



## Texas CHIP Coalition Meeting Minutes

*March 27, 2015*

Present: Stacy Warren, TMA  
Lori Cook  
Nikki Metzgar, Center for Public Policy Priorities  
Sonia Lara, TACHC  
Sister JT Dwyer, Sisters of Charity  
Athra Kaviani  
Laura Guerra-Cardus, Children's Defense Fund-TX  
Keysha Walcott, Lonestar Circle of Care  
Veronica Brown, Lonestar Circle of Care  
Melissa McChesney, CPPP  
Clayton Travis, Texas Pediatric Society  
Kathy Eckstein, CHAT  
Shannon Lucas, March of Dimes

On the phone: Alice Bufkin, Texans Care for Children  
Leticia Ramirez, Strategy Resource Group  
Johnna Carlson, Texas Children's Hospital  
Rosemary Linan, HHSC  
Betsy Coats, Maximus  
Laura Dimitry, Texans Care for Children  
Sherry Vetter, Texas Children's Hospital  
John Berta, TX Hospital Association  
Daniela deLuna, HHSC

Chair: Clayton Travis, Texas Pediatric Society  
Minutes Scribe: Nikki Metzgar, Center for Public Policy Priorities  
Next meeting: April 17, 2015

### **I. Update on extension of postpartum coverage efforts**

*Shannon Lucas, March of Dimes*

- Our workgroup continues its efforts for additional postpartum health coverage.
- Sarah Davis put a rider into the budget in Article 11; we're still working to get a cost estimate
- Helen Kent Davis and I were able to meet with Anwar in the governor's office and report back to Megan and Cara; haven't heard back yet
- Coleman and Huffman filed the postpartum depression coverage bill that is Governor Abbott's bill; Coleman also filed a more general bill that's on postpartum health coverage

- We're still trying, still talking to folks and see what we can make happen. We're in a bit of a "wait and see mode."
- We're still pushing for overall health, but we're just trying to get anything and everything we can.
- Our initial ask was all women postpartum for 18 months, we're looking at how we can scale that back for the time. The Davis rider is 12 months. Do we need to scale it back to not all women but just to women who are high-risk due to chronic conditions?

## **II. Report on Coverage Gap Advocacy Day**

*Laura Guerra-Cardus, CDF*

- Overall, people were generally really pleased with Advocacy Day. We had nearly 400 people there. We were anticipating 500, but we had some bad weather in Houston that hurt us.
- We had over 12 media outlets present, made nearly 1000 legislative visits and produced over 425 emails to legislators. We reached all key committee members; it was a new strategy to not just have folks visit their legislators but to target key committee members.
- We learned some stuff from the legislative visits: people came right out and said that they would need the cover from the Governor to come out and support this
- There are continued misconceptions about the Arkansas plan: legislators are still seeing that as a failed attempt at a solution and we just need to wait and see. CPPP will blog about the Arkansas plan and how that perspective is in error.
- The next steps for coverage expansion are that we can keep our eyes out on legislation on the floor now. There will be a push for a hearing for Coleman's expansion bill
- Melissa McChesney's legislation update: HB4054 (Martinez/Fisher) and HB3845 (Coleman's) are basically identical, they request a block grant through the 1115 waiver; SB1039 calls for going through the private market place and having pieces like sliding scale subsidies, personal responsibility requirements, financial penalties for hospital emergency care
- We don't think a vote on a straight Medicaid expansion would be helpful now. Our focus is on the longer term game, not to get legislation passed this session but taking the discussion to local healthcare systems. There is one in east Texas where hospitals have closed and they have come out and said it's because Medicaid has not been expanded. There are trusted and not so trusted messengers on that. Trusted ones include economists, patient groups, universities, individual doctors and nurses, not necessarily their associations.
- When Abbot says "not this session" we should take him at his word, but it gives us a sliver of hope

## **III. HHSC Updates (see attached presentation)**

*Valerie Eubert and Stephanie Muth, HHSC*

- We are providing clients the opportunity to go paperless, option will go into effect the first week in April. Clients can make their selections on how to be contacted on [YourTexasBenefits.com](http://YourTexasBenefits.com).

- The YourTexasBenefits mobile app was launched in the beginning of November. Since the launch we've had almost 153,000 download the app. Our population is primarily Android users.
- HHSC has received over 165,000 documents through the app
- When the server is down, people can't upload documents. We got some negative comments associated with that, but overall we've had a positive user experience
- From the number of app downloads, we would say it's largely clients themselves. A third of the downloads are in the lobby of our building, so we know that clients are there to drop off documents and having a conversation with staff
- We've done two releases of the mobile app; now people can sign up for an account through the app, get alerts and change phone number and password changes and see upload history. Coming up in release 3, you can submit more changes than just password and phone number, you can opt to go paperless and in release 4, you'll be able to locate and office and a community partner
- We do test with clients when we're working on a new release and get their feedback
- Presumptive eligibility update: we have 14 qualified hospitals and entities that have been fully enrolled, and that accounts for 36 total sites. 7 organizations are in the enrollment process to become partners. To date, 10 QHQE determinations have been made.
- There is a senate rider about improving efficiencies—what are the implications? When we accept direct importation of data into our system, like when a third party wants to directly send us electronic applications, there can be lots of problems with that. People might already be enrolled or the data might be bad. So legislators expressed concern, and wanted to make sure that a for-profit company wasn't providing a value-add service that we may not have quality controls over. Besides that, we want people to use our system because it lets people manage a case, check the status. We do have partners that send us applications, but we work with them to put controls into place.

#### **IV. HHSC Budget presentation (see attached presentation)**

*Lisa Subia, HHSC*

- The increases in GR that you see are related to recommendations related to Medicaid and TANF. The decrease in CHIP is due to the transition of children to Medicaid as well as a bump in the federal matching rate.
- Consistent with past appropriation practices, full funding for cost trends related to medical inflation, utilization or higher acuity is not included. Medicaid and CHIP caseload growth is largely included.
- You'll see that caseloads for TANF are assumed to grow 2016-17 according to the LBB; TANF enrollments are not tracked to poverty levels as you see with other programs like SNAP. It might be programmatic requirements that prevent people from applying.
- There were some additional recommendations adopted by the legislature that the agency had not requested and one of them was the primary care physician rate increase.

- Senate added 6 billion for cost growth, but subtracted out 300 million for cost containment measures. The legislature will have to come back with a supplemental bill if what is appropriated is not enough.

## **V. Updates on CHIP legislation**

*Clayton Travis, TPS*


- National level: I am referencing a policy report put out by CPPP, a handy document that goes through HB2. The sustainable growth rate for Medicare payments fix has an extension for CHIP for 2 years. Advocates wanted a 4-year deal, but that's not going to happen. It also includes the increase for federal match. The Senate will not be as unanimous on this bill as the House was, but we're optimistic it will go through.
- Be on the lookout for calls asking you to contact your legislator about this.
- Huge accomplishment for increasing rate for primary care physicians to be included in the House budget.
- State legislation: HB1339: Bill introduced to strike the CHIP waiting period all together. It was referred to House Insurance, which is not the best committee for it. We will activate partners as soon as bill gets a hearing. CPPP is working on a policy brief specific to that issue. Last year, 21 states got rid of their waiting period. Of the states that still impose them, they are only for people above 200% of the poverty line.
- SB1524 by Senator West: When the ACA required that all children in the foster care situation receive Medicaid until the age of 26. When foster children move to Texas after aging out of systems in other states, they are not allowed to be enrolled in Medicaid until 26. There are not a lot of these people, but the coverage change would be huge for these children without a huge cost to the state. Encourage you to support that, but it got filed late, and it'll be a tough one to get a hearing on.
- The most likely success is the primary care rate increase, so if you're making visits express your support for this rider in the budget.

# **Status of Federally-Required Medicaid & CHIP Eligibility Changes**

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**March 27, 2015**

- Clients can choose to go paperless. They will receive most letters and forms from HHSC on YourTexasBenefits.com instead of in the mail.

Why is this good for clients?	When will it be available?
<ul style="list-style-type: none"><li>• <b>Quick and easy!</b> No waiting for the mail to arrive. Letters and forms will be available right away on YourTexasbenefits.com. Clients will receive an email or text letting them know a letter or form has been posted to their account.</li><li>• <b>Convenient!</b> Most of the client's letters and forms will be available online in one place. No more items getting misplaced or overlooked in the mail.</li></ul>	<ul style="list-style-type: none"><li>• <b>YourTexasBenefits.com:</b> April 6, 2015</li><li>• <b>Your Texas Benefits Smartphone App:</b> May 2015</li></ul> 

