



# Interagency Council for Genetic Services

Texas Department of Mental Health and Mental Retardation ☞ Genetic Services  
Contractors Texas Department of Health ☞ University of Texas Health Science Centers  
Texas Department of Insurance ☞ Consumer and Public Representatives

December 5, 2003

## **Present:**

Margaret Drummond-Borg, TDH, Chair  
Hope Northrup, Provider Rep.  
Bob Cleveland, Consumer Representative  
Lillian Lockhart, UTMB  
David Rollins, MHMR  
Janet Shephard, Consumer Representative  
Susan Young, TDI

## **Guest:**

Mike Frazier

The minutes from the September 5<sup>th</sup> meeting were reviewed and amended. Minutes were approved as amended, second.

## **AGENCY REPORTS**

### **☛ TDI – Susan Young**

The priority at TDI currently is SB 418, which is the new clean claims legislation. This bill is very complex, much more complex than HB610 was. There are new timeframes for electronic submission, pharmacy claims submission and verification of eligibility and obligation of the payor. There were emergency rules written and there was an informal hearing in November.

The new rules for SB 418 have been adopted. New credentialing rules have been written and are not that different from the rules in the past.

Another piece of legislation from the last session, SB 541 allows carriers, HMOs and insurance companies to offer a consumer choice health benefit plan in which state mandated benefits do not need to be covered. The intent of this legislation was to make more health benefit plan options available.

### **☛ MHMR – David Rollins**

Regarding the consolidation of the agencies, the money is not particularly an issue. Services may be an issue though. MHMR feels that our business will be continuing to change and evolve but for the interim, we don't feel it will change a whole lot. There is also discussion about whether or not centers are going to be "centers" or "providers". HB2292 talked about providers of last resort and centers contracting of their HCS and ICF-MR programs to private providers. There are still lots of issues to be resolved before the consolidation takes place. The main issue is, are we going to redefine some of the priority populations. For us it's a matter of where do we fit in and how will the

consumers get services in the future because MHMR runs a system, Dept of Aging runs a system, DHS runs a system and they all have to change to one system.

The waiting list for MHMR services was at 22,000 at the end of this August.

✿ **TDH - Margaret Drummond-Borg**

As far as the consolidation is involved, TDH will stay together as an agency but many of the different administrative functions are slowly being taken over by HHSC. A lot of the things that were done are suddenly not being done any longer. The ADA department has been cut down by half and the ADA requests are increasing so it is taking longer to get issues resolved. The IT department may be cut also. HR has already been consolidated with staff reductions.

The Medicaid Case Management Program introduced new rules and changed the way they do business by requiring all of the case management services to be prior authorized. This was because of significant concerns about fraudulent practices. We are denying about 50% of the requests for case management and we are sending out denial letters to the families. We have discovered that many times the families aren't even aware that they have had case management services requested for their child and may not know the "case manager" who has requested them. We feel that there is definite proof that a lot of people were billing for case management services that were not provided or not telling people that they were case management services.

The prior authorization process requires a form to be faxed to TDH saying why these people need services. The need has to match the illness in order to be approved. The case management program approves a certain number of visits per year based on the needs.

CSHCN did release more money so some names were able to come off the waiting list but the waiting list continues to grow because of the change in the Medicaid eligibility.

Medical transportation will be moved to the TX Department of Transportation in January.

✿ **UTMB – Lillian Lockhart**

No report.

✿ **UT Houston – Hope Northrup**

Reconstruction has begun on the entire first floor of the medical school since the flood damage 2 ½ years ago.

✿ **Genetic Services Funding – Margaret Drummond-Borg**

Maternal and Child Health budget has been reduced but there are no plans to make any changes in the Title V funding for genetics for the next biennium at present.

✿ **Newborn Screening Rules – Margaret Drummond-Borg**

The IACGS is required to participate with any rule changes associated with genetics. Dr. Drummond-Borg handed out proposed changes to the TDH newborn screening rules to all members. What TDH wants to change is the definition of galactosemia. The law

states that TDH determines which disorders are screened. TDH has determined that other heritable diseases include galactosemia, the sickling hemoglobinopathies and congenital adrenal hyperplasia. TDH can change those three or can add more through the newborn screening rules. Galactosemia refers to elevated galactose levels, which occurs with more than one enzyme deficiency. Classical galactosemia causes significant problems and is the result of decreased or absent transferase (GALT) activity. TDH Lab has been looking at doing a screen for GALT, which is an easier test to do than the galactose test. The Lab has evaluated the testing for a year and has found that they get better consistency of their data with transferase testing. The Lab's proposal is that TDH either change the word galactosemia to classical galactosemia or transferase deficiency. This was presented at the Metabolic Consultants Meeting and it was agreed that we should change to the transferase deficiency. This is what is planned at present but the rules do have to be proposed and passed by the Board of Health before the consolidation takes place.

No other business and meeting was adjourned.

The next meeting date is March 12<sup>th</sup>.