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CHILDREN'S HEALTH INSURANCE PROGRAM

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A YEAR OF LEAPS AND BOUNDS



TexCare Partnership

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After the first nine months, more than 212,000 Texas children had enrolled in the Children's Health Insurance Program (CHIP), marketed under the TexCare Partnership umbrella.



Texas outpaced California, New York, Florida and other comparable states during a similar period, both in terms of the percentage of enrollment of its CHIP-eligible population and in absolute numerical terms.



Between April 2000, when the first CHIP application was processed, and December 2000, more than 360,000 families (representing more than 600,000 children) either applied or began the application process.



The children's health insurance Call Center received an average of 125,000 calls per month from families requesting information.

INSURING THE CHILDREN OF TEXAS

A Message from the Commissioner of Health & Human Services

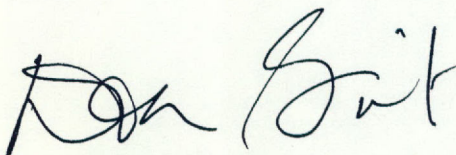
Last Spring we launched TexCare Partnership, an umbrella campaign that markets the new Children's Health Insurance Program (CHIP), Medicaid and commercially available insurance to insure Texas children. Since then, more than 380,000 children across the state have gained health care coverage.

What is responsible for this success? The answer lies in the spirit of the campaign—partnership. When the 76th Texas Legislature passed and the Governor signed SB 445 to create CHIP in 1999, they envisioned a partnership that would encompass the private sector, the public sector and Texas families.

SB 445 left no doubt about the role of each member of this historic partnership in making CHIP a success. The public sector was expected to bring the financing to the table in the form of tobacco settlement funds and federal matching dollars and to set policy and oversee operations of CHIP. Parents were expected to take the initiative to get their children insured, pay something toward the cost of their children's health care and use the system wisely. And the private sector would be relied upon to supply the technology, the know-how, the credibility at the community level and the compassion to get the job done.

Texas has made great strides during 2000 in bringing quality health insurance and therefore peace of mind to thousands of Texas families through the successful implementation of CHIP. Community organizations, providers and program contractors have joined hands in advancing our state toward a common goal. Make no mistake: Though our progress has been great, our job is far from done. We must enroll hard-to-reach populations, recruit more providers for CHIP, further coordinate between Medicaid and CHIP and improve health outcomes.

But Texas families across the state should take heart in this remarkable CHIP initiative that speaks forcefully and convincingly of Texas' commitment to our children.



Don Gilbert

June 2001

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PROVIDING PRIMARY AND PREVENTIVE HEALTH CARE TO THE UNINSURED CHILDREN OF WORKING TEXANS.

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PROGRAM OVERVIEW: THE FIRST YEAR

The Children's Health Insurance Program (CHIP), now marketed under TexCare Partnership with Medicaid and commercially available insurance, was created to help solve one of our state's most critical public health problems: the lack of health care coverage among the children of Texas' working families. A joint state-federal program, CHIP provides quality health care coverage to low- to moderate-income children who don't qualify for Medicaid but whose families do not earn enough to afford commercial insurance. The Texas Healthy Kids Corporation (THKC), created prior to the advent of CHIP, offered coverage to higher income families.

State legislation authorized the Texas CHIP program in May 1999. By April 2000, the first applications for CHIP had been processed. Of the total population of uninsured children in Texas, an estimated 474,000 are eligible for coverage under CHIP. State goals call for enrolling 428,000 by fall 2001. At the end of the 2000 calendar year and less than nine months into the program, nearly one half—212,066—were enrolled in the program.

PRIMARY & PREVENTIVE HEALTH CARE

The principal goal of CHIP is to provide primary and preventive health care to the uninsured children of working Texans, including children with special health care needs, such as those with asthma and other chronic conditions. Because eligible families share a portion of the program's cost through an affordable payment plan, CHIP is really a partnership with Texas

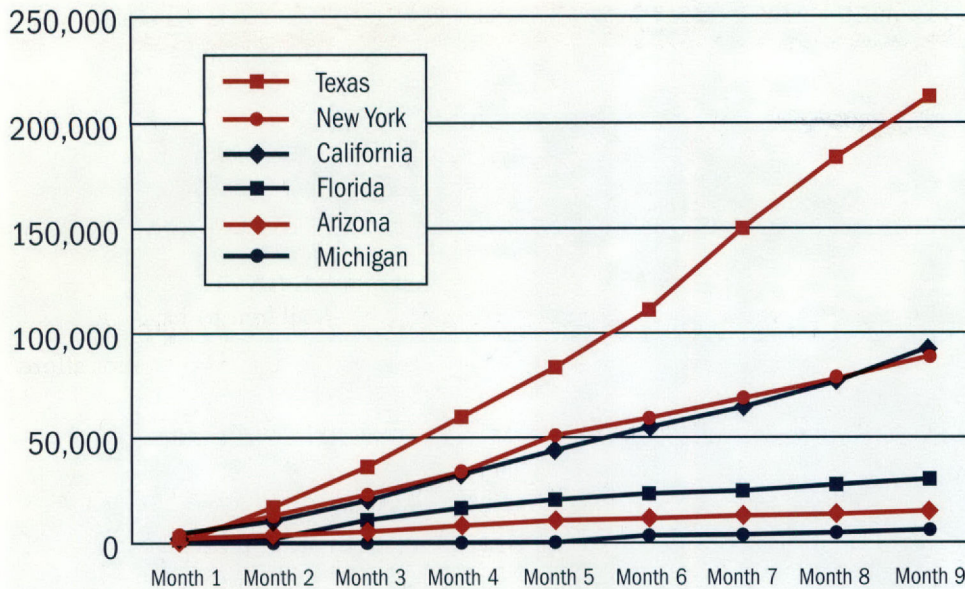
families who want their children to have the security of health insurance but who cannot afford that coverage in the commercial market.

