



**Texas CHIP Coalition**  
Meeting Minutes

April 19, 2013

*Present:*

Megan Randall, CPPP  
Melissa Davis, NASW | TX  
Beth Peck, Central Health  
Kit Abney Spelce, insure-a-kid  
Yvonne Vaughan, DSSW Life Span  
Kathleen Davis, Network of Texas (IAF Groups)  
Ashton Craddick, Teaching Hospitals of Texas  
Becky Huerta, Central Health  
Kathy Eckstein, CHAT  
Elizabeth Endres, TACHC  
RexAnn Shotwell, TACHC  
Shelby Tracy, TACHC  
Lauren Dimitry, Texans Care for Children  
Anna Sanderson, CDF  
Sr. JT Dwyer, Seton  
Stacey Pogue, CPPP  
Guadalupe Yanez, Blue Cross Blue Shield – Texas Medicaid  
Sonia Saenz, Blue Cross Blue Shield – Texas Medicaid  
Lynne Hudson, CNAP  
Michelle Tijerina, Sendero  
John Berta, THA  
Shannon Lucas, March of Dimes  
Anne Dunkelberg, CPPP  
Mimi Garcia, Texas Well and Healthy  
Courtney Watson, CDF  
Stephanie Muth, HHSC  
Stephanie Stephens, HHSC

*Conference Line:*

Claudia Lindenberg, Central Health  
Melody Chatelle, United Way  
Leticia Strick, Texas Children's Health Plan  
Robin Chandler, Disability Rights Texas

*Time:*

11 a.m. – 1 p.m.

*Location:*

Texas Medical Association, Thompson Room

*Chair:*

Anne Dunkelberg, CPPP

*Minutes Scribe:*

Megan Randall, CPPP

*Next meeting:*

May 17, 2013

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**I. Stephanie Muth and Stephanie Stephens (HHSC) Discuss Q & A Re: ACA Implementation, Eligibility Systems, and Rules**

*See Q & A Attached*

- **Discussion of timeline**
  - By December is when HHSC will have changes to be MAGI compliant.
  - HHSC has submitted its verification plan for MAGI groups and are meeting with CMS next week to get feedback. CMS has said they will be releasing the final streamlined application in April. Also indicated that they will, at the same time, give guidance on where states have flexibility. There will be some options for state customization.
- **Discussion of the draft verification plan and “reasonable compatibility standards.”**
  - When self-reported eligibility information (e.g. income) from the client is different from that provided by an electronic data-source, states need to determine at what threshold those numbers can be considered “reasonably compatible” (i.e. within how many \$, or what % will the numbers be considered consistent for the sake of processing the application).
  - This determination only comes into play when the discrepancy in data will affect eligibility (if *both* of the sources indicate eligibility or ineligibility, then it is not an issue).
  - Texas’ standards will apply to Medicaid eligibility, but the Marketplace will have its own federal standards with regard to Marketplace subsidies.
  - Marketplace will likely be using mostly IRS data, but also looking at other data sources.
  - HHSC would look at current and recent income sources, such as the proprietary earning/wage database TALX, and wouldn’t use last year’s federal income tax data.
  - Want to set it up so that the system will automatically be able to make a decision whenever possible.
  - The federal government will accept the state’s determination with regard to Medicaid eligibility as final, so that there will be no bouncing back and forth between HHSC and the Marketplace because standards are different.
  - ADunkelberg: The significance of having policy on “reasonable compatibility” is huge. Third-party verification is great, but missing information when data is not identical to what is reported only delays enrollment. Now this policy says that we are only going to evaluate these discrepancies if it changes eligibility determination, or if it is over a certain threshold.
  - What is CALT? Share point for HHSC and CMS.
- **Discussion of streamlined application**
  - There will be some flexibility for customized state applications, but within parameters.
  - What kind of documentation will be needed for the Marketplace application?
    - First, electronic data will be used, then paper documentation will be requested as needed.
  - How long does HHSC have to determine eligibility?
    - The current standard of 45 days applies, and the new question is when the 45-day period begins. May take time (ideally no more than a couple days) to transfer application between Marketplace and HHSC, and unclear when 45-day countdown would begin.
- **Discussion of presumptive eligibility**

- ACA statute and CMS proposed rule gives hospitals the option for presumptive eligibility, so that hospitals can adopt this policy even if the state does not operate a presumptive eligibility policy for Medicaid.
- **Discussion of MAGI and non-MAGI groups.**
  - States have option of placing medically-needy into MAGI. HHSC's preliminary thinking is that if a program is currently linked to another program that *is* MAGI, then this program should also be MAGI.
  - Texas MN category is small, because parents' MN eliminated by Legislature in 2003, and thus children and pregnant women are the population potentially eligible for temporary spend-down Medicaid based on high bills.

## II. **Stacey Pogue (CPPP) discusses Navigators: federal rule, conflict of interest standards, cultural competency and training requirements, etc.**

- Navigators v. certified application counselors
- Navigators must be able to serve *all* populations, and may be able to do this by referring people to other more specialized qualified groups.
- **\*\*Stacey will share CPPP comments on the federal rule, which will be due May 03, and others can sign on if desired.**
- **\*\*Stacey will also send out e-mail with upcoming webinars/calls.**
- HB 459 and SB 1395 – Contain nothing that would probably be preempted under federal law. Technically, the Navigators will be run by the federally facilitated marketplace, so the Texas bills are not strictly necessary.

## III. **Wrap-up**

- Trying to get some communication about budget issues before the conference committee starts to meet.

**\*\* Denotes Action Item**