

Newborn Screening Advisory Committee

Texas Department of State Health Services

1100 W. 49th, Austin, Texas 78756

Moreton Building, Boardroom M100

October 9, 2015

10:00 a.m. – 4:00 p.m.

Minutes

Members Present

William Morris, LVN
Felicia M. Adams, DNP
Alice K. Gong, MD
Charleta Guillory, MD
Benna Timperlake
Scott D. McLean, MD
Michael Speer, MD

Member via conference call

Nancy Beck, MD
Thomas M. Zellars, MD
Aida Gonzalez, RN

Staff Present

David R. Martinez, Department of State Health Services (DSHS), Newborn Screening Unit Manager
Michelle Shaffer, DSHS, Newborn Screening Endocrine Group
Gwen Hanley, DSHS, Newborn Screening Metabolic Group
Patricia Hunt, DSHS Laboratory, Metabolic Screening Group
Lynette Borgfeld, DSHS Laboratory, Endocrine, Hemoglobinopathies
D'Andra Luna, DSHS Laboratory, DNA Analysis Group
Susan Tanksley, PhD, DSHS, Laboratory Operations Unit Manager
Rachel Lee, PhD, Branch Manager, DSHS Laboratory, Biochemistry & Genetics Branch
Brendan Reilly, Program Specialist, DSHS Laboratory, Biochemistry & Genetics Branch
Laura Blanke, Health & Human Services Commission (HHSC)
Beth Rider, DSHS, Ombudsman, Committee Support
Debra Freedenberg, MD, PhD, DSHS Newborn Screening Unit
Sam Cooper, DSHS, Specialized Health Services Section, Director

Guests

Elizabeth Sjoberg, Texas Hospital Association (THA)
Janet Berg, San Antonio Military Medical Center (SAMMC)
Jennifer Lemons, University of Texas Health Science Center at Houston (UTHSC)
Shannon Lucas, March of Dimes (MOD)
Heather Schraeder, Grey's Gift
Pat Parks, Grey's Gift
Nicole Morris, Grey's Gift
Antonio B. Gonzales, Sr.
Chad Schraeder, Grey's Gift
David Attenhoff, Grey's Gift
James B. Gibson, MD, Seton Family of Hospitals
Rachel Jew, Texas Pediatric Society (TPS)
Kim Flanagan, Texas Medicaid & Healthcare Partnership (TMHP)
Sharon Livingston, MOD Honey Child

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Call to Order

Chairman Morris called to order the October 9, 2015 meeting of the Newborn Screening Advisory Committee at 10:06 am.

Review and Approval of Minutes

Chairman Morris requested a motion be made to approve the June 18, 2015 minutes. Dr. Alice Gong made the motion, and Dr. Charleta Guillory seconded.

Recording of Meeting

There were technical difficulties which prevented a complete audio recording of certain presentations and discussions. Therefore, the Minutes will not reflect all agenda items as presented during the meeting.

Medicaid Provider (Re) Enrollment-Update-Kim Flanagan

Kim Flanagan spoke to the Committee on Federally Mandated Provider Enrollment and provided a PowerPoint presentation.

- Federal mandate-Affordable Care Act (ACA)
 - Provides procedures under which screening activities are performed for providers
 - Beginning January 1, 2013, Texas Medicaid adopted this and enacted new provider enrollment and screening requirements
- Provider screening
 - Texas Medicaid & Healthcare Partnership (TMHP) and Texas Health and Human Services Commission (HHSC) have always performed screening activities that include license verification and criminal history checks
 - Beginning January 1, 2013, all Texas Medicaid providers will be screened according to their risk category in order to fulfill additional requirements for enrollment as federally mandated
- Risk category
 - Providers must be screened based on a categorical risk of limited, moderate or high
 - Risk level categorization is established by the Centers for Medicare and Medicaid Services (CMS) based on assessment of risk of fraud, waste and abuse
 - For Medicaid provider types not recognized under Medicare, HHSC has assessed the risk using similar criteria to those used by CMS
- Re-enrollment
 - Submission of a new Texas Medicaid provider enrollment application, a new HHSC Texas Medicaid Provider Agreement and any additional required documentation and an application fee

