Medicaid & CHIP Services
Post Transformation Structure

Jami Snyder
Associate Commissioner
Medicaid and CHIP Services Department

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Medicaid & CHIP
Organization Overview

Medicaid & CHIP Medical Director
Rajendra Parikh, MD
Provides medical, mental health, and pharmacology consultations, input, and support to Medicaid and CHIP programs. Assesses quality and cost effectiveness of programs through monitoring, policy development, and utilization reviews. Coordinates with managed care organizations (MCOs), DADS, DFPs, and the HHS Inspector General Office.

Utilization Management & Review
Cathryn Horton
Conducts reviews of assessments and service plans for IDD waivers and state plan community services. Verifies levels of need payments and reviews of Medicaid Hospice Services. Managed Care conducts reviews of assessment and service planning in Medicaid managed care. acute Care conducts reviews of prior authorization practices and utilization management used by MCOs.

Medical Transportation Program
Dimitria Pope
Coordinates the program for non-emergency rides for people to get to their Medicaid health-care visits. This includes people with Medicaid, children receiving services through the Children with Special Health Care Needs program, and people in the Transportation of Indigent Care Cancer Patients program.

Medicaid & CHIP Services Department
Jami Snyder

Cross-Division Coordination & Improvement
Annick Barton
Coordinates MCS activities related to major initiatives, system improvement, and strategic planning, legislative inquiries, stakeholder relations, and communications. Oversees the Electronic Visit Verification Program that tracks a caregiver’s delivery of certain attendant-type services in managed care, acute care, and DADS fee-for-service. Provides oversight of the Project Advisory and Coordination team that monitors and manages the development and implementation of complex federal and state-related initiatives related to Medicaid and CHIP managed care.

Financial Reporting & Audit Coordination
Richard Stebbins
Provides financial oversight of the following: MCO contracts; MMIS Claims Administrator Contract; MCS administrative budget; Enrollment Broker, and MEHIS Contract. Also provides a broad range of support activities both financial and operational in support of MCS and HHSC programs and policies including an audit coordination role.

Program Enrollment & Support
Ivan Libson

Operations
Katherine (KJ) Scheib

Policy & Program
Emily Zalkovsky

Quality & Program Improvement
Andy Vasquez

Quality Institute & Quality Oversight

Health Plan Monitoring & Contract Services
Tony Owens

Health Plan Management

Claims Administrator Contract Oversight

Contract Compliance & Performance Management

Subrogation & Recovery

Medicaid and CHIP Major Procurements

1915(c) Waiver Program Enrollment

Pharmacy Benefits Management

Office of Policy

Healthcare Transformation Waiver

Policy Development Support

Quality Institute & Quality Oversight

Specialized Health Services

Quality Assurance

Policy and Program Development

Quality Monitoring Program

Data Analytics

Medical Benefits
Program Enrollment & Support

Section Overview

Program Enrollment & Support

Ivan Libson

Enrollment Oversight

Laura N. Cantu,
Supports STAR, STARHealth, Children’s Medicaid Dental Services, CHIP and CHIP Dental Services enrollment related inquires. Provides support to managed care project initiatives and enrollment broker contract monitoring by validating the vendor deliverables for compliance.

1915(c) Waiver Program Enrollment

Cheryl Craddock-Melchor

Makes Level-of-Care determinations and manages enrollment for the HCS, CLASS, and TxHmL waivers, as well as non-waiver CFC and ICF/IID programs. This area also supports transfer, suspension and termination activities for the HCS, CLASS and TxHmL waivers and provides technical assistance to the Intellectual/Developmental Disability provider community regarding financial eligibility and program operational processes.

Program Supports & Interest List Management

Kimberly Carr

The Operations Unit has the functions of interest list management for the STAR+PLUS Home and Community Based Services (HBCS) waiver program and Medically Dependent Children Program (MDCP) for STAR Kids. The Operations Unit also manages and develops policies and procedures, training curriculums, and quality measures relating to Medicaid managed care programs and processes, such as STAR+PLUS and STAR Kids.

Enrollment Resolutions Support

Lino Cardenas

Supports STAR+PLUS, Medicaid Medicare Plan Program, and STAR Kids enrollment related inquires. Recommends options and solutions to operational issues related to enrollments.