CHIP PROVIDES QUALITY HEALTH CARE TO LOW- TO MODERATE-INCOME FAMILIES WITH UNINSURED CHILDREN, INCLUDING THOSE WITH SPECIAL NEEDS, WHO ARE NEITHER SERVED BY NOR ELIGIBLE FOR OTHER STATE-ASSISTED HEALTH INSURANCE PROGRAMS.

The Texas Health and Human Services Commission (HHSC) is the primary agency responsible for implementing and operating CHIP. HHSC has delegated to the Texas Department of Health (TDH) the responsibility for managing CHIP contracts and consumer outreach. CHIP is operated and marketed by private contractors, including twelve private health maintenance organizations (HMOs), an exclusive provider organization (EPO), a dental services provider

organization, a comprehensive administrative services contractor, fifty community-based organizations (CBOs), a quality assurance entity and a professional media and marketing firm. Funding for CHIP comes from the federal government—roughly 72 cents on the dollar—and the state government's proceeds from the Texas settlement with the tobacco industry.





During the program's first nine months, Texas enrolled more uninsured CHIP-eligible children than states comparable in size and demographic diversity.

Data Source: Texas Health & Human Services Commission.

While Texas Medicaid eligibility criteria include an asset test for families, there is no such test for the Medicaid programs in the states shown in the comparison chart. Thus, a portion of Texas' CHIP-eligible population is comprised of children who would be eligible for Medicaid if they lived in those states.

EXCEEDING EXPECTATIONS

April 3, 2001 was the first anniversary of CHIP. During the program's first nine months, Texas enrolled more uninsured children in its separate CHIP program than states *comparable in size and/or demographic diversity*. Results of the first new enrollee survey suggest that there is a high level of satisfaction with the program among member families. Parents of enrolled children also report a significant shift in health care utilization away from emergency rooms and hospital clinics to doctors' offices.

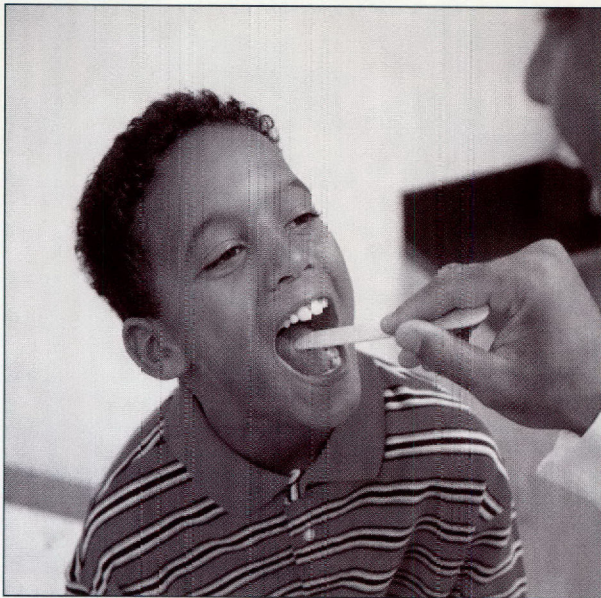
ELIGIBLE CHILDREN

The CHIP benefits package offers a broad variety of health care benefits and limited dental benefits designed to meet the needs of healthy children and children with chronic conditions and disabilities. Uninsured children who have not yet reached their 19th birthday are eligible for CHIP if they live in a family with an adjusted household income at or below 200 percent of the federal poverty level—\$35,300 for a family of four—as long as they are ineligible for Medicaid. Legal

immigrant children are also eligible for coverage, although their insurance does not qualify for federal funding. They are insured through CHIP with state funds. State employee children who are barred from CHIP under federal law receive an additional state dollar subsidy for their coverage through the Uniform Group Insurance Program (UGIP).

TO QUALIFY FOR CHIP COVERAGE, A CHILD MUST BE:

- A Texas resident.
- A U.S. citizen or a legal permanent resident (the citizenship status of the parents does not matter).
- Under age 19.
- Uninsured for at least 90 days prior to coverage (with some exceptions).
- Ineligible for Medicaid and have an adjusted family income at or below 200% of the federal poverty level.



AFFORDABLE COST-SHARING

Unlike Medicaid, there is no assets test for CHIP applicants and families are required to share the cost of insurance. Enrollment in CHIP is continuous for a 12-month period. Families are invited to renew their coverage for another year at the beginning of the 10th month.

CHIP cost-sharing requirements vary according to family income. All families with an adjusted income above 100 percent of the federal poverty level (FPL)—approximately \$18,000 for a family of four—pay modest co-payments for certain services, with the amounts determined by income. In addition, families in the highest income bracket pay a per-family annual deductible of \$200 for inpatient hospital services and \$50 for outpatient hospital services. However, Native Americans and families with adjusted incomes below 100 percent FPL who are ineligible for Medicaid based on their assets do not have any cost-sharing obligations. *See Appendix C for a chart of CHIP cost-sharing requirements.*

The enrollment fee and monthly premiums are per family without regard to the number of eligible children. No co-payments apply, at any income level, for well-child or well-baby visits or immunizations.

