



## Texas CHIP Coalition Meeting Minutes

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*December 12, 2014*

Present: Jamie Dudensing (Texas Associations of Health Plans)  
Anne Dunkleberg (CPPP)  
Marian Williams (ACA)  
Patrick Bresette (Children's Defense Fund)  
Laura Guerra Cardus (Children's Defense Fund)  
Anna Chatillon (Texas Women's Healthcare Coalition)  
Alice Bufkin (Texas Care for Children)  
Helen Davis (TMA)  
Kathy Eckstein (CHAT)  
Clayton Travis (Texas Pediatrics Society)  
Grace Chimene (TWV)  
Valerie Eubert (HHSC)  
Stephanie Stephens (HHSC)  
Tamela Griffin (HHSC)

On the phone: Stacey Wilson (THA)  
Sister J.T. Dwyer (Sisters of Charity)  
Kit Abney (Seton)  
Miryam Bujanda (MHM)  
NASW- filling in for Will Francis

Chair: Lauren Dimitry, Texans Care for Children  
Minutes Scribe: Ben, Children's Defense Fund-Texas  
Next meeting: January 20, 2015

### **Texas Association of Health Plans: Jamie Dudensing**

*Main Talking Points:*

- ❖ *Discussing 12 months continuous eligibility for children enrolled in Medicaid*
  - ❖ *CHIP waiting periods*
  - ❖ *Increases to Medicaid eligibility for postpartum care*
- TAHP recommends we ask for data from HHSC related to the impact of the three talking points listed above.
  - The reauthorization of CHIP funding is important; however CHIP has become a smaller piece of the discussion in relation to Medicaid to the extent that some at the federal level are asking if CHIP is even necessary at this point. This might

influence CHIP discussions. Jamie expects a reauthorization in funding but also for the rhetoric to heat up in the legislative session.

- Regarding CHIP Waiting Period:
  - The waiting period is currently only for people coming off of commercial insurance.
  - Wouldn't expect it to cost a lot
  - Would have a hard time discussing this issue in isolation
  - Streamlining admin argument works better with Medicaid than in CHIP
- Q: How do you foresee the administration of CHIP and Medicaid being put into a streamlined package for the legislature?
  - A 6 to 12 month renewal conversion of Medicaid might work better than the elimination of the 3 month CHIP waiting period. The issue isn't about the policy of continuous coverage but rather about streamlining administration and the reality is that there might not be an additional premium cost as a result of increasing the renewal period. Since Feb, 225,000 Kids have gotten enrolled so, there shouldn't be any additional take up rate.
  - Will get push back on families needing spot check.
  - Should get data on how effective current spot checks have been. Could have situation where we are spending a lot of money on spot checks and identifying very few children that would no longer qualify.
  - It's important to look into the administrative costs of doing spot-checks while also taking into account the 'savings' of kids falling off.
- Q: What are TAHP's Medicaid and CHIP priorities for the legislation?
  - Problem: The ACA created a health insurance tax for insurers. On the commercial side, these costs are passed on to the consumers through premiums. However, the federal government didn't exempt Medicaid/Medicare and instead they look at expected cost trends and come up with premiums that are set on September 1<sup>st</sup>.
  - Problem: Texas has not recognized this as a cost for the health plan and the plans are currently eating this new cost, which could be up to 3.2%. Because it is recognized as an excise tax companies cannot write it off to doing business. It's not technically seen as a tax.
  - TAHP hopes to be apart of a productive discussion regarding community based health plans and a Texas Solution, however they first have to get past some of their obstacles.
  - Jamie believes that it is impossible to predict what the discussion around expansion will be like this session.
- TAHP's Strategy: There are times before the ACA where we've wanted to look at target populations. What at some of the things Texas might have done with Medicaid if it hadn't been for the ACA?
  - Example: Perry's waiver that was turned down by the George Bush administration (and Nelson's 2007 bill) was going to increase adult Medicaid coverage up to 100%FPL. This included cost-sharing and would have brought the price of premiums much lower.

- Two Target Populations:
- Women: Is there some way to provide longer coverage after birth, taking into account the sunset commissions advice to combine the women's health programs, while keeping DHS separate. Why can we not turn them into managed care and combine those two premiums. What are some additional benefits that could be added in?
- Mental Health: Could a mental health package be created to include financial eligibility and functional eligibility? This would include increasing funding and integrating services as well as adding in personal responsibilities. Mental health services are currently around \$300 million a year, and if that matched with federal funds an acute coverage package could be created. TAHP hasn't been able to gain traction with this yet.
- There are ways to create waivers in the Medicaid program within the current rules that exist. TAHP has a priority on the women's health program, getting the three programs that currently exist combined, and keeping women in the same fluid program the entire time. Then additional acute care benefits can be added into the premium at the end. Follow-up-care can also help women who have children again.
- If the discussion doesn't flow in 2015, and if the legislature truly wants a Texas Solution, they could ask for a two year design of an alternative program. These kinds of waivers take time to build. Then at the beginning of 2017 legislation could be passed that would allow for a new waiver that incorporates a larger system.
- Q: How does this fit into the discussion of the 1115 waiver renewal?
  - DISH and UPL money probably won't, and shouldn't go away. The financial impact of losing that money would be so substantial on hospitals that in the end you would see a major hit on the healthcare infrastructure of the state.
  - The waiver renewal document needs to be submitted by September 2015, then CMS and HHSC have a year to work things out, resulting in a preliminary plan being released in March 2016. Things will converge around the 2016/17 timeline rather than this session.
- TAHP is still working on STAR Kids and SSI Kids programs, making sure that they're getting implemented. Specific implementation is key.
- Q: What data is available on the length of time that a person stays in Medicaid when they're moving from plan to plan with continuous coverage, broken into age groups and categories?
  - The best people to talk to regarding community based plan research are Dr. Peterson, Chris Born (who runs the Texas Children's Health Plan), Ken Janda, Houston.
- Network adequacy is apart of the discussion. There's the issue of whether doctors are even available, specialties and non-specialties. When it comes to children with IDD, some families have to go outside of Medicaid providers to find IDD physicians nearby. We are trying to enroll these providers in Medicaid, but

