

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 80TH LEGISLATIVE REGULAR SESSION

May 23, 2007

TO: Honorable Tom Craddick, Speaker of the House, House of Representatives

FROM: John S. O'Brien, Director, Legislative Budget Board

IN RE: HB109 by Turner (Relating to eligibility for and information regarding the child health plan program.), **As Passed 2nd House**

Estimated Two-year Net Impact to General Revenue Related Funds for HB109, As Passed 2nd House: a negative impact of (\$63,817,138) through the biennium ending August 31, 2009.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five-Year Impact:

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2008	(\$27,522,382)
2009	(\$36,294,756)
2010	(\$36,294,756)
2011	(\$36,294,756)
2012	(\$36,294,756)

All Funds, Five-Year Impact:

Fiscal Year	Probable (Cost) from <i>GENERAL REVENUE</i> <i>FUND</i> 1	Probable (Cost) from <i>PREMIUM CO-</i> <i>PAYMENTS</i> 3643	Probable (Cost) from <i>EXPERIENCE</i> <i>REBATES-CHIP</i> 8054	Probable (Cost) from <i>VENDOR DRUG</i> <i>REBATES-CHIP</i> 8070
2008	(\$27,522,382)	(\$5,881,120)	(\$353,823)	(\$449,727)
2009	(\$36,294,756)	(\$2,319,110)	(\$458,163)	(\$582,386)
2010	(\$36,294,756)	(\$2,319,110)	(\$458,163)	(\$582,386)
2011	(\$36,294,756)	(\$2,319,110)	(\$458,163)	(\$582,386)
2012	(\$36,294,756)	(\$2,319,110)	(\$458,163)	(\$582,386)

Fiscal Year	Probable (Cost) from <i>FEDERAL FUNDS</i> 555	Probable Revenue Gain from <i>PREMIUM CO-</i> <i>PAYMENTS</i> 3643	Probable Revenue Gain from <i>EXPERIENCE</i> <i>REBATES-CHIP</i> 8054	Probable Revenue Gain from <i>VENDOR DRUG</i> <i>REBATES-CHIP</i> 8070
2008	(\$57,490,789)	\$5,881,120	\$353,823	\$449,727
2009	(\$75,085,153)	\$2,319,110	\$458,163	\$582,386
2010	(\$75,085,153)	\$2,319,110	\$458,163	\$582,386
2011	(\$75,085,153)	\$2,319,110	\$458,163	\$582,386
2012	(\$75,085,153)	\$2,319,110	\$458,163	\$582,386

Fiscal Analysis

Section 1: Net income in the Children's Health Insurance Program (CHIP) is defined as income after reduction for child care expenses, in accordance with Medicaid standards.

Section 2: This section of the bill would require the Health and Human Services Commission (HHSC) to conduct a community outreach and education campaign for CHIP including involving school-based health clinics, a toll-free hotline, and information regarding the importance of joint conservators of a child notifying each other regarding the child's health benefits coverage.

Section 3: This section of the bill would restore some income disregards in CHIP, meaning income eligibility levels would apply to net instead of gross income. The assets test used to determine eligibility is made less restrictive.

Section 4: This section of the bill requires HHSC to continue verifying income for CHIP applicants, unless the reported income exceeds established income eligibility levels.

Section 5: This section of the bill replaces the current six months of continuous eligibility for CHIP with a period of 12 months, beginning the first day of the month following the date of the eligibility determination. For persons whose family income exceeds 150 percent of the federal poverty level (FPL), HHSC would be required to review income during the sixth month of eligibility. If the family's income is determined to exceed income eligibility limits for CHIP, HHSC must provide the family with an opportunity to demonstrate that their income remains within the required income eligibility limits prior to disenrolling the family's child(ren) from the program. HHSC is required to provide written notice of termination of eligibility to the family at least 30 days before terminating eligibility.

Section 6: This section of the bill would revise the requirements for a waiting period in CHIP. The waiting period would apply only to children who had health insurance during the 90 days prior to applying for CHIP coverage and would extend for 90 days after the last date on which a child was insured under a health benefits plan.

