Texas CHIP Coalition
Meeting Minutes

March 22, 2013

Present:	Megan Randall, CPPP Beth Peck, Central Health Claudia Lindenberg, Central Health Becky Huerta, Central Health Blanche Rosas, HHSC Valerie Eubert-Baller, HHSC Stephanie Stephens, HHSC Elizabeth Endres, TACHC Sonia Lara, TACHC Lauren Dimitry, TCFC Mimi Garcia, TWAH Tara Hopkins, DentaQuest Jessica Venson, UWATX Sr. JT Dwyer, Seton Bee Moorhead, Texas Impact Stacey Pogue, CPPP Michelle Tijerina, Sendero Melissa Davis, NASW | TX Kit Abney , insure-a-kid Jeanie Donovan, CPPP Aaron Herrera, TFBN – HFB RexAnn Shotwell, TACHC Anne Dunkelberg, CPPP Kim Bazan, HHSC Rachel Cooper, CPPP Stephanie Muth, HHSC John Berta, THA Two latecomers whose names were not recorded
Conference Line:	Theresa Bentle Leticia, Texas Children's Hospital Laura Guerra-Cardus, CDF Sandra Soria, Cook Children's Health Plan Karen Fossom, CDF Rio Grande Valley Raquel, Central Texas ADRC
Chair:	Anne Dunkelberg, CPPP
Minutes Scribe:	Megan Randall, CPPP
Next meeting:	April 19, 2013

I. CHIP Coalition Updates

- Updates on Maternal and Infant Health Workgroup
    - LDimitry:

        - Biweekly standing call. Notes can be made available, upon request.
        - No tracked bills have moved out of committee yet.
        - Several have been heard:
            - HB 15 has mixed support. Heard in public health.
            - HB 740 heard and pending in committee. March of Dimes priority bill.
            - Mother's right to breast feed in public. HB 741
            - Women's health bill. HB 755, Representative Davis' bill asking for HHSC to take a look at what the impacts of the family planning cuts were.
    - ADunkelberg: What is the best way to communicate with full coalition about legislation? The CHIP Coalition could send out notes or updates, if the workgroup would like.
- CMS regional webinars/calls
    - Stacey Pogue and Kit Abney: CMS call last Monday which confirmed October 1st enrollment, etc. Did mention a state/regional partner call to be scheduled in upcoming months.
    - ADunkelberg: Believe it is scheduled for May 3rd. Will be finding out more information in upcoming weeks, including whether we can expect the call to include additional information beyond what's already been released/covered. ****Anne will share information regarding the state/regional CMS call with the CHIP Coalition when she receives it.**

II. HHSC Presentation on CHIP into TIERS and the ACA

Please see attached presentation slides and Q & A for more detailed information.
****Will also post presentation slides to website.**

- ADunkelberg: Thanks and appreciation to our HHSC representatives who were able to come give this presentation on such short notice.
- SMuth, HHSC – CHIP into TIERS Presentation
    - There is a lot that we don't know yet, and don't have guidance on. We have questions about how the business process is going to work, about how we can channel clients through the most appropriate portal to receive benefits.
    - Discussion of eligibility determinations and business processes – how to make processes more efficient.
        - Currently, CHIP and TIERS are two separate client portals. Putting CHIP into TIERS allows for one portal, and will integrate the two.
        - Scheduled to be complete before ACA implementation, over labor day weekend
    - Website related to eligibility will have same functionality as website CHIP clients use currently, and will give some new features:
        - Check status of items sent to HHSC, etc.
    - KAbney: Do applicants get to choose between health care only app or integrated app?
        - HHSC: Yes. You get a longer application if you select multiple programs, but a shorter single program application if you only select a single program.

