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Services

# **New Biennial Rate Hearing Schedule**

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**Rate Analysis Department**

# New Biennial Rate Hearing Schedule



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- Biennial fee review facilitates a **systemic and timely** review of Medicaid and other client services reimbursement rates.
- Rate review process needs updating to stay effective and facilitate improved stakeholder feedback opportunities.

# New Biennial Rate Hearing Schedule

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## Goals

1. Establish a rate review process to **align fee-for-service (FFS) rate changes with managed care capitation** rate updates
2. **Optimize effective dates** to better meet both state and federal statutory regulations and/or requirements
3. **Transparency** for providers and members of the public with increased stakeholder communication prior to rate hearings

# New Biennial Rate Hearing Schedule

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## Targeted Issues

- 1. Rate Fatigue** from frequent updates
- 2. Limited time frame** to analyze comments received
- 3. Reduce frequency of claim reprocessing** when fee-for-service rate changes are being implemented
- 4. Consistent review schedule** for all rates
  - Acute, Hospitals and LTSS

# New Biennial Rate Hearing Schedule

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## Next Steps

- **New rate hearing schedule** beginning November 2020
- **Establish revised review schedule** for Acute Care, Hospital and Long-term Services and Supports
- **Opportunity for stakeholder/provider feedback** prior to rate hearings

# New Biennial Rate Hearing Schedule

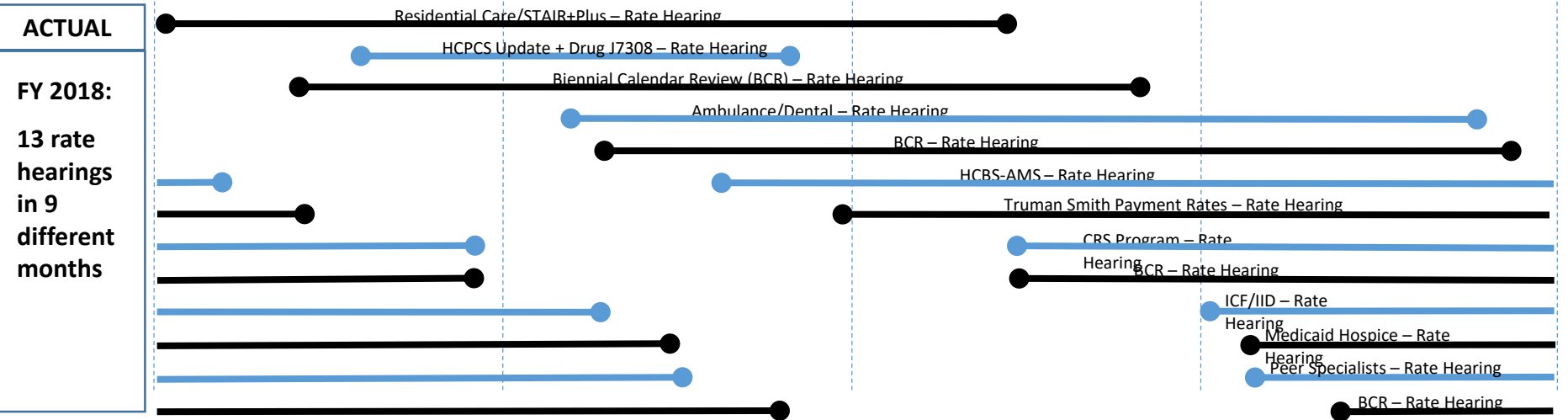
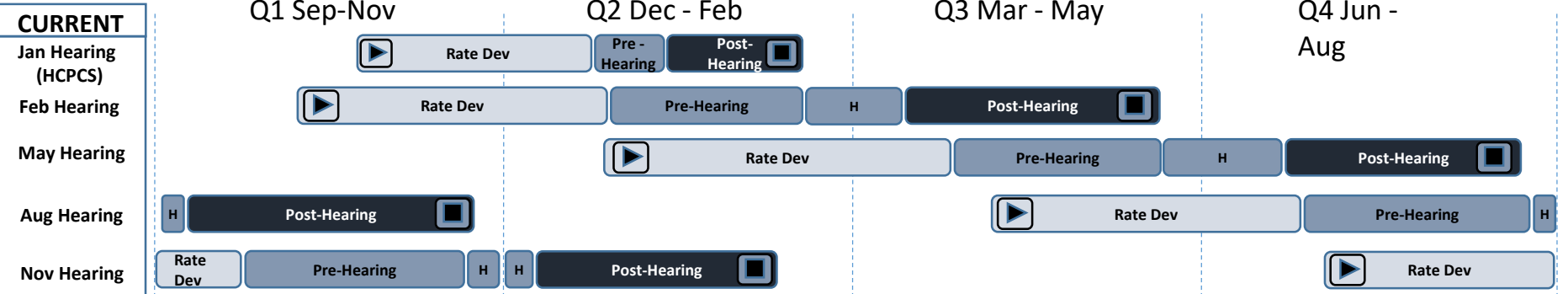
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## Rate Hearing Frequency

