



CHIP and Children's Medicaid: The Role and Progress of TAA

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Overview

- TAA Responsibilities
- Performance
- CHIP Outreach
- Discussion



TAA Responsibilities

- Maintain and continue development of TIERS
- Serve as Enrollment Broker for Medicaid Managed Care Clients served by health plans
- Process CHIP applications and renewals
- Provide clients multiple ways to apply for Medicaid, Food Stamps, TANF and long-term care (Integrated Eligibility)



Specific Responsibilities

CHIP

- Call center support
- Technology support
- Application processing
- Eligibility support

Children's Medicaid

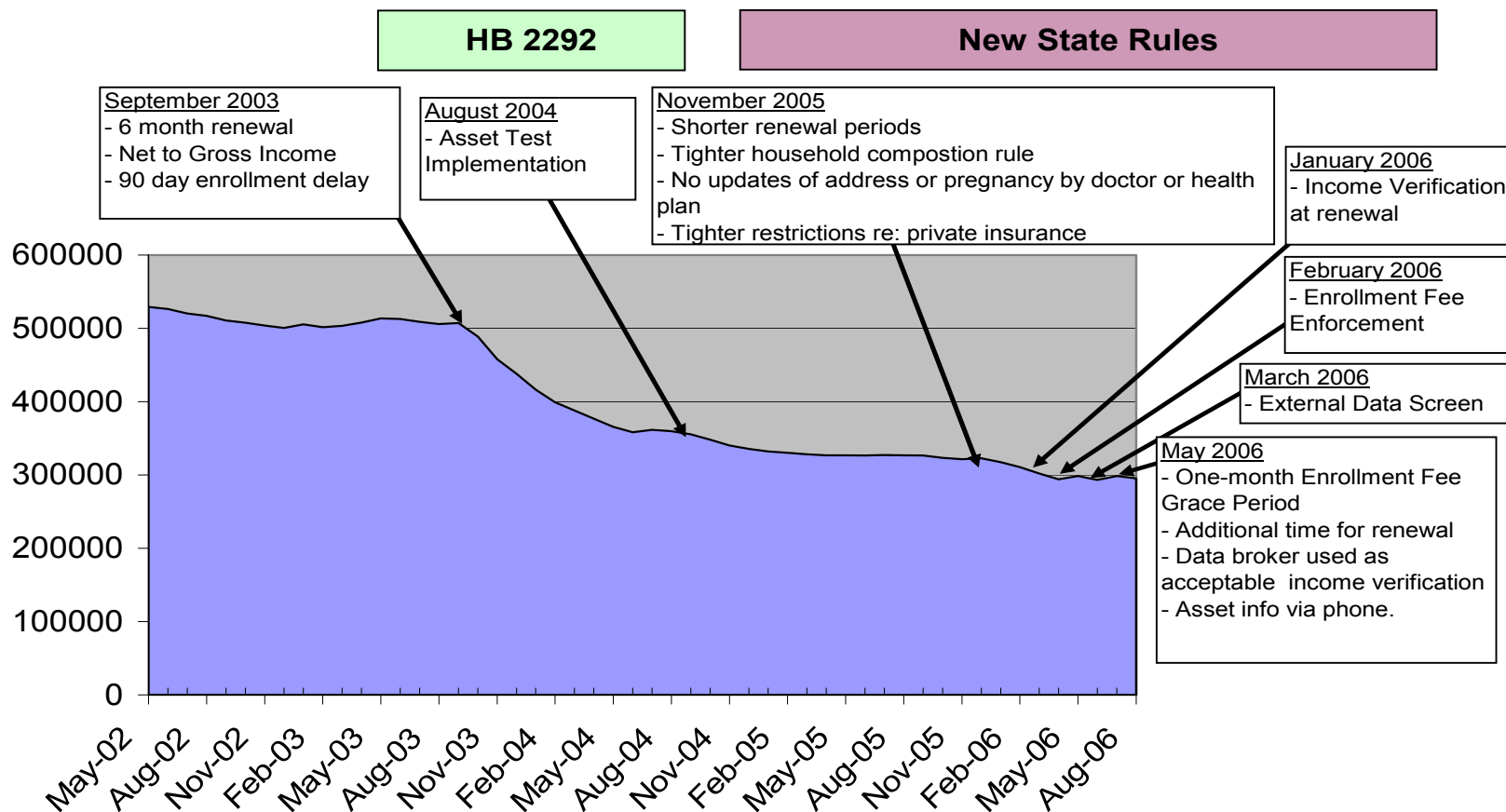
- Pilot Area - process all Children's Medicaid applications
- Non-Pilot Area - process new Children's Medicaid applications that are not also applying for TANF, Food Stamp, or other Medical Assistance.