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- Purpose of re-enrollment is not only to comply with federal regulation, but also to ensure State provider enrollment system contains valid active provider enrollment data
- CMS directed States to complete the first cycle of the re-enrollment process for all provider types by March 24, 2016
- Re-enrollment requirements
 - Applies to those providers that render services through Medicaid managed care organizations (MCOs) or through traditional fee-for-serviced Medicaid
 - In order for providers to maintain credentialing with their Medicaid MCO or dental plan, providers must be sure they are fully re-enrolled in Texas Medicaid before the March 24, 2016 deadline
- Frequency of re-enrollment
 - Beginning January 1, 2013, all providers must re-enroll at least every 5 years
 - Suppliers of durable medical equipment, prosthetics, orthotics and medical supplies are required to re-enroll at least every 3 years
 - HHSC may require certain providers to re-enroll more frequently
 - Each Texas Provider Identifier (TPI) or each practice location must re-enroll
- Application fee
 - An application fee is required for any newly enrolling or re-enrolling institutional provider, including the addition of a new practice location
 - TMHP will collect an application fee as a condition for enrollment in Texas Medicaid for designated providers
 - Helps defray the costs of program integrity efforts
 - Subject to change every calendar year
 - Approved Medicare, CHIP or another state's Medicaid program enrollees are exempt
 - Hardship exceptions available
- Ordering, referring and prescribing only providers
 - Individual providers who are not currently enrolled in Texas Medicaid and whose only relationship with Texas Medicaid is to order, refer or prescribe supplies or services for Texas Medicaid-eligible clients must enroll in Texas Medicaid as participating providers in accordance with provisions of ACA
 - A condensed application is available using PEP or paper; no application fee required
- Site visits, moratoria, surety bonds
 - Providers in moderate and high risk categories are subject to unscheduled and unannounced pre and post-enrollment site visits
 - A temporary moratorium may be imposed on the enrollment of new providers and suppliers of a particular provider type under certain conditions as directed by CMS or HHSC

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- A surety bond is required
- Provider enrollment on the portal
 - Enhancements to the Providers Enrollment on the Portal (PEP) include:
 - Browser compatibility
 - Pre-population of already filed information
 - Ability to electronically sign required documents
 - Ability to electronically attach required documents
 - Expanded error messages to provide guidance
- Disenrollment
 - Expired or inactive enrollments result in
 - Disruption to reimbursement
 - Disruption as Medicaid MCO provider
 - Reduced access to care for Medicaid clients
- DADS LTC and VDP providers
 - Long term care (LTC) providers must re-enroll through the Department of Aging and Disability Services (DADS)
 - LTC providers that also provide Medicaid acute care services must re-enroll through TMHP
 - Vendor Drug Program (VDP) pharmacy providers must re-enroll through VDP
 - VDP pharmacy/DME providers must re-enroll through TMHP
- TMHP Website-Federal Re-enrollment Resource includes resources providers can access, such as ACA FAQ's or related articles; provider enrollment application; and upcoming workshops and town hall meetings

Newborn Screening Follow-up Support-Jennifer Lemons

Albert Heo of UTHSC, one of the interns with the summer scholar's program funded by DSHS, conducted a presentation; as his project, he put together information regarding clinical follow-up services for metabolic disorders in Texas. Jennifer Lemons, a genetic counselor with the University of Texas Health Science Center (UTHSC) at Houston, works with Dr. Hope Northrup in the Department of Pediatrics and presented Mr. Heo's findings as a PowerPoint presentation.

- Objective and methods used for project
 - Assess the need for funding support of NBS follow-up services by Texas metabolic centers by conducting an online survey distributed to 8 metabolic centers in Texas
 - How the need is met in other states
 - Telephone calls and e-mail correspondence with states with more than 80,000 births/year
 - Birth data from the 2013 National Vital Statistics Reports by the Center for Disease Control and Prevention (CDC)

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- Funding support in six other states was discussed, including IL, IN, NJ, NC, PA, VA
- The annual amount of funding ranged from \$15,000 to \$1,900,000
- The amount of funding per newborn ranges from \$0.10 to \$12.24
- The conclusion of this study as presented includes:
 - Texas metabolic centers require an estimated \$750,000 for clinical follow-up
 - Possible solutions include Medicaid reimbursements and increased NBS fee

Timeliness of Newborn Screening-Rachel Lee, Brendan Reilly

Rachel Lee and Brendan Reilly gave updates on the timeliness of newborn screening. A PowerPoint presentation, which focused on pre-analytical measures, national comparisons data, what the current status is and analytical and post-analytical measures in Texas, was presented to the Committee.

Other Business

A motion was made by Chairman Morris to request a fiscal analysis to determine if we can increase the fee per blood spot kit, and whether those funds can be used to potentially offset the gap in diagnosis and follow up resources in the clinics/specialists' offices. Dr. Alice Gong seconded. The motion was approved.

Public Comments

None

Agenda Items for next meeting

- 1) Fee schedule
- 2) Pompe
- 3) CCHD reporting
- 4) Newborn Hearing/ ECI referrals

Adjournment

The next meeting will be in January or February, 2016; however, the final date has not been determined. There being no further business, the meeting was adjourned.