug Program. Is that accurate?</p>	<p>Medications for HTW (not the Family Planning Program) will be provided through the Vendor Drug Program. You can provide any appropriate medications from your Class A pharmacy for both programs if the medication has a billable CPT code and is covered by the program(s). Those medications would then be billed to TMHP for reimbursement. In HTW, any medication that cannot be reimbursed by procedure code through TMHP would need to be obtained via prescription from a pharmacy that participates in the Vendor Drug Program.</p>
16	<p>Contraceptives through HTW: Will HTW reimburse providers with Class D Pharmacies directly for distribution of contraceptives (pills, depo, IUDs, nuvaring, etc). The family planning agencies rely on the reimbursement of contraceptives to make their budgets work and until now TWHP, Medicaid and Managed Medicaid have paid us for contraceptives. I hope this policy is not changing. Other prescriptions are paid to vendor drug pharmacies. We do not qualify to become vendor drug pharmacies, and providing contraceptives onsite is a key component of successful initiation and continuation of contraceptives. It is not enough that we could cover our costs through cost reimbursement. Our viability relies on the difference between that cost and the reimbursement.</p>	<p>See response to question #7a.</p>
16a	<p>HTW cost reimbursement: Please expand information on the "activities that enhance service delivery" as it relates to "direct medical care for pending applications".</p>	<p>Activities under the HTW cost reimbursement program must be directly related to support services that enhance services provided by contractor to a client under the HTW Fee-for-Service Program. Support services include, but are not limited to:</p> <ul style="list-style-type: none"> • Assisting eligible women with enrollment into the HTW Fee-for-Service Program;

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		<ul style="list-style-type: none"> • Direct clinical care for women deemed presumptively eligible for the HTW Fee-for-Service Program; • Staff development and training related to HTW Fee-for-Service Program service delivery; and • Client and community based educational activities related to the HTW Fee-for-Service Program.
16b	<p>Questions about patient counts and billing: Since clients qualify for either one funding stream or the other, there is no “wrap around” or split bills.</p>	<p>For most instances, this is correct. However, the Family Planning Program will still wrap for immediate post-partum sterilizations and LARC for emergency Medicaid clients, as per current program policy.</p>
16c	<p>However, if a provider bills family planning and it turns out the client has HTW, will TMHP flip this claim or will it just be denied?</p>	<p>The claim should flip. The retro-eligibility process should continue as it does today.</p>
16d	<p>Will HTW include retroactive sweeps so if a client has been paid by family planning and within 3 months qualifies for HTW, will TMHP recoup from FP and pay with HTW?</p>	<p>Yes. See response to previous question above.</p>
16e	<p>Similarly, if a client bills HTW and it turns out they are not eligible at the time of service will TMHP flip that visit to family planning or will it just be denied?</p>	<p>The claim will be denied. HTW providers that have a categorical cost reimbursement contract or Family Planning contractors may use Family Planning Program funds to pay for services to clients that are presumed eligible for the HTW Fee-For-Service program for a designated period of time.</p>
16f	<p>Since FP now includes some prenatal care services, will TMHP continue to retroactively sweep for pregnant women who subsequently qualify for Medicaid and recoup from family planning, and at that point are we expected to adjust our patient count in family planning to retroactively subtract those patients because in the end they were paid for by Medicaid and not family planning?</p>	<p>Yes. Adjusting patient counts would be at your own discretion. The billing system will automatically put/count the clients in the correct program.</p>

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16g	Will the R&S separate HTW from regular Medicaid?	See response to question #9.
16h	Self-pay full fee, managed Medicaid and regular Medicaid counts and budgets: If a provider is applying for both funding streams, is it anticipated that full fee patients and managed Medicaid patients and regular Medicaid patients would not be counted in either their budgets or their patient counts?	Correct.
16i	Billing format and data requirements: Please explain plans for 2017 claim form vs HCFA 1500 and also plans for reporting requirements. We need to get our IT systems lined up by 6/30.	HTW claims can be billed on the CMS 1500 or the 2017 claim forms. Family Planning Program claims must be billed on the 2017 claim form. Certain field on the 2017 claim form will no longer be required. We are currently working with TMHP to build the functionality to accept either the 2017 or the 1500; however, that functionality is not yet available. It is estimated that this functionality will be available on or about September 1, 2016.
16j	Even if the programs move toward using the HCFA 1500 form for billing, will you still require the same kinds of data found in the FPAR or will all data be gathered by TMHP from billing.	All necessary data will be collected through claims.
16k	If it is gathered from billing is it gathered from cpt codes or diagnosis codes?	All necessary data will be collected through claims by either procedure code or diagnosis code.

