



Texas CHIP Coalition Meeting Minutes

September 20, 2013

Present:

Ann-Marie Price, Central Health
Jared Padilla, Community Care
Kathy Eckstein, CHAT
Summer Stringer, TFBN
Leon Whitley, HHSC
Michelle Tijerina, Central Health
Alice Bufkin, Texans Care for Children
Amy Pearson, insure-a-kid
Kari Brock, The Arc
Jeff Miller, The Arc of Texas
Megan Randall, CPPP
Kathleen Davis, TX IAF Network
Helen Davis, TMA
Lauren Dimitry, Texans Care for Children
Aaron Herrera, Houston Food Bank/Hunger Free Texans
Rachel Cooper, CPPP
Clayton Travis, Texans Care for Children
Anne Dunkelberg, CPPP
Sylvia Kauffman, HHSC

Conference Line:

Betsy Coats, Maximus
Jeff Wool, HHSC
Marie, Lone Star Circle of Care
Victoria Craig, Harris County Hospital District
Leticia Strick, Texas Children's Health Plan
Gracie Escobar
Beth Keating
Alma, Molina Health Care
Miryam Bujanda, Methodist Healthcare Ministries
Sister JT Dwyer, Seton

Chair:

Clayton Travis, Texans Care for Children

Minutes Scribe:

Megan Randall, CPPP

Next meeting:

October 18, 2013

I. CHIP Business

- Interim charges (Miryam Bujanda)
 - o Deadline is October 4th (2 weeks). Want to distribute our list to coalition by Monday at latest. Please respond by today.
 - o Anne: is this a reminder to respond by today?
- Options for kids in Marketplace (Anne Dunkelberg)
 - o We received grants from the Packard Foundation, etc. to improve access to care for kids. We will be coming up with some short one-pagers that include

information that is helpful for parents. We will share this product with the coalition and reach out for feedback and suggestions. Maybe before October 1st, but would be a push. First priority is a lot of our ACA and Medicaid expansion-related work in CTN (all are welcome to join). One product there is a one-pager on what to do with adults in the coverage gap – what healthcare options are available, referrals to a website, and an advocacy piece. www.Texasleftmeout.org is the website where people can get involved to try and get policy changed.

II. Sylvia Kauffman, HHSC, Texas Medicaid Provider Portal

Please see presentation slides at the end of this document for more detailed information.

- Introduction to TX Medicaid and Medicaid Population
- Your Texas Benefits includes both provider and client portal for Medicaid
- Developing a browser-based electronic health record for each person who receives medical assistance under the Medicaid program
- Currently being piloted
- Major task will be ensuring that clients' privacy and sensitive information are protected, as per federal and state law; being very careful in the legal analysis to ensure patient protection
- Workgroup elected to implement "opt-out" option for clients which provides patient choice, and is also less costly to administer
 - o Clients can opt out any time and are explicitly informed of opt-out option at determination and when receiving a new card
- Protecting Ultra-Sensitive Information – may require provider to obtain written consent from patient prior to their being able to access this patient history.
- Important legal issues being considered
- Use or disclosure of information must be directly related to plan administration
 - o Question from Coalition Member: Who will be able to access this information? What about Physicians' Assistants?
 - o SKauffman: Currently, PA's not slated to have access (as part of pilot program)
 - o Coalition Member: This may cause a problem for many clinics and providers who rely heavily on PA's in their work flow and to provide care to patients.
- Seeking stakeholder input for this early pilot phase

Correction: During the meeting there was a misstatement about number of Medicaid cards provided. Want to clarify that the average number of Medicaid cards HHSC produces on a monthly basis is approximately 300,000.

III. Gina Perez, HHSC, Medicaid and Former Foster Care Youth and Hospital Presumptive Eligibility

Please see presentation slides at the end of this document for more detailed information.

Medicaid for Former Foster Care Youth

- After January 1, the Medicaid for Transitioning Foster Care Youth (MFTCY) program will continue for those kids who are not receiving Medicaid at the time of aging out of foster care.

- Coalition Member Question: Is there going to be an different eligibility process for this new group?
- GPerez: Starting January 1 the Texas simplified application will be the same application for former foster care children and transitioning foster care youth. Will verify if they received Medicaid at the time they aged out, and which group they go into.
- Coalition Member Question: After January 1, will foster youth be able to apply through YTB? B/c can't now if through MFTY Program.
- GPerez: Correct. It will be the same application as for all other services.

Hospital presumptive eligibility:

- Under the new requirement, qualified hospitals will be allowed to determine presumptive eligibility for Medicaid for breast and cervical cancer. No different. But the qualified hospitals will be able to do eligibility for pregnant women, children, and former foster care children, etc.
 - GEscobar: Is this for hospital-based workers, or for the staff who do eligibility?
 - GPerez: Not hospital-based workers. Regulations do not allow hospitals to contract to another entity for this. But it will not be state hospital-based workers either. This whole policy is for *hospitals* to determine presumptive eligibility. Our staff would only do determination for full eligibility, not presumptive.
- Next Steps: Establishing implementation timeline.
- Want input on the questions of how to process presumptive determinations and how hospitals can help ensure integrity of program. We are in process of doing timeline.
- Don't have anything currently scheduled with hospitals. But want input, want this system to function and get feedback. Want to know what hospitals are envisioning.
 - KEckstein: Children's hospitals are interested and want to find out more about it. Implementation timelines are being developed, but will it happen January first?
 - GPerez: Will not happen January 1, and are in process of determining timeline.
 - Mtijerina: Will you be formally asking for feedback from hospitals, or is this the request?
 - GPerez: Please e-mail me, and send questions or feedback. This meeting is a request.
- Trying to develop processes for who will put it into the system, etc. Nice to have input as to how hospitals envision how they will do this so that we can develop something that works.
- GEscobar: How long will presumptive be?
 - GPerez: Determination is made from first day qualified hospital makes that determination. Ending of presumptive period is either month after determination is made or month in which HHSC has made a full Medicaid determination.
 - GEscobar: what if client doesn't comply to complete full Medicaid case.
 - GPerez: That goes to HHSC. Will be like any other application where we deny for failure to provide.
- HKent: is there anything that notifies the physician that the patient is presumptive eligibility, currently?
 - GPerez: For pregnant women, can see it. Once this is effective, other groups will receive full Medicaid services.
- KEckstein: Will out-stationed workers be making referrals to marketplace? State hospital based workers.

