

Texas CHIP Coalition Minutes
Friday, October 16, 2009 - 11:00-1:00 p.m.
May Owens Conference Room, 10th Floor
Texas Medical Association

Attendees: Kit Abney Spelce, *insure-a-kid*; Betsy Coats, *Maximus*; Katie Coburn, *Texas Association of Community Health Centers*; Anne Dunkelberg, *Center for Public Policy Priorities*; Kevin Denmark, *Maximus*; Sister J.T. Dwyer, *Seton Family of Hospitals*; Shannon Foster, *Seton Health Plan*; Ida Garcia; Laura Guerra-Cardus, *Children's Defense Fund*; Lynne Hudson, ; Sonia Lara, *TACHC*; Alison Little, *Texans Care for Children*; Olga Rodriguez, *Health & Human Services Commission*; Blanche Rosas, *HHSC*; Melissa Shannon, *CPPP*; Emily Shelton, *Texas Impact*; RexAnn Shotwell, *insure-a-kid*; Stacy Warren, *Texas Medical Association*.

Via conference call: Helen Kent-Davis, *Texas Medical Association*; Jane Swanson, *Woodlands*; Nancy Walker, *Rep. Elliott Naishtat's Office*.

Ms. Dunkelberg called the meeting to order of 11:05 am.

Update on FREW

Ms Dunkelberg introduced Olga Rodriguez from the Health & Human Services Commission to provide updates on the Frew Strategic Initiatives. Ms Rodriguez began her presentation by informing the group that the \$150 million that was appropriated for the Frew Strategic Initiatives has been accounted for. She noted that more than 40 proposals were submitted and ultimately 22 were funded by the LBB and the Governor's Office. Some of the programs are detailed below:

First Dental Home

- Sets new rates for dentists receiving Medicaid reimbursement to increase preventative services for children aged 6 months to 3 years.
- After the first year the program aims to serve 150,000 unduplicated patients.
- The first dental homes have been established in Duval & Zapata counties and receive \$29,000.

Mid-level Metal Health

- Allows children to access a behavioral specialist in pediatric primary care offices to conduct mental health assessments and provide some treatments.

Migrant System Interfaces

- Establishes process where the Texas Education Agency (TEA) can identify migrant children to better target outreach for Medicaid and CHIP enrollment.
- The service will look specifically at the children of migrant workers to ensure high retention rates and better health outcomes.

Medical Home for Children with Special Health Care Needs

- Increase health care access and improve health outcomes for Medicaid children with special health care needs.
- Provide medical home incentive grants for innovation with focus on training, electronic record keeping, case management, funding stream.
- The project must actively serve children on Medicaid with special health care needs

- Incorporate a medical care coordinator into the practice (either via an assigned or in-practice care coordinator).

Loan Repayment

The Children's Medicaid Loan Repayment program is intended to help repay up to \$140,000 of medical or dental school loans over a four-year period for pediatricians, family physicians, internal medicine physicians, ob/gyns, general dentists, and pediatric dentists who meet minimum monthly targets for serving children with Medicaid. The service begins on September 1 of each year and applies to active loans for medical professionals. The Children's Medicaid Loan Repayment program differs from other loan repayment initiatives because it does not require that doctors are located in underserved areas, but rather that a number of Medicaid patients are served. Thus far the Children's Medicaid Loan Repayment program has received more than 500 applications (from approximately 165 primary care doctors, 81 specialists and 266 dentists) and the repayment program will reimburse up to 300 applicants. The Children's Medicaid Loan Repayment program and the legislative effort do not repay the loans of other medical professionals not specified in the guidelines. Ms Dunkelberg commented that the proposed national health reform legislation may also help address some of the concerns related to loan repayment for medical professionals.

Members within the Coalition asked if the Frew initiatives had any intention to reimburse for translators and interpreters in physicians offices or other medical centers that serve high rates of non-English speaking patients. Ms Rodriguez informed the group that one of the panelists, Dr Flores, had recommended this, but that other priorities surrounding medical care seemed to be more pressing. She noted that Dr. Flores and HHSC are working together to see if they can address this concern through Medicaid contracts and to develop a means of certifying these professionals in Texas.

Ms Dunkelberg thanked Ms Rodriguez and congratulated the committee on approving and implementing the proposals so quickly. She informed the group that the committee meets twice a year to monitor the improvements, and these projects have and will make a tremendous difference in the lives of children enrolled in these programs, and improvements for health outcomes for Texan kids. She highlighted the success of the dental home and oral evaluation projects as areas of best practice to follow.

National Health Reform

Dr Guerra-Cardus began the update on national health reform efforts by focusing on the impact of the proposed legislation on children's health outcomes. She noted that many of the children's advocacy organizations that she has communicated with are staying on message - *"health reform is good for kids, but we need it to be great for kids!"* Dr Guerra-Cardus expressed concern that the House legislation would shift children who are currently enrolled in the CHIP program into the untested Health Exchange without having conducted any study on how this will impact the level and quality of coverage available, and without the same level of protection from high out-of-pocket costs.

