Texas CHIP Coalition
Meeting Minutes

November 20, 2015

Present:

Alice Bufkin, Texas Women's Health Coalition
Kathy Eckstein, CHAT
Kit Abney-Spelce, Seton
Jillian Grisel, Seton
Clayton Travis, Texas Pediatric Society
Sister JT Dwyer, Daughters of Charity
Will Francis, NASW
Greg Hansch, NAMI-TX
Olga Rodriguez, TACHC
Patrick Bresette, CDF-Texas
Linda Litzinger, Texas Parent to Parent
Anne Dunkelberg, Center for Public Policy Priorities
Laura Guerra Cardus, CDF Texas

On the phone: Erica Loredo, Texas Children's Health Plans
Betsey Coates, Maximus San Antonio
Summer Stringer, Feeding Texas
Stacy Wilson, THA
Miryam Bujanda, MHM
Shannon Lucas, March of Dimes

Chair: Clayton Travis, TPS
Minutes Scribe: Anne Dunkelberg/Julia Von Alexander, Center for Public Policy Priorities
Next meeting: December 18, 2015

Chairperson Clayton Travis opened the meeting at ~ 11:05, did a round of introductions, and reviewed the agenda.

I. Discussion on CHIP Coalition Future & Next Steps (Clayton Travis)

Clayton opened a discussion of Texas CHIP Coalition future, including potentially changing/updating the name. He asked Anne Dunkelberg of CPPP to provide a quick history of the Coalition: how the structure and the name evolved.

Ms. Dunkelberg explained that the Coalition was born in 1998 as an evolution from an earlier, relatively dormant, Maternal and Child Health Coalition, and to meet the need for advocacy to create the (federal option) Texas CHIP program over resistance from the Governor's office. She explained that the Coalition has always been "ad hoc", with leadership roles shared. Early leadership came from Children's Hospital Association of Texas, March of Dimes, Consumers Union, and Texas Association of Community Health Centers. The Coalition partners were key to passage of a strong CHIP bill in 1999, followed by successful 2001 legislation to make children's Medicaid applications and renewals more like CHIP (i.e., by mail). (The impetus was that only 25% of the children who applied for CHIP and were referred to Medicaid because of income level were getting enrolled in Medicaid. Low-income parents had to spend several days each year sitting at eligibility offices waiting for appointments that frequently were not kept, requiring another day of lost work.) In 2003,

massive cuts to Medicaid and CHIP were made, and the Coalition worked hard to win restoration in 2005 and 2007. The Coalition has also been the leader in monitoring and engaging in the ups and downs of eligibility policy and systems, notably around the near-collapse of eligibility systems between 2006 and 2009 related to a failed partial-privatization effort. She agreed that the Coalition should take the time now (and periodically in future) to talk about clarifying goals, mission, scope, and tactics, including a name change as appropriate to match up with the shared vision and goals.

Clayton talked about TCC's ongoing dialogue and educational work with stakeholders and agencies during the interim (and even during session) as effective "administrative advocacy and learning. He recommends that re-assessing the scope and process for TCC legislative work is the primary need.

Reviewing the 2015 TCC principles, Clayton noted that only a subset of the listed issues received coalition member work, in varying degrees, including:

- 12-month Medicaid Continuous Eligibility – filed by Sen. Zaffirini, no hearing
- TCC Perinatal/Postpartum Care workgroup team worked hard to get legislation filed; only Representative Coleman's post-partum depression bill got hearing, Sen. Huffman and other bills had no hearing. Despite Gov's priority listing of post-partum depression in his 84th session agenda, no legislative movement
- Rep. Gutierrez and Senator José Rodriguez and Senator Judith Zaffirini filed CHIP waiting period bills, no hearing
- SB 760 by Sen. Schwertner passed with coalition member input on Medicaid Managed Care consumer protections.
- There was no TCC-branded lobbying on Medicaid rates, though of course physicians and hospitals advocated for improved rates.
- Mental health workforce gains were championed by hard work of the Texas Coalition for Healthy Minds; SB 239
- Rep Walle's breastfeeding bill passed with strong work from Texans Care for Children,

The group discussed generally not having lobbied visibly as a coalition, with the major exceptions of the January legislative staff briefing and the Postpartum Care workgroup advocacy. It was noted that coalition will never be solely credited with any legislative advance; but that the group should discuss whether and how to use Coalition- branded lobbying again.