- GPerez: Would follow any application process for HHSC. Based on application for Medicaid or CHIP. If ineligible, will refer/transmit to Marketplace. System will send it to Marketplace.
- ADunkelberg: We will reach out to various hospital partners post this meeting to say you may want to get back with HHSC about this. Anything on ACA implementation today?
- GPerez: Not today
- ADunkelberg: One question on MAGI transition plan. One of the consequences of the transition appears to be that we might see a shrinking of parents who qualify for TX Medicaid because of loss of income disregard. I thought I understood that there was intention in federal law and rules to have a hold harmless situation. How does this work, and is this in fact the case?
- GPerez: I will take this question back with me.
- Gina e-mail address and phone number: gina.perez@hhsc.state.tx.us 512-206-5061
- ADunkelberg: Will send presentation with special attention to our hospital partners.

IV. Ramona Mckissic, HHSC, CHIP into TIERS

Please see presentation slides at the end of this document for more detailed information.

- Over Labor Day weekend, the transition of CHIP perinatal cases to TIERS occurred.
- Beginning September 3, HHSC eligibility staff assumed responsibility for performing CHIP eligibility decisions and CHIP perinatal.
- Were some bumps and bruises that impacted our operational ability to process some cases. Knew there would be some, even things we did not expect. We had some conversion issues, and of those issues we are working through them or have worked through them. Information technology staff very busy.
- September 7th weekend made updates to the system. Don't want to have access issues.
- Cutover case: those are cases that Maximus had in process which were transferred to HHSC.
- ADunkelberg: Sounds like you anticipated and set up triage for expediting cases. If folks in this room send cases, who should we send them to?
 - o RMckissic: E-mail to Ramona and Blanch. Ramona.McKissic@hhsc.state.tx.us
- Coalition Member Question: If we do have a 2-1-1 patient, how long does it take to correct the problem?
 - o RMckissic: May not be updated that very night or day, but the staff will do the best job they can. Can depend on how critical the situation is. If someone is there who lost their coverage and is having surgery, etc., we want to be sure they get coverage. Refer patients to 2-1-1. And they need to make sure that when they are speaking with the state staff person, be sure to let people know when there is an urgent medical need.
- Coalition Member Question: Can we use onsite HHSC staff for minor problems?
 - o RMckissic: Yes. If you have outstation worker staff and you have some issues, definitely get them involved.
- Coalition Member Question: What if we have a build-up of accounts? Should we hold off or push through if we know there is a problem with eligibility? We have a large cliental of CHIP peri moms that convert over. And we have quite a few accounts that have been affected. Should we sit on them, send them for review, etc.?

- RMckissic: If you have a list of those, if you already have them and the mothers are presented for delivery, you can send list to Ramona and Blanche. Because we will actually go ahead and have them start taking action on those.
- CHIP Perinatal Issue: These women self-declare due date in system. Maximus system would give two months of coverage beyond due date.
- Coalition Member Question: Able to submit RFRs for our patients or on their own?
 - RMckissic: RFRs need to be submitted by client. It is on the denial notice and tells them that if they disagree with decision to submit it in writing within 30 business days. Can e-mail it or fax it ,but do not take e-mail. Please provide new due date. Case needs to be reopened. Also can call 2-1-1 and report that the case was denied incorrectly, but cannot do RFR over 2-1-1.
- Hkent: Leeway if close to end of month? Something easier for physicians/hospitals to not get deny claims?
 - RMckissic: Have to educate clients that they need to be proactive in updating due date.
- RShotwell: Can clients make changes to due date online
 - GPerez: Woman can report a change online, but only when she is active. Due date field.
- JTDwyer: Is it federal or state policy that CHIP perinate coverage ends at end of month for due date?
 - GPerez: Have to check. Almost certain it is federal. Is in state plan, also. Can verify.

V. Leon Whitley, HHSC, Community Partner Update

Technically part of OTA-specific meeting. Please see presentation slides at the end of this document for more detailed information.

**** Denotes Action Item**

Your Texas Medicaid Benefits Card and System

Sylvia Kauffman
Health IT Policy Advisor
Medicaid & CHIP Health Information Technology

CHIP Council
September 20, 2013

- Texas Medicaid
- Introduction to Your Texas Benefits
- Your Texas Benefits Card
- Your Texas Benefits Client Portal
- Your Texas Benefits Provider Portal
- Your Texas Benefits Health Information

Texas Medicaid

- Jointly funded state-federal health and long-term care coverage program
- Administered by the Texas Health & Human Services Commission (HHSC)
- Must cover certain mandatory benefits and choose to provide other optional benefits
- Primarily serves low-income families, non-disabled children, pregnant women, people ages 65 or older, people with disabilities

Texas Medicaid Population

- 4.57 million Texans receive medical assistance through the Medicaid program (State Fiscal Year 2011)
- 66 percent of Texas Medicaid clients are non-disabled children (State Fiscal Year 2011)
- 14 percent of Texas population on Medicaid (Calendar Year 2011)
- 47 percent of Texas children on Medicaid or CHIP (Calendar Year 2011)
- \$29.4 billion spent on Texas Medicaid (Federal Fiscal Year 2011)

Your Texas Benefits

- Your Texas Benefits is an HHSC offering of:
 - Texas Medicaid ID cards for clients
 - Client portal for Texas Medicaid clients
 - Provider portal for Texas Medicaid providers

Your Texas Benefits Card



Your Texas Benefits

Health and Human Services Commission

Medicaid ID Card

Member name:

Your name goes here

Member ID (Medicaid ID):

999999999

Issuer ID: (80840)

9999999999

Date card sent:

06/01/2011

RxBIN: 001111

RxPCN: ADV

RxGRP: RX1234

Medical plan / Plan médico:

Your medical plan goes here.

