

Texas CHIP Coalition Minutes
Friday, January 25, 2008 11:00 a.m. – 1:00 p.m.
May Owen Conference Room, 10th Floor
Texas Medical Association

Attendees: Anne Dunkelberg, CPPP; Miryam Bujanda, Methodist Healthcare Ministries; Stacey Warren, Texas Medical Association; Helen Davis, Texas Medical Association; Kit Abney Spelce, Insure-a-Kid; Laura Guerra-Cardus, Children's Defense Fund; Katie Coburn, Texas Association of Community Health Centers; Jan Hudson, Seton Health Plan; Kevin Denmark, Maximus; Robin Butler, Children's Hospital Association of Texas; Yvonne Montejano, CPPP; Jeff Miller, AI; Morgan Walthall, March of Dimes; Barbara Best, Children's Defense Fund; Denise Rose, Texas Children's Hospital; Jan Scott, Texas Children's Health Plan; Michele Whaling, Maximus; Rosy McStay, Texas Children's Hospital; Britni Manry, YWCA of Metro Dallas; Vicki Perkins, CSRCH; Kelly J. Williams, Policy Studies, Inc., John Berta, THA, Jena Blasi, TACHC; Michelle Romero, TMA; Julie Easley, Children's Medical Center; Glenn Flores, M.D., Children's Medical Center; Jennifer Banda, THA; Patty Quinzi, Texas AFT; Celina Peña, Methodist Health Care Ministries; Candise Spikes, Catholic Health Association of Texas; Lynn Hudson, C-AAP

Via conference call:

Jodie Smith, Texans Care for Children; Name, Parkland Comm..., Name Crabbs, Org; Name, Dayton County Health Department

HHSC Guests: Ramona McKissic, CHIP Policy Lead; Regina (Gina) Perez, Health and Human Services Commission

Anne Dunkelberg called the meeting to order at 11:05 a.m.

Briefing from HHSC on Missing Information (MI) Request in Medicaid

Ramona McKissic, CHIP Policy Lead with HHSC provided an overview of the top ten reasons why missing information requests are generated. HHSC manually read 50 cases that were subsequently certified, yet had been pending at one time for missing information requests. They also read 100 cases denied due to MI. These latter cases were comprised of a mixture of applications and renewals. Key points of the presentation included:

- All cases were pulled from SAVERR. Timeframe reviewed: September 2007 to November 2007.
- Income documentation is the top missing information request, followed by citizenship documentation
- HHSC clarified that the citizenship documentation MI category was comprised of situations where the caseworker was awaiting proof of the child's citizenship documentation and where the child was simply not eligible because of non-citizenship.
 - HHSC will provide more detailed information on the above by specifying how many cases fell in each of the two categories above.
 - Anne suggested exploring the crafting of a program for helping out-of-state HHSC applicants obtain their birth certificates. Such a program would also provide data on the magnitude of the issue.
- Suggestions were offered to create a "cheat sheet" that will alert clients of the kind of information they will need to provide at HHSC appoints

- Large percentages (12%) of MI denials are due to caseworker error. HHSC is still working to push training for eligibility staff.
- Ramona clarified the timeframes for processing pending cases due to MI:
 - A client must be given a minimum of ten days to respond to a MI request. The day Form H1020 is sent is day 0 of the pending period.
 - If the case is denied on the 45th day, but the client provides the MI by the 60th day, the client's case will be reopened. There will not be a need to file a new application
 - The Texas Works Handbook and policy updates are available online, and can be accessed by clicking on the following link:
<http://www.dads.state.tx.us/handbooks/TexasWorks/index.htm>
 - The coalition requested HHSC also provide them the top ten MI requests generated by TIERS.

Ramona Mckissic followed up on CHIP questions and issues raised during the last meeting. Key points include:

- There are still many questions being left unanswered in the application/renewal forms. These questions pertain to information on assets, income, enrollment, and private enrollments. She stressed the importance of answering all questions
- There are still significant timeliness problems with TIERS. Coalition members were directed to refer to a presentation given yesterday by the HHSC on its staffing levels. (The presentation can be found here: http://www.hhsc.state.tx.us/reports/House_012408.pdf) These levels may be partly to blame for certification delays. The explosion in timeliness problems within the TIERS system started in 2007.
 - Part of the explosion is due to the fact that many clients are automatically routed to the TIERS system if they apply for other programs. For example, if a client is applying for the women's waiver, she will also be enrolled in TIERS.
- The coalition requested to know the percentage of applications that come through state-contracted CBOs.

