

FREQUENTLY ASKED QUESTIONS
on the
TEXAS MIGRANT CARE NETWORK (TMCN)
As of: 10/14/2009

General Information and Provider Enrollment

1. How does my health center learn more about the Texas Migrant Care Network (TMCN)?

To learn more about the TMCN, you can contact Jana Blasi or Sonia Lara at the Texas Association of Community Health Centers (TACHC) at 512.329.5959 or look at information posted on the TMCN webpage located on the TACHC website - www.tachc.org/Programs/TMCN/Overview.asp

2. How long does it take to get enrolled as a provider in Texas Medicaid?

It can take as little as three to four weeks to process if the application is complete and accurately filled out by the FQHC. If there is missing information or information that the state may question, the enrollment process will take longer. To avoid these unnecessary delays, all centers interested in enrolling in Texas Medicaid should contact Jana Blasi or Sonia Lara at TACHC at 512.329.5959 so they will receive extra assistance in completing their application. The application can be tracked and the state's Medicaid agency will know to expedite their application(s).

3. How do I enroll my center?

Go to the TACHC website to get further information, including a provider enrollment checklist and archived webcast on the provider enrollment process, at www.tachc.org/Programs/TMCN/Overview.asp and/or visit www.tmhp.com to access the provider enrollment application. While completing your application, if you have any questions regarding the application process, you should contact Naomi Gayton at TMHP at 512.506.3528. Centers may enroll on-line or can download a paper application to complete. It is recommended that your center use the on-line version to minimize processing time and lessen the likelihood of errors that may delay processing of your provider enrollment application.

4. Do all of my providers or sites have to get enrolled into Texas Medicaid?

No. In Texas Medicaid, FQHCs enroll by *site* as opposed to enrolling each billable Medicaid provider. If your center has multiple sites, your FQHC should only enroll those sites that serve Texas migrants. Once an FQHC site is enrolled, all of the billable providers practicing at that site are enrolled as Texas Medicaid providers. Since FQHCs enroll by site as opposed to by billable provider when enrolling in Texas Medicaid, detailed information is required from health center board members and key leadership staff as part of the application process, including Social Security Numbers. The information requested by Texas Medicaid on "principals" of the FQHC is similar to the information provided by FQHCs when enrolling in the Medicare program.

If your center operates multiple sites, you are not required to enroll all of your sites when seeking to become a Texas Medicaid provider. Again, you should only enroll those sites that serve Texas migrants.

5. Can non-FQHC providers enroll in Texas Medicaid to be included in the Texas Migrant Care Network?

Yes, all out-of-state providers who provide medical or dental services to migrants from Texas are encouraged to enroll as Texas Medicaid providers. The initial focus of the TMCN is to develop an out-of-state network of FQHCs and other primary care providers but eventually Texas would like to expand the network to include providers that cover all Texas Medicaid services including private dental providers and behavioral health providers, pharmacies, hospitals and specialty care providers.

6. Are specialty care visits and hospital care covered?

Texas Medicaid benefits do cover certain specialty services and inpatient care; however, the primary care provider, specialty provider and/or hospital providing the services to a Texas Medicaid client must be enrolled as a Texas Medicaid provider to be reimbursed for these services. If the enrolled FQHC provides the service, and it is an allowable benefit under Texas Medicaid, the FQHC will be reimbursed. Non-FQHC providers interested in enrolling in Texas Medicaid should contact Naomi Gayton at TMHP at 512.506.3528.

7. Does Texas Medicaid charge a fee to enroll as a provider?

No, there is no fee associated with enrolling as a provider in Texas Medicaid.

8. Who is my Medicare Intermediary and/or Carrier?

The paper application (Page 7.1 and 9.2) and the online application (the *Provider Demographics* page) require this information. Please put the name of the entity and **NOT** your Medicare number. Generally, your Medicare confirmation letter should indicate the intermediary/carrier either in the body of the letter or at the bottom of the letter. If your center has an MRAN, the intermediary/carrier is usually located in the upper left-hand corner.