El nombre de su plan médico va aquí.

Dental plan / Plan dental:

Your dental plan goes here.

El nombre de su plan dental va aquí.

Lock – in Doctor

Lock – in Drug Store

YourTexasBenefits.com Client Portal

Clients can log in to...

- Verify eligibility
- View program information
- Sign up for Texas Health Steps reminders
- Print a temporary Medicaid ID card
- Order a replacement Medicaid ID card
- Opt out of electronically sharing their Medicaid health information

YourTexasBenefits.com Provider Portal

Providers can log in to...

- Look up Medicaid clients
- Verify Medicaid client eligibility
- View client's program information
- View client's Texas Health Steps reminders
- Check in or check out a Medicaid client
- View client's vaccination history
- View prescription history, health events
(coming soon)

Portal Access

Providers



Clients



Your Texas Benefits Health Information

- HB1218* authorizes HHSC to develop:
 - Medicaid Health Information Exchange (HIE) System
 - HIE Pilot Project in urban area to exchange prescription history between HHSC and local HIE
 - Browser-based electronic health record for each person who receives medical assistance under the Medicaid program

Your Texas Benefits Health Information

- Browser-based electronic health record may include:
 - Name and address of person's healthcare provider;
 - Record of each visit to a healthcare provider, including diagnoses, procedures performed, and laboratory test results;
 - Immunization record;
 - Prescription history;
 - List of due and overdue THSteps checkup appointments; and
 - Other health information providers determine to be important.

Your Texas Benefits Health Information

In developing the system, HHSC must ensure that the confidentiality of patient's health information is protected and the privacy of these patients is maintained in accordance with applicable federal and state law, including:

- Section 1902(a)(7) Social Security Act (42 U.S.C. Section 1396 a (a) (7))
- The Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191)
- Chapter 552, Government Code
- Subchapter G, Chapter 241, Health and Safety Code
- Section 12.003, Human Resources Code
- Federal and state rules and regulations, including 42 CFR Part 431, Subpart F and 45 CFR Part 164

Your Texas Benefits Health History

- HHSC implemented HB 1218 electronic health record requirement as a 3-year claims-based health history available via provider and client portals.
- It combines claims and other medical information, and displays it in an HL7 health record format.
- The Medicaid provider portal today displays THSteps reminders and immunization records.

Your Texas Benefits Health History

HHSC Workgroup chartered to:

- Identify legal, policy, and procedural barriers to implementing Medicaid HIE initiatives
- Develop policy framework for sharing data that is flexible for us in future HIE initiatives
- Include clinical and policy staff in workgroup, with assistance from counsel

Your Texas Benefits Health History

Workgroup Recommended Opt-Out Policy

- Protects clients' privacy rights by providing patient choice
- Improves quality of care for the client
- Less costly to administer/easier to sustain

Your Texas Benefits Health History

Patient Opt-Out Process

- Broadcast mailer sent to all clients when pilot started
- Clients informed of option to opt out after eligibility determination process and every time they receive a new Medicaid ID card
- Clients can opt out at any time:
 - Online
 - Automated interactive voice response system (IVR)
 - Call center (Help Desk)



Your Texas Benefits - Medicaid

[Español](#) [Help](#) [Log out](#)[My Medicaid](#)[Medicaid Benefits](#)[Cards](#)[Share Facts About My Health](#)[Health Summary](#)[Notifications](#)**Case Name:** DOE, JANE**Date:** 11/15/2012**Address:** 123 NOWHERE ST, SOMEPLACE, TX 12345

Share Facts About My Health?

Sharing facts about your health can help you get better care.

We have created a secure online network so we can share facts about your health with doctors and other approved Medicaid providers quickly and safely. Only approved Medicaid doctors, clinics, and other providers will be able to see your health facts. With these facts, Medicaid doctors can see your health history, which can help you get better care.

Sharing facts about your health through our online network is:

- Safer than mailing or faxing your records.
- A faster way to share your health facts with your doctors.

Medicaid ID	Name	Date of Birth	Sex	Share Facts About My Health?
123456780	MELISSA DOE	03/08/1999	Female	<input checked="" type="radio"/> Share <input type="radio"/> Don't share
123456789	JANE DOE	10/06/1969	Female	<input checked="" type="radio"/> Share <input type="radio"/> Don't share
123456781	LISA DOE	08/12/1995	Female	<input checked="" type="radio"/> Share <input type="radio"/> Don't share

[Save](#)[Cancel](#)[View More Details](#)

Clicking one of the links below will open a new window.

[Home](#) [Services in your area](#) [Children healthcare benefits](#) [Common Questions](#) [Contact Us](#) [Compact with Texans](#) [Internet Policy](#) [Texas Online](#)

Your Texas Benefits Health History

Information on Health History

- **Health Events** – dates of service, standard diagnoses codes and descriptions, procedure codes and descriptions, billing provider
- **Prescription History** – medication name, quantity, last fill date, number of refills
- **Immunization History** – type and date given
- **Lab Tests and Results** – date of service, type of lab, description, results

Patient Name: DEMO CLIENT**Medicaid ID:** 999999991**Date of Birth:** 01/10/1995**Gender:** FEMALE**THSteps Alerts - Family**

If you or family members have medical or dental checkups that are due, please contact your doctor or dentist to schedule these check-ups as soon as possible. They are covered by Medicaid at no cost to you.

