Covering Alabama's Kids and Families Statewide Coalition Meeting RSA Tower - CHIP Conference Room Montgomery, Alabama April 22, 2010 10:00 - 12:00

Attendees: Jim Carnes, Alabama Arise; Tim King Alabama Child Caring Foundation; Wendy Dixon – Flamand, Alabama Department of Public Health – Office of Minority Health; Knoxye Williams, CHIP; Bonnie Bradley, CHIP; Gretel Felton, Alabama Medicaid; Chris Hutto, CHIP; Susan Colburn – Children's Rehabilitation Services/Family Voices; Viki Brant, CHIP; Teela Carmack – CHIP; Gloria Boyd – CHIP; Cathy Caldwell – CHIP; Vaughn Branch, Alabama Appleseed; Kat Rodman – Alabama Primary Health Care Association; Sharon Parker, Alabama Medicaid; Lee Rawlerson, Alabama Medicaid; Jamie Manning, CHIP; Kaye Melnick – CHIP; Danna Driscoll, Alabama Medicaid; Jennifer May, National Association for State Health Policy; Nora Kaye, National Association for State Health Policy; Sharon Finklea, Alabama Department of Human Resources

Call to Order/Welcome:

Jim Carnes called the meeting to order and welcomed the group. Introductions were made.

Due to having guests from the National Association for State Health Policy (NASHP) the Minutes from the January 28, 2010 meeting were not reviewed. A decision was made to send these out to the membership for approval at a later date.

Reports

Executive Committee – No Executive Committee meeting report was given due to NASHP guests.

Project Reports

Peak Grant (Maximizing Enrollment in Medicaid and SCHIP Grant) – Neva Kaye and Jennifer May were introduced. They are the representatives from NASHP who were in Montgomery for a site visit. They provided a brief overview of NASHP and talked about the Grant itself. They talked about how they were expecting that many of the states who have grants will be able to share what they have learned and some of their best practices with other states. They also noted that many of the initiatives that have been or will soon be implemented will "put Alabama ahead of the curve", in terms of Health Care Reform.

There was then some discussion about the bonus money that has been received by Medicaid this year. Lee Rawlinson noted that the bonus money allowed Medicaid to continue working on current projects and to replace personnel. She stated that the money was needed to continue to move forward with their Business Process Re-engineering as planned.

There was then some discussion about the CHIPRA Grants that have been awarded to Tombigbee and the Alabama Primary Health Association. At the Tombigbee site, they will have a case management approach. This will assist families with applying as well as tracking those families and helping with renewal in the future. They will also be doing some outreach in the Marengo County Area. The Alabama Primary Health Association is working out the details at the FQHC's. It was noted that in many parts of the state, the FQHC is the only provider in many parts of the state. Kat Rodman noted that they will be having a Networking Forum where the

Kiosk they plan to use will be on display. They are working on various marketing strategies including Health Fair events at the FQHC's where there will also be enrollment efforts.

Reauthorization – Cathy Caldwell – CHIP continues to work on various aspects of the CHIP Reauthorization Act. Effective October 1, 2009, CHIP was to have begun paying FQHC's on the prospective payment model. Blue Cross Blue Shield has been assisting CHIP in developing the way this will be implemented and the current date for this to begin will be July 1st. Blue Cross/Blue Shield will have to go back and pay claims submitted at those new rates. Mental Health Parity will go into effect on October 1st of this year. In anticipation of this change, BC/BS has been increasing the number of providers in their network. Cathy also noted that CHIPRA legislation mandates particular dental benefits. She stated that CHIP's current plan seems to be compliant although it hasn't been officially approved. There was also discussion about citizenship and identity requirements. There is currently a match through the Social Security Administration. CHIP is submitting SS#'s to Medicaid and then this is sent through the ISD system to Social Security. There has been a very high rate of matches.

There was also additional discussion about the performance bonus opportunities for this year. Gretel noted that they did have one call with CMS. States will still have to meet 5/8 simplification measures to be eligible to apply for the bonuses. During the discussion, it was noted that Medicaid roles continue to increase about 5000 individuals per month. Related to this, it was noted that CHIP has also seen an increase in enrollment, primarily driven by the income expansion. In the non-expansion group, there has not been an increase in numbers.

Express Lane Eligibility – Gretel Felton - Gretel noted that Medicaid submitted their 2nd state plan amendment related to express lane eligibility. Beginning April 1st, when Medicaid receives a new application, staff will manually check the SNAP/TANF database to determine if the family has been approved. Medicaid will utilize the net income and deductions utilized by SNAP and TANF. If eligible for SNAP or TANF, then the applicant will be eligible for Medicaid. Although official approval has not been received, Medicaid has begun this phase of implementation

As noted below, Phases III and IV will be automatic and require system upgrades.

Phase III – Automatic Renewal – The system will be able to automatically check whether a family is on SNAP or TANF and automatically renew applicants. This will require system changes. It is hoped that this will be available in mid 2010.

Phase IV – Automatic Eligibility for new applicants – When a new application is received; the system will automatically be able to determine whether they are on TANF or SNAP and determine income eligibility.

Phase V – Other Agency programs such as Childcare and the Free and Reduced Lunch Program could be utilized to determine eligibility.

