



Interagency Council for Genetic Services

Texas Department of State Health Services * Genetic Services Contractors
Texas Department of Aging and Disability Services * Texas Department of Insurance
University of Texas Health Science Centers * Consumer and Public Representatives

Meeting Minutes December 15, 2006

Members Present:

Margaret Drummond-Borg, MD, DSHS, Chair
Bob Cleveland, Consumer Representative
Pat Brewer, TDI
Alicia Essary, DADS

Members Absent:

Lillian Lockhart, MD, UTHSC Rep.
Mary Kukulich, MD, Provider Rep.
Janet Sheppard, Consumer Rep.

Guest:

Fouad Berrahou

Staff:

Elaine Braslow

WELCOME AND APPROVAL OF MINUTES – Margaret Drummond-Borg

Dr. Drummond-Borg welcomed members and opened the meeting.

The August 25, 2006 meeting minutes were approved, with one correction to the spelling of Dr. Champaigne's first name.

REPRESENTATIVE REPORTS

❖ TDI – Pat Brewer

Ms. Brewer reported that she has not had an opportunity to look into methods for getting NBS expansion information out to insurers, but she has some ideas. She said that we might consider contacting the various trade associations and asking them to include this in their newsletters. Additionally, she will contact the (TDI) Commissioner's office to see if this is appropriate information for inclusion in the Commissioner's Bulletin.

Dr. Borg reported that we have already increased the cost of the screens from \$19.50 to \$29.50, and are asking providers to pay the extra cost when they purchase the newborn screening kits. The provider (physician, hospital) then gets reimbursed by the insurance company. It works differently for Medicaid. They do not purchase screening kits up front. DSHS bills Medicaid directly once they have verified that the child enrolled in Medicaid has been screened.

Dr. Borg reported that TMA has talked to five of the major insurance companies in Texas and notified them of the cost increase.

Ms. Brewer agreed to get a list of self-insured plans so they can be notified of NBS expansion information. Ms. Brewer will get the list and send it to Dr. Borg or Ms. Braslow, who will then send out information regarding NBS expansion to these plans. Self-insured governmental plans, such as ERS and Teachers' Retirement, will need to be notified as well.

❖ **DADS – Alicia Essary**

Ms. Essary reported on two major issues:

- DADS continues to work on reducing the interest lists for home and community-based waiver programs. These programs provide services for individuals in the community, but the programs have capped enrollments. To receive community-based services, individuals must be eligible for either nursing facility care or an ICF-MR facility.
- Waiver optimization – DADS is looking at ways to consolidate seven separate waiver programs and to simplify access. Each has distinctive service delivery and case management practices, and originated in various agencies. Ms. Essary will provide information to members on the optimization plan as soon as it is available.

❖ **DSHS/NBS Expansion – Margaret Drummond-Borg**

DSHS has a new Commissioner, David Lakey, who comes from the University of Texas at Tyler, where he was very active in organizing the emergency response system. He has a background in public health and emergency response.

Medicaid has changed the way they will pay for genetic services; they will have geneticists as a separate entity but only to provide physician services; everything else will go into regular Medicaid. This means that primary care physicians will be able to order a lot of the genetic tests that they have not been able to order in the past and receive reimbursement for the tests. This will take place the end of August 2007.

CSHCN has also developed a genetics policy, which they did not have before. The policy states all of the services for which CSHCN will pay.

Regarding the newborn screening expansion, the lab now has ten MS/MS machines installed and ran 30,000 specimens to establish a cut-off for the different analytes. Last week, they started screening all of the specimens that come in using the Tandem Mass Spectrometry. A notification card was sent out to all providers informing them that newborn screens would be expanded to 27 disorders starting in 2007. The metabolic consultants met last week and they were also informed about the expansion of the screening.

The newborn screening case management staff is also expanding. There will be about 10 new people hired including another manager.

❖ **UTHSC – Lillian Lockhart**

No report.

❖ **Title V Contractors – Mary Kukolich**

No report.

CHIP PERINATAL PROGRAM – FOUAD BERRAHOU

Fouad Berrahou, State Title V Director, provided an update on the new CHIP Perinatal Program due to roll out January 2, 2007. CHIP Perinatal provides care to unborn children of pregnant women with household incomes up to 200% of the federal poverty income level (FPL), who are not eligible for Medicaid. The coverage period is 12 continuous months.

CHIP Perinatal benefits will be provided by select CHIP health plans throughout the state. Benefits for the unborn child include: up to 20 prenatal visits, limited laboratory testing, prescription drug coverage, counseling, hospital facility charges related to the delivery, and two postpartum visits for the mother.

CHIP Perinatal will cover most of the prenatal genetic services previously covered by Title V. There will be a transition period, where the two programs will run concurrently. Title V will continue to cover prenatal genetic counseling.

More information on CHIP Perinatal is available at <http://www.hhsc.state.tx.us/chip/perinatal/index.htm>.

PUBLIC COMMENT

There were no public comments.

ADJOURNMENT

The next meeting is scheduled for **Friday, March 9, 2007, 10:30 am to 1:00 pm at DSHS in the Moreton Building, Room M-101.**