Alerts - Please read

Client Name	Medical		Dental	
	Checkup Due?	Last Exam Date	Checkup Due?	Last Exam Date
JANE CLIENT	Yes	07/13/2010	Yes	11/17/2009
TOM CLIENT	Yes	08/01/2007	Yes	04/03/2009
STACY CLIENT	Yes	08/01/2007	Yes	03/30/2010

Health Events

From Date of Service	Diagnosis Code	Description	Billing Provider
12/19/2011	29680	BIPOLAR DISORDER, UNSPECIFIED	
12/19/2011	V2509	Other general counseling and advice on contraceptive management	
01/06/2004			
06/04/2003	3671	Myopia	
12/06/2002	V410	Problems with sight	

[View More](#)**Prescription History****Visit History**

Date	Provider Name	Taxonomy
10/09/2012	John Public	Oral and Maxillofacial Surgery, General Practice, Single Specialty
07/01/2012	Provider 5	Single Specialty, Pediatrics
05/15/2012	Provider 5	Single Specialty, Pediatrics

[View More](#)**Immunizations**

Immunization	Date Given
pneumococcal conjugate PCV 7	08/09/2005
DTaP, 5 pertussis antigens	08/09/2005
MMR	08/09/2005
IPV	08/09/2005
Hib (PRP-T)	09/03/2002

[View More](#)**Lab Data**

From Date of Service	Document Type	Diagnosis Code	Description
02/13/1995	Newborn	V20.2	Routine infant or child health check
04/10/1996	Clinical	V20.2	Routine infant or child health check
01/13/1997	Clinical	V20.2	Routine infant or child health

Categories of Ultra-Sensitive Information

ALL information in health history is confidential. This list represents ultra-sensitive data which might require provider to obtain written consent depending on the facts:

Sexual Assault	Domestic Violence
Genetic	Substance Abuse
Family Planning	HIV/AIDS
Mental Health	Treatment of a Minor
Communicable Disease	Intellectual Disability
Psychotherapy Notes	

Legal Issues being Considered

- What are authorized uses or disclosures, and sources of health history data?
- What are authorized purposes for releasing data via provider portal?
- What data may **not** be displayed on the provider portal without written patient consent?
- How will HHSC ensure confidentiality and require providers only use or disclose confidential data as authorized by applicable laws?

Authority to Share Data

- Medicaid/CHIP programs must restrict the use or disclosure of information concerning applicants and recipients to purposes directly related to plan administration. (See §1902 (a)(7) of the Social Security Act; 42 USC § 1396a (a) (7) 42 CFR § 431.301; 42 CFR § 457.1110.)
- Any use or disclosure without client consent must be directly related to program administration.

HIPAA Authorized Use or Disclosure

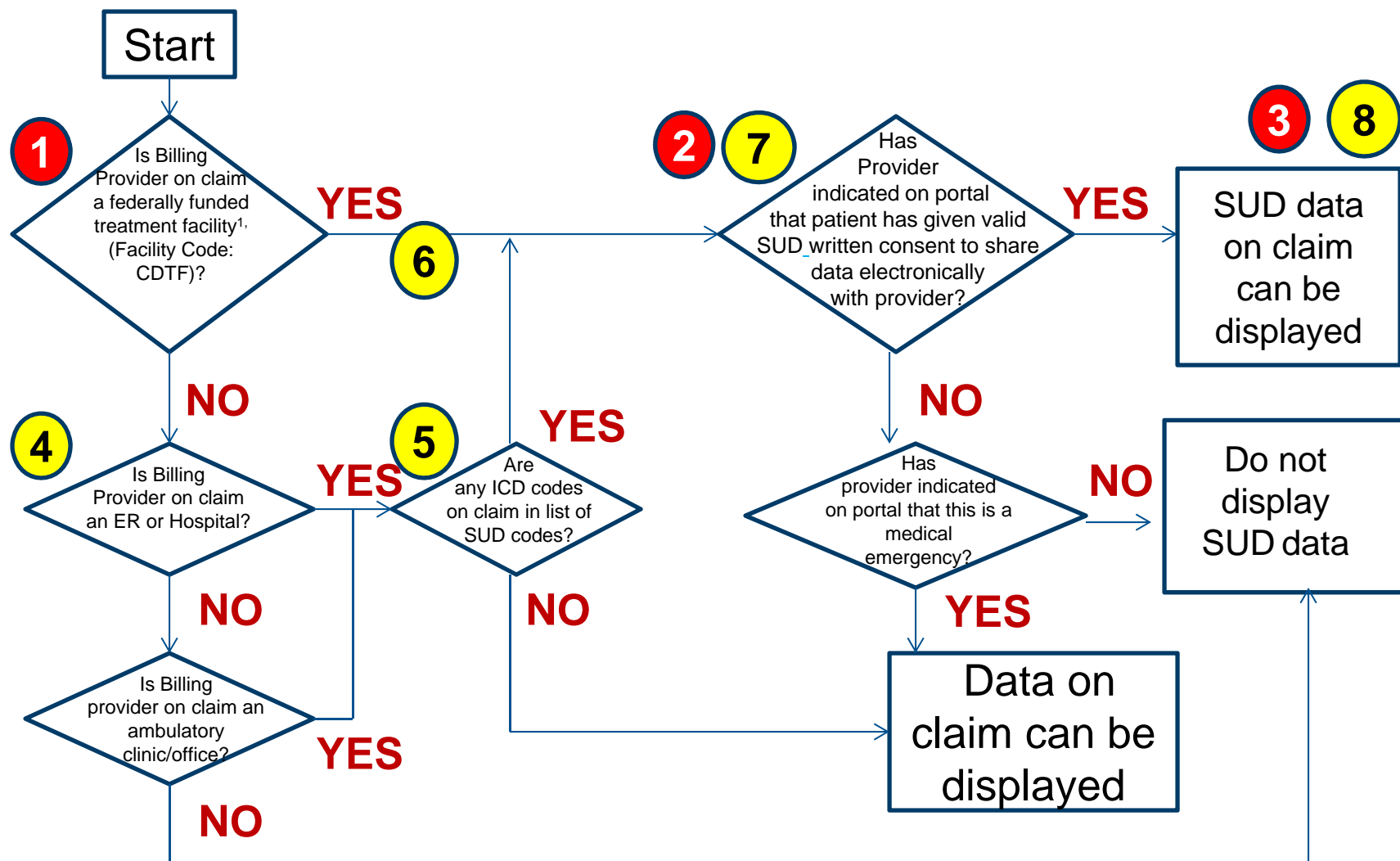
- HIPAA regulates “use” and “disclosure” of “Protected Health Information” (PHI) in privacy, security and breach notification regulations.
- HIPAA generally requires either a HIPAA-valid client authorization, or a use/disclosure for treatment, health care operations, payment (TPO) or as required by law. (See 42 USC § 1320d, et seq.; 42 CFR Parts 160 and 164.)

