

Texas CHIP Coalition Minutes
Friday, April 21, 2006 11:00 a.m. - 1:00 p.m.
Thompson Auditorium, 1st floor
Texas Medical Association

NOTE: Due to HHSC's current heavy IEE workload, we have not asked them to review these minutes. Any errors are the responsibility of the Texas CHIP Coalition.

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

HHSC Guests: Aurora LeBrun, Associate Commissioner for Office of Eligibility Services and Geoffrey Wool, External Communications.

Attendees: Toby Cole Hooper, insure.a.kid; Anne Dunkelberg, Center for Public Policy Priorities; Anne Winger & Barbara Best, Children's Defense Fund; Durquia Guillen, Any Baby Can; Joe Dickie, Public Strategies; Karen Cheng, Superior Health Plan; Barbara Maxwell, Texas Association of Health Plans; Jeff Miller, Advocacy Inc.; Morgan Walthall, March of Dimes; Leticia Nuñez & Anita McNew, Catholic Charities of Ft. Worth; Lynne Hudson, Coalition of Nurse Advanced Practitioners; Stella Rodriguez, Texas Association of Community Action Agencies; Peggy Gullede, TAA-THSteps & STAR; Miryam Bujanda, Methodist Healthcare Ministries of South Texas; Bee Moorhead, Texas IMPACT; Denise Rose, Texas Children's Hospital; Sonia Lara & Katie Parker, TX Assoc. of Community Health Centers

There was a brief discussion about how CBOs (contracted with the state) have not all gotten the same level of assistance from HHSC to resolve family problems with enrollment and renewal. CBOs have been directed to continue contacting their regional coordinators to help resolve family issues. However, it was suggested that since the CBO contracts were moved from the Medicaid/CHIP division at HHSC to the Office of Eligibility Services, the roles of regional coordinators have also changed so there is not that same regional presence as before for CBOs. This may be contributing to the delays that CBOs experience when trying to help families resolve their issues by contacting their regional coordinators for help. It was also noted that some contracted CBOs had been given 2 chip and 2 Medicaid contacts to help with problem cases, but not all contracted CBOs had been offered these contacts. Also, some CBOs had been given sample copies of TAA correspondence to families, but not all had.

There was also a brief discussion to again ask HHSC to allow more stakeholder input on correspondences sent to families prior to their finalization. HHSC has announced a stakeholder workgroup to be convened in June to review some CHIP correspondence, but the Texas CHIP Coalition has not been invited to participate and it was not yet clear who would be invited. Health plan representatives noted that HHSC had provided them with hard copy binders of some materials. However, plans reported that some materials in the binders are already outdated due to recent revisions.

Coalition members again suggested to HHSC that client correspondence be routinely posted on the web for all interested stakeholders. This will allow feedback, assist in outreach, and ensure that all partners can stay informed about latest changes and messages to families.

Aurora LeBrun with HHSC reported that Sherry Matthews was awarded the new CHIP outreach contract. Ms. LeBrun reported on some outreach efforts that are underway, including a Spanish television telethon (with insure-a-kid) in Austin and a town hall meeting in conjunction with Representative Sylvester Turner's office in Houston.

Ms. LeBrun reported that of the 6,280 children who were disenrolled for failure to pay premiums due to an oversight by TAA, about 80% of those children were re-enrolled in CHIP as of this week. HHSC gave these families an extra two months to send in their enrollment fee. Some of these families have not been re-enrolled due to other reasons, such as aging out but, HHSC is very pleased with the 80% who have been re-enrolled. Ms. LeBrun also reported that HHSC will add another renewal notice that will be sent to families. Right now, families receive a renewal notice in the 4th month and the 5th month of coverage. A third notice will begin in the near future and will be sent 3 weeks after the 2nd notice (5th month of coverage).

A revised “welcome” letter is being finalized internally and will be shared with external stakeholders, such as CBOs and health plans. Ms. LeBrun reported that HHSC is also developing a flyer that will highlight items HHSC has identified that families usually fail to submit at renewal. This will hopefully decrease the “missing information” letters sent to families. Currently, about 80% of renewals are pended because the families do not send in complete information and HHSC hopes this flyer will help reverse that trend.

Anne Dunkelberg brought up a concern regarding the 1010 application (the standard combined application HHSC uses for Medicaid, Food Stamps and TANF). The new 1010 being developed in conjunction with the Integrated Eligibility and Enrollment system (IEE) has changed from the current 1010 which was carefully developed with stakeholder input. She was especially concerned with the language regarding immigration issues. Ms. LeBrun said it has been a difficult task to develop the new 1010 application because compliance with federal and state policies is a priority, but not necessarily compatible with keeping the application at a minimum. Also, Ms. LeBrun said the revised draft was intended to track better with TIERS data input needs. Ms. LeBrun said HHSC has improved the application tremendously since the first draft, which was initially 25 pages long, but acknowledged that it needed additional work.

Ms. LeBrun also reported that CMS released a draft to HHSC regarding the request for citizenship proof from Medicaid families. Dave Balland, with the Medicaid/CHIP division is working on this project with other agencies such as Dept. of Aging and Disability and other state Medicaid offices.

Ms. Dunkelberg stated that CPPP and other groups would follow-up separately with HHSC and Ms. LeBrun to request a workgroup on 1010 revisions, as well as with the Medicaid/CHIP division for a process for stakeholder input into the citizenship documentation policy.

