

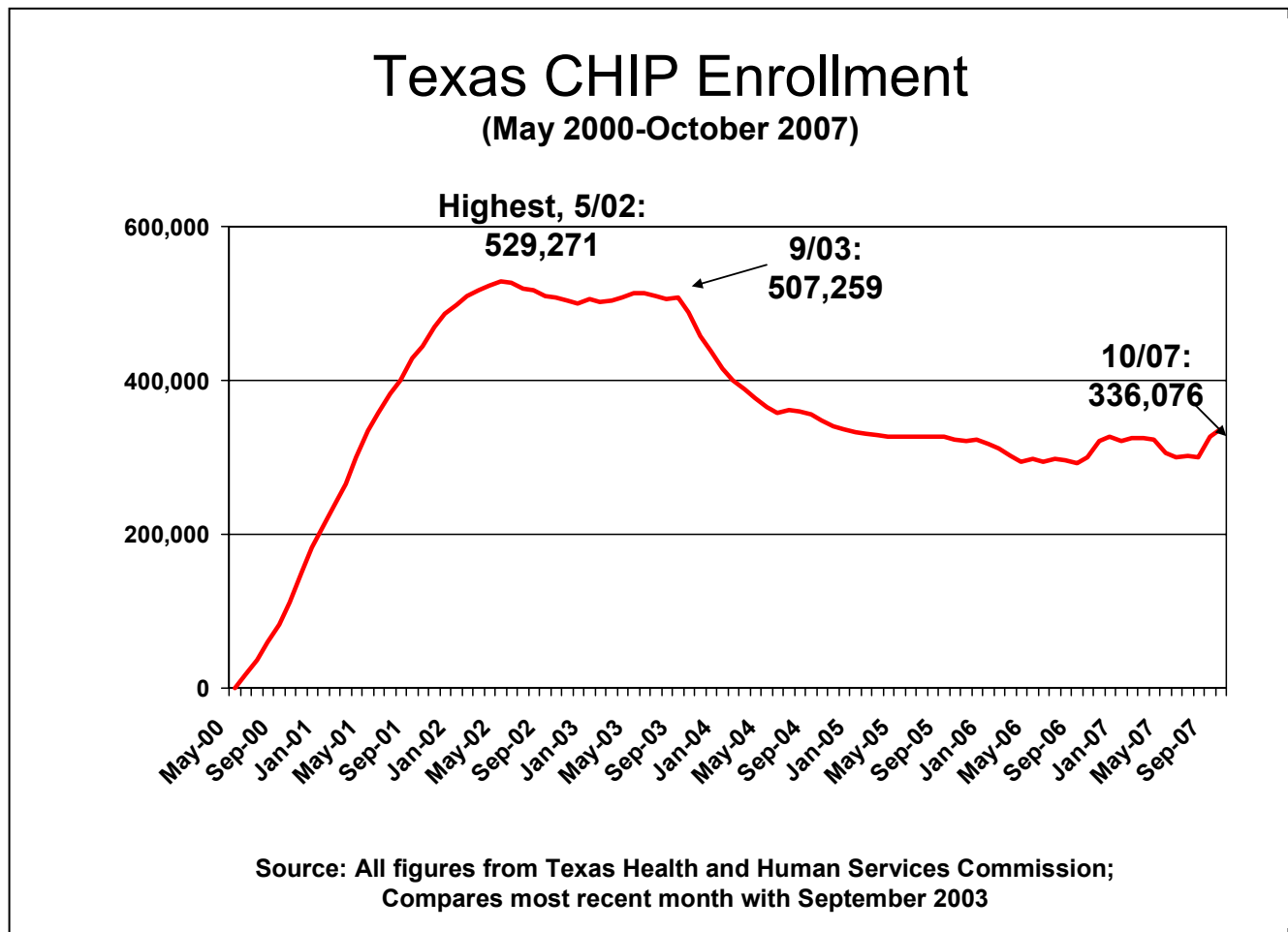
Minutes – Texas CHIP Coalition Meeting – Friday, October 26, 2007
(as recalled by Anne Dunkelberg, CPPP)