Example of Analysis

Substance Use Disorder (SUD)

- The Provider Portal will strictly limit use or disclosure of Substance Use Disorder (SUD) data subject to 42 CFR Part 2 (e.g., SUD treatment at federally funded program facilities).
- Only authorized to display SUD data, e.g. originating from SUD treatment facilities, with valid, written patient consent or evidence of a medical emergency.

Substance Use Disorder (SUD) Proposed Business Rules for use or disclosure, including access to SUD data on provider portal



NOTES: 1. Definition of federally funded treatment facility is in 42 CFR Part 2.

Phase 1: Patient Consent

- **Short-term Strategy**

- Patient consent for Medicaid provider to view a patient's medical history is obtained at point-of-care.
- No data is displayed unless written consent is obtained and maintained by the provider.
- The provider must attest electronically that legally authorized consent was obtained. Written consent must be kept on file.
- A three month pilot with a limited set of providers is planned for early 2014, prior to statewide release.
- Stakeholder input for this phase is sought.

Phase 2: Data Segmentation

- **Long-term Strategy:**
 - Continue developing business rules to enable display of all data the law allows portal to display without patient consent
 - Let provider view ultra-sensitive data with patient consent obtained and maintained by provider
 - Requires review of multiple categories and sources of data and individuals to determine authority to use or disclose without patient consent or only with valid, written patient consent
 - Plan to pilot with small number of providers prior to full implementation statewide in Texas
 - Will seek stakeholder input on proposal.

Key Take-Aways

- YourTexasBenefits.com provides access to state health benefits information
- HHSC proposing to release health history in provider portal in early 2014 with opt-in patient consent at point-of-care
- HHSC's top priority is ensuring privacy and confidentiality of client health information
- HHSC welcomes your input as HB 1218 is implemented

Questions





CHIP Coalition Meeting

September 20, 2013

- Effective January 1, 2014, HHSC will provide Medicaid to former foster care children up to age 26. To be eligible, individuals:
 - Must have aged out of foster care at age 18 or older in Texas
 - Must have been receiving Medicaid when they aged out of foster care
- There are no income or resource limits for the new group.
- Eligible individuals currently enrolled in Medicaid for Transitioning Foster Care Youth (MTFCY) or Former Foster Children in Higher Education (FFCHE) will transition to the new program on January 1, 2014.
 - MTFCY will continue for individuals who are not eligible for the new program.
 - Individuals currently in FFCHE who are not eligible for the new program will age out of FFCHE. This is a very small population.
 - FFCHE, which is a state funded program, will end once those individuals age out.
- Former foster care children will be enrolled in STAR Health up to age 21 and STAR at age 21 and above.

- On July 15, 2013, the Centers for Medicare and Medicaid Services (CMS) issued final regulations requiring states to allow qualified hospitals (QH) to determine presumptive eligibility (PE).
- States must allow QHs to determine PE regardless of whether the state has opted to provide PE for Medicaid groups covered by the state.
- Currently, Texas only allows PE determined by a qualified entity for pregnant woman and for the Medicaid for Breast and Cervical Cancer program.
- For Texas, QHs will be allowed to determine PE for:
 - Medicaid for Breast and Cervical Cancer (exceptions)
 - Pregnant Women
 - Children
 - Low-income Parents and Caretakers
 - Former Foster Care Children

- To provide PE, qualified hospitals must:
 - Be a Medicaid participating hospital.
 - Agree to determine presumptive eligibility consistent with state policies and procedures.
 - At state option, assist individuals in completing and submitting a full application (including online applications). HHSC currently requires qualified entities who make PE determinations to submit a completed application.
- States may establish standards for qualified hospitals that make PE determinations.
- States must take action, including but not limited to, disqualifying a hospital if it does not meet state policies, procedures, and standards for PE determinations.

- HHSC considerations for hospital presumptive eligibility include:
 - Prioritizing changes for hospital PE determinations with all other federally-required eligibility changes
 - Maintaining program integrity by ensuring only eligible individuals receive coverage
 - Determining the administrative impacts to the state
 - Promoting online submission of applications for full eligibility determinations

HHSC Next Steps

- Establishing implementation timeline
- Developing policy, business process, and systems changes
- Developing proposed procedures and standards for participation
 - Procedures for hospitals to become qualified hospitals
 - Standards for hospital participation and disqualification
- Obtaining stakeholder input on proposed policies, procedures, and standards

HHSC Questions

- Do hospitals have preliminary ideas about how they would process PE determinations?
- How can hospitals help ensure program integrity?



CHIP into TIERS

September 2013

Transition Update

- ❖ During the Labor Day Weekend the conversion of 467,992 CHIP/CHIP Perinatal cases to TIERS was completed.
- ❖ Business Operations resumed as planned on September 3rd.
- ❖ HHSC staff began processing all CHIP/CHIP Perinatal eligibility actions.
- ❖ As expected with a transition of this nature, there were some operational and systemic issues we have either worked through or are continuing to triage and resolve.

Cutover and conversion work

- ❖ As expected HHSC received cutover cases and cases that did not convert systemically that requires staff action.
 - Cutover cases that MAXIMUS did not complete prior to conversion (42,041).
 - Completion is targeted for October 15, 2013.
 - Assigned to centralized Processing Center staff.
 - Cases that failed to match during the system conversion that requires eligibility staff research and action (59,211).
 - Completion is targeted for November 1, 2013.
 - Assigned to centralized staff who completed this work for TIERS rollout.