    - JTDwyer: When a provider swipes a CHIP card, does it tell the provider information about the patients, such as whether person has a copay?
        - HHSC: Yes it does.
    - KAbney: Will a vendor do CHIP eligibility? Or will it be HHSC?
        - HHSC: It will be HHSC for CHIP cases, and vendors will provide support. We don't anticipate needing more workers.
    - Discussion of "no wrong door" policy, but insufficient capacity at HHSC to handle the total volume of applications expected to come from Texans seeking both Marketplace (exchange) and Medicaid-CHIP coverage. Want to make sure that clients are directed to the most appropriate door, whether that is HHSC or the Marketplace. HHSC doesn't have a lot of guidance yet about how the specifics are going to work from a business process standpoint.
- SStephens, HHSC – ACA
    - Three categories of changes: MAGI, single streamlined application process, and coordination of eligibility determinations.
    - Verification plan – required by US HHS, it documents how Texas HHSC will verify different eligibility factors, like income. Will HHSC use self-reported or electronic data, etc.
    - RCooper: How does the new streamlined application work with TANF/SNAP,etc.
        - HHSC: The Marketplace app will only be for marketplace coverage, CHIP and Medicaid. TANF and SNAP applications will still have to go through HHSC. Also, HHSC doesn't have capacity to take *all* insurance applications through its own portal. Want to try to make sure that we direct clients to the most appropriate door for their needs.
        - ADunkelberg: It sounds like what we need to do is, for those individuals who have already been enrolled in TANF/SNAP/Medicaid/CHIP, we should continue to direct them to HHSC since this is what they are familiar with and where they will most likely be best-served. For those new individuals, however, who come for health insurance enrollment assistance, we send them through the Marketplace portal.
    - SMuth: The Marketplace portal can only assess potential eligibility for CHIP/Medicaid, and final eligibility determinations need to be made by HHSC. There is the possibility that people will get bounced between the Marketplace and HHSC if the Marketplace says they might be eligible, but then HHSC determines that they are not.
    - SMuth: Also, Texas has significant challenges in implementing and coordinating these elements of the ACA, but is actually much more advanced than many states.

HHSC also provided written answers to a list of question submitted by the CHIP Coalition and OTA members. They were not discussed at this meeting but it was suggested that they could be addressed at a later meeting after all had time to read and formulate new questions. See the Q & A list attached.

**** Denotes Action Item**

TEXAS
Health and Human
Services Commission

CHIP into TIERS and Affordable Care Act Updates

Presentation to CHIP Coalition and Outreach and Technical Assistance Workgroup

March 22, 2013

TEXAS
Health and Human
Services Commission

CHIP into TIERS

TEXAS Health and Human Services Commission

CHIP Into TIERS

- Since the initiation of CHIP in Texas, eligibility has been determined by a vendor using a separate system.
  - CHIP families with other types of HHSC benefits navigate two systems to obtain information about their benefits cases.
  - Interfaces between the systems support transitions between CHIP and Medicaid, but the process is not efficient.
    - Policy changes have to be programmed into both systems.
    - Business process hand-offs sometimes result in a duplication of effort.
- To improve customer service and efficiency, HHSC will integrate CHIP into TIERS over the Labor Day Weekend.

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What Changes?

- CHIPMedicaid.org will direct users seeking to apply, renew, or manage their CHIP case to YourTexasBenefits.com.
  - YourTexasBenefits.com will have the same functionality as the CHIP website.
  - YourTexasBenefits.com will give CHIP clients new features, including the ability to: view, check the status of, and obtain receipts for items sent to HHSC; and apply for other programs.
- CHIP toll-free number (877-KIDS-NOW) will automatically route to 2-1-1.
  - Customer care representatives will be able to provide information on all benefit programs.
- CHIP clients will receive a new health benefit card with a new client number.
  - They can continue to use their old case number to identify themselves through the automated voice response system for at least the next 12 months.

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System Down Time

- During the Labor Day Weekend transition, the self-service features at CHIPMedicaid.org, 877-KIDS-NOW, YourTexasBenefits.com, and 2-1-1 (Option 2) will not be available.
- Messages will be added to the websites and phone numbers to indicate the down time.
  - Conversion begins Friday evening, August 30.
  - All functions will be available by Tuesday morning, September 3.
- Clients will receive a letter to make them aware of the upcoming changes.
  - HHSC is finalizing the timing of communications.