For a list of the Medicare intermediaries and carriers by state, go to:

http://www.cms.hhs.gov/ContractingGeneralInformation/Downloads/02_ICdirectory.pdf

Client Enrollment and Recertification in Texas Medicaid and Eligibility Verification

9. How will I know if a patient is enrolled in Texas Medicaid?

Once enrolled as a Texas Medicaid provider, your staff will be able to verify a patient's enrollment by checking on-line via the TMHP website – www.tmhp.com and click on “*Texas MedConnect.*” Texas Medicaid clients may also have an eligibility letter from Texas Medicaid; however, it is advised to always verify the client's eligibility online.

10. How will patients know that my center is enrolled as a Texas Medicaid provider?

Clients will be able to identify which providers are enrolled in Texas Medicaid by checking on-line at www.tmhp.com/OPL/providerManager/AdvSearch.aspx or by calling 1-888-302-6688.

11. What migrant populations are covered by Texas Medicaid and what services are covered?

There is no special “migrant” eligibility category for migrant farmworkers or family members in Texas Medicaid. The only requirements for participation in the TMCN are that the migrant worker or family member be enrolled in Texas Medicaid and seek services at a Texas Medicaid-enrolled provider in or out-of-state.

Texas Medicaid primarily covers pregnant women, children and women of child-bearing age. The program also covers low-income elderly populations and disabled populations; however, these eligibility groups typically would not be traveling out-of-state for temporary employment. Texas Medicaid offers comprehensive benefits including most primary and preventative services, as well as dental, pharmacy and behavioral health services.

12. Will out-of-state centers be responsible for enrolling migrants in the Texas Medicaid Program?

No, the Texas Migrant Care Network is only for currently enrolled Texas Medicaid patients. If you have a Texas migrant who is currently uninsured but may be eligible for Texas Medicaid, you should try to enroll them in any eligible programs that are available to them in your state but encourage them to enroll in Texas Medicaid when they return home. Most Texas health centers have Outstationed Eligibility Workers (OEW) who will be able to assist them with the enrollment process or they can begin the enrollment process over the telephone by calling 1-800-647-6558 or can apply for their children online at <http://www.chipmedicaid.com> and print a PDF copy of their online application to use as a receipt. The Medicaid client will receive their application in the mail for a signature in about 2 weeks. They will also receive a bar-coded letter to use when they return their signed application and any missing information requested.

13. What definition of “migrant farmworkers” does Texas Medicaid use so we will know who is eligible to participate in TMCN?

The only participation requirement in the TMCN for the patient is that they be enrolled in Texas Medicaid prior to leaving the state for temporary employment (this is defined as not residing outside of Texas for more than 6 months.) The patient does not have to meet the BPHC definition or any other migrant definition to be able to participate in the TMCN. Non-migrant populations (e.g., foster children and populations impacted by emergencies and natural disasters) are also eligible to participate in this program as long as they are enrolled as Texas Medicaid recipients and access services at an enrolled Texas Medicaid provider.

14. What are the eligibility levels for Texas Medicaid? Do Medicaid benefits vary state by state?

There are numerous eligibility categories in Texas Medicaid; however, the three groups most likely to be traveling out-of-state for temporary employment that would be Texas Medicaid recipients are pregnant

women, children and women of child-bearing age. The eligibility levels for pregnant women and children are as follows:

Pregnant women and Newborns (age 0 to 1) – up to 185% of the Federal Poverty Level

Children 1 – 5 – up to 133% of the Federal Poverty Level

Children 6 – 18 - up to 100% of the Federal Poverty Level

Women of Child-bearing (age 18 – 44) - up to 185% of the Federal Poverty Level

Yes, Medicaid eligibility levels can vary from state to state; however, it is important to note that the vast majority of migrant workers and their families do fall within the income guidelines of Texas Medicaid.

15. How are renewals handled for children whose Texas Medicaid coverage is scheduled to lapse while they are out of Texas?