## How do clients use the new feature?

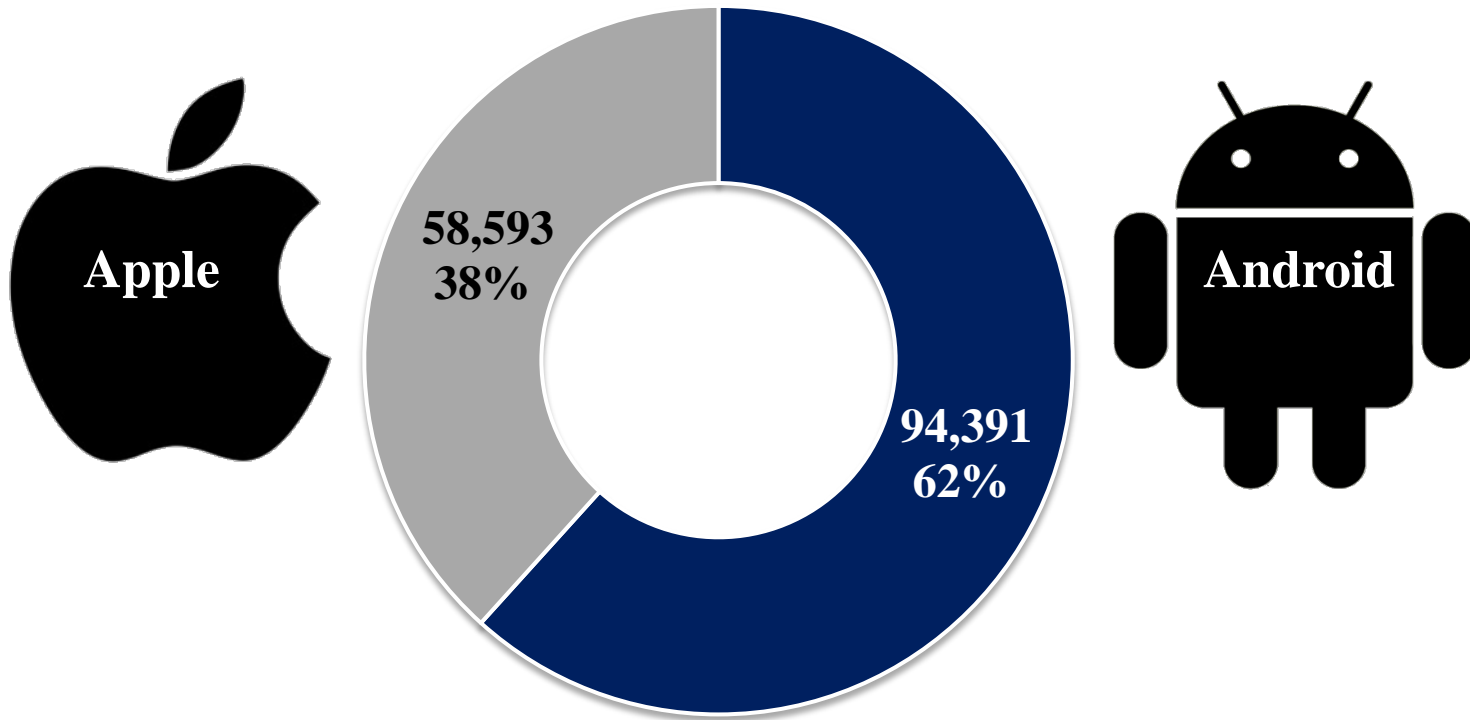
- 1 Login to account on YourTexasBenefits.com.
- 2 Select *View my case*.
- 3 Select *Manage messages*.
- 4 Select *Online/paperless*.
- 5 Choose *Emails* or *Texts* for *Type of alerts* you want.\*
- 6 Select *Save* in the bottom right corner.
- 7 Clients will be notified via text or email when they have new letters or forms.
- 8 To view, login to account on YourTexasBenefits.com and select *Letters* and *Forms* tab.

# **Update: Your Texas Benefits App**

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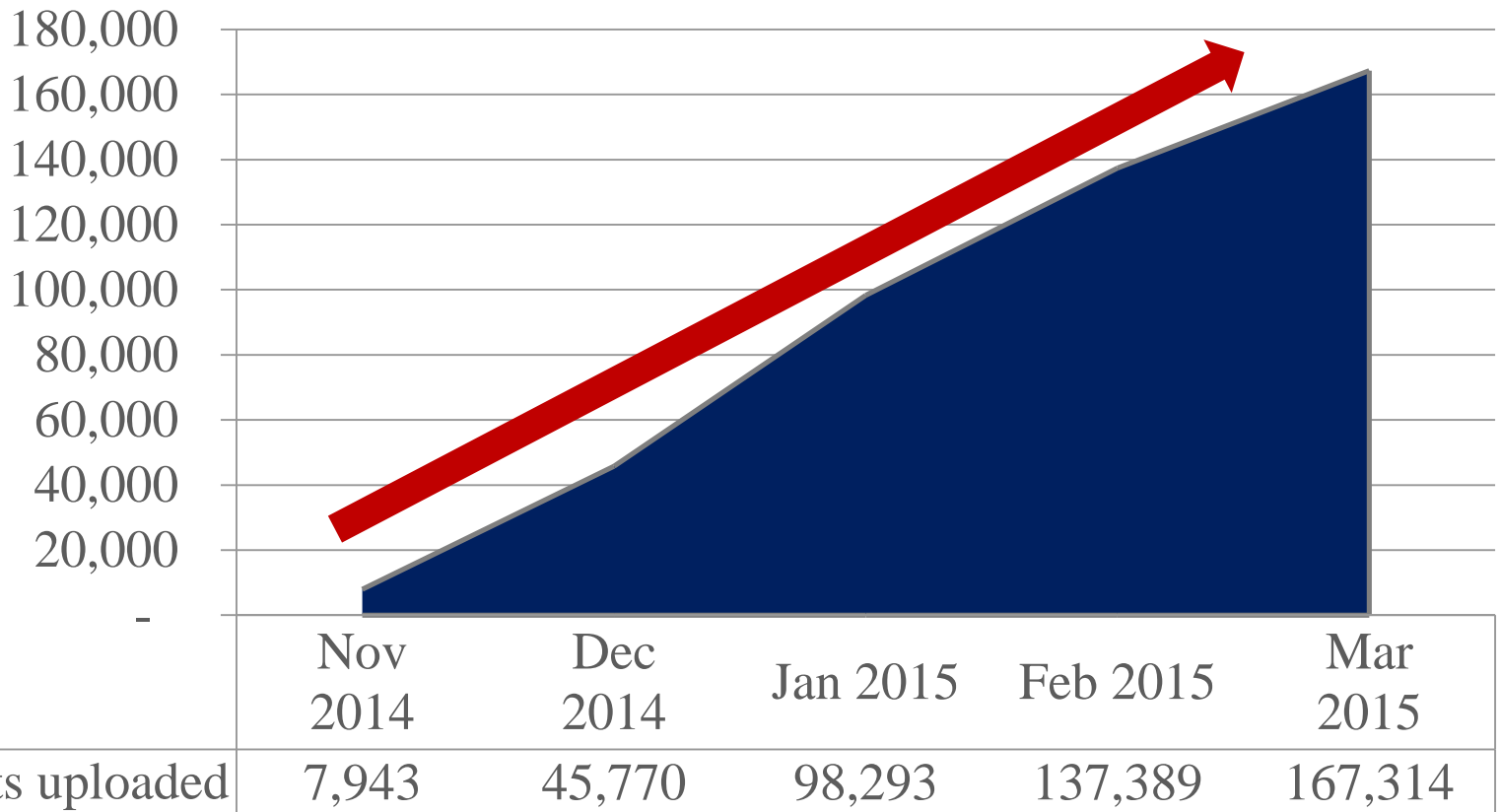


- Since the Your Texas Benefits app release in November 2014, HHSC has had over 150,000 app downloads.



**Total Downloads: 152,984**

- HHSC has received over 165,000 documents through the Your Texas Benefits app since November 2014.



- HHSC has received positive feedback.

*Good for when you are not at home, but need to check on your benefits.*

*Love that you can send instant info.*

*Great app makes things easier.*

*Best way to find out about your benefits!!!*

*Super friendly to upload documents.*

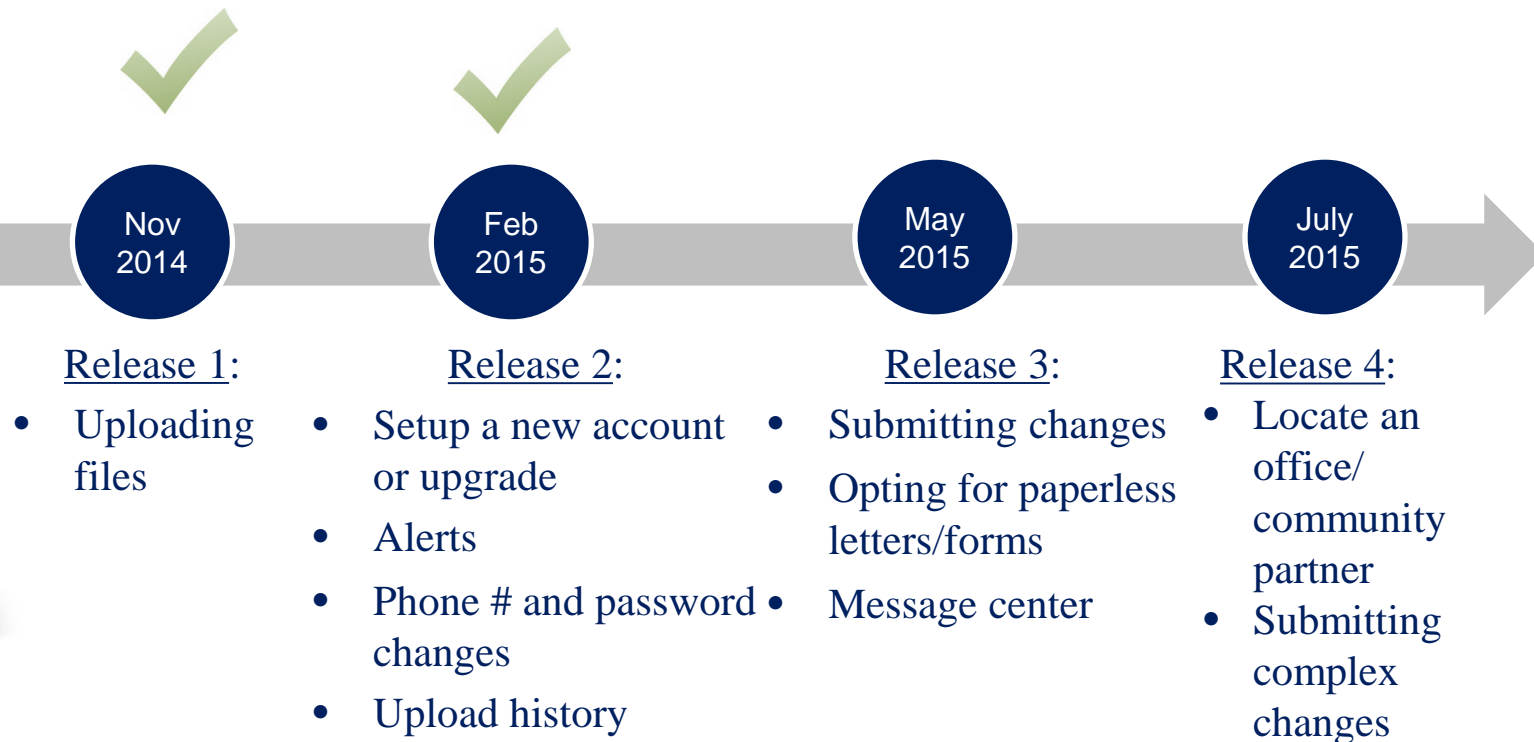
*Makes it so easy for working people!*

*Don't have to go through all the hassle of faxing and mailing.*

*I love this app.*

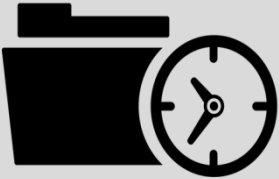
*Works great!*

- There are four planned releases of the app. Each release will increase what clients can accomplish on their phones.