(In attendance: From HHSC, Taylor O'Brien, Lisa Kirsch, Ann Heiligenstein, Ramona McKissic, Elisa Garza; Stacy Warren (TMA); Susan Craven and Jodie Smith (Texans Care); Kevin Denmark (Maximus); Katie Coburn (TACHC); Ed Berger (Seton); Julia Marsden (LWV); Anne Dunkelberg (CPPP); Morgan Walthall (MOD); Candise Spikes (Catholic Health Assoc.); Miryam Bujanda (MHM); Van Morris and Beth Olson (Christian Life Commission (BGCT)); Kit Abney Spelce (insure-a-kid); Jennifer Banda (THA); Julia Easley (Children's Medical Center, Dallas by phone); Amanda Jones (Harris Co. Hosp. District)

The meeting was called to order by Anne Dunkelberg shortly after 11 am.

HHSC Presentations

Eligibility Issues. After introductions, first on the agenda was Deputy HHSC Commissioner Ann Heiligenstein, who facilitated presentations on HB 109 implementation and the status of progress in improving g eligibility system operations overall. HB 109 programming changes were achieved in time for 9/1/07 implementation. The initial increase in September enrollment expected from the elimination of the 90 day delay in coverage for newborns and uninsured children was seen in the 327,379 enrollment figure , and Ms. H anticipated meaningful increase for October 1. (October has now been posted at 336,076. This is the highest enrollment since November 2004.)



Per Ms. Heiligenstein, HHSC has divided HB 109 implementation into 2 phases, with Phase A now completed (programming of policy changes that took effect 9/1/07), and Phase B being the implementation of the 6-month income reviews for children in families from 186-200% FPL. HHSC hopes to begin these reviews at the end of January 2008.

HB 109 directed HHSC to provide a 30-day advance notice of denial for parents to respond to or correct an over-200% FPL finding at a 6-month income review for a child from 186-200% FPL. HHSC has decided to provide that time frame for all CHIP children facing denial (i.e. not just the 185-200% kids at 6-month review). Every child will now get a “renewal outcome letter,” and for this reason, renewal packets will be mailed in month 9 of 12, rather than month 10 as was the case before CHIP eligibility was shortened to 6 months by HB 2292 in 2003. Families will also get 2 reminder notices after the renewal packet is mailed. After Friday’s meeting, HHSC sent the following text:

House Bill 109 implementation update

Implementation of HB 109 will occur in two phases.

- Phase A was successfully implemented Sept. 1, 2007, and included eligibility and enrollment policy changes. CHIP enrollment increased by about 27,000 in September primarily due to the end of the 90-day waiting period. In addition, all client materials and outreach materials were updated to reflect the HB 109 changes.
- Phase B is scheduled for implementation on Jan. 31, 2008. This phase includes the sixth month income check required for households with income above 185% of the federal poverty level and 30-day advance notice before disenrollment. HHSC will extend the advance notice to families being disenrolled at renewal. The advance notice gives families time to seek other health insurance coverage before disenrollment.

HHSC reports that CHIP complaints have declined in numbers. An HHSC unit has been created specifically to resolve CHIP eligibility & renewal complaints, headed by Elisa Garza (Elisa.Garza2@hhsc.state.tx.us). HHSC is tracking the disposition of complaints and how often eligibility decisions are overturned, and believes that their performance is improving.

HHSC pointed Coalition members to HHSC Form 5017C as an aid to helping families provide needed documents in responding to missing information requests, and stated that requests were declining in frequency.

ACTION: The Coalition should provide feedback to HHSC about any gaps in clarity between the APPLICATION Instructions and this form. What do we need to tell clients so that they will submit a complete application or renewal the FIRST time?

HHSC also reported a decline (from 62 in August to 45 in September) in requests to CHIP HMOs for retroactive coverage for children denied or delayed due to HHSC errors. There was discussion of a complaint from Parkland Health plan about problems related to these retroactive enrollments related to reimbursement, but the precise nature of the problem was not clear (Delayed premiums? Unpaid premiums?) and Julia Easley and HHSC staff agreed to follow up on the question with Parkland Community Health Plan.

