



Combined Texas CHIP Coalition/OTA Meeting Minutes

July 19, 2013

Present:

Laura Guerra-Cardus, CDF
Kathy Eckstein, CHAT
Elizabeth Endres, TACHC
Sonia Lara, TACH
RexAnn Shotwell, TACH
Ann-Marie Price, Central Health
Clayton Travis, Texans Care for Children
Alice Bufkin, Texans Care for Children
Shelby Tracy, TACHC
Miryam Bujanda, MHM
Courtney Watson, CDF
Sister JT Dwyer, Seton
Michelle Tijerina, Central Health
Helen Kent Davis, TMA
Laura Blanke, TPS
Sonia Saenz, BCBS
Kathleen Davis, NTO
Celeste Ensign, Cardon Outreach
Consuelo Izquierdo, BCBS
Kevin Denmark, Sendero
Courtney Harris, HHSC
Liz Garbutt, HHSC
Claudia Lindenberg, Central Health
Kit Abney-Spelce
Stephanie Stephens, HHSC
Katherine Hendricks HHSC
Valerie, HHSC

Conference Line:

Alina Batool, Community Health Choice
Laura Brubaker, Engage Texas
Leticia Strick, Texas Children's Health Plan
Robin Chandler, Disability Rights Texas
Tara Hopkins, DentaQuest
Michael Grisham, HHSC
Texas Food Bank Network
Central Texas Aging and Disability Resource Center

Chair:

Laura Guerra-Cardus, CDF

Minutes Scribe:

Megan Randall, CPPP

Next meeting:

August 23, 2013

I. CHIP Coalition Meeting: Interim Charges

What are interim charges?

- MBujanda:
 - Post-session, we move immediately into interim charges; charges both from the committees and the Legislative Budget Board that are developed for the 84th session.
 - Interim charges related to Medicaid expansion (for example): We need to put together a draft, start talking to members, and see who is willing to submit (whose work or committee it fits into, etc.)

Potential Interim Charge Topics

- MBujanda:
 - Study effects on TX economy of not implementing Medicaid expansion.
 - Study impact of the Marketplace on the uninsured rate in TX.
 - Coverage rates among microenterprises (i.e. small businesses) and how it affects the economy.
- Additional interim charges suggested by CHIP Coalition Members:
 - HDavis: Potential savings to the state from implementing Medicaid expansion or other ACA components.
 - LGuerra-Cardus: Something related to the Medicaid expansion and the local tax burden
 - LGuerra-Cardus: Impact of leaving parents uninsured on children's health, or something more broad about the impact on people's health of being uninsured.
 - KEckstein: 12-month certification vs. 12 months continuous coverage. Question for HHSC about how they are dealing with this distinction.
 - HKent: Workforce issues and questions about physician shortage. Will we see physicians stop taking Medicaid or CHIP because they have increased demand from higher-paying sources of coverage via the Marketplace? Big concern in urban areas.
 - LGuerra-Cardus: Also impact on the quality and availability of care delivered to the uninsured, as well as to the Medicaid and CHIP population; maybe we will see a provider shortage and maybe TACHC will need more resources, etc.
 - CTravis: Have to be careful of our messaging on this type of topic. Could appear to be the ACA exacerbating a problem, and that's not what we want to communicate.
 - CTravis: CHIP waiting periods?
 - LGuerra-Cardus: Implementing best practices on CHIP/Medicaid (waiting periods, 6-12 month continuous eligibility, etc.)
 - LGuerra-Cardus: Need to think about whether we might not like the results. One of the reasons we haven't wanted to do 12 month continuous eligibility in the past is because it makes costs go up (because you reach more kids). This is a best practice, but the opposition's argument is that we can't afford it.
 - CTravis: In the time of the ACA, the goal of which is universal coverage, it doesn't make sense to have random slots through which kids can fall and not get coverage.
 - KEckstein: Maybe the question is, "Should the state reconsider eligibility policies for CHIP given the ACA?"

- KAbney: The CHIP waiting period does not necessarily affect that many kids, and it was put in place due to crowd-out.
- HKent: Crowd-out is not a huge issue, historically.
- LGuerra-Cardus: There are general best practices that would impact a lot of kids (joint application, streamlined application, presumptive eligibility, etc.) We should pick the best practices that impact the most kids, and the waiting period issue might not be the highest priority.
- LGuerra-Cardus: What about the 1115 Waiver and access to care?
 - CTravis: Impact questions, people served, etc.
 - KEckstein: Many metrics that need to be reported.
 - Coalition Member: It is starting to occur to people that the waiver might expire and then go away. There might be something here beyond outcome and performance measures.
 - HKent: They have a lot to study, and they might not have a lot of really in-depth information.
 - KEckstein: The timing of when they'd like to have the study done, and whether or not they'd have enough data, is questionable.
 - Coalition Member: Also, HHSC might not want this kind of study. They might want to negotiate separately with CMS.