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16l	<p>Perimenopause services: Family planning till age 65: Please be sure that if we are going to see clients peri and post menopausal we have some cpt codes with which to manage the variety of issues typical of that age group.</p>	<p>For a full list of covered services for both programs, visit the Women's Health Advisory Committee webpage. Please recommend any additional codes that do not appear on the lists and they may be taken under consideration.</p>
16m	<p>Immunizations: Is HTW only going to cover HPV immunizations? The list of CPT codes under family planning is much more extensive than the list of CPT codes under HTW. Please explain the difference.</p>	<p>Both HTW and the Family Planning Program will cover HPV vaccine, in addition to many other vaccines. For a full list of covered services for both programs, visit the Women's Health Advisory Committee webpage.</p>
16n	<p>Final Comment: I fear that the requirement that 15,16,17 year olds be swept through the HTW process will result in far fewer clients being served since it is much more onerous on the parents to complete the total application form. It is good to have an uncapped program that can serve more clients, but is there an option where the parents of 15-17 year olds could choose not to apply for HTW but remain in family planning?</p>	<p>Clients should be served under the program for which they are eligible. If a client, regardless of age, is screened potentially eligible for the HTW FFS program, then providers should assist them in applying for that program. HTW providers that have a categorical cost reimbursement contract or Family Planning contractors may use cost reimbursement funds to pay for services to clients that are presumed eligible for the HTW Fee-For-Service program for a designated period of time only.</p>
17	<p>Services that will be offered through Healthy Texas Women Program (<i>formerly known as Texas Women's Health Program</i>) and Family Planning Program (<i>formerly known as Family Planning</i>). From my understanding, these (2) programs will be offering services that are presently covered by BCCS. Several of the services seem to overlap such as:</p> <ul style="list-style-type: none"> • Pap Tests • Clinical Breast Exams • Radiological procedures including mammograms • Breast and Cervical biopsies 	<p>HHSC will not require an entity to administer all three programs.</p>

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	Does this imply that HHSC would like one agency to administer all programs simultaneously?	
17a	If this is the case, will there be an upcoming RFP for the BCCS program in our area?	There will a statewide RFP for the BCCS Program with an anticipated start date of 9/1/16.
18	In the past, the <i>Vendor Drug Program</i> did not allow Class D Pharmacies like those which many state providers have on-site and administer to be reimbursed for contraceptives and/or STD medications, etc. Will clinics that administer and have on-site Class D Pharmacies still be allowed to bill for and receive reimbursement for the same contraceptive methods/STD medications issued out from their own Class D Pharmacies as they have under TWHP? The reason I ask is because HTW policies state “ * Medications will be reimbursed through the <i>Vendor Drug Program</i> .” However that program does not reimburse Class D Pharmacies or didn’t in the past.	See response to question #7a.
18a	What entities will be conducting the quality assurance and financial and billing audits for HTW FFS, HTW Cost-Categorical, and DSHS FP programs? Will it be DSHS QA division or OIG or which state agency and by which division within that agency?	OIG will conduct financial audits of HTW. Family Planning Program quality assurance and billing audits will still occur, similarly as they do now. The entity(ies) to conduct those review/audits is still to be determined.

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18b	Is there anything we need to inform our billing vendors to prepare for in regards to data collection under the 2017 claim form or the CMS-1500? Basically, will there be any data pulled from those claim forms that we need to have our vendors track and know about or will any data simply be pulled from claims thru CPT codes instead?	See response to questions #16i, 16j, and 16k.
18c	A significant barrier will be placed on parents of <i>minors</i> if they must come in with their child to actually complete the HTW application on behalf of the minor. What kind of “police work” will the providers and HTW eligibility workers need to do to verify parents identify and relationship to the minor?	A parent or legal guardian can submit the HTW application online on behalf of their child. A parent or legal guardian does not need to verify their identity or relationship to the child.
18d	For providers who choose to apply for cost-categorical HTW <u>and</u> DSHS FP contracted services with the state, how will the state expect providers to count reimbursements and clients from Medicaid Managed Care / Private Insurance / Self-Pay under the new programs?	Reimbursement and clients from Medicaid Managed Care / Private Insurance / Self-Pay will not be counted in the Family Planning Program or the cost reimbursement HTW contract.
18e	When a LARC insertion is done, a client often doesn’t need to return for 3-10 years for contraception, but may come in to get an annual check-up and possibly other services. How would the annual visit be coded for those with LARCs? <i>Dx code and CPT code.</i>	There will be no prerequisite for patients who have a LARC in order to receive HTW or Family Planning Program services. Their visit would be coded dependent on the services and diagnoses that are presented.

