

TEXAS TITLE XXI PROGRAM FACT SHEET

Name of Plan:	TexCare Partnership
Date Phase I Expansion Plan Submitted:	April 1, 1998
Date Plan Approved:	June 15, 1998
Effective Date:	July 1, 1998
Date Amendment #1 - Phase II Submitted:	June 25, 1999
Date Amendment #1 Approved:	November 5, 1999
Date Amendment #1 Effective:	May 1, 2000
Date Amendment #2 Submitted:	June 21, 2001
Date Amendment #2 Approved:	December 13, 2001
Date Amendment #2 Effective:	September 1, 2001
Date Amendment #3 Submitted:	June 21, 2001
Date Amendment #3 Approved:	November 25, 2002
Date Amendment #3 Effective:	June 1, 2002
Date Amendment #4 Submitted:	January 24, 2002
Date Amendment #4 Withdrawn:	August 21, 2002
Date Amendment #5 Submitted:	February 11, 2002
Date Amendment #5 Approved:	May 1, 2002
Date Amendment #5 Effective:	March 1, 2002
Date Amendment #6 Submitted:	July 8, 2002
Date Amendment #6 Approved:	May 5, 2003
Date Amendment #7 Submitted:	July 28, 2003
Date Amendment #7 Approved:	December 22, 2003
Date Amendment #7 Effective:	September 1, 2003
Date Amendment #8 Submitted:	March 8, 2004
Date Amendment #8 Approved:	November 18, 2004
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Date Amendment #9 Submitted:	March 8, 2004
Date Amendment #9 Disapproved:	December 15, 2004

Date Amendment #10 Submitted:	August 26, 2004
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Date Amendment #11 Submitted:	September 2, 2005
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Date Amendment #11 Effective:	September 1, 2005
Date Amendment #12 Submitted:	September 28, 2005
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Date Amendment #13 Submitted:	September 28, 2005
Date Amendment #13 Disapproved:	December 23, 2005
Date Amendment #14 Submitted:	November 30, 2005
Date Amendment #14 Approved:	June 2, 2006
Date Amendment #14 Effective:	September 1, 2006
Date Amendment #15 Submitted:	December 30, 2005
Date Amendment #15 Approved:	May 10, 2006
Date Amendment #15 Effective:	January 1, 2006
Date Amendment #16 Submitted:	August 1, 2006
Date Amendment #16 Approved:	January 18, 2007
Date Amendment #16 Effective:	August 1, 2006
Date Amendment #17 Submitted:	April 30, 2007
Date Amendment #17 Approved:	September 24, 2007
Date Amendment #17 Effective:	May 1, 2007
Date Amendment #18 Submitted:	June 7, 2007
Date Amendment #18 Approved:	December 28, 2007
Date Amendment #18 Effective:	September 1, 2007
Date Amendment #19 Submitted:	August 13, 2007
Date Amendment #19 Approved:	November 8, 2007
Date Amendment #19 Effective:	September 1, 2007
Date Amendment #20 Submitted:	September 22, 2008
Date Amendment #20 Approved:	October 30, 2008
Date Amendment #20 Effective:	October 1, 2008
Date Amendment #21 Submitted:	October 1, 2008
Date Amendment #21 Approved:	October 30, 2008
Date Amendment #21 Effective:	September 7, 2008

Background

- On April 1, 1998, Texas submitted its title XXI Plan (Phase I) that expanded Medicaid eligibility to children between the ages of 15 and 18 in families with incomes below 100 percent of the Federal poverty level (FPL). These children were phased into Medicaid.
- Under that original proposal, Texas provided Medicaid coverage to children up to age 1 in families with incomes up to 185 percent of the FPL, to children ages 1 to 5 in families with incomes up to 133 percent of the FPL, and to children ages 6 to 19 in families with incomes up to 100 percent of the FPL.
- Texas amended its title XXI plan (as discussed below) so that Texas currently operates a separate child health program only. The separate program provides coverage to children from birth through age 18 with incomes up to 200 percent of the FPL.

