



Transition of Medically Dependent Children Program Waiver Recipients to STAR Kids

As Required by

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Executive Summary

The 2020 report on the Transition of Medically Dependent Children Program (MDCP) waiver recipients to State of Texas Access Reform (STAR) Kids is submitted in compliance with Section 2.12 of Senate Bill (S.B.) 7, 83rd Legislature, Regular Session, 2013. S.B. 7 requires the Health and Human Services Commission (HHSC) to evaluate outcomes related to transitioning children and young adults enrolled in MDCP into the STAR Kids capitated managed care program.¹ S.B. 7 requires HHSC to submit a report annually, by December 1, on the transition of MDCP recipients to STAR Kids.

MDCP is a Medicaid waiver program which provides enhanced community-based long-term services and supports (LTSS) for children and youth who need the level of care provided in a nursing facility but who would like to remain in the community. These services are provided in addition to other Medicaid benefits like doctor's visits, nursing, and personal care services.

In fiscal year 2017, MDCP enrollees began receiving their acute care and LTSS through STAR Kids. STAR Kids provides all medically necessary or functionally necessary Medicaid services and the benefits of the MDCP waiver to eligible individuals. STAR Kids is designed to improve outcomes, coordination of care, and access to services, while reducing administrative complexity and unnecessary institutionalization. This report includes eligibility, enrollment, utilization, and quality measurement data available through fiscal year 2020.

HHSC is focused on improving quality and strengthening accountability of all Medicaid managed care programs, including STAR Kids. The agency has undertaken several efforts to ensure this goal is achieved including improving the member complaint process and putting quality monitoring measures in place to identify outcomes attributable to STAR Kids implementation and changes in STAR Kids member experiences. Other ways HHSC aims to achieve this goal include:

- Developing strategies to implement many of the recommendations proposed in the state's external quality review organization (EQRO) final post-implementation report which also provided HHSC with valuable data.
- Analyzing service utilization data to determine whether STAR Kids members are receiving medically necessary services. Starting in fiscal year 2020, HHSC implemented service plan monitoring reviews using a desk review tool. Data for this review will not be completed until December 2020. Reporting for this tool is expected in the next fiscal year.
- Implementing changes to optimize the functionality of the STAR Kids Screening and Assessment Instrument (SK-SAI). The SK-SAI is used to assess children and young adults for STAR Kids, including nursing needs,

¹ As established under Texas Government Code, Section 533.00253.

personal care needs, Community First Choice (CFC) eligibility, and MDCP waiver eligibility. HHSC is currently in the final stages of implementation for this tool.

The 86th Legislature also provided direction to HHSC on improving the STAR Kids program through Senate Bill 1207 and House Bill 4533. Though HHSC is in the final stages of implementing these pieces of legislation, this report highlights several corresponding initiatives underway that address tools, processes, and oversight for:

- assessment and service coordination;
- service authorizations and utilization;
- complaints, appeals, and fair hearings;
- performance management through operational reviews; and
- quality measurement.

1. Background

HHSC implemented the STAR Kids program on November 1, 2016. As of September 1, 2020, HHSC contracts with 9 managed care organization (MCOs) to operate the program. Enrollment in STAR Kids is required for children age 20 and younger who:

- Receive Supplemental Security Income (SSI);
- Receive SSI and Medicare;
- Live in a community-based, intermediate care facility for individuals with an intellectual disability or related condition, or a nursing facility;
- Receive services through a Medicaid Buy-In program; or
- Receive services through any of the following 1915(c) Medicaid waiver programs:
 - ▶ MDCP²;
 - ▶ Community Living Assistance and Support Services;
 - ▶ Deaf Blind with Multiple Disabilities (DBMD);
 - ▶ Home and Community-based Services;
 - ▶ Texas Home Living; or
 - ▶ Youth Empowerment Services.

The STAR Kids program goals are to:

- Provide benefits tailored to meet members' health care needs;
- Improve coordination of care, access to care, and health outcomes;
- Improve coordination with long-term care providers for members receiving LTSS outside of their MCO;
- Achieve cost containment and cost efficiency and reduce administrative complexity of delivering care;
- Reduce incidence of unnecessary institutionalization and potentially preventable events by ensuring access to appropriate services and care management; and
- Require a health home.³

² MDCP members receiving services through STAR Health are excluded from STAR Kids.

³ Texas Government Code, Section 533.00253(a)(2) defines health home.

2. Enrollment and Eligibility Data

Enrollment

In fiscal year 2020, an average of 163,043 eligible children and young adults were enrolled in STAR Kids each month. Children and young adults enrolled in MDCP is a subset of those enrolled in STAR Kids. Table 1 shows MDCP total enrollment for fiscal years 2017-2020. Total enrollment numbers are unduplicated enrollment counts per fiscal year. Depending on an individual's enrollment status at any given time, the total enrollment data may vary. For example, the following may contribute to overall program enrollment variances:

- Medical necessity denials;
- Members aging out of MDCP into another program, such as the State of Texas Access Reform Plus Home and Community Based Services (STAR+PLUS HCBS) program or intellectual and developmental disabilities waiver programs;
- Member death; and
- Federal requirements in response to the novel coronavirus (COVID-19) public health emergency (PHE).⁴

Table 1. MDCP Member Enrollment – Fiscal Years 2017-2020

Fiscal Year	Members Enrolled
2017	6,348
2018	6,218
2019	6,056
2020	6,499 ⁵

⁴ The Families First Coronavirus Response Act requires states to maintain Medicaid eligibility for all individuals who were eligible on or after March 18, 2020 through the end of the month in which the COVID-19 PHE expires in order to receive an additional 6.2 percent Federal Medical Assistance Percentage through the end of the federal fiscal quarter in which the PHE expires.

⁵ Fiscal year 2020 data is still subject to change as members who have been initially denied may request fair hearings and final determinations are pending. As of the time of this report publication, no MDCP members have been denied MDCP eligibility due to federal maintenance of eligibility requirements during the PHE.

Eligibility Denials and Fair Hearings

In order to be eligible for MDCP, individuals must meet financial eligibility requirements as well as medical necessity criteria for admission to a Texas nursing facility.⁶ A determination of medical necessity must be based on information collected by MCOs as part of the SK-SAI. Texas Medicaid & Healthcare Partnership (TMHP), the Medicaid claims administrator, evaluates these assessments and calculates the medical necessity and level of care in accordance with state-established criteria. Members or applicants are denied eligibility for the waiver when they do not meet the criteria. Members receiving MDCP must be re-assessed for MDCP waiver eligibility on an annual basis.

Table 2 shows medical necessity denial rates for reassessments for STAR Kids MDCP managed care members for fiscal years 2017-2020. The decrease in the medical necessity denial rate in fiscal year 2019 may be due to the fact that by this time all members would have been assessed using the SK-SAI tool by the end of 2018. Several factors may contribute to the medical necessity rates beginning to stabilize in fiscal year 2020, such as technical assistance provided to MCOs, MCOs familiarity with the SK-SAI assessment tool, and overall stabilization of the program.

These rates were calculated using point-in-time data. Some cases may still be in process and may not have a final determination yet. For more detailed information see Appendix A.

Table 2. Reassessment Medical Necessity Denial Rate for MDCP - Fiscal Years 2017-2020

Fiscal Year	Denial Rate
2017 ⁷	14.1%
2018	8.7%
2019	2.9%
2020	3.0% ⁸

The data on reassessment statuses are point-in-time and change as decisions are made through the medical necessity determination and fair hearings processes. When members dispute a medical necessity denial and request a fair

⁶ Texas Administrative Code, Title 40, Part 1, §19.2401 General Qualifications for Medical Necessity Determinations.

⁷ Fiscal year 2017 does not include September and October 2016 as this was prior to STAR Kids implementation.