CHIP Perinatal Issue

- ❖ CHIP Perinatal cases in TIERS now ends the pregnant mother's coverage on the last day of the month she delivers (if prior to the due date) or the due date month she provided when she applied for coverage.
- ❖ At CHIP conversion, the mother's who had due dates of June, July, or August was terminated effective 8/31/2013 and sent disenrollment notices to the families.
- ❖ Moving forward, the TIERS system will terminate the coverage at the end of the month she is due, if she has not already delivered prior to the due date month.
- ❖ This change results in mother's presenting for delivery without active coverage for the labor and delivery.
- ❖ To address this issue, HHSC has developed an operational process for handling CHIP Perinatal moms in this situation.

CHIP Perinatal Due date/reopen process

CHIP Perinatal Mom delivers **AFTER** the client reported due date:

- ❖ Mom can call 2-1-1 or submit an Request For Review (RFR) reporting correct due date.
 - If she calls 2-1-1 and reports her case is denied and she delivered, the CCR will escalate the caller to state staff located in the call center, to reactivate the case and update the due date.
 - If she submits a RFR with the correct due date, a work task will be generated to state CCC staff to process if received by RFR.)
- ❖ If case is denied, it is reopened through the end of the month of birth.
- ❖ If case is still active, the due date is updated to extend eligibility to end of month of birth.

CHIP Perinatal Reopen process cont'd.

- ❖ TIERS sends an eligibility record to Enrollment Broker (EB) to update the enrollment to match eligibility.
- ❖ EB will notify Health Plans(HP) that eligibility has been extended through end of month of birth.
- ❖ Once HP has updated their records individual will have coverage through the end of the month of birth.
- ❖ This process will be used for those already denied and those who report an updated due date for a month after cutoff as passed and denial is effective at the end of the month.
 - Ex: Due date 09-28-2013 but reports 09-30-2013 new date is 10-06-2013.
- ❖ CHIP Perinatal covers two post- partum visits completed within 60 days from delivery. An active eligibility segment is not required for these visits.
- ❖ Staff will to process these cases when we are made aware of the situations.

❖ Questions?

❖ Continue to send questions/issues to:

- Ramona.McKissic@hhsc.state.tx.us
- Blanche.Rosas@hhsc.state.tx.us

Community Partner Program September 2013 Update

Community Access and Services

YourTexasBenefits.com Updates

Email Reminders for Applicants/Clients

- Clients can now sign up to receive e-mail reminders and alerts about their application(s) and case(s).

CHIP into TIERS

- CHIP services are now available on YourTexasBenefits.com and by calling 2-1-1, Option 2. Clients can apply for and renew CHIP benefits, view and manage their CHIP case, pick a medical and dental plan, pick a main doctor and dentist, and pay a CHIP enrollment fee (if applicable).

Program Design Updates

Affordable Care Act (ACA) Communication Plan

- Partners were informed about upcoming ACA changes through Summer CPP Newsletter (Q&A feature) and two webinars in August.
- **Future Communication on ACA**
 - Additional webinar in late September, with an update of what YTB changes related to ACA will occur in October (landing page).
 - New CPP web-based training lessons introducing Partners to the Marketplace and choosing the best door for health coverage, and optional additional training modules.

Program Design Updates Cont'd

CPP Summer Newsletter Released in August

- Provided news briefs, an update on "Forward to 50!" with Partner best practices, features on upcoming policy and program changes (CHIP into TIERS and ACA), and Partner recognitions.

CPP Brochure Finalized

- Tri-fold brochure that provides a brief overview of the CPP, participation levels, and lists the benefits of community partnership. Available in October.

Program Design Updates Cont'd

The new CPP website will be available to Partners in early October!



The screenshot shows the homepage of the Community Partner Program website. At the top, there is a navigation bar with a logo on the left and links for "Contact Us" and "Site Map" on the right. Below the navigation bar is a large blue banner with the title "Community Partner Program" in white. Underneath the banner is a dark blue bar with links for "Links", "FAQs", "Interest Form", and "Login". The main content area features three photographs: a woman looking at a tablet, a woman working on a laptop, and two women looking at a computer screen. Below the photographs is a search section on the left and a text section on the right. The search section has a heading "SEARCH COMMUNITY PARTNERS" and three input fields for "ZIP CODE", "OR CITY", and "OR COUNTY", followed by a "Search" button. The text section has a heading "Community Partners: Helping Serve Texans" and two paragraphs of text. The first paragraph describes the commission's efforts to modernize the eligibility system. The second paragraph, titled "How You Can Help", describes the commission's efforts to build a statewide network of community-based organizations. The third paragraph describes the commission's efforts to support these organizations.

[Contact Us](#) | [Site Map](#)

Community Partner Program

[Links](#) | [FAQs](#) | [Interest Form](#) | [Login](#)



SEARCH COMMUNITY PARTNERS

ZIP CODE

OR CITY

OR COUNTY

Community Partners: Helping Serve Texans

The Texas Health and Human Services Commission is modernizing the state's eligibility system to promote efficiency and better serve those applying for, and using state benefits. As part of this effort, HHSC is partnering with community based-organizations to help people learn how they can get the most out of HHSC's online eligibility portal, [YourTexasBenefits.com](#).

How You Can Help

To support this effort, HHSC is building a statewide network of community-based organizations that can help people use [YourTexasBenefits.com](#) to apply for benefits, including food, cash and medical assistance and manage their cases, if approved. This Community Partner Program is a growing network of organizations trained and capable of teaching Texans how to put [YourTexasBenefits.com](#) to work for them.

