Texas CHIP Coalition
Meeting Minutes

May 17, 2013

Present:	Megan Randall, CPPP Laura Brubaker, Engage Texas/TWAH Kathy Eckstein, CHAT Stacey Pogue, CPPP Beth Peck, Central Health Kit Abney Spelce, insure-a-kid Shannon Lucas, March of Dimes Becky Huerta, Central Health Tara Hopkins, DentaQuest Melissa Davis, NASW | TX RexAnn Shotwell, TACHC Shelby Tracy, TACHC Elizabeth Endres, TACHC Laura Guerra-Cardus, CDF-TX Anne Dunkelberg, CPPP Mimi Garcia, Engage Texas/TWAH Sr. JT Dwyer, Seton Robin Chandler, Disability Rights Texas Tom Banning, Texas Academy of Family Physicians Andy Hernandez, Methodist Healthcare Ministries Miryam Bujanda, Methodist Healthcare Ministries John Berta, THA Jeanie Donovan, CPPP Claudia Lindenberg, Central Health
Conference Line:	Lauren Dimitry, Texans Care for Children Betsy Coats, Maximus Bruce Bower, Texas Legal Services Center Leticia Ramirez, Strategy Resource Group Leticia Strick, Texas Children's Health Plan Summer Stringer, Texas Food Bank Network
Chair:	Anne Dunkelberg, CPPP
Minutes Scribe:	Megan Randall, CPPP
Next meeting:	June 21, 2013

I. Session Updates

- MBujanda: Discusses possibility of special session.
- MGarcia: Updates on Medicaid Expansion
    - Zerwas' HB 3791 died in committee (Calendars), despite confirmation of votes.
    - Williams' Senate budget rider – Gives parameters for how we should do Medicaid expansion, and gives permission to do it in the future. Latest intelligence sounds like this will also not make it. Although, it could get in there in a special session.

    - Going forward: Keep this fight alive.
        - A subgroup of people are going to be involved in creating a strategy for what happens when the Exchange opens in October, enrollment starts, and we have a population who will get through that process and find out that they have no options. How can advocates engage these folks, what constraints if any will navigator grantees have on referrals to advocacy opportunities, and where do we send them for health care? Will lay out strategy with regard to this.
        - Continuing with local governments and Chamber of Commerce strategy in getting support for health care expansion for this population. Focus on getting coverage to this gap population.
    - Governors' position and veto power the primary impediment.
    - Also, need to celebrate accomplishments and how well we have worked together.
    - ADunkelberg: Will be looking to hold some kind of event in early July to have a conversation amongst involved groups.
- ADunkelberg: State Budget Process
    - Conference committee is trying to negotiate rider regarding whether/how the state would fully fund disproportionate share hospital program from now going on, and we don't know the outcome. According to sources, didn't get any rate increase other than what the federal government will be providing us. Only three states are actually paying the enhanced primary care Medicaid rates so far. Texas has put in its paperwork.
    - If conference report was to be adopted, we would have a budget that is underfunded on the Medicaid side in terms of not reflecting expected caseload growth or inflation costs. That is how the state has balanced the budget for 15 years. Not yet at point where it is such a gaping hole hat we would refer to it as an IOU.
    - KEckstein: With regard to reimbursement rates, when the federally funded rate drops in January 2015, they did provide for the rates to continue through end of fiscal year.
    - ADunkelberg: And extended it to OBGYNs and into 2015.
    - KEckstein: A couple of riders. Allowing inflation for children's' hospitals (rider). Also a rider that says HHSC has authority to adjust outpatient rates to make up for Rider 51 cost containment -- rider takes $400 million of general revenue out of Medicaid and lists types of things HHSC can look at to reduce reimbursement. Half of that money is hospital reductions.
    - Rider 51, ongoing carte blanche, freedom for agency to move forward cutting spending any way it sees fit during interim
    - Senate bill 7 – KEckstein says looks like it will pass, and TBanning says it will be up on Tuesday. Will be reestablishing a statewide managed care advisory committee. Renewed opportunity to become more engaged, to raise bar on accountability, transparency, and performance standards for Medicaid Managed Care. In 2003, HB 2292 eliminated all advisory committees not mandated under federal law. RACs (regional advisory committees). Idea is to have statewide conversation.
        - KEckstein – In SB 7 there is also a statewide managed care advisory group for STAR kids.