Deadline for submitting charges to Miryam

- MBujanda: By next week or so, please submit ideas. If you and your organization already have some that you've submitted, and they fit into CHIP, then let's leverage it there as well.
 - CTravis: Are we doing a coordinated effort to reach out to offices?
 - Miryam: Yes.
 - KEckstein: Do we go through a member of the legislature or directly to the speaker's office?
 - MBujanda: Both. If one isn't interested, then at least the other one knows about it.
- Members submit interim charges to chairs; the speaker will also come up with some; and in the fall you will see those charges made public/announced.
 - We don't want to wait until the announcement to think about this.
- ****Due date for any other thoughts is next Friday (July 26). Miryam might reach out to some people for word-smithing.**

II. CHIP Coalition Meeting: Healthcare Stakeholders Meeting

- LGuerra-Cardus:
 - Last session, held a stakeholders session debrief. 100 people came out. Want to do it again this year.
 - Date of August 13; will be in TMA in the Thompson Room
 - Statewide groups and local groups will come together, so if you have these types of partners, make sure they get the invite. We want to get on the same page about what happened during session in terms of access to healthcare and what the next steps are during interim session.

- First half of meeting: There will be succinct high level informative presentations on the six topics outlined . ****If you want to present or co-present, let me know now or after this meeting**
- An hour for lunch.
- Are looking for funders who might want to pitch in a couple of hundred bucks.
 - Lunch and cost of space
 - ****E-mail me (lguerracar@childrensdefense.org) if you have some money to pitch in.**
- Some topics that we'll cover at the meeting:
 - Next steps: Outreach and enrollment. Having someone from Enroll America to talk about this.
 - Implementation: Need a good feedback system, because there will be a lot of negative media around the problems, story collection, etc.
 - Coverage gap and Medicaid expansion advocacy: Acknowledge that not all groups at the meeting might be participating in Medicaid expansion advocacy, but wanting everyone to know what is happening. Discuss how to keep up the drumbeat for this.

III. CHIP Coalition Meeting: Coverage Gap Discussion

- LGuerra-Cardus:
 - CTN developing resources. A guidance document for Navigators for coverage gap folks. Will be developing a flyer that can be given to a coverage gap person with some useful information and it will have advocacy information for those who would like to get involved.
 - Hoping to have a website that is exclusively for those people who fall into the coverage gap. Has links to resources as well as a clear advocacy piece, what the roles of different people are, etc. Want one landing page to which you can refer everyone. This website can then link to everyone's organization-specific resources.
 - We'll be thinking about our media outreach strategy.
 - Media briefings, etc. so that the media can appropriately cover the issue.
 - A meeting or webinar for legislative staff mid-September to give them the 101 on the ACA.
 - Idea of a webinar came up because it would capture district staff (who will be getting more constituent questions).
 - Could also engage mayors' offices, etc.

IV. CHIP Coalition Meeting: SB7 Advisory Committees Announcement

- LGuerra-Cardus: Is anyone planning to apply or thinking about it?
- CTravis: Applying for Medicaid managed care, and will also be looking at STAR Kids.
- KEckstein: Medical professionals from CHAT will be applying for the STAR Kids task force, and possibly the SB 58 behavioral integration.
- CTravis: Please let everyone else know if you get a slot on one of these so that we can know who you are, and so that we can get ideas to you and communicate.

V. CHIP Coalition Meeting: Discussion of CHIP Leadership Meeting

- LGuerra-Cardus: Trying on more of a shared leadership model.

- We will need different facilitators and our executive committee check-ins will be Tuesdays at 4, the week following the CHIP Coalition meeting.
- ****E-mail Laura (lguerracar@childrensdefense.org) if you want to be in on those calls.**
- A couple of potential future agenda items that were discussed at the leadership meeting: CHIP Coalition name change, and revisiting our language/position on Medicaid expansion.