Overall Statistics

- For CHIP and Children's Medicaid, Texas ACCESS ALLIANCE has:
 - Received more than 1.6 million calls
 - Scanned more than 6.5 million images and documents
 - Mailed 1.8 million pieces of correspondence
- TAA on average processes 22,000 new applications and 40,000-50,000 renewal applications per month.
- In August, 295,331 children were enrolled in CHIP.

CHIP Enrollment Trends





Pre-2006 vs 2006 Rules

	Pre-2006	2006
Verify alien status of non-citizens	✓	✓ ^[1]
Required verification of income with new application	✓	✓
Limited use of default answers when questions left unanswered		✓ ^[2]
Verification of insurance prior to certification of a child for CHIP		✓ ^[3]
Required clearance of discrepancy between self-declared assets and data broker		✓ ^[4]
No address changes from doctors and health plans		✓
Required data broker to identify discrepancies with client reported data		✓
Required verification of income with renewal application		✓
Required collection of Medicaid deduction info prior to CHIP eligibility determination		✓
Conduct full Medicaid eligibility screen prior to CHIP eligibility determination		✓ ^[5]
Disenrollment for non-payment of enrollment fee		✓
More limited definition of household composition; budget group and certified group different		✓

^[1] Effective 07/01, CHIP eligibility staff will be required to verify citizenship status for Medicaid.

^[2] The state just recently provided CHIP eligibility staff with default rules for many of the questions on the application when they are left blank. TAA is in the process of implementing them. This should decrease the number of missing information letters.

^[3] Pre-2006 rules allowed eligibility staff to certify kids for CHIP even when they had private insurance disregarding the 10% rule .

^[4] New rules require eligibility staff to explore discrepancies between client statements and data broker findings.

^[5] Pre-2006, eligibility staff used a sub-set of Medicaid eligibility rules as a screening tool.

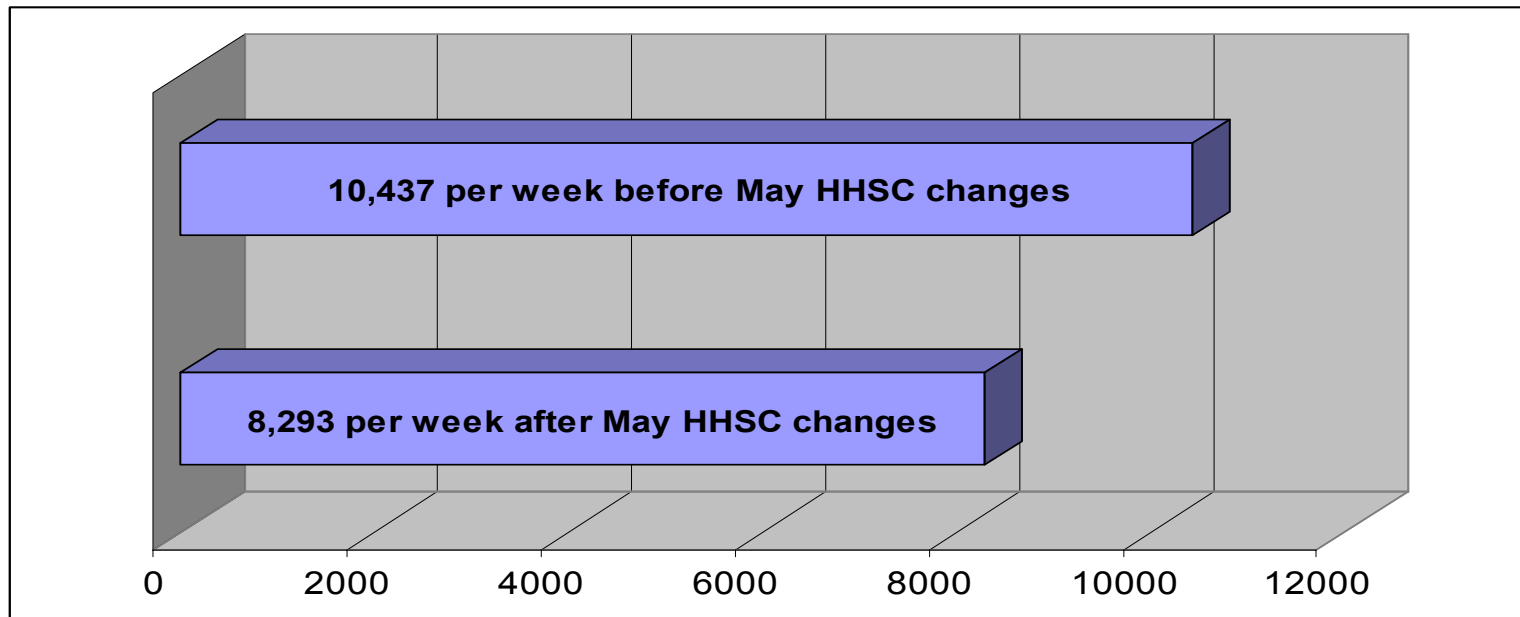


Impact of Rule Changes

- Average number of children who complete renewal but are found ineligible is up over 19% in 2006 over 2005
- New rule changes, as well as the regular CHIP documentation requirements, have generated over **260,000** missing information requests in 2006.
- The rule changes also have put a strain on new business processes.

