Texas Association for Home Care & Hospice
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Winter Conference
Thursday, February 19, 2026
10:15am-11:30am

5c. Pediatric Payer Puzzle: Navigating Commercial + Medicaid, 2026 MCO Updates and SIU Readiness

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MCO Roundtable discussions – PDN and Community Care

Your questions their Answers

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Continuity of Care and Transition Challenges

Standardized Transition Procedures

There is a critical need for standardized procedures for MCO-to-MCO and program transitions to ensure smooth care continuity.

Service Lapses in STAR Transitions

Transitions from STAR Kids/MDCP to STAR+PLUS often cause service lapses due to differing contractor responsibilities and unclear processes.

Care Gaps in CDS to Agency Care

High-needs members experience care gaps during transitions from Consumer Directed Services to agency-based care.

Lack of Provider Handoffs

Absence of structured provider-to-provider handoffs limits preparation for complex care and safety concerns in receiving agencies.

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Authorization Management and System Reliability

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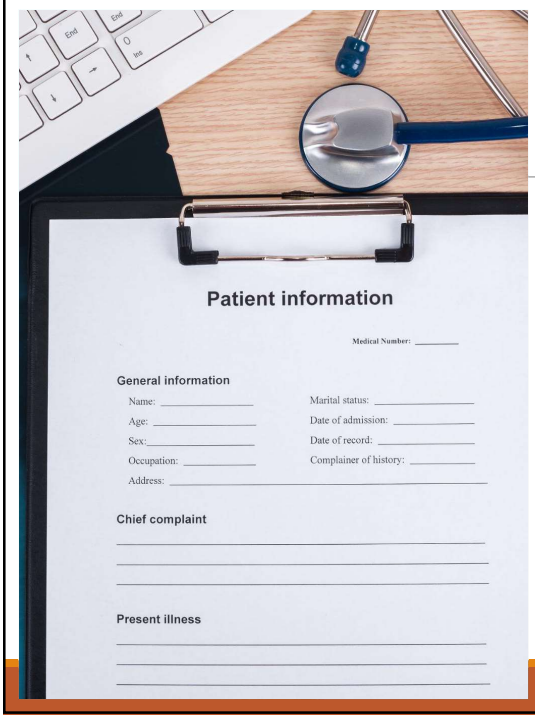

Authorization Issuance and Termination Processes

Processing Delays and Termination Notices
Late or retroactive termination notices and slow authorization processing cause operational delays and billing disputes.

Verification and Communication Gaps
Inadequate verification and inconsistent portal updates prevent confirmation of approvals, causing service pauses and safety risks.

Systemic Reliability Challenges
Authorization management issues represent systemic reliability problems, not isolated errors, requiring process stabilization.

Need for Process Improvements
Provider suggestions for implementing turnaround time goals, verification steps, communication protocols, and technology upgrades can prevent service gaps and financial strain.

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Claims Handling and Billing Standards

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Claims Integrity, Billing Rules, and COB Issues

Claims Processing Challenges
Technical mismatches and authorization misalignments cause frequent clean-claim rejections and processing delays.

Billing Increment Restrictions
Whole-hour billing restrictions on certain codes lead to revenue loss and calls for quarter-hour billing alignment.

Documentation and Denials
Denials for discharge date services require excessive documentation to prove no overlap with facility care.

Suugested Goals for Improvement
Streamline claim routing, reduce rejections, adjust billing policies, and enforce documentation standards for fairness.

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Pediatric Clinical Management

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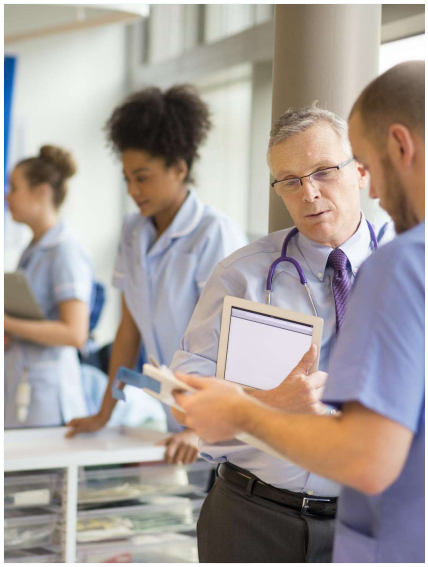

Urgent PDN and EPSDT-Driven Clinical Decision Processes

Urgent PDN Authorization Challenges

Urgent PDN cases often lack fast-track or after-hours authorization, risking care delays for medically fragile children.

EPSDT Deterioration-Risk Evaluations

EPSDT evaluations consider regression, caregiver capacity, screenings, and hospitalization risk to determine medical necessity.

Clinical Decision Escalation Protocols

Interim approvals, expedited reviews, and escalation protocols are essential for managing high-risk pediatric cases.