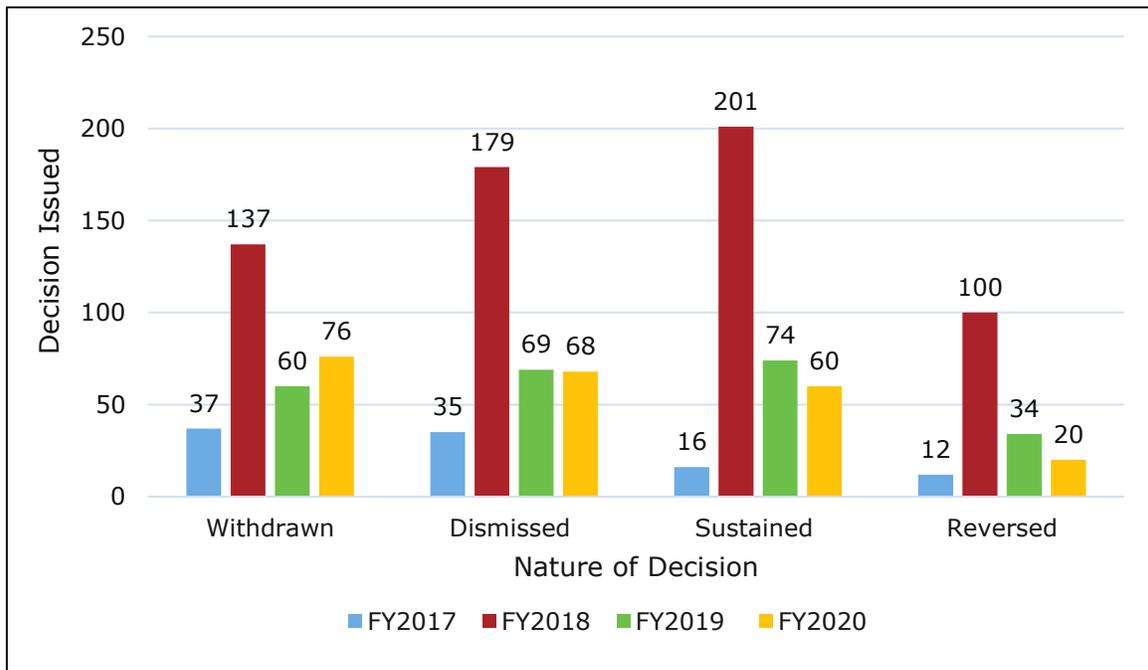
⁸ Fiscal year 2020 data is still subject to change as members who have been initially denied may request fair hearings and final determinations are pending.

hearing, the state conducts a fair hearing to review findings and additional documentation. Fair hearing cases can have the following dispositions:

- Withdrawn: a hearing was scheduled, but the appellant withdrew it.
- Dismissed: the appellant did not appear for the hearing.
- Sustained: the hearings officer agreed with the agency’s action.
- Reversed: the hearings officer did not agree with the agency’s action.

Figure 1 shows the number of fair hearing decisions HHSC issued for all MDCP medical necessity denials and the final disposition of cases. HHSC issued decisions on 100 MDCP cases in fiscal year 2017, 617 MDCP cases in fiscal year 2018, 237 MDCP cases in fiscal year 2019, and 224 MDCP cases in fiscal year 2020.

Figure 1. MDCP Medical Necessity Fair Hearing Disposition - Fiscal Years 2017-2020



3. STAR Kids Screening and Assessment Instrument

HHSC has been working on an initiative to optimize the functionality of the SK-SAI and streamline the assessment process. The SK-SAI is a pediatric assessment that is comprehensive, holistic, person-centered, and scientifically valid and reliable. It more accurately and objectively captures information needed to make medical necessity determinations for children and young adults than assessment tools used in the past.⁹

The SK-SAI is used to assess the needs of children and young adults in STAR Kids, including: nursing needs, personal care needs, CFC eligibility, and MDCP waiver eligibility. Information gathered with the SK-SAI is used to create an individual service plan (ISP) for each member, identify potential referrals for additional services, and establish medical necessity for MDCP.

The SK-SAI also contains a MDCP module for MDCP members and applicants that includes items used exclusively to determine an ISP annual cost limit, based on Resource Utilization Group¹⁰ (RUG) III modeling.

The SK-SAI contains triggers that advance children into more extensive modules and flags for MCOs any follow up needed, such as the need for durable medical equipment, behavioral health services, and therapies. HHSC is making improvements to the SK-SAI based on feedback from Texas A&M University (TAMU) Health Science Center and STAR Kids stakeholders.¹¹

HHSC has made significant progress incorporating recommended changes into the updated version of the SK-SAI and the SK-SAI Manual. Categories that received the most feedback included:

- Living Arrangements
- Medical Provider Information
- Consistent Timeframes/Lookback Periods
- Barriers/Caregiver Issues
- Narrative Sections
- Reduce Redundancy and Consolidate
- Transparency

⁹ The instrument used before the transition to STAR Kids, the Medical Necessity and Level of Care Assessment, was designed primarily for an adult population, leaving more room for subjective interpretation in its use with children.

¹⁰ The RUG III classification is based upon the information from a Minimum Data Set (MDS) 3.0 assessment and is a systematic approach to categorize the care needs of a member. The RUG algorithm is used for nursing facility MDS assessment, MDCP, STAR+PLUS HCBS, and CFC.

¹¹ Stakeholders include the STAR Kids Managed Care Advisory Committee Subcommittee on the SK-SAI, advocates, provider agencies, and MCOs.

- Annual Reassessments
- Utilization of Information
- Clarifications

Based on this feedback, HHSC has:

- Streamlined the reassessment process by increasing the number of fields that can auto populate.
- Moved all attendant service related questions into the Core module to ensure everyone is screened for Personal Care Services (PCS) and CFC state plan services.
- Required the completed SK-SAI be shared with the parent or legally authorized representative (LAR) and allow for a peer-to-peer review process with the member's treating physician of choice in the event of a pending medical necessity denial.
- Determined the time and resources needed for TMHP and the MCOs to make needed system changes to incorporate the updates.
- Drafted the scope of work for the required information system changes.

HHSC is also updating the SK-SAI Manual to reflect the instrument changes and appropriate policy clarifications suggested by stakeholders, which will be released with the revised SK-SAI. Significant work intended to improve the SK-SAI is ongoing and guided by broad-based external stakeholder feedback and expertise of an interdisciplinary team at HHSC. HHSC is working with the STAR Kids Managed Care Advisory Committee to identify a set of families willing to participate in a mock assessment using the updated SK-SAI and manual. The identified families will be from various MCOs and STAR Kids populations, including MDCP. HHSC is requesting a survey be completed by the families and service coordinators following the mock assessment to provide feedback on the optimized tool. Continued improvements to the assessment must ensure the validity of the tool, which is intended to address a diverse population and needs for children and young adults. Changes to the SK-SAI and SK-SAI Manual are scheduled to implement in November 2021. Service Planning and Utilization

4. Utilization Review and Service Plan Monitoring

Service Plans and 1915(c) Measures

The Centers for Medicare and Medicaid Services (CMS) regulates states' administration of Home and Community Based Services (HCBS) waivers. As a result of MDCP members receiving services in the STAR Kids Program, the MCOs must report on certain metrics as part of the federal waiver requirements. MCOs delivering MDCP waiver services are held to federal requirements to complete ISPs at least annually or as a member's needs change. MCOs are required to show compliance with performance measures related to scope, amount, and duration of services listed on service plans through self-reported data collected and analyzed by HHSC on a quarterly and annual basis. These performance measures include assuring that service plans are designed to meet the needs of the member and that there are effective systems in place to monitor the member's health and welfare. In June 2020, HHSC submitted a waiver amendment to the Centers for Medicare and Medicaid Services (CMS) to replace the MCO self-reported service plan measures in the waiver application with performance measures derived from HHSC Managed Care Utilization Review quality assurance activities beginning in fiscal year 2021. CMS approved the amendment but requested that HHSC retain one MCO self-reported performance measure to fully ensure compliance with federal service planning assurances.

Service Plan Monitoring

In April 2019, HHSC conducted a pilot review of the STAR Kids MCOs and their administration of MDCP. HHSC reviewed each MCO's contractual compliance with conducting assessments, service planning activities, and member service plans. The pilot review also collected information about the member's or member representative's experience and identified any issues with access to care or health and safety through the home visit portion of the review. The results were discussed with each of the MCOs. As a result of this pilot, HHSC improved the review tools and established performance measures prior to the fiscal year 2020 reviews.

In fiscal year 2020, HHSC expanded the utilization review process to include a statistically valid random sample of the STAR Kids MDCP population. This review expanded from the 2019 scope to include STAR Health MDCP, additional service plan measures, and increased the sample size to 2,089 members. Throughout the review, HHSC met with the MCOs to discuss findings and develop plans to remedy any identified issues. These reviews are ongoing. Due to COVID-19, HHSC is conducting interviews with the members via telephone instead of face-to-face until further notice.

