Acronyms and Terms for the ECI and MMCO Webinar Series

Battelle Developmental Inventory, 2nd edition (BDI-2) – The standardized tool used by all Texas ECI contractors to determine eligibility for ECI services. The BDI-2 is used to determine a child's developmental age in five domains: adaptive/self-help, cognitive, communication, motor and personal/social. The child's developmental age in each domain is compared to his or her chronological or adjusted age to determine if he or she is eligible for ECI services.

Capitated – A fixed prepayment, per individual covered, to a managed care entity to deliver services to all eligible clients. The per member per month (PMPM) payment is the same no matter how many services, or type of services, each individual receives. The Managed care organization (MCO) is "at risk," meaning that if the managed care entity does not contain costs within the PMPM, the managed care entity must use its own resources (not the state's) to pay the additional costs.

Carved-in – Services that are covered by the managed care organization (MCO). For example, occupational therapy is included in the capitation payments made to MMCOs and is reimbursed by the MMCOs.

Carved-out – Services that are not covered by the MCO. For example, ECI Targeted Case Management (TCM) and ECI Specialized Skills Training (SST) are not included in the capitation payments made to MMCOs and the state reimburses the ECI contractors for these services.

Case Management – See Service Coordination.

Credentialing – The process of collecting, assessing, and validating qualifications and other relevant information pertaining to a health care provider to determine eligibility to deliver covered services.

Current Procedural Terminology (CPT)© – A system developed by the American Medical Association for standardizing the terminology and coding used to describe medical services and procedures. CPT coding assigns a 5-digit code to each service or procedure provided by a physician.

Early Childhood Intervention (ECI) – The statewide program that provides services to families with children, birth up to age three, with disabilities or developmental delays. Services are provided by 47 state contractors. (See ECI website.)

Family Educational Rights and Privacy Act (FERPA) – A federal law giving parents certain access and privacy rights over their child's early intervention and educational records. The law applies to educational agencies and institutions that receive funds under an applicable program of the U.S. Department of Education. (See federal FERPA regulations.)

Fee for Service (FFS) – See Traditional Medicaid.

Health and Human Services Commission (HHSC) – This state agency oversees the medical and social services system for Texas. The agency's functions include: Medicaid eligibility determination, policy development and rule making, fraud and abuse prevention and detection, border affairs, early childhood intervention, and ombudsman services. (See Texas Health and Human Services Commission.)

Health Insurance Portability and Accountability Act (HIPAA) – This federal law was enacted by Congress in 1996. Title I of this law protects health insurance coverage for workers when they change or lose their jobs. Title II of the law addresses the security and privacy of electronically transferred health data. Title II also establishes national standards for electronic health care transactions and use of nation-wide identifiers of service providers and services through a standardized coding system. (See HIPAA and ACA Overview.)

Health Plan – In general, this is a term for health insurance. HHSC frequently uses this term to refer to an insurance company that has contracted with the state to provide Medicaid services through a managed care delivery system. HHSC refers to the MMCOs as health plans in consumer and beneficiary targeted communications.

Individualized Family Service Plan (IFSP) – A written plan of care for providing ECI services and other medical, health and social services to an eligible child and the child's family when necessary to enhance the child's development. (See state IFSP rules.)

Inspector General (IG) – This federal entity is mandated by Public Law 95-452 to protect the integrity of federal Health and Human Services programs. Duties are carried out through a nation-wide network of audits, investigations, evaluations and other mission-related functions. In Texas, the state version of this entity ensures coordination and effective communication between the Texas Board of Criminal Justice (TBCJ) and executive management; oversees investigations of waste, fraud and abuse of tax dollars; as well as monitors overall compliance with the laws of the State of Texas. (See Texas IG website.)

Individual Service Plan (ISP) – As defined in the HHSC STAR Kids contract with the MMCO, an individually customized document to address the health and wellness needs identified through the STAR Kids Assessment Process. The ISP is also intended to communicate and help align expectations between the Beneficiary, his or her LAR, the MMCO, and key service providers.

Legally Authorized Representative (LAR) – A person authorized by law to act on behalf of an individual including a parent, guardian, or managing conservator of a minor.

Managed Care Organization (MCO) – This non-governmental entity uses techniques and concepts that reduce unnecessary health care costs through a variety of mechanisms, including: economic incentives for physicians to select less costly forms of care, programs for reviewing the medical necessity of specific services ("service authorization"), controls on inpatient admissions and lengths of stay, the establishment of cost-sharing incentives for outpatient surgery, and selective contracting with health care providers. An MCO can offer a variety of insurance products, both private and public. Private insurance products may or may not be regulated by the State of Texas.