The organizations that become community partners represent a wide range of non-profit, faith-based, local and statewide community groups. As a Community Partner, your organization will work with HHSC to decide what

Program Design Updates Cont'd

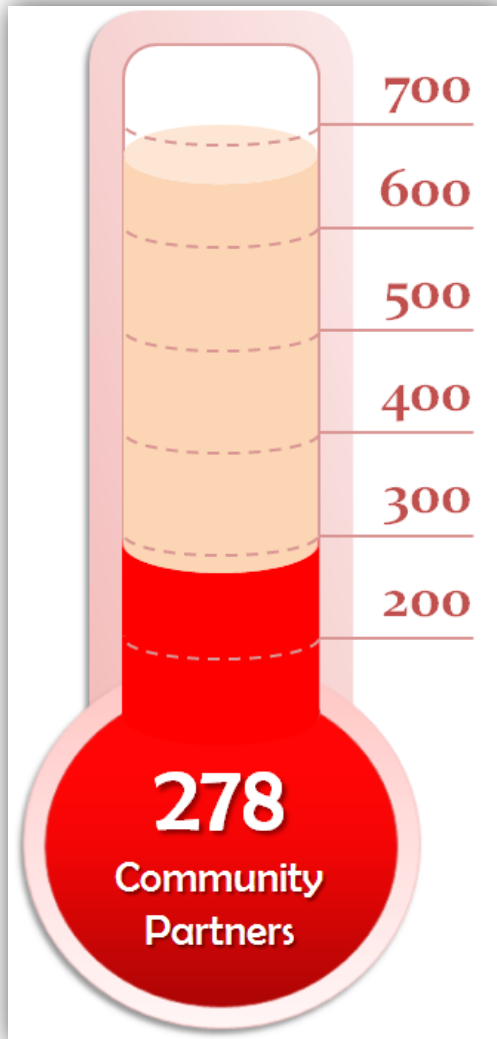
Features of the new website:

- Organization can submit an interest form to join the program.
- Staff/volunteers of Community Partners can complete and track their certification online.
- Site Managers will have tools to track the training and certifications for their staff/volunteers.
- People seeking help with accessing HHSC benefits will have an online search tool to help find Community Partners in their community.

Communication Plan – In the coming weeks:

- Webinars to introduce
- Webinars to introduce Partners to the website.
- Quick-reference guides for Site Managers and staff/volunteers.

Forward to 500! Challenge



- To help increase awareness and utilization of YourTexasBenefits.com, Community Access and Services (CAS) has developed a “Forward to 500!” challenge.
- The goal is to reach 500 Community Partners by December 1st. We currently have nearly 660 CBOs as a Partner or are in the sign-up process

Program Status Update

As of September 1, 2013, 278 CBOs have joined the Community Partner Program.

Since initiation of the pilot in February 2012 and through the end of August 2013, CBOs have helped clients with:

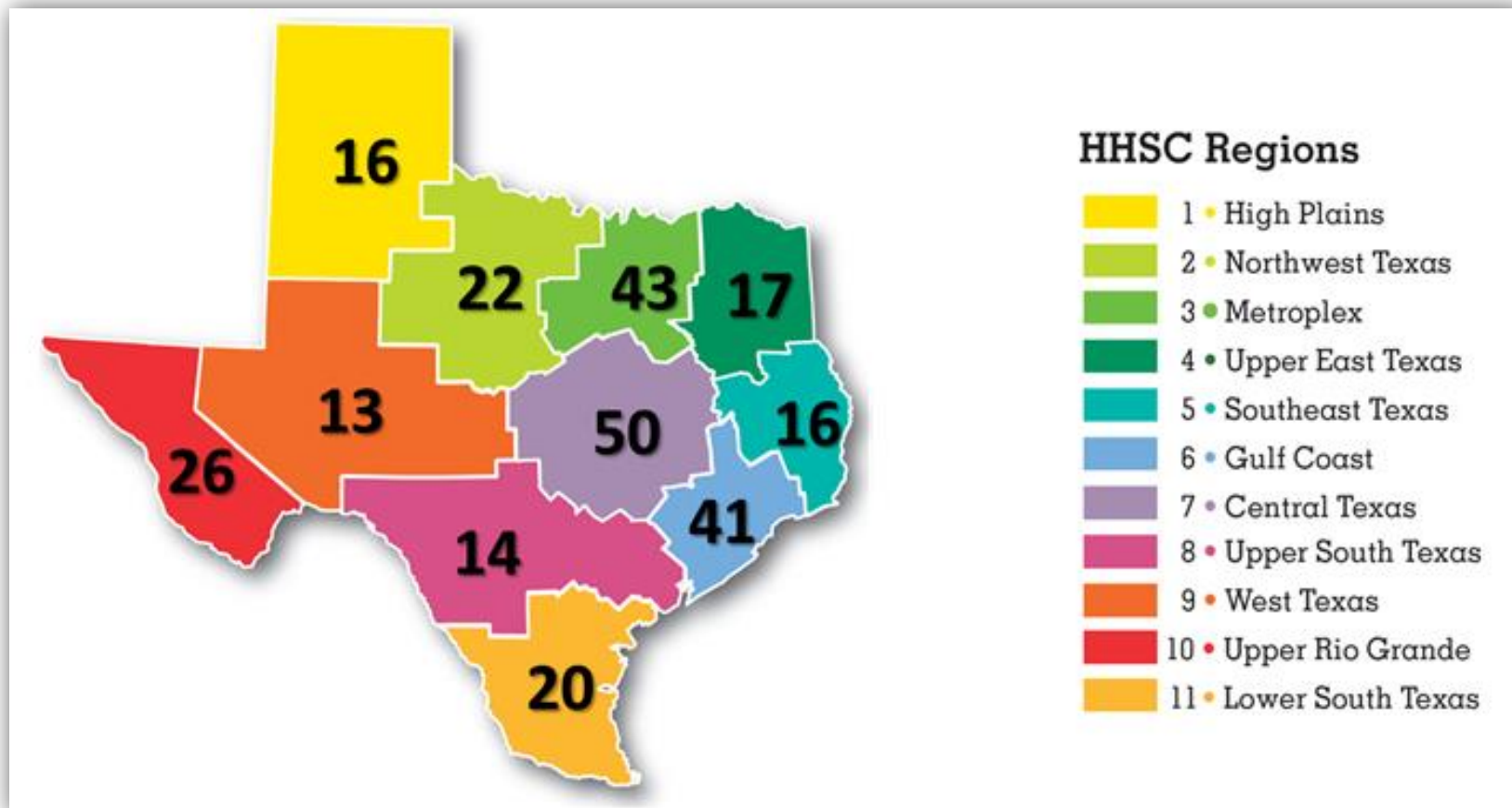
- 7,141 online applications
- 40,597 document uploads