STAR Kids Service Coordination

In addition to the above activities, HHSC conducts operational reviews of STAR Kids MCOs. HHSC reviews the MCOs' application of their own prior authorization and utilization management policies and procedures, including reviewing application of medical necessity criteria. HHSC is creating an operational review tool to assess the MCOs' policies and procedures related to contract requirements for service coordination. HHSC plans for the desk review tool to include the following modules:

- Behavioral Health
- Change in Condition
- Community First Choice
- Consumer Directed Services
- Coordination of Benefits
- Covered Services
- MCO Transfer
- Service Coordination
- Service Plans
- SK-SAI
- Transition Planning to Adult Programs

Private Duty Nursing and Personal Care Services Utilization

MDCP members have access to Medicaid state plan services including:

- personal care services (PCS), which is basic attendant care to help with activities of daily living, like preparing meals, bathing, and cleaning;
- private duty nursing (PDN), which are nursing services for members beyond the care provided through home health; and
- physical (PT), speech (ST), and occupation therapies (OT).

HHSC continues to monitor and analyze service utilization data to be able to track and trend changes in utilization of services that may require further analysis. Information regarding trends in the utilization of PDN, PCS, and PT, OT and ST among members receiving STAR Kids services before and after the November 2016 statewide managed care implementation was provided in the 2018 report.¹² This data builds on the information that was previously presented.

¹² Transition of Medically Dependent Children Program Waiver Recipients into STAR Kids Report for FY2-18 can be found at: <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2018/sb7-transition-med-dep-children-STAR-dec-2018.pdf>

Figure 2 shows that the number of STAR Kids members receiving paid PCS each month ranged from 11,296 members to 11,801 members per month from November 2018 to August 2019. Although the change in number of members receiving services is minimal, the counts of members served increased slightly during this time period.

Figure 2. STAR Kids Members Receiving Personal Care Services

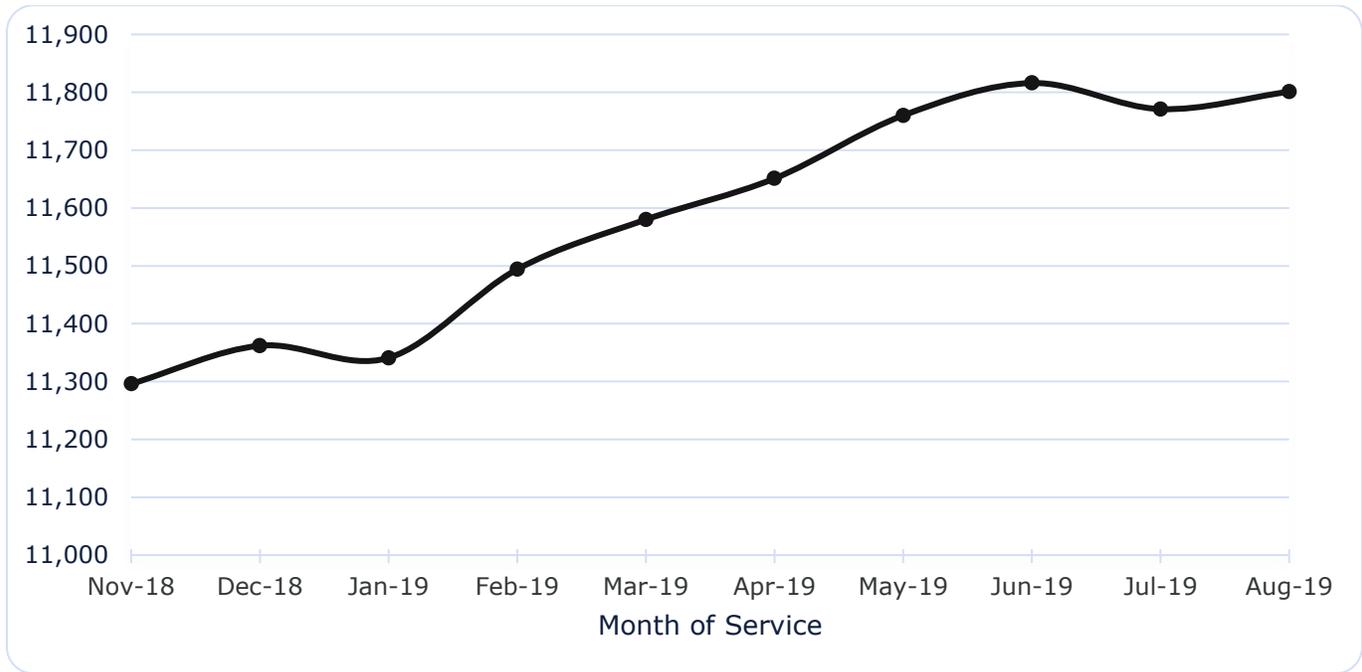
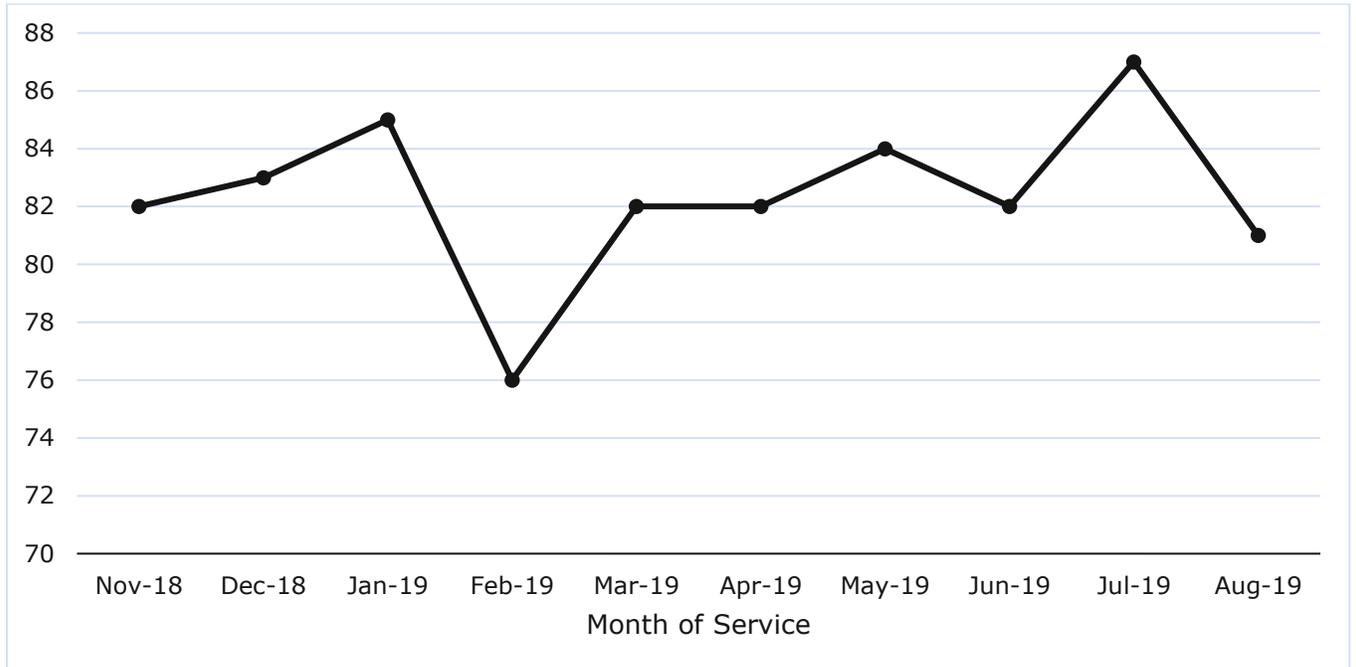