## New Release 2 Features and Statistics

### Upload History



**28,671 views**

### Alerts



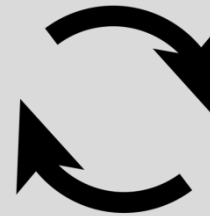
**11,579 updates**

### Account Creation



**7,620 new accounts**

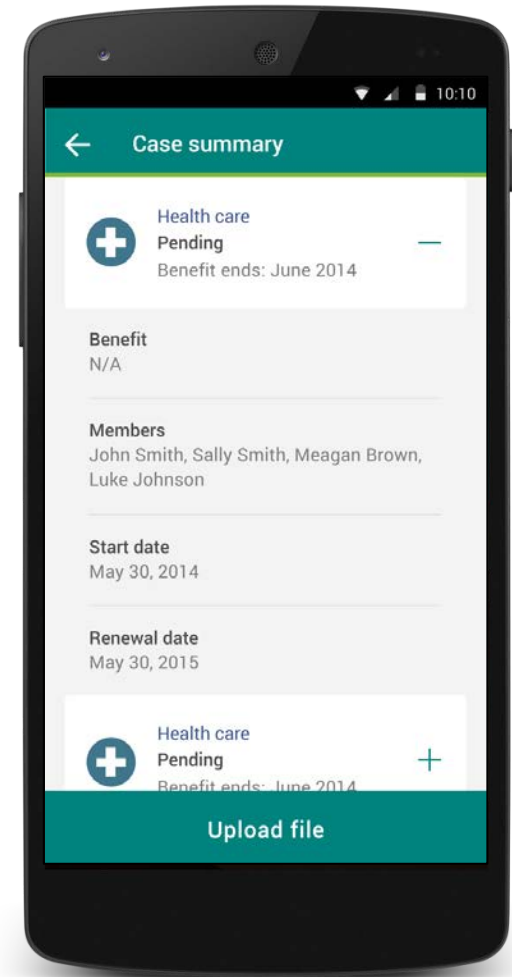
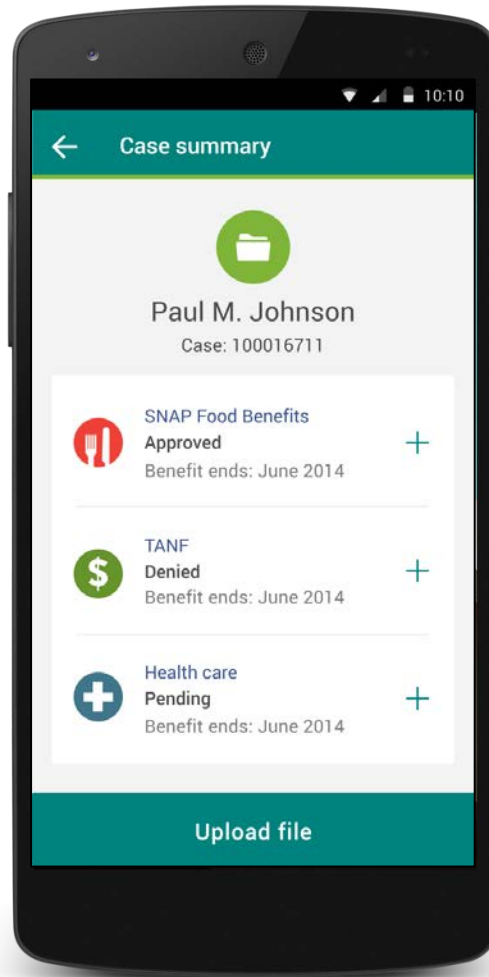
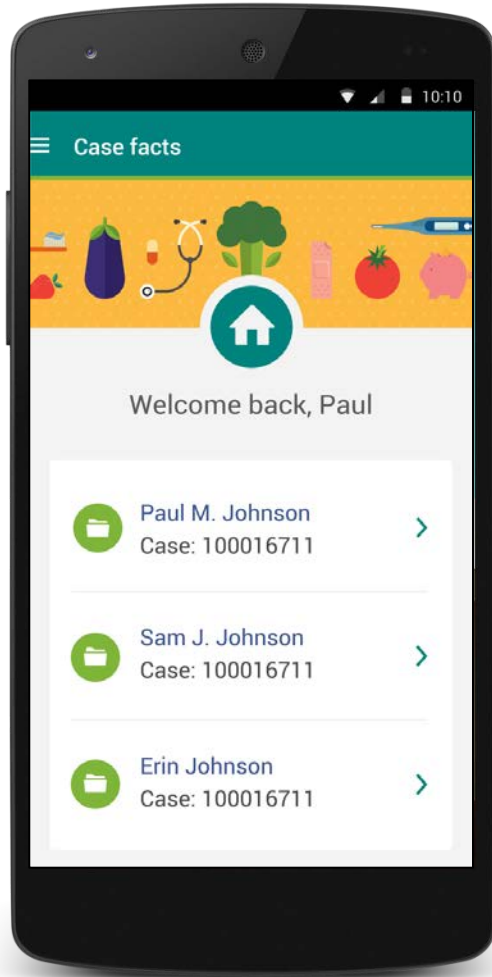
### Phone Number



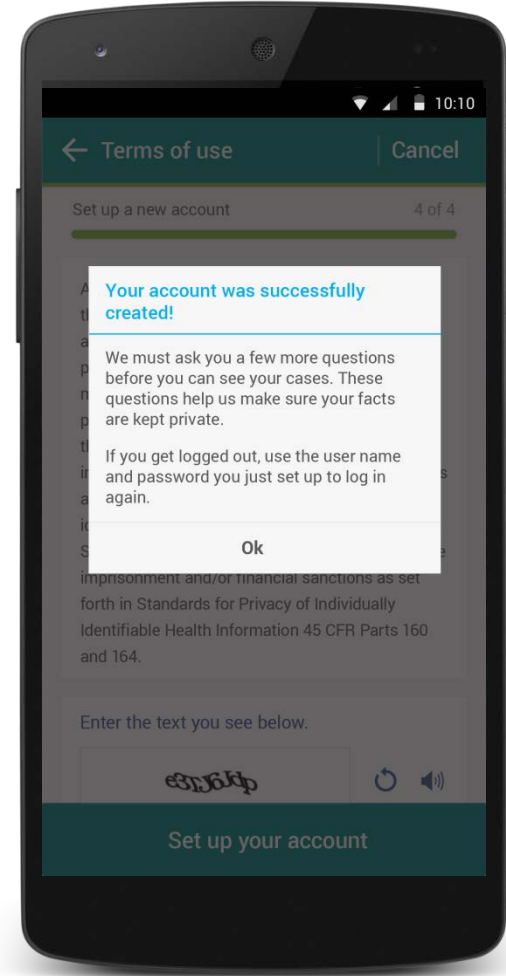
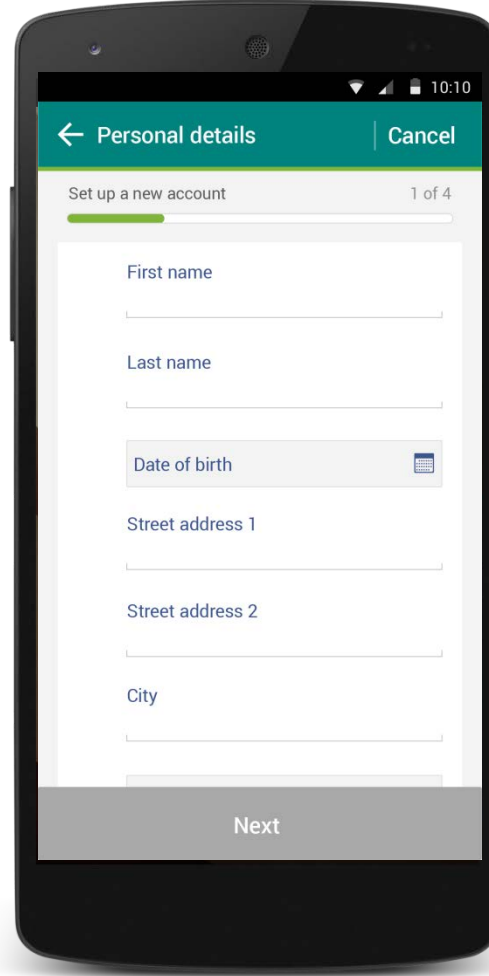
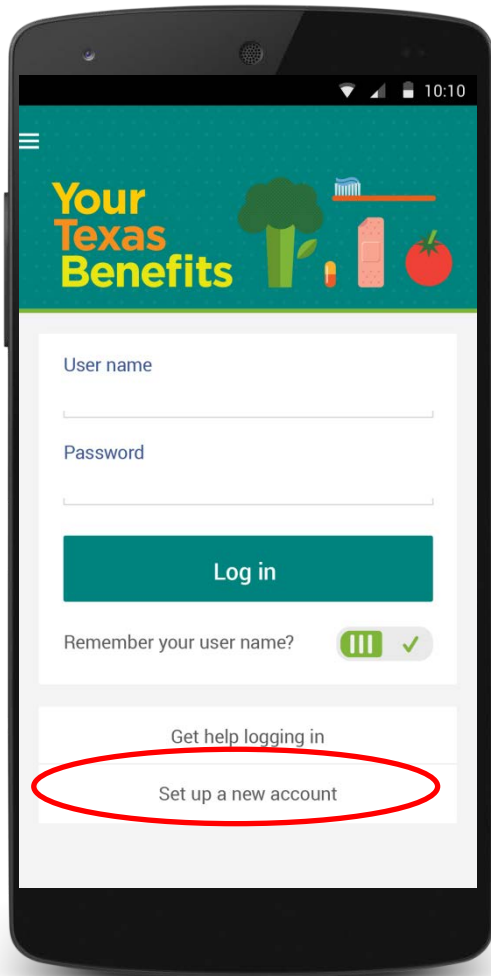
**37,190 changes**