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18f	Since thyroid disease is <u>directly related</u> to a woman’s ability to conceive and her cycle, and women’s health/reproductive health overall, is it possible to include thyroid disease coverage under HTW and/or DSHS FP?	Thyroid screening is a covered service for both HTW and the Family Planning Program. For a full list of covered services for both programs, visit the Women’s Health Advisory Committee webpage. We will take the suggestion to include thyroid disease coverage as a benefit of one or both programs under consideration.
18g	How does the state suggest providers cover women who were on EPHC for post-menopausal or peri-menopausal care/treatment after 9/1/16?	Women who are outside the age range for HTW may qualify for the Family Planning Program or the DSHS Primary Health Care Program.
18h	Am I correct that Providers/Entities who apply for and are awarded HTW Cost-Categorical funds and DSHS FP Funds will need to screen women for HTW and serve any woman who screens eligible <u>that same day</u> even if the woman isn’t fully approved eligible for the program yet, because those cost-categorical funds are there to cover services starting the day the client’s application is submitted until the day the client’s application is approved?	Correct. As is current family planning policy, fee-for-service claims would need to be withheld for 45 days, or until enrollment is determined. HTW providers that have a categorical cost reimbursement contract or Family Planning contractors may use Family Planning Program funds to pay for services to clients that are presumed eligible for the HTW Fee-For-Service program for a designated period of time only.
18i	Am I correct that providers who enter into <i>cost-categorical contracts</i> with the state under HHSC and DSHS FP will need to follow very strict standards and state general provisions such as: on-site state quality assurance clinical audits, financial audits, comply with policies on non-discrimination and non-denial of services policies, rules on moving money between budgeted line items, know how to determine FPL based on family size and income, sign anti-lobbying and child support certification forms, be required to follow G.A.A.P. and fund accounting procedures, comply with single independent audit requirements as required by the state, be monitored on “allowable” expenses reported under the state contracts?	Correct.

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18j	Will those private and other providers that <i>ONLY wish to utilize HTW Fee-For-Service program</i> be required to comply with the same state “contract/grant/administrative standards” like those who enter into cost-categorical contracts currently follow (such as those shown in the above question)?	No.
18k	Or will the HTW funds billed down by those providers who <i>ONLY wish to use the HTW-FFS program</i> be treated just like their TWHP dollars are treated now?	Yes.
19	<p>In the EPHC & Family planning manuals the following (see below) are required clinical guidelines that need clarification. Screening questions in these areas can be quite lengthy and it would be helpful to know what information should be asked so that these topics are not left up to interpretation of the clinicians or HHSC programs auditors.</p> <p>EPHC Health Risk Assessment must include:</p> <ul style="list-style-type: none"> Home environment, to include living arrangements Assessment for environmental safety Dietary/ nutritional assessment Physical activity Occupational hazards or environmental toxin exposure Ability to perform activities of daily living 	These policy specifications are being reviewed at this time. Any revisions or clarifications will be included in the next policy manual revision.

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	<p>Family Planning information must include: Assessment for environmental safety (bike helmets, seat belts, car seats, etc...)</p> <p>Occupational hazards or environmental toxin exposure</p>	
20	<p>The Women’s Health Services Update dated February 2016 states: “These funds may be used for support services that enhance HTW Fee-for-Service client service delivery. Activities must include: Assisting clients with enrollment into the HTW Fee-for-Service program; Client and community based educational activities related to HTW; Staff development and training related to HTW service delivery; Direct clinical care for clients deemed presumptively eligible for the HTW Fee-for-Service program; or Upon approval by HHSC, other activities that will enhance HTW service delivery including the purchase of equipment and supplies to support the project.”</p> <p>My question is this. If we apply for the cost reimbursement, do we have to provide all of the activities listed above or can we provide a portion of the activities?</p>	<p>Activities must include:</p> <ol style="list-style-type: none"> 1) Assisting clients with enrollment into the HTW Fee-for-Service program; 2) Client and community based educational activities related to HTW; 3) Staff development and training related to HTW service delivery; 4) Direct clinical care for clients deemed presumptively eligible for the HTW Fee-for-Service program; or 5) Upon approval by HHSC, other activities that will enhance HTW service delivery including the purchase of equipment and supplies to support the project. <p>If your agency is awarded a HTW categorical cost-reimbursement contract, numbers 1-4 are required activities. Number 5 refers to activities that will be reviewed on a case-by-case basis (through the RFP evaluation process), and is not a required activity.</p>
21	<p>Starting 7/1, will managed medicaid, WHP and medicaid deposits for visits prior to 7/1 but received after 7/1 go into the new FP or HTW budgets that begin 7/1? Our clinics have always operated on a modified cash basis where we count any cash received during the period, but we do not accrue revenue except for FP fee for service or categorical funds.</p>	<p>No. HTW cost reimbursement budgets will only include contractor’s cost reimbursement award and any income generated by HTW fee-for-service billing. The Family Planning budget will include a contractors cost reimbursement award, fee-for-service award, and any co-pays generated by the project.</p>