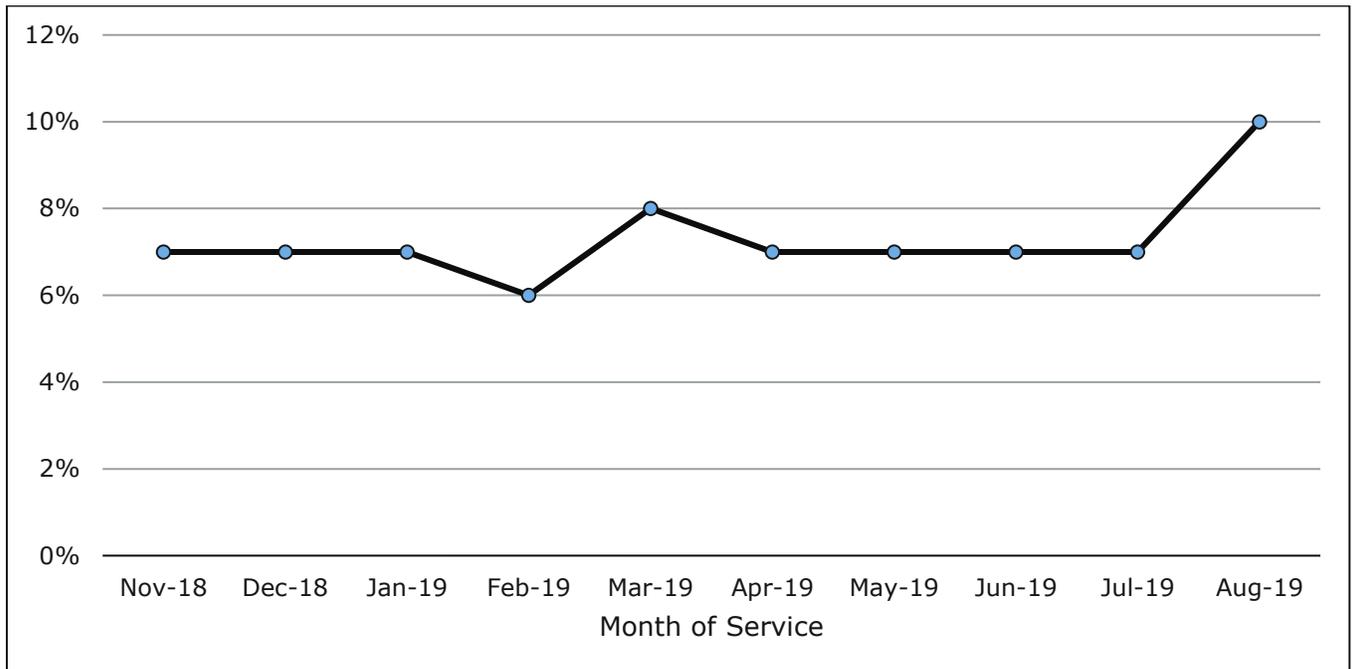
Figure 3 shows that the average number of hours of PCS services paid per member month ranged from 76 to 87 hours per month from November 2018 to August 2019. The biggest month-to-month change occurred between January and February 2019, when the average number of hours dropped from 85 to 76 hours per member per month.

Figure 3. Personal Care Service Hours Paid Per STAR Kids Member



Verifiable prior authorization data, which would allow examination of trends in the number of members denied PCS services was not available at the time of analysis. However, data on the number of encounters denied for provider payment was available and analyzed. Figure 4 shows that the percent of STAR Kids members whose PCS service(s) were denied for payment did not change substantially or change in a particular direction (either up or down) during this time period. The biggest change occurred between July and August 2019, when the percentage of members whose service(s) were denied payment increased from seven to 10 percent.

Figure 4. Percentage of STAR Kids Members Denied Personal Care Services



An analysis of the explanation of benefits (EOB) codes reported by the MCOs on denied PCS encounters shows the most common reasons for denial:

- Charges exceeded the contracted reimbursement rate;
- Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for the basis procedure/test;
- The procedure code is inconsistent with the modifier used or a required modifier is missing;
- Claim/service lacks information needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate. At least one Remark Code must be provided; and
- Unknown code.

Figure 5 shows that the number of STAR Kids members receiving paid PDN services each month rose from just over 4,800 in November 2018 to just over 5,100 in August 2019. This figure illustrates a slight increase over time in the number of members receiving PDN services.

Figure 5. STAR Kids Members Receiving Private Duty Nursing

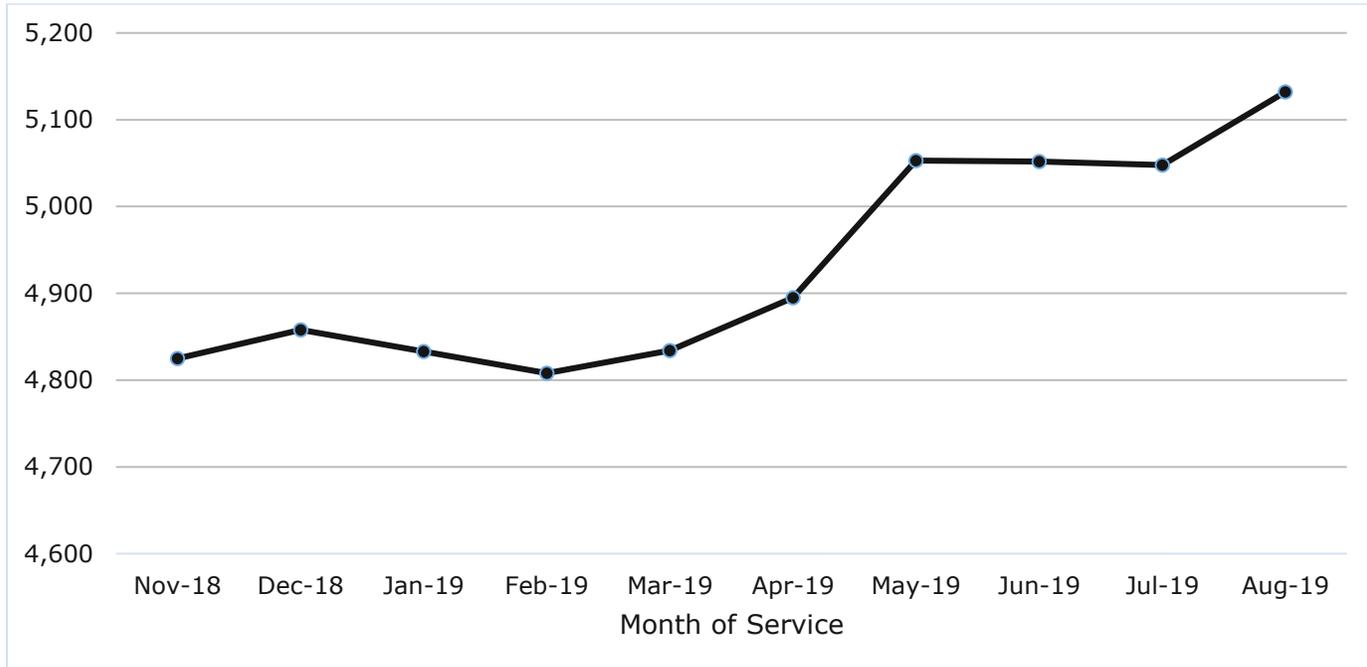
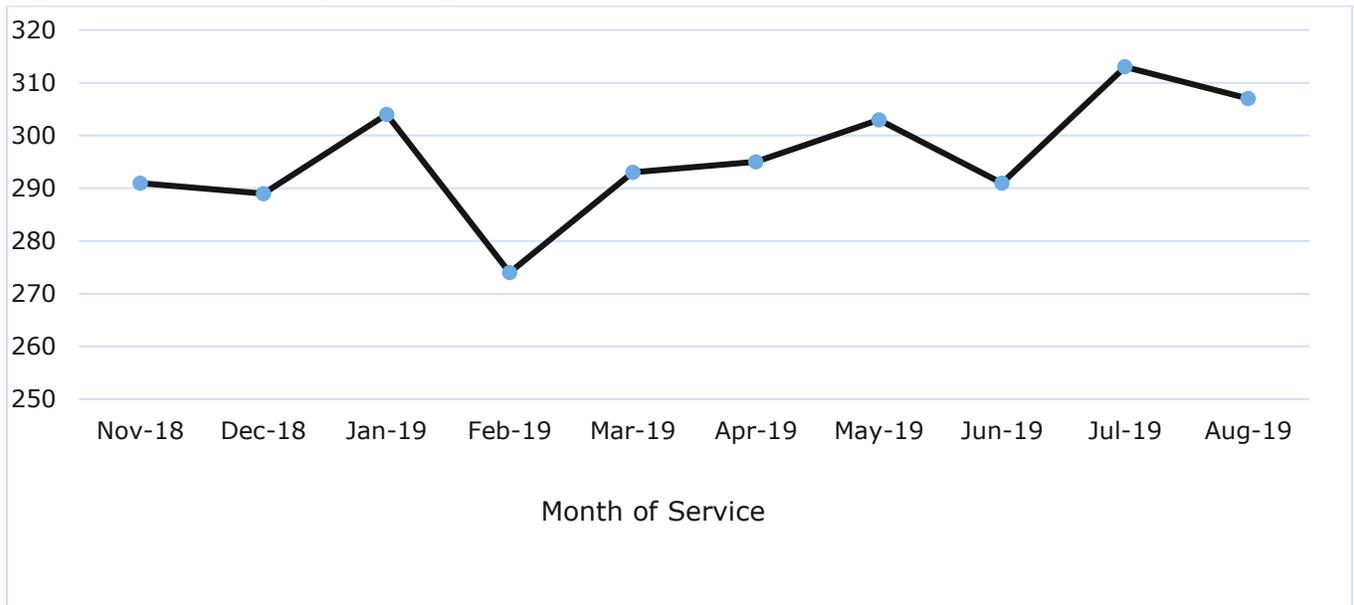


Figure 6 shows that the average number of paid PDN hours per member per month remained relatively stable.

