

**Texas CHIP Coalition Minutes**  
**Friday, January 22, 2010 - 11:00-1:00 p.m.**  
**May Owens Conference Room, 10<sup>th</sup> Floor**  
**Texas Medical Association**

**Attendees:** Kit Abney Spelce, *insure-a-kid*; Anne Dunkelberg, *Center for Public Policy Priorities*; Kevin Denmark, *Maximus*; Sister J.T. Dwyer, *Seton Family of Hospitals*; Kathy Eckstein, *Children's Hospital Association of Texas*; Jose Gonzalez, *Driscoll Children's Hospital*; Lynne Hudson, *C-NAP*; Maria Huemmer, *Texas Catholic Conference*; Helen Kent-Davis, *Texas Medical Association*; Alison Little, *Texans Care for Children*; Laura Martin, *Foundation Communities*; Michelle Romero; Moran Sanders, *March of Dimes*; Melissa Shannon, *CPPP*; Stacy Warren, *Texas Medical Association*; Chris Yanas, *Teaching Hospitals of Texas*.

**On the phone:** Jennifer Allmon, *Texas Catholic Conference*; Katie Coburn, *Texas Association of Community Health Centers*; Emily Copenser; Julia Easley, *Children's Medical Center of Dallas*; Laura Guerra-Cardus, *Children's Defense Fund*; Jan Hudson, *Seton*; June Liu, *Community Health Voice*; Jeff Miller, *Advocacy Inc.*

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Ms. Dunkelberg called the meeting to order at 11:09.

### **Proposed Budget Cuts to HHSC**

Ms. Little announced to the group that all state agencies and public universities in Texas have been asked to decrease their budgets by 5 percent. The HHSC will hold hearings on Friday February 11, 2010. HHSC has provided a [summary](#) of the proposed changes on their website. Coalition members were reminded that eligibility workers would be exempt from the proposed cuts. Ms. Dunkelberg committed to sending reminders, relevant information as it became available, and updates on the agencies affected.

### **Frew Strategic Initiative - Health Home Pilot**

Ms. Dunkelberg introduced Michelle Erwin from the Health & Human Services Commission to inform the group about a new pilot project as a part of the Frew Strategic Initiatives. The pilot project aims to establish a comprehensive Health Home models for children enrolled in Medicaid under the age of 21. HHSC is interested in funding pilot projects that use new and creative approaches and can demonstrate value for money to the state. The Request for Proposals (RFP) will be announced on the [HHSC Business Opportunities website](#) in early 2010. Pilot projects will begin operating by the summer of 2010. The RFP will include detailed definitions and examples of the core components.

HHSC will provide 24 months of funding for up to 8 test projects across the state to fully transition into a health home, while demonstrating innovation to improve the following areas:

- Patient Access
- Quality Improvement
- Patient/family centeredness
- Coordinated Care
- Team-based approach to care
- Population approach to care
- Enhancing collaborative efforts among providers (particularly in rural areas)

HHSC has made it clear that they would prefer to fund providers that will serve 5,000 children enrolled in Medicaid, therefore they encourage small and mid-sized practices to collaborate with other providers on proposals. Ms. Erwin stressed that HHSC hopes to encourage applications from a wide spectrum of providers, and will adapt the Request for Proposal (RFP) process to promote the opportunity to new applicants.

Many within the coalition expressed concern about the low number of primary care providers that typically apply for state contracts. Members identified the high number of Medicaid patients preferred as a sizable barrier and felt this would likely discourage many physicians from applying, particularly in rural and other underserved areas. There were also questions about the length of time providers would have to apply for funding. Ms. Erwin noted that HHSC hopes to leave at least 60 days from the original posting of the RFP to the final deadline, which is more time than is typically allocated for traditional RFPs. She noted that the announcement has been revised to encourage smaller providers to apply.

Sister JT Dwyer asked about the vision for health homes after the two-year funding stream expires. Ms. Erwin explained that when the pilot funds expired there would be an external evaluation to better understand what pieces of the models that will have improved health outcomes for users and saved funds, and attempt to incorporate these features into the Medicaid funding structure.

Many within the group expressed that the health home initiative should help children in Medicaid find providers for greater wrap-around services. However, many thought the announcement and bidding conference must be clear about what will be expected of physicians to ensure that more providers apply. Ms. Erwin concluded her presentation by asking members to distribute the announcement widely to their respective networks.

## **National Health Reform**

Ms. Dunkelberg informed the group about the lack of clarity with how to move forward on the national legislation because the election of the new Senator for Massachusetts, Scott Brown removes the super-majority in the Senate. She highlighted the fact that polls suggest that Americans are divided about the 'health reform bill', but when specifically asked about each of the major components of the legislation (i.e. eliminating pre-existing conditions, or providing subsidies to help the uninsured purchase coverage) then respondents are generally supportive.

Ms. Dunkelberg noted that Congress would most likely attempt final passage through a two-step process, in which the House would adopt the Senate bill, and then Congress would move forward with budget reconciliation on the modifications that would be negotiated between the two chambers. Ms. Dunkelberg did stress, however, that the absence of a clear message coming from Democratic leadership has put the effort at risk. To combat the collapse of this momentous effort, she strongly encouraged members to phone their Congressional representatives and the White House and remind them not to let the 'perfect bill' be the enemy of the good. Ms. Dunkelberg committed to providing a list of resources to members to give the latest insight into the process.

## Resources

- [The Path to Health Care Reform is Passing the Senate Bill](#)
- [Senate Health Care Reform Package Will Secure Coverage and Improve Quality of Care](#)
- **Nearly four dozen of the nation's leading health care luminaries**--including Jacob Hacker, the man who brought the public option to light--are urging the House of Representatives to pass the Senate health care bill, and quickly pass a separate bill to modify it: an approach favored by some members of Democratic leadership, major unions, and reform advocates. Read the letter here:  
<http://www.talkingpointsmemo.com/documents/2010/01/leading-experts-urge-house-to-pass-senate-health-care-bill-1.php?page=1>

## Update on Outreach & Technical Assistance Workgroup

Sister JT Dywer provided the members with an update of the Outreach & Technical Assistance Workgroup. She informed the group that this was the first meeting held for a couple of months and a number of positive developments had occurred since the last meeting. Some highlights include:

- An additional 600 eligibility staff hired from September 2009
- A reduction from 61 to 5 regional offices experiencing wait times in excess of 60 days
- In the same period 30,000 cases have been cleared

The group looked over specific issues identified in the minutes and will address them in a memo, which will be sent to HHSC. Additionally Dr Guerra-Cardus has been working on a survey to create a database of relevant outreach workers and health care providers to help keep these stakeholders aware of policy changes and program updates related to the eligibility system. Interested parties can complete the survey by clicking here ([OTA Workgroup Survey](#)).

Attendees of the OTA workgroup There Outreach and Technical Assistance Workgroup decided to schedule their meeting times to allow interested participants to attend both the OTA workgroup and the CHIP Coalition meetings. The OTA workgroup will conduct bimonthly meetings immediately after the CHIP Coalition. When the OTA workgroup meet the CHIP Coalition will conclude their discussion at 12:30pm. The meeting dates and details will be posted on the [CHIP Coalition website](#).

## Other Business

Ms. Dunkelberg highlighted the need for further discussions surrounding how the Texas CHIP Coalition could better support local children's health coalitions. She noted the good work done in Dallas and Tarrant County, and was interested in making sure that existing networks have the capacity and support necessary to strengthen the voice at the community level.

With no other business the meeting adjourned at 1:08