“How can I ever thank you for accepting my daughter into your program? She has high blood pressure due to a kidney disorder. The high cost of nephrologists and medication, along with numerous tests, really adds up. Thank you for such a wonderful children’s insurance plan that is affordable as well as practical, especially for children who aren’t as ‘healthy’ as others. Thank you on behalf of other parents as well.”

~ A CHIP parent from Houston

Billing and collection of enrollment fees and monthly premiums are the responsibility of CHIP’s administrative services contractor. Health care providers collect all member co-payments and deductibles. Except for costs associated with unauthorized non-emergency services provided by out-of-network providers, co-payments and deductibles outlined in Appendix C are the only amounts that a provider may collect from a CHIP-eligible family.

INNOVATIVE MARKETING CAMPAIGN

The story of CHIP in Texas is incomplete without acknowledging the importance of TexCare Partnership. The Health and Human Services Commission (HHSC) established TexCare Partnership as the marketing identity for an umbrella campaign to raise awareness of the availability of children's health insurance.



In addition to CHIP, this umbrella campaign encompasses other children's health insurance products: Medicaid and commercially available insurance. TexCare Partnership helps families ineligible for CHIP and Medicaid find commercial health insurance options in the private marketplace.

Consumer education materials provided by the state carry the TexCare Partnership brand. Community-based organizations that implement grass-roots outreach efforts can adapt the materials in ways that best fit their needs as long as the TexCare brand identity remains intact.

STREAMLINED APPLICATION PROCESS

Consolidation of access to children's health insurance products under the TexCare Partnership brand created a streamlined screening and application process for families seeking health care coverage for their children. A single application sets in motion an eligibility determination process for CHIP as well as eligibility screening and referral for Medicaid and commercially available insurance.

ONE-STOP INFORMATION SOURCE

The toll-free TexCare Partnership telephone number serves as the primary gateway for consumers to access information and customer service support for children's health insurance programs in Texas. The toll-free phone number, 1-800-647-6558, operates out of a state-of-the-art multi-lingual call center staffed by customer service representatives. Business hours are 9 a.m. to 9 p.m. Monday through Friday and 9 a.m. to 3 p.m. Saturday (Central Time), excluding federal holidays. Families may call the 800 number to:

- Request an application booklet.
- Ask questions about the program.
- Start the application process.
- Receive assistance in filling out an application or learn the name and phone number of someone in their community who can assist them with the application.
- Inquire about account status once their child is enrolled in CHIP.

Families apply over the phone, through the mail, or with the help of a community-based organization or health care provider.

The simple one-page (front and back) application form and an application booklet containing easy-to-follow instructions were adopted after an intensive design effort that involved focus group testing among CHIP- and Medicaid-eligible families.

THE HISTORY OF CHIP

In 1997, Congress created the federal Children's Health Insurance Program (CHIP) as part of the Balanced Budget Act. It was designed as a voluntary partnership with the states in which the federal government provides a majority of the funding for state-designed and operated programs.

Texas initially responded to the CHIP opportunity in 1998 by extending the Medicaid program for teens ages 15-18 whose family's income is the same as or below the federal poverty level. However, because the Legislature was not in session, legislation creating a state-designed CHIP program could not be enacted until the following year.

Over the course of 1998, the Texas Health and Human Services Commission (HHSC) and staff from the Legislature and the Governor's Office began developing the framework for a Texas program. Public input

was solicited at a series of town hall meetings held throughout the state. In addition, Texas gained insight from other states that were experiencing growing pains with their new CHIP programs.

In 1999, the 76th Texas Legislature passed Senate Bill 445, creating a state-designed CHIP program as authorized under Title XXI of the Social Security Act.

Between the passage of the legislation and the commencement of calendar year 2000, consumer research was conducted, program contractors were selected through competitive procurement processes and the CHIP application and other outreach and training materials were developed with extensive consumer input. Outreach efforts were launched in March 2000. The first CHIP application was processed on April 3, 2000, and the first child was enrolled on May 1, 2000.

CHIP TIMELINE

August 1997	Federal Authorizing Legislation Passed
Fall 1998	Statewide Town Hall Meetings Held
May 1999	State Authorizing Legislation and Appropriations Enacted
October 1999	Selection of Administrative and Marketing Contractors
November 1999	Selection of HMO Contractors
January 2000	Selection of Contracted Community-based Organizations and EPO Contractor
March 2000	Applications/Campaign Materials Distributed & Statewide Outreach Strategies Implemented
April 2000	Toll-free Application Number Goes Live Kick-off of Public Relations Campaign Selection of Dental Contractor
April 3, 2000	First Applications for CHIP Processed
May 1, 2000	First CHIP Child Enrolled Kick-off of Targeted Statewide Media Campaign
September 1, 2000	100,000 Children Enrolled in CHIP
December 1, 2000	200,000 Children Enrolled in CHIP

HEALTH CARE SERVICES

SCOPE OF BENEFITS

The Legislature developed the CHIP benefits package with extensive input from the public, including child health advocate groups and health care provider associations. CHIP benefits are generally considered somewhat more generous than those available in the commercial market, but less comprehensive than those offered by the Texas Medicaid program. All CHIP health plans must provide the same scope of benefits, but in markets with competing health plans, some plans offer additional or “value-added” services to their members.

