Public Health Funding and Policy Committee Meeting

February 9, 2022

Minutes

Committee Members Attending

Stephen Williams, MEd, MPA - Houston Health Department – Chair

Phillip Huang, MD, MPH – Dallas County Health and Human Services – Vice Chair

Emilie Prot, DO, MPH – DSHS, Public Health Region 11

Jennifer Griffith, DrPH, MPH – Texas A&M University

Julie St. John, DrPH – Texas Tech University

Lisa Dick, Brownwood-Brown County Health Department

Lou Kreidler, RN, BSN - Wichita Falls – Wichita County Public Health District

Todd Bell, MD - Amarillo Health Department

Attendees:

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| Aelia Akhtar | Desmar Walkes | Paula Clark |
| Alma De’Alejandro | Donna Shaver | Phillip Bays |
| Albert Cheng | Emily Rocha | Rachel Sonne |
| Angel Angco-Barrera | Erika Hurst | Rachel Whitaker |
| Ann Jacobo | George Roberts | Rafael Alberti |
| Antonio Smith | Glenna Laughlin | Richard Chamberlain |
| April Brantley | Hil Lassberg | Ricky Garcia |
| Ariel Bazaldul | Jessica Hyde | Roberto Beaty |
| Barbara Klein | Jennifer Smith | Saroj Rai |
| Becky Earlie-Royer | John Villarreal | Scott Merchant |
| Brenda Narro | Jordan Hill | Scott Milton |
| Carlos Plasencia | Joseph Leahy | Sebastien Laroche |
| Carmin Gideon | Julia VonAlexander | Sejal Patel |
| Cassandra DeLeon | LaShonda Marley-Horne | Seth Henderson |
| Chris Van Deusen | Lesley Brannan | Shannon Richter |
| Christina Kubenka | Lillian Ringsdorf | Sharonica White |
| Christy Bright | Lisa Steffek | Shelle Tarbox |
| Colin Crocker | Meredith Armstrong | Stacy Maines |
| Craig Holzheauser | Michael DeLeon | Stephen Pont |
| Cristina Garcia | Mohib Nawab | Steve Eichner |
| Cynthia Hernandez | Monica Gamez | Tommy Camden |
| Curt Joiner | Nabeel Mulla | Vinny Taneja |
| Dae Jones | Nancy Ejuma | Yolanda Cantu |
| Dana Birnberg | Norma Santos | Zachary Flores |
| David Gruber | Nowlin Jendrzey |  |

Chair, Stephen Williams, called the meeting to order at 9:05 am and the committee members introduced themselves.

**December 8th Meeting Minutes**

Dr. Phillip Huang motioned to approve the minutes. Dr. Julie St. John seconded. Motion approved and carried. Minutes approved.

**Update on Public Health Information Systems and Interoperability with Local Health Departments:**

Mr. Steve Eichner introduced Mr. Roberto Beaty who updated the committee on National Electronic Disease Surveillance System (NEDSS). They have made a lot of forward progress in both the processing capability and the accessibility, especially with data management and visualization tools in the organization. Mr. Beaty discussed the pilot groups that are ensuring that the flow of information from the providers is manipulated in ways that work for what is needed. Mr. Beaty will present more details at the next meeting. Mr. Eichner gave a quick update on the Texas Health and Human Services Commission’s (HHSC) preparation for the 2022 interoperability report that will be in compliance with House Bill 2641. There is a second iteration of The United States Core Data for Interoperability (USCDI) called USCDI plus, and focus will beon public health activities. DSHS is engaged to help define what that will look like. DSHS continues to work with the Texas Health Services Authority on a proof of concept for a situational awareness tool. This tool will make it easier for healthcare providers to report situational awareness data like bed occupancy rates, disease incidence rates, ventilator availability, and others, without having to fill out manual reports or a web page. Another program we are working on is PULSE (Patient Look-Up System for Emergencies), which will be used to provide access to medical information in medical or other shelters. It will also be used as a potential extension of Electronic Case Reporting (eCR) to facilitate public health professionals using the system to request information.

