



Texas CHIP Coalition Meeting Minutes

March 21, 2014

Present:

Anne Dunkelberg, CPPP
Megan Randall, CPPP
Alice Bufkin, TCFC
Joseph Agyei, Seton
Jessica Boston, Office of Rep. Naishtat
Gracie Jimenez, Sendero Health Plans
Priscilla Gonzalez, Sendero Health Plans
Sonia Boyd, Blue Cross Blue Shield
Rudy Ybarra, Sendero
Sr. JT Dwyer, Seton
Kathy Eckstein, CHAT
Laura Guerra-Cardus, CDF
Michelle Romero, TMA
Helen Kent Davis, TMA
Clayton Travis, TCFC
Lauren Dimitry, TCFC
Ashlee Mooneyham, CommUnity Care

Conference Line:

Beth, Parkland Hospital
Gracie, Parkland Hospital
Jennifer Banda, THA
Greg Hansch, NAMI-TX
Betsy Coats, Maximus
Robin Chandler, Disability Rights Texas
Texas Children's Health Plan
Methodist Healthcare Ministries
Molina Health Care
Arc of Texas

Chair:

Clayton Travis, Hogg Foundation Mental Health Policy Fellow, Texans
Care for Children

Minutes Scribe:

Megan Randall, CPPP

Next meeting:

April 25, 2014

I. Discussion of CHIP Coalition 2015 Legislative Agenda

Laura Guerra-Cardus – Presented Draft Sections on “Preserving Comprehensive Coverage” and “Eligibility System.”

- Preserving Comprehensive Coverage Section
 - o Thoughts from the last meeting were that we should keep this section with the current elements intact because the threat of block granting is still present.
 - o Additionally, there are individual items which may be in jeopardy such as EPSDT, and access to medical transportation, for example.

- We may include a statement on CHIP Reauthorization either in this or a separate document.
- Additionally, now that the maintenance of effort requirement is not in effect for adults, we might consider including a statement addressing potential rollbacks on coverage for pregnant women.
- Eligibility System Section
 - Modernizing and improving the eligibility system should include a mention of:
 - Eligibility, enrollment, and outreach efforts on part of HHSC
 - Interactions between the Marketplace and HHSC
 - If still applicable when session arrives, address HHSC rules limiting 6-month eligibility for children, the inclusion of asset questions on the Medicaid application, and the denial of Medicaid to Former Foster Youth from out of state
 - A statement in support of 12-month continuous eligibility for children.
 - A statement on making it easier for providers to verify clients' CHIP eligibility.
 - Eliminating CHIP waiting periods
 - It may also include a statement on presumptive eligibility for hospitals in Medicaid.
 - KEckstein: Will presumptive eligibility be rolled out by January 2015?
 - ADunkelberg: According to HHSC, yes. However, I think we can include just a general statement in support of presumptive eligibility.
 - ADunkelberg: There may also be a place in the agenda to speak about the enhanced match, and subsequent cost-savings, that the state will receive for covering women under Medicaid expansion who would otherwise be covered under Medicaid for pregnant women upon becoming pregnant. It is cheaper for the state to cover them under Medicaid first, at the enhanced match rate, than wait for them to become pregnant and cover them under current Medicaid for pregnant women.
 - This may belong in the budget section.

****ACTION ITEM: LGuerra-Cardus will draft the above principles for review next meeting.**

Kathy Eckstein – Presented Draft Sections on “Reversing Damaging Cuts” and “Find New Revenue.”

- The principles document is currently very long. Some people may not take the time to read it. It may help to try and make it more succinct.
 - For example, the 2013 section on infant and maternal care is succinct and may be a good model for future sections.
 - ADunkelberg: Agreed. It may be worthwhile to have two documents. One concise document, and another separate document with more detailed background information.
- We decided to combine the 2013 sections on reducing damaging cuts and putting in new revenue.
 - We won't have the same IOU as last time, but there will still likely be some kind of shortfall.
 - Should emphasize that further reductions in new revenue should be avoided.
 - Perhaps make a statement about tax policy discouraging unhealthy behaviors

- ADunkelberg: We may also want to talk about maximizing federal funding opportunities, with specific examples (e.g. Medicaid expansion).
- We can tweak language on revenue so that member groups feel comfortable signing off on it.
 - HKentDavis: The challenge is communicating why CHIP Coalition priorities are important in a language that groups can understand and relate to.
 - KEckstein: Maybe what we can do is take out the infrastructure and tax reductions statement in this section, and just focus on health.
 - CTravis: Texas Forward uses the framing that we need to just “scrub the tax code.” We could try to take that approach.
 - HKentDavis: The question is, what is the message that resonates?
 - ADunkelberg: If mentioning taxes that increase healthy behavior, tie it into means to ensure that health care services are funded.
 - Member: We just don’t want to be dismissed too easily.
 - LDimitry: The UT School of Public Health did a survey on health care messaging for legislators. Referencing this may prove helpful.
 - LGuerra-Cardus: Last session, there was a threat of cutting, and that’s partially why we have these sections.
 - HKentDavis: Think that there remains a threat this session, as well.

**** ACTION ITEM: KEckstein will revise the above draft principles, as discussed, for review next meeting.**

Alice Bufkin and Lauren Dimitry - Presented Draft Section on “Quality of Care for Infants, Mothers, and Newborns.”