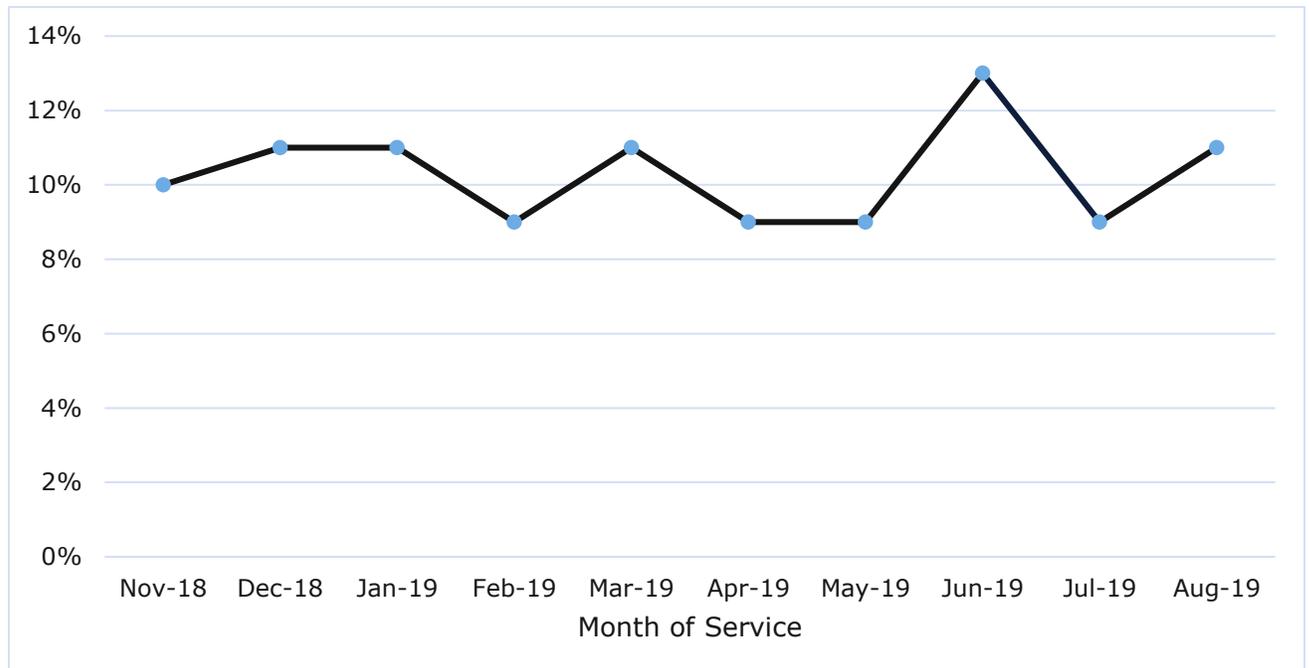
Figure 6. Private Duty Nursing Hours Paid Per STAR Kids Member



Verifiable prior authorization data, which would allow examination of trends in the number of members denied PDN services, was not available at the time of analysis. However, data on the number of encounters denied for provider

payment was available and analyzed. Figure 7 shows that the percent of STAR Kids members whose PDN services were denied for payment did not change substantially or change in a particular direction (either up or down) during this time period. The biggest change occurred between June and July 2019, when the percent of members whose service(s) were denied for payment decreased from 13 to nine percent.

Figure 7. Percentage of STAR Kids Members Denied Private Duty Nursing



An analysis of the explanation of benefits (EOB) codes reported by the MCOs on denied PDN encounters shows the most common reasons for denial:

- Charges exceeded the contracted reimbursement rate;
- Duplicate claim/service;
- Payment denied-Prior processing information appears incorrect;
- The procedure code is inconsistent with the modifier used or a required modifier is missing; and
- The time limit for filing has expired.

Therapy Service Utilization

Since December 1, 2018, HHSC has analyzed selected data related to pediatric acute care therapy services (including physical, occupational, and speech therapies) for negative impact on access to care in accordance with Senate Bill 1, Rider 57, 85th Legislature, Regular Session, 2017.¹³ Reporting includes utilization data related to pediatric acute therapy services (including physical,

¹³ This was changed to Rider 15, by Senate Bill 1, 86th Legislature, Regular Session, 2019.

occupational, and speech therapies) on a quarterly basis.¹⁴ These quarterly Therapy Access Monitoring Reports are shared with the STAR Kids Managed Care Advisory Committee and are available on the HHSC website.

The 2020-21 General Appropriations Act, H.B. 1, 86th Texas Legislature, Regular Session, 2019 (Article II, HHSC, Rider 47) provided funding to increase in-home pediatric therapy rates by 10 percent and to raise reimbursement for therapy assistants across all settings from 70 percent to 80 percent of the licensed therapist rate. The new rates were effective September 1, 2019.

Generally, the rate at which children receive a therapy service has remained near the long-term average trend, as measured over five years beginning FY 2015, with an increase in the rate just prior to enactment of policy changes in May 2016 followed by a decline between May 2016 and May 2018. HHSC began implementing therapy policy initiatives in May 2016 and rolled out the STAR Kids program in November 2016. Across programs and therapy types, many fluctuations in utilization rates appear transitory, with three notable exceptions:

1. STAR Kids therapy utilization rates declined by more than eight percent from June through September 2017 before leveling off. This decline correlates with the end of a temporary policy extending the length of existing prior authorizations for individuals moving into the new program;
2. Speech therapy rates remained below the long term average trend for most months spanning mid-year 2016 through mid-year 2018, before recovering; and
3. Utilization rates for physical, occupational and speech therapy for STAR and STAR Health have moved above the average long-term trend since early 2019.

To ensure access and appropriate utilization of medically necessary services, HHSC is strengthening clinical oversight, including for therapy services. HHSC has hired five therapists (two speech therapists, two physical therapists and one occupational therapist) for utilization reviews with a focus on the medical

¹⁴ Reports available on the HHSC website at:

<https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2019/quarterly-therapy-access-monitoring-sept-2019.pdf>

<https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2019/quarterly-therapy-access-monitoring-dec-2019.pdf>

<https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/quarterly-therapy-access-monitoring-march-2020.pdf>

<https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/quarterly-therapy-access-monitoring-june-2020.pdf>

<https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/quarterly-therapy-access-monitoring-sept-2020.pdf>

necessity of speech, physical, and occupational therapy services in the Medicaid managed care programs.

The following ongoing efforts will help HHSC identify and address any systemic access to care issues for therapy services:

- Reviewing utilization data for members reported as waiting for therapy services based on the Rider 15 definition to determine if they subsequently received services.
- Collecting therapy prior authorization data from MCOs for analysis.
- Continuing to develop and update trainings and webinars on therapy services for providers and MCOs.

5. Quality Measurement

In the summer of 2016, the state's EQRO¹⁵ began a multi-year study to evaluate the implementation of STAR Kids and develop a set of quality measures for the STAR Kids population. During the study, the EQRO evaluated and monitored utilization, quality of care, and satisfaction with care in STAR Kids.¹⁶

For the study, the EQRO:

- Conducted a comprehensive literature review and assessed performance measures from nationally recognized measure sets to develop an appropriate measurement framework for STAR Kids to guide performance monitoring efforts;
- Conducted a caregiver survey¹⁷ prior to implementation and a follow-up survey with the same caregivers 18 months after implementation;
- Used claims, encounter, and enrollment data to calculate administrative quality measures¹⁸ for STAR Kids members pre and post implementation;
- Interviewed STAR Kids managed care organizations (MCOs) regarding challenges and successes encountered during implementation; and
- Assessed the feasibility of using SK-SAI, National Core Indicator Children Family Survey (NCI-CFS), and ISP data to enhance quality monitoring.

The EQRO sampled participants from four random samples of children, adolescents, and young adults 20 years of age and younger (as of November 1, 2016) which resulted in one sample for each of the following four service groups:

1. MDCP
2. Waiver programs for children with intellectual and developmental disabilities (IDD)
3. Fee-for-service-SSI

¹⁵ States providing Medicaid through a managed care model are federally required to have an EQRO. The University of Florida's Institute for Child Health Policy is Texas' EQRO.