The meeting broke into 2 groups to share ideas. Some of the shared ideas after the group came back together:

- Laura Guerra Cardus: The coalition's educational role is important, maybe we need to expand to offer briefings for legislative staff/offices during interim and really build relationships and show them who we are.
- Others suggested inviting legislators to present to Coalition during interim. Another suggestion was to take a new approach to the document that accompanies the legislative agenda to a new format that tells a story. For example, describing local programs that are working, and making the case for Medicaid and CHIP.
- Helen Kent Davis recalled the TCC press education briefing in 2005, where we educated reporters on major cuts to CHIP and Medicaid from 2003 and their impact, as another approach the TCC should use.
- HKD also suggested a more focused TCC legislative agenda be limited to issues with no other strong lead or champion supporter organization.

- Anne Dunkelberg suggested that to be included on the TCC agenda, we might require at least one member group willing to be lead and at least 2 others willing to support that lead.
- Alice Bufkin touted the effectiveness of teams/workgroups, pointing to the postpartum care group experience.
- The many other issues TCC members care about and which are important as part of the picture of public policy that affects kids' health, but which have a strong external champion and/or do not have TCC groups willing to lead and work on them, should be given a different kind of status/list, used for educational work but not mixed in with the targeted legislative issues.

II. Update from Medicaid/CHIP Division & Discussion

- Updates on reduction of pediatric therapy rates due to Rider 50 (Pam McDonald)
- (Judge Sulak plated injunction on therapy rate reductions. HHSC is appealing the injunction. Jan 18, 2016 trial hearing on complaint; rider 50, Lt. Gov. Patrick and Sen. Nelson wrote a letter to HHSC providing for some flexibility.
- Response to C Travis question on which rates are being delayed at HHSC: HCPC system Jan changes delayed, national correct coding updates delayed as result of the injunction pt/ot/st, for acute care. This case is NOT affecting waiver rates; therapy rates for CLASS, HCS etc. were already much lower than acute-care rates, so no changes to the waiver rates were in the pipeline.
- Olga R. question: How does this work in Fee-for-service (FFS)? Have health plans implemented the rate cuts despite the injunction? Pam M: good question- Medicaid Managed Care premiums in 9/2015 DID assume capitation reductions per rider 50, so plans are receiving the lower amount. What the MCOs do with providers is another question; they often write contracts tied to FFS rate or a percentage of it. But it depends on each plan's contract with therapy providers whether their providers have had a rate reduction despite the injunction.
- Federal plans to monitor access. Are they for Fee-for-Service (FFS) only, or do they include Medicaid Managed Care?
    - Final federal rule on Medicaid access is in comment period. 2 parts: (1) in 3 yr cycle state must report on negotiated metrics for specific types of services listed in reg, plus others if complaint driven
    - All FFS rate changes must go to CMS under state plan requirements
    - Fee-for-Service only –not Medicaid Managed Care access—is the basis for reporting to CMS. Rate cuts in FFS must be accompanied with a plan to maintain access. Under the NEW rule: data must show no access problem exists BEFORE reduction, AND the state must offer a plan for making sure access is not reduced with the rate reduction.
    - Because the federal courts have ruled that Providers lack standing to challenge inadequate Medicaid rates, CMS essentially is the only entity with authority/standing to determine adequacy of rates. This is likely basis for their increased intention to provide access oversight.
    - HHSC Strategic Decision Support MAY be lead on this work for Texas Medicaid, but not yet determined. There will be stakeholder input and hearing on process.
    - States must look at all the listed categories, and every 3 years, plus any state plan services with proposed reduction.
    - Helen K: These federal Medicaid access rules appear to apply only to FFS, not Medicaid Managed Care.
    - Discussion of whether last summer's Medicaid Managed Care fed regs will fix this? Is CMS aware of this issue; i.e. that if federal oversight is limited to FFS, there will be little impact?
        - Proxy rates are used by actuaries, plans, in setting rates CFC, CBA- Star+Plus….
        - Most TX CHIP Medicaid Managed Care plans are still doing FFS not QBP, bundling etc.

        - Fed reg only applies to services that the state reimburses directly, that is, not to Medicaid Managed Care.
- Impact of the rules will be fairly limited unless CMS Medicaid Managed Care rules incorporate the access standards applied to state plan services?..
- Perception is that fee-for-service and managed care, don't communicate well within CMS.

CHIP policy (Allyson Evans, Laurie couldn't be here today)

- HHSC is working on better streamlining of movement from Medicaid to CHIP- HHSC can come back to explain further (systems processes) in future. Issue is clients (children) moving from Medicaid to CHIP due to income changes reported or detected at time OTHER than the usual renewal. Problem is delays/gaps in moving from one to another.
    - Clayton- Request for data from HHSC: how many kids is this? (6 month and periodic income checks)
- Contraception under HTW and CHIP: HHSC is aware there is an issue for teens that they can't be enrolled in both at the same time, despite fact that CHIP excludes contraception as a service, and HTW is explicitly available to teens 15 and older.
    - This appears to be an IT problem.
    - May be a legislative priority moving on
    - Need data on how many youth fall in to this category and funds required to cover and to administratively change.