Ms. Dunkelberg and all present thanked the HHSC representatives for their time and open dialogue on these issues.

Recap of 12-14-07 Meeting

Data Broker Presentation

- Allen Bledsoe, Director of Special Programs with HHSC provided an overview of the data broker services system during the last coalition meeting. Key points included:
 - There are three combined reports that can be pulled by the data broker – Standard Combined Report, Children's Medicaid Combined Report and CHIP Combined Report
 - The Children's Medicaid Combined Report includes drivers license, address, Vehicles/boats, neighbors, real property information, employment verification, unemployment wages and credit reports
 - The CHIP Combined Report includes drivers license, credit header, vehicle information, telephone, employment verification and unemployment wages
 - Standard Combined Report includes drivers license, address, vehicles & boats, neighbors, real property, criminal convictions and credit reports. It is utilized for food stamps, TANF and MEPD.
- Some coalition members voiced the following concerns:

- Who is checking to make sure data sources are accurate? This question was posed at the last meeting.
- Why are data brokers getting a list of neighbor's addresses? (Note: The minutes of the December meeting indicate that this information will only be used if looking at possible spouse/parents living at a particular address.)

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

**Texas CHIP Coalition/Insure Texas Kids Campaign
2009 Children's Coverage Agenda Discussion
Friday, January 25, 2008, 1:00 p.m. – 4:00 p.m.
May Owen Conference Room, 10th Floor
Texas Medical Association**

Attendees: Anne Dunkelberg, CPPP; Miryam Bujanda, Methodist Healthcare Ministries; Stacey Warren, Texas Medical Association; Helen Davis, Texas Medical Association; Kit Abney Spelce, Insure-a-Kid; Laura Guerra-Cardus, Children's Defense Fund; Katie Coburn, Texas Association of Community Health Centers; Yvonne Montejano, CPPP; Jeff Miller, AI; Morgan Walthall, March of Dimes; Barbara Best, Children's Defense Fund; Denise Rose, Texas Children's Hospital; Jan Scott, Texas Children's Health Plan; Rosy McStay, Texas Children's Hospital; Britni Manry, YWCA of Metro Dallas; Vicki Perkins, CSRCH; John Berta, THA; Jana Blasi, TACHC; Michelle Romero, TMA; Julie Easley, Children's Medical Center; Glenn Flores, M.D., Children's Medical Center/UT Southwestern; Jennifer Banda, THA; Patty Quinzi, Texas AFT; Celina Peña, Methodist Health Care Ministries; Candise Spikes, Catholic Health Association of Texas; Lynn Hudson, C-AAP; Stephanie Lee McDonald, Texans Care for Children; Rick Levy, Texas AFL-CIO; Lynsey Klueuer, CPPP; Rick Peters, TAPNH; Christa Nguyen, Texans Care for Children; Kristina Salinas, Texans Care for Children; Liza Creel, Texas Health Institute; Beth Olson, Christian Life Community; Yo Bestgen, nonprofit consultant; Lan Bentsen, Children's Defense Fund; Charles L. Kight, Community First Health Plans; Susan Craven, Texans Care; Heather Frey, Texas PIRG; Ed Berger, Seton; Barb Maxwell, TAHP.

Anne Dunkelberg and Laura Guerra-Cardus called the meeting to order at 1:05 a.m. Rough notes below indicate issues and discussion.

Welcome & Introduction by Laura Guerra-Cardus, Texas Policy Director for Children's Defense Fund

- Storybanking has worked well at documenting the impact of the insured and is generating good statistics.
- Statewide outreach efforts are doing well also. CDF recently partnered with HEB to conduct a one day enrollment drive.

Overview of Texas Children's Health Collaborative

Laura Guerra-Cardus provided an overview. Laura discussed a number of strategies for getting children who are eligible for Medicaid/CHIP enrolled. These include:

- Stopping TIERS enrollment until system can process eligibility in the 45 days required by federal law

- Adequate numbers of state eligibility staff (funding)
- Create a workgroup with contracted CBOs; invite HHSC participation but have Coalition host the workgroup.
- Increase outreach funding and training for CBOs; improve HHSC support for the CBOs
- Pursue partnerships with school districts. Examples of successful similar partnerships include the 100% Campaign in Houston and another similar one piloted in the Lower Rio Grande Valley.
- Increase outreach to small employers, and through clinics, ERs.
- Identify and address enrollment problems and confusion for CHIP Perinatal Program babies. There appear to be problems with accidental dual enrollment which are complicating health provider payments. This issue will be discussed at the February CHIP coalition meeting.

