

Texas CHIP Coalition Minutes
Friday, January 16, 2009 - 11:00 a.m. – 2:00 p.m.
May Owen Conference Room, 10th Floor
Texas Medical Association

Attendees: Jennifer Allmon, *Texas Catholic Conference*; Michelle Apodaca, *Texas Hospital Association*; Angeliquela Avery, *Inspire, Encourage, Achieve*; Jennifer Banda, *Texas Hospital Association*; Bambi Barron, *CHAPs*; Ed Berger, *Seton Family of Hospitals*; Catherine Blue, *ACORN*; Miryam Bujanda, *Methodist Healthcare Ministries*; Robin Butler, *Children's Hospital Association of Texas*; Christina Cavarrubio, *Community Health Care of Lubbock*; Katie Coburn, *Texas Association of Community Health Centers*; Kathleen Davis, *IEF*; Anne Dunkelberg, *Center for Public Policy Priorities*; Kevin Denmark, *Maximus*; Sister J.T. Dwyer, *Seton/insure a kid*; Julia Easley, *Children's Medical Center*; Kathy Eckstein, *Children's Hospital Association of Texas*; Edwin Evans, *Seton Family of Hospitals*; Shannon Foster, *Seton Health Plan*; Eileen Garcia-Matthews, *Texans Care For Children*; Jose Gonzalez, *Driscoll Children's Health Plan*; Kathy Griffis-Bailey, *DSHS-GSHCN*; Laura Guerra-Cardus, *Children's Defense Fund*; Durquia Guillen, *Any Baby Can*; Shelton Green, *Christian Life Commission*; Maria Huemmer, *Texas Catholic Conference*; Lynne Hudson, *Coalition of Nurse Advanced Practitioners*; Helen Kent-Davis, *Texas Medical Association*; Carrie Kroll, *Texas Pediatric Society*; Noelita Lugo, *Texans Care for Children*; James Mason, *Texas Impact*; Ella McGruder, *Project Unity*; Jeannie McGuire, *Project Unity*; Scott McAninch, *San Antonio Non-Profit Council*; Michelle McClelen, *ACORN*; Jeff Miller, *Advocacy Inc*; Nancy Neavel, *League of Women Voters*; Patty Quinzi, *Texas AFT*; Kimberly Quong Charles, *CPPP*; Stacy Patterson *Texas State Employees Union*; Stacey Pogue, *CPPP*; Nicole Rogers, *Health Collaborative*; Kristina Salinas, *Texans Care For Children*; Morgan Sanders, *March of Dimes*; Rebekah Schroeder, *Texas Children's Hospital*; Melissa Shannon, *CPPP*; Emily Shelton, *Texas Impact*; E. RexAnn Shotwell, *insure-a-kid*; Amy Solomon, *CHA*; Kit Abney Spelce, *insure-a-kid*; Candise Spikes, *Catholic Health Association of Texas*; Stacy Warren, *Texas Medical Association*.

Via conference call: Sandy Lutz, *Tarrant County CHIP Coalition*; Alex Senari, *El Paso*; Anat Kelman, *Children's Defense Fund Houston*.

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

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Jonas Schwartz of HHSC provided a presentation on agency proposed rules to cap premiums charged to working adults with disabilities in Texas Medicaid Buy-In program for those adults. Premiums would be capped at \$500 per month. Currently, full cost for some enrollees is as much as \$1,100 per month, and enrollment has been low (about 50 Texas adults with disabilities). Mr. Schwartz discussed the plans for increased outreach to potentially eligible adults and the HHSC partnership with DARS to provide employment services to persons with disabilities.

Valerie Eubert of HHSC presented on agency proposed rules related to limiting out-of-network "balance billing" in the CHIP program. An illustration of the particular issue addressed occurs when a CHIP child receives services from multiple providers, such as may occur with a hospital stay. The child's primary provider may participate n CHIP, but another involved provider (e.g., an anesthesiologist) used by the hospital does not. The non-CHIP provider sometimes will attempt to bill the parents for the difference

between his ‘charge’ and what the child’s CHIP health plan paid him as a so-called ‘out of network’ provider. Ms. Eubert noted that billing CHIP children for more than identified co-payments and premiums is prohibited in federal law and regulation. Ms. Kent Davis noted 2 problems from the doctor’s point of view, (1) certain health plans have what TMA regards as inadequate networks (i.e., they don’t contract with many doctors), forcing a disproportionate share of CHIP services to be provided “out of network”; and (2) the standards being used by the health plans to pay these claims are too low. Ms. Dunkelberg noted that from a client advocacy point of view, she wanted to preserve the protection for families from costs exceeding 5% of family income guaranteed in federal CHIP law, but also wanted to ensure adequate provider networks. She hoped that HHSC could find a way to adopt stronger network adequacy standards and ensure adequate standards for out of network payments, as well.

There was some concern regarding the amount of funds allocated to HHSC for outreach. Ms Dunkelberg reminded participants that to look over the CHIP and Finish Line Principles, both are calling to double the amount spent on marketing and outreach.

Discussion on Children's Health Issues & the 81st Session

Texas Finish Line Campaign – Dr. Guerra-Cardus began the dialogue by explaining the aims and objectives of the Texas Finish Line Campaign. She noted that Texas was one of eight states awarded a grant by the Packard Foundation to support advocacy for states to increase access to affordable comprehensive health insurance for every child. The lead organizations participating in the Texas Finish Line Project include Children’s Defense Fund, Texans Care for Children, and the Center for Public Policy Priorities and involve all of the partners of the CHIP Coalition and regional coordinators. Dr. Guerra-Cardus then thanked and welcomed all of the Regional Coordinators from across the state who attended or participated by phone.