Amendments

- On June 25, 1999, Texas submitted an amendment to expand health insurance coverage to children through age 18 in families with incomes up to 200 percent of the FPL, who are not eligible for Medicaid, through a separate child health program. This amendment is referred to as Phase II.
- On June 21, 2001, Texas submitted a second amendment to acknowledge that the funding source for the State SCHIP share for State Fiscal Year 2002 and beyond will include appropriated State funds and other public funds certified or transferred from public agencies, consistent with applicable Federal laws and regulations.
- On June 21, 2001, Texas submitted a third amendment to implement an outreach pilot program that furnishes child car safety seats to families when their children re-enroll in SCHIP. The pilot program is limited to the number of families that could be served using a budget of \$2,000,000. The bona-fide donations are received from the Rio Grande Valley Safe Communities Coalition and include amounts received from other approved entities. The donations are consistent with sections 1903(w) and 2107(e)(1)(C) of the Social Security Act (the Act).
- On January 24, 2002, Texas submitted a fourth amendment to change the current prescription drug benefit from a limited HMO or modified PPO formulary that is based on the TX Medicaid Program open formulary. (Note: The amendment was withdrawn by the State on August 21, 2002.)
- On February 11, 2002, Texas submitted a fifth amendment to change copayments charged to families at all income levels.
- On July 18, 2002, Texas submitted a sixth amendment to indicate the State's

- On July 28, 2003, Texas submitted a seventh amendment to revise the form of coverage from benchmark to Secretary-approved coverage as a result of the elimination and reduction of certain benefits. The amendment specifically: reduces mental health and substance abuse benefits; eliminates dental, vision, and hospice benefits; eliminates income disregards so that SCHIP eligibility is based on gross income, implements an assets test for families at or above 150 percent of the FPL, increases co-payment and monthly premiums, reduces the term of coverage from 12 months to 6 months, and establishes a 3-month waiting period between eligibility determination and when the child can begin to receive care.
- On March 8, 2004, Texas submitted an eighth amendment to use a private donation (Houston Endowment) as a source of funding consistent with Sections 1903(w) and 2107(e)(1)(C) of the Social Security Act. The Houston Endowment qualifies as an acceptable source of funding because it does not violate Federal provider-related donation rules. The State will use the private donation from the Houston Endowment to add State-certified Community Health Workers (CHW), also known as Promotoras, to enhance case-management services to hard-to-reach populations.
- On March 8, 2004, Texas submitted a ninth amendment to transition the coverage of car seats from an outreach program under its administrative cap to a Secretary-approved child health assistance benefit. CMS disapproved the amendment; CMS believes that car seats would be more appropriately characterized as a health services initiative funded under the administrative cap rather than as a Secretary-approved benefit.
- On August 26, 2004, Texas submitted a tenth amendment to implement a Primary Care Provider (PCP) model in its CHIP Exclusive Provider Organization delivery system.
- On September 2, 2005, Texas submitted an eleventh amendment to expand the services provided to enrolled families in CHIP including hospice care, skilled nursing facilities, vision, tobacco cessation, and chiropractic services. It also increases behavioral health benefits.
- On September 28, 2005 Texas submitted its twelfth amendment to provide a tiered dental benefit to enrollees. The benefit provides therapeutic and preventative services.
- On September 28, 2005 Texas submitted its thirteenth amendment proposing to

- On November 30, 2005 Texas submitted its fourteenth amendment proposing to expand health care coverage to unborn children with family income at or below 200 percent of Federal poverty level (FPL). Benefits will include prenatal care and associated health care services.
- On December 30, 2005, the State submitted its fifteenth amendment which modifies the cost-sharing requirement for families with incomes above 150 through 200 percent of the FPL. The amendment replaces the monthly premiums with either a \$35 or \$50 enrollment fee (depending on family income) every 6 months upon initial enrollment and re-enrollment.
- On August 1, 2006, the State submitted its sixteenth amendment which modifies the date upon which enrollees renewing SCHIP coverage would have to pay the enrollment fee. Prior to this amendment, families who were renewing coverage had until the cut-off date of the last month of coverage in the current 6-month coverage period to pay an enrollment fee. Through this amendment, families renewing coverage have until the cut-off date of the first month of the new 6-month coverage period to pay the enrollment fee; essentially giving enrollees an additional month to pay the enrollment fee.
- On April 30, 2007, the State submitted its seventeenth amendment to transition the responsibility for processing State Children's Health Insurance Program (SCHIP) requests for review from the administrative services contractor to Health and Human Services Commission (HHSC) staff.
- On June 7, 2007, the State submitted its eighteenth amendment to:
 - change the income test from gross income to net income (gross income minus child care deductions),
 - increase the amount of resources a family can own,
 - increase the duration of eligibility from six to 12 months,
 - require those in families above 185 percent to verify income eligibility at six months, and
 - apply the waiting period to those only with other insurance in the past three months.
- On August 13, 2007, the State submitted its nineteenth amendment to amend the dollar amount of dental services enrollees are eligible to receive in a year in the State Children's Health Insurance Program (SCHIP).
- On September 22, 2008, the State submitted its twentieth amendment to exempt