In August alone, CBOs submitted:

- 900 online applications (monthly record)
- 4,570 document uploads (monthly record)

Currently, over 380 CBOs are in the CPP on-boarding process

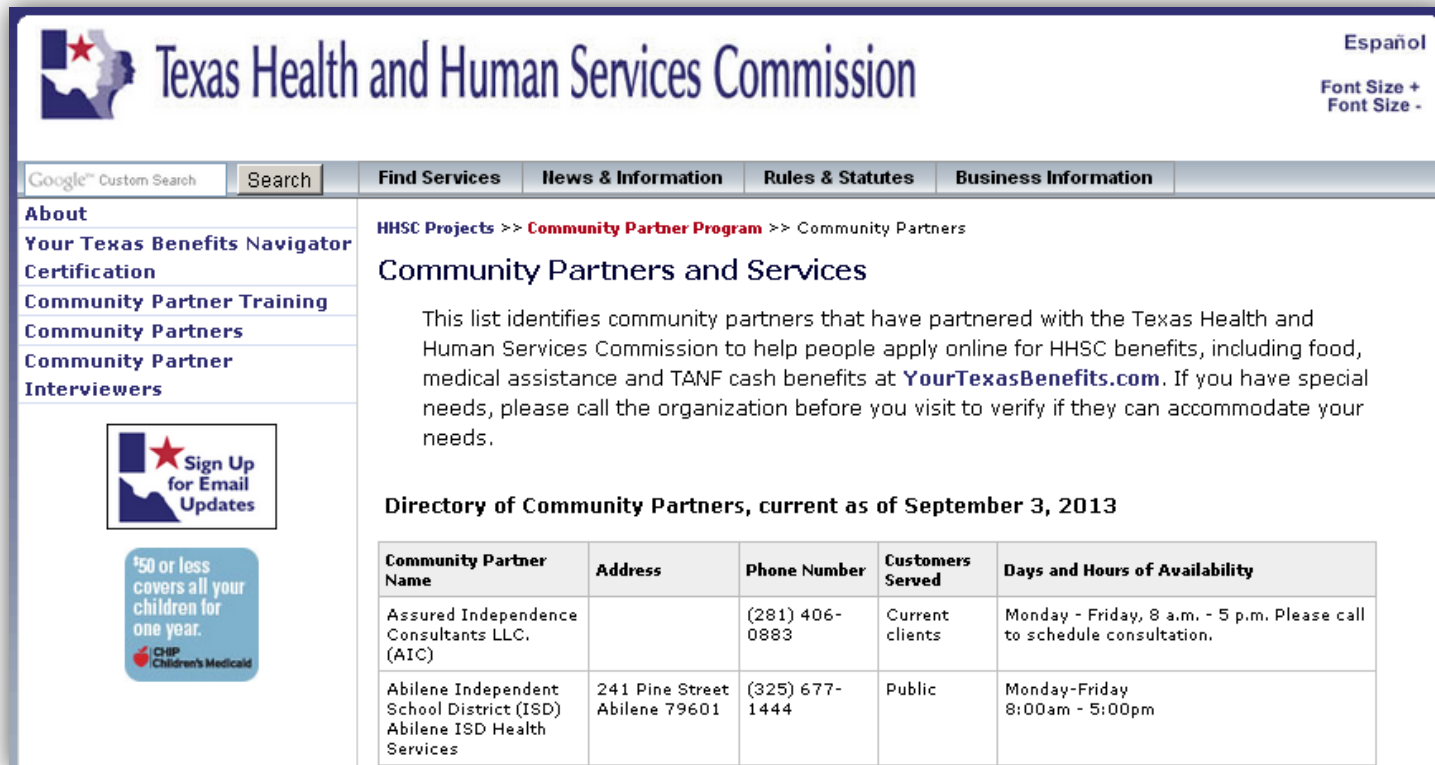
Partners by Region



278 Total Community Partners

Community Partners in Your Area

- People can find Community Partners by web or phone.
 - **Partner listing on HHSC website:**
http://www.hhsc.state.tx.us/hhsc_projects/cpp/Community-Partners.shtml
 - **Partner information available via 2-1-1, Option#1**



Texas Health and Human Services Commission

Google™ Custom Search

Find Services **News & Information** **Rules & Statutes** **Business Information**

About
 Your Texas Benefits Navigator Certification
 Community Partner Training
 Community Partners
 Community Partner Interviewers

Sign Up for Email Updates

\$50 or less covers all your children for one year.
 CHIP Children's Medicaid

HHSC Projects >> Community Partner Program >> Community Partners

Community Partners and Services

This list identifies community partners that have partnered with the Texas Health and Human Services Commission to help people apply online for HHSC benefits, including food, medical assistance and TANF cash benefits at YourTexasBenefits.com. If you have special needs, please call the organization before you visit to verify if they can accommodate your needs.

Directory of Community Partners, current as of September 3, 2013

Community Partner Name	Address	Phone Number	Customers Served	Days and Hours of Availability
Assured Independence Consultants LLC (AIC)		(281) 406-0883	Current clients	Monday - Friday, 8 a.m. - 5 p.m. Please call to schedule consultation.
Abilene Independent School District (ISD) Abilene ISD Health Services	241 Pine Street Abilene 79601	(325) 677-1444	Public	Monday-Friday 8:00am - 5:00pm

Contact Information

Organizations interested in participating in the program can fill out an online interest form at:

<http://tinyurl.com/CPPInterest>

Program Website:

http://www.hhsc.state.tx.us/hhsc_projects/cpp/index.shtml