this can be difficult. Sunset is trying to improve on rates and enrollment and adding sub-specialty areas for children.

- Moving forward TAHP will be in the same zones at THA and TMA regarding a Texas Way, or Texas Solution.

## **TWHC: Anna Chatillion, Policy Coordinator**

*Talking Point: Update on Women's Healthcare Coalition Priorities*

Anna Chatillion (Policy Coordinator at TWHC)

TWHC was formed in response to the 2011 cuts to women's healthcare coverage. The focus and scope of the coalitions goals have now expanded.

TWHC's Legislative Agenda:

- Increasing funding
- Maximizing taxpayer's savings through women's safety net
- Increasing provider capacity
  - Input, outreach and LARKS
- As the Sunset Commission's recommended consolidations and streamlining takes place the State must keep an eye on provider well being.
  - Major concerns have to do with the ways providers are paid. Cost-reimbursement is essential to them being able to provide services.
  - TWHC also supports providers being able to determine eligibility when a consumer walks through the door.

## **Health and Human Services Commission: Valerie Eubert, Stephanie Stephens, and Tamela Griffin**

*Talking Point: ACA Implementation Update*

Standard Monthly ACA Update

- Presumptive Eligibility website ([texaspresumptiveeligibility.com](http://texaspresumptiveeligibility.com)) went live last week. Hospitals and other entities can use this as a tool to get information on the program, find MOU, access training, and access provisioning to make the determinations. Training will be up on the site by the end of the month. Only hospitals are eligible to sign-on and receive the training however there is a policy manual on the website available to the public.
- This month CMS approved the state plan amendment.
- Six hospitals have submitted notices of intent.

Federal Account Transfers:

- There has been an increase in transfers since open enrollment (20,899).
- The same levels of eligibility are being seen as before.
  - HHSC denied 78% based on Texas eligibility rules. Although we don't have specific denial data, most of these people are over income.

January Renewals: Medicaid for children, parents, and caretakers, as well for the elderly and people with disabilities.

- To ensure clients renew their coverage under the new process HHSC has sent renewal reminders at the beginning of December and are all calling clients to remind them to renew. This issue is being monitored closely.

Changes Included in the December Systems Release:

- Assets and detailed absent parents questions will be removed from the online application at YourTexasBenefits.com.
- If people are only applying for a Medical program they won't be asked some of these questions either.

Regarding Newborns With Qualified Health Plan Coverage Being Discharged Without Healthcare Coverage

- This has been happening because some hospitals are getting information that these children needed to be screened for Medicaid eligibility.
- CMS didn't know that this was happening and research is being done during the interim to address it.
- Medicaid eligibility applications can be submitted for babies until CMS makes an announcement.
- Presumptive eligibility can be used to enroll babies who are eligible under 185%FPL coverage, before all the paperwork is in order.

The 'Your Texas Benefits App'

- Launched in November 2014, the first two weeks being a soft launch.
- From Nov 3- December 14 there have been:
  - 39,203 app downloads
  - 234,686 logins
  - 132,882 case details displayed
  - 8,971 submissions of 19,426 documents
- The app is available for free for both Apple and Android
- Electronic reminders are being developed. Email reminders are already being sent in certain cases and text messaging is being developed as well.

Regarding the Difficulties of Providers Having a Hard Time Enrolling as Medicaid Providers

- Physicians can submit their applications online but it doesn't always work.
- What they want to have is a phone help-desk available to call them quickly and resolve it.

- The functionality of doing it online is important and the HHSC is working on it. There are around 20,000 providers attempting to re-enroll.

## **Legislative Strategy Discussion**

Q: Laura Guerra-Cardus: What would CHIP Coalition liked to do regarding our Lege agenda? We have a briefing on Jan 23 from 1-3pm at the capitol. CTN will be doing legislative visits to freshman, sophomores, and key committee members. Does the CHIP coalition have any interest in taking part?

A: Clayton Travis: If CTN ever wants to come talk about CHIP priorities with TPS during their legislative visits that would be great, however they might not be able to reciprocate. Our education strategy is to work with champions first and then work on educating others.

A: Anne Dunkelberg: The CHIP coalition may want to have informal meetings to talk about where the bills are during the session and what we need to do, particularly regarding the aspects of CHIP's legislative agenda that's getting pushed harder than others.