In Texas, children have six months of continuous eligibility under Children’s Medicaid (except for newborns who are enrolled for 12 months of continuous eligibility); thus, there may be instances when children’s coverage is scheduled to lapse while they are out-of-state. To avoid lapses in coverage, Texas Medicaid is finalizing a formal process to recertify eligible children while out-of-state, and it may include a Texas Medicaid toll-free number where all out-of-state re-certifications can be processed. The current process during the interim is that a packet will be mailed and/or provided to the family prior to their leaving the state. The application and associated verifications can be mailed to either a local Texas Health and Human Services Commission benefits office or directly to the Outstationed Eligibility Worker housed at the family’s “home” health center in Texas. If the family has any questions or has misplaced their renewal packet, they can contact the OEW at their “home” health center or local eligibility office staff for assistance over the phone. To locate a “home” health center OEW, out-of-state health centers can find contact information for Texas health centers by visiting www.tachc.org. Hard copies of directories with information on all Texas health centers can be requested by contacting Sonia Lara at TACHC at 512.329.5959.

16. Does maintaining Texas Medicaid coverage while out-of-Texas negatively impact the migrant’s ability to enroll in other programs like WIC, Food Stamps or Migrant Housing in another state?

No, there is no requirement that “links” enrollment in one state’s Medicaid program to other public programs. In other words, a person doesn’t have to be enrolled in a state’s Medicaid program to be eligible for other programs in that state like Food Stamps, WIC or Migrant Housing. Additionally, a migrant worker from Texas, who maintains their Texas Medicaid while out-of-state temporarily, is eligible to apply for other programs such as Food Stamps, WIC or Migrant Housing programs while in another state. For example, a Texas migrant family who maintains their Texas Medicaid coverage while temporarily in Michigan is eligible to apply for Food Stamps in Michigan.

17. Can a person be enrolled in two different state Medicaid programs at the same time?

No, it is not allowable for the same person to be enrolled in two different state Medicaid programs at the same time. The individual will have to select which state Medicaid program they prefer to be enrolled in and either remain in Texas Medicaid or drop coverage and enroll in another state's Medicaid Program.

18. How will newborns be enrolled into Texas Medicaid when born outside of Texas?

Currently, this policy is being finalized and will be included in these FAQs in the near future. The process may include a Texas Medicaid toll-free number that will be assigned to enroll the newborn into Texas Children's Medicaid without requiring the mother to apply for her newborn's coverage. This will make it consistent with the process for Texas Medicaid mothers who give birth in Texas.

Provider Billing and Reimbursement

19. What provider types are billable under Texas Medicaid and are likely to work in health centers?

Billable providers under Texas Medicaid that typically would work at a health center include: physicians, nurse practitioners, physician assistants, dentists, certified nurse midwife, licensed social workers, psychologists, and other behavioral health providers.

20. Will my center be paid its Prospective Payment System (PPS) rate or fee-for-service rates from Texas Medicaid?

FQHCs will be paid their PPS rate from Texas Medicaid. Straight PPS is your center's base PPS rate trended up by the Medicare Economic Index (MEI). Upon enrollment to Texas Medicaid and in order to set a base rate, your FQHC will need to submit (1) your latest Medicare cost report; (2) a trial balance for the period of the Medicare cost report; and (3) a depreciation schedule (only if depreciation is an expense included in the Medicare cost report). Centers should send these items to:

TMHP Medicaid Audit
Attention: Dick Bledsoe
12357-B Riata Trace Parkway
Austin, TX 78727

For additional questions or technical assistance regarding PPS, contact Jana Blasi at TACHC at 512.329.5959.

21. How will centers file claims to Texas Medicaid?

Texas Medicaid accepts paper and electronic claims from all providers. Out-of-state providers may file claims via the internet if they do not want to make changes to their practice management or EHR systems to bill electronically. For specific information on how to file claims to Texas Medicaid, enrolled centers should view a two-part billing webinar that is archived on the TACHC TMCN webpage which is located at www.tachc.org/Programs/TMCN/Overview.asp.

22. Who do I call at Texas Medicaid if I have a billing question or claims processing issue?

If you have questions regarding billing or have a claims processing issue, you can visit www.tmhp.com or call TMHP at 800.925.9126. You may also contact JoAnn Kunde, the Provider Relations Rep for Out-of-State Providers at TMHP, at 512.506.7858 or via email at joann.kunde@tmhp.com.