Dr Guerra-Cardus continued with updates following the passage of the Senate Finance bill. She informed participants that many advocacy organizations expected the debate to last at least three weeks. Senator Rockefeller's amendment would preserve SCHIP at least until 2019, but the program would need to be reauthorized at 2013. This provision prevents children from being shifted into the Exchange program, and states will receive a 23 percent bump for the federal match in CHIP. Additionally children should receive comprehensive Early Periodic Screening,

Diagnosis, and Treatment (EPSDT) benefits in CHIP (up to 250% FPL), which all children in Medicaid are entitled to. However, it seems as though there is only enough funding for half of the number of children enrolled in the program, so this will need to be addressed and increased later. Senator Casey is expected to offer an amendment to ensure the Senate bill provides affordable quality coverage for children.

Ms Dunkelberg provided the members with an overview on how the proposed legislation would impact adults. She began with some insights on the House bill, which limits out of pocket costs for entire low-income families on a sliding scale, whereas CHIP law limits costs for children's medical expenses at 5 percent. The Senate Finance bill, the least generous of those proposed, could leave families spending as much as 26 percent of their annual income on health care expenses. Ms Dunkelberg drew attention to the fact that the proposed House bill protects families at or under 300 percent of the federal poverty level (FPL), but families between 300-400 percent FPL may really struggle with the provisions if they have a family member with a long term illness.

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Ms Dunkelberg noted that much of the concern with affordability is to ensure that low income families have access to quality health coverage, but reminded coalition members that the reform effort could be perceived as a failure if individuals/families do not purchase coverage because it is too expensive (i.e., if subsidies are inadequate) and then incur a financial penalty for not enrolling in a program. She stressed that lowering the overall 10-year price of the bills will directly reduce the amount of funds for premium subsidies, and thus reduce the final effectiveness of the legislation. Ms Dunkelberg committed to keeping the Coalition up to date with developments as they become available.

Outreach & Technical Assistance Update

Dr Guerra-Cardus provided the members with an update of the Outreach & Technical Assistance Workgroup. She noted that it was the first meeting held since the summer and so many attendees found it very useful to check in with the larger group to discuss broader concerns regarding the eligibility system. Dr Guerra-Cardus also extended her thanks to Pam Hardin from HHSC who organized and facilitated the meetings, as it was her final meeting.

Some of the major issues addressed in the meeting include:

- Create a database for everyone in the state completing applications outreach workers– to help what we thought was useful in helping complete applications – Stakeholders would own this rather than HHSC
- Lot of really good discussion on problems in the system with HHSC staff and stakeholders.
- Developed a survey sent out in next few weeks, collects key information for database
- Meeting with HHSC workers and outreach workers to get clarification on problem issues to identify real problems and address them with agreed solutions – like a focus group.
- For outreach worker guides it makes sense to talk about differences in programs.

- Data for regional differences in enrollment and renewal rates based on the number of staffers and centers per capita, he's working with HHSC to address training and staffing shortages.
- Guide for outreach workers HHSC is revamping this – working with Kit and Sister JT's work

There Outreach and Technical Assistance Workgroup discussed the possibility of re-structuring their meeting times to better coordinate with the CHIP Coalition meetings because a number of participants would like to attend both. The OTA workgroup will likely conduct bimonthly meetings for an hour and a half, immediately before or after CHIP Coalition. The changes times will be distributed once finalized.

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Other Business

CHIPRA Grants

Two Texas organizations, the YWCA of Lubbock and the Texas Leadership Center (a part of TASA, the Texas Association of School Administrators) were awarded the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) outreach grants to find and enroll uninsured children who are currently eligible for either CHIP or Medicaid. The grants were awarded to applicants whose outreach, enrollment and retention efforts will target geographic areas with high rates of eligible but uninsured children, particularly those with racial and ethnic minority groups who are uninsured at higher-than-average rates. The Texas Leadership Center who partnered with the Children's Defense fund will receive \$1 million in federal funding to roll-out a school-based outreach program that will enroll and retain some of Texas' 750,000 children who are eligible for public programs Houston, San Antonio, Corpus Christi, Valley View, McAllen, Hidalgo, and Pharr-San Juan-Alamo. Dr Guerra-Cardus noted the award will require a lot of community support, and that opportunities to participate will be distributed in the near future. The outreach effort will likely begin in the spring term once the school district has hired relevant staff and the data at the district level is clear.

SNAP Lawsuit Dismissal

Many group members expressed concern about the dismissal of the SNAP lawsuit, which was brought forward to address the long delays in processing Food Stamp applications and other public benefits. It was agreed that the Coalition would try and get a relevant speaker in November to discuss the implications of the dismissal on federal funding the state receives and how it might impact applicants.

CHIP Vision Process Update

Ms Little concluded the meeting by readdressing some of the goals identified at the CHIP Coalition's Vision meeting held in September. She suggested that it would be useful to hold a meeting in which other groups who would like to be more involved in the planning of CHIP Coalition meetings come together to craft an agenda for the longer-term and facilitate future meetings. Ms Dunkelberg added that the discussion from the vision process presents a nice opportunity for members to feel greater ownership. More information will be distributed when details are clearer.

With no other business the meeting ended at 12:46.