

TEXAS CHIP COALITION

for healthy babies and children



Children's Health Care Principles for 81st Texas Legislature

Texas has the fastest growing child population in the country, with about 7 million children and teens under age 19 in 2007. **As of July 2008, 2.3 million Texas children—about one-third of all our kids—are covered by Medicaid or the Child Health Insurance Program (CHIP). Another 1.5 million Texas children are uninsured, and nearly half these children already qualify for Medicaid or CHIP—but are not enrolled.**

According to the Institute of Medicine, uninsured children are less likely to receive preventive health care, and more likely to go without needed care and rely upon the emergency room for routine care. Uninsured children are more likely to miss school—and their parents to miss work—resulting in lost revenue to Texas schools and lower productivity for our employers. Our high uninsured numbers drive up the cost of health insurance for insured Texans, and raise local taxes for all of us.

The Texas CHIP Coalition believes that every child in Texas:

- Deserves the opportunity to be born healthy, and to grow up as healthy as possible,
- Needs the foundation that good prenatal and maternity care provide,
- Should have comprehensive health insurance coverage, and
- Needs a “medical home”: a physician or health care provider who serves the physical, mental and developmental health care needs of a growing child through a continuous and ongoing relationship.

To achieve these goals, the Texas CHIP Coalition outlines the following principles.

Improve and Simplify Enrollment systems: a Shared Responsibility of Parents and the State

Parents are responsible for enrolling, renewing, and paying premiums on time. The state is responsible for (1) giving clear instructions so parents can submit a complete application on the first try; (2) processing applications and renewals promptly and accurately; (3) eliminating gaps in coverage when kids move between the two programs; and (4) delivering prompt, accurate, and effective help if problems do come up.

- **Turn-around time for applications and renewals in both public and private components of the CHIP and Medicaid eligibility systems should meet or exceed federal and state standards; staffing numbers and computer systems must be adequate to make this possible.**
- **Eligibility system performance improvements must give high priority to speedy Medicaid and CHIP enrollment.** Louisiana Medicaid/CHIP averages eight (8) working days to enroll a child and three (3) working days for pregnant women. Texas can do it, too!
- **Implement 12 months of continuous eligibility for children in Medicaid, as we have for CHIP.** This is the one step most likely to reach and retain eligible uninsured children, and would also dramatically cut the workload for our state eligibility staff and boost their performance.

Improve Outreach and Application Assistance

Parents who want to be responsible for their children's health still need help understanding what is available, how to enroll children, and how to access care. Ongoing outreach programs are vital to connecting children with a medical home and keeping them healthy. Community-based organizations (CBOs), schools, health providers, and health plans can all play important roles in helping families submit documents correctly the first time, speeding enrollment and eliminating time spent requesting more documents.

- **Double the amount allocated—and spent—for outreach and marketing.** Texas CBOs are now asked to serve twice as many Texans and multiple safety net programs (not just children's health insurance), but the dollars budgeted for their 2008-2009 work are below the investment in the first years of CHIP when the target population was much smaller. A modest investment in outreach and assistance will reduce state staffing costs and support the modernization of Texas eligibility systems.
- **Build a Robust Partnership for Statewide Outreach.** This partnership will invite stakeholders of every kind to help connect children with medical homes, providing an ongoing system of communication and training among all the parties that work with families. This partnership should:
 - ensure that problems in enrollment systems are quickly identified and fixed;
 - support awareness of and access to other critical HHSC programs for prenatal care, women's health, and cancer prevention and treatment;
 - pursue new performance goals to cut "procedural denials"—children denied care due to paperwork errors, not financial ineligibility—to the lowest possible level;
 - share and replicate across the state successful Texas community- and school-based outreach programs.

Affordable Health Care for Every Texas Child

Employer-sponsored insurance (ESI) is unavailable or unaffordable for many working families. According to TDI studies, private health insurance coverage for a family now averages about \$12,000 per year, and premiums since 2000 have grown far faster than family incomes—or the income cap for CHIP. In Texas and nationwide, the majority of newly-uninsured children are in families above the CHIP upper limit of 200% of poverty.

- **Texas should ensure that there is an affordable insurance option for every child at every family income level.** Parents just above the CHIP limit need to be able to buy quality coverage at premiums they can afford. Expanded Medicaid buy-in coverage 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 be pursued.
- **The CHIP Coalition continues to support reasonable premiums, enrollment fees and co-payments that are proportionate to families' ability to pay.**

Strengthen Health Care Systems for Children and Mothers

Insurance coverage is only the first step toward medical homes and good health for Texas children. The Texas CHIP Coalition supports the following Legislative goals:

- **Eliminate waiting lists for medical and family support services from the Children With Special Health Care Needs program.**

- **Invest in a community-based behavioral health infrastructure that meets the needs of Texas infants, toddlers, and children.**
- **Develop a systematic approach to supporting the transition of children with chronic illness and/or disability from pediatric to adult medicine, addressing the changes in program eligibility and benefits so that the specialized care they need remains available.**
- **Ensure that pregnant women and new mothers have early access to prenatal care and the services they need to have a healthy baby, support healthy early childhood development, and ensure future healthy babies.** Smoking cessation, oral health care, mental health, and substance abuse services for pregnant women, and intensive outreach to women in Texas Medicaid and CHIP Perinatal after delivery can help improve the health of Texas babies.
- **Begin applying annual inflation increases to Medicaid and CHIP provider payment rates, and implement a plan to bring rates up to Medicare levels.** More Texas physicians and dentists accept new Medicaid children as the result of the Legislature's 2007 fee increases for the Frew lawsuit. Still, many physicians, dentists, and mental health providers turn away Medicaid and CHIP patients because of inadequate pay—well below Medicare and commercial insurance rates.
- **Assess whether current CHIP dental coverage meets children's real-world treatment needs, and identify solutions to improve access to needed care if not.** CHIP now limits dental treatments from \$280 to \$565 per year, depending on how long a child has been continuously enrolled. Solutions are needed for the modest number of children who need additional care.
- **Plan for and invest in strategies to ensure an adequate health workforce of physicians, nurses, and other health care professionals.** Texas has a shortage of both primary care and subspecialists, ranking the state 43rd in terms of physician supply. Texas should reinvest state funding in Medicaid Graduate Medical Education so that more Texas medical school graduates can stay in the state. Texas also has a critical nursing shortage, but turned away 8,000 applicants to Texas' nursing schools in 2007 due to lack of nursing faculty. The legislature should fund nursing education so Texas can double the number of nursing graduates by 2013.

**Sign-On Form for Support of Texas CHIP Coalition Position
for the 81st (2009) Texas Legislative Session**

TEXAS CHIP COALITION

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<http://www.texaschip.org>

RETURN THIS FORM BY EMAIL: shannon@cphp.org

*(If you **cannot** reply by email, please fax or mail to:*

BY FAX: (512) 320-0227

BY MAIL: c/o CPHP

900 Lydia Street

Austin, TX 78702

QUESTIONS? Phone (512) 320-0222 X102, Anne Dunkelberg, or Melissa Shannon X115

Our organization wishes to be listed as a member of the Texas CHIP Coalition and in support of the Coalition's position for the upcoming 81st legislative session.

Name of Organization: _____

Is your organization (check one): Statewide: _____ Local/Regional _____

Contact Person (authorized to sign off for your organization): _____

Email: _____

Address: _____

Phone: _____

Fax: _____

Please complete all items above!

Even if your group has signed on with the CHIP Coalition in previous legislative sessions, we must receive this new form in order to list your organization for the upcoming session.