

Attendees: Michelle Apodaca-THA, Mimi Garcia- TSEU, Cheasty Anderson- CPPP, Courtney Weaver-CPPP, Anne Dunkelberg-CPPP, Kori Martin-CenTex HMHB, Sister JT Dwyer- Seton Health Care Family, Aerin Toussaint-Texas Impact, Ashley Foster-TACHC, Sonia Lara, TACHC, Kathy Eckstein-CHAT, Rexann Shotwell- Insure-a-Kid, Kit Abney Spelce- Insure-a-kid, Jane Swanson-FREW Attorney, Andrea Earl-Texas Impact, Laura Guerra-Cardus- CDF, Jeff Miller-Disability Rights Texas, Helen Davis-TMA, Danielle Bennett-TDA, Ann-Marie Price- Amerigroup, Chris Yanas-THOT.

Conversation about Coalition Logistics, etc. and what we can do differently next session.

July 6th we will have another debrief- THA will host from 1-3:30. All health care advocates are invited, how can we work more collaboratively with mental health, disability, private insurance advocacy, etc.

We have a new grant project from Atlantic Philanthropies willing to support grassroots activities. We will partner with Engage Texas for this program- Mimi G. will be doing organizing and Cheasty A. of CPPP will work half time on outreach/community education.

Session Debrief:

We spent a lot of time defending program cuts. Lots of legislation we were all interested in, but may not have been on the same side of.

We need to find a better way of communicating on legislation of common interest.

- May not matter if organizations have different views. The communication is of value. We can also include talking points on behalf of organizations, both for and against. Sharing information is very valuable.
- May be useful to have a matrix of organizational priorities (at least within the confines of child health-related issues.)

Specific Example: Perinatal Issues this session.

We can organize our communication in a way that distinguishes between issues we agree on as a Coalition, and other issues that are “of interest.”

Depending on resources available (ie if groups submit information on bills, and we have adequate interns or staff support) we can do more information sharing.

Could create a CHIP Coalition track on Telicon and share weekly.

We will continue thinking about how we can best support each other.

Information overload is part of the challenge.

A rating system for legislative priorities would be useful (this feature is available through Telicon.)

Getting presentations on platforms from other groups would be helpful even if they are not going to be part of our agenda. (Breastfeeding, Early Childhood, Mental Health, etc.) This information sharing pre-session could be very helpful.

The coalition has a history of being both consumer and provider groups, and that can change the dynamic, though our priorities may not have been as visible since this was such a defensive session.

Upcoming Meetings:

Last interim, CDF, Texans Care, MHM, Texas Impact and MOD partnered on sharing meetings. We would love to see more provider participation.

Topics requested for future meetings: The Health Insurance Exchange; Outreach and Eligibility

Possible Meeting Planner/Facilitators: Kit- Insur-a-Kid; Sr. JT, Seton family(particularly on Outreach and Eligibility topic.)

Helen-TMA

TACHC (staffer to be determined)

Kathy-CHAT

National Topics:

Recommend members Subscribe to Kaiser Health News for federal information (go to: kff.org).

- Concern about the nature of Medicaid and CHIP cuts in national discussions around the debt ceiling, etc.
- Have heard Medicaid and CHIP will get disproportionate cuts because it is mechanically and politically easier to cut these programs than Medicare.
- Political pushback has resulted from Ryan budget and Medicare vouchers.
- Polling on Medicaid shows that the American public opposes cuts/blockgranting almost as much as they oppose it to Medicare (see Kaiser tracking polls).

Possible Federal Changes to Medicaid and Medicare:

- Reducing match rates (“blended” match rate); give one FMAP for all recipients; or for all kids whether they are CHIP or Medicaid.
- President’s budget proposed cutbacks on provider taxes and UPL
- Maintenance of Effort- A majority of governors are trying to get Congress to remove MOE provisions because states are in fiscal trouble.
- CBO has estimated a 30% reduction in enrollment is possible if the MOE were repealed.
- Ryan budget by the end of its timeline would reduce Medicaid spending by over ½ and only 1/3 of your costs would be covered by Medicare.
- Current Global caps and Balanced Budget proposals would require even deeper Medicaid/Medicare cuts than what the house approved.

We will try to share both community/talking point level materials AND share the information that will demonstrate we can do deficit reduction AND have a health care safety net.

New Federal Rules

CMS issued proposed rules on starting requiring states to do some regular analysis on access to care within their Medicaid and CHIP programs. (See attached Families USA Eligibility Factsheet)

- They are set up to be done when states want to reduce reimbursement rates or restructure eligibility.
- Comment period will close in July.
- Starting with fee for service, measuring every 5 years and adopt “flexibility” by allowing states to adopt different methodologies for measuring access.
- Component of emphasis on serving enrollees themselves and getting their perspective on access to care.
- Heightened level of public input required for reimbursement reductions.
- Does not set up a requirement to report to CMS on these access reviews.
- At any time there is an SPA to reduce/restructure a provider rate you would need to submit your review.

Discussion around Medicaid fee-for-service vs. managed care.

CMS published a second set of rules on exchange and Medicaid IT rules.

- Continues to emphasize states should have seamless coordination between exchanges and Medicaid/CHIP, but should also coordinate between insurance plans/providers/CBOs.
- States should have a goal of getting enrollment in real time. Intend for 3rd party data to enroll for a fast enrollment process.
- HHS will set up a data services hub.
- Increased standardization around how eligibility is determined.

- Automated discrepancy resolution.

States are offered a 90/10 match to make the needed enhancements to their eligibility system for ACA implementation, we can even get exchange planning grant money without passing an exchange bill.

HHSC Issues

Health Information (not insurance) Exchange- Texas is coming out soon with Medicaid ID swipe cards. Providers can verify current eligibility and see claims history of an individual. 3 million cards are being issued by program and region.

Family Planning Program- need discussed for a DSHS briefing on funding changes.

Child-Only Policies: (See Attached Factsheet)

- Child-Only plans are in the individual market- it's small, about 20,000-40,000 policies in the state. If you are a grandparent on Medicare, don't have dependent coverage for job-based insurance or are an adult in the risk-pool, these are a good plan.
- When the ACA prevented turning down kids for pre-existing conditions, many insurers stopped selling these plans. The law says you can't turn kids down, but it doesn't require you to sell the policy.
- Many insurers pulled out of the market, but BCBS is working on coming back.
- TDI can encourage plans returning by creating an enrollment period, listing qualifying events (childbirth, marriage), etc.
- For sick kids, CHIP, Medicaid and risk pools are going to be the best options. Child-only coverage is needed for healthy kids whose adults have no other access to health care purchasing.

PCIP Outreach on the Federal Risk Pool. CMS Office is looking for community partners.

Enroll America- New non-profit national organization working for enrollment in Medicaid and exchange coverage in 2014.