

Minutes, Texas CHIP Coalition Meeting, 15 May 2015

Attendees

Diane Rhodes, Texas Dental Association, meeting chair
Anne Dunkelberg, CPPP
Clayton Travis, Texas Pediatric Society
Kathy Eckstein, CHAT
Alice Bufkin, Texans Care for Children
Helen Kent Davis, TMA
Sister JT Dwyer, activist/advocate

Melissa McChesney, CPPP
Stacy Jorgensen, CDF intern (notetaker)
Laura Guerra Cardus, CDF

On phone:

Betsy Coats, Maximus
Miryam Bujanda, Methodist Healthcare Ministries
John Berta, THA
Shannon Lucas, March of Dimes
Rose Marie Linan, Texas Health and Human Services

Legislation Updates

Coalition members shared updates on legislation and budget developments.

HB 839: Presumptive eligibility for kids coming out of Juvenile Justice system; voted down in House, which was surprising; then Tan Parker amendment re-framed; benefits suspended then start up when released; passed by both chambers (as of date on minutes editing).

Primary care Medicaid rates: House-proposed \$460 million GR to extend parity with Medicare to selected Medicaid primary care services is NOT in conference budget. This will likely reduce physician participation in Texas Medicaid.

HB 2171, 2474: Immunization bills; passed house and in Senate; hearings likely forthcoming

HB 2171: Maintains immunization records in Immtrack until the age of 26, if consented. Extends buffer period from age 19 to 26 for consent by young adults. Records needed for college, military, also PH emergencies. Passed both chambers.

HB 2474: More controversial with anti-vaccination folks. Would provide immunization opt-out data by school, as opposed to by school district, to allow parents with immunocompromised children to assess risk. This would align public schools to what private schools do. This bill died in Senate HHS committee.

Rear-facing car seats: This bill is officially dead; would align Texas law with recommendations of American Academy of Pediatrics.

HB 80

Texting ban: on intent calendar in Senate: (appears to have died as of 5/28);

CHIP waiting period bills never got a hearing

Women's Health

Postpartum coverage legislation went nowhere.

The newly-consolidated Women's Health program at HHSC may reduce some primary care benefits now offered thru the EPHC program to make funds available for ages 15-44 family planning, contraception, screening and expanded diagnostic (e.g., mammography, treatment after an abnormal pap). But, despite Gov. Abbott priority, not including postpartum screening. It is possible that the agency may gain some discretion to develop postpartum services but it is not in writing anywhere at this point.

Combined WHP and EPHC women's health program will serve age 15-44 (up from current 18-44); no undocumented residents. A separate GR-funded family planning program (serving ages 15-64) will include men and undocumented women as well; may have prenatal care (e.g., those not covered by CHIP perinatal). We will share a better explanation of the new programs with the listserv once one is available.

OIG Sunset bill SB 207

Passed both chambers, in conference cmtes.

TPS

BA 'behavioral analysis' licensing bill; provide autism and behavioral services; one way to get BA payment covered.

Telemedicine bills

There are about 6 of them; topics include Medicaid; telemedicine in a school-based setting; home tele-monitoring for children with complex needs; greater latitude to cover more conditions; have to see the physician in-person first or medical clinician needs to be in the room.

HB 2835 (opposed)

Initially would have placed undocumented children at end of waitlist for Children with Special Health Care Needs, amended in House to allow acuity of child's need to be considered before immigration status, but still give priority to US citizen or lawful immigrant child among similarly-ill children. Was blocked in Senate and a vote was not taken, so dead for this session but pressure to limit care for undocumented children likely to continue in future.

SB 760

Improving standards of Medicaid Managed Care network adequacy monitoring. Passed both chambers but no conference decision yet.

HB 1624

MS society; for private insurance; dramatically improve provider and formulary lists; aligns state law with federal regulations on transparency and online provider directories; update once a month, available online without having to log in; also requires out of pocket costs to formulary to be disclosed (novel; no other state has). Passed both chambers.

Other bills with limited details in the minutes:

GME SB 18

HB 3433 Sheffield, NICU and maternal levels of care;

SB 66: allowing epi pens at school; provides liability protection

HB 225-good Samaritan protection to allow access to opioid antagonists naloxone.

Rep. Walle Breastfeeding bill

HHSC Presentation (see handout)

Two updates

1. New Renewal Process

- Texas Health Steps scripts-updates by June 1; form 1024
- can call 211 or submit 1024, will satisfy requirement
- 1024 available online; can take information today; process differs for cash(can't do over phone) vs Medicaid
- Outbound calling campaign; still analyzing data; currently two outbound calls; verification buy no signed renewal form—reach out to client; calls month 11-12 (almost expired); moved up in the process when certain systems-level things occur—moved up when auto process starts so if they get pended there is as much time to process info before end of recertification process; can get text or email reminders; renewal form can be sent electronically
- if there are problems renewing, contact agency

2. Medicaid presumptive eligibility

- 23 hospitals accounted for 63 locations (6 have filed intent and in qualification; 17 have been approved)
- 99 qualified hospital qualified entity staff have completed the required training and have been provisioned to make presumptive eligibility determinations
- as of May 6 – 102 presumptive eligibility determinations

Anne D. working with Melissa M. & Kit A-S to re-boot the CHIP Coalition's Outreach and Eligibility TA Workgroup (every other month meeting). We will try to use it to bring more of the Texas outreach and enrollment community together for better trouble-shooting and coordination.

Sister JT Dwyer is finally really retiring! This was her last meeting with CHIP. She says she may listen in by phone, but will not be making the trek between San Antonio and here as often. We all will miss her amazing example of advocacy, dedication, and energy.



Status of Federally-Required Medicaid & CHIP Eligibility Changes

May 15, 2015

- HHSC is continuing to monitor the impact of the new renewal process on clients.
 - The Texas Health Steps 2-1-1 call scripts are being reviewed and updated for clarity.
 - Updates will be incorporated by June 1, 2015.
 - Clients can call 2-1-1 or submit the Form H1024 to self-declare.
 - The Form H1024 is available on YourTexasBenefits.com:
<https://www.yourtexasbenefits.com/ssp/SSPHome/ssphome.jsp>
 - Outbound Calling Campaign
 - HHSC is requesting additional data on outbound calls.
 - Changes under development for leaving voicemail messages.
 - If a client has any issues applying or renewing, please contact the agency.

- As of April 27, 2015:
 - 23 hospitals have submitted notices of intent, which include a total of 63 locations in the state.
 - Six notices of intent are currently in the qualification process.
 - 17 notices of intent are fully qualified (enrolled).
 - 99 qualified hospital/qualified entity staff has completed the required training and have been provisioned to make presumptive eligibility determinations.
- As of May 6, 2015:
 - 102 presumptive eligibility determinations have been received.