CHIP HEALTH PLANS

Thirteen contracted CHIP health plans across the state provide health care for enrolled children. Through a competitive Request For Proposal and evaluation process conducted in 1999, twelve Health Maintenance Organizations (HMOs) were chosen to provide comprehensive health care services for CHIP enrollees. An Exclusive Provider Organization (EPO) was selected to provide the same scope of health care services to residents of counties not served by the HMOs. All HMOs and the EPO were awarded three-year contracts.

The areas served by these thirteen health plans are organized into CHIP Service Areas (CSAs). HMOs were given the option to serve all counties within their CSA, as well as counties adjacent to their CSA. The EPO service area covers 170 primarily rural Texas counties (although the populous counties of Hidalgo and Cameron are included in the EPO area).

BENEFITS AT A GLANCE

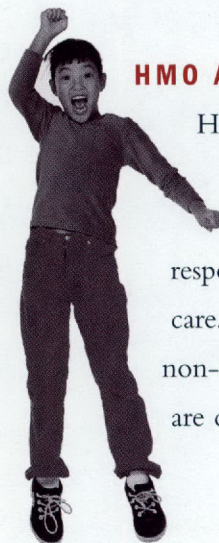
- Pre-existing conditions.
- In-patient and out-patient hospital services.
- Prescription medications.
- Laboratory and diagnostic tests.
- Well-child exams and preventive health services, such as hearing, screening and immunizations.
- Physician office and hospital care.
- Home and community health services, such as speech, physical and occupational therapy and nursing care.
- Substance abuse treatment services.
- Emergency care and transportation services.
- Mental health services.
- Vision exams and glasses.
- Durable medical equipment, prosthetic devices and disposable medical supplies.
- Dental care, including preventive services and a maximum of \$300 in therapeutic benefits per coverage year.

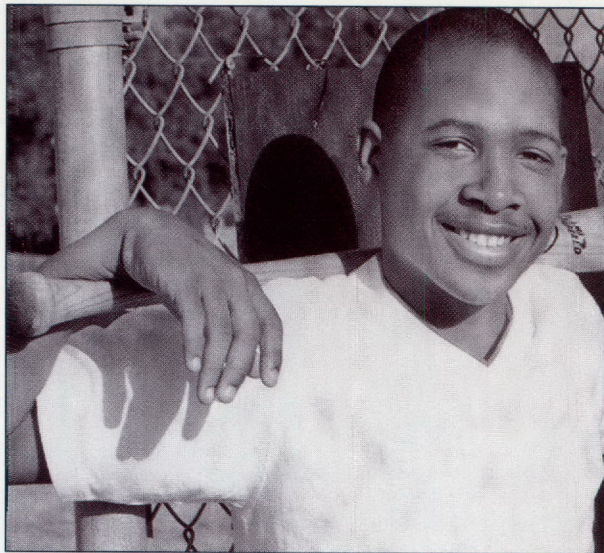
The list above is partial. See the full scope of benefits in Appendix D.

HMO AND EPO NETWORK PROVIDERS

HMOs manage their member’s health care services through the use of a primary care physician (PCP) who is responsible for coordinating the member’s care. Members are required to receive non-emergency service from providers who are contracted with the health plan.

The EPO model is only slightly





CHIP DENTAL PLAN

The CHIP dental services provider is United Concordia Companies Incorporated (UCCI). Services are provided through a fee-for-service arrangement with contracting dentists. CHIP members may receive services from any dentist participating in the UCCI plan, and no co-pays are required at the time of service. Dentists are reimbursed directly by UCCI for covered services that they provide to CHIP families.

Preventive dental services are limited to one visit per coverage year and include exams, x-rays and sealants. Therapeutic benefits are limited to \$300 per year and include fillings, caps, crowns and root canals.

As of December 31, 2000, more than 1,300 dentists across the state were signed up as participating CHIP providers.

different. Because the EPO operates in primarily rural counties where access to physicians may be more limited, enrollees do not have to go first to a primary care physician (PCP) before seeing another doctor. However they are limited to seeing providers within the EPO network.

HEALTH PLAN	SERVICE AREA
CHIP HMOs	
Ameri-Kids	Houston and Dallas Areas
Choice One (UTMB Health Care Systems)	Houston Area
Community First Health Plans	San Antonio Area
Cook Children's Health Plan	Fort Worth Area
Driscoll Children's Health Plan	Corpus Christi Area
Firstcare	Lubbock Area
Mercy Health Plans	Laredo Area
Parkland Kidsfirst	Dallas Area
Seton Health Plan	Austin Area
Texas Children's Health Plan	Houston Area
Tots To Teens (Texas Universities Health Plan)	El Paso, Lubbock and San Antonio Areas
Vista/El Paso First	El Paso Area
CHIP EPO	
Clarendon Kids CHIP Plan	All counties not served by a HMO

