

Texas CHIP Coalition Minutes
Friday, November 10, 2006 11:00 a.m. – 1:00 p.m.
May Owen Conference Room, 10th floor
Texas Medical Association

Attendees: Anne Dunkelberg, CPPP; Jan Hudson, Seton Health Plan; Edwin Evans, Seton Health Plan; Candise Spikes, CHA of Texas; Stella Rodriguez, Texas Association of Community Action Agencies; Beth Schlechter, Indigent Care Collaboration; Jan Scott, Texas Children's Health Plan; Denise Rose, Texas Children's Hospital, Jodie Smith, Texans Care for Children; Barbara Best, Children's Defense Fund; Jeff Miller, Advocacy, Inc.; Tanya Vargas, Insure-a-Kid; Leti Salazar, Catholic Charities, FW; Cecile Carson, Texas Association of Community Health Centers; Bethany Wofford, HHSC; Skye Kilaen, HHSC; Robin Butler, Children's Hospital Association of Texas

Via conference call: Julia Easley, Children's Medical Center Dallas; Sam Goonda

Guests: Chris Traylor, Associate Commissioner for Medicaid/CHIP; Medicaid/CHIP Director, Texas HHSC

Anne Dunkelberg called the meeting to order at 11:10 a.m.

Discussion with Chris Traylor, Associate Commissioner for Medicaid CHIP; Medicaid/CHIP Director, HHSC

Ms. Dunkelberg introduced Mr. Traylor, HHSC Associate Commissioner for Medicaid/CHIP and Medicaid/CHIP Director as of August, 2006. He has been with HHSC for almost 8 years (and before that DHS).

For the success of the division, Mr. Traylor feels that openness and inclusiveness in the day to day activities of the department is critical. Client focus, including providers as they aid clients in care of service, is paramount and primary for the division as well as the effective use of tax dollars. There have been significant changes primarily in the way that services are delivered through managed care. There are currently 31 plans but that will increase in the future to 62 plans – ICM roll-out in a year, a Foster Care plan, a CHIP perinate plan the STAR+Plus HMO carve-out for the aged, blind and disabled population. The challenge with this increase is to make sure clients are receiving services as they are suppose to, working on reallocation of staff and change in monitoring way care is given. These changes will take place in phases and the department will seek continuous improvement and communication with stakeholders.

Ms. Dunkelberg complimented the division and Mr. Traylor on how they approached the family planning and perinate waivers by having workgroups and conference calls to solicit inclusiveness and hoped it could be a model for other programs.

The discussion was opened up for questions for Mr. Traylor.

- Foster Care Health Plan – they are still involved in the procurement and are working through the major issues but the timeframe is still set for a July implementation.
- Ms. Dunkelberg informed the group that she had received a joint letter to Commissioner Hawkins co-signed by TMA, TPS and the Family Physician Association on the CHIP formulary program; she will check with the letter authors to make sure she can distribute to the listserv and will also provide an encapsulation. Mr. Traylor added that the formulary was under legislative mandate.
- CHIP formulary is handled differently from the Medicaid formulary due to the fact that Medicaid covers a broader population than just children and allows for greater negotiation due to federal laws.
- CHIP Perinate – running into some challenges with implementation due to the complicated eligibility, but implementation in January 2007 still on track. Ms. Dunkelberg will provide HHSC Perinate program staff contacts to CHIP listserv for those who wish to stay informed.
- Family Planning Waiver – Mr. Traylor is in frequent communication with CMS and the approval is imminent. For consistency, CMS will approve the waiver in conjunction with other waivers that are currently pending. He is expecting they will have the approval by the January implementation date. The Center for Health Training, an independent contractor, is working with the family planning department for provider training. Ms. Dunkelberg commented that the biggest issue providers need to know about is eligibility and enrollment and the independent contractor needs to be fully engaged on these issues.
- CHIP default for health plans was added last month to speed up the enrollment process. There will be an option for families to change health plans after the default process. An end-of-month report similar to Medicaid will be generated to the health plans.

Ms. Dunkelberg and the group thanked Mr. Traylor for his time. Mr. Traylor promised to keep open communication with the group and look for feedback for any outstanding issues.