VI. Combined CHIP/OTA Meeting: HHSC ACA Updates

Day-1 Process

- SStephans:
 - October – January period
 - HHSC will, upon request, provide and help submit the federal streamlined application, since the state won't have its own streamlined application at this point.
 - If someone needs a paper application, we would work with them to get one from the Marketplace and help them submit that.
 - If the best place for a client is the Marketplace, HHSC can provide application assistance.
 - These are just functions that we have determined we will perform; haven't worked out process yet.
 - During the October – January period, we will also provide eligibility determinations using current Medicaid/CHIP rules
 - Marketplace will be focused on whether you are eligible for Medicaid/CHIP as of January, but we will be using current rules.
 - However, if the Marketplace determines that a person is eligible as of January 1, we will accept that determination since we won't have the ability to screen with MAGI rules until January 1.
 - Key assumptions:
 - Marketplace is using state income limits and eligibility requirements.
 - Marketplace transfer to HHSC will begin October 1.
- KAbney: And will transfers happen vice versa (from HHSC to Marketplace)?
 - SStephans: Yes, eventually. But HHSC transferring materials to the Marketplace will need to evolve over time.

Process for October – January

- SStephans:
 - Process: This is if someone is submitting an online application.
 - Determine if someone is potentially eligible for Medicaid/CHIP
 - If not, we provide them assistance to apply via the Marketplace, because that is best door.
 - If they are potentially eligible, we would route them to ytb.com, they would apply, and it would be current process determination.
 - If they're eligible for Medicaid or CHIP under current rules, we enroll them.

- If not, we would send them a notice saying you are potentially eligible for subsidies in the Marketplace.
 - Transfers are eventually supposed to be bidirectional. But, there will be no electronic transfer at that point from HHSC to the Marketplace. So, we will have to notify the client that they can go to the Marketplace and they can do that.
- If referred to Marketplace, we can assist them in applying.
 - If not eligible for Medicaid/CHIP, we would enroll them in a QHP.
 - If the marketplace says they are Medicaid/CHIP eligible effective January via MAGI, we would accept that determination.
- KABney: When you say “accept determination,” does that mean as of January 1 you are still going to ask for income, or that you are going to send them a letter and say you will enroll them on January 1?
 - SStephans: States have the option of doing post-eligibility income checks. We cannot request information unless we have reason to believe that there has been a change, and we can use electronic sources to do this. If we have some indication that there has been a change, we can contact the client.

Discussion of continuous eligibility and 12-month certification period

- HKent: For kids, what is the difference between 12-month certification and continuous eligibility?
 - SStephans: If someone is in a non-continuous period, we can act on changes. For example, for TANF adults there is no continuous period (so we can do income checks throughout). For Medicaid, there is a 6-month continuous eligibility, but 12 month certification (so we can do a 6-month income check). We can do income checks only in a non-continuous eligibility period. Because of maintenance of effort requirements, we have to maintain continuous eligibility periods even with 12 month certification periods.
- LGeurra-Cardus: Do you plan to check every child at six months or no?
 - SStephans: Expect that we would be doing income checks at six months. We look, and only when we have reason to believe there has been a change can we contact them.
- Coalition Member: For families not in your electronic records, if you do an income check and nothing comes up, do you contact the client?
 - SStephans: Only if there is an indication that there is a change. The absence of information is not an indication of change.
- LGuerra-Cardus: Right now, a Medicaid family is submitting a renewal every six months. In 2014, they will not do renewal at six months?
 - SStephans: Medicaid families can do a renewal every 12 months, but if something in our database changes, they might be getting some paperwork. Change from ACA is that everyone has a 12 month certification period.

October – January Medicaid/CHIP Income Verification

- KABney: So, let's say in October – January, someone goes through the Marketplace and it says they are eligible. They get sent to you, and you take that determination. Come January, will you start requesting income verification if you get sent families eligible for CHIP or Medicaid?

- SStephans:
 - In January, we will have MAGI rules in TIERS or ytb.com. So, at that point, we are doing MAGI determinations and MAGI become current rules. In January, HHSC will have the final say.
- KABney: So, you will have to ask for income, and people will have to provide current income. But anyone who applies in October – January, doesn't have to do this? If I apply in the Marketplace, and the Marketplace sends HHSC my kids, will HHSC say that I need income statements?
 - SStephans: If someone starts at the Marketplace, and the Marketplace says they are eligible January 1, then we accept that determination. We will run them under current rules first only because, if they are eligible today, we want to get them coverage today.
- KABney: If they don't send income can you deny them January 1st?
 - SStephans: No. They would be denied currently under current rules, but they will get January because the Marketplace has said that they are eligible for January, and HHSC has no way to make that determination right now. It is in client's best interest to get on before January.
 - Oct – Jan period, if not currently eligible, will take MAGI determination.
 - In January, the Exchange will just give us people who look like they are eligible and HHSC will do the determination. At that point, the Marketplace will only be doing screening, not determination.

Medicaid Denial a Qualifying Event?