23. Are pharmacy costs covered by Texas Medicaid?

Yes, pharmacy is a covered benefit in Texas Medicaid. For FQHCs that have an on-site pharmacy, allowable pharmacy costs are included in the FQHCs all-inclusive PPS rate as part of a medical visit. For non-FQHC providers or FQHCs that do not offer on-site pharmacy services, private and retail pharmacists may enroll in the Texas Vendor Drug Program (VDP) in order to minimize costs to Texas Medicaid patients. If you are a pharmacy provider and would like more general information or information on how to enroll in the Texas VDP, call 800.435.4165. A more formal policy is being finalized that will further simplify the Texas VDP enrollment process under the TMCN. The finalized process will be included in these FAQs in the near future.

24. If an FQHC sees a child enrolled in Texas Medicaid for immunizations that are not part of their EPSDT exam (Texas HealthSteps), will the center bill for a PPS encounter or is there a separate administration fee that centers can bill for in this circumstance?

If the Texas Medicaid patient is only seen for immunizations, a PPS encounter should not be billed but rather the FQHC should bill for the administration of the immunization on the HCFA – 1450 (UB-92) or CMS-1500 claim form using their FQHC TPI and the appropriate Medicaid procedure code.

Clinical Issues

25. Is there a system for accessing patient medical records in Texas?

No, there is no uniform system for accessing patient medical records of migrant patients from Texas. However, out-of-state FQHCs and providers are encouraged to contact the patient's "home" health center in Texas to share information and coordinate care. For a listing of Texas FQHCs, visit: www.tachc.org.

26. What benefits are covered under Texas Medicaid?

Texas Medicaid offers comprehensive benefits including most primary and preventative services, as well as dental, pharmacy and behavioral health services. For a more detailed listing of covered benefits, you can review the provider procedure manual at www.tmhp.com. Common services accessed by migrants and covered by Texas Medicaid include well child exams, prenatal and post partum care, immunizations, diabetic services, asthma treatment, preventative and therapeutic dental services for children, treatment for skin conditions, ear infections, behavioral health services and treatment for urinary tract infections.

27. Do Medicaid benefits vary by state?

Yes, Medicaid benefits may vary by state. However, the Social Security Act specifies a set of benefits that state Medicaid programs must provide and a set of optional services that states may choose to provide. To review a listing of current benefits covered by Texas Medicaid, visit www.hhsc.state.tx.us/Medicaid and click on the "Texas Medicaid and CHIP in Perspective" link for further information on mandatory and optional benefits. For a more comprehensive list of benefits covered by Texas Medicaid, review the provider procedure manual at www.tmhp.com.

28. Are substance abuse services covered by Texas Medicaid?

Beginning January 1, 2010, Texas Medicaid should begin providing coverage for comprehensive substance abuse treatment services to persons who are at least 21 years of age, have a substance abuse disorder, and otherwise qualify for Medicaid.

29. What records need to be kept about vaccines administered to children from Texas?

Providers are supposed to keep a copy of a child's immunization record and must also make one available for their clients at all times. At a minimum, these records should have the name and address of the child, child demographics (date of birth, name of guardian who signed for the immunizations), the dates the vaccines were administered and the vaccines by name, as well as a signature or stamp of the provider who administered the immunizations. Other information that providers are encouraged to document include the vaccine lot numbers and manufacturer.

30. How are vaccine allotments and counts handled for Texas Medicaid recipients who are immunized in a receiving state?

Vaccine allotments and counts should be handled as they are today in other states and are not impacted by this program. In other words, you should use the vaccine allotments from your state when immunizing Texas Medicaid recipients. You do not have to use Texas vaccines.

31. Are these children already counted multiple times (once by each state receiving state and by Texas) for Vaccine for Children numbers?

When a state determines the number of eligible children that are part of its VFC population, several categories are taken into consideration including 1) the number of children enrolled in Texas Medicaid, 2) the number of children who seek services at an FQHC or Rural Health Clinic (who are considered Texas' underinsured children), 3) the estimated number of children who do not have health insurance and 4) the number of American Indian/Alaskan Natives. These data sets are based on the current Medicaid enrolled population as well as various other sources, including census data. Texas also has an expansion part of its VFC program which extends coverage to children who are enrolled and served by CHIP providers. As these numbers are determined independently by each state, children should not be counted twice based on their residency. However, children do move in and out of the state so it is likely that there could be some cross over where children receive immunizations.