¹⁶ The STAR Kids Focus Study Summary report (November 2019) is the final report in the multi-year study summer 2016 through fall 2019.

¹⁷ The caregiver survey incorporated items from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey for Children with Chronic Conditions (Version 5.0), and the National Survey of Children's Health (NSCH).

¹⁸ Administrative measure sources included: the Healthcare Effectiveness Data and Information Set (HEDIS); the Agency for Healthcare Research and Quality (AHRQ) Pediatric Quality Indicators (PDIs); and 3M measures of potentially preventable events (PPEs).

4. STAR+PLUS-SSI¹⁹

Post-Implementation: EQRO Findings

Using survey and administrative measure data, the EQRO conducted statistical analyses to identify significant changes in member experiences and outcomes attributable to STAR Kids implementation. The results of the statistical analysis showing the impact of STAR Kids implementation after controlling for demographic and health status factors demonstrated some statistically significant changes that can reasonably be attributed to STAR Kids implementation:

- improved access to specialized services for members not in a waiver;
- improved access to care coordination; and
- increased health care expenditures.

Caregiver survey results found an overall improvement in access to specialized services (including special medical equipment/devices, physical, occupational and speech therapies, behavioral health treatment and counseling) and provider ratings for specialists. However, members in the MDCP and IDD waivers experienced a small decrease post-implementation in the number of authorized hours which was not statistically significant after controlling for demographics and health status.

Access to care coordination improved significantly after implementation, particularly for members in MDCP. More than one-third of all STAR Kids caregivers in the MDCP waiver reported having someone to help coordinate their child's care and more than sixty percent of caregivers reported they were "very satisfied" with the care coordination they received. However, over one-third of all STAR Kids caregivers in the MDCP waiver reported the need for extra care coordination help and the percentage of caregivers who said they could have used extra help with care coordination remained stable for members in MDCP and increased for members in IDD waivers with implementation of STAR Kids. This suggests that, while availability of care coordination help increased, the amount or quality of care coordination may not have been sufficient to meet the needs of some members.

STAR Kids members tend to have higher health care expenditures than children and adolescents in other Medicaid managed care programs. Although this difference is largely based on the higher medical complexity of STAR Kids members, the study found that health care expenditures increased with program implementation independently of other factors (e.g., inflation).

¹⁹ Children and young adults 20 years of age and under were allowed to enroll in STAR+PLUS prior to the implementation of STAR Kids.

STAR Kids Performance on Key Quality Indicators in 2017-2018

Performance on quality measures were calculated using administrative data from calendar year 2018, the first biennial STAR Kids Caregiver Survey conducted in 2018, and SK-SAI data from 2017. Like the Caregiver Survey, members in MDCP were included in the analysis.

The STAR Kids program performed equal to or better than the national average for measures of well-child care, access to primary care providers, initiation and engagement of alcohol and other drug dependence treatment, and metabolic monitoring for children and adolescents taking antipsychotic medications.

STAR Kids performance on measures for follow-up after hospitalization for mental illness and body mass index percentile documentation fell between the 25th and 50th national percentiles. Measures below the national 25th percentile included chlamydia screening in women, immunizations for adolescents, and use of first-line psychosocial care for children and adolescents on antipsychotics.

STAR Kids performed better than the National Survey for Children's Health (NSCH) national averages for the percentage of caregivers who received help coordinating their child's care and the percentage of caregivers who reported their child's doctors discussed transition to adult care. Specialist ratings in STAR Kids were also higher than the Consumer Assessment of Healthcare Providers and Systems (CAHPS) national average. However, the measure for caregivers who reported trying to get a referral for their child to see a specialist was lower than the national rate.

On the SK-SAI performance measures, STAR Kids had high rates of having an effective medical home and primary care continuity. This finding indicates MCOs successfully recruited providers into their networks. The SK-SAI measures showed room for improvement in certain case management outcomes, including ensuring that expressed care goals are met and that members have an ISP tailored to their needs at reassessment.

More information can be found in the [External Quality Review Organization Summary of Activities Report Contract Year 2018](#).

STAR Kids Quality Monitoring

HHSC has incorporated STAR Kids into existing quality initiatives. In fall 2018, the first set of STAR Kids quality data (for calendar year 2017) was available on the Texas Healthcare Learning Collaborative Portal²⁰. This data is updated

²⁰ The Texas Healthcare Learning Collaborative Portal was established to strengthen public reporting and increase transparency and accountability of services and care being provided under the Texas Medicaid system.

annually and is utilized for quality initiatives. HHSC has implemented all federal and state quality requirements and has added STAR Kids into all quality initiatives including:

- Performance Improvement Projects,
- Quality Assessment and Performance Improvement Programs,
- Administrative Interviews,
- MCO Report Cards,
- Network Adequacy assessments,
- Performance Indicator Dashboards for Quality Measures, and
- Medical Pay-for-Quality.

HHSC is in the process of implementing recommendations from the EQRO STAR Kids implementation study which align with requirements in SB 1207, 86th Legislature, Regular Session, 2018. These include use of the:

- NCI-CFS survey;
- SK-SAI;
- ISP (individual service plan data);
- CAHPS survey;
- Quality of care measures specific to MDCP members; and,
- Focus groups with MDCP caregivers.

STAR Kids Member and Provider Complaints

Since July 2018, HHSC has been working to improve the member managed care complaints process and data collection across managed care programs, including STAR Kids. Activities align with Rider 61 report recommendations, as required by the 85th Legislature, Regular Session, 2015, and H.B. 4533, 86th Regular Session, 2019. H.B. 4533 requires the following:

- Standardize the definition of grievance for Medicaid across divisions of the agency.
- Standardize data reporting and tracking within the agency.
- Implement a no wrong door system for complaints reported to the agency.
- Establish a procedure for expedited resolution of complaints related to access to care issues and to resolve the complaint within a specified period.
- Verify data reported by MCOs.
- Aggregate recipients and provider data and make available to the legislature and public.

HHSC has implemented a project to accept complaints through a no wrong door process and route Medicaid member complaints to the Ombudsman Managed Care Assistance Team (OMCAT) for tracking and resolution. The project included updating Medicaid MCO member handbooks to direct members to OMCAT to register complaints with the agency. A communications plan was deployed for the new member complaints including a member flyer covering:

- How to submit a complaint to the Office of the Ombudsman.
- Where to seek follow up information on a complaint.

- The resolution process and associated timelines.

The goal of this project is to streamline the Medicaid complaints process for members and to enhance and standardize the reporting process.

Complaint reason codes have been aligned across OMCAT, HHSC Medicaid and CHIP Services, and the MCOs to ensure consistent reporting. This alignment will allow HHSC to better track and trend issues that Medicaid members experience, promoting early issue identification and resolution.

6. Legislative Initiatives

The 86th Legislature passed legislation to enhance HHSC oversight and operations of Medicaid managed care, both generally and specific to the MDCP program, through S.B. 1207 and H.B. 4533. HHSC has implemented or is in the process of implementing the following related provisions.

STAR Kids Advisory Committee

Over the past several years, HHSC works closely with the STAR Kids Managed Care Advisory Committee which was established by Senate Bill 7, 83rd Texas Legislature, Regular Session, 2013 and in compliance with Texas Government Code Section 533.00254 to advise HHSC on the establishment and implementation of the STAR Kids managed care program.

The STAR Kids Managed Care Advisory Committee was originally set to expire December 2017, one-year post STAR Kids implementation. In 2017 under the authority granted to the HHSC Executive Commissioner by Texas Government Code Section 531.012, the committee was extended until December 31, 2019. Senate Bill 1207, 86th Legislature, Regular Session, 2019 extends the committee until December 2023.

Medically Dependent Children 1915(c) Waiver

Consumer Directed Service Option Expansion

H.B. 4533, 86th Texas Legislature, 2019 requires HHSC to make all services in MDCP available through the Consumer Directed Services (CDS) option. Most MDCP services are already available through the CDS option. The two additional MDCP services to be added to the CDS option are adaptive aids and minor home modifications. These services will be operational in the CDS option beginning in December 2020.

The one remaining MDCP service that will not be made available through CDS is transition assistance services (TAS). TAS is not appropriate for the CDS option because it is provided before the individual begins receiving MDCP services and is approved by the individual's MCO prior to relocation from a nursing facility to the community. TAS would need to be provided before the individual completes enrollment in the CDS option.