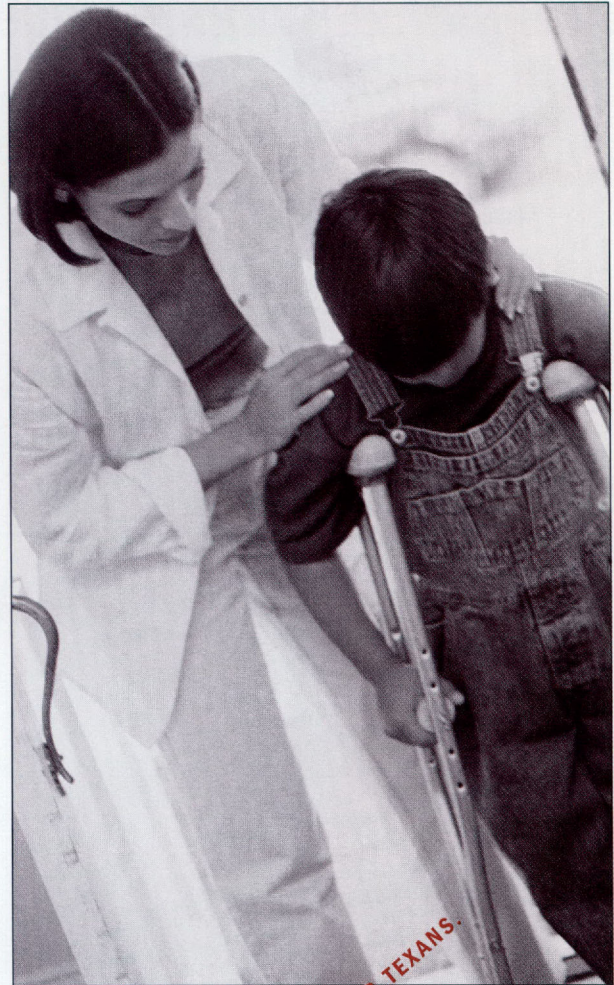
See Appendix E for a complete list of health plan coverage by county.

“My husband is self-employed and I am a Vista volunteer, so we never had insurance for our children. Every time they got sick, I took them across the border into Mexico to see a doctor because it was difficult to get an appointment at the free clinics. In August, I joined CHIP. I don’t have to take the kids across the border anymore. I’m very pleased with the doctor, and I can get appointments after working hours. I am very thankful to CHIP.”

~ A CHIP parent from El Paso

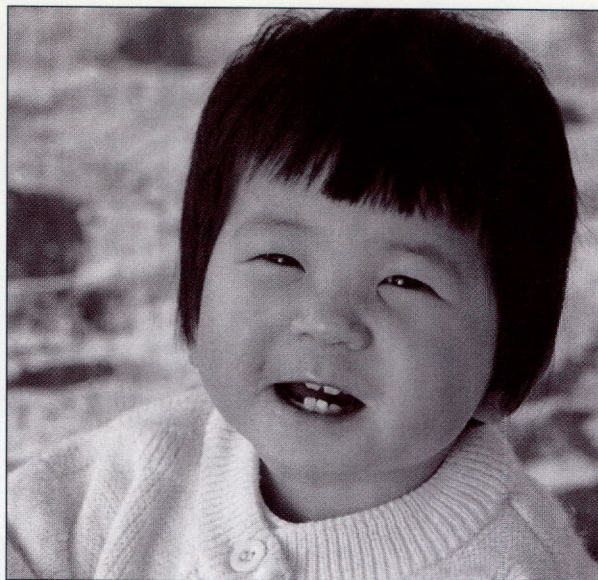
CHIP HEALTH PLAN REQUIREMENTS

Requirements for CHIP health plans are modeled on the commercial health insurance market, with necessary adjustments to reflect the public financing of CHIP. The health plans must comply with Texas Department of Insurance (TDI) rules in the administration of their plans. CHIP contracts require the HMOs, EPO and UCCI to design, print and distribute member identification (ID) cards, provider directories, member handbooks detailing benefits and the complaint and appeals process and provider manuals. In addition, each must develop and maintain a website to provide general information about its plan, the provider network, customer services and the complaints and appeals process.



PROVIDING PRIMARY AND PREVENTIVE HEALTH CARE TO THE UNINSURED CHILDREN OF WORKING TEXANS.

CHIP has established quality goals for health care providers.* They call for routine care appointments to be made within two weeks of an appointment request, urgent care to be provided within 24 hours of contact by the insured or a person acting on behalf of the insured and preventive health services to be provided within two months of a request. Medically necessary services that are covered must be available on a timely basis.



CUSTOMER SERVICE A PRIORITY

The CHIP program places a high priority on accurate, timely and courteous customer service. All plans are required by contract to ensure that customer service representatives treat all callers with dignity and respect and in a culturally sensitive manner. They are also expected to respond to all incoming correspondence and telephone inquiries in a timely manner.

In addition, contracting health plans are required to undertake member education activities. These include basic education about accessing services and using the plan, as well as innovative strategies for meeting wellness care and immunization standards and promoting health and prevention.

ENSURING QUALITY CARE

To meet the needs of CHIP members, the health plans must maintain an adequate, child-oriented health care network with a sufficient number of participating physicians, pediatricians, specialists and other providers. The plans must also ensure that children with complex special health care needs have access to enhanced medical management and support.

** These quality standards follow guidelines established by the federal government for quality assurance in Medicaid managed care plans.*

OUTREACH THROUGH PARTNERSHIPS

A spirit of partnership has been critical to the implementation of CHIP in Texas. The state partners with the federal government to fund the program. Families partner with the program to secure health insurance for their children. Private sector partners, such as the health plans, provide contracted services. From the start, partnership has also been at the heart of the TexCare Partnership outreach campaign. In alliances formed on behalf of TexCare, community-based organizations, other state agencies and private companies have provided enormous support in raising public awareness of the program.

AN EFFECTIVE COLLABORATION BETWEEN THE STATE AND COMMUNITY-BASED ORGANIZATIONS (CBOs) HAS CONTRIBUTED TO CHIP'S SUCCESS.