Methodology

It is assumed that beginning September 1, 2007 some income disregards would be restored to the CHIP program; a less restrictive assets test would be applied; a period of 12 months continuous eligibility, with income review during the sixth month for some enrollees, would replace the current six months of eligibility; and that children applying for benefits would not be subject to the waiting period unless they were insured in the previous 90 days. It is assumed that children enrolled in the program prior to September 1, 2007 would receive six months of continuous eligibility until their next renewal. If the bill were implemented such that 12 months continuous eligibility would apply to all clients on September 1, 2007, including those already enrolled in the program, the cost of implementation would be higher. It is assumed that 95 percent of children currently subject to a waiting period would now be enrolled in the program immediately; it is assumed the remaining 5 percent were insured in the previous 90 days and would be subject to a waiting period that would begin on the day of application. It is assumed that children who applied for benefits prior to September 1, 2007 would be subject to the waiting period requirement in place at the time of application.

Implementation of the requirements of this bill would result in an additional 60,212 average monthly recipient months in fiscal year 2008 and 76,970 in fiscal year 2009 and subsequent years. Allocation between General Revenue-funded CHIP programs (School Employee Children and Legal Immigrants) and the federally matched program is assumed to be the same as under current policy. It is assumed there would be no impact to the CHIP Perinatal program. Clients enrolled in that program are not currently subject to a waiting period or assets test and they already receive 12 months of continuous eligibility; there could be a small impact if income disregards were applied to the CHIP Perinatal program, but none is assumed here. There could be an impact to caseloads in children's Medicaid as changes occur to children transferring from CHIP to Medicaid at renewal; however, it is assumed that any savings from a reduced caseload in fiscal year 2008 would be offset by an increased Medicaid caseload in fiscal year 2009 related to income review in the sixth month, so no caseload impact or cost

is included.

The additional CHIP caseload would result in higher Premium Co-payment (enrollment fee) collections, estimated to be an additional \$5.9 million in fiscal year 2008 and \$2.3 million in fiscal year 2009 and subsequent years. It is assumed that the higher caseload would also result in additional collection of Experience Rebates, estimated to be an additional \$0.4 million in fiscal year 2008 and \$0.5 million in fiscal year 2009 and beyond. Caseload differences would also impact Vendor Drug Rebate collections for CHIP resulting in an additional \$0.4 million in fiscal year 2008 and \$0.6 million in fiscal year 2009 forward. Total net revenue gain would be \$6.7 million in fiscal year 2008, \$3.4 million in fiscal year 2009 and beyond.

The average cost per recipient month in CHIP is assumed to be \$121.66 in fiscal year 2008 and \$121.65 in the following years. The additional cost to the program from higher caseloads would be \$87.9 million All Funds in fiscal year 2008 increasing to \$112.3 million All Funds in fiscal year 2009 and subsequent years. These amounts include a cost of \$33.2 million in General Revenue Funds in fiscal year 2008 and \$39.0 million in General Revenue Funds in fiscal year 2009 and beyond. These estimated General Revenue Funds amounts include expenditure of the higher Premium Co-payment, Experience Rebate, and Vendor Drug Rebates for CHIP collections.

It is estimated that there would be additional administrative costs of \$3.8 million All Funds in fiscal year 2008 (including \$1.1 million in General Revenue Funds). This includes one-time costs for system changes, technology work, and training and policy updates as well as changes in variable fee payments for enrollment broker services and eligibility determination. In fiscal year 2009 and beyond administrative costs would be an additional \$2.4 million All Funds (including \$0.7 million in General Revenue Funds) for enrollment broker services and eligibility determination. HHSC indicates there would be no additional cost to implement the required community outreach campaign. HHSC also indicates there would be no additional cost from the income verification requirement in Section 4 as it does not represent a change from current policy.

The total net cost of the bill would be \$85.0 million All Funds in fiscal year 2008 and \$111.4 million All Funds in fiscal year 2009 and subsequent years. These amounts include a net impact to General Revenue Funds of \$27.5 million in fiscal year 2008 and \$36.3 million in fiscal year 2009 and beyond. Also included are \$57.5 million in Federal Funds in fiscal year 2008 and \$75.1 million in fiscal year 2009 and beyond. It is assumed that these federal matching funds would be available; however, if the state exhausts its capped federal allotment, General Revenue Funds would be required in lieu of assumed Federal Funds.

Technology

Technology costs included above total \$1.3 million All Funds, including \$0.3 million in General Revenue Funds, in fiscal year 2008 for one-time costs associated with system changes.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission, 537 State Health Services, Department of
LBB Staff: JOB, CT, SD, CL, PP, LR