Question	Answer
is there any impact to the DMO's (dental) as far as coverage. ie: if the member may be aging out of coverage, however they are still within the 12 months postpartum timeframe?	If dental is a covered service for the type program a member is eligible for and age requirements are met.
Will there be any changes to service coordination requirements for members who were considered High Risk Pregnancy?	HHSC did not develop new service coordination requirements for members with a high-risk pregnancy. However, MCOs must continue to assess if members meet the criteria for members with special health care needs (MSHCNs) as described in UMCM Section 8.1.12.1. MCOs must provide service coordination to MSHCNs in accordance with the existing managed care contract requirements. This includes the development of a service plan, coordination of covered services and non-capitated services, and referrals to community organizations/other state programs who may not provide covered services but are otherwise important to the health and wellbeing of members.
I have a member denied care at an urgent care in network. They said they don't provide service to people with "pregnant insurance."	HHSC requests for the MCO to provide additional detail about this case. Please send additional detail to susana.penate@hhs.texas.gov

Question	Answer
I didn't see abortion as a disqualifying reason. Is that correct?	There are no exclusions based on how a pregnancy ends.
Will there be any indicator that these members are being reinstated	No, there is no indicator for reinstated clients.
Will there be updates to the UMCM critical elements for provider materials?	HHSC did not update UMCM Chapter 3, "Critical Elements".
Will there be any Risk Group changes?	No, there will not be any risk group changes. However, the capitation rate is being adjusted.
thanks; so those with a gap will re-enroll with the previous MCO? Correct?	Yes, this is correct in most cases. They may not enroll in the previous MCO if the member requests a change or if they move to another service area and the previous MCO is not available.
in the example you gave of delivered in Sep but termed at the end of Oct but now comes back in Mar that they have 6 mos remaining. What about the other 4 months they are eligible for? (Nov-Feb)	Coverage is only provided as of the effective date of March 1, 2024. The member will have a gap in coverage prior to this date.
Can you confirm that a subsequent pregnancy/delivery within the 12 months will reset the clock to the subsequent delivery or are there any additional limitations?	Yes, this is correct. The 12-month timeframe is recorded from the last reported pregnancy termination date.
Will members who had a delivery on a rate cell other than rate codes 5 and 20 (the rate cells for pregnant women) be reinstated? Specifically, there were a number of pregnancies with deliveries for rate code 3 (TANF Adults) and rate codes 66/68 (children ages 15-20).	Any individual with a pregnancy that ended in the previous 12 months will be reopened.

Question	Answer
Some members might have obtained other coverage after losing Medicaid (e.g., Marketplace coverage). How will their reinstatement of Medicaid coverage impact TPL and TPR?	Existing state and federal requirements relating to third party liability and third-party resources will apply to members receiving the 12-month postpartum coverage.
Will women who had a stillbirth be eligible for 12-month postpartum coverage?	Yes.
Any unpaid medical bills incurred prior to March 1 for the reinstated members will be covered by MCOs?	No. The MCOs are only responsible for medical costs in months where the member was enrolled in Medicaid or CHIP with their MCO.
When is the revised capitation rates will be released to MCOs?	Actuarial Analysis shared this information in February 2024.
Will individuals whose pregnancy involuntarily ended early be eligible?	There are no exclusions based on how a pregnancy ends.
Do we know which rate code these members with 12-month postpartum coverage will have?	There is not another rate code for reinstated individuals.
CHIP Perinate members are excluded?	The twelve-month postpartum coverage does not apply to CHIP Perinatal.
Is the pregnancy end date included on anything received by the MCO?	No. The pregnancy end date is not sent to the MCO.
Will coverage be continued after a miscarriage?	There are no exclusions based on how a pregnancy ends.
Will the additional benefits extend to dental coverage as well as medical?	Yes, if dental is a covered service for the type of program a member is eligible for, and age requirements are met.

Question	Answer
For the reporting requests that were sent, is there going to be another meeting to follow up on the request for data for services that are performed during this extended time?	There are no additional reporting requirements related to implementation of H.B. 12.
If an eligible member is enrolled in dental and then ages out during the 12-month period, would they remain active in the program during the period when their ages are no longer part of this program?	We will not reopen dental for individuals 21 and older.
If a CHIP member ages out during the 12 months postpartum period, what happens?	The member will remain in CHIP through the 12-month post-partum period.
MCO's need time to update systems to accommodate the changes to pay claims correctly. Is there a grace period for administering this program?	No. There is no grace period. There are no file changes as a result of this implementation.
Will members come back with the same Medicaid ID?	Medicaid and CHIP members will retain the same ID number (or Individual Number).
Will there be an indicator on the 834 for HB 12 re-enrolled members?	No, there is no indicator for members re-enrolled during the 12-month post-partum period.

Question	Answer
will it be required to re-issue ID cards to reflect a non-OBProvider PCP?	In accordance with existing managed care contract requirements, an MCO must reissue a Member ID card if a member reports a lost card or name change, the member requests a new primary care provider (PCP) or for any other reason that results in a change to the information disclosed on the Member ID card. If a postpartum member requests a change in their PCP, an MCO must reissue their Member ID card to reflect the new PCP. Additionally, if a member is currently enrolled with a Medicaid or CHIP MCO (and there are no changes to PCP or other ID information), an MCO will not be required to issue a new Medicaid or CHIP Member ID card for the 12-month postpartum coverage period. If a member is newly enrolled with an MCO or they were reinstated, an MCO will be required to issue a new Medicaid or CHIP Member ID card.
Will the member receive retroactive enrollment with their MCO or just prospective enrollment?	Current enrollment rules will be used. If a member has a gap in coverage, MCO enrollment will be prospective.