External Medical Review

S.B. 1207 requires HHSC to implement a process for review of managed care organization (MCO) or dental maintenance organization (DMO) benefit denials or

reductions and medical necessity eligibility denials by an Independent Review Organization (IRO).²¹

To implement this initiative, HHSC must contract with IROs to conduct the external medical reviews (EMRs). HHSC is using an open enrollment process to contract with IROs which meet specified criteria. Implementation is occurring in two phases:

- Phase I includes MCO and DMO benefit denials and service reductions subject to the EMR process.
- Phase II includes eligibility denials due to medical necessity or level of care for all other programs which require a medical necessity determination, including MDCP.

HHSC is currently in the procurement process with one or more IROs. Implementation will occur once procurement and readiness activities are completed including MCO, DMO, and IRO training. HHSC is developing four (4) end user training modules. Additionally, system changes have been completed and HHSC continues to engage with the MCOs in preparation for this implementation.

MDCP and Deaf-Blind with Multiple Disabilities Program Escalation Help Line

S.B. 1207 requires HHSC to implement an escalation help line for recipients in the MDCP and DBMD waiver programs.²²

The escalation line is being implemented in a staged approach. Effective October 15, 2020, the help line is available Monday through Friday 8:00 a.m. – 5:00 p.m. Starting December 1, 2020, the help line will expand its hours to Monday through Friday 8:00 a.m. – 8:00 p.m. Starting February 1, 2021, the help line will be available 24 hours, 7 days a week.

As required, the help line staff will return a telephone call not later than two hours after receiving the call during standard business hours; and return a telephone call not later than four hours after receiving the call during evenings, weekends, and holidays.

Once fully implemented, HHSC will review help line call data to determine the feasibility of expanding the help line to other Medicaid programs that serve medically fragile children and young adults.

²¹ As established in Texas Government Code Section 531.024164.

²² As established in Texas Government Code Section 533.00253.

Peer-to-Peer Review

S.B. 1207 requires HHSC to ensure that the service coordinator for a STAR Kids MCO provides the results of the initial or annual reassessment of medical necessity to the parent or LAR of a recipient receiving benefits under MDCP waiver program for review. HHSC must ensure the provision of results does not delay the determination of the services to be provided to the recipient or the ability to authorize and initiate program eligibility. This provision is anticipated to implement on December 1, 2020.

The member or LAR will have the opportunity to review the information gathered in the SK-SAI at the time of the home visit. The MCO will document the members or LAR acknowledgement and feedback. If, during the review of the information gathered in the SK-SAI, needed revisions are identified and all parties agree, then changes to the assessment may be made at the time of the home visit.

Upon notification of a preliminary denial of medical necessity, the MCO will contact the member or LAR and offer an opportunity to hold a peer-to-peer review with the treating physician of the member or LAR choice and the MCO medical director. The MCO will submit any information obtained in the peer-to-peer review to TMHP for consideration during the medical necessity determination process. The peer-to-peer review does not affect any rights to appeal a determination through the MCO internal appeal process, state fair hearing process, or the external medical review process.

Waiver Interest List Provisions

- S.B. 1207 allows a member who is enrolled in the MDCP waiver program but becomes ineligible for MDCP services because the member no longer meets the level of care (LOC) criteria to request:
 - To be returned to the MDCP interest list, in the first position; or
 - If the member is or has previously been on another 1915(c) waiver program interest list, the member may request to apply the date of their initial MDCP interest list request to the other program interest list, if it is earlier; or
 - If the member is not on, nor previously was on, another 1915(c) waiver program interest list, the member may request to be placed on a 1915(c) interest list but will not be given a placement priority.
- S.B. 1207 also allows a member who is enrolled in MDCP but becomes ineligible for services under MDCP due to their age the following options:
 - If the member is or previously has been on another 1915(c) waiver program interest list, the member may request to apply the date of their initial MDCP interest list request to the other program interest list, if it is earlier; or
 - If the member is not on a 1915(c) waiver program interest list, nor has previously been on another 1915(c) waiver program interest list, may request to be placed on a 1915(c) interest list and will not be given a placement priority.

This provision was originally planned to implement in March 2020. HHSC is currently evaluating a new implementation date for this provision considering federal maintenance of eligibility requirements during the PHE.

7. Conclusion

The STAR Kids managed care program was implemented on November 1, 2016, to provide Medicaid services to children with disabilities, including those enrolled in MDCP. In collaboration with stakeholders, HHSC has made improvements to the STAR Kids program since its implementation, and continues to do so. HHSC has recently implemented various STAR Kids initiatives and continues to implement others focused on enhancing the program.

The following legislatively directed initiatives are completed or in the process of implementation:

- Contract with an independent entity to conduct external medical reviews related to a reduction in or denial of services on the basis of medical necessity.
- Extend the STAR Kids Advisory Committee to December 31, 2023.
- Enhance HHSC oversight and operations of Medicaid managed care, including for the STAR Kids program.
- Allow the LAR of a child who is notified by HHSC that the child is no longer eligible for MDCP to request HHSC to return the child to the interest list for the program unless the child is ineligible due to age or place the child on the interest list for another 1915(c) waiver. The bill specifies the position that the child will be placed on the interest list.
- Ensure that the service coordinator for a STAR Kids MCO provides the results of the annual medical necessity determination to the parent or LAR of an MDCP recipient for review. HHSC must ensure the provision of the results does not delay the determination of the services to be provided or the ability to authorize and initiate services.
- Provide a parent or LAR who disagrees with the results of an assessment an opportunity to dispute the results with the MCO through a peer-to-peer review with the treating physician of choice.
- Create a Medicaid escalation help line for individuals in MDCP and DBMD waivers.
- Include adaptive aids and minor home modification services in MDCP available through the Consumer Directed Services option.

In addition to the implementation of legislative direction outlined above, the following improvements are currently underway or soon to be in process:

- Implementation of recommendations to optimize the SK-SAI.
- Evaluation of the peer-to-peer review to determine opportunities for improvements.
- Continued work focused on improving: service coordination, complaints processes, and clinical oversight of Medicaid managed care programs, including STAR Kids.
- Implementation of the EQRO STAR Kids Implementation Study Report recommendations, several of which focus on MDCP, including:

- ▶ Focusing on high-and low-performing MCOs;
- ▶ Conducting regular NCI-CFS surveys with families of STAR Kids members;
- ▶ Conducting additional studies with SK-SAI data, specifically with members in MDCP; and
- ▶ Conducting mixed-methods studies of MDCP members.

Moving forward, HHSC will continue to work with stakeholders to strengthen the STAR Kids service delivery model and oversight of the MCOs to ensure members, including those in MDCP, receive coordinated, medically necessary services.

List of Acronyms

Acronym	Full Name
CAHPS	Consumer Assessment of Healthcare Providers and Services
CMS	Centers for Medicare and Medicaid Services
CFC	Community First Choice
CFR	Code of Federal Regulations
CMS	Centers for Medicare and Medicaid Services
COVID-19	Coronavirus
DBMD	Deaf Blind with Multiple Disabilities
EQRO	External Quality Review Organization
DMO	Dental Maintenance Organization
H.B.	House Bill
HHSC	Health and Human Services Commission
IRO	Independent Review Organization
ISP	Individual Service Plan
LAR	Legally Authorized Representative
LTSS	Long Term Services and Supports
MCO	Managed Care Organization
MDCP	Medically Dependent Children Program
NCI-CFS	National Core Indicator Children Family Survey
PCS	Personal Care Services
PDN	Private Duty Nursing
PT/OT/ST	Physical, Occupational, and Speech Therapy
RUG	Resource Utilization Group
S.B.	Senate Bill
SK-SAI	STAR Kids Screening and Assessment Instrument
STAR	State of Texas Access Reform
STAR+PLUS HCBS Based Services	State of Texas Access Reform Plus Home and Community Based Services
SSI	Supplemental Security Income
TAMU	Texas A&M University
TAS	Transition Assistance Services
THMP	Texas Medicaid & Healthcare Partnership

Appendix A. Medically Dependent Children Program Denials – Annual Reassessment Cases

Tables 3 through 6 shows MDCP members with an SK-SAI submitted for MDCP medical necessity reassessment in the indicated month. SK-SAI submissions, which include both medical necessity and resource utilization group calculations, are considered MDCP reassessments. SK-SAI submissions for significant changes of the member's condition may not include both of these calculations. Some MDCP members may have more than one assessment submitted in the same month with different statuses. Therefore, the total unduplicated members with an assessment submitted in a given month may be less than the sum of members with assessments in the different status categories.

An SK-SAI assessment is categorized as:

- In Process: if it has not yet received an initial approval decision or is pending a fair hearing;
- Approved: if it was initially approved or if an initial denial was overturned; or
- Denied: if it was denied and no fair hearing was requested or if the denial followed a fair hearing decision.