- HHS is reducing the biennial fee review schedule from eight regularly scheduled hearings (four per year) to **four hearings (two per year)**.
- Two limited-scope hearings (for medical policy updates and HCPCS changes) will continue as needed.
- *On the next slide, Timeline 1 illustrates the review schedule with actual hearings in FY 2018*



**Attachment 1, Timeline 1:**  
**Current Schedule & Process vs. Actual Hearings (FY 2018)**

Legend			
H – Hearing & Memo Approval			
<b>PRE-HEARING</b>		<b>POST-HEARING</b>	
-EC Approval	-Publish notice/packets	-SAR to TMHP	-Rates Effective
-LBB Notification	-Prepare Rate Hearing	-Prov Notification, TMHP Fee Sched, SPA to CMS	
-Rates to Actuarial		-State PNI	

# New Biennial Rate Hearing Schedule

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## New Rate Hearing Frequency

- *Timeline 2 on the next slide contrasts the current review schedule with updated proposal to two biannual hearings for all fee reviews.*
- Limited-scope hearing topics for medical policy updates, Healthcare Common Procedure Coding System (HCPCS) or a rate change(s) that is(are) nondiscretionary will also be held as needed.



Q1 Sep-Nov

Q2 Dec - Feb

Q3 Mar - May

Q4 Jun - Aug

**CURRENT**

Jan Hearing (HCPCS)

