

Texas CHIP Coalition Minutes  
Friday, February 17, 11:00 a.m. - 1:10 p.m.  
Thompson Auditorium, 1<sup>st</sup> floor  
Texas Medical Association

Anne Dunkelberg called the meeting to order at 11:00 a.m.

HHSC Updates

Stephanie Goodman of HHSC's Outreach & Marketing department gave a brief overview of plans being considered around outreach. Ms. Goodman explained that the outreach component under the contract with Texas Access Alliance (TAA) focuses on public awareness of the new Integrated Eligibility & Enrollment system (IEE), and is not designed to outreach to unenrolled persons. Ms Goodman informed the group that HHSC is currently working on doing earned media on children's health insurance in the Austin market. There were several inquiries from the group regarding earned media in other areas of the state. Ms. Goodman explained the challenge in finding Spanish language speakers in other cities who are interested in participating in media events. Julia Easley, chair of the Dallas Area TexCare Outreach Coalition, offered to help HHSC recruit Spanish language speakers in the Dallas area.

Ms. Goodman recognized this as a potential partnership between HHSC and CBOs who have existing relationships with Spanish speaking clients. Ms. Goodman informed the group that more outreach on a state-wide level will be conducted once the IEE is rolled out in more areas.

Some members in the group shared with Ms. Goodman problems they have encountered under the new IEE system. Health plans have had weekly conference calls with TAA to deal with technical issues and weekly conference calls with HHSC.

There was brief discussion on the design and logo of the new children's health insurance application. Ms. Goodman will follow-up on some unanswered questions.

Kimberly Davis with HHSC informed the group about the Community Health Worker project. In January, HHSC executed a 2-year contract with Harris County Hospital District to employ community health workers to educate CHIP families on proper utilization of benefits and access to care. Kimberly Tucker at HHSC will oversee this project.

Ms. Davis then gave an update on the project for Comprehensive Healthcare Program for Children in Foster Care. This program will allow children in foster care to be served by a managed care organization, one EPO statewide, with a goal of providing foster care children with coordinated and better access to health care services. The draft RFP was posted for public comments March 22, 2006. A public meeting on the Comprehensive Healthcare Program for Children in Foster Care was held in Austin on Thursday, March 9. HHSC would like to have a contract for this project executed by January 2007. This project will be lead by Marisa Luera at HHSC.

Ms. Davis informed the group that CMS has revised their request from the state to submit a complete state plan amendment for the CHIP Perinate Program . CMS is also requesting more information on benefits. Once the state resubmits the plan, CMS will have 30 days to make a decision. The state would like to have this program implemented by September 1, 2006 and is currently working on finalizing the enrollment policy.

Ms. Davis gave a brief update on the Women's Health Waiver. The state is working to revise and clarify some information.

There was extensive discussion amongst the group as to the various problems experienced under the new IEE system, managed by the Texas Access Alliance (TAA). Some of the problems discussed are due to inadequate training of TAA representatives, such as reading incorrect effective due dates, mailing correspondences with the wrong cost category, mailing correspondences with the wrong member identification numbers, and the 2-1-1 line redirecting clients back to the local office and health plans. See attachment, *eligibilityprobs.pdf*.

The group also discussed the concern of backlogged applications for children's health insurance and backlogs from the four offices where TIERS is operating under the new IEE system. The concern of backlogged applications intensifies as groups continue organizing outreach efforts that will undoubtedly increase the number of new applications being sent to TAA. Click the following link to view a policy page by CPPP on how the IEE is supposed to operate HYPERLINK "<http://www.cppp.org/files/3/callcenters257final.pdf>" <http://www.cppp.org/files/3/callcenters257final.pdf>. Attached is a data collection sheet and instructions created by Celia Hagert at CPPP. See attachments, *what to report 2 06iee* and *reporting template iee 2 06*.

There was some discussion regarding the on-line application. Families cannot submit an application for CHIP or children's Medicaid *only* using the HYPERLINK "<http://www.yourtexasbenefits.com>" [www.yourtexasbenefits.com](http://www.yourtexasbenefits.com) website, but instead, must continue using the TexCare application. However, this is not the case if families are applying for multiple programs. Coalition members are concerned that the simplified children's application will eventually be nonexistent. The group is also concerned that the on-line application does not inform applicants that only a name and date of birth is needed to start an application and that applicants can return later to complete any unanswered questions. Families who are not aware of this capability may be discouraged to apply by finding it too time intensive. CPPP has approached HHSC to make this language present on the on-line application. [Note: We believe this issue has now been corrected]. Other issues that were brought to the group were the complaints by some applicants who completed the on-line application and received it blank, without any information they had previously entered. Another complaint by applicants was that they never received their on-line application that should have been mailed to them for their signature.

#### Other Updates

Anne Dunkelberg gave a succinct update on budget reconciliation. There were two mandatory Medicaid changes that all states will have to deal with: 1) changes in the treatment of transfers of assets for purposes of qualifying for long-term care programs; and 2) proof of citizenship for current Medicaid recipients and new Medicaid applicants.

According to the Congressional Budget Office, the change in the treatment of asset transfers will cause nearly 15% of nursing home clients to experience significant delays in Medicaid paying for their nursing home care.

The provision that passed requiring citizenship documentation of all current Medicaid recipients and new Medicaid applicants does not affect immigrants who qualify for Medicaid because these qualified immigrants are already required to provide immigration documentation. The coalition is interested in having input in the development of this policy.

Some of the non-mandatory changes included cost-sharing, benefits and the development of the Health Opportunity Account. The modification under cost-sharing allows states to impose cost-sharing on nearly everyone in the Medicaid program; however, cost-sharing for pregnant women and children will be limited to co-payments on prescription drugs and on

non-emergency use of the ER. There are some groups who will be exempt from paying co-pays, including foster care children and institutionalized clients.

If cost-sharing is imposed, the state has the option to increase the amount based on medical inflation. This concerns the coalition because medical inflation has been increasing at least twice the rate of general inflation, which is considerably more than what the poverty income level increases by. The poverty income level determines Medicaid eligibility.

The benchmark benefit package focuses on the management of children's Medicaid benefits by wrap-around and providing the full EPSDT/Texas Health Steps, which is exactly what Texas is already doing. Unless the benchmark is made extremely narrow in regards to Texas, it would yield no substantial savings. Groups exempt from this benchmark approach include foster care children and TANF recipients. The point to keep in mind is that you could possibly see some attempt to move towards a benchmark package approach.

The Health Opportunity Account (HOA) option would allow 10 states to participate in this program. There is no savings attached to this program, but instead adds cost to the bill. This model would allow recipients to keep money they have saved from not spending in the HOA. This would actually increase the cost of the program.

Martha Martinez Gomez from Children's Defense Fund in Houston gave a presentation on the statewide outreach and enrollment events during the month of February with Clear Channel Outdoor and McDonald's Restaurants. Clear Channel posted 88 billboards around Texas in Spanish and English. There were fourteen cities involved in this statewide outreach event. Attached are sample billboards and McDonald trayliners used in Houston.

Please note the next CHIP coalition meeting will be held on Friday, **March 24**, 11am- 1pm at TMA, 401 W.15<sup>th</sup> Street, in the May Owen Conference Room, 10<sup>th</sup> floor.

With no other agenda items, the CHIP Coalition meeting adjourned at 1:10 p.m.