In Tables 3 through 6 data²³ are broken out by denials as a result of fair hearing determinations separately from denials not appealed. Data are subject to change because MDCP members have 90 days to request a fair hearing.

The Families First Coronavirus Response Act requires states to maintain Medicaid eligibility for all individuals who were eligible on or after March 18, 2020 through the end of the month in which COVID-19 PHE expires in order to receive an additional 6.2 percent Federal Medical Assistance Percentage through the end of the federal fiscal quarter in which the PHE expires.

²³ HHSC is currently working with MCOs to ensure MDCP members with assessments due between April 2020 through November 2020 have continued to receive benefits, in compliance with HHSC Medicaid flexibilities found at: <https://hhs.texas.gov/services/health/coronavirus-covid-19/medicaid-chip-services-information-providers>

Table 3. STAR Kids MDCP Members with Medical Necessity Reassessments Submitted in Fiscal Year 2017

Month Reassessment Submitted	In Process Reassessment	Approved Reassessment	Denied Reassessment	Total Unduplicated with a Reassessment
November 2016	3	1	0	4
December 2016	1	9	1	11
January 2017	8	19	1	28
February 2017	14	43	9	64
March 2017	7	176	25	206
April 2017	15	363	62	434
May 2017	52	513	85	608
June 2017	28	589	99	702
July 2017	11	502	83	588
August 2017	25	494	75	585
Unduplicated Fiscal Year 2017	149	2604	431	3057

Table 4. STAR Kids MDCP Medical Necessity Denials (Annual Reassessment) as a Percentage of Total Reassessment Completed - Fiscal Year 2018

Month Reassessment Submitted	In Process Reassessment	Approved Reassessment	Denied Reassessment	Total Unduplicated with a Reassessment
September 2017	14	380	61	449
October 2017	6	320	54	376
November 2017	6	317	43	364
December 2017	15	402	63	471
January 2018	4	439	65	506
February 2018	4	438	37	475
March 2018	6	466	41	5140
April 2018	4	422	22	445

Month Reassessment Submitted	In Process Reassessment	Approved Reassessment	Denied Reassessment	Total Unduplicated with a Reassessment
May 2018	4	429	14	445
June 2018	0	449	10	459
July 2018	1	398	16	414
August 2018	2	468	22	490
Unduplicated Fiscal Year 2018 Total	63	4711	445	5141

Table 5. STAR Kids MDCP Medically Necessity Denials (Annual Reassessments) as a Percentage of Total Reassessments Completed - Fiscal Year 2019

Month Reassessment Submitted	In Process Reassessment	Approved Reassessment	Denied Reassessment	Total Unduplicated Reassessments
September 2018	1	341	8	350
October 2018	4	318	13	332
November 2018	5	381	9	391
December 2018	5	352	14	368
January 2019	6	468	19	489
February 2019	4	430	10	442
March 2019	3	440	15	454
April 2019	2	485	16	502
May 2019	2	429	9	438
June 2019	10	396	13	416
July 20149	5	441	12	455
August 2019	5	473	5	479
Unduplicated Fiscal Year 2019	48	4788	142	4930

Table 6. STAR Kids MDCP Medical Necessity Denials (Annual Reassessments) as a Percentage of Total Reassessments Completed - Fiscal Year 2020

Month Reassessment Submitted	In Process Reassessment	Approved Reassessment	Denied Reassessment	Total Unduplicated with a Reassessment
September 2019	6	353	12	367
October 2019	4	408	14	424
November 2019	5	389	6	398
December 2019	7	391	14	408
January 2020	8	437	19	460
February 2020	2	474	13	488
March 2020	3	311	5	317
April 2020	0	9	0	9
May 2020	0	1	2	3
June 2020	0	3	0	3
July 2020	0	2	0	2
August 2020	2	1	0	3
Unduplicated Fiscal Year 2020 Total	33	2761	85	2851

In Tables 7 through 10, the total provides MDCP medical necessity reassessment denial rates found by dividing the number of members with a denied assessment by the total members with an assessment in any status. Some members have more than one assessment submitted in the same month with different denial status.

Therefore, the total percentage of members with denied assessment may be less than the sum of the percentages of members with "Denied – Fair Hearing Not Requested" plus "Denied – As a result of Fair Hearing."

Table 7. STAR Kids MDCP Medical Necessity Denials (Annual Reassessments) as a Percentage of Total Reassessments Completed - Fiscal Year 2017

Month Reassessment Submitted	Denied Reassessments- Fair Hearing Not Requested	Denied Reassessments – As a Request of Fair Hearing	Total Denied Reassessment
November 2016	0.0%	0.0%	0.0%

Month Reassessment Submitted	Denied Reassessments- Fair Hearing Not Requested	Denied Reassessments - As a Request of Fair Hearing	Total Denied Reassessment
December 2016	9.1%	0.0%	9.1%
January 2017	3.6%	0.0%	3.6%
February 2017	14.1%	0.0%	14.1%
March 2017	9.2%	2.9%	12.1%
April 2017	8.36%	6.0%	14.3%
May 2017	8.7%	5.4%	14.0%
June 2017	9.0%	5.3%	14.1%
July 2017	8.3%	5.8%	14.1%
August 2017	6.7%	6.2%	12.8%
Fiscal Year 2017 Totals	8.7%	5.6%	14.1%

Table 8. STAR Kids MDCP Medical Necessity Denials (Annual Reassessments) as a Percentage of Total Reassessments Completed - Fiscal Year 2018

Month Reassessment Submitted	Denied Reassessment - Fair Hearing Not Requested	Denied Reassessment - As A Result of Fair Hearing	Total Denied Reassessment
September 2017	6.7%	6.9%	13.6%
October 2017	6.9%	7.5%	14.4%
November 2017	7.7%	4.1%	11.8%
December 2017	7.9%	5.5%	13.4%
January 2018	6.7%	6.1%	12.9%
February 2018	4.4%	3.4%	7.8%
March 2018	4.3%	3.7%	8.0%
April 2018	1.1%	3.8%	4.9%
May 2018	2.5%	0.7%	3.2%
June 2018	1.5%	0.9%	2.2%
July 2018	3.1%	0.7%	3.9%
August 2018	2.7%	1.8%	4.5%
Fiscal Year 2018 Totals	4.8%	3.9%	8.7%

Table 9. STAR Kids MDCP Medical Necessity Denials (Annual Reassessments) as a Percentage of Total Reassessments Completed – Fiscal Year 2019

Month Reassessment Submitted	Denied Reassessment – Fair Hearing Not Requested	Denied Reassessments – As a Result of Fair Hearing	Total Denied Reassessment
September 2018	1.4%	0.9%	2.3%
October 2018	2.4%	1.5%	3.9%
November 2018	1.3%	1.0%	2.3%
December 2018	2.2%	1.6%	3.8%
January 2019	1.8%	2.0%	3.9%
February 2019	1.8%	0.5%	2.3%
March 2019	2.4%	0.9%	3.3%
April 2019	1.8%	1.4%	3.2%
May 2019	1.8%	0.2%	2.1%
June 2019	2.6%	0.5%	3.1%
July 2019	1.8%	0.9%	2.6%
August 2019	0.8%	0.2%	1.0%
Fiscal Year 2019 Totals	1.9%	1.0%	2.9%

Table 10. STAR Kids MDCP Medical Necessity Denials (Annual Reassessments) as a Percentage of Total Reassessments Completed - Fiscal Year 2020

Month Reassessment Submitted	Denied Reassessment – Fair Hearing Not Required	Denied Reassessment – As a Result of Fair Hearing	Total Denied Reassessment
September 2019	2.2%	1.1%	3.3%
October 2019	2.6%	0.7%	3.3%
November 2019	1.0%	0.5%	1.5%
December 2019	2.7%	0.7%	3.4%
January 2020	2.8%	1.3%	4.1%
February 2020	2.1%	0.6%	2.7%
March 2020	1.6%	0.0%	1.6%
April 2020	0.0%	0.0%	0.0%
May 2020	66.7%	0.0%	66.7%
June 2020	0.0%	0.0%	0.0%
July 2020	0.0%	0.0%	0.0%
August 2020	0.0%	0.0%	0.0%

Month Reassessment Submitted	Denied Reassessment – Fair Hearing Not Required	Denied Reassessment – As a Result of Fair Hearing	Total Denied Reassessment
Fiscal Year 2020 Totals	2.2%	0.7%	3.0%