



## Texas CHIP Coalition Meeting Minutes

September 19, 2014

*Present:*

Diane Rhodes, TDA  
Nikki Metzgar, CPPP  
Maria Serafine, Lonestar Circle of Care  
Laura Guerra-Cardus, CDF  
Kit Abney Spelce, Insure-a-kid  
Lauren Dimitry, TCFC  
Allison Simister, CDF  
Will Francis, NASW/TX  
Rachel Astorza, Any Baby Can  
King Hillier, Harris Health Systems  
Marian Williams, Navigator  
Lauren Blanke, TPS  
Grace Chimene, TXLWV  
Sonia Lara, TACHC  
Rexann Shotwell  
Harry Holmes, GNHC

*Conference Line:* Sister JT Dwyer, Daughters of Charity

*Chair:* Diane Rhodes, TDA

*Minutes Scribe:* Nikki Metzgar, Center for Public Policy Priorities

*Next meeting:* October 17, 2014

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### I. CHIP Coalition 2015 Legislative Principles Update

Laura Guerra-Cardus:

- Please make any final comments and edits by Friday, September 26 so we can start the sign-on process. Send to Laura Guerra Cardus.
- There have been two small changes since the last draft
  - Under principle 2, deleting number 5
  - and new language for number 3
- There are a few sections where writing is missing, but that has already been assigned. For additions, we will send out drafts with extra time for edits.
- Waiting for background language from TACHC on the principle they added on the safety net (page 5)
- On page 9, under principle 5, 2B, Alice at Texans Care thought someone from the provider community, such as the Medical Association, might be the best to provide that information.
- Are there any key groups in San Antonio, Houston or Dallas we should reach out to as they develop their agendas? Suggestions: One Voice, Texas Forward

## **II. Letter to the Governor**

Laura Guerra-Cardus:

- There will be an online sign-on for the letter and this will be the final version unless anyone else has changes. Please prioritize and take a look within the next few days. No suggested changes at this time.
- We discussed doing more CHIP reauthorization advocacy at the federal level, but we are faced with a challenge being in Texas and not in DC. Even when the Congressional folks are in the state, they are all over Texas. A manageable way to do this might be to partner with Moms Rising, which has membership across states.
  - Laura had a conversation with MR and came up with a plan to identify key targets to follow up with in Congress. MR will help us set up meetings and if your organization has folks in those areas, we can have a joint meeting with your org and MR.
  - In the meeting: A delivery of this letter, MR is putting together a packet of stories of people who have benefited from CHIP
  - US League of Women Voters also has people who can go to these meetings
  - Will prioritize legislators by identifying who has voted to renew CHIP funding in the past, even if they have recently voted differently.
  - Any ideas on how we can do more advocacy beyond this letter?
    - Timing as an issue
    - Any other priority legislators?
    - If grassroots groups do sign-ons from constituents that would also be a good idea
    - Reach out to Texas Association of Business, who signed on at the initial passing of CHIP

## **III. October 14, 9am-noon meeting before the Health Policy Summit**

Laura Guerra-Cardus:

- At this meeting on October 14, we can discuss how we can expand healthcare in Texas as a community.
- We are often siloed into enrollment folks, and folks trying to close the Coverage Gap. We want to bring everyone together to recommit to the overall issue and support those working on the different strategies.
- Anna Strong will be presenting on the Arkansas coverage expansion and the challenges to Outreach and Enrollment activities they have faced..
- The goal is to have people from across the state because part of this conference is laying out the networks and the landscapes and providing people the opportunity to get connected.
- There are 7 statewide coalitions that work on outreach and enrollment and we want to make sure people are connected to those and inspire people to make regional connections where there are no coalitions present.
- We welcome everybody's help in getting people there.
- Link to Summit invitation: <http://forabettertexas.org/policysummit.html>

## **IV. Insurance renewal awareness**

Sister JT Dwyer:

- Highlight for people that the folks who got insurance under ACA through the marketplace in the last open enrollment will supposedly receive a letter by October 15 that tells them that they will be automatically enrolled in the same plan with the same cost sharing.
- If their projected income in 2015 is going to be different than 2014, they need to take some action. Also, if they found out that the medicines they want weren't covered or the doctors, they need to switch their plan by December 15 if they want their coverage to start January 1.
- They can switch plan later in 2015, after open enrollment ends, but any money they paid out towards deductible will not count toward their new plan if they make a mid-year change.
- Pay attention to the letter because some plans are not going to exist in 2015, and new ones will be available.