COMMUNITY-BASED ORGANIZATIONS

Texas' size and cultural and ethnic diversity necessitated an approach to outreach for CHIP that is sensitive to local concerns and needs. This imperative has been met through a collaboration between the state and community-based organizations (CBOs), formalized through two-year contracts with 50 CBOs throughout the state.

The CBOs are as varied as the communities and regions they represent. Among them are county health departments, non-profit social services organizations, religious organizations

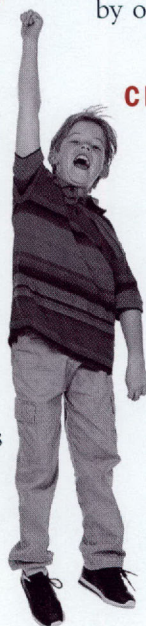
and local health clinics. They were selected through a statewide Request For Proposal process. An important criterion for selection was their established relationships with CHIP-eligible and Medicaid-eligible populations in their local areas. *See Appendix E for a list of CBO contractors by counties served.*

Outreach activities vary by CBO. Some CBOs have produced materials that are uniquely suited to the needs, sensitivities, languages or culture of the targeted population. Others identify places or situations to reach the targeted population in a manner that is accessible and culturally appropriate (e.g., schools, places of worship or community centers).

To meet their contractual requirements, CBOs work with CHIP to set specific goals and performance measures and to propose outreach activities focusing on particular population groups by income, ethnicity, special health needs or language. The CBOs have been aided in their work by training materials and courses provided by other contractors for the CHIP program.

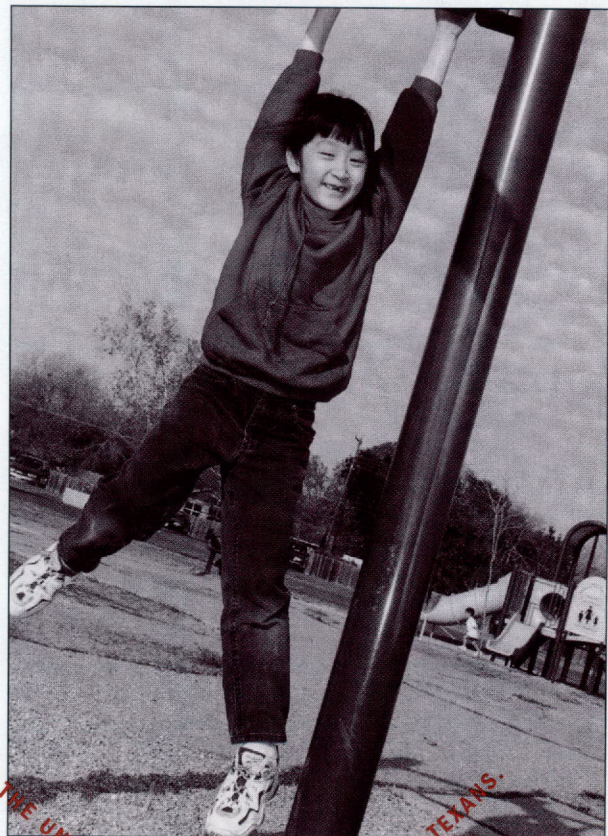
CBO OUTREACH ACTIVITIES FOCUS ON:

- Publicizing the availability of health insurance to uninsured children.
- Providing application assistance.
- Developing and implementing outreach strategies that are culturally competent and locally appropriate.
- Coordinating with other local organizations to minimize duplication of efforts.



CBOs have initiated hundreds of efforts to reach people in their communities. The following are just a few examples.

- **AVANCE's headquarters in McAllen** was designated a "CHIP STOP" and set up four satellite offices in four sections of Hidalgo County. The knowledgeable staff helps interested families feel comfortable and assists them with their applications.
- **Insure-a-kid**, an effort funded by the Dell Foundation in Austin, makes schools the cornerstone of their outreach efforts. Through a successful collaboration with insure-a-kid, the **City of Austin Health and Human Services Department** (a TexCare Partnership CBO) and all local ISDs in **Travis and Williamson counties** organized a series of school-based outreach initiatives. One was an Awareness Week centered on Valentine's Day in February 2000. Another was a back-to-school push with distribution of parent interest forms at back-to-school events. Related events were held in department stores during the statewide tax-free weekend.
- The **West Texas CHIP Coalition** holds Town Hall Meetings, publicized through the schools and local newspaper, to reach families living in rural areas. At the meetings the families learn about TexCare Partnership and are given the opportunity to apply. To encourage attendance, the Coalition serves refreshments and gives away door prizes.
- **Smith County Public Health District** uses community partners such as the *promotoras*, or community health workers, of the **Lake Country Area Health Education Center** to help with outreach and application assistance to the Hispanic population.