- This section really reflects a brainstorm of ideas from the infant and maternal health work group.
- We continued the short paragraph intro with more specific bullets below.
- There are some spots where we want to tweak the language.
 - For example, “critical neo-natal.” It is unclear what this means. Think bullet can be removed.
 - Also, modify language to say “support” or “continued support” to acknowledge progress that has already been made.
- New Items
 - Extend Medicaid eligibility beyond 60 days post-partum
 - Quality-based Payment Advisory Committee will recommend 6 months
 - Address substance use amongst pregnant women and substance-exposed infants
 - CTravis: Next session there will be an exceptional item around substance use and pregnant women and opiates according to Mike Maples, Deputy Commissioner at DSHS
 - ADunkelberg: Maybe add “Continue to” language, as with previous bullets, in order to acknowledge what’s been done to date.
 - Support home visiting
 - Again, tweak language to acknowledge “continued support.”
 - Support breastfeeding
 - Medicaid covering donor milk for inpatients, for example.
- SBoyd: Can we request adding and lengthening post-partum period for CHIP perinate? A significant number of mothers we see on home visits have postpartum depression.

- Members: Should reach out to Any Baby Can, March of Dimes on this issue.
- Member: Addressing MH could give cost-savings, resonates with lawmakers.
- ABufkin: Will reach out to Any Baby Can.
- Potential Items for consideration
 - ADunkelberg: Where is best place for presumptive eligibility and elimination of CHIP waiting periods? Also, if the state has the opportunity to provide comprehensive coverage to moms by closing the coverage gap, we probably want to connect these dots. I like having a mention of this in the maternal section.
 - CTravis: Many agenda items could be solved by closing the coverage gap.
 - LGC: In this section, I would like to frame it as, however these items are addressed, these are areas that need improvement.
 - Group consensus: CHIP waiting and presumptive eligibility belong in eligibility section.
- HKentDavis: On our state's 6-month eligibility issue, any update on what CMS says?
- ADunkelberg: The sense is that they have a lot of things on the table at once and that they won't make a decision on any of them until they know their stance on all of them.
- MDenton: One potential issue to consider is the potential reimbursement for services provided by non-clinical providers but prescribed by a doctor. This is a new federal regulation, and Texas is still looking at these rules.
 - ADunkelberg: So, could mean that Medicaid could cover services provided by a nursing coach, for example, when prescribed by doctor?
 - MDenton: Yes.
- ABufkin: I can take this to the breastfeeding coalition in April.

****ACTION ITEM: ABufkin and LDimitry will revise the above draft principles, as discussed, for review next meeting.**

Anne Dunkelberg – Presented Draft Section on “Improving Texas Children’s Health and Well-Being by Connecting Entire Families with Affordable Health Coverage.”

- Updated the last section to include some talking points on the research base. We can make it shorter if we want to.
- Framed the issues as a new coverage opportunity.
 - Only 115,000 parents on TX Medicaid.
 - 1.2 million kids are eligible but not enrolled.
 - The coverage gap is preventing kids from getting benefits.
 - KEckstein: Curious, of the individuals in the coverage gap population, what is the proportion that are parents?
 - ADunkelberg: Usually somewhere close to half are parents.
 - Do we want to keep some sort of analysis of the opportunity to enroll kids in the Health Insurance Marketplace? I am inclined to leave it out.
 - CTravis: Agreed.
 - Coverage gap solution should have reasonable cost-sharing and comprehensive benefits

****ACTION ITEM: ADunkelberg will revise the above draft principles, as discussed, for review next meeting.**

Helen Kent Davis – Presented Draft Section on “Bolstering the Texas Healthcare Workforce.”

- CTravis: Unfortunately, we can't dedicate enough time to this section in order to keep agenda moving so if there are any additional comments on this section please email Helen Kent Davis.

****ACTION ITEM: HKentDavis will revise the above draft principles, as discussed, for review next meeting.**

II. KIDS COUNT Data and Invest in Kids – Frances Deviney, Center for Public Policy Priorities

See attached slides for more information.

- [Invest in Texas Kids](#) Report
- Message is that we need a complete solution.
- When you invest in one area of child well-being, it produces benefits in other arenas. Investments in food security, healthcare, etc. go to support educational outcomes, etc.
 - o CTravis: This messaging should be incorporated into our legislative agenda.
- Kids attending pre-k has long-term impacts.
- Will share info-graphic on Medicaid Coverage Gap, taken from Idaho.

III. HHSC ACA Update and OTA Q&A – Stephanie Stephens & Gina

See attached slides and Q&A doc for more information.

- Account Transfers Update: 151,000 TX applications have gone through Marketplace
 - o We have received everything and are handling the account transfers
 - o HHSC has received 117,000 unduplicated account transfers from Marketplace
 - o Eligibility staff have touched around 105,000 of the 115,000
 - o Continuing to work through the difficulties.
- SrJTDwyer: What % are qualifying?
 - o SStephens: We are doing manual tracking right now, and are not getting reports on the 193,000 that we have sent back to the Marketplace.
- RShotwell: Determined that there is a Special Enrollment period if a person is waiting for a determination from state. This is for people who are caught in that limbo waiting for a determination from HHSC.
- SStephens: There has been a large push to get through the backlog. We are close to processing transfers as we get them.
- In other updates:
 - o We have not received a formal denial of the State Plan Amendment which we submitted.
 - o We are working on getting the numbers on Former Foster Care Youth.
- OTA Discussion on CHIP perinate
 - o Problems with CHIP perinate:
 - Clients getting dropped, and can't get back on.
 - Clients receiving proof of pregnancy letters
 - Issues with billing. Doesn't show up in TMHP.
 - Pending signatures because coloring of box is greyed out.

- Member: If someone applies for benefits post-enrollment in CHIP perinate, is there a possibility that their eligibility for CHIP perinate would be reassessed based on this newly reported income?
 - HHSC: Once you are eligible we do not reassess income.