Missing Info Requests

Since HHSC changed verification requirements in May, the average number of requests for verification has decreased.





CHIP Performance Measures

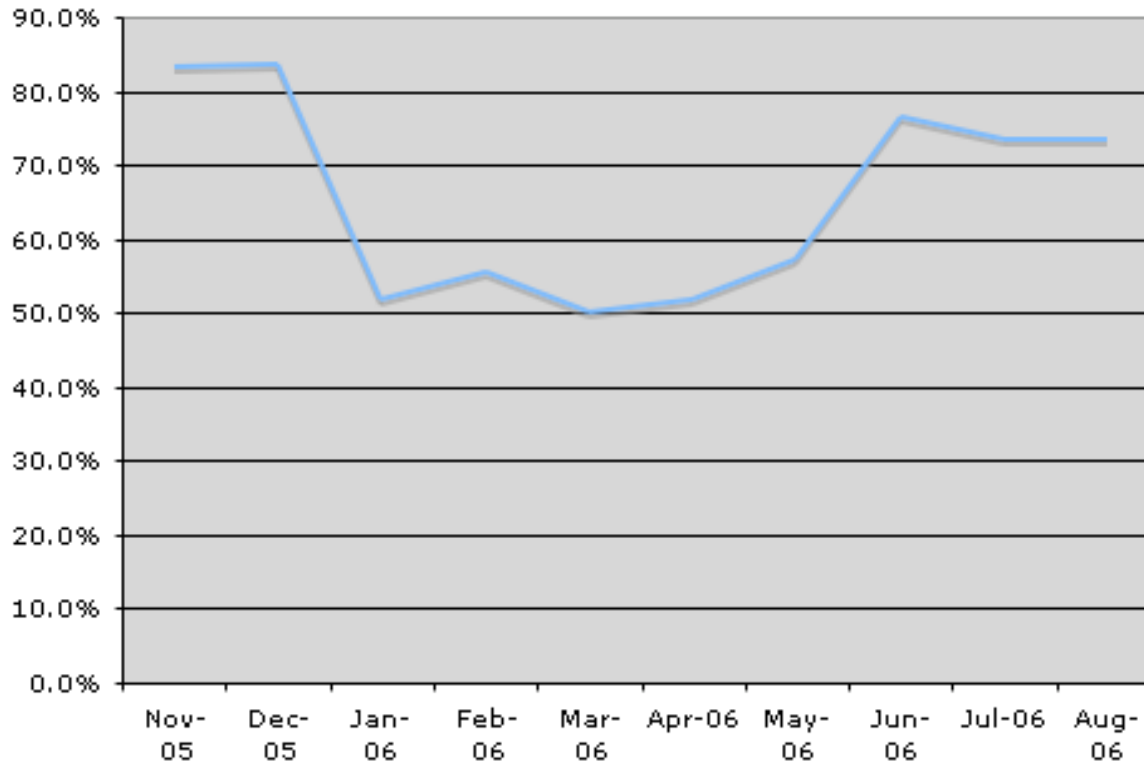
- The average CHIP call abandonment rate for August was **3.55%**, under contract guidelines of 5%.
- Average CHIP call wait times dropped to **46 seconds** in August, under contract guidelines of 3 minutes.
- TAA is currently meeting **timely processing requirements** for CHIP applications and renewals.



CHIP Enrollment Events

	Apps Rec'd
■ Dallas, Sept. 9	TBD
■ Austin, Aug. 26	78
■ San Antonio, Aug. 12	175
■ Corpus Christi, Aug. 5	36
■ El Paso, Aug. 1	63
■ Houston, May 6	479

CHIP Renewals



Beginning in March 2006, the overall percentage of CHIP renewals began to increase. This confirms the growth in understanding by clients of the new requirements, as well as confirms that inefficiencies have been corrected

CBO Client Communications

- CBO Calls to CHIP Operators:
 - TAA must be provided an HHSC CBO number
 - If family qualifies for Medicaid and application has been transferred, CBO must call IE operator.
- CBO Calls to IE/Children's Medicaid Operators:
 - CBO must be designated as an authorized representative on the application for TAA operator to provide information

If you want someone besides the head of your household, your spouse, or a responsible household member to apply for benefits, obtain information, or report changes for you, give his or her name and address. This person must sign on the "Authorized Representative" signature line below.

Name of Authorized Representative

Address of Authorized Representative (Street, City, State, ZIP)

Telephone

Signature Authorized Representative

Date



The Future Challenge

- Continued focus on reducing verification requests
- Developing stronger communication with CBOs and other stakeholders
- Applying lessons learned in CHIP to Integrated Eligibility business processes