SCHIP Reauthorization Update – Ms. Dunkelberg updated participants on the specifics of the SCHIP bill, which is due to be signed within a week or two of inauguration. One of the main points of discussion for the bill is regarding access to legal resident children who meet the income eligibility requirement. Texas has covered between 17,000-19,000 legal resident children who have been in the US less than five years out of state dollars. Another aspect of the bill will provide bonus payments for states doing a good job enrolling kids in Medicaid. Ms. Dunkelberg pointed out that this could help offset the costs of improving the eligibility system.

Economic Recovery Package – Ms Dunkelberg informed the group that the stimulus package is expected to include an extra \$87 billion for state Medicaid programs over three years. She noted that the share that Texas is expected to receive an extra \$5 billion for Medicaid thru end of 2010-2011 biennium, but a maintenance of effort is required. Ms. Dunkelberg drew attention to the fact that the funds were not required to be spent on reducing the number of uninsured, but that the legislature could decide to use the funds for other projects. She stressed the need for stakeholders to come together to ensure that the money coming to Texas are spent wisely, noting that an investment of less than 10

percent of the funds alone could pay for 12 month Medicaid coverage for all uninsured and eligible kids.

More information on both bills is available at:

<http://www.cppp.org/files/3/SCHIPandEconRecovHealth.pdf>

Ms. Bujanda informed the group that Speaker Straus seemed very interested in CHIP and Medicaid. She called for the group members to contact his office and remind him of the importance of these programs. Texas has left nearly \$1 billion of federal CHIP funds on the table and wasted more in missed school days and lost productivity when parents stay home with sick children.

Legislative Staff Briefing on Texas CHIP Coalition Principles/Goals – Ms. Dunkelberg informed stakeholders of the CHIP Coalition’s Legislative Staff Briefing, on Friday, January 30th from 12-2pm. The program will feature a variety of speakers including elected officials, physicians, business leaders and other key stakeholders.

Briefing materials and speakers’ presentations will be available in February on the CHIP Coalition website under ‘What’s New’: <http://www.texaschip.org/index.html>

CHIP Coalition & Finish Line Principles – Ms Dunkelberg opened up discussion on the principles to see what stakeholders supported.

Medicaid Buy-In: One major aim of both campaigns is to ensure that every child in Texas has access to affordable health care. Expanding access through a Medicaid buy-in provision for children with disabilities, improved coverage in the high-risk pool, and private market reforms that increase the availability and affordability of coverage should all also be pursued.

Group members discussed the ambivalence felt by some doctors who would like to increase access to health care for children, but are concerned that payment received for taking patients on in public programs is not enough to cover their costs. It was noted that many physicians are waiting to see what will come out of federal legislation on reimbursement rates before they can support this provision.

Other participants expressed concern with supporting an effort that may divert attention away from the lowest income groups. Ms Dunkelberg reassured these members that the wording in the CHIP principles was more general to address these concerns, noting that the Finish Line Campaign is more explicit in its support for a buy-in provision.

Enrollment System: The CHIP Coalition seeks to improve the enrollment and eligibility system by increasing the funds for outreach services, increasing staffing levels as well as building the technological infrastructure, and implementing 12 months of continuous coverage for children enrolled in Medicaid. The members in attendance agreed these were priority issues.

Other Access issues: Coalition members support eliminating the wait list for the CSHCN program, improving pregnant women and new mothers’ access to smoking cessation and substance abuse treatment, strengthening community

mental health services for children and youth, and addressing problems with young people with disabilities transitioning out of the children's Medicaid program. The CHIP Coalition highlights the need to address the changes in program eligibility and benefits so that children with special health care needs are provided with consistent care to keep them well.

Improve Physician Participation Rates for Medicaid & CHIP: Doctors are often reluctant to take on patients with CHIP or Medicaid because the reimbursement rates are too low. The CHIP Coalition members agreed that it is necessary to apply annual inflation increases to Medicaid and CHIP providers. The group also acknowledged the need to address the shortage of health care professionals by investing in graduate medical education for nurses and primary care physicians.

To view the CHIP Coalition Principles:

<http://www.texaschip.org/pdf/TCC%20Principles%20-%2081st%20Legislature.pdf>

To view the Texas Finish Line Agenda:

<http://www.texaskidswin.org/pdfs/two%20pager.pdf>

Upcoming Events –

- Cover Texas Now: Health Lobby Day at the Capitol – March 10th
- CHIP Birthday – Virtual Child Health Advocacy Day – April 1st (to be determined)
- Cradle To Prison Pipeline Advocacy Day (postponed until APRIL 1) - to divert youth with mental illness from the juvenile justice system

Group members were encouraged to send details for any events they would like to be listed to Shannon@cphp.org.

Items for Follow-up –

- Group members discussed developing a strategy to meet the time limited nature of the Economic Recovery Package funds to prevent a shortfall in CHIP and Medicaid funding two years from now.
- Dr. Guerra-Cardus agreed to collect and distribute any information useful information regarding bills affecting CHIP and Medicaid to the group, as well as positions taken by members on those bills.
- Information on events will be distributed on the CHIP Coalition listserv.