

Texas CHIP Coalition & Eligibility Work Group Minutes
Friday, November 21st, 2008 - 11:00 a.m. – 12:30 p.m.
May Owen Conference Room, 10th Floor
Texas Medical Association

Attendees: Robin Butler, *Children's Hospital Association of Texas*; Katie Colburn, *Texas Association of Community Health Centers*; Kevin Denmark, *Maximus*; Shannon Foster, *Seton Health Plan*; Kathy Griffis-Bailey, *DSHS-GSHCN*; Durquia Guillen, *Any Baby Can*; Shelton Green, *Christian Life Commission*; Lynne Hudson, *Coalition of Nurse Advanced Practitioners*; Helen Kent-Davis, *Texas Medical Association*; Carrie Kroll, *Texas Pediatric Society*; Scott McAninch, *San Antonio Non-Profit Council*; Jeff Miller, *Advocacy Inc*; Derrick Osobase, *Texas State Employees Union*; Stacy Patterson; Katie Romich, *Texas State Employees Union*; Melissa Shannon, *CPPPP*; Emily Shelton, *Texas Impact*; E. Rex Ann Shotwell, *insure-a-kid*; Kit Abney Spelce, *insure-a-kid*; Candise Spikes, *Catholic Health Association of Texas*; Morgan Walthall, *March of Dimes*; Stacy Warren, *Texas Medical Association*.

Via conference call: Sister J.T.Dwyre, *Charities Family Association Center*; Britni Manor, *YWCA Dallas*; Dr. Ann Sutherland, *League of Women Voters*; Joanna, *Santa Rosa Hospital*.

Anne Dunkelberg called the meeting to order at 11: 07AM.

Presentation on Smoking Cessation & Tobacco Prevention

Ms Dunkelberg introduced Penny Harmonson of the Department of Health and Human Services Tobacco Prevention and Control Program to provide information on efforts of the project's efforts and budget requests. Ms Harmonson began her presentation by informing the coalition that the program is seeking \$8.5 million (over two-years) as an exceptional to combat the \$11 billion lost annually in productivity and health-related losses stemming from tobacco use.

Ms Harmonson noted the programs' major objectives include: focusing on the preventing tobacco use among young people, promoting compliance and enforcement of enforcement of federal state and local tobacco laws, educating retailers on the importance of not selling to minors, and reducing tobacco use among populations with the highest levels of tobacco-related health disparities. Prior to the last sessions' Rider 66 provision, the project focused on reducing tobacco use in Southeast Texas (primarily in Port Arthur and Beaumont). Rider 66 directed DHHS to establish a comprehensive statewide approach, and is funded mostly from the settlements of tobacco lawsuits (approximately \$10 million annually).

The program currently operates in Lubbock, Smith, Travis (namely in East Austin), Fort Bend, San Antonio, Ector and Midland, and there are nine regional coordinators working in school districts and county health departments. The Tobacco Prevention and Control Program provides prevention resources and materials aimed at increasing public awareness. The DHHS also works with the American Cancer Society's Quit Hotline, providing five counseling sessions and nicotine treatments for adults who want to quit smoking.

The budget allocates \$3 million to the Texas Education Agency to fund a tobacco prevention curriculum for grades 4-12. The money funds the 'Spit it Out' Campaign (in conjunction with the FFA) and the statewide initiative Tobacco-Free Kids Day, which trains young people to

become tobacco prevention advocates, meeting with Representatives and Senators at the Capital. An additional \$120,000 is to provide additional funds for the Cancer Quit line (which currently serves 4 million users across Texas) to encourage state employees to quit smoking; \$135,000 for prevention resource centers; a further \$2.1 million over 2-years to educate retailers and enforce regulations aimed at preventing teen smoking; the remaining amount funds several state-level collaborative efforts including websites, toolkits and other preventative resources.

Coalition members were curious to understand the returns on the investment, and Ms Harmonson explained that for a \$3 per capita investment of state funds yields a \$58 return in state dollars, \$44 for health plans and \$16 return for employers. This is achieved through a comprehensive and coordinated approach.

The group wanted to know if pregnant women enrolled in Medicaid were able to access the program. Ms Harmonson understood that women were eligible for counseling but not the pharmaceutical treatments to protect the health of the infant. Despite the limited treatment options, pregnant women are seven times more likely to quit, although she acknowledged that more work needs to be done to prevent women from smoking before they become pregnant. Ms Harmonson said DHHS had been looking closely at the Women's Health Waiver and Title V to reduce smoking rates among this population. She noted that they are particularly interested in tackling the problem among women with post-partum depression as it improves the health of the mother and child, but stressed that they need greater tools to reach these women through policy changes.

Ms Harmonson concluded her presentation by recommending that group members to be aware of the kickoff for the Cessation Medicaid Benefit to be initiated in December 2008.

Update on the Closure of University of Texas Medical Branch Galveston

The Coalition was joined by Derrick Osobase and Katie Romich of the Texas State Employees Union, requesting the support of organizations within the CHIP Coalition to prevent the closure of UTMB Galveston in the wake of Hurricane Ike. Mr. Osobase noted that UTMB is the only level-one trauma center in Southeast Texas, and would phase out indigent care in the region. The guests provided a statement of support that they will take to the Legislature. Organizations that would like to support the efforts of the Texas State Employees Union should contact Mr. Osobase or Romich via email at: dobase@cwa-tseu.org & kromich@cwa-tseu.org.

HHSC Update on the Enrollment & Eligibility Services

Ms Dunkelberg welcomed Lisa Urstan and Denise Townsley from HHSC's Office of Eligibility Services and Linell Barry from the Office of Family services. They came at the request of coalition members to answer questions regarding CHIP renewal and denial numbers that were discussed in previous meetings and the six month review of children from higher income families.

