

December 29, 2025

QUARTERLY CELL AND GENE THERAPY (CGT) ACCESS MODEL REPORT DUE DEC. 29

BACKGROUND

As of Sept. 1, 2025, Texas participates in the Cell and Gene Therapy (CGT) Access Model in fee-for-service and Medicaid managed care. There are reporting requirements for participation in the CGT Access Model. The ad-hoc deliverable, *CMS CGT Access Model_Sickle Cell Disease_2025 MCO Implementation*, was completed for the previous quarter. Quarterly reporting will be ongoing.

KEY DETAILS

The Cell and Gene Therapy drugs are Casgevy and Lyfgenia.

For single case agreements, prior authorization and enrollment inquiries and information, please refer to the Points Of Contact section below.

PRELIMINARY COMMUNITY HEALTH CHOICE POLICY AND PROCEDURE

Community Health Choice (Community) is required to process claims for designated High-Cost Clinician Administered Drugs (HCCADs) that are administered as part of an inpatient admission to be billed in accordance with instructions from Health and Human Services (HHSC) Vendor Drug Program (VDP).

1. Prior Authorization: Submit request through Utilization Management (UM); authorization must be for outpatient use only.
2. Single Case Agreement (SCA): Once approved, Provider Contracting drafts an SCA requiring:
 - An invoice showing the actual acquisition cost.
 - Invoice must include member name, DOB, and ID number.
3. Invoice Submission: Send invoice to HCCADinvoices@communityhealthchoice.org before the claim can be paid.
4. Claim Review & Payment: Claims will compare the invoice cost to the TMHP fee schedule and pay the lower amount.
5. No Invoice = No Payment: Claims won't be paid until the required invoice is received.

POINTS OF CONTACT

POC Type	Primary POC	Secondary POC	Information Location or Public URL
Single Case Agreements	Name: Michael Banda Phone: 713-295-6733 Email: michael.banda@communityhealthchoice.org Other:	Name: Shelley Chandler Phone: 713-314-5642 Email: shelley.chandler@communityhealthchoice.org Other:	https://provider.communityhealthchoice.org/wp-content/uploads/sites/2/2025/09/MCO-contracted-treatment-centers.pdf
Prior Authorization	Name: Karen DeJean Phone: 713-295-2444 Email: Karen.DeJean@CommunityHealthChoice.org Other:	Name: Laura Davila Phone: 713-295-4789 Email: Laura.Davila@CommunityHealthChoice.org Other:	https://provider.communityhealthchoice.org/wp-content/uploads/sites/2/2025/09/MCO-contracted-treatment-centers.pdf
Enrollment	Name: Jeremiah Judkins Phone: 713-295-2497 Email: Jeremiah.Judkins@CommunityHealthChoice.org Other:	Name: Natasha Price Phone: 713-848-6750 Email: Natasha.Pierce@CommunityHealthChoice.org Other:	https://provider.communityhealthchoice.org/wp-content/uploads/sites/2/2025/09/MCO-contracted-treatment-centers.pdf

QUESTIONS

For any questions regarding this notice, please contact your Community Provider Performance Manager (provider representative). E-mail: ProviderRelationsInquiries@CommunityHealthChoice.org