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22	<p>TWHP billing we currently have several Facilities setup with their individual NPI/TPI# and certified. With the new Healthy Texas Women program, will the fee for service billing continue to be billed under the Facility Individual NPI/TPI# or Individual Provider only?</p>	<p>Either is acceptable. See response to question #1.</p>
22a	<p>Will there be a “test” period with TMHP?</p>	<p>No.</p>
22b	<p>Or TMHP Billing Guides available for the electronic billing?</p>	<p>Yes. TMHP is creating a computer-based training module specific to HTW billing.</p>
23	<p>We are an FQHC. I understand that we will receive payment at our Prospective Payment Rate (PPS).</p>	<p>For HTW, this is correct. In the Family Planning program, FQHCs will be paid the Medicaid rate for services on a fee-for-service basis.</p>
23a	<p>Please explain how we will be reimbursed for LARCs if the cost of the LARC is greater (more expensive) than our PPS. Will there be a carve-out for LARCs?</p>	<p>As of 1/1/16, FQHCs are reimbursed the PPS payment, as well as an additional payment for LARC (if applicable) in TWHP. This is expected to continue in HTW.</p>
23b	<p>I heard Mr. Travis Duke state twice that patients with Tubal Ligations (and other sterilizations) will be eligible for coverage through the Family Planning and the Texas Healthy Women’s Program. Please confirm that this is true.</p>	<p>Yes, this is true.</p>
23c	<p>Please explain the rationale for why women that are sterilized would be eligible for family planning services through both programs.</p>	<p>Changes made to both programs’ eligibility criteria were made based on legislative direction.</p>
23d	<p>Please explain what the reimbursement Cap is on sterilization procedures.</p>	<p>As per current Family Planning Program policy, no more than 15% of a contractor’s total awarded funds may be spent on female sterilizations.</p>

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	QUESTION	RESPONSE
23e	Where do we find the reimbursement rates associated with the allowable Family Planning Program Procedure Code and the Healthy Texas Women's Procedure Code lists? If they are not yet available online, when do you anticipate that they will be available? And what is the web address at which that they will be available?	For a full list of covered services for both programs, visit the Women's Health Advisory Committee webpage.
24	Please clarify if HTW will have a limit on the number of visits per patient in a 12 month period (i.e., current TWHP policy?)	HTW will have no limit to the number of times a patient may receive services. However, FQHCs can only receive 3 PPS payments per patient, as is current TWHP policy.
25	Have the allotment of funds for the Healthy Texas Women's Program and the Family Planning Program been determined?	Final funding levels have not been determined. However, it is anticipated that there will enough funding available to significantly expand the Family Planning Program.
25a	Of the 80 million dollars directed to these 2 programs, how much will be allotted for each?	See answer above.
25b	I am understanding that the upcoming RFP be focused on the Family Planning Program only. Is this correct?	There will be two separate RFPs released later this spring – one for HTW (cost reimbursement only) and one for the Family Planning Program (inclusive of both fee-for-service and cost reimbursement).
25c	Will there be additional calls to address progress, provide updates, and answer questions set up prior to the July implementation date?	There is no call scheduled at this time.
26	We have a question related to the Family Planning program beginning July 1, 2016. Will current Family Planning patients be required to be rescreened after July 1 if we can document they will not qualify for Healthy Texas Women?	No. Current Family Planning and EPHC contractors will not be required to rescreen clients who do not qualify for HTW when the new program starts July 1. However, clients must be rescreened at their next annual recertification. At this time, it has not been determined if any additional documentation will be required for such clients.

**HHSC Contractor Conference Call
February 19, 2016**