AVAA – Bonnie Bradley– Kiosks are now available in Lawrence and Mobile and Baldwin Counties. Mobile County continues its efforts to expand kiosks throughout their clinic sites. Blount County decided to close their kiosk site due to limited utilization. Talladega County will soon have a kiosk in their Health Department. Regional Coordinators who have been involved in the pilot sites have completed a template intended to provide more detailed information about each site. It is hope that examining this information will help better determine what contributing factors have led to successful locations for kiosks.

Kid Check – Tim King/Bonnie Bradley– This year there will likely be approximately 40,000 children screened throughout the state. Auburn University has assisted in several Kid Check

events in Bullock County where a new software program has been utilized. Auburn University received a grant through Verizon. They have developed software that has been loaded onto netbooks. Each child is provided a lanyard with a barcode when they come to the screening. At each screening station, the card with the barcode is swiped, which pulls up the child's information onto the netbook. When the child is screened at that station, data is entered into the system and the child is sent to the next station. At the end of the event, the program is able to generate a detailed report for the school with the screening results for each child. The program can also generate letters to families to inform them of the results for the children. It is hoped that this technology can be utilized in additional sites in the future. As a reminder, a schedule of events is available at www.alabamaruralaction.com.

Insuring Partners

Medicaid – Gretel Felton– Provided in Written Report for the period ending March 31, 2010 – numbers in parenthesis are from last meeting

- ♦ SOBRA Cases 219,365 (215,963)
- ♦ SOBRA Recipients –. 456,962 (448,677)
- ♦ MLIF Cases 25,841 (25,202)
- ♦ MLIF Recipients 70,133 (68,263)
- ♦ Plan First (women with no children) 15,447 (15,262)
- \bullet Average Cases per worker 1,362 (1,340)
- ♦ Average Recipients per worker 2,928 (2,871)

Gretel noted that Medicaid is working hard on aligning Medicaid and ALL Kids programs so that the rules are more similar. For example, Medicaid is working on ways to limit the requirement of income verification. In the SOBRA program only, it is anticipated that Medicaid will, for example, accept the income provided for SNAP/TANF. As a next step, staff would look at available databases to see if they can verify income rather than require written verification.

Gretel also noted that staff made a site visit to New Orleans last month to discuss new procedures such as Phone Renewals and Automatic Renewals. For example, children who are considered at low risk, such as those not living with parents (foster care, relative placement) and who have little or no listed income, would not be required to complete renewal papers. Instead, their custodians would be sent a form with the information from the previous year. If the family has no changes to make, the children would be renewed automatically for the program.

ALL Kids – Knoxye Williams – Enrollment for December 72,963. ALL Kids is updating some of its marketing, providing a fresh look. They have put up billboards in locations throughout the state, and area also continuing the athletic outreach.

Alabama Child Caring Foundation – Tim King – Current enrollment is approximately 6050 and there are about 970 on the waiting list. He also noted that ACCF is also caught up on keying applications. He mentioned that the number of Hispanic children enrolled is still increasing.

Health Care Reform - General Discussion

There was some discussion among the coalition about Health Care Reform and its impact on Alabama.

There is a mandate for a High Risk Pool to be developed for those individuals who cannot get insurance due to pre-existing conditions etc. The Alabama Health Insurance Program (AHIP), a high risk insurance program already offered in Alabama, was established for those persons who

could not get insurance in any other manner. The program's premiums are very expensive for enrollees. In the new high risk pools, premiums would be much lower. However, the money allotted from the federal government to sustain this program is an issue. Regulations state that if a state does not develop its own high risk program, then the Federal Government will develop the program for the states. It was noted that the preference would be for Alabama to develop the program rather than have the Federal Government plan the program. It was also noted that to be eligible for the new high risk pools, individuals would need to be without insurance for 6 months. Therefore, those already enrolled in AHIP would be ineligible for the new high risk programs. This might impact as many as 3000 individuals.

Also, in 2014, individuals at 133% and below would be eligible for Medicaid. Actually, the regulations state this can be phased in prior to 2014, but the enhanced matching rate would not start until 2014 so it is unlikely Alabama would implement this change until then. Estimates are that there would be approximately 207,000 Alabamians eligible for Medicaid who are currently uninsured. It is possible that another 200,000, who are currently insured by their employer, might drop their coverage to get on Medicaid. Those newly eligible for Medicaid would be funded at 100% by Federal funds.

There was also a brief discussion about the numbers of providers and the possible shortage of providers available to service a larger number of individuals. Kat Radman noted that Health Reform legislation includes measures to expand FQHC's to help increase provider coverage.

Announcements

Vaughn Branch noted that Alabama Appleseed had developed a flyer on the next steps in Health Care Reform. They are trying to help people understand their benefits under the legislation as well as looking for messengers to put this information out to the public.

Lee Rawlinson noted that the National Governors Association has some helpful documents on Health Care Reform on its website, nga.org Also, Susan Colburn noted that Family Voices of Alabama has a statement on their web-site about Health Care Reform. The website is familyvoicesal.org

Meeting was adjourned.

Next Meeting July 22, 2010 10:00 a.m. – 12:00 p.m. – RSA Tower Boardroom

HANDOUTS:

- Minutes of the January 28, 2010 meeting
- SOBRA Statistics
- 3 Program Enrollment Numbers
- Minority Health Events Newsletter April June 2010
- Alabama Appleseed Health Reform Impact on Alabama Information