II. CHIP Coalition Updates

- ADunkelberg: Will try in June/July to bring CDF, CPPP, MOD, Texans Care for Children, TACHC, Kathy, etc. and someone from pediatricians to move to next step of joint ownership and chairmanship of coalition. For future of coalition, and its health and relevance. Open to anyone. People named have expressed some kind of interest.
    - Also, brainstorming session about things we might want to do differently going forward. SLucas jumped in to form a work group on maternal and infant health, for example.

III. Federal Outreach and Enrollment News

- ADunkelberg: Heads up that a lot is happening at the federal level with regard to application, enrollment, outreach – rule processes, developing forms, etc.
    - Interesting outburst of criticism of Secretary Sebelius for encouraging corporate partners to fund outreach and enrollment efforts. Of the controversies this week, probably most likely to fall off radar. In Texas, we have a long history of corporate sponsorship in terms of outreach and enrollment. Without jumping into middle of controversy, we may have a bit of a task to help reclaim that as a positive thing.
    - Nonprofit Enroll America hiring a statewide director. Announcement is coming out any moment, and organizing director and significant local and on-ground staff to build networks of people helping with outreach and enrollment, etc. That is who Sebelius was encouraging corporate partners to contribute to.
- Navigator Activities
    - SPogue has a listserv of people who want to get plugged into Navigator activities. Lots of funding for Navigators. Also, funding is available for FQHCs which show that they are doing XYZ to help with application and outreach assistance.
    - E-mail Megan (Randall@cppp.org), Anne (Dunkelberg@cppp.org), or Stacey (Pogue@cppp.org), to get on list. Will try to work with partners and Enroll America to host meeting in June/July and invite anyone/everyone from consortia, Blue Cross (Be Covered Texas website), agency people, etc. just to have a conversation where everyone talking about outreach and application assistance can be in a room and we can support and collaborate. Enroll America might be able to take on leadership in convening. Watch inbox for potential dates for that as well.
- TBanning: Was in DC earlier this week. Administration is bringing in Democratic Caucus today to lay out plan going forward in terms of tools to engage community groups, etc. Looking at July launch for a national education campaign. Significant interest amongst Democratic delegation in TX to do health fairs in Sep/Oct leading up to launch of Exchange. Looking for help, participation, in terms of engaging community activists, patients, and others.
- Might be good to reach out to Doggett, Castro, etc. to convene Democratic colleagues on health fairs in Sep. starting to flow info out to patients in those areas most affected.
- ADunkelberg: Don't' want anyone to mistake this for being a partisan attitude toward enrolling people, but this is part of challenge to deal with in Texas. For example, Smithee had a bill for the first time to give TDI authority to reject unreasonable rates. TX has no rate regulation. Died in senate yesterday because Senator Duncan and Governor opposed doing anything in health insurance regulation as a symbolic pushback against

reform. We wish were not operating in a polarized environment but this is part of the challenge.

- Attorneys across the country are giving US HHS input on applications, etc. They are just now working on notices, etc. One of the questions that has come up is what are we going to say to people in states where we haven't expanded Medicaid, but if in another state they'd be qualifying. Want to handle this in an appropriate way.

