

**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 First Amendment -Phase II Submitted:	June 25, 1999
Date First Amendment Approved:	November 5, 1999
First Amendment Effective Date:	May 1, 2000
Date Second Amendment Submitted:	June 21, 2001
Date Second Amendment Approved:	December 13, 2001
Second Amendment Effective Date:	September 1, 2001
Date Third Amendment Submitted:	June 21, 2001
Date Amendment Approved:	November 25, 2002
Date Amendment Effective:	June 1, 2002
Date Fourth Amendment Submitted:	January 24, 2002
Date Fourth Amendment Withdrawn:	August 21, 2002
Date Fifth Amendment Submitted:	February 11, 2002
Date Fifth Amendment Approved:	May 1, 2002
Date Fifth Amendment Effective:	March 1, 2002
Date Sixth Amendment Submitted:	July 8, 2002
Date Sixth Amendment Approved:	May 5, 2003

Background

- On April 1, 1998, Texas submitted its title XXI Plan (Phase I) which 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.
- Texas provides 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, to children ages 6 to 19 in families with incomes up to 100 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.
- On January 24, 2002, Texas submitted an amendment related to its prescription drug benefit. This 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 8, 2002, Texas submitted a sixth amendment to indicate the State's compliance with the final SCHIP regulations. This amendment also provides for an outreach pilot project using State-certified Community Health Workers to conduct outreach to under-served populations. The state source of funding will be a private donation from the Rockwell Fund. The total donation amount is \$25,000 and is consistent with Sections 1903(w) and 2107(e)(1)(C) of the Social Security Act.

Children Covered Under Program

The State estimates that 716,961 children were ever enrolled in SCHIP in FY 2002.

Administration

The Texas Health and Human Services Commission administers the plan.

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 determined through an actuarial analysis. The areas serviced are organized into CHIP Service Areas (CSAs). The EPO service area includes 170 primarily rural Texas counties.

Benefit Package

- The benefit package for the child health program is a benchmark equivalent to the State Employee Benefit package.

Cost Sharing

- Cost sharing for the child health program is annual enrollment fees, monthly premiums, and copayments.

Type of Cost Sharing	Charge			
	<i>At or below 100% of FPL</i>	<i>101% to 150% of FPL</i>	<i>151% to 185% of FPL</i>	<i>186% to 200% of FPL</i>
Enrollment Fee	\$0	\$15 per yr./per family	\$15 (1 st month's premium)	\$18 (1 st month's premium)
Monthly Premium	\$0	\$0	\$15 per mo./per family	\$18 per mo./per family
Office Visit	\$0	\$2	\$5	\$10
ER	\$3	\$5	\$50	\$50
Generic Drug	\$0	\$0	\$5	\$5
Brand Drug	\$3	\$5	\$20	\$20
Co-pay Cap	\$100	\$100	5% (of family's net income)	5% (of family's net income)
Deductible, non-institutional	\$0	\$0	\$0	\$0
Deductible, institutional	\$0	\$0	\$0	\$0
Facility Co-Pay, Inpatient	\$0	\$25	\$50	\$100
Facility Co-Pay, Outpatient	\$0	\$0	\$0	\$0

Crowd-Out Strategy

- Children must be uninsured for at least 90 days to enroll in the separate SCHIP program with good-cause exceptions permitted.

Coordination Between SCHIP and Medicaid

- Coordination with Medicaid is achieved through coordinated outreach efforts and a joint

children's application. Outreach efforts are coordinated with organizations such as Insure-a-Kid and 50 local, community-based organizations.

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 '03 SCHIP Allotment -- \$311,503,988

FFY '03 Enhanced Federal Matching Rate – 71.99 percent

Date Last Updated: CMS, CMSO, FCHPG, DSCHI, May 6, 2003