Recap of Children's Coverage in Other States

Anne Dunkelberg gave a brief overview on the topic. Key points include:

- Eight states have worked to promote universal coverage for kids, and several others are covering children to 250-350% FPL. Some of these states are also covering undocumented kids via different approaches.
- Texas did well in submitting an ambitious projected CHIP spending budget to CMS. The budget projected that CHIP spending was going to double or more due to restorations in the program and spending for the perinatal program.
- CMS August 17th Directive: We will have to monitor this rule, which now limits CHIP expansions to 250% FPL. Election outcomes will influence how quickly this CMS guidance can be changed to once again allow CHIP coverage financing to 300% FPL.
- In all, 24 states either already covered or were in process of covering kids above 250% FPL before the 8/17/07 CMS guidance was issued.

Children's Coverage Legislative Agenda

Dunkelberg describes proposed coverage agenda, which was discussed in 2007 as part of both RWJ and Packard grant proposals. Intended to be ambitious, but achievable.

- **Subsidized CHIP buy-in for 200% to 300% FPL**
- **Full cost buy-in for those over 300% FPL**
- **12 month child Medicaid eligibility**
- **Increased funding for eligibility workers and outreach**

Group felt that the items should be re-ordered, to indicate both priority AND that some steps would fail unless the built on a previous step, i.e.:

- **Fix Eligibility system performance: improve computer systems and and increase staffing levels.** Restore timely and accurate processing of children's Medicaid and CHIP.
- **12 month children's Medicaid eligibility.** This will help HHSC amange the eligibiluity system workload dramatically, helping HHSC out of the current difficulty, promote full participation of uninsured children, and promote continuity of care and medical homes.
- **Increased outreach and application assistance.**
- **Subsidized CHIP buy-in for 200% to 300% FPL**
- **Full cost buy-in for those over 300% FPL**

Subsidized CHIP buy-in for those at the 200% to 300% FPL

- Would like to create a program that takes advantage of CHIP's administrative structure.

- Families are taking pay cuts to keep CHIP. These families are willing to pay monthly premiums for affordable coverage for their kids. Fairness demands that we have affordable coverage options at every income level.

12-month Medicaid continuous eligibility for children

- Some attendees said this should be the top priority for the coalition's agenda. The August 17th Directive encouraged states to implement 12 month continuous eligibility. Yet, that same directive said states should not include kids above the 250% FPL unless it could first prove a 95 percent participation rate. Only one state has ever achieved a participation rate over 90%, and Texas is currently estimated at below 70%.
- HHSC may welcome 12-month continuous coverage because it would help reduce backlogs.
- Potential talking points on this issue:
 - There is momentum for this issue because of the *Frew* lawsuit. (Though Frew does not deal with eligibility, the performance standards in well-child care and continuity will be much more feasible with 12-month coverage)
 - 12 month continuous coverage would result in reduced HHSC work and cost savings for the eligibility system
 - If the 1115 waiver proposal, the Women's Waiver, maternity coverage, CHIP perinatal and traditional CHIP are all 12 months, why isn't children's Medicaid eligibility?
 - Suggest HHSC conduct a study of the cost differences between having a 6 month and 12 month Medicaid eligibility. A similar CHIP cost study was done for the 2005 session.
 - 12 continuous month of eligibility would increase enrollment.

Increase funding for eligibility workers and outreach

- The campaign needs to emphasize the need for a fix to the system and additional eligibility workers before asking for additional outreach funding. Otherwise, even excellent outreach efforts will be wasted if the system can't enroll these children.
- What is the cost of additional eligibility workers and the right system to enroll kids promptly and accurately?
- Increased funding can be framed as a one-time investment on information systems which will positively affect timeliness.
- The USDA may be the only federal government agency concerned about eligibility processing delays and TIERS. Problems with TIERS are also costing the state money. Texas has lost several Food Stamp accuracy bonuses because of problems.
- Dr. Flores of UT Southwestern conducted research on outreach effectiveness and presented his results to Congress. Evidence indicates outreach does work.