CHIP Coalition- August 19th, 2011

Attendees: Claudia Lindenberg, Central Health, Janie Metzinger- MHA Dallas, TDA, Michelle Apodaca- THA, Betsy Coats- Maximus, Yvonne- San Antonio Foodbank, Kinda Serafi- KidsWell, Courtney Weaver- CPPP, Jeanie Donovan-CPPP, Ashley Foster-TACHC, Shelby Tracy-TACHC, Sean Kearns-Texans Care for Children, Lauren Dimitry- Texans Care for Children, Ann-Marie Price- Amerigroup, Kathy Eckstein-CHAT, Rose Marie Linan, Catholic Charities, Maria Huemmer-Texas Catholic Conference, Jessy Carvajal Sierra- Central Health, Cheasty Anderson-CPPP, Sr. JT Dwyer- Seton Healthcare Family, Michelle Romero- TMA, Chris Yanas- Teaching Hospitals of Texas, Bee Moorhead- Texas Impact, Miryam Bujanda- Methodist Healthcare Ministries, Celia Cole- CPPP, Kevin Denmark- Sendero Health Plans

KidsWell Website- Mimi Garcia provided a tour of the Texas KidsWell campaign website and its key features.

www.kidswellcampaign.org

Project is about getting kids and families covered through CHIP, Medicaid and ACA.
National KidsWell campaign websites.
Website will provide information on the following:

- -State by State data comparisons.
- -State profiles of coverage statistics.
- -Updates on implementation progress and agency happenings.
- -Map-based graphics on state comparisons.
- -Weekly Update on Implementation Developments

The website also provides a detailed search function capable of narrowing down results by geography, issuing agency, and other topics.

To sign up for the KidsWell campaign weekly newsletter, go to kidswellcampaign.org. Then,

Celia Cole from CPPP- Eligibility System Modernization Presentation (See attached handout for timeline and navigator training info.)

The overarching goal is to figure out how we are going to deal with ACA implementation without overwhelming staff.

Primary goals are to make best use of taxpayer resources, increase access to programs and improve working conditions.

Florida is a good model- they have best timeliness and payment accuracy rates in the country. ½ the workforce and similar client loads.

HHSC is looking at the self-service portal as their main tool for overcoming staffing challenges. Getting CBOs around the state to use the tool for applications will be helpful.

The Online application workgroup is focusing on three areas 1) terms and conditions and legal aspects of CBOs 2) training and certification- coming up with a formal process for navigators to be certified and 3) the soft-launch and 4) recruitment for organizations to participate in using the portal.

Main challenge is that clients cannot renew online and if an applicant goes into a foodbank to apply, and someone else in their household is already in TIERS, they cannot use the portal to apply for any new benefit. The soft launch will probably be in January.

State and Federal Updates

Medicaid Waiver

Newly Proposed 1115 Waiver Submission- Meets Governor's standard of not being a coverage expansion but does provide support for the safety net.

The waiver does include 3-Rx per month prescription drug limits (including OTCs) , despite the state saying in May Texas register announcement that they would not pursue these limits.

Non-disabled, non-elderly adults: about 200,000 deep-poverty parents and 90-100,000 pregnant women on Medicaid. This is the population currently getting unlimited Rx in Medicaid Managed Care who would now face a limit if the proposal is adopted
The state does not need a waiver and already has the legal authority they need to create this limit.

We are approaching the commission an CMS quickly to ask for a moderation of this policy. There should be a process for getting exceptions to the 3 drug limit when it is medically necessary.

We do have a shot at making some changes, three is the lowest limit in the country. For example, we could possibly exempt pregnant women, HIV/AIDS advocates are also trying to get their patients exempted.

We will send out a sign-on letter soon over multiple list servs.

Discussion on Managed Care RFP and the Carve-In

SB 420 Updates, Sections 19 and 20 in Article I of SB 7

Deeming of Sponsor Income and Pursuing Sponsor Liability.

-SB 420 applies to county indigent health care programs.
-Indigent health programs will be permitted to "deem" (count as available to the sponsored immigrant) sponsor incomes, and pursue repayment for health care from sponsors.
-Sponsors promise to keep you away from certain benefits until you have been in the U.S. for ten years or become a citizen.

SB 7 also permits hospital districts to deem sponsor income and pursue sponsor liability. It also REQUIRES HHSC to do the same, where "cost-effective."

However, (1) Federal law (from CHIPRA) exempts kids in Medicaid or CHIP and pregnant women from sponsor deeming or liability,; and (2) Texas law excludes all LPR adults from Medicaid, so HHSC will not have any duties related to those programs. SNAP (formerly Food Stamps) does cover adult and child LPRs, but because that benefit is 100% federally-funded, there is no cost benefit for Texas in pursuing repayment.

-FYI: Adult LPRs won't be eligible for Medicaid coverage but they will be eligible for subsidies in the exchange in 2014.

TDI and Request for MLR Exemption

-TDI surveyed the companies on whether or not they would be leaving the market because of these requirements. None of the companies serving 90% of the Texas individual market indicated they planned to leave,

-We will share more information about our communication with TDI and a sign-on letter, etc.

-To fully understand medical loss ratios you need to look at a number of years of data.

National Issues-

See emailed links on the debt ceiling, super committee, and their impacts on Medicaid and CHIP.

Debt Ceiling- Spending caps and the "supercommittee" plan will reduce the deficit- there is unknown what the committee will do. Cuts are made in defense and "other programs." These include entitlement programs.

We are already expecting to have to raise the debt ceiling again in 2013.

Sequestration will be triggered if they don't reach $1.2 trillion. Under this trigger, Medicare in on the line but many other programs (Medicaid, CHIP ,SNAP, SS, EITC) are not. Medicare could get up to a 2% cut per year.

CMS funding for eligibility modernization- they announced that they got an exception from OMB to the usual cost allocation rules. States will be able to allocate a larger amount of their costs to Medicaid.

ACA Medicaid/CHIP Eligibility and Affordability Proposed Rules

Premium Tax Credit Calculation and Sliding Scales Information is Out

Pushing for the no wrong door process, trying to rely on electronic and ex parte sources.

Some ambiguity about the affordability standard- if your employer offers you coverage that costs 9.5% or more of your income you can go to the exchange. However, family coverage can cost more than that. Our understanding at this point is the rest of the family will not be eligible for sliding scale coverage in the exchange.

There are "safe harbor" rules for employers and the 9.5% income requirement.

Feds will do the data matches with federal databases (SSA, DHS) and states will be given flexibility for state-level data sources they draw on.

Because fed match for adults newly eligible for Medicaid is so high, determining which group (old or new eligible) an adult falls into in 214 has big con sequences for state budgets. CMS has proposed alternative methodologies so that states do NOT have to for run all adults through two eligibility checks in 2014.