Ms Barry began by discussing the renewal trends, noting that from September 2006 to November 2008 there was an increase in enrollment of 38,343 – likely due to the increased asset limits and childcare deductions from HB 109. Ms Barry noted that renewal numbers were down in the same period of 2008 because cases were being extended from six to twelve months.

CHIP Enrollment Figures Sep-Nov 2006, 2007 & 2008					
	August	September	October	November	Difference Sept-Nov
2006	295,331	291,530	300,685	321,341	+26,010
2007	300,262	327,379	336,076	340,985	+40,723
2008	476,636	463,199	465,094	458,125	+18,238
<i>Source: Health & Human Services Commission CHIP Enrollment by CSA, Plan and Age Group</i>					

Ms Townsley began a discussion on the impact of the six month review process has on families eligible for CHIP, but whose income is above 185% FPL. Maximus attempts to use electronic verification to ensure that families' income has not increased above the 200% threshold, if the income level is within the limit a family's enrollment status does not change. Ms Townsley noted that if the family's income exceeds 200%, they have 30 days before they lose coverage. She explained that in October 2008, the case population subject to review stood at 1,372 (at or above 185% FPL when initially enrolled), 1,326 enrollees were sent a questionnaire requesting more information. The breakdown of the review process is below.

Families Subject to 6 month Income Review October 2008				
	Total Enrollees Subject to Income Review	Met Qualifications (Continued Coverage)	Unable to Verify Income (More Information Required)	Income Validation Needed (More Information Required)
October 2008	1,372	39	564	769
Sent Questionnaire	Did Not Respond	Responded	Eligible	Ineligible
1,326	329	997	865	253
<i>Source: Health & Human Services Commission</i>				

Members asked how necessary it was to complete a 6 month review for families eligible for CHIP in this income bracket. They wanted to understand if costs spent on the review were greater than the cost of 12 month continuous coverage. Members thought it would be helpful to see the cost benefit analysis. There was also some confusion as to why there was a peak in enrollment numbers in August but then ticked down in September in both 2006 and 2008. Mr. Denmark thought it might be related to the start of the school year and a function of cycle rather than a programmatic problem.

Ms Townsley completed her presentation with an update on the new CHIP Online Renewal service. The online renewal system keeps information from the enrollee's previous application. The applicant is instantly informed of any missing information and asked to submit any additional materials necessary to complete a successful enrollment.

Ms Dunkelberg expressed that there has been a lot of positive feedback from other states' efforts to improve their enrollment processes with the online application and renewal systems. She noted these systems can help to reduce the workload for case workers, freeing their time to focus on persons who are not inclined to use an online system.

Ms Townsley invited the coalition to request additional information when needed.

Other business

Ms Dunkelberg encouraged the coalition members to visit the Texas Department of Insurance's website to view their recently posted report entitled *Healthy Texas*, which examines options to improve access to affordable health insurance. She explained that the study was a requirement from Senate bill 10, and outlines options that may have a positive impact on reducing the number of uninsured in Texas. The report provides some information on the Medicaid waiver being a potential funding source on increasing access particularly for small businesses. Coalition members can view the report with the link below.

<http://www.tdi.state.tx.us/reports/life/documents/hlthytxph1rpt08.pdf>

The group was updated on specific efforts discussed at the Capitol to expand coverage. One initiative includes a Medicaid Buy-In option proposed by Senator Nelson to improve access to health insurance for kids on child support and cover children in small employer group plans. Ms Dunkelberg informed the members of Senator Zaffirini's filing of a 12 month children's Medicaid bill. The Senator is expected to submit more detailed bill on eligibility process improvements, and the group was pleased to hear of the positive steps.

Ms Dunkelberg informed the group of the HB 3575 Legislative Oversight of Eligibility hearing in mid November. She noted that there was still not enough emphasis on the problems related to staffing levels. She estimated that the number of employees could be increased by 1500 under HHSC's budget request. Ms Dunkelberg also highlighted the group's need to focus on including

timeliness as a benchmark, as coalition members routinely report instances of individuals being discouraged to apply for CHIP and Medicaid because they are told by HHSC staffers that it will take between 3-4 months to get enrolled. She encouraged the members to continue their effective discussion in their own networks to prioritize these issues.

Ms Dunkelberg also updated the group on a meeting held with HHSC staff in early November. She states that the staff was in favor of launching a broader eligibility partnership for outreach. The CHIP Coalition members were receptive to the idea of becoming a core participant in dealing with children's access to health care, but they also believed it was important to encourage another stakeholder coalition or group to address concerns with food stamps. Ms Dunkelberg asked participants to speak to their contacts to see if there would be interest in becoming more involved in the proposed outreach partnership. She suggested that this group would meet quarterly and hoped to ensure that a diverse group of stakeholders could be involved through a conference capacity. The goal of the partnership would be to improve some of the systematic eligibility problems with solutions carried out by the group rather than advising HHSC to take on greater responsibilities. The spirit of the partnership would be 'working together to enhance the system'.

Items for Follow-Up

The group agreed that the next steps should include sending a list of proposed outreach efforts to HHSC, suggesting that they share these best-practices to ensure all parties are moving forward on the same objectives. The group also felt it was important to help improve customer service in outreach. Ms Dunkelberg cited the How-to-Sheets that Ms Shotwell and Ms Abney Spelce have drafted as a good example of this: materials written in simple language that a legal department from HHSC might not routinely use.

With no other agenda items the CHIP Coalition meeting adjourned at 12:52 P.M.