Ms. LeBrun reported that Randy Washington, formerly with Texas Dept of Health, is responsible for resolving complaints at TAA. HHSC has set strict timelines to respond to request/complaints. They will now respond within 24 hours to a legislative inquiry, two hours if it is urgent. Non-legislative complaints will be handled within 48 hours. All complaints and problems with families are going through Ms. LeBrun and two of her staff. Ms. LeBrun reported on some of the progress in abandonment rate and call center performance, although quality among CSR’s is still not consistent enough.

Anne Dunkelberg reiterated her concern about families being told by call center CSRs to provide information that is irrelevant to their eligibility, such as requesting more information on one vehicle when the 1st vehicle is always exempt. It appears this may be both a computer and training issue.

Barbara Best raised the question on waiving the 90-day waiting period for certain families who have had problems with lost applications. Ms. LeBrun said those are reviewed on a case-by-case

basis and the final decisions rest with her. However, there is no blanket policy that automatically waives the 90-day period for all families.

An issue was raised that the TAA call center staff are directing families to call the CBOs to find out the status of their applications. Ms. LeBrun was aware of this problem and said this should be resolved as they now have an escalation process within the call center to avoid this in the future, meaning there are certain people within TAA to handle these calls when the CSR cannot. Also, regarding enrollment fee letters from TAA arriving late to families, HHSC has directed that none of these families will be disenrolled and will be given extra time to pay their enrollment fee, although one example by insure-a-kid suggested that not all CSRs are yet aware of this HHSC directive. Ms. LeBrun was aware of this particular case and asked insure-a-kid to call her directly if the case is not resolved. It was not certain if all contracted CBOs can also begin to forward their family issues/problems directly to Ms. LeBrun and her staff.

With regard to children's Medicaid, Ms. LeBrun indicated that many new applications were being directed to a central processing Unit in Austin, including large volumes of re-certifications from Houston and Dallas/Ft. Worth. Renewals not processed promptly or for which missing information or a renewal packet is not returned on time close automatically. Just like in CHIP, children cut off in this way may show up as "new enrollment" in the next month or so. HHSC is "looking at" the Missing Information processes and requests.

A question was raised regarding the ICHP survey and when it would be completed. Ms. LeBrun reported that a report on the preliminary survey of less than 100 families would be released soon. (It was released later this day 4/24/06). The larger survey, expected to reach about 600 families is still on-going. Another question was raised regarding IEE rollout in the Hill country and when that would take place. Ms. LeBrun said that a recommendation would be made to Commissioner Hawkins on May 1st based on the progress made since the delay of the IEE rollout was announced.

Geoff Wool with HHSC's External Communications briefed the coalition on the components of the new outreach campaign. HHSC aims to raise public awareness about the program and emphasize renewal of CHIP and children's Medicaid. The new slogan is "*Get It. Use It. Renew It Every 6 Months.*" Sherry Mathews is the vendor for the outreach contract and will roll out the campaign in 3 phases. The first phase in spring (May) will aim to reenergize relationships with CBOs and improve communications. There will be a meeting with CBOs and health plans on Monday, April 24th to review materials that have been developed. The second phase will be implemented during back-to-school season in August and September. The third phase will continue until the end of fiscal year 2007 (August). Mr. Wool elaborated on upcoming events being held throughout the state, including the telethon with Univision and insure-a-kid in Austin.

Mr. Wool also briefly described some of the proposed new materials, including a general brochure, which will be high-level and highlight what families need in order to apply; and a flyer that will be sent along with renewal packets and highlight some of the problems identified by HHSC to pinpoint those issues. The flyers may also assist CBOs in helping families complete their renewal forms. A mass media drive will kick off on May 1st and will include both Spanish and English radio spots statewide. Spanish television will take place only in Dallas, Ft. Worth, Houston, El Paso and the Rio Grande Valley area. Billboards and buses will be used statewide and minority publications will also be utilized as well. The state will have \$1.031 million to spend up to August 2006 and \$1.649 million up to August 2007 for the outreach campaign.

Mr. Wool reported that www.chipmedicaid.org will replace the existing TexCare website address. HHSC expects the new website to be launched in mid-May. Mr. Wool shared samples of the newly redesigned website (attached). It appears HHSC will keep the apple/heart logo that was associated with the TexCare logo. Ms. Dunkelberg stated that HHSC including CBOs and health plans on the development of the new outreach materials is encouraging, but also asked if the stakeholder group could be extended to other Texas CHIP Coalition members and stakeholders that are not a contracted CBOs or health plans. Ms. Dunkelberg will follow up with an email to Stephanie Goodman, Mary Lou Franks and Mr. Wool on how these other coalition members can join the discussion and be given the opportunity to provide input as well.

Anne provided a brief summary of the Advocacy Session held after the Texas Health Care Access Conference on February 28th. The group that attended this session discussed issues of focus for the 2007 legislative session. The major issues were identified by priority in the following order: (1) a push for renewed state outreach funding and improving collaboration with HHSC; (2) provider capacity (provider reimbursements tied into this issue); (3) how to deal with changes in federal law; (4) CHIP restoration of eligibility policies pre-HB 2292; (5) expanding coverage for kids; and (6) next steps with HHSC and IEE. There was a consensus to dedicate the entire agenda for the next coalition meeting in May to further discuss these items, and to begin developing the Texas CHIP Coalition principles for the 80th Legislature.

The next CHIP Coalition meeting will be held on **Friday, May April 19**, 11am-1pm 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 1:38 p.m.