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Appeals, Escalation, and Provider Support

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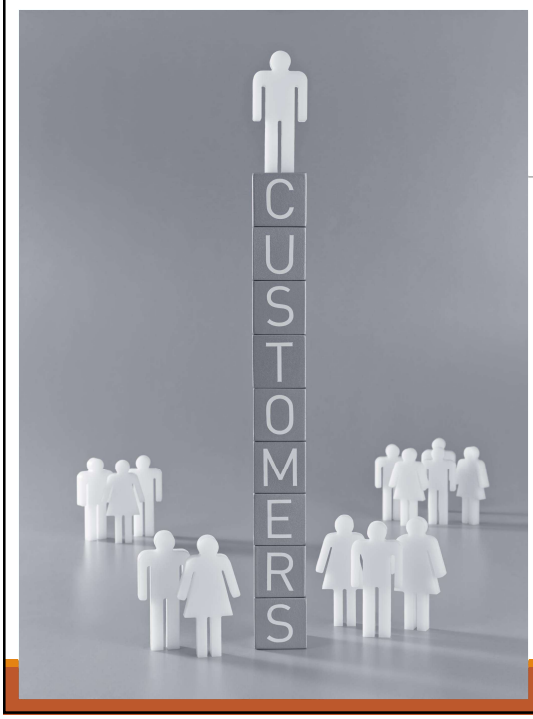

Appeals Processing Standards and Direct Communication Channels

Appeals Process Challenges

Providers face slow, opaque appeals with long turnaround times and unclear denial rationales.

Communication Barriers

Generic inboxes and unresponsive systems hinder providers' ability to escalate unresolved appeals.

Regulatory Compliance Issues

Inconsistent application of regulatory frameworks like same-specialty external reviews affects outcomes.

Provider Suggested Improvement Strategies

Encourage accountability, direct representative contacts, and infrastructure for timely, defensible appeals.

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Eligibility and Recoupment Policies

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Retroactive Eligibility Loss and Financial Accountability

Concerns on Retroactive Eligibility Loss

Providers face financial recoupments despite acting under valid authorizations and compliance checks.

Clarifying Repayment Responsibility

Providers seek transparency on how MCOs decide if repayment lies with agencies or MCOs themselves.

Importance of Adjudication Transparency

Explain decision trees, communication, and protections for compliant agencies.

Protecting Provider Viability

Addressing these issues ensures providers remain viable and member services continue uninterrupted.

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Member Safety and Environmental Concerns

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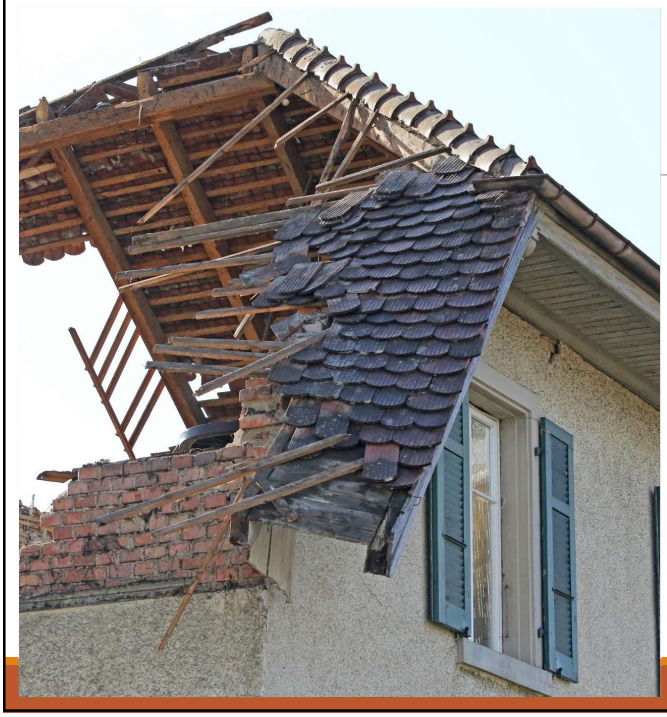

Home Environment Risks and MCO Responsibilities

Home Safety Concerns

Severe structural defects, pest infestation, and poor weather sealing create uninhabitable living conditions.

MCO Assessment and Actions

MCOs conduct safety assessments and coordinate actions like contacting protective services and relocation assistance.

Service Continuity and Responsibility

Clarifying if services continue during hazard mitigation and defining agency responsibility for uncontrollable risks.

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EVV Compliance and Fraud Prevention

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EVV Responsibility, Oversight, and Fraud Controls

Provider Challenges
Providers face challenges due to disengaged MCO EVV departments and full responsibility placed on agencies for compliance.

Successful Interventions
Some MCOs improve compliance by offering member education and conducting joint in-home visits with agencies.

Fraud Risks and Rehiring Issues
Delays in OIG determinations and poor communication lead to rehiring attendants dismissed for EVV falsification.

Balancing Enforcement and Support
Provider suggestions focuses on enforcing EVV rules while supporting agencies and maintaining system integrity.

