

Texas CHIP Coalition
October 19, 2012, 11AM
Center for Public Policy Priorities, Paulos Conference Room

1. Introductions (see below for attendees)

2. Tracy Henderson, Chief Financial Officer, HHSC: HHSC's Legislative Appropriations Request

See PowerPoint

TANF at all-time low

Change in format: Line items for aged, blind, pregnant women, adults grouped together, children

HHSC estimates Medicaid runs out of cash in March (slide 10)

Have a letter pending with LBB and GOBP requesting authority to transfer money if a supplemental appropriations bill not yet passed, but transfers really can only buy a week or two (all HHSC's remaining General Revenue = about 1 month of Medicaid/CHIP).

Clarifications:

For HHSC and DADS (Department of Aging and Disability Services):

- FY 2013: \$4.7 billion for supplemental to cover this year
- FY 2014-15: same \$4.7 billion will also be needed to cover next biennium, as the agency was not allowed to ask for those funds as part of its base request
- Recall caseload cost but not inflation can be requested in base budget. About \$900 mil in HHSC base request is related to caseload growth, plus another \$1.2 billion for inflation/cost increases requested in exceptional items
- DADS has some programs potentially running out of money sooner than HHSC: possibly in December, so flexibility to transfer important.
- ACA includes a temporary rate increase for selected primary care services by specific types of primary care practitioners. 2013 and 2014 Feds pay 100% of cost to bump up to Medicare rate levels .BUT because Texas CUT rates after ACA was passed, we have to pay for the cost of back-filling that rate cut.
- Supplemental Rx rebates: Feds now are getting a bigger share than before, but overall rebates have increased so much that Texas still has a net gain.

It will cost \$1.3 billion in GR (general revenue) over 4 years to fund Medicaid expansion.

Agencies required to include a proposal of how they would get to a 10% base budget reduction. In HHSC's model, this is achieved largely by 1% provider cut in Medicaid/CHIP

Reviewed the exceptional items

3. Bee Moorhead: Community Partner Program

CPP now fully operational. Now doing a community outreach program to help with applications. Stakeholder group has met over the last year to develop parameters for the program. The organization that agrees to partner with the state is the CPP, the people who help are called navigators.

In the pilot phase, HHSC recruited a few organizations of different sizes and types to work the kinks out of the self-service portal. Pilots now done. Now rolling out the program itself. 60 orgs signed up as CPPs, 50-60 more are in line to become one. They sign a non-financial memorandum of understanding to protect HHSC and a computer use agreement that the org will use their own computers.

HHSC will do outreach to community groups. There was an RFP process. HHSC signed a contract with the Texas Hunger Initiative at the Baylor School of Social Work, who subcontracted with Texas Impact and TACHC (Texas Association of Community Health Centers). There are anchor FQHCs (Federally Qualified Health Centers) in each of 12 regions. So moving into the active recruitment phase.

Some CPPs will be FQHCs with professional staff, others more like a church food pantry with computer access but no access to case files or anything. Website is www.hhsc.state.tx.us/hhsc_projects/cpp/. Has a video explaining the program and yourtexasbenefits.com. Baylor has hired Doug McDurham from CIS to manage. See attached PowerPoints from the presentation yesterday.

Discussion: Marilyn Self from Community Council of Greater Dallas commented on her experience as one of the pilot groups. Texas Impact will recruit/handle religious-based orgs.

Nov. 1- HHSC will summarize the pilot program. 2-4pm in Brown Heatly. Room 1420.

4. Kit Abney-Spelce: (OTA) Operations and Eligibility Technical Assistance Workgroup Update

OTA has been meeting since 2008. Handout: one-pager on OTA.

We met with HHSC's Liz Garbutt about CPP program and OTA collaboration. Talked about OTA as dealing with systemic issues: not particular case-by-case problems and not particular CPP issues.

Discussion re: advantages/disadvantages of collapsing all issues into one workgroup. David Escape- would like OTA to be about all barriers to entry; passwords, computer freezing, dropped pages, lost info, etc. Kit- CPP will always be a standing OTA agenda item. And also will round up those issues for consideration each time. David- we have looked at reporting data in the past to see where problems were: number of case workers in area; how many apps received; how many denied for income, assets, other reasons. Maybe something bi-annually or quarterly to see where problems are coming from. Kit- agreed, good idea. David- example, big losses each October going on for years. John- yes, for some goofy reason. David- we never really addressed that.

Kit will have an updated one-pager sent out when finalized.

Other issues: HHSC no longer sending reminders for Medicaid/CHIP recertification. Does that violate MOE? Health plans do give reminders, as many as six or seven. David- could be issue that Medicaid clients know HHSC/Medicaid/CHIP but don't know their Managed Care, so reminders from them aren't as effective. Kit- will get Liz to add this to OTA agenda.

David also recommended putting 2-3 years worth of 6-month renewal dates that are put on people's Medicaid/CHIP cards.

Attending in person:

David Escame, Amerigroup
Ann-Marie Price, Central Health
Sonia Saenz, BlueCross/BlueShield
Kit Agney, insure-a-kid
RexAnn Shotwell, Seton Health Plan
Shelby Tracy, TACHC
Sonia Lara, TACHC
Laura Guerra-Cardus, Children's Defense Fund-Texas
John Berta, Texas Hospital Association
Lauren Dimitry, Texans Care for Children
Clayton Travis, Texans Care for Children
Sr. JT Dwyer, Seton Healthcare Family
Kathleen Davis, Interfaith Education Fund
Stacey Pogue, Center for Public Policy Priorities
Sandra Martinez, Methodist Healthcare Ministries
Marcus Denton, Center for Public Policy Priorities
Anne Dunkelberg, Center for Public Priorities
Tracy Henderson, Health and Human Services Commission

Via teleconference:

Apologies as the minutes scribe was making copies during introductions!