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Affordable Care Act

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ACA Background

- Effective January 1, 2014, the ACA requires states to make significant Medicaid and CHIP eligibility changes, including:
  - Using the modified adjusted gross income (MAGI) methodology for eligibility determinations for most individuals.
  - Using a single, streamlined application for Medicaid, CHIP, and the Exchange.
  - Coordinating eligibility determinations between Medicaid, CHIP, and the Exchange.
- CMS has proposed regulations to require states to implement these changes on October 1, 2013 for eligibility that begins January 1, 2014 in order to coordinate with Exchange open enrollment.

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Implementation Plan

- HHSC is currently working to implement ACA eligibility changes, and has significant assets to leverage to meet the federal requirements:
  - Robust integrated eligibility determination system.
  - Approved advanced planning document.
  - An online portal, www.YourTexasBenefits.com, for clients to submit applications, renewals, and changes. HHSC plans to add additional functionality.
  - Self-service options for clients in local eligibility offices.
  - Statewide network of community-based organizations that provide application assistance.
  - Statewide network for information and referral.

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IT Schedule

- HHSC plans to include mandatory ACA eligibility changes in the August and December 2013 releases for the Texas Integrated Eligibility Redesign System (TIERS).
  - August 2013
    - Accept single, streamlined application.
    - Interface with the Exchange.
    - Interface with the Federal Data Hub.
  - December 2013
    - Implement MAGI methodology.
    - Provide Medicaid to children ages 6-18 up to 133% of the federal poverty level.
    - Provide Medicaid to former foster care youth up to age 26.

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Policy Schedule

- In February and March, HHSC responded to numerous federal requests for policy information and comments.
  - Submitted letter of intent to use state methodology for MAGI income conversion.
  - Commented on proposed federal regulations (474 pages) for coordinating eligibility determinations for Medicaid, CHIP, and the Exchange.
  - Commented on draft single, streamlined federal application.
  - Commented on performance indicators for client and provider experience with eligibility, enrollment, and claims payment.
  - Submitted verification plan for MAGI groups.

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Application

- HHSC provided the following primary comments on the draft federal application:
  - The draft application does not include all information needed to build MAGI household, which could result in pending applications and requesting additional information from clients.
  - The person-centered approach impacts state eligibility systems and processes which are based on collecting household information.
  - The federal application should provide customization options for states. For example, adding appropriate contact information and barcoding.
  - The federal application should use plain language.
- HHSC continues to analyze options for streamlined and integrated applications.
- CMS has indicated verbally that it plans to provide additional guidance on the federal application in April 2013.

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Verifications

- The verification plan:
  - Continues current verification policies in most cases.
  - Does not use data from the Internal Revenue Service for income verification due to concerns about security, age of data, and comprehensiveness.
  - Does not use federal data hub services as primary verification sources due to impacts to integrated programs.
  - Requires states to establish a reasonable compatibility standard for income.
- HHSC continues to work on the reasonable compatibility standard.
- CMS will provide an assessment of the plan once they have completed their review.
- CMS will require states to submit a verification plan for non-MAGI groups in the future.

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Challenges

- Federal timelines for providing guidance and implementing changes do not align with the HHSC timelines for business process, policy, and IT development.
- The most significant challenges and risks for the project include:
  - October 1, 2013 regulatory deadline.
  - Late federal guidance on MAGI income rules.
  - Unknown federal plans for implementation of the Federally-Facilitated Exchange (FFE), including Navigator program, which will impact state eligibility infrastructure.

CHIP Coalition and Outreach and Technical Assistance Workgroup Questions
HHSC Responses – March 2013

1. When will the verification plan be submitted to CMS and how we can access it?

   Response: HHSC submitted its verification plan to CMS via the CALT on March 20, 2013. A copy of the plan is attached. We expect to receive comments from CMS in the future and are continuing to work on the reasonable compatibility standard.

2. Have you identified questions missing from the new universal paper and on-line health insurance application that would cause a worker to request more information to process Medicaid/CHIP?