## **A Look at Some Key Screens from Release 2**

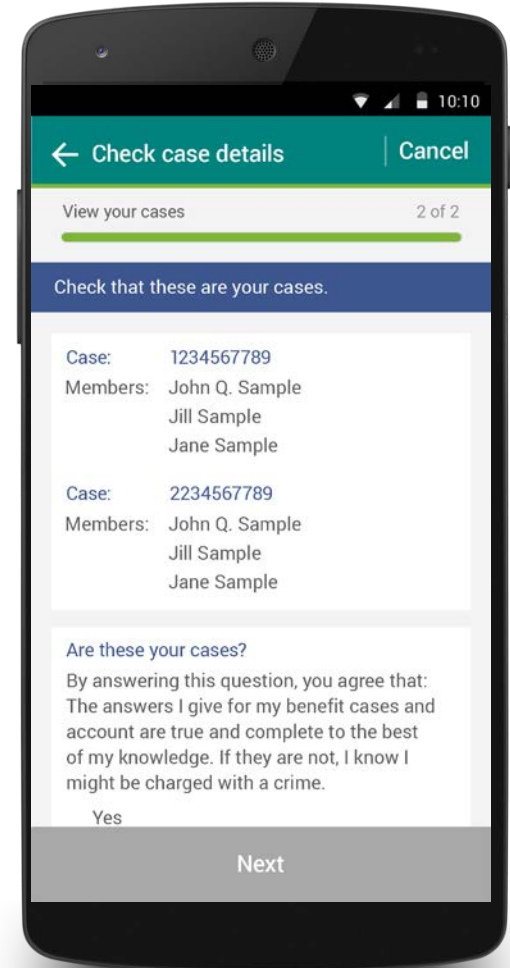
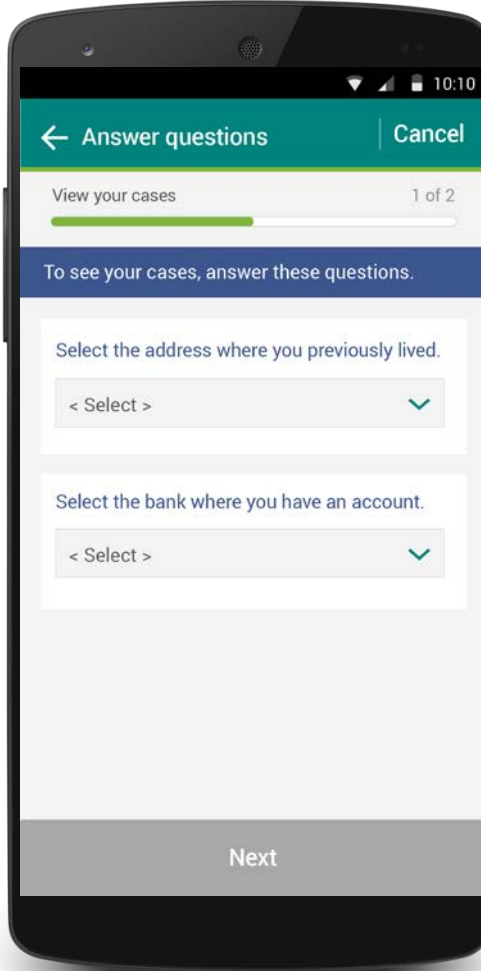
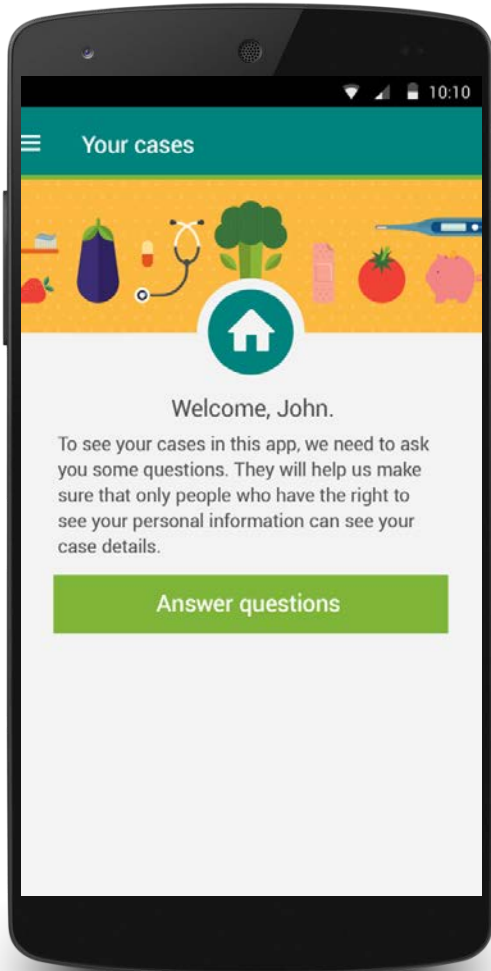


# Setting Up a New Account

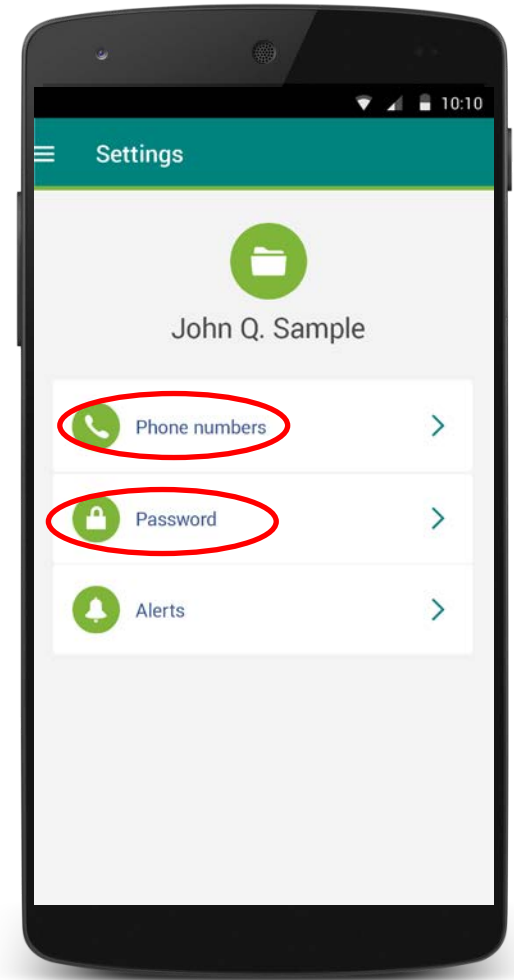
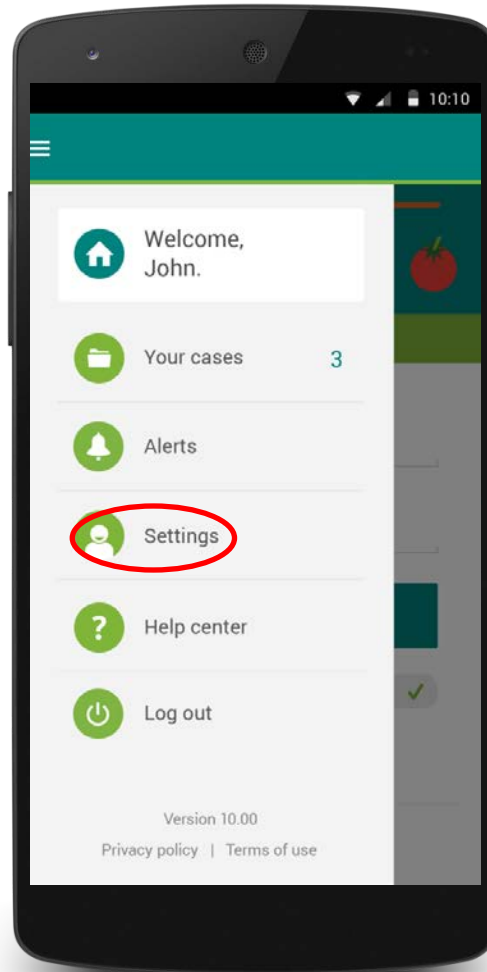
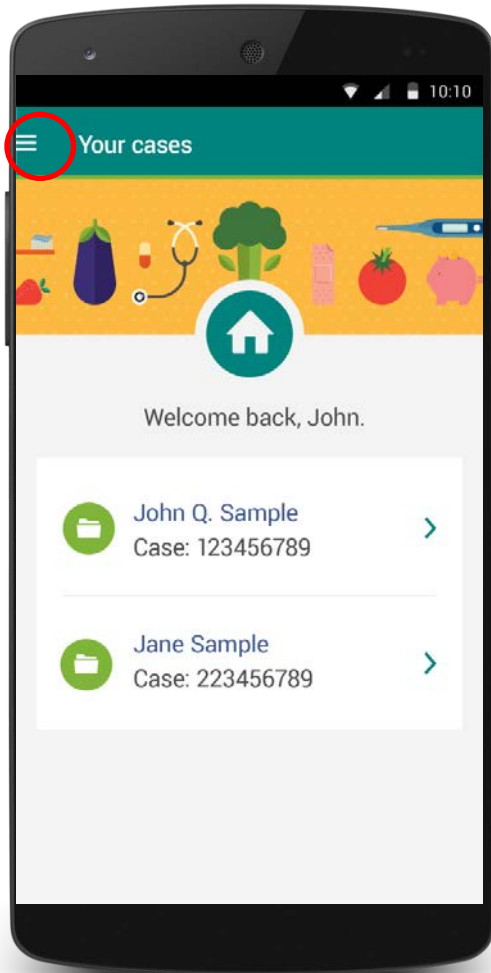