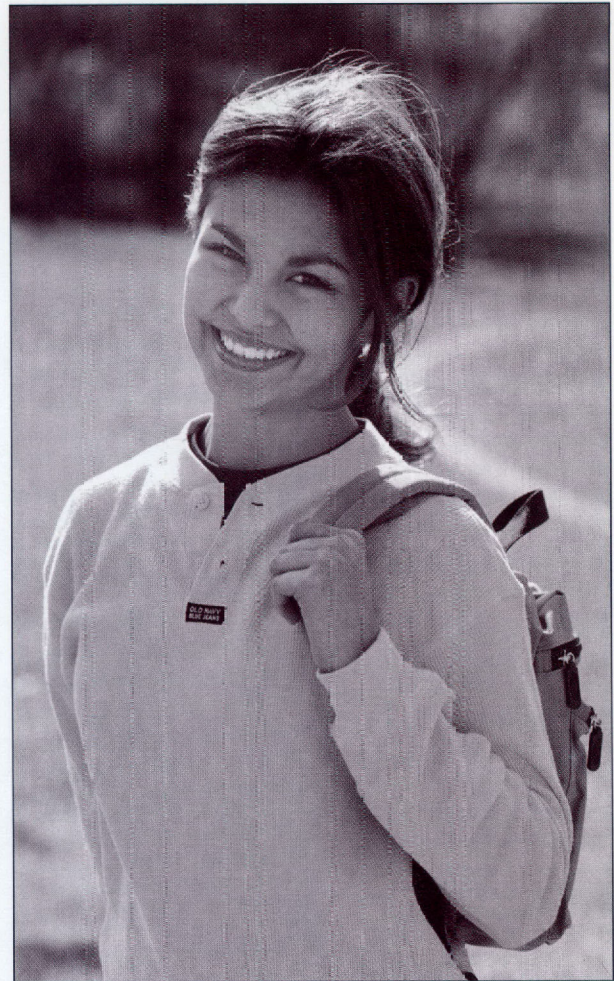
PROVIDING PRIMARY AND PREVENTIVE HEALTH CARE TO THE UNINSURED CHILDREN OF WORKING TEXANS.

- The **United Way of San Antonio and Bexar County** contacted more than 80 neighborhood associations to seek their assistance in providing TexCare Partnership information in their neighborhoods. A Neighborhood CHIP Kit was developed to provide ideas on how the neighborhood associations can help with awareness and application assistance.

- The **Harris County Public Health & Environmental Services, Families Under Urban and Social Attack, Hope World Wide** and **The Institute of Religion** have partnered with Fiesta Supermarkets to support TexCare Partnership outreach. Fiesta hosts local “CHIP Sign-Up Days.” The first three events resulted in more than 3,000 family applications.

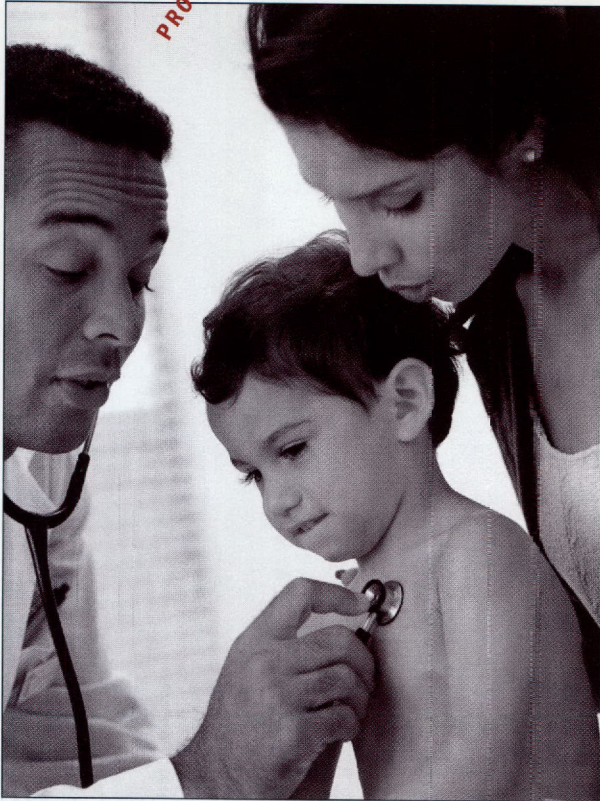
- Sonic provided the **United Way of the Brazos Valley** with coupons to give families during TexCare Partnership application assistance events.

- The **Community Health Education summer school class of 2000 at Stephen F. Austin University** was required to have three TexCare Partnership applications turned in as part of their semester class. The class of about 30 produced approximately 100 CHIP enrollees.



- **The Children’s Center, Inc.** advertises TexCare Partnership on the screens of local theaters.

- **Families Under Urban and Social Attack**, in partnership with **Children’s Defense Fund**, sponsored a “Sign-Up Sunday” campaign to train members of African-American church congregations in Houston. Twenty-five churches participated, reaching more than 10,000 individuals through pulpit announcements.



STATE AGENCY PARTNERSHIPS

In the effort to raise awareness of options for children's health insurance in Texas under TexCare Partnership, the Texas Health and Human Services Commission (HHSC) and the Texas Department of Health (TDH) established joint ventures with other state agencies. TexCare Partnership and the agencies developed innovative outreach strategies such as those described below.

- The **Office of the Attorney General Child Support Division** (OAG) performs outreach to custodial parents for the purpose of informing and encouraging them to apply to TexCare Partnership for their children if they do not already have health insurance. OAG efforts focus on three stages of the custody process:
 1. Before a court order for child support and medical support is established.
 2. During the actual court proceeding.
 3. After a child support/medical support order has been established.
- OAG has also developed outreach strategies for specific audiences, such as the judiciary, attorneys, custodial parents, medical staff (Acknowledgment of Paternity training) and the OAG Child Support field staff.
- The **Texas Workforce Commission** (TWC) inserts TexCare Partnership flyers with Unemployment Insurance Benefits applications. Through local Texas Workforce Centers, children's health insurance information was disseminated to families with children on the Child Care Management Systems' childcare waiting list.
- Through the **Department of Criminal Justice** (TDCJ), TexCare Partnership brochures are distributed to Adult Probation and Parole offices, Institutional Division and State Jail Division units, as well as TDCJ intake facilities (units receiving newly arriving offenders from county jails). In the probation and parole offices, the brochures are placed in areas for access to the general public. They are also placed in visitation areas of state facilities where visitors of the offenders have access.
- Through the **Texas Department of Human Services** (TDHS), children's health insurance information was mailed to 80,000 families who had applied for Food Stamps.
- The **Texas Department of Public Safety** (TDPS) will include TexCare Partnership information in several mailings throughout 2001 to individuals who have recently applied for or renewed their driver's license.