IV. HHSC Presentation: ACA Implementation (Combined OTA Meeting)

**See attached presentation slides*

- ACA Status Updates:
  - IT requirements for MAGI. Waiting for info from CMS to move forward with income conversion and verification plan. Still in internal analysis phase.
- Federal Application
  - Streamlined app will have to address inconsistency between HHS and HHSC apps.
  - ADunkelberg: State option to have a custom app? Is this for Medicaid and the Exchange?
    - HHSC: Guidance says that for a federal Exchange, you use the modal application, but that it can have an alternative state app. Will have a call with CMS to find out more.
    - HHSC doesn't have capacity to take the entire increased caseload from ACA going into effect – hopes that some of increased caseload will go through federal Exchange application process.
  - Right now, as of October, HHSC can accept the transfer of the app from the federal Exchange, but cannot send back information to the Exchange. By January, will have 2-way interface.
  - Sr. JTDwyer: Will the client know their eligibility immediately?
    - HHSC will use same or better information and electronic data sources will be preferred, hopefully speeding up the process.
    - ADunkelberg: Some people will get a real time eligibility determination, but the system is not designed for the most marginal wage earners.
  - Sr. JTDwyer: Planning to revise the 1014?
    - This would replace the 1014.
  - Have model app, state needs customization, what will we do for integrated programs? Still need to figure out how to handle 1010.
  - Sr. JTDwyer: Reports of having marvelous turnaround times recently on 1014/1010 applications.
  - HHSC: Will release new rules to workers when we have them.
- Children's Medicaid
  - Renewal will require action on part of recipient to renew.
  - ADunkelberg: Would love to have any information in advance to help be part of education, awareness process.
  - Presumptive Eligibility: HHSC workgroup formed to look at requirements
    - ADunkelberg: ACA gives hospitals the option. State has the ability to set standards for how it works.
    - Also still waiting on final rules from feds.
- CHIP to TIERS

- HHSC: Helpful to have CHIP perspective. Will be a bumpy road at first, but can make it smooth by working together.
- How will state handle extra work without extra staff has been a question.
    - We are looking at workload impact.
    - Texas has more eligibility staff than other states with similar standards. So, we are trying to simplify the process without increasing staff.
    - Same-day eligibility determinations will decrease work load.
    - Looking at the business process.
    - Mind-set shift for staff
    - Timelines and third part data sources to get through system quickly.
        - Change incentive and structure and reduce unnecessary steps in process to handle increased case load.
    - Looking at proposals for vendors:
        - Help with business process review.
        - # of states with process redesign efforts
        - Vendor Selection – DIR, DBITS process. Requested proposals and reviewing vendors now.
    - Also having staff identify solutions, from bottom up.
    - Online application process:
        - 40% of apps coming in online, up from 12% last year
        - YTB = Your Texas Benefits, is faster turnaround time. Also, lots of apps are coming in after hours online.
        - SR JT Dwyer: Look at abandonment rates?
            - HHSC: Analytics tool we have started applying. No data yet.
        - ADunkelberg: When someone is having an application problem and is in some kind of personal medical crisis, feel uncomfortable sending them to the website. Have been referring them to you directly, is this O.K.?
            - HHSC: That's fine. We're happy to take those inquiries.
    - Spread and distribute workload across the month.

**** Denotes Action Item**

TEXAS
Health and Human
Services Commission

Affordable Care Act (ACA)

Presentation to CHIP Coalition and Outreach and Technical Assistance Workgroup

May 17, 2013

TEXAS Health and Human Services Commission

Status Update

The Health and Human Services Commission (HHSC):

- Continues to develop IT requirements for Modified Adjusted Gross Income (MAGI) eligibility determinations for the December release.
- Awaits further information from the Centers for Medicare & Medicaid Services (CMS) on coordination with the health insurance marketplace from October through December.
- Continues to work with CMS to finalize:
  - MAGI verification plan
  - MAGI income conversion

TEXAS Health and Human Services Commission

Federal Application

- On April 30, 2013, CMS released the model streamlined applications, which include a short-form application for individuals and an application for individuals and families.
- The model streamlined application for families:
  - Addresses some of the HHSC comments on the draft application.
  - Does not include all of the information on current HHSC applications.
  - Does not address state customization options.
  - Impacts state eligibility systems and processes due to the person-centered approach.
- States may develop an alternative application approved by CMS. CMS plans to provide additional guidance on the approval process for alternative applications soon.
- States may continue to use multi-benefit applications. HHSC must determine the application form and process for integrated programs.

TEXAS Health and Human Services Commission

Children's Medicaid

- Effective January 1, 2014, the ACA increases the Medicaid income limit for children ages 6 through 18 from 100 to 133 percent of the federal poverty level (FPL).
- States receive the enhanced CHIP match rate for these children.
- Effective January, 2014, HHSC will:
  - Enroll eligible new applicants in Medicaid.
  - Transition eligible children from CHIP to Medicaid at renewal.