Project Team

Lori Gabbert Charney
Brent Spikes
Erin Hensley

Staff support Managed Care Initiatives, Premium Payables System, Monthly Capitation Voucher Processing, Projects and Legislative tracking.

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Operations Section Overview

Operations

Katherine (KJ) Scheib

Pharmacy Benefits Management

VACANT
Provides statewide access to covered outpatient drugs in an efficient and cost-effective manner. This includes drugs dispensed by a pharmacy and those administered in an outpatient setting. Provides quality pharmaceutical care for recipients enrolled in Medicaid (managed care and fee-for-service), Children’s Health Insurance Program, DSHS Children with Special Health Care Needs Services Program, DSHS Kidney Health Care program, and the Healthy Texas Women program. Effectively manages the federal and state drug manufacturer rebate programs to maximize rebate revenue.

Claims Management

Minerva (Mine) Epps
Ensures accurate and timely payment to Long Term Care (LTC) Providers through management of the Claims Management System and related support operations for LTC providers. Provides subject matter expertise and analysis of DADS IT and TMHP systems to support LTC programs working closely with program, financial, provider, and business user stakeholders. Manages vendor holds and performs recoupments of LTC Medicaid overpayments.

Operations Management Claims Administrator

VACANT
Works closely with other HHSC areas including IT, policy development, rate setting, legal, and contracts to implement process and technical changes at the fee for service claims administrator. Functions include providing oversight and direction for modifications and updates to current fee-for-service claims payment, prior authorization, provider enrollment, encounter processing, file maintenance, and other vendor operational areas. Provides oversight and facilitates the creation and implementation of vendor change order requests. Provider resolution and administrative appeals unit resolves second level appeals of claims and other provider and client issues.

Health Informatics Services & Quality

VACANT
Fosters innovative direction for Medicaid to use health information technology tools to help manage health information, including claims and clinical data (informatics). Focuses on the design, development and use of tools including, electronic health records, client and provider portals and health information exchange, which facilitate Medicaid’s receipt of claims and clinical data thereby enabling evidence based decision making for the continuous improvement of overall Medicaid healthcare quality, access and cost.
Policy and Program Section Overview

Policy & Program
Emily Zalkovsky
Analyzes Medicaid/CHIP policy and program initiatives and leads efforts to implement changes to policy and programs. Proactively designs solutions when issues with existing policies or program requirements are identified and prevents or mitigates future issues.

Data Analytics
Xiao-Ling Huang
Supports MCSD management to make data driven decisions related to compliance with contractual mandates and overall system performance. Legislative mandate to "improve contract management, detect data trends, and identify anomalies relating to service utilization, providers, payment methodologies, and compliance with requirements.

Medical Benefits
Mary Haifley
Responsible for the research, development, approval, and implementation of Medicaid medical and dental benefit policy. Resource on Medicaid benefits for providers, provider associations, and external stakeholders. Provide policy guidance and interpretation of benefits to MCSD and other HHS staff. Manages the medical and dental benefit contact requirements related to medical benefits.

Policy Development Support
Dana Williamson
Coordination for SPAs, 1915(c), 1915(b), and 1115 waivers; advisory committees, and most communication with CMS for waiver and state plan programs. This includes quarterly and annual waiver reports, responding to complaints received by CMS, facilitating meetings with CMS, and responding to other inquiries related to the waiver or the state plan. Information management. Manage rules and provider policy for Title XIX and Title XX entitlement programs and 1915(c) Medicaid waiver programs.

Office of Policy
Tamela Griffin
Provides oversight and strategic direction for Policy and Program Development; Policy Development Support; and Specialized Health Services.

Policy and Program Development
Michelle Erwin
Analyzes Medicaid/CHIP policy and program initiatives and leads efforts to implement changes to policy and programs. Proactively designs solutions when issues with existing policies or program requirements are identified and prevents or mitigates future issues.