Question	Answer
are there any changes to the kick payment process as a result of this coverage extension?	HHSC did not make changes to the kick payment process as result of the 12-month postpartum coverage extension.
How will members be assigned to health plans in the event that they are currently termed, but are eligible for post-partum coverage? Will they be assigned to their most recent health plan?	Yes, this is correct in most cases. They may not enroll in the previous MCO if the member requests a change or if they move to another service area and the previous MCO is not available.
Did you say we would be receiving the reinstated members with no gap in coverage on 2/25's daily file?	These members were sent on the 02/26/2024 daily file.
will there be visit or benefit limitations for the additional coverage?	The full array of Medicaid or CHIP covered services remain available in the 12-month postpartum period.
What impact will this have on the Healthy Texas Women Plus program?	Women in HTW who are eligible for the 12-month postpartum coverage will be reinstated back to Medicaid or CHIP. There will continue to be a need for HTW Plus services for women who did not qualify for Medicaid or CHIP during pregnancy.
will we receive the member's delivery date on the 834?	No, the delivery date is not included on the 834 file.

Question	Answer
To clarify, a women that qualifies for TP40 but already delivered prior to being able to qualify, the member will go on HTW Plus rather than TP40?	No, these members will be placed back on TP40 (Medicaid for Pregnant Women) for the remainder of their 12-month post-partum period effective March 1, 2024.
When will the state communication material be sent to MCOs? Would we need to submit material MCOs create to state for approval? We would like to understand how much time we have between receiving HHSC material so we can start working on sending out communication.	HHSC published an MCO Notice on February 12, 2024: "12-Month Postpartum Eligibility Extension for Medicaid and CHIP Pregnant Members". HHSC encourages MCOs to use the materials listed in texashhs.org/postpartum to educate members and providers.
Will MCOs be provided any required language to add or update in member handbooks?	HHSC did not update UMCM Chapter 3, "Critical Elements". MCOs will not be required to add or update language in the Medicaid managed care/CHIP member handbooks. HHSC encourages MCOs to use the materials listed in texashhs.org/postpartum to educate members and providers.
For the Postpartum coverage, will you be giving that program a name such as pregnancy is TP40,	No, there is no program name change.
If the member becomes pregnant again during 12 months, assuming they will need to be moved back to pregnant TP40?	These members will remain in TP40.

Question	Answer
It would be great if the additional information regarding the Healthy Texas Women Plus could be shared with the MCOs or added to these slides when you send them out.	Women in HTW who are eligible for the 12-month postpartum coverage will be reinstated back to Medicaid or CHIP. There will continue to be a need for HTW Plus services for women who did not qualify for Medicaid or CHIP during pregnancy.
Will HHSC be providing MCOs the notification being sent to members?	Impacted members will be sent a notice (Form TF0001 Notice of Case Action) in the mail or through their Your Texas Benefits account (if they've chosen to receive notices electronically). HHSC will provide future guidance on if a copy of Form TF0001 may be shared with MCOs.
Will reinstated members need to be treated as new members and new ID cards and new member materials have to go out?	MCOs should follow guidance in their contract regarding issuance of member ID cards.
how are post partum coverage being determined? delivery claims?	We are evaluating the pregnancy termination date. If it is within the past 12 months, we will reopen.

Question	Answer
Are there any specific (or new) service coordination requirements for the extended post-partum period?	HHSC will not develop new service coordination requirements for members in the extended postpartum period. However, MCOs must continue to assess if postpartum members are members with special health care needs (MSHCNs) as described in UMCM Section 8.1.12.1. MCOs must provide service coordination to MSHCNs in accordance with the existing managed care contract requirements. This includes the development of a service plan, coordination of covered services and non-capitated services, and referrals to community organizations/other state programs who may not provide covered services but are otherwise important to the health and wellbeing of members.
Does the change of circumstance include the report of pregnancy form for a subsequent pregnancy during the postpartum period?	Yes, any changes should be reported.
What if a woman becomes pregnant during her 12 months post-partum.	She will remain in TP 40.
If she becomes pregnant during the 12 months how wilL HHSC know to continue her coverage? I think we will need a process.	Medicaid recipients must report changes to HHSC. Based on the change report, AES will reassess the member's eligibility.

Question	Answer
will these members be part of the Pregnant Women CDPS risk group in their postpartum period?	We are assuming that the MCO is referring to CMDS, not CDPS. Pregnant recipients eligible for Children's Medicaid Dental Services will be assigned to one of the existing dental risk groups that are based on the individual's age.
will a woman who delivered in December be "reinstated" or will eligibility just be "extended" since Jan and Feb are the current 2 post-partum months?	In this example, the coverage will be extended.
will HHSC identify women who delivered but weren't in TP40 and don't have an encounter for the delivery?	Yes, we will identify these individuals based on their pregnancy due date information.