

Texas CHIP Coalition Minutes
Friday, June 15, 2007 11:00 a.m. – 1:00 p.m.
May Owen Conference Room, 10th Floor
Texas Medical Association

Attendees: Anne Dunkelberg, CPPP; Kit Abney Spelce, Insure-a-Kid; Ed Berger, Seton Health Plan; Morgan Walthall, March of Dimes; Bee Moorehead, Texas IMPACT; Miryam Bujanda, Methodist Health Care Ministries; Tom Banning, Texas Academy of Family Physicians; Jeanne Stamp, Texas Homeless Education Office; Denise Rose, Texas Children's Hospital; Therese Ruffing, Consultant; Kitty Allen, Harris County Hospital District; Julia Marsden, League of Women Voters; Celina Pena, Methodist Health Care Ministries; Victoria Rogers, Catholic Charities of Central Texas; Juanita Vargas, Catholic Charities of Central Texas; Candise Spikes, Catholic Charities of Texas; Robin Butler, Children's Hospital Association of Texas

Via conference call: Julia Easley, Children's Medical Center; Vicki Johnson-Stephens, Children's Defense Fund; Ramona Mekissik, HHSC; Lisa Garza, HHSC

Guests: Kimberly Davis, HHSC; Skye Killeen, HHSC

Update on SCHIP State Plan Amendment

Kimberly Davis reviewed the changes to the SCHIP State Plan amendment that HHSC submitted to CMS on June 8th. The changes were required by the passing of HB109. They include:

- Liquid assets increased to \$10,000
- Fair market value of first vehicle increased to \$18,000; second vehicle increased to \$7,500
- Coverage period increased from 6 months to 12 months with an income check at 6 months for those above 185% of poverty level.
- Description of 3 month waiting period update. Ms. Davis commented that CMS does have issues with the exception included by HHSC that states "...at discretion of HHSC, commission can make decision regarding enrollment even if applicant currently has insurance." HHSC wants to preserve commissioner discretion for cases such as emergency procedures or eligibility system glitches.
- Increased dental tiers. This was done because enrollment fee policy also changing.
- Enrollment fee – none for those at or below 150% poverty, cost sharing cap stays at 1.25; 185-200%, \$50/month, 2.5% cost sharing cap

Ms. Davis stated that they are working hard to train their vendor, Maxim, on these changes. The HHSC contact for any problems with CHIP eligibility remains Aurora LeBrun.

Update on Women's Health Program Waiver Amendment

Ms. Davis also reviewed the amendment to the Medicaid family planning demonstration waiver, the Women's Health Program, that was submitted to CMS on June 1st. HHSC is hoping to have the amendment approved by September 1st. The amendment proposes coverage as part of the initial or follow-up family planning visits for lipid panels, TB skin test, HIV confirmatory test, syphilis screening, radiological exam of the abdomen related to IUD and facility fees for tubal ligation.

CMS had originally declined a 90/10 match for these services but are now saying that it can be done. HHSC also submitted a rider in the amendment to change the reimbursement methodology for FQHCs, requesting that they be reimbursed up to three visits per patient per year under the Women's Health Program.

If CMS does not approve the waiver there is a provision under the Title V, X and XX family planning that DSHS can use a portion of those funds to cover services not covered under the Women's Health Program.

Update on Texas Three Share Waiver

Ms. Davis provided an overview of the Three-Share program noting that the premise of the program is that 1/3 of the premium costs would come from the employer, 1/3 from the employee and 1/3 from public funds. The Galveston County Three-Share waiver was submitted in December, 2005, and would use SCHIP funds as part of the public funds monies. The eligible population includes parents of children eligible or enrolled in Medicaid or CHIP, at or below 200% of poverty, that are working for an eligible employer. For the Galveston County Three-Share, UTMB designed a benefit package at a cost of \$180, split three ways at \$60 a piece between the employer, employee, and public funds. For the public funds, UTMB would put up the state match and draw down federal funds from SCHIP.

CMS is interested in a state-wide effort for the three-share that would guarantee there would be no eligibility requirement differences based on location. It is permissive for other communities to join in the Galveston County Three-Share; communities would have to use eligibility criteria developed for current waiver or another waiver would have to be submitted.

Ms. Dunkelberg questioned if the waiver is subject to cost effective requirements. Ms. Davis answered that for SCHIP they have to have allotment neutrality as opposed to budget neutrality; the waiver and state plans will not exceed the allotment.

Ms. Dunkelberg inquired as to what the cost requirements were for CHIP Premium Assistance. Ms. Davis responded that the waiver applied for adults with children in CHIP that have employer sponsored insurance available through their employer but are unable to afford. The state would provide a subsidy to help pay the premiums for the employer sponsored health care. At the state level the program must be cost effective but if SCHIP reauthorization passes as it is now the state will be required to wrap-around any benefits that the kids would be getting through CHIP to the benefit offered through the employer's carrier. Ms. Davis noted that HHSC is working aggressively with CMS on this waiver but CMS laid out several conditions that HHSC could not accept: 1) program must be implemented within 12 months or no federal match; 2) 90 day wait for Medicaid kids moving into CHIP premium assistance plan; 3) changes to the CHIP State Plan amendment would terminate CHIP Premium Assistance Waiver. Ms. Davis noted that HHSC is working aggressively to negotiate a compromise on the waiver.

Ms. Dunkelbeg noted concern that SB10 was not clear on the health opportunity pool intent, but seemed to open the door for the potential for richer communities to put together more extensive programs than poorer communities from the same Title 19 funds. Ms. Davis responded that SB10 draft rules authorize grants for regional and local health care programs, however funds are not

appropriated. The commission is working toward getting everything in place so that if funds are identified these programs can be initiated. These rules will not apply to HOP or Three-Share. Funds must be released by 2009 and establish operation of regional health care programs for employees of small employers. HHSC is in the process of identifying eligible applicants and examples of eligible projects and how the programs can be sustained after the grant ends.

CHIP Eligibility RFI

The RFI has been posted and HHSC hosted a vendor conference last Monday and Tuesday. The expected timeframe is for final responses to be due December, 2007, contract award scheduled for May, 2008, and transition of services complete by January, 2009. Once HHSC has reviewed vendor feedback a formal RFP will be developed. Sherri Mojica will be the central contact at HHSC for RFI information.

Eligibility and Enrollment

Ms. Dunkelberg noted that there are several issues that the coalition needs to think about over the interim including asking Chairman Rose, Chairman Nelson and Commissioner Hawkins for a new stakeholder process as authorized under HB3575 legislative oversight committee. Also need to look at dedicated funding for outreach; West Texas is seeing huge losses in enrollment and the need may be to approach HHSC about how outreach can be switched to be an across-division effort.

Mr. Berger stated that health plans follow-up on disenrollment and may be a good information source. Ms. Dunkelberg responded that it may be beneficial to try and get local CBOs and others together with the health plan folks.

The next CHIP Coalition meeting will be held on Friday, July 21st, 11 a.m. – 1 p.m. at TMA, 401 W. 15th Street in the Thompson Auditorium, 1st Floor.

With no other agenda items the CHIP Coalition meeting adjourned at 12:55 p.m.