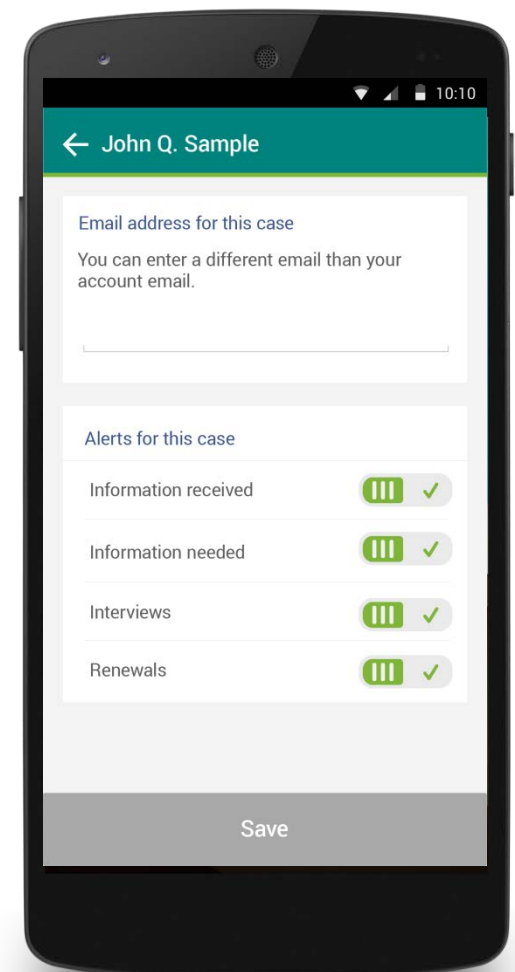
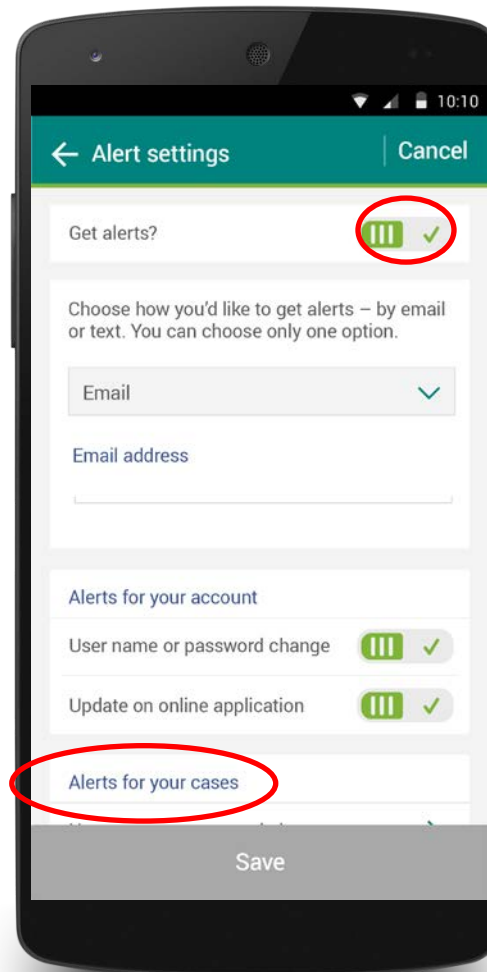
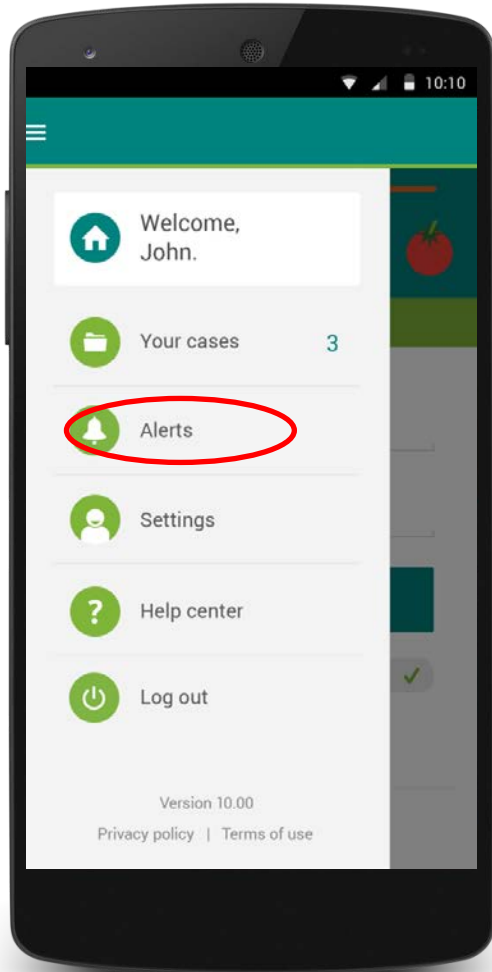
# Upgrade an Account to Case Visibility

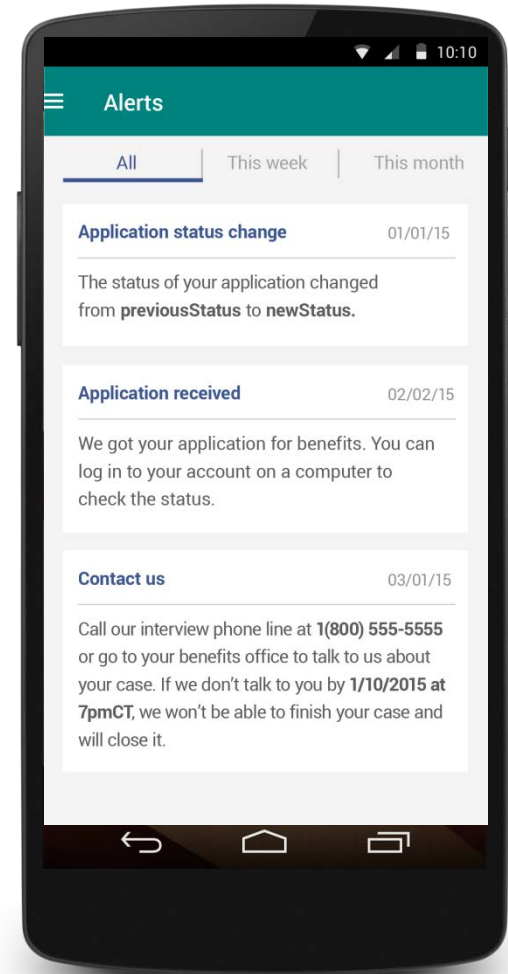
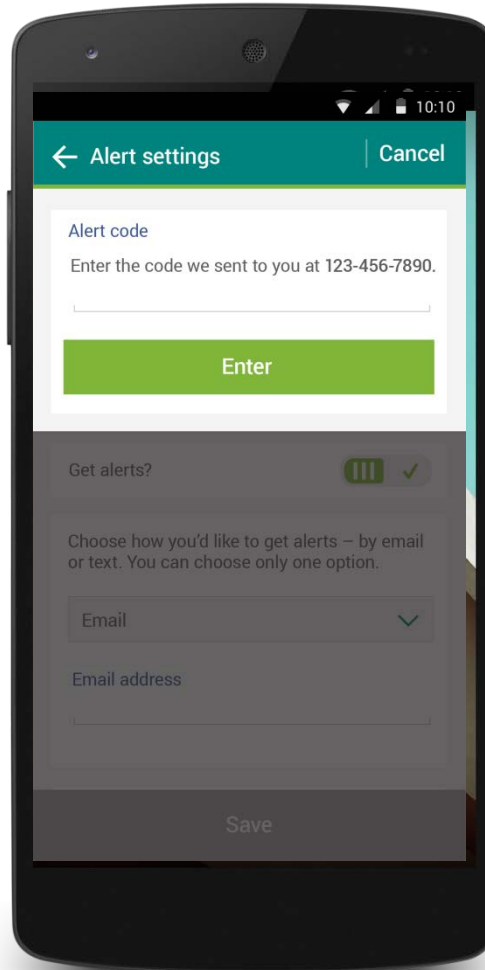
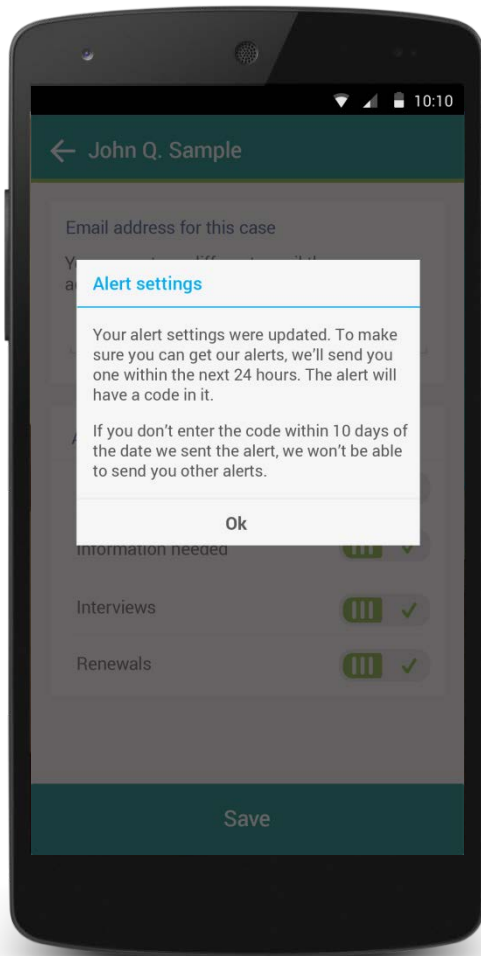