temporary income from the decennial Census from the eligibility and cost sharing calculations for State Children's Health Insurance Program (SCHIP) applicants and enrollees.

- On October 1, 2008, the State submitted its twenty-first amendment to allow persons, who were determined eligible for State Children's Health Insurance Program (SCHIP) renewal in August and had to pay an enrollment fee by the September cut off date, to have until the cut off date in November to pay the fee. As a result of Hurricane Ike, the mail delivery system was disrupted and may have affected either payments that may have been sent or had prevented families from mailing their enrollment fee timely.

Children Covered Under Program

- The State reported that 585,461 children were ever enrolled in SCHIP in FFY 2006.

Administration

- The Texas Health and Human Services Commission is the entity that administers SCHIP.

Health Care Delivery System

- Services for the child health program are delivered through a managed care model and an exclusive provider organization (EPO) model. Under the HMO/EPO model, plans are required to provide the range of children's health services for a contracted per member per month cost. The areas serviced are organized into CHIP Service Areas (CSAs). The EPO service area includes 170 primarily rural Texas counties.

Benefit Package

- The benefits package is approved as Secretary-approved coverage. The benefit package includes well-baby and well-child services, immunizations, emergency services, inpatient and outpatient care, prescription drugs, diagnostic services, durable medical equipment, and inpatient and outpatient mental health and substance abuse treatment and services.
- The State offers a three-tiered dental benefit. Each tier of benefits includes preventive services up to \$250. The limit on the amount of therapeutic services available varies (ranging from \$280 to \$565) depending upon when an individual re-enrolls in the program at the end of a 12-month enrollment period.

Cost Sharing

Monthly premiums and copayments are described below.

Type of Cost Sharing	Charges			
	At or below 100% FPL	101- 150% FPL	151- 185% FPL	186 - 200% FPL
Monthly Premium (per family per month)	\$0	\$0	\$0	\$0
Enrollment Fee	N/A	N/A	\$35 every 12-month period of eligibility	\$50 every 12-month period of eligibility
Office Visit	\$3	\$5	\$7	\$10
ER	\$3	\$5	\$50	\$50
Generic Drug	\$0	\$0	\$5	\$5
Brand Drug	\$3	\$5	\$20	\$20
Inpatient Copayment	\$10	\$25	\$50	\$100

*There may be children with incomes less than 100 percent FPL because of the State's Medicaid assets test.

Crowd-Out Strategy

- Children must be uninsured for at least three months to enroll in the separate child health program unless the child qualifies for an exception to the waiting period. Exceptions include: termination of employment because of a layoff or business closing; change in marital status of a parent of the child; and the family terminated health benefits plan coverage for the child because the cost to the child's family for the coverage exceeded 10 percent of the family's income.
- The 3-month crowd-out period will not apply to eligible unborn children.

Coordination Between SCHIP and Medicaid

- Coordination with Medicaid is achieved through coordinated outreach efforts and a joint children's application. Applications are sent to a Medicaid eligibility worker for a Medicaid determination and a Medicaid database is also checked to ensure that the child is not already enrolled in Medicaid.

State Outreach Activities

- TexCare Partnership applications are available on-line and in community centers across the State. Texas provides referral services to potentially eligible individuals who make benefit inquiries when telephoning the State's TexCare Partnership

Hotline.

- Texas' outreach strategies have shifted from mass information dissemination to more strategic in nature as the State works with entities in all sectors of the community to broaden and institutionalize the message to include the value of insurance and the importance of renewal and education on appropriate utilization of services.

Financial Information

Total FFY '09 SCHIP Allotment -- \$ 549,619,657
FFY '09 Enhanced Federal Matching Rate – 71.61%

Date Last Updated: CMS, CMSO, FCHPG, DSCHI, October 03, 2008