Ms. Heiligenstein reported that the eligibility system was working hard to improve performance, including timeliness of application and renewal processing. The centralized Children's processing unit in Austin, formerly staffed at 108 in January 2007, had lost 70 workers in 6 months, and is now back up to 78 staff, though most of these are very new employees with very limited experience and training and who cannot process as quickly as tenured staff. A new manager is in charge of the Austin processing unit. She described the difficulty of attracting and retaining qualified staff in Austin's job market, and said HHSC intends to use electronic systems capacity to do more of the processing in other areas of the state where HHSC can be a more competitive employer.

The unit is authorized now for 99 FTES, with another 70 positions to be distributed across the Athens, San Antonio, and Midland eligibility centers. She asked the Coalition to be somewhat patient with the system, promising continued improvement through December 2007. She also noted that MEPD (Medicaid for elderly and persons with disabilities) processing units are being used to address shortages in workers trained in those program rules, who require at least 2 years to become fully trained. She emphasized the impact of staffing cuts of 900 in 2003 and 3,900 in 2005 on tenured staff. Every HHSC region now has a staffing plan that includes increases in permanent workers. Taylor O'Brien added to this discussion.

Ed Berger of Seton and Katie Coburn of TACHC asked questions about staffing levels of out-stationed eligibility workers, stating their facilities are not fully staffed, and that workers have trouble helping clients whose data reside in the TIERS system because those workers lack TIERS access (have not been trained IN tiers).

SB 10 Medicaid Waiver. Lisa Kirsch presented for HHSC on development of an 1115 waiver under SB 10 (her PowerPoint is attached). Clarifications to handout:

- slide #6: USLF is unmatched state and local funds;
- slide #7 concept paper submission now slated for END of November.
- Slide #12 "other coverage option" examples: non-TDI regulated delivery models such as hospital district based health programs
- Slide #13 Unmatched state and local funds may include certification of existing spending, i.e., without changing the current spending pattern or turning those funds over to the states.

She mentioned that one goal of the Texas waiver would be to protect federal match that might be vulnerable to loss, e.g., due to recent federal proposed rules limiting amounts certain hospitals can receive through DSH/UPL, and CMS' recent challenge to some \$408 million of Texas' "private hospital UPL". The House has appointed its Legislative Oversight members: representatives Delisi, John Davis, Dukes, and Zerwas; Senate members have not been announced.

The group discussed the lack of clarity among stakeholders about HHSC assumptions/projections of sources of state match, and indicated that a more detailed presentation on that topic from an HHSC expert (Bill Rago) might be needed.

HHSC posted a request for input on Friday 10/26, either in person on 10/30 or electronically by noon Tuesday 11/6:

HHSC Seeks Public Input on Concept Paper: HHSC is seeking public input on key decision areas that will be discussed in the Texas Medicaid Waiver Concept Paper. Please read about the key decision areas and

complete the survey form to provide your input. You may include additional comments in your e-mail, fax or mail delivery along with the survey form.

[Read about the key decision areas for the concept paper and submit comments](#)

Comments are due by noon Nov. 6, 2007.

You may use any of the following methods to submit your survey form and additional comments:

E-mail: medreform@hhsc.state.tx.us

Fax: (512) 424-6991

Mail:

Health and Human Services Commission

4900 Lamar Blvd.

Mail Code BH-4001

Attention: Medicaid Reform

Austin, Texas 78751

(must be postmarked by Nov. 1)

In person: The Health and Human Services Commission Council Subcommittee on Medicaid Reform and Hospital Financing will meet at 10 a.m. Oct. 30 to hear public input. [Agenda](#)

Other issues

SCHIP Reauthorization: Disappointment over the president's veto, Congress failure to override, and failure to adopt a compromise so far was discussed, as well as the good news that Texas will not face a shortfall in 2008, but will need additional funds in out years in order to enroll all our eligible but not enrolled children.

Attendees were reminded that grant proposals were pending to work on general health coverage expansions (RWJ) and children's expansions (Packard Foundation). Packard is still pending,; RWJ has announced that Texas will NOT be funded.

Bryan Sperry of CHAT has suggested that the Coalition revisit our scope and see if a formal broadening of focus be adopted, whether it be simply to better encompass maternal health – I keeping with our roots in the old Texas Maternal and Child Health Coalition – or even broader as the national debate over access to care for all Americans intensifies. We agreed we would demand his presence for the next iteration of that discussion!