## V. Administrative Renewal

Stephanie Stephens with HHSC

- Started administrative renewals for former foster kids this month
- How is self-employment income counted?
  - They will have to provide income verification
  - It only administratively renews if we have electronic data
- If they are self-employed, after 6 months of coverage, HHSC is going to go in and look and if they don't find any information about employment, we will reach out to them.
- We still verify income at administrative renewal if we can't find anything in third-party databases to establish income level
- How is SNAP impacted by administration renewals?
  - The AR doesn't specifically apply to SNAP
  - If we have an indication that there is a change income, we will verify it for SNAP and if it affects their Medicaid or CHIP eligibility it will happen at that time.

## VI. Pre-populated forms

Stephanie Stephens with HHSC

- Who is going to get mailed the full pre-populated form?
  - A person can go online to Texasbenefits.com, and if they need a paper app they can call 211.
- Is there a reason HHSC is not giving pre-populated forms to everyone?
  - It's a number of different issues: a large mailing cost, a huge growth in the number of people applying online and we want people to renew online. HHSC is doing a lot of work to get the message out about how they can set up accounts and get the information they need.
- Comment from Sister JT: Some people can't do it online and 211 is so difficult to use. Plead with you to send them a paper pre-populated form.
- If someone has a YTB account, it makes sense to do online but until you transition everybody else, at least give the pre-populated form to that population. If you start this

application in a hospital, they are on paper and no one is helping them to set up these accounts.

- The goal seems to be to have more people connected to YTB. There are probably a lot of people that can become online users with some encouragement. What if just for the first few rounds, HHSC sends the paper version and have them create an online account for the future? This advertises the online account and helps them transition without them losing coverage.
- Stephanie: we are doing the reverse, sending them information on how they can get the paper form if they need it. Can provide copies of the letters going out.
- LGC: The distinction that's missing is that the HHSC is preparing us, but not the population.
- Stephanie: HHSC will be monitoring the renewal rates and understands the concerns.
- Has there been good education to the 211 team and through the message prompts how to navigate through that?
  - HHSC: Yes, as part of the process to make it easier, we moved up the option to select the renewal form. Part of the interview process is that they will be told about how to create an account online and what to expect in the mail about the renewal process.
- What information are you going to track about renewals? We are eager to know what metrics you are following.
  - Stephanie: Yes, we are planning on doing that, but it's early. As soon as we have data, we plan on sharing that.

## **VII. Hospital-based Presumptive eligibility**

Claire Middleton from HHSC

- Qualified PEs will be able to make determinations for short-term coverage.
- Automated form on the website where you can submit form about your organization
  - Allows for signing and submitting the memorandum of understanding
- Coalition has concern that the benchmarks that have to be met are hard for hospitals.
- Stephanie: There will be a role for out-stationed workers in the PE program, we just haven't worked it out yet. The decision hasn't been finalized. They have a role in processing the regular application for Medicaid; may also be a role for them in PE but we haven't worked out the process.
- If a hospital helps a family sign up, their application goes to the general queue, not to the out-stationed workers. Coalition member hospitals with out-stationed workers want applications to be routed to their workers, "because we're paying them to do that."

## **OTA Meeting**

Michelle Harper and Michael from HHSC

- Laura: We understood there would be different levels of community partners that would have access to different information. We need to be able to track data, it impacts our ability to do our work, to identify best practices and to fundraise money. The critical piece is being able to track whether someone we helped with an application got enrolled and if not, what was the reason. That way we can reach out to them again. Even aggregate data, if that could be made available earlier that includes percentage enrolled and denied.

That's step one, but eventually we would like more granular. Do you think that can be fulfilled, which was part of the intention of the project?

- Michelle: The case navigation piece of the project is on hold. We have looked at the number of folks who use that inquiry feature, and not that many people do. For those who do use it, it's very important. We think that at the next meeting in November we can come back with an answer to that.
- Concerns that the reports provided are not helpful, there is no key to help with understanding.
- The level 3 access was put on hold because not a lot of community partners were using it. There are 701 community partners and only a subset of those use YTB in general, and level 3 was closed early on, so it's hard to say who would use it if it was opened up again.
- The issue of confidentiality and forms that could be signed to allow for the sharing of this information.
- Can submit questions or concerns to Michael at any time, not just at OTA meetings.
- Michael: What data elements do you need?
  - Maria S. will send needs to Michael via email.
- Michelle has a warehouse of computers to give away to CPP entities, so if anyone needs one, let her know.
- Kit: Are folks experiencing an issue with CHIP perinate?
  - Issues where 211 tells people they are enrolled, gives them their case numbers and EDG numbers and then are transferred to pick a health plan. Once they are transferred they are told they are not enrolled. Please keep your ears open for problems like this.
- Michelle looking at ways to modernize the 211 work. Looking at cost
- Maria: from our perspective, we have had a big response from text messaging with our clients. That is an easy communication method for many of them.
- Michael: we have an HHSC app coming out late October, early November that allows people to upload documents and later on add more case management functions.