**Update on COVID-19 Vaccine Administration:**

Dr. Saroj Rai updated the committee on vaccine administration with a slide presentation. In the past two to three weeks, the Center for Disease Control and Prevention (CDC) has updated the language on the way they are communicating vaccine status. The Food and Drug Administration (FDA) has fully approved the Moderna Covid-19 vaccine, and it is no longer under emergency use authorization. The FDA had already fully approved the Pfizer Covid-19 vaccine and goes by the name COMIRNATY. The Moderna vaccine will go by the name of Spikevax. Novaks, another manufacturer who is part of operation warp speed, had some struggles but has been able to overcome them using a different technology called protein subunit. On January 31st, they have formally submitted their application for emergency use authorization and they have been approved in other countries. If approved, it will be a two-dose vaccine series. Dr. Rai finished her presentation by sharing data on vaccination and booster status of the different age groups and regions of Texas.

**Update on DSHS’ COVID-19 Health Disparities Grant Funded Activities:**

Ms. Aelia Akhtar updated the committeeThat DSHS is receiving a two-year grant from the CDC to work with populations that are disproportionately impacted by COVID-19. Sharing sessions with the grant partners has begun. Invitations have been sent out to 55 of the grant entities and these sessions will give a forum for them to discuss ideas and challenges, and get technical assistance if needed for the grant. The next session will be on February 15th. Local Health Entities (LHE) have also used these meetings to form connections, share resources, and exchange ideas on how to assess community needs. In the January meeting, several partners requested methods to reach out to faith-based groups.

Ms. Akhtar continued with the Texas Public Health Fellowship, which is a one-year paid training program for individuals early in their public health careers. These individuals will receive hands-on experience in public health, professional growth, and career guidance. There are currently 16 fellows with LHEs, and 24 within DSHS. Applications for these fellowships are due in March 2022.

In our partnership directory, we have added over 300 partners. This directory will be a resource, after the grant, to maintain community partnerships and to reach out when DSHS is presenting new developments/resources.

Mr. George Roberts asked where he could go to get more information about the fellowship program. Ms. Akhtar responded she will send it to Mr. Alberti to distribute.

Dr. Desmar Walkes asked for information about the forum mentioned and information on how to get that partnership directory information. Ms. Akhtar responded that they will send out the link to the Well Church and Community conference to register. They will send out the partnership directory at the same time. Ms. Laughlin requested the information be sent to Mr. Alberti. Mr. Williams asked for the information to be sent to Jennifer Smith of Texas Association of City and County Health Officials (TACCHO) to send out to the LHEs.

**Update on COVID-19 School Testing Grant:**

Mr. David Gruber gave an overview of the grant and the way the money was divided. The program was implemented so that DSHS could contract out to different testing vendors. The schools that opted in to the program were budgeted a certain amount by the Texas Education Agency (TEA). They did not receive any money, but they could use the budgeted amount to buy supplies, and DSHS would handle the financial aspects. The schools would then only have to work with the vendors and conduct the testing. The program is set to end in August of 2022 but may be extended. The extension would start in October 2022, leaving a two to three-month gap in funding that they are working with the CDC to figure out how to handle.

Mr. Vinny Taneja asked if the rapid test supplies provided to the schools and staff to do the antigen testing were the same model that was discussed? Mr. Gruber responded that DSHS provided flexibility for the schools to receive the test kits and conduct the testing themselves, they could ask for support from the vendors who would send people there and have the school and vendors perform the testing, or they could have the vendors do all the testing, themselves. Mr. Taneja followed up that a particular school spoke with the TEA and was told they had to go with an approved vendor, not one of their choosing, even though they heard DSHS got funds to allow schools to choose their vendor. Mr. Gruber asked to be sent specifics when this happens and they can discuss it in their meetings with the TEA to get a resolution.

