

Texas CHIP Coalition & Eligibility Work Group Minutes
Friday, June 20th, 2008 11:00 a.m. – 1:30 p.m.
May Owen Conference Room, 10th Floor
Texas Medical Association

Attendees: Anne Dunkelberg, *CPPP*; Laura Guerra-Cardus, *Children's Defense Fund*; Carrie Kroll, *Texas Pediatric Society*; Stacey Warren, *Texas Medical Association*; Morgan Walthall, *March of Dimes*; Kevin Denmark, *Maximus*; Michele Whaling, *Maximus*; Jennifer Allmon, *Texas Catholic Conference*; Maria Frederick, *Texas Catholic Conference*; Candise Spikes, *Catholic Health Association of Texas*; Jan Hudson, *Seton Health Plan*; Scott McAninch, *San Antonio Non-Profit Council*; Shannon Foster, *Seton Health Plan*; Shane Brewington, *Texas Health & Human Services*; Shelton Green, *Christian Life Commission*; Helen Davis, *Texas Medical Association*; Amanda Perez, *Community Action/Head Start Program San Marcos*; Kristina Salinas, *Texans Care for Children*; E. Rex Ann Shotwell, *Insure-a-Kid*; Bryan Sperry, *CHAT*; Ed Berger, *Seton*; Melissa Shannon, *CPPP*.

Via conference call: Julia Easley, *Children's Medical Center*; Incomplete: will make effort to record in future.

Guests: Dr. Eric Miller, *PRAMS*; Ivy Goldstein, *Medicaid Access Project*

Anne Dunkelberg called the meeting to order at 11:05AM

PRAMS Presentation

Ms Dunkelberg introduced Dr Eric Miller of the Pregnancy Risk Assessment Monitoring System (PRAMS) to provide information on infant and maternal health in Texas and the information they collect.

PRAMS is sponsored by the Centers for Disease Control and Prevention (CDC) and started in Texas in 2001 aimed at reducing infant mortality, low birth weight births and pre-term births. Their data helps identify high-risk groups and are used in planning and assessing perinatal health programs. The full report can be found at <http://www.dshs.state.tx.us/mch/pdf/PRAMS%20annual%2004%20FINAL.pdf>.

Rates Intended & Unintended Pregnancy

The PRAMS data from 2004 study found that approximately 45 percent of all births in Texas were unintended, including 34 percent of these births being mistimed and 11 percent being unwanted. Unintended pregnancies are significantly higher among minorities and mothers under the age of 19. Women experiencing an unintended pregnancy are more likely to delay medical treatment in the first trimester; this is likely related to the fact that 58 percent of Texan women with unintended pregnancies had no insurance or access to Medicaid before becoming pregnant.

The Importance to Access to Care

Hispanic and African American women are less likely to receive prenatal care within the first trimester for both intended and unintended pregnancies, likely because these women experience the highest rate of uninsurance. Lack of money and access to Medicaid was the number one reason women reported named for delaying medical treatment during pregnancy.

Smoking & Alcohol Use

Smoking and alcohol use during pregnancy significantly increases the risk of preterm births and low birthweight. Approximately 16 percent of women reported smoking three months before becoming pregnant and 8 percent reported smoking in the last 3 months. White women had the highest percentage of smoking while pregnant at 14.2 percent, this rate increases among this group when looking at unintended pregnancies. About half of women quit smoking during pregnancy, however, 43.7 percent of these women continue smoking following the birth of their child.

Nearly half of women drank within three months of becoming pregnant, and 8 percent of women reported drinking during the last three months of pregnancy, with approximately 1 percent reporting binge drinking. This rate is higher because the mixed messages in the media and OBGYNs stating that the occasional drink during pregnancy may be ok and/or beneficial. Surprisingly women with higher levels of education are more likely to drink alcohol during pregnancy.

There were several questions relating to ability to adapt the questionnaire to include new relevant and timely issues, how to increase the rate of participant completion to 70 percent, and the timing of the PRAMS production cycle. Dr Miller responded that it takes several years to change the survey questions because of the CDC process; however, questions can be added more quickly to the Behavioral Risk Factor Survey. DSHS is trying to increase survey participation by offering better incentives and rewards, including baby thermometers and gift cards to stores. PRAMS recently finished data collection for 2007 births and expect to have the report out in early 2009. It is hoped that in time the data can assess any real trends in maternal health and infant development.