Medicaid Citizenship Documentation Requirement

Ms. Dunkelberg updated the group on a collaborative project she is working on that is monitoring the impact of the citizenship documentation requirements. The project is managed out of a DC area non-profit and 8 other states are participating. The goal is to collect information about possible changes in the federal policies that may be needed and to review what types of situations are creating problems for families trying to enroll. Instructions have been posted on the CPPP website for families to report problems they are having in regards to providing proof of citizenship. A copy of the website page along with a copy of the documentation problem report sheet were distributed to attendees.

A hand-out showing denial of new Medicaid applications for Citizenship Documentation from August, 2006 to October, 2006 was also distributed to attendees. 3,767 were denied during this time period with 200 of those being children under the age of 1. Ms. Dunkelberg is working to obtain the total percentage of approvals and denials so that these denial numbers can be put in context with overall numbers. It is possible that many of those denied may have either not had access to the right documentation or were working with an eligibility staff member that did not understand HHSC documentation requirements.

Ms. Dunkelberg also noted that HHSC has taken a very positive approach to implementing the documentation requirements. They are training eligibility staff to identify and accept the best available documents instead of delaying an application. Under advice of their attorneys, the Commission will also allow the Medicaid application affidavit to serve as the affidavit of identity.

Federal rules have harsher standards for new applicants versus re-enrollees; concern is that this will have an impact on the family planning waiver and pregnant women. Texas HHSC has implemented a flexible policy on maternity cases and are also offering a grace period for re-enrollees; those enrolled as of 7/1/06 are being told at renewal that they will not have to provide documentation until the following renewal period.

A recent New York Times article discussed CMS' adoption of new standards to require states treating babies born to emergency Medicaid to submit an application for Medicaid instead of automatic coverage for one year. Texas has always required babies born to immigrant mothers to apply for Medicaid instead of providing coverage automatically so we do not have the implementation problems that many other states have.

Enrollment/Eligibility Updates

The November file on Medicaid has not been received yet, but early indication is that the numbers will be equal to or surpass what they were in August. CHIP November enrollment numbers have increased due to HHSC's move to allow for a default health plan if none is selected by a family.

Ms. Dunkelberg asked for a round-table discussion on what others may be experiencing with enrollment or eligibility problems:

Ms. Scott reported that Texas Children's Health Plan is gaining ground on file transfer. They are still having problems with communication and finding contacts at TAA but TAA has hired a liaison and has committed to keeping an error log so they are seeing some improvement in the structure but there are still problems.

Ms. Hudson said they have seen several cases where HHSC workers are telling families that have been denied for Medicaid to complete a whole new application for CHIP instead of flipping application. Ms. Dunkelberg added that of the 5,800 eligibility staff workers, which is a below-adequate number to serve the current population, one-third of those are temporary workers.

Ms. Scott noted that in recent conversations with Rick Allgeyer, HHSC is not projecting much growth in CHIP over the next four years (to 339,000 in the LAR for '08), although CHIP Perinate has a very high projection of about 100,000 by 2008.

Ms. Best reported that they are still seeing problems with enrollment but in communicating with legislators many seem to think that all of the problems have been corrected. She copies Houston delegation members on problem cases that she sends to HHSC so they are aware of on-going issues and asked if there was a way for all TCC members to compile recent examples. Ms.

Dunkelberg said that she would send a solicitation out on the CHIP listserv and ask that stories be sent to Ms. Best.

Impact of November 7th Elections

Election turnout has made it more favorable for CHIP reauthorization however Texas will still be punished due to the enrollment decline and other states wanting part of our matching funds. Starting point will not be as painful and pressures for moving away from entitlement are less dire. Growth is needed in the block grant to serve eligible but not enrolled kids.

Ms. Best noted for the Texas elections all vulnerable Democrats kept their seat and the party picked up six additional seats. CHIP was a big issue in many of the contested races.

Ms. Dunkelberg questioned if doing some type of training session for legislative staff to familiarize them with CHIP and the Texas CHIP Coalition would be worthwhile. After discussion, it was agreed that it would be an excellent opportunity and more details could be worked through in the following Insure Texas Kids meeting including possible member co-sponsorship.

Ms. Easley informed the group of Children's Insurance Town Hall Meetings that will be held in Houston, Dallas and San Antonio on January 11th. Planning details were in process, but Ms. Easley said she would update the group with more information once details were confirmed and provide Ms. Dunkelberg with information that could be sent out on the listserv.

The next CHIP Coalition meeting will be held on Friday, December 15th, 11 a.m. – 1 p.m. at TMA, 401 W. 15th Street in the May Owen Conference Room, 10th Floor.

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