- KABney: If Marketplace pushes someone to HHSC, and you determine ineligible, what if the Marketplace closes? Can they still enroll? And in the in-between period, what if services were provided (b/c of retro-coverage)? If someone applies in an open enrollment period, it takes 45 days to process. What if the enrollment period closes during that processing time? Do they still have an option to go back to the Marketplace?
 - SStephans: I have asked CMS about qualifying events and I don't have this info as to what they will allow. I think that falls under what are the exceptions to the open enrollment period. Is getting a denial from Medicaid one of those events? Happy to send question to CMS. But if you have channels, also, feel free to follow up.

Presumptive Eligibility Update

- SStephans: There is a group working on presumptive eligibility. Just trying to get ourselves organized before we engage stakeholders.
- KEckstein: I read on presumptive eligibility that final rules allow states to serve segments of Medicaid population. If that is true, it is not necessarily children hat hospitals determine eligibility for. Might decide only pregnant women, etc.
- SStephans: We got final regulations, and we are still working through those. Val isn't lead on presumptive eligibility.

Resources for Community Partners

- Coalition Member: Will any of the CPP folks have to use healthcare.gov?
- LGarbutt: From Community Partner Program perspective, we will provide training to partners as an option. If organizations are interested in helping their clients navigate

healthcare.gov, we will have info for them and there will be federally funded navigators statewide that will be funded by CMS to do that Navigator work.

- RShotwell: Will these training be supplemental to CMS trainings?
- LGarbutt: Yes. We will have optional modules available for Community Partners to get an overview of what ACA is and how to help clients that need that kind of help. Our relationship with community partners is non-financial. Ytb is a tool to help their clients, and so we will have it available, different than CAC and Navigator training. It will be an overview, you won't be certified. Many of our partners may choose to be CPP and CAC

Risks in the Process

- SStephans:
 - Won't have all the information to do current determination. Will have to request information from client.
 - Manual data entry associated with transfers, more workload.
 - Going to have to train staff, etc.
 - We will not have visibility into client's case in the Marketplace. Won't know what status of application is in the Marketplace. This is also true after October period. Ongoing.

Implementation Plan

- SStephans: Implementation Plan
 - Rapid Routing Tool: Will evolve over time.
 - Will be working with stakeholders to provide them with information to support routing, so that they know how to talk to people about rapid routing tool.

Gap Population

- HKent: What about the gap population?
- SStephans: If they're not eligible for Medicaid or CHIP, we would route them to the FFM.
- LGarbutt: 2-1-1 has resources across state. If someone is ineligible and can't afford to purchase, they can call the 2-1-1. They have info and referral for a variety of services. Will send people to FQH, etc.
 - SStephans: This info could definitely be in the language that we share with people. If someone knows they are in the gap, we can give them resources. However, we don't want to make the determination without knowing the specifics of the person's case. Don't want to tell people on phone that they are not eligible for anything when we can't confirm this.
- HKent: If they're getting pinged between you and Exchange, don't want this for the gap.
- SStephans: Effective January, will have transfers both ways. And Marketplace should not send us people that are not Medicaid-eligible. So the Marketplace will communicate to them if they are not eligible. At the end of the day, the person will get a notice that they are ineligible, but the Marketplace could tell them what else is available, and we can refer them to 2-1-1 if we have the opportunity to talk to them.
- Coalition member: If we're talking about what is the best door for 100% FPL and below, we are going to submit applications to HHSC, kids will enroll in Medicaid, and parents will have their application transferred to the Marketplace. HHSC will process the parts that look Medicaid/CHIP eligible and send the rest to the Marketplace?

- SStephans: Vision for coordinated noticed. I would not expect this January 1. I would expect this over time.
- KAbney: Will it just say denied, or what will the letter say?
- Valerie: For notices, anyone eligible for January 1st will say approved. And then the 2nd component will say these adults are ineligible, their application has been transferred to the Marketplace.
- LGuerra-Caruds: When account transfers, they don't need to do anything and someone will let them know?
- SStephans: Will be an electronic transfer. Exchange would contact them from then on.

Other Miscellaneous

- SrJT: Will the 1826 form follow the adult application to the Marketplace?
 - KAbney: Are you sending other docs besides app elements to the Marketplace?
 - Valerie: We can have application assistance info and Navigator info. Will have capability of sending it, but don't know whether Marketplace can accept that information, or how that can work.
- KEckstein: Is there a training for out-stationed eligibility workers?
 - SStephans: We have a training plan and will have to follow up and see where outstation workers are and what's going on with that.
- SStephans: We also know that you have split families on your mind, so please share other issues that are on your mind so that we can make sure to address them.

**** Denotes Action Item**