   Response: HHSC has identified information that is not included on the draft federal single, streamlined application and that is needed to determine Medicaid and CHIP eligibility, including information on the following:

   - Each individual living in a household, which is needed to determine household composition and other eligibility criteria for the MAGI groups.
   - Any children under the age of 19 when applicant identifies as the primary caretaker for TANF-level Medicaid.
   - Military service, which is needed to expedite processing for pregnant women and Children's Medicaid.
   - Start and end date, premium amount, and person responsible for paying premium in the other health insurance section. This information is used by Medicaid/CHIP for eligibility and enrollment processing.

3. What documents does HHSC believe they may still need families to submit after applying through the Exchange? Copies of all current income even if it was found by the Exchange or only the income not found? Any ID data?

   Response:
   - CMS has verbally indicated that the Federally-Facilitated Exchange (FFE) would only verify the required data elements for all applications submitted to the FFE. This would include Social Security Number, citizenship, immigration status, and potentially income based on Internal Revenue Service (IRS) data. HHSC will verify additional eligibility factors and will not use IRS data to verify income. HHSC will use electronic data sources when available to minimize the burden on applicants and would only request additional documentation from an applicant when electronic data is unavailable.
   - HHSC will only request income information from an applicant if the information is unavailable through electronic data sources. The FFE will rely on IRS data for income. However, HHSC will verify current income at application and at renewal.
   - Certain citizenship documentation is acceptable as a verification of identity, which the FFE may verify. However, if the FFE does not verify identify, then HHSC would use electronic data sources to verify identify. HHSC would only request additional documentation of identity from an individual when electronic data is unavailable.

4. Does HHSC still have 45 days to determine eligibility for CHIP and Medicaid?

   Response: Federal regulations maintain the requirements to determine eligibility in 90 days for applicants who apply for Medicaid on the basis of disability and 45 days for all other applicants for Medicaid and CHIP.

5. ACA gives hospitals accepting Medicaid the ability to give presumptive eligibility to children, pregnant women, parents and caretaker relatives and other adults. Does HHSC know how this will occur? Through YTB, in TMHP, other mechanism?

   Response: CMS has released proposed rules for hospital presumptive eligibility. HHSC continues to analyze the proposed rules and options for implementing the policy effectively and efficiently, and awaits final federal guidance.

6. Will there be changes in Emergency Medicaid, 3 months retro coverage, Spend Down? Families applying for these types of coverage must submit a 1010 or go through YTB, correct? Will these programs follow the new rules of no assets requirements?

   Response:
   - Federal regulations require states to use the MAGI methodology for emergency Medicaid.
   - States have the option, but are not required, to apply MAGI to the medically needy spend down program.
   - HHSC continues to work to finalize the list of all eligibility groups that will be subject to the new MAGI rules and a final determination has not been made for retroactive coverage and the medically needy spend down programs.
   - HHSC continues to analyze options for streamlined, integrated, and other applications.

7. Are there provisions of the recent US HHS proposed rules (e.g., regarding deemed eligibility for newborns for 12 month coverage clearly applying to babies born to emergency Medicaid moms) that will require adjustments to current Texas procedures?

   Response:
   - The proposed regulations, under 42 CFR §435.117, require states to provide Medicaid to children from birth until the child's first birth date if the mother was eligible for and received covered services under the Medicaid program.
   - The regulation provides clarification that this also includes a baby whose mother received limited services necessary to treat an emergency medical condition, which includes labor and delivery.
   - Texas currently provides 12 months of Medicaid coverage to the newborns of women who received Emergency Medicaid coverage.
   - HHSC continues to analyze the proposed regulations for impacts to Texas Medicaid and CHIP.

8. Has Texas Medicaid looked at the Oklahoma e-NB-1 for newborn rapid enrollment model (http://www.okhca.org/individuals.aspx?id=12692)? Could it be adapted for use in Texas?

   Response: HHSC is looking to improve automated processes in several program areas, including eligibility functions and enrollment into health plans. Since many of the processes related to

Medicaid enrollment in Texas are already automated, enhancements will involve establishing real-time data interfaces to replace the current overnight batch processes.