Specialized Health Services
Dina Ortiz
Functions related to Texas Health Steps benefits, including policy analysis, clinical policy leadership, and outreach and informing for eligible recipients. Develops provider education and educational tools for provider practices. Manages policy for health-related case management services for children and pregnant women. Guidance to regional case managers providing comprehensive assessment, service plans, and follow-up to clients to assist in gaining access to medical social, educational, and other services.
Quality & Program Improvement
Section Overview

Quality Monitoring Program
Michelle Dionne-Vahalik
Performs non-regulatory quality monitoring and assurance function. State-wide staff (mostly clinical) develop standards for quality of care in nursing facilities (plus intermediate care facilities, and assisted living facilities), and visits those facilities to evaluate their performance and support their improvement; including rapid response teams for severe situations.

Quality Service Review Program
Conducts on-site record reviews, observations and interviews with randomly selected individuals who are PASRR eligible to determine compliance with federal regulations, state rules and DADS expectations for PASRR implementation.

Quality Reporting Unit
Responsible for the 1915c performance measures, the Quality Reporting System, and the HCBS federal compliance program. This team produces many dynamic and high-profile reports; reviews and analyzes the data for reports that are used to improve program quality.

Healthcare Transformation Waiver
Ardas Khalsa
Lead on overall 1115 waiver activities -- primarily operates the Delivery System Reform Incentive Payment (DSRIP) program that provides financial incentives that encourage hospitals and other providers to develop programs or strategies to enhance access to health care, quality of care, cost-effectiveness, and the health of patients and families served.

Quality Assurance
Frank Genco
Interacts with the external quality review organization (EQRO) to develop and implement managed care-related quality programs (e.g., medical and dental Pay-for-Quality, performance improvement projects, MCO report cards, etc.) and reviews/analyzes their reports. Serves as the primary liaison between HHSC and the EQRO and between MCOs and the EQRO and oversees the EQRO contract. Provides technical assistance to other areas of HHSC and to providers, MCOs, and other stakeholders.

Quality Institute & Quality Oversight
Jimmy Blanton, Matt Ferrara
Coordinates quality programs to harmonize initiatives across the HHS system (including reducing potentially preventable events), reduce MCO and provider administrative burden and improve patient outcomes and experience of care. Collaborates with internal and external stakeholders (including: CMS, academic institutions, advisory committees, state programs, MCOs, and hospitals) to support research, analysis and best practices in quality oversight; and to expand the use of value-based payment models.

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Health Plan Monitoring & Contract Services Section Overview

**Claims Administrator Contract Oversight**

**Mirsa Douglass**
Performs and coordinates Medicaid and CHIP contracting functions with subject matter experts for managed care, waiver community based long term services and supports, program administration and enrollment, revenue, consulting, professional services, and interagency agreements.

**Contract Compliance & Performance Management**

**Kim Wedel**
CCPM provides oversight for a variety of Medicaid and CHIP contracts to include Managed Care and related agreements and Long-term Care waiver and Consumer Directed Service Contracts. Other types of contracts include Administrative and professional services, enrollment, rebate, consulting and interagency.

**Subrogation & Recovery**

**Melissa Schulle**
Maintains an effective Third Party Liability (TPL) program, which helps reduce Medicaid expenditures by shifting claims expense to third-party payers utilizing either:

- **Cost Avoidance** – A primary payer is identified automatically through claims processing, claims are denied, and provider is instructed to either bill the other insurance or is informed that their claim has been forwarded to the other insurance carrier for processing.

- **Cost Recovery (Pay & Chase)** – Seek reimbursement from third parties whenever Medicaid has paid claims for which there are third parties that are liable for payment of the claims.

**Health Plan Management**

**Grace Windbigler**
Manages the day-to-day operational aspects of Medicaid and CHIP managed care programs including STAR, STAR+PLUS, STAR Health, CHIP, CHIP Dental and Children’s Medicaid Dental Services. The area is responsible for responding to inquiries and complaints. HPM is also responsible for managing the optional submission process for provider marketing materials. HPM acts as a liaison between the Managed Care Organizations (MCOs) and HHSC and monitors MCO compliance.

**Health Plan Monitoring & Contract Services**

**Tony Owens**

**Medicaid and CHIP Major Procurements**

**Kevin Vermillion**
Performs and coordinates major Medicaid and CHIP procurements.