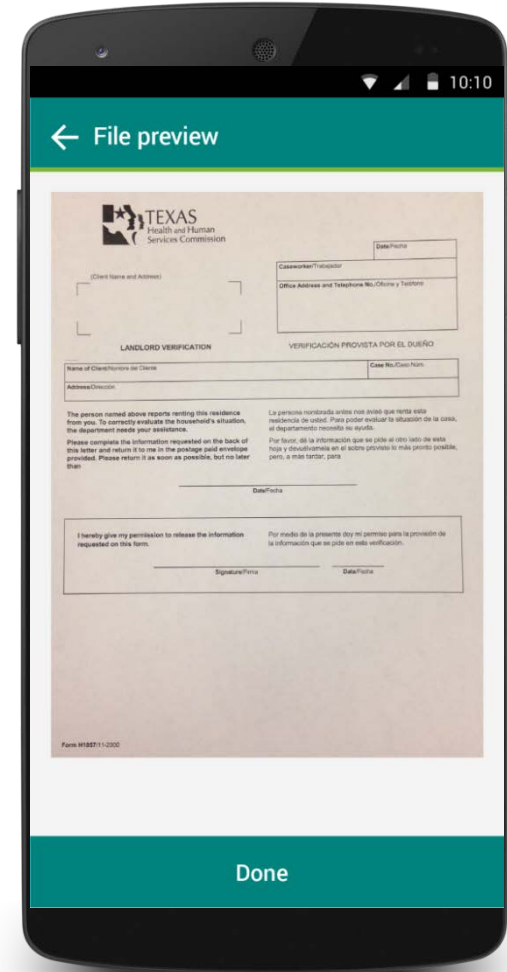
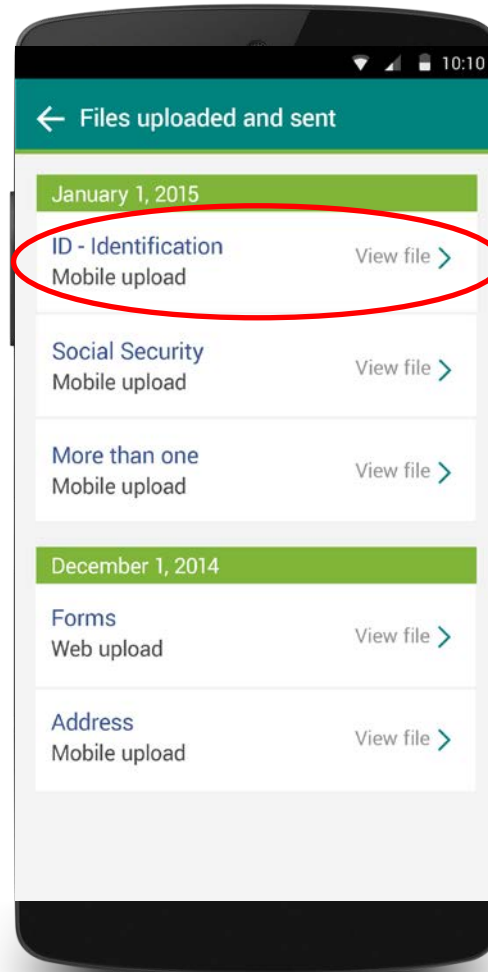
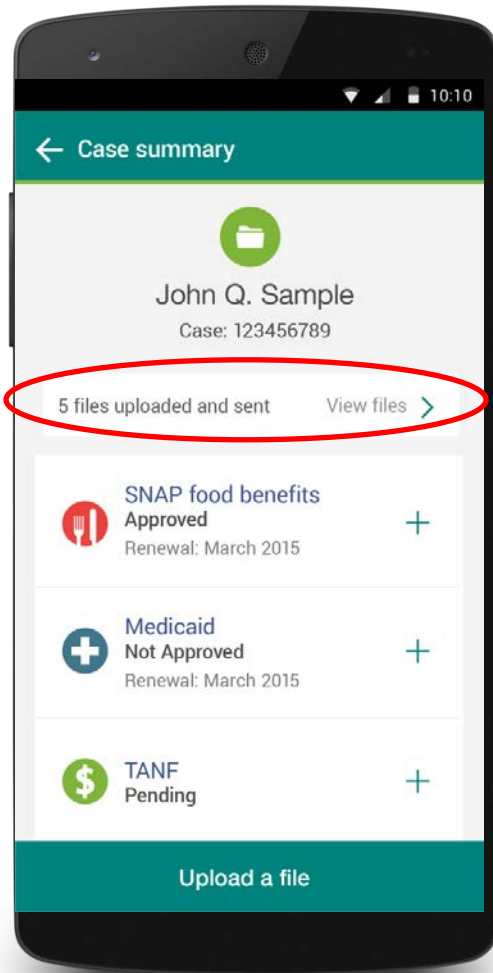
# Phone Number or Password Change



# Signing Up for Alerts








- Release 3 will introduce the ability to make more complex changes.
- HHSC is conducting more rigorous user testing with clients and adapting design according to user feedback.

Deloitte Digital TERS mobile Release 3

## Begin a change report

- 3/4 struggled to locate where to start a change report
- 1/4 located the change report from the menu in the case summary page
- 4/4 testers wanted report a change to be directly on the screen
- 4/4 located report a change through the side menu

**Outcome: updated UX & visual design on case summary screen**

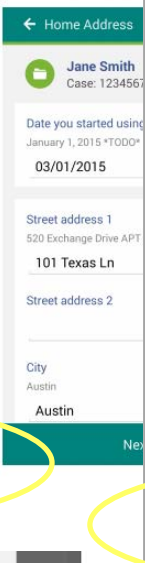


Deloitte Digital TERS mobile Release 3

## Update home address

- 4/4 found the process to be straightforward
- 4/4 wanted to view their previous information pre-populated in the fields instead of above the line
- 3/4 did not recognize that they needed to further select which address they wanted to use in order to complete the process

**Outcome: updated UX to have old data prepopulated in form fields instead of under field title**

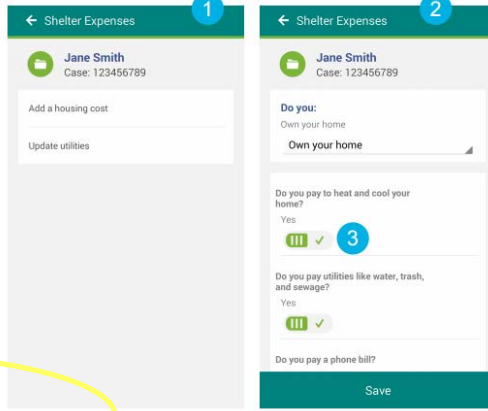


Deloitte Digital TERS mobile Release 3

## Add a utility cost

- 4/4 did not have any issues locating where to update a utility
- 4/4 did not find it beneficial to view previous answers and expected these previous inputs to change when moving the switches
- 3/4 were confused by the styling of the Android switches

**Outcome: updated visual design for switches on utility screen**





# **Presentation to the Texas CHIP Coalition**

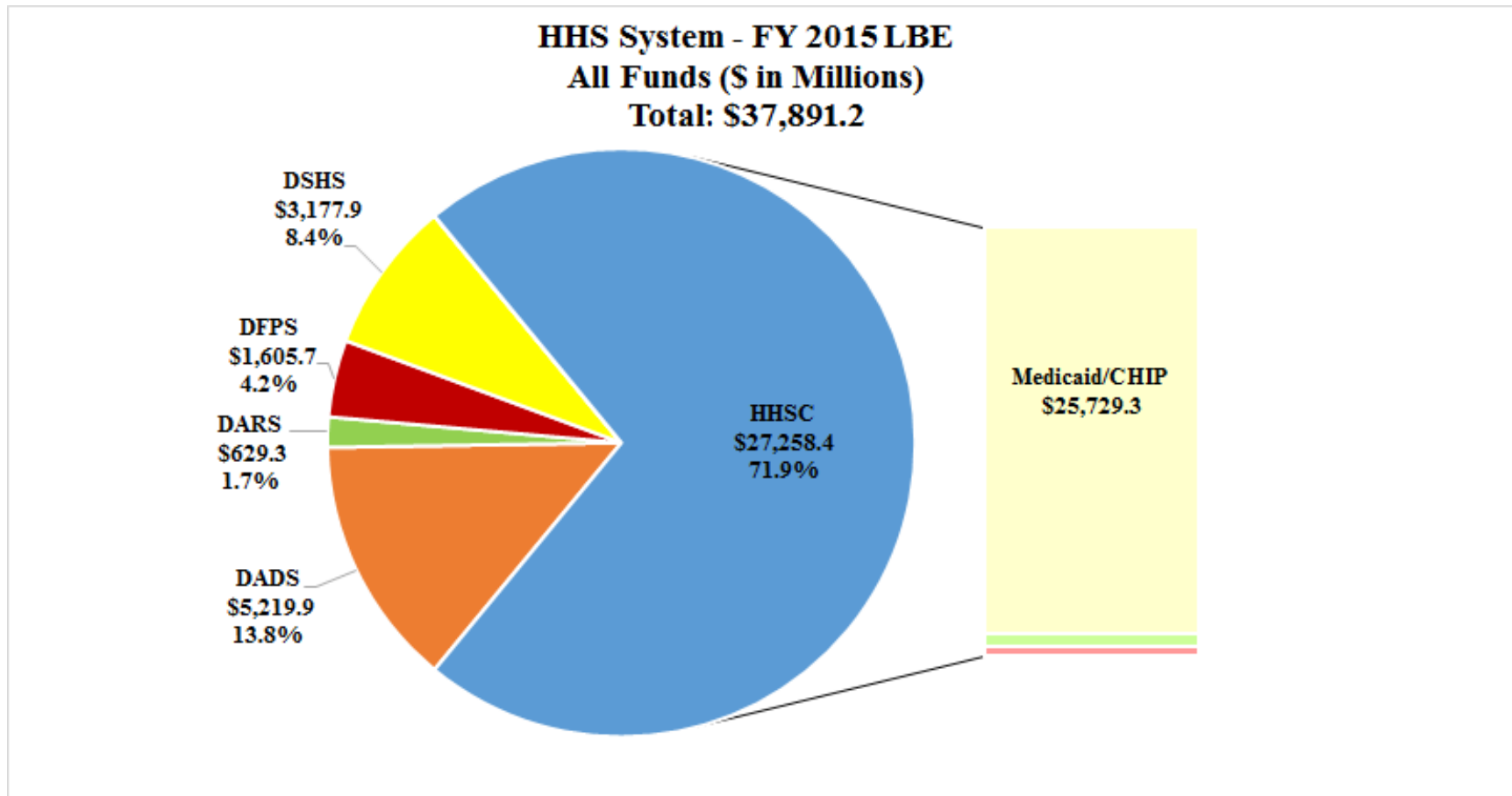
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## **Health and Human Services Commission**