The process in place to generate the Medicaid IDs for newborns is currently fully automated for about 93 percent of the Medicaid/CHIP Perinatal births reported through the Department of State Health Services' (DSHS) Texas Electronic Registrar (TER) Birth Registration system (the remaining 7 percent are exceptions that occur primarily because the mother's Medicaid ID is not provided or is not correctly entered). Hospitals are required to report a birth to DSHS within 5 days of the birth. Over the last two months, 53.5 percent of births were reported to TER within 5 days, and 90 percent were reported within 10 days. For the 93 percent that go through the automated process, the newborn's Medicaid ID is available for look-up via YourTexasBenefits.com three days after the birth is reported in TER.

The following timeline identifies the key components of this automation and when the newborn's Medicaid ID is available in the systems that support enrollment and provider payment functions.

Date of Birth	**Day 1 (the day birth is reported)**	**Day 2**	**Day 3**	**Day 4**	**Day 5**
Providers required to report the birth to DSHS Vital Statistics/TER within 5 days of the birth	Provider enters Birth into DSHS-TER	TIERS receives TER data and automatically processes and generates the Med ID for the newborn	Newborn's Medicaid ID available on YourTexasBenefits.com	TIERS data is received by TMHP and MAXIMUS (Enrollment Broker) for newborns in managed care	Med ID for newborn is available on TMHP's toll free Automated Inquiry System (AIS)
	If the mother has a Medicaid or CHIP-Perinatal ID, birth data is sent to TIERS	TIERS sends correspondence to the mother and the hospital with the newborn's Medicaid ID		MAXIMUS sends the managed care enrollment to the managed care plan	

9. Once CHIP/CHIP Perinate moves into TIERS is HHSC considering how the information electronically transmitted to HHSC from the TER-Birth registration might be used to speed up the enrollment process for CHIP Perinate babies?

   Response: For CHIP Perinate, we have to first establish the mother's eligibility for Emergency Medicaid, so the current process will still be necessary once CHIP is in TIERS. We expect to gain some efficiency with these cases since staff will have access to all images and information in one system. As noted above, staff will have access to the birth information in TIERS on the third day following report of the birth in TER. In the last two months, 72.5% of the newborns have been matched to a CHIP-Perinatal case within 10 days of being reported in TER, and 87.3% are matched by the 15th day.

10. Does HHSC have any plans to incorporate the Texas Women's Health Program into YourTexasBenefits.com?

    Response: Having all HHSC programs eventually in YourTexasBenefits.com is the agency's goal, but a specific timeline for adding the Texas Women's Health has not been developed. For the foreseeable future we have many required system changes that must be implemented. It's an ongoing challenge, so we have to weigh optional changes against the full array of requested system changes.

11. Has HHSC determined the date of release for the new TF0001 client notice?

    Response: The date for the release of the new letter has not been finalized. We intended for it to be released in February, but deployment was postponed due to issues discovered during testing of the new Adobe software that supports the new form and other client notices. These issues have been escalated by HHSC to the highest levels at Adobe; this resolution is critical to our ability to move forward with projects involving client communications. HHSC will update the Outreach and Technical Assistance Workgroup once the release date is determined.

12. Provide a sample TF0001 that would be provided for an application that requested only one program.

    Response: A copy of the single program letter for TANF is attached. If only one program is requested on the application, the TF0001 only includes information for that program.

13. Will the new TF0001 client notice include all family members, or only those that actually applied for benefits? Currently, the letters state denials for people in the family that did not apply for that benefit. Can HHSC create a cover letter, ideally one that would name each family member and list who has been found eligible? If the cover letter cannot be customized can HHSC include a generic cover letter that explains the information in the TF0001?

    Response: As it is currently designed, the new TF0001 notice will list all individuals that are determined to be mandatory members of the household – this would include a noncitizen parent that is applying only for her citizen children. To improve clients' understanding of the notice, HHSC will work with members of the Outreach and Technical Assistance Workgroup to incorporate language into the new TF0001 to help explain why some individuals are listed as denied on the notice when they did not apply for benefits.