Items for Follow-Up

It was also suggested that PRAMS should attempt to hold meetings with advocacy organizations to help identify possible areas for policy changes to improve access to care and alcohol and smoking cessation. Dr Miller noted this might be a reasonable idea, and members committed to taking the information back to their organizations to include in reports. Shane Brewington of HHSC will take the information for potential recommendations and follow up at a later date.

TCC Agenda Expansion & Potential Name Change

Ms Dunkelberg prefaced the discussion on a coalition name change and adoption of expanded principles with the need to have a more time to think through the new direction and aims of the CHIP Coalition. The last suggestion produced, “Texas Healthy Babies & Kids Coalition – *A new name for the Texas CHIP Coalition.*” However, there was concern expressed by Ed Berger of Seton that changing the name would potentially lose recognition and respect the CHIP Coalition that the members have worked so hard to garner.

Ms Dunkelberg acknowledged the apprehension that is felt by some of the members and explained that the tag-line would follow the new name for a period of two years or so. She stressed the importance of broadening the scope to push for improvements in maternal health, Medicaid and uninsured children at or above 200 percent of poverty. When sending suggestions members must consider the need to balance the concern for name recognition with the need to address additional needs the reach beyond the scope of CHIP.

Bryan Sperry of CHAT noted that there were 90 bills in the last session on CHIP, whereas there was only one bill on Medicaid. CHIP has a sufficient audience at the Capital, despite it not getting to the maternity health and a need to encompass the children not included in CHIPs remit. This coalition can help reduce the stigma attached to Medicaid at the Capital

Ed Berger wondered if it was possible to try and fold the Medicaid and CHIP programs under the same name to help reduce the stigma, similar to Wisconsin's Badger Care effort.

Helen Kent Davis (TMA) suggested that coalition members consult with the communication experts from their own organizations to help with the CHIP Coalition rebranding effort, and perhaps discussing Mr Berger's suggestion on rebranding children's health programs in Texas with HHSC.

Items for Follow-Up

Ms Dunkelberg stated that she would send an email soliciting recommendations for coalition members on new names and stronger principles and requested that members speak with their communication experts to help in the TCC rebranding effort. She committed to send out emails to encourage members on the list serve to email in suggestions of new names, as well as priorities for legislative principles for the 2009 Legislature.

Medicaid Access Project

Dr. Guerra-Cardus introduced Ivy Goldstein to talk about the Medicaid Access Project's aim to improve access to comprehensive care under Medicaid young people with disabilities who are transitioning from the Medicaid EPSDT (Texas Health Steps) umbrella into adult health care. It is becoming increasingly difficult for young people with disabilities to access primary care and specialists from the ages of 14 to 21 years, and particularly difficult after they turn 21 and lose the federal law guarantee of comprehensive care under EPSDT. They also want to broaden the umbrella of the perceptions of Medicaid.

Mr. Sperry commented that it is an important concern as the government spends vast sums of money keeping these individuals well during childhood, but neglects them once they age out of care—only to be caught back into the system after they are sick. He also congratulated Ms Goldstein for illustrating the shortages in pediatric care and medical homes for young people in Texas. He also suggested a logical priority for Texas' 1115 waiver under SB 10 would be to give priority to coverage for children aging out of Medicaid, especially foster care. The tailored benefits program under SB 10 for children would also create a logical group to target for continued care under the waiver.

Ms Dunkelberg reiterated that this is a good example of kids not being able to access care, and noted the need for all members to collect and share details on these stories. She encouraged Ms Goldstein to continue communication with the coalition on their progress. *(Note: in subsequent conversations, plans have been made to devote a portion of an upcoming meeting to discussing the issues of kids with special needs and disabilities aging out of EPSDT Medicaid and into the less comprehensive adult coverage.)*

With no other agenda items the CHIP Coalition meeting adjourned at 12:30 p.m.