Dr. Walkes asked whether or not the testing funds can be used to purchase tests that are given to students and staff to do at home and if the funding allows for flexibility with regards to how it can be used? Mr. Gruber responded that the means of using the funds are restrictive, the title of the grant is “returning to schools”, and he would need to check to see if it can be used for home testing kits and the criteria for testing.

**Update on Public Health Provider-Charity Care Program:**

Mr. Nabeel Mulla updated the committee with a slide presentation on the Public Health Provider - Charity Care Program (PHP-CCP). The program was designed to allow qualified providers to receive reimbursements for the cost of delivering health care services, including behavioral health, immunizations, and other preventable services, when the costs are not reimbursed by another source. Providers must submit an annual application that will collect costs and payment data on services eligible for reimbursement under this program. The providers will be required to certify public expenditures and will be paid an annual lump sum based on actual expenditures. To be eligible, providers must be funded by a unit of government, be able to certify public expenditures, and be established under the Texas Health and Safety Code, chapters 533/534. For the first year of the program, it will consist solely of uncompensated care and Medicaid shortfall. Year two will transfer to charity care only, specifically uncompensated care deals with health care for which a charge was recorded but no payment was received.

On March 1st there will be a Center for Medicare and Medicaid Services (CMS) acceptance overview webinar to discuss cost reports at a high level, it will also include what changes were made. In April,a Charity Care transition training will be offered to include examples of Charity Care policies so that providers will be ready for year two. Over the summer, additional training to providers not previously able to attend and who want to participate will take place. In August and September, there will be two to three additional refresher training, however, these will not count towards participation in the program. Lastly, in August and September, there will be three to four initial training sessions that will include discussions on Charity Care, transitions, and previous information. For questions, please email PHP-CCP@hhs.texas.gov or call 512-424-6637/512-462-6223.

Mr. Roberts stated that this process seems very difficult to understand and asked how to present it to his staff Mr. Mohib Nawab responded that there will be some growing pains in the beginning, but it is related to direct medical care. Mr. Williams followed up that the definition of public health and other preventative services is open for interpretation and asked if some services could be tied to a billing code. Mr. Nawab responded that if it is something related to a medical service, then yes, a billing code could be used. Something like printing pamphlets for a program is not reimbursable.

Mr. Williams asked if there was a way to set aside some of the funding specifically for public health. Other providers have been using this system for years and they know how to code/bill things for reimbursement and may use all the funds before public health can process them. Mr. Nawab replied that there was no way to set aside funds for public health.

Ms. Laura Recio is having a hard time figuring out how this is going to work as Medicaid services are not tied to a particular grant. As this is claims-based, as well as Medicaid faced, then the claims will be tied back to funding. If there is no funding source, what will the claim for the services be tied to? Mr. Nawab responded that he is open to a future meeting where they can talk about cost reporting in more detail. They do have a cost report and associated attachments on their website for those who would like to take a look at it to see how the calculations are made. Mr. Nawab is going to send information to Mr. Alberti after the meeting, and he will ensure it gets to the attendees.

Dr. Walkes asked what would qualify as an uncompensated activity to be reimbursable, for example, telemedicine/over-the-phone counseling was previously unbilled. Mr. Nawab asked for the specifics to be emailed to him, he will look into it and provide a response.

Mr. Tommy Camden wanted to comment about how after all these years, with Medicaid funding, that a way to set money aside for local health departments hasn’t been realized. Mr. Williams asked if there is a way to work with CMS to get a waiver relative to this for the health departments. Mr. Nawab responded that there would need to be a rule change process for CMS to be able to set that up. He does not feel that they will do that for the first year but can look into it for the second year and beyond.

Ms. Lou Kreidler commented how it is frustrating for those who are participating in this program to ask questions and be advised to look at a website to find formulas due to the time constraint. Mr. Nowab responded that he is open to future meetings to discuss the costs and address other questions. He also mentioned the training held in August regarding the cost report and the program, as a whole, for providers who want to participate. There will also be future training on the transition of the Charity Care program for the second year.

Mr. Williams followed up that the committee should assess this program and make a recommendation to the DSHS Commissioner to ensure the maximum participation of the departments.