Medicaid Administrative Claiming (MAC) – This mechanism allows public ECI contractors to claim federal dollars for activities that are necessary for the "proper and efficient administration" of the Medicaid State Plan (e.g., utilization review, eligibility determination, access to services). The reimbursement methodology is an allocation of the entity's costs based on the results of worker time studies and the entity's percentage of Medicaid eligible service beneficiaries. (See MAC for ECI Services website.)

Medicaid Managed Care Organization (MMCO) – This non-governmental entity is an MCO specific to Medicaid. The MMCO is paid a capped (or capitated) rate for each Medicaid beneficiary enrolled. The MMCO is at risk for expenditures that exceed the contracted rate. In Texas, the MMCO must cover the same services as traditional fee for service (FFS) Medicaid. HHSC continually monitors whether the MMCO is successful in creating a more efficient and effective delivery model than FFS. One of the goals of managed care is to emphasize preventative care and early interventions. Each beneficiary has a designated primary care provider who helps coordinate care by making appropriate referrals to specialty services and providers. Beneficiaries can receive service coordination to make sure services address the beneficiary's needs. For more information about Medicaid managed care in Texas, see HHSC's annual publication, Texas Medicaid and CHIP in Perspective, Chapter 10 – Medicaid Managed Care. HHSC refers to the MMCOs as health plans in consumer and beneficiary targeted communications.

Member – A Medicaid eligible individual who is enrolled in Medicaid managed care.

Member with Special Healthcare Needs (MSHCN) – a Medicaid managed care beneficiary who:

(1) has a serious ongoing illness, a chronic or complex condition, or a disability that has lasted or is anticipated to last for a significant period of time, and
(2) requires regular, ongoing therapeutic intervention and evaluation by appropriately trained healthcare personnel.

An ECI enrolled child must be classified as MSHCN as described in the Medicaid managed care contract. MMCOs must offer service management and develop a service plan as appropriate for these beneficiaries. With the consent of the

beneficiary's LAR, the MMCO must include key information from the IFSP in the development of the beneficiary's service plan.

National Provider Identifier (NPI) – A HIPAA administrative simplification standard, this is a unique identification number for covered health care providers. Covered health care providers, all health plans, and all healthcare clearinghouses must use the number in all administrative and financial transactions adopted under HIPAA. The number is a ten position, intelligence-free numeric identifier. This means the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy identifiers in the HIPAA standards transactions. (See NPI Overview.)

Parent – As defined in 20 USC §1401 and 34 CFR 303.27. Includes biological, adoptive, foster, and surrogate parent, and guardian of an ECI enrolled child.

Per Member Per Month – This number is the capitated amount that is used to determine how much funding a MCO (HMO or BHO) will receive to provide services to all of its enrolled clients. It is the average cost of providing health care to a single client for 30 days. For "at-risk" MCOs, failure to contain costs under this amount requires the MCO to use its profits to cover the costs.

Service Coordination – The precise definition of service coordination and case management varies between service providers (e.g., ECI, mental health, pregnant women) and managed care products (e.g., STAR, STAR+ Plus).

Service coordination and case management for ECI is defined as activities to assist eligible individuals in gaining access to needed medical, social, educational, developmental, and other appropriate services. See Texas Administrative Code, Title 40, Part 2, Chapter 108, Subchapter D, §108.405 for the complete definition.

Service coordination for Medicaid managed care as defined in contract means a specialized care management service that is performed by a service coordinator and includes identification of needs, development of a service plan, assistance with access to services, and coordination of plan services with services outside of the plan. Service management for Medicaid managed care as defined in contract means an administrative service to facilitate development of a service plan, and coordination of services to ensure MSHCN have access to, and appropriately utilize services and supports. See the applicable managed care contracts and manuals for the complete definitions.

Service Coordination Specialist - An individual who may provide service coordination or service management for an MMCO. The actual term used varies between managed care products (e.g., STAR, STAR+ Plus) and MMCOs.

Service Management - See service coordination.

Specialized Skills Training (SST) – Rehabilitative services provided to promote age-appropriate development by providing skills training to correct deficits and teach compensatory skills for deficits that directly result from medical, developmental or other health-related conditions. The service must be designed to create learning environments and activities that promote the child's acquisition of skills in one or more of the following developmental areas: physical/motor, communication, adaptive, cognitive, and social/emotional. In Texas, these services can only be provided by a qualified Early Intervention Specialist (EIS) from an agency contracted with the state for the provision of ECI services.

