

## Texas Update - June 2006

### In this issue:

1. Medicaid Citizenship Documentation Policy - How it Works in Texas
2. Women's Health Waiver - Program Details
3. CHIP Perinate Program - Program Details
4. DSHS Commissioner Announces Resignation
5. Integrated Eligibility and Enrollment Program On Hold Indefinitely
6. New Report on Texas Health Care from CPPP
7. Registry link for New Advocates:  
<http://votervoice.net/groups/tachc/?registeronly=true>

### New Medicaid Citizenship Documentation Policy Goes Into Effect July 1

Beginning July 1, all U.S. citizens applying for Medicaid or renewing their Medicaid eligibility will have to prove their citizenship by presenting certain documents, such as a U.S. passport, or the combination of a U.S. birth certificate and an identity document. This new requirement ***does not change eligibility for Medicaid***. The new policy requires U.S. citizen Medicaid applicants and renewers to prove their citizenship rather than self-declare it. While citizenship has always been a requirement for Medicaid coverage, this new requirement could create significant barriers to health coverage, particularly for certain groups such as the elderly, disabled, institutionalized, and mentally ill.

States, including Texas, have been developing policies to implement this new law with the understanding that federal Medicaid authorities would provide states with the flexibility to implement the new requirement without duplicating efforts, undermining the development of paperless systems, or delaying coverage for those in need of immediate care. Unfortunately, a guidance issued by CMS on June 9 severely restricts state flexibility in these areas, relying heavily on paper documents for citizenship verification and allowing technological systems, such as electronic vital records, only as a last resort.

The June 9 CMS document has come under fire from a number of state and national advocacy groups, including state Medicaid directors themselves. Texas is one of a number of states that intends to go forward with more flexible policies that utilize information technology whenever possible.

HHSC has posted several documents on its website to help clients and providers understand the new requirements, including a:

- Printable education flyer for clients
- Sample affidavit forms
- Letter to Medicaid clients explaining the requirement
- Chart with additional guidance on what documents satisfy the citizenship requirement.

You can find this information about Texas policies at:

<http://www.hhs.state.tx.us/medicaid/index.shtml>

For more information about problems and concerns with the new citizenship requirement see the following three articles:

<http://www.cppp.org/files/3/POP%20268%20Medicaid%20Citizenship%20Doc%20Guidance.pdf>

<http://www.cbpp.org/6-16-06health.htm>

<http://www.cbpp.org/6-20-06health.htm>

### **Women's Health Waiver Still on Schedule for September 1<sup>st</sup> Implementation**

As the Update has reported previously, Texas is in the final stages of development for a Women's Health Waiver Program in Medicaid that will provide women aged 18-44 with incomes at or below 185% of poverty with an annual family planning exam and screenings, contraception, and referral to primary care. Women in this program will have 12 months of continuous eligibility. Some details of the program are:

- The state has developed a short, one-page application that women will fill out at their provider's office. The provider will then fax the application to HHSC for eligibility determination.
- Since it is a Medicaid program, all Outstationed Eligibility Workers (OEWs) will be able to process these applications onsite.
- Women will have access to adjunctive eligibility if they or a member of their family already participates in a program that has the same income guidelines as the waiver.
- Like other Medicaid recipients, women in this program will receive a Medicaid letter every month.
- And, because it is a Medicaid program, citizenship requirements will apply.

As is often the case with state programs, the Women's Health Waiver (WHW) program does not have a large outreach budget. As a result, much of the responsibility for spreading the word about this new coverage will fall to providers. All providers will be responsible for alerting women to the new benefit. FQHCs are included as prominent figures in both providing the waiver services and providing any necessary follow up primary care. With participation from TACHC staff and other stakeholders, HHSC is developing both a general outreach tool along with a tool specific to FQHCs and the variety of services they provide.

### **CHIP Perinate Program**

Although initially scheduled for a September 1 implementation date, the CHIP Perinate program will not roll out until January 1, 2007. However, this new program that will provide prenatal care to mothers up to 200% of poverty who are not eligible for Medicaid due to immigration status or family income is making signification headway. Some key details about the CHIP Perinate program are:

- The unborn child will have retroactive coverage back to the beginning of the month that *eligibility is determined*. For example, if a mother applies for services on September 18 and eligibility is determined on September 25, coverage will be retroactive to September 1. If a mother applies for services on September 28, and eligibility is determined on October 10, coverage will be retroactive to October 1.
- Clients eligible for CHIP Perinate are exempt from the asset test, the 90 day wait period, and all cost sharing that normally applies to CHIP clients.
- Payment for services will be a mix of both Medicaid and CHIP. Medicaid will pay for all hospital, labor, and delivery costs for mothers living below 185% of poverty because at that point, the newborn child will then qualify for Medicaid. CHIP will pay hospital, labor, and delivery costs for mothers living between 185% and 200% of poverty. Regardless of which program pays for labor and delivery, CHIP will pay for all professional services, such as doctor visits.
- All women currently served by Title V will be eligible for CHIP Perinate. Beginning FY 2008, Title V will no longer cover prenatal care, although it will continue to provide other services. At the moment, it is still unclear where these Title V prenatal care funds will go.
- While OEWs will be able to assist in enrolling women into the CHIP Perinate program, it is unclear whether they will be able to determine eligibility, as the program is under CHIP and not Medicaid.
- HHSC is recruiting health plans for participation in the program now. Contracts must be finalized by August 15.

Again, as with the Women's Health Waiver, TACHC staff are participating in workgroups tasked with designing the provider outreach work plan. If you have further questions, concerns, or input, please contact Sonia Lara at the TACHC office at 512-329-5959.

### **DSHS Commissioner Eduardo Sanchez Resigns from Post Effective October 2006**

After a five year run as Commissioner of the Department of State Health Services, Eduardo Sanchez has announced his resignation effective October 6, 2006. He stated that his decision comes from a desire to spend more time with his family. The state will now be searching for another leader who can handle DSHS's diverse charges, including hurricane and disaster preparedness, disease prevention and health promotion, and mental health along with its \$2.3 billion dollar budget. As you know, DSHS houses many programs important to community health centers including Primary Health Care and the FQHC Incubator program, to name just two. TACHC and community health centers wish Dr. Sanchez good luck in his future endeavors.

### **IEE Expansion is Still On Hold Indefinitely**

Given the multitude of problems with the new Integrated Eligibility and Enrollment system, HHSC has indefinitely postponed the program's rollout beyond Travis and Hays counties until major problems have been corrected and enrollment numbers discontinue plummeting.

**New Report From CPPP on Health Care in Texas Relative to the 2005 Legislative Session and the Upcoming 2007 Session**

For a good overview of the state of Texas health care as we move closer to the 2007 legislative session, follow this link to a new report issued by the Center for Public Policy Priorities. Their report, "Texas Health Care: What Has Happened and What Work Remains" was funded by Methodist Healthcare Ministries and gives a detailed overview of how health care managed during the 2005 session and what work is necessary in 2007.

[http://www.cppp.org/files/3/HlthCare\\_FINAL.pdf](http://www.cppp.org/files/3/HlthCare_FINAL.pdf)

**Registry Link for New Advocates**

As always, please forward these updates on to friends and colleagues and ask them to follow this link to become a community health center advocate.

<http://votervoice.net/groups/tachc/?registeronly=true>