Dr. Emilie Prot asked, now that they are using patient visits to counsel on immunizations for preventive services, is it possible to use this Current Procedural Terminology (CPT) code? Mr. Nawab said he thought that was a good way to use it.

Mr. Vinny Taneja asked if there is a way to get a public health specialist liaison on the HHSC side that could explain individual use cases and provide clarifications. Mr. Nawab said they are open to that.

Ms. Laughlin reminded everyone that based on the recommendation from the committee to DSHS, Dr. Stephen Pont and the Center for Public Health Policy and Practice have agreed to be the liaison between DSHS and HHSC. They will touch base with Dr. Pont and provide feedback so that is included on any path forward.

Dr. Pont commented that they are happy to be a helpful conduit between DSHS and HHSC on the public health side, as they were able to do with the DSRIP program and then Senate Bill 73.

**Update on Senate Bill 73 Managed Care Organization Implementation:**

Ms. Sharonica White gave the committee a high-level update with a slide presentation on the implementation of Senate Bill 73. The bill requires established provider types for LHEsfor Medicaid enrollment and reimbursement. HHSC is currently working with the Texas Medicaid and Healthcare Partnership (TMHP) to determine the best way to implement that separate provider type into the system. TMHP considers this a critical priority and the next step will be to initiate workgroups to discuss project activities related to system changes. This will ensure that any changes are in compliance with the requirements of the bill. Ms. Paula Clark supplied the following email for additional questions to HHSC Medicaid Benefit Request MedicaidBenefitRequest@hhsc.state.tx.us.

Mr. Williams stated that the question is whether or not the definitions identified during the development of the provider type can help the LHEs overcome some of the barriers to the Charity Care issue. He recommends that they work in tandem on the issue.

Mr. Williams would also like this level of detail looked at as they push for definitions of provider types. Ms. Cole responded that they heard the discussion on the Charity Care Program and are open to conversations with this group and the HHSC counterparts.

Ms. Recio asked if there is a target date. She also asked if they could share more information on the benefits of having this provider type vs how they currently enroll. Ms. White responded that the target date is the end of the year, December 31st. They are currently establishing the benefits of the provider types based on the bill that was passed and will get back with more details. Ms. Cole said they would welcome continued conversations on the need for the ability to contract with the managed care organizations (MCOs). They are working on the technical piece to establish that unique individual provider type and would love to better understand the reasons behind the need for it. Mr. Williams responded that some specific issues and challenges the LHEs experienced when trying to deal with MCOs are that they are requiring things of us that we as a government agency are unable to do, like indemnify them. As we are unable to legally do this, we thought that by having a provider type the requirements that the MCOs require for health departments would be different than for hospitals and doctor's offices. They wrote a letter that listed approximately a half dozen of those issues were outlined. Mr. Williams feels that the definitions of the provider type should address this list.

Mr. Taneja asked if they are considering the details of the provider type, could we ask them to add in that LHEs are not in a position to send people to collections, and if they can be recognized as part of the uniqueness that will help with the Charity Care Program issues.

Dr. Haung asked if there was a strategy to get more billing or CPT codes for public health services? Mr. Williams asked for that to be discussed at a later time, as this system was designed for hospitals and doctors' offices and needs to be adjusted to work for public health. Mr. Williams said that a general discussion with the HHSC policy staff might be a good first step as they know more about Medicaid rules and what is allowable.

**Public Comment:**

No Public Comment

**Timelines, Next steps, Announcements, and Future Meeting Dates**

The next meeting is on April 13, 2022. A larger conference room (M100) has been reserved for the meeting. Mr. Williams asked for the agenda to be repeated. Mr. Alberti will set up a meeting with Dr. Pont and his team before the next meeting.

**Adjourn**

Ms. Kreilder made a motion to adjourn the meeting. Dr. Huang seconded the motion. Motion carried. Meeting adjourned.

Approved:

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Stephen L. Williams, Committee Chair Date