Updates on STAR Kids Development process (Brian Dees)

- Now have awarded contracts to 10 managed care companies (as of 10/1/15)
- Working on implementation- education syllabus for MCO high level staff (2 day summit on STAR Kids- name, vision, contract, services, systems, concerns)
- Many system steps needed, Weekly calls w/ MCOs, where go over questions and provide education
- Uniform managed care manual (critical elements for directories, etc)
- Screening and assessment for STAR kids working with A&M-will have a final draft soon for STAR Kids advisory committee Dec 9th at 9am at HHSC
- Ongoing field tests/inter-reliability tests of assessment tool.
- First big outreach effort- starting in January (Laura Blanke @ HHSC). Will be going to Bexar, Houston/Harris, Hidalgo, Dallas/Terrance, Austin, Corpus Christi, El Paso, Tyler, Lubbock, and Waco. 2 family sessions and 1 provider session. Friday-Saturday. Additionally will be having webinars. Working with DADS media services for videos for outreach to families.
- Olga R.-How does the benefit differ significantly from STAR Health/STAR for kids? Very similar to STAR Health= intensive care coordination. STAR serves healthy children and pregnant women doesn't have PCS (personal care services). STAR kids (private duty nursing) community first choice, NDCP clients included.
- Screening and assessment- will Medicaid providers have access? Yes, MCOs should share w/ providers and families. ISP (individualized service plan) can be developed using assessment instrument. MCOs are supposed to complete the assessment and develop the comprehensive service plan.

III. Women's Health Program and CHIP overlap updates/discussion (Alice Bufkin)

- TX women's health→ Healthy Texas Women
- Family planning like current DSHS

- Women's health advisory committee- next meeting Feb. Was designed to assess changes. Working on getting internal deadline and being able to make comments.
- Rules have been released for some providers. Public comment to Associate Commissioner Lesley French & her administrative assistant Kristen Gonzalez (Lesley.French@hhsc.state.tx.us & Kristen.Gonzales@hhsc.state.tx.us).
- HTW and CHIP not allowed. Major barriers- systems issue and can't do anything about it right now. Advocating that it is a priority for next TIERS build.
- Advocating to change the rules as well as the system so can be enrolled in both at the same time.
- Can also ask to change on the CHIP side to allow contraceptive coverage.
- Today a teen enrolled in CHIP could potentially enroll in family planning program. Texas decision that CHIP won't cover contraceptives.
- Since Healthy Texas Women is a state program, can be simultaneously enrolled in CHIP (no federal regulations against this).
- Only women w/o credible health coverage. But what if high deductibles and/or grandfathered systems? Need to change this. Don't exclude unless fully covered w/ insurance. Is this a concern of non-contraceptive part of HTW? No, still an issue around contraceptive coverage. Non-contraceptive services that HTW provides that private plan doesn't.
- Comments until Nov. 30th

IV. ECI Coalition Updates (Clayton Travis)

- Working w/ DARS to understand new policies and funding decreases
    - Need to know rate/state of referrals (scope of children that need services, how many receiving)
    - Cash flow issue for contractors with DARS, DARS contract piece of ECI. Some providers have to use local/own dollars & others lapse funds b/c don't use whole contract. Problematic b/c then legislatures think fund lapses mean they don't need as many funds.
    - Unsure if cuts or realignment of funds. Working to verify with ECI providers.
- How appropriated and by what measures
    - GR piece is around service hours provided to children. 2.9 hours/month as metric for appropriation
    - Doesn't make any sense to appropriate based on that measure, should appropriate based on children's needs (i.e. historical costs similar to Medicaid). Doctors want a new metric to be developed and adopted for appropriations.
    - The state ECI program is one of the best in the nation in terms of outcomes.
    - If want to get involved contact Clayton, sign up for Texans Care for Children list on ECI.

V. Updates on Sunset Implementation

- HHSC- 2 hearings Austin 12/2 and 12/10 in Amarillo on HHSC transformation plan (where will programs go). Input period until 1/22/16. Can make comments and fill out survey as well at HHSC website.
- SB 760- network adequacy, enough providers in networks. Public forum 11/30 at 9am to discuss the bill. Input form that is 7 pages long.
- Medicaid Managed Care protection workgroup meeting Tuesday and will share any relevant ideas w/ CHIP coalition.

Will Francis (NASW) will chair in December, which is a 90-minute meeting followed by Outreach and Eligibility Working Group meeting.