Texas CHIP Coalition Minutes
Friday, May 16, 2008 11:00 a.m. – 12:30 p.m.
May Owen Conference Room, 10th Floor
Texas Medical Association

Attendees: Anne Dunkelberg, CPPP; Laura Guerra-Cardus, Children's Defense Fund; Bryan Sperry, Children's Hospital Association of Texas; Scott McAninch, San Antonio Non Profit Council; Jan Hudson, Seton Health Plan; Stacey Warren, Texas Medical Association; Kit Abney Spelce, Insure-a-Kid; Morgan Walthall, March of Dimes; Peggy Gulledge, Maximus; Stacy Pogue, CPPP; Candise Spikes, Catholic Health Association of Texas; Jana Blasi, Texas Association of Community Health Centers; Robin Butler, Children's Hospital Association of Texas

Via conference call: Julia Easley, Children's Medical Center; Miryam Bujanda, Methodist Healthcare Ministries; Kevin Denmark, Maximus; Victoria Rogers; Catholic Charities of Central Texas; Laura Arizpe, Catholic Charities of Central Texas; Anita McNew, Catholic Charities of Fort Worth

HHSC Guests: Shirley Stanford, Kimberly Davis & Kendra Sippel

Anne Dunkelberg called the meeting to order at 11:05 a.m

Discussion on Draft Proposal of TCC Name/Agenda Expansion

Dr. Guerra-Cardus presented the first draft proposal of the Coalition's name change – "Healthy Babies, Healthy Kids Coalition" – as well as a four-point scope statement that is expanded to include issues affecting the health of children and pregnant women. The workgroup that developed the drafts worked to incorporate a lot of the feedback from the April meeting discussion.

Healthy Babies, Healthy Kids Coalition

A statewide collation committed to improving the health of children and pregnant women in Texas by working together to:

1. Increase the availability of affordable comprehensive health **coverage**,
2. Strengthen the **Children's Medicaid** and **CHIP** programs for those who cannot get affordable comprehensive private health insurance,
3. Increase **access** to needed health care services,
4. Improve the **quality** of care received.

There was some concern from the members present that use of the broad term "Healthy" would cause the group to become lost in web searches and that there would be a loss of the branding that had worked so well with the current name. Ms. Abney Spelce recommended developing a tagline with the name that would keep the coverage aspect and allow for more recognition as the transition is made. Suggested revisions include:

"Texas Healthy Babies and Kids Coalition
A new name for the Texas CHIP Coalition"

The members present felt that the draft of the scope captured the Coalition's expanded intent well and that no changes needed to be made. Ms. Dunkelberg will send out the proposed name change to the listserv to solicit input from others on possible modifications.

HHSC Overview of Women's Health Program

Kendra Sippel provided an overview of the Women's Health Program that included information on the benefits, eligibility qualifications and application process. The program offers limited, Medicaid-paid family planning benefits to women ages 18-44 with incomes at or below 185% FPL. The current enrollment is under 70,000 and the target, year two projection is 160,000.

She noted that they have good statewide provider coverage for the program as it is currently part of the family planning providers' contract that they must participate in the program. A listing of those contractors is available on the HHSC website.

The annual outreach budget for the program is fifty thousand dollars. They have this year's funds earmarked for the following:

- Updating of the English and Spanish WHP brochures which will be available for order in the upcoming months
- In August, a Medicaid ID stuffer will be mailed out to mothers of young children receiving Medicaid informing them about the Women's Health Program
- In July, transit ads will be placed on buses for 67 routes in the Dallas area. HHSC will be tracking the results to see if enrollment increases due to the ad placements.

The discussion was then opened up for questions.

Mr. Sperry inquired on what was being done to reach populations that were either 18 years old and aging out of CHIP or Medicaid or those that had been pregnant and were now approaching 60 days post-partum. Ms. Sippel replied that they currently do not have any way of targeting those particular populations. In departmental discussions, there has been talk about targeting the college population but she was unsure how much overlap there would be with the women Mr. Sperry is addressed. HHSC does have a mail "stuffer" going out in August with Medicaid ID cards, and denial notices that are sent out also mention the Women's Health Program. Ms. Sippel was unaware if the health plans had any type of system to identify and reach out to young women aging out of children's Medicaid or CHIP or women exiting maternity coverage. Ms. Davis added that they had looked at automatic enrollment of young women but were directed by federal authorities that doing this would not be considered budget neutral because it is assumed that a significant portion of the young women would not be sexually active, and thus no reduction in births could be assumed for them.