Feb Hearing

May Hearing

Aug Hearing

Nov Hearing

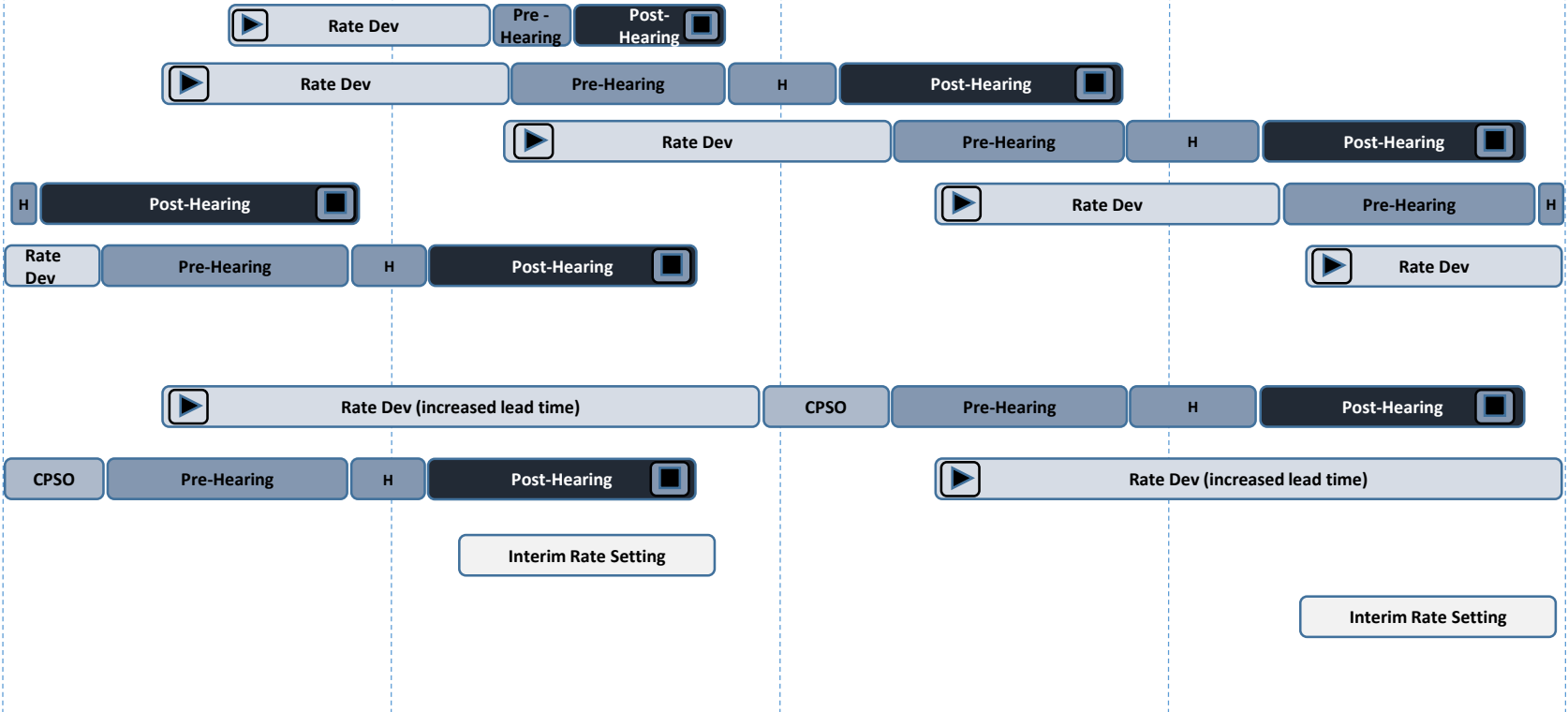
**PROPOSED**

May Hearing

Nov Hearing

Jan Hearing (Limited)

Aug Hearing (Limited)



**Attachment 1, Timeline 2:**

Proposed Schedule and Process – Combine Fee Review to Two per Year with Two Limited Scope Hearings

Legend			
<b>H</b> – Hearing & Memo Approval	<b>CPSO</b> – Chief Program and Services Office feedback		
<b>PRE-HEARING</b>		<b>POST-HEARING</b>	
-EC Approval	-Publish notice/packets	-SAR to TMHP	-Rates Effective
-LBB Notification	-Prepare Rate Hearing	-Prov Notification, TMHP Fee Sched, SPA to CMS	
-Rates to Actuarial		-State PNI	

# New Biennial Rate Hearing Schedule

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## Three-Pronged Approach

New process includes three hearing types:

1. Biannual Hearings – two hearings will be held each fiscal year: first in November and second in May
2. Limited-Scope Hearings - January/February and August with effective date as needed
3. Additional rate hearings for critical medical benefits if needed

# New Biennial Rate Hearing Schedule

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## Advantages

New rate hearing schedule will:

- reduce from **four to two hearings** for fee reviews;
- align review process with Managed Care rate updates;
- increase ability to conduct ad hoc medical policy hearings as needed; and
- allow faster implementation of HCPCS rates and non-discretionary items.

# New Biennial Rate Hearing Schedule

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## Increased Stakeholder Engagement

- HHSC will provide:
  - more opportunity for feedback prior to hearings;
  - increased communication through GovDelivery; and
  - ad hoc hearings as needed when appropriate.

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## Enhanced Communications: GovDelivery

To improve provider communication, Rate Analysis has begun to use the **GovDelivery** communications system for routine and non-routine alerts and announcements regarding rate hearing schedules and other important information.

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## Enhanced Communications: GovDelivery

To begin receiving GovDelivery alerts, visit the GovDelivery site, select *Medicaid Reimbursement Rates* and *Non-Medicaid Reimbursement Rates* as preferences and enter the other requested information.

<https://service.govdelivery.com/accounts/TXH/HSC/subscriber/new>

Once you sign up – you will receive all alerts/notices sent by Rate Analysis.



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# Questions?

Please email questions about this presentation to  
[RAD\\_Operations@hhsc.state.tx.us](mailto:RAD_Operations@hhsc.state.tx.us).

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# Thank you

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