State of Texas Access Reform (STAR) – A Medicaid managed care system for primary, acute care services, and pharmacy services for pregnant women, newborns, and children with limited income. Acute care services include doctor's visits, pharmacy, home health, medical equipment, lab, x-ray, and hospital services. (See STAR website.)

State of Texas Access Reform Health (STAR Health) – A Medicaid managed care system which provides coordinated health care services, including medical, dental, behavioral, and prescription benefits to children, adolescents, and young adults in foster care and kinship care. HHSC contracts with an MMCO to provide health care services to children and adolescents in state conservatorship. Central to STAR Health is the Health Passport, a web-based electronic health information system that serves as a repository of medical information for each child in Texas' foster care system.

State of Texas Access Reform Kids (STAR Kids) – A Medicaid managed care system that started November 2016 for children and youth age 20 and younger who have Medicaid through SSI or 1915(c) waiver programs. STAR Kids will provide acute care and long-term services and supports, service plan development, and service coordination for medical and non-medical services and supports. For more information about STAR Kids, see the STAR Kids website. A map of the contracted MMCOs is posted at: https://hhs.texas.gov/sites/hhs/files/documents/services/health/medicaid-chip/programs/Managed-Care-Service-Areas-Map.pdf.

State of Texas Access Reform Plus (STAR+PLUS) – A Medicaid managed care system that provides both acute (e.g., physician services) and long-term services (e.g., Day Activity and Health Services, home modifications, personal care services) through an HMO for adults disabilities and individuals over age 65, thereby allowing the PCP to coordinate both acute and long-term care. (See STAR+PLUS website.)

Targeted Case Management (TCM) – Case management services which assist a "target population" in gaining access to needed medical, social, educational, development, and other appropriate services. The state plan approved by CMS defines the target population served by ECI contractors as infants and toddlers from birth to their third birthday who meet the criteria for developmental disabilities and

who are eligible for Medicaid. Medicaid (fee-for-service) reimburses ECI contractors' case management activities provided to a child who is a member of the "target group" after it has been determined that the child is ECI eligible and activities meet the definition of a Medicaid billable service.

Texas Administrative Code (TAC) – The compilation of all of the state agencies' regulations (rules) created by the Texas Legislature under the Administrative Code Act. Each state agency is assigned a "Part" under the applicable "Title." HHSC Medicaid reimbursement rules are Title 1, Part 15. ECI program rules are in Title 40, Part 2. The state's regulations are available through the Secretary of State (SOS) web site: Texas Administrative Code.

Texas Medicaid & Healthcare Partnership (TMHP) – A group of state contractors under the leadership of Accenture. Accenture administers Texas Medicaid and other state health-care programs on behalf of the Texas Health and Human Services Commission. TMHP processes the state's Traditional fee-for-service Medicaid claims and Medicaid provider enrollment. TMHP also assists IG with oversight of Medicaid enrolled providers. (See TMHP website.)

Texas Medicaid Provider Procedures Manual (TMPPM) – This TMHP-published document is a comprehensive guide for Texas Medicaid providers and contains information about Texas Medicaid benefits, policies, and procedures. This document also includes an overview of the State of Texas Medicaid Managed Care programs. This document is available at: Texas Medicaid Provider Procedures Manual.

Traditional Medicaid – A service delivery system in which the Medicaid enrolled providers submit their claims to the state's single Medicaid agency for payment. In Texas the Medicaid agency is HHSC and TMHP processes the Medicaid claims for HHSC.

Transition – For ECI, transition means leaving the ECI service system and perhaps moving to Head Start, school districts, community centers, and other service providers. Transition planning begins within 9 months to 90 days before the child turns 3. The ECI service coordinator is responsible for transition planning and ensuring the child and family are successfully linked to the new providers of services and supports.

For STAR Kids, transition means leaving STAR Kids and perhaps moving to STAR or STAR+PLUS. Transition planning begins when the child turns 15. The STAR Kids service coordinator and transition specialist are jointly responsible for the child's successful transition out of STAR Kids.

Uniform Managed Care Contract – An agreement that sets forth the terms and conditions for the managed care organization's participation in one or more of the managed care programs administered by HHSC. Under the terms of this contract,

an MMCO will provide comprehensive health care services to qualified Program beneficiaries through a managed care delivery system. (See UMCC.)

Uniform Managed Care Manual (UMCM) – The manual published by or on behalf of HHSC that contains policies and procedures required of all MMCOs participating in the HHSC programs. The UMCM, as amended or modified, is incorporated by reference into the Uniform Managed Care Contract. (See UMCM.)