Eligibility Workgroup

Attendees: Anne Dunkelberg, *CPPP*; Laura Guerra-Cardus, *Children's Defense Fund*; Stacey Warren, *Texas Medical Association*; Kevin Denmark, *Maximus*; Jan Hudson, *Seton Health Plan*; Scott McAninch, *San Antonio Non-Profit Council*; Shannon Foster, *Seton Health Plan*; Kristina Salinas, *Texans Care for Children*; E. Rex Ann Shotwell, *Insure-a-Kid*; Melissa Shannon, *CPPP*.

Via conference call: Julia Easley, *Children's Medical Center*; Incomplete: will make effort to record in future.

Ms Dunkelberg called the meeting to order at 12:35pm.

Dr. Guerra-Cardus began by recapping some of the most pressing issues from last meeting. It was hoped that HHSC would send a representative to provide an update on how the organization is dealing with the timeliness issue on extending applications. It was also hoped that HHSC would be able to give more news on the denial rates from Missing Information problems with their application. Dr. Guerra-Cardus then opened up discussion on defining the purpose of the eligibility workgroup.

Ms Dunkelberg wanted to identify needed policy changes to HHSC administrative approach and develop some educational materials to distribute to local CBO's and other organizations to help families get coverage simply and without delay.

Ms Hudson would like to establish and maintain a long-term dialogue with HHSC. MS Dunkelberg responded by suggesting that it might be helpful to invite a representative from HHSC to attend all meetings providing feedback at every other meeting, but attending other meetings as an observer.

Mr. Denmark suggested that it might also be helpful to give specific examples that any users have encountered in trying to access programs, transition problems when paperwork is lost and so forth. This will help the commission see clear obstacles in the enrollment process and understand that goal of the workgroup is productive.

Dr. Guerra-Cardus then addressed the need for a substantive issue log to identify new issues, include specific examples and concept of volumes. This would be used to communicate with HHSC, workgroup members will be central funnel for issues in their area. Ms Dunkelberg agreed and thought CPPP may have some resources and staffers to update an issue log website rather than using an email based process.

It was requested that workgroup members share any research they are completing in this area to help with presentations her organizations provide to local CBO's which are currently lacking up to date information.

Dr. Guerra-Cardus then shifted focus on to problems relating to Missing Information. She asked what organizations have been using the 1010 forms, which is the standard longer form completed to encourage food stamp enrollment.

Ms Shotwell acknowledged that her organization has been using the form, and after encountering a number of problems their HHSC contact gave them a list of items needed to aid her colleagues in completing only the relevant portions of the form. Ms Dunkelberg highlighted that the HHSC employee's used her expertise to improve the process and this list serves as a really good example of best practice.

Items for Follow-Up

Dr. Guerra-Cardus summarized what the next steps for the workgroup to tackle:

- Review the missing information sheet and provide feedback to the workgroup within the next 2 weeks to ensure that HHSC has an opportunity to address the concerns at the July meeting.
- Create an improved internet based issue log will to provide substantive examples of issues for HHSC. It should include issues of letter timeliness and getting notices wrong, doctor's difficulty in becoming Medicaid providers. Categorize issues to identify group that is best able to tackle problems (e.g. Legislature, HHSC, CBO's)
- Identify useful resources people would like to contribute to toolkit to aid efforts made by CBO's and to educate hospitals and doctors on the impact of CBO's
- Identify research topics and see if anyone else has interns or other resources that can take them on.

Ms Dunkelberg committed to contacting HHSC to see if they could send a representative to report at the July meeting and see if they wish to sit in on other meetings for listening purposes only.

Ms Dunkelberg also gave information on the Robert Woods Johnson Foundation grants that seek to increase enrollments for children. She noted that RWJF will only fund programs that have the buy in from the governor's office. Ms Dunkelberg stated that she had been in touch was waiting to hear back. She made special note that the grant required an initial enquiry of interest and the deadline to submit a placeholder to RWJF to by the 24th of June. Dr. Guerra-Cardus also note that special consideration may be made of the fact that Texas has received finish-line status. *(Note: Governor Perry's office ultimately elected not to pursue the grant for Texas.)*

Dr. Guerra-Cardus reminded members that the next meeting will be held on the 25th of July, immediately following the Texas CHIP Coalition meeting.

With no other agenda items the Eligibility Workgroup meeting adjourned at 1:30 p.m.