**Lisa Subia, Chief Financial Officer  
March 27, 2015**

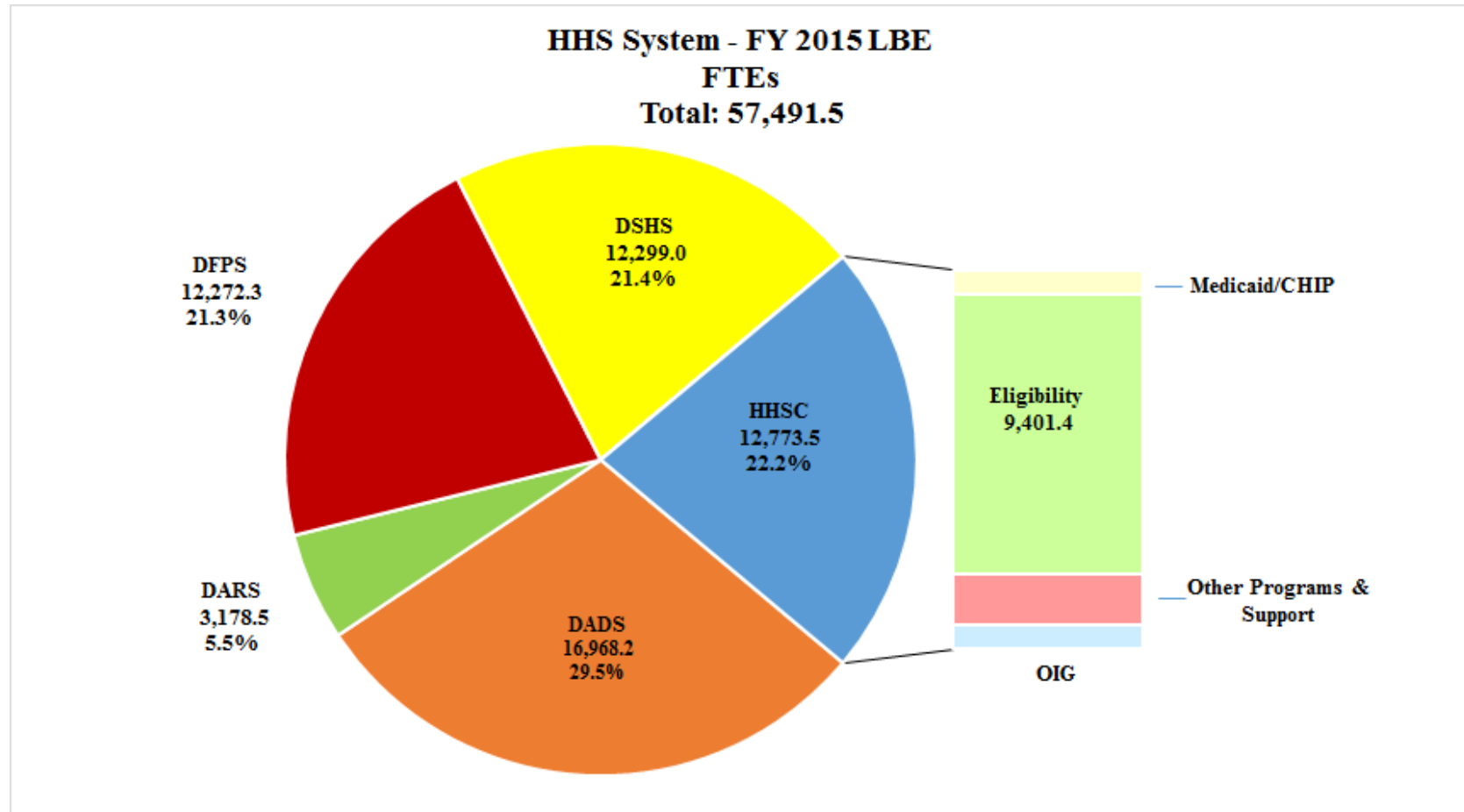


# HHS System Funding Resources





# Health and Human Services Staffing Resources





## FY 2014-15 Additional Funding Needs

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HHS 2014-15 projections assume a state-funded net supplemental appropriation of \$486.9 million GR:

### Needs:

Medicaid	(\$573.3)
Child Protective Services	<u>(\$29.0)</u>
Sub-Total Needs	(\$602.3)

### Available Funds:

HHSC (CHIP)	\$11.7
HHSC (Administrative & Other Programs)	\$84.2
DADS	\$8.0
DSHS	<u>\$11.5</u>
Sub-Total Available Funds	\$115.4

Net Supplemental Need	(\$486.9)
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# Comparison of Current Biennium to H.B. 1 and S.B. 2

Description		FY 2014-15 LBE	FY 2016-17 Introduced Bill (HB 1)	FY 2016-17 Introduced Bill (SB 2)
GOAL 1 - Enterprise Oversight and Policy		\$ 2,011,690,805	\$ 1,959,223,009	\$ 1,959,223,009
GOAL 2 - Medicaid		\$46,518,632,582	\$51,190,385,922	\$51,190,385,922
GOAL 3 - CHIP		\$ 1,949,413,879	\$ 1,664,284,344	\$ 1,664,284,344
GOAL 4 - Encourage Self-Sufficiency		\$ 355,649,128	\$ 383,218,195	\$ 435,865,201
GOAL 5 - Program Support		\$ 304,877,732	\$ 270,302,885	\$ 270,302,885
GOAL 6 - Information Technology		\$ 181,182,398	\$ 114,997,696	\$ 114,997,696
GOAL 7 - Office of Inspector General		\$ 127,002,558	\$ 116,065,229	\$ 116,065,229
TOTAL AGENCY REQUEST		\$51,448,449,082	\$55,698,477,280	\$55,751,124,286
General Revenue		\$19,758,335,441	\$22,386,314,525	\$22,416,372,279
General Revenue - Dedicated		\$ -	\$ -	\$ 22,541,252
Other Funds		\$ 1,158,891,229	\$ 878,968,768	\$ 879,016,768
Federal Funds		\$30,531,222,412	\$32,433,193,987	\$32,433,193,987
TOTAL, METHOD OF FINANCING		\$51,448,449,082	\$55,698,477,280	\$55,751,124,286
FTEs		12,773.5	12,773.5	12,773.5

## Summary of H.B. 1 and S.B. 2

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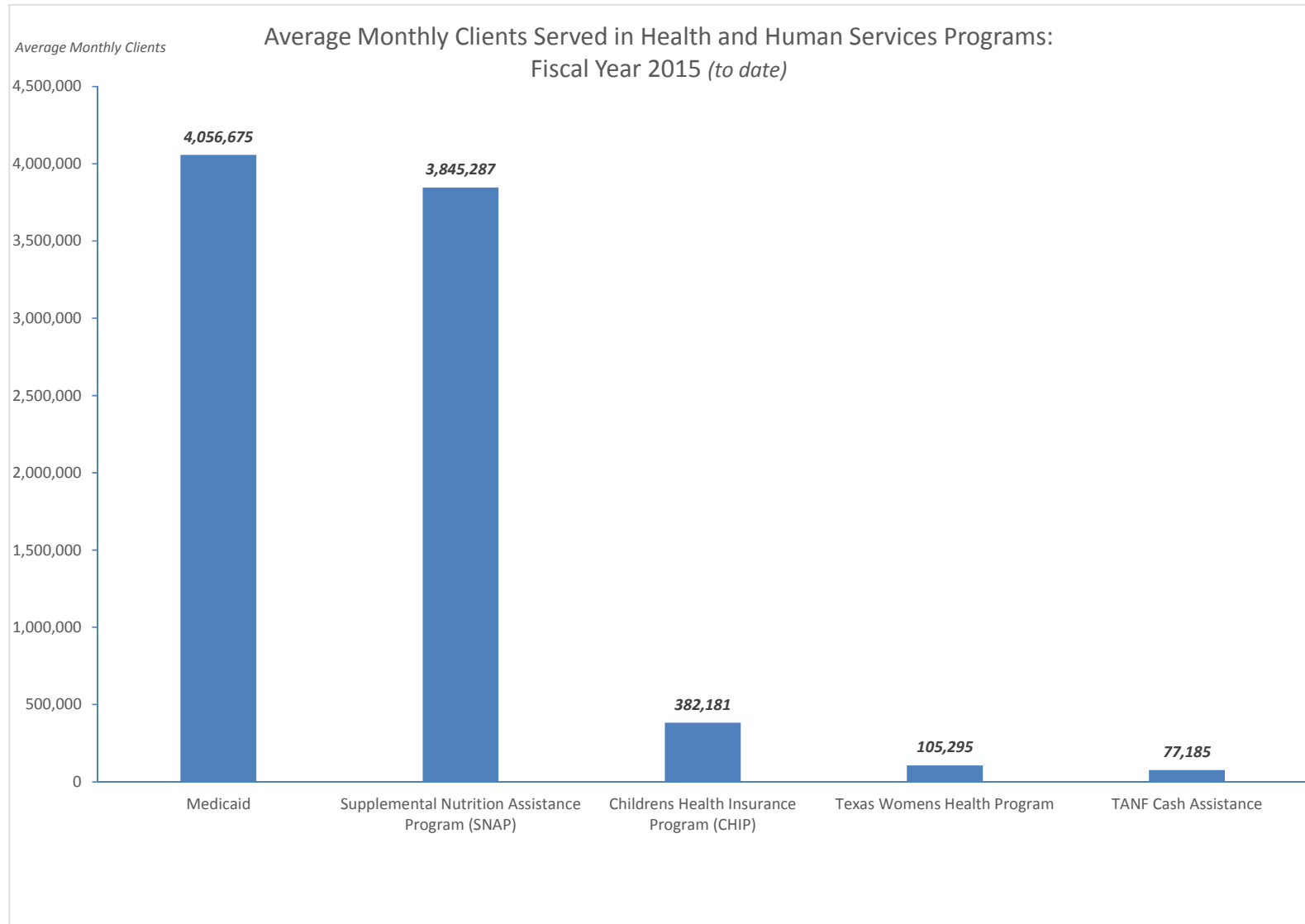
- Client Services
  - Medicaid and CHIP caseload growth is largely included:
    - Medicaid – 4,187,977 in 2016 and 4,286,427 in 2017
    - CHIP – 363,787 in 2016 and 383,428 in 2017
  - Consistent with past appropriation practices, full funding for cost trends related to medical inflation, utilization, or higher acuity is not included
  - TANF Cash Assistance Programs (Basic, State Two-Parent, and One-Time Payments) are funded slightly higher than 2015 levels
  - Texas Women's Health Program is funded at 2014-15 levels – 115,645 in 2016 and 2017