Ms. Dunkelberg asked Ms. Davis to discuss the exclusion of mammography from the waiver benefits. Ms. Davis responded that CMS will not currently allow inclusion of mammography, though past waivers in other states did include that benefit. Ms. Dunkelberg noted that advocacy for reinstatement of that coverage in waivers would be important to re-visit when a new presidential administration is in place in 2009. When HHSC negotiated the waiver CMS indicated that because the purpose of the waiver was to prevent pregnancies rather than promote other health goals, certain services would be limited. For example, testing of STDs is covered but treatment of that STD is not. However, if a woman is a patient of a DSHS Family Planning provider, that provider does have other limited funds outside of Medicaid which may be used to treat these issues.

Ms. Dunkelberg reported that TIERS is one of the complicating factors for the program. Every woman who applies for the Women's Health Program -- whether she is eligible or denied --and her family members are loaded into the TIERS system. This is creating and ever-growing load on a system that is already having serious timeliness issues. Word of mouth in regions like the Rio Grande Valley is that if you sign up on the Women's Health Plan your children will lose their Medicaid coverage and this needs to be addressed. Ms. Sippel noted that HHSC is still rolling out the TIERS system as planned.

Ms. Abney Spelce questioned what the waiver applicant women are being denied for. Ms. Davis did not have an exact breakdown but felt in large part it was for not completing the application or for not providing proof of citizenship. She added when HHSC has a Texas-born applicant's mother's maiden name and county of birth they can search the DSHS vital statistics database for the birth records to satisfy citizenship documentation requirement.

Ms. Dunkelberg stated that she will let the Coalition know what budget line item the WHP is included in so that we may advocate for additional outreach funding for the program. Ms. Dunkelberg added that it's important to make sure that we are all doing the sensible things that should be done as far as linking programs for easier transition and communicating in the best way possible with women about the benefits of the program. She reiterated that the Coalition is very interested in working with HHSC with ideas and recommendations for moving the program forward in these areas.

In follow-up, Ms. Sippel will coordinate with Julia Easley at Children's Medical Center to make sure information is being dispersed to the Dallas CHIP Coalition on the outreach efforts that will be taking place in the area. She will also provide a listing of the family planning providers in the state that will be sent out via the TCC listserve.

HHSC Update on CHIP Perinate Program

Ms. Stanford provided an overview of the CHIP Perinate program noting that as of April there were 57,104 enrolled and 26,528 of those were children.

There have been some recent policy changes made to help expedite getting the babies on the CHIP program.

- Health plans can now report births directly to Maximus. There had been some delay with baby enrollment because mothers, busy with other needs in the post-partum transition, were occasionally slow at enrolling the child. With the health plans now able to report the births they are doing better at getting the babies on CHIP quickly.
- The mother now does not have to fill out a complete new application for emergency Medicaid. Instead, a 3038 form, which can be signed by the doctor after birth of the baby, will be sent to Maximus who will then use the income verification previously provided. (http://www.dads.state.tx.us/forms/H3038/H3038.pdf)

Ms. Stanford reminded us that if the mother is at or below 185% of poverty, CHIP perinatal does not pay for the inpatient facility expenses associated with the birth (professional fees for provider are covered). In this instance the mother must apply for emergency Medicaid. (If the income is 185-200% FPL then CHIP perinatal will cover these costs.)

Ms. Dunkelberg inquired if the health plans have written obligation to explain this process to the mothers. Ms. Stanford replied that they do not have a written obligation, but HHSC has found that the health plans are explaining this to the mothers.

Ms. Abney Spelce reported that she has heard of numerous providers encouraging mothers to put their children on Medicaid instead of CHIP because of the better benefits and provider reimbursement offered. If a mother elects to do this then she must apply for Children's Medicaid at the hospital, which seems to be creating a lot of confusion. Ms. Stanford responded that if the mother wants to put the baby on Medicaid at the hospital she cannot be denied in doing so. The out-stationed worker would go ahead and certify the baby for Medicaid for the first day of the month following the birth. Until that time, costs for the baby which would include those associated with the first two week visit following birth, would be covered by the CHIP health plan.

However, all babies who go to NICU, are deemed "medically fragile" and are immediately taken off of CHIP and retro-certified for Medicaid so that they can benefit from the more robust services and better access to specialty care that Medicaid provides.

Ms. Davis added that the Commission doesn't want to encourage children to go on Medicaid unless they need it. The cost-savings from the higher CHIP match is what makes the perinatal program viable.

Ms. Dunkelberg reported that she has heard from the Texas Association of Health Plans that there is not a statewide mandate for balance billing that prevents a provider who provides a service for a child in CHIP from stating that their allowable is higher and they want to be paid more. Ms. Hudson stated that CHIP is bound by TDI regulations—but those regulations do not prohibit balance billing.. Seton Health Plan does not allow its contracted CHIP providers to balance bill. Ms. Hudson stated that she will do some more research and provide an update to Anne on the regulation.

The guests from HHSC were thanked for their updates and communication with the group. With no other agenda items the CHIP Coalition meeting adjourned at 12:20 p.m.