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Telemonitoring and Statewide Standardization

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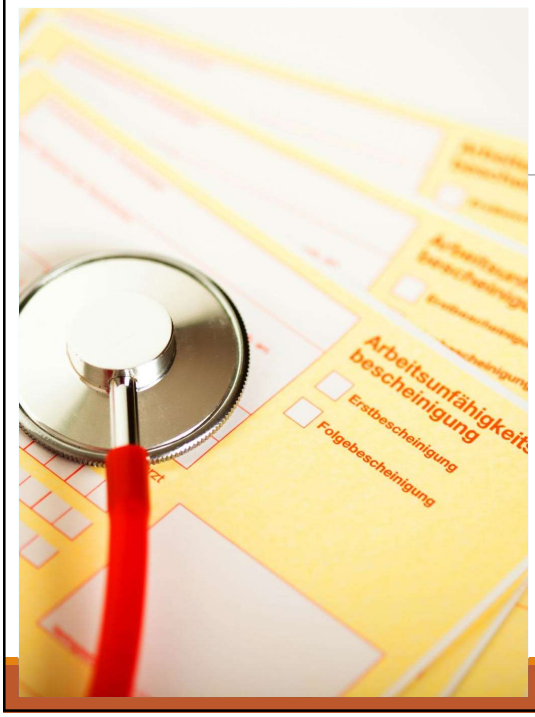

Telemonitoring Processes

Current Telemonitoring Challenges

Inconsistent procedures across MCOs cause duplicated efforts and administrative delays in telemonitoring services.

Proposed Standardized Model

A HHSC-managed centralized system would standardize claim validation and authorization across payers, improving efficiency.

Benefits of Standardization

Standardizing processes would eliminate duplications, reduce delays, and ensure consistent service delivery statewide.

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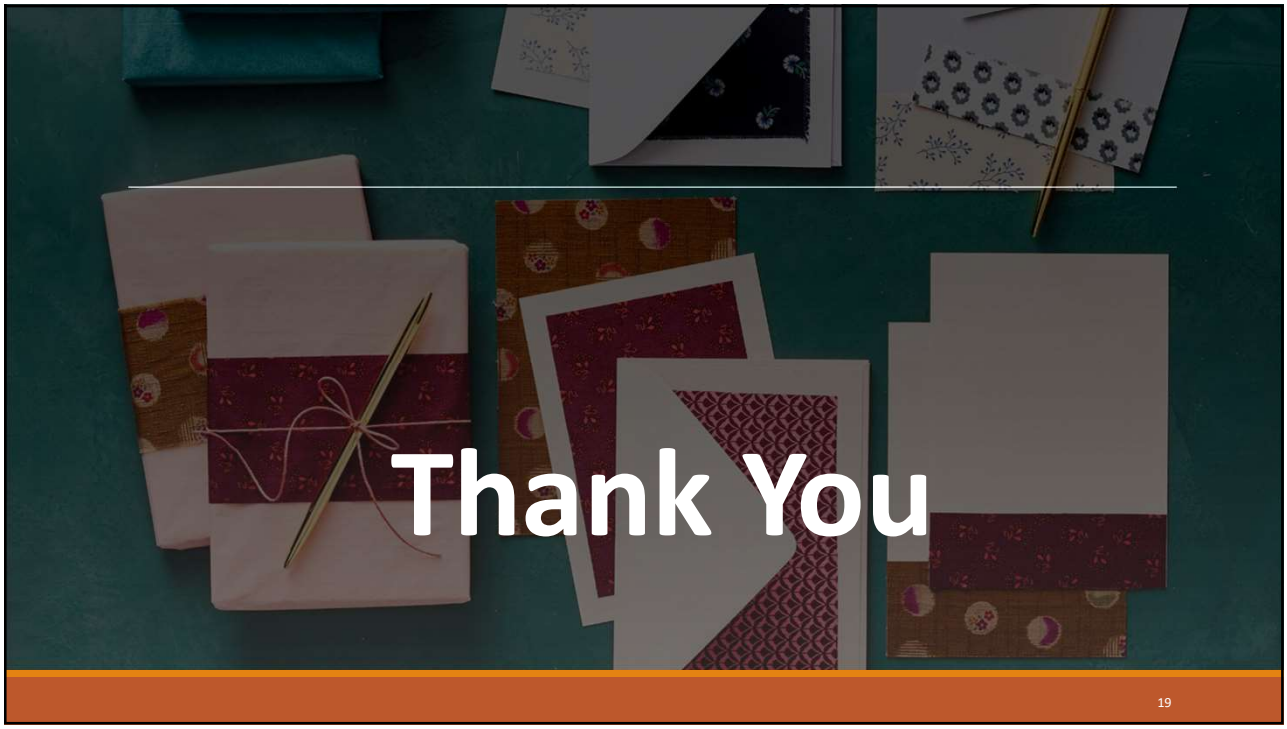

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