## Summary of H.B. 1 and S.B. 2

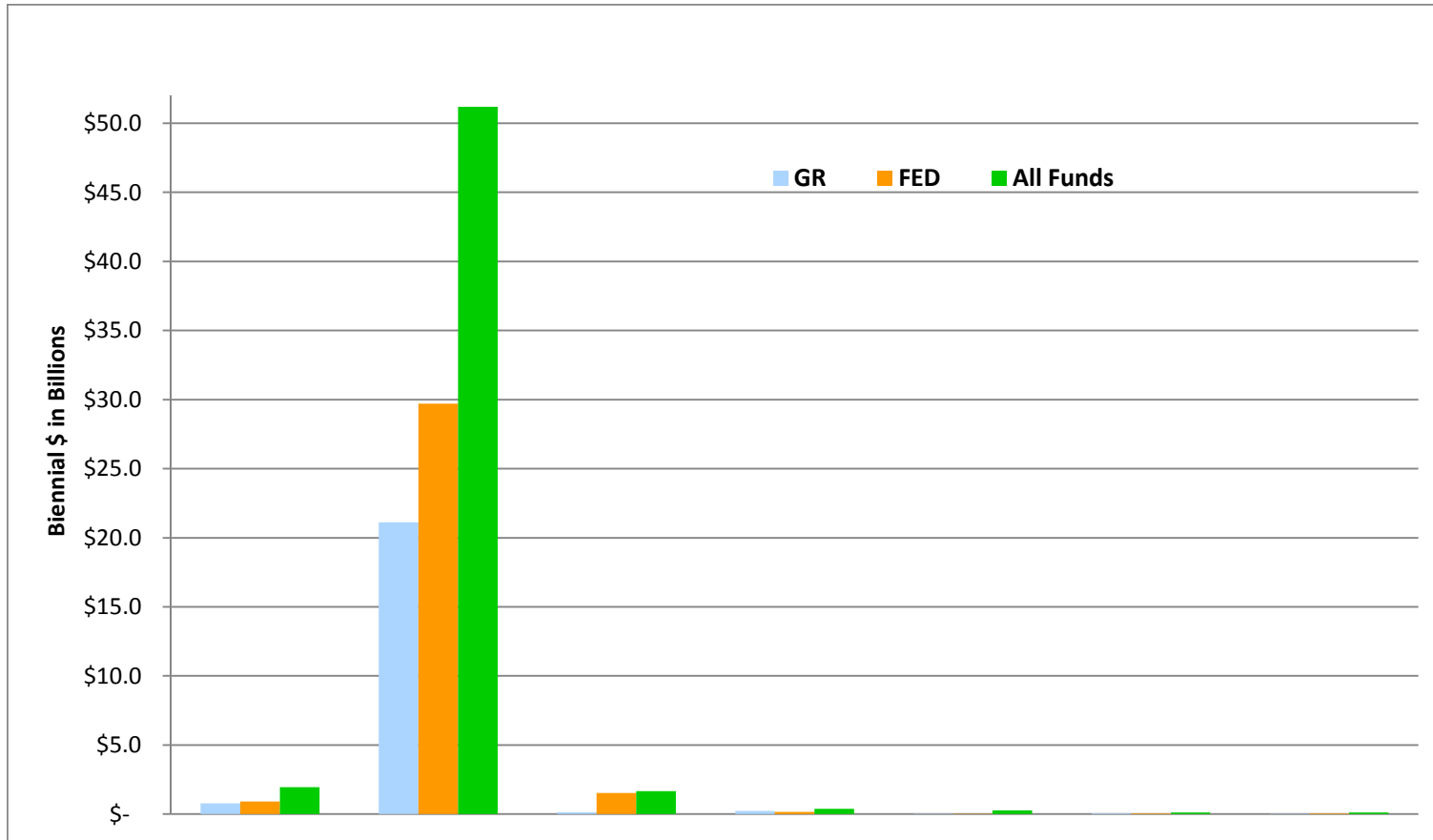
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- Program, administrative, and support operations are generally maintained at FY 2014-15 service levels with the following exceptions:
  - Provides an additional \$10 million GR per year to support mental health grant program for veterans
  - Provides an additional \$52.6 million GR and All Funds to transfer OAG's Court Appointed Special Advocates (CASA) and Children's Advocacy Centers (CAC) grant programs to HHSC
  - Reduced funding for travel in administrative areas and eligibility related to the 10% reduction proposal (\$2.8 million GR and \$6.4 million All Funds)
  - Eliminated capital budget authority and funding related to Enterprise Data Warehouse (\$10.6 million GR and \$78 million All Funds)

# HHSC Average Monthly Caseloads for Select Programs



## S.B. 2 – FY 2016-2017 (by Goal, \$ in billions)



	Enterprise Oversight & Policy	Medicaid	CHIP	Encourage Self Sufficiency	Program Support	TIERS	Office of Inspector General
GR	\$ 790.5	\$ 21,109.7	\$ 141.0	\$ 279.9	\$ 24.9	\$ 53.9	\$ 39.1
FED	\$ 903.3	\$ 29,710.2	\$ 1,523.3	\$ 156.0	\$ 27.8	\$ 61.1	\$ 51.5
All Funds	\$ 1,959.2	\$ 51,190.4	\$ 1,664.3	\$ 435.9	\$ 270.3	\$ 115.0	\$ 116.1



# Clients Served in Selected Programs— H.B. 1 and S.B. 2

HHSC	FY 2015 LBE	FY 2016	FY 2017
Medicaid and CHIP Children Recipient Months per Month	3,282,346	3,384,895	3,489,610
Medicaid Acute Care Recipient Months per Month	4,069,899	4,187,977	4,286,427
CHIP Recipient Months per Month	366,045	363,787	383,428
TANF Recipients per Month	78,282	79,065	79,856
Supplemental Nutrition Assistance Program (SNAP) Recipients per Month	3,783,865	3,788,585	3,863,794
State Two-Parent Cash Assistance Recipients per Month	3,415	3,449	3,483
Persons Served by Family Violence Programs	80,686	80,686	80,686



# Summary of Exceptional Item Requests

(in millions)	FY 2016		FY 2017		BIENNIAL TOTAL		FY 16 FTEs	FY 17 FTEs
	GR/GR-D	All Funds	GR/GR-D	All Funds	GR/GR-D	All Funds		
EXCEPTIONAL ITEMS:								
1. Maintain Medicaid Current Services	513.2	1,229.0	1,202.1	2,870.4	1,715.3	4,099.4	-	-
2. Maintain Claims Administrator Costs	19.1	80.6	25.5	108.6	44.6	189.2	-	-
3. Maintain Current Services to Support Caseload Growth and Annualization of Costs	10.7	19.8	11.7	23.9	22.4	43.7	12.2	12.2
4. Regional Laundry - Replacement of Equipment and Trailer	2.3	2.3	-	-	2.3	2.3	-	-
5. Maintain Defense on Children's Litigation	TBD	TBD	TBD	TBD	TBD	TBD	-	-
6. Increase Capacity of Existing Family Violence Providers	1.5	1.5	1.5	1.5	3.0	3.0	-	-
7. Security Enhancements for Regional HHS Client Delivery Facilities	0.8	1.1	-	-	0.8	1.1	-	-
8. Food Service Management & Nutrition Care Management Software Expansion to all Sites	1.4	1.9	0.4	0.5	1.7	2.3	-	-
9. Increase HHS Recruitment and Retention	79.6	177.3	81.6	182.8	161.2	360.1	-	-
10. Cybersecurity Advancement for HHS Enterprise	5.8	7.4	5.7	7.3	11.5	14.7	2.0	2.0
11. Network, Performance, and Capacity	8.0	11.0	2.1	2.8	10.1	13.8	-	-
12. Improve HHS Enterprise Telecommunications	6.4	8.5	2.7	3.8	9.2	12.3	-	-
13. Improve Medicaid Staffing and Support	0.6	1.5	0.5	1.4	1.1	3.0	17.3	17.3
14. Improve Employee Technical Support	3.5	5.3	2.8	3.9	6.3	9.1	3.0	3.0
15. Seat Management	1.1	2.1	1.2	2.3	2.3	4.4	-	-
16. Enterprise Data Warehouse	4.3	35.5	6.3	42.5	10.6	78.0	-	-
Total Exceptional Requests	\$ 658.3	\$ 1,584.8	\$ 1,344.1	\$ 3,251.7	\$ 2,002.4	\$ 4,836.4	34.5	34.5

# Senate and House Decisions

Agency Requests		Adopted	Article XI
<b>1.</b>	<b>Maintain Medicaid Current Services. Includes cost growth, differences in the HHSC forecast, and payment of the Health Insurance Issuers Fee and Resulting Federal Income Tax Impact</b>		
	a. Medicaid - Cost Growth	<b>S (Partial)</b>	<b>H</b>
	b. Medicaid - Health Insurance Issuers Fee and Federal Income Tax	<b>S / H</b>	
	c. Medicaid - Caseload		<b>H</b>
	d. CHIP - Health Insurance Issuers Fee and Federal Income Tax	<b>S / H</b>	
<b>2.</b>	<b>Maintain Claims Administrator Costs. Enterprise request for HHSC and DADS</b>	<b>H</b>	<b>S</b>
<b>3.</b>	<b>Maintain Current Services to Support Caseload Growth and Annualization of Costs (12.2 / 12.2 FTEs)</b>		
	a. OIG - Medicaid Fraud and Abuse Detection System	<b>S (Partial) / H</b>	
	b. OIG - Lease	<b>S / H</b>	
	c. Enrollment Broker	<b>S / H (Partial)</b>	<b>H (Partial)</b>
	d. Chief Operating Officer, Office of Change Management, and Contract Oversight and Management	<b>S (Partial)</b>	<b>S (Partial)</b>
<b>4.</b>	<b>Enterprise: Regional Laundry - Replacement of Equipment and Trailer</b>		
	a. DADS	<b>S / H</b>	
	b. DSHS	<b>S / H</b>	

# Senate and House Decisions

Agency Requests		Adopted	Article XI
5.	Maintain Defense on Children's Rights Litigation. This item is a placeholder. The agency will update the amounts during session.	H	S
6.	Increase Capacity of Existing Family Violence Providers.	S / H	
7.	Security Enhancements for Regional HHS Client Delivery Facilities. Enterprise request.	S / H	
8.	Enterprise: Food Service Management & Nutrition Care Management Software Expansion to All Sites	S (Partial) H (Cap Only)	S (Partial)
9.	Enterprise: Increase HHS Recruitment and Retention: 5% wage or salary increase: Workers	S / H (Partial)	
10.	Enterprise: Cybersecurity Advancement for HHS Enterprise	S (Partial) / H	
11.	Enterprise: Network, Performance, and Capacity		
	a. Develop Enterprise Backbone and Wide Area Network	S (Partial) / H	
	b. Expand Wireless Access		S / H
	c. Consolidate Employee Access Management	S (Cap Only)	H
12.	Enterprise: Improve HHS Enterprise Telecommunications		
	a. Expand Vendor-Delivered Services to HHS Agencies		S / H
	b. Expand Vendor-Delivered Services to 11 Mental Health Hospitals	S (Partial) / H	
13.	Improve Medicaid Staffing and Support (17.3 / 17.3 FTEs)	S	H
14.	Enterprise: Improve Employee Technical Support (3.0 / 3.0 FTEs)		S / H
15.	Seat Management	H (Cap Only)	S
16.	Enterprise Data Warehouse	S (Partial) / H	S