PRIVATE SECTOR PARTNERSHIPS

Legislation creating the CHIP program envisioned a multifaceted and central role for the private sector. Private companies provide services, technology and expertise under CHIP contracts. However, many corporations also have generously donated in-kind support to the outreach campaign. Some examples include:

- **HEB Food Stores** printed the TexCare Partnership logo and toll-free number on grocery bags for their customers.
- **Eller Media, Lamar and Reagan outdoor advertising companies** donated space for TexCare Partnership billboards in targeted regions of the state.
- **Diamond Shamrock** distributed material about TexCare Partnership and other state CHIP programs to 20,000 employees nationwide, of which several thousand live in Texas.
- **Reliant Energy**, which provides utility service for Harris and surrounding counties, enclosed information about TexCare Partnership in bills to 1.5 million households.
- **Minyard Food Stores** in North Texas included TexCare Partnership's information and toll-free number in their newspaper advertisements for three months last summer. They also included flyers in customers' bags in 82 stores, and they have repeatedly hosted sign-up events in their stores.
- **3M** donated an overhead projector to every school in Travis and Williamson counties that participated in a special outreach program publicizing children's health insurance to parents.
- **Genetech** provided funding for a TexCare Partnership sign-up booth at the Houston Rodeo and helped underwrite the County Challenge Luncheon, which recognized county judges for their efforts to increase application rates.

Recognizing the importance of private sector support, TexCare Partnership launched an initiative to spur further interest from companies in raising awareness about children's health insurance options in December 2000. TexCare Partnership continues to see success in generating private sector support for outreach efforts.

A grant from the **Aetna Foundation** has been awarded to purchase portable copy machines for the state's outreach contractors. These copiers will enable workers to copy a family's income and other verification papers on the spot at application events, resulting in a higher likelihood of completed applications. The grant will also be used to fund printing of TexCare Partnership materials in English and Spanish.



OUTSOURCED MARKETING AND MEDIA SUPPORT

To provide a foundation for the community-based outreach effort and to increase general awareness of the availability of CHIP, Medicaid and other children's health insurance options, TexCare Partnership mounted a statewide media and marketing campaign during 2000. In October 1999 after a competitive Request For Proposal and evaluation process, the contract for this public education effort was awarded to Sherry Matthews Advertising & Public Relations, a Texas-based advertising and public relations firm specializing in social services marketing. During 2000, the agency developed print materials, television and radio commercials and public relations strategies to support outreach efforts and placed paid advertising on television, radio and buses in targeted Texas cities.

CONSUMER-DRIVEN MARKETING

Focus-group research about the target audience served as the foundation for marketing efforts. TexCare Partnership used research findings to develop a simple, easy-to-use application booklet, a brochure and a poster. The written materials, published in English and Spanish, are geared to a fifth-grade reading level. Concepts underlying TV and radio commercials were tested by focus groups. *See Appendix J for more information on consumer research.*

Because research suggested the need to craft messages specifically for Hispanic parents, a separate TV and radio campaign was developed for Hispanic populations based on an

old Spanish children's rhyme, *Sana sana colita de rana*. An English language version of the *Sana sana* TV commercial was developed to appeal to Hispanic audiences who primarily speak English.

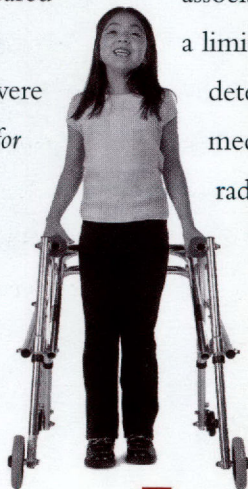
Other English language commercials focused on parents' anxieties about their children having accidents. Shot from the child's point of view, the commercials feature the risks inherent in the day of a typical child.

THE VAST MAJORITY OF TEXANS
WERE EXPOSED TO THE TEXCARE
PARTNERSHIP CAMPAIGN THROUGH
TELEVISION, RADIO AND BUS
ADVERTISING AND PRINT MATERIALS.

TV AND RADIO ADVERTISING

Advertising efforts focused on television and radio, the most efficient paid media for reaching large numbers of the target audience. Through an analysis of prior research on the demographics associated with uninsured children and given a limited initial budget, TexCare Partnership determined the primary target audience for the media campaign to be women age 25 to 44 for radio and women age 25 to 49 for television.

Using this approach, the marketing/media contractor purchased airtime on stations most likely to be heard or seen by the target demographic, including prime time and news adjacencies.





The Spanish language TV and radio campaign utilizes an old Spanish children's rhyme, *Sana sana colita de rana*, that is well known throughout Latin America and among Spanish speakers in the U.S.

Initial limitations on administrative spending restricted paid media to the top 12 markets with the highest number of uninsured children: Amarillo, Austin, Corpus Christi, Dallas/Fort Worth, El Paso, Houston, Laredo, Lubbock, Rio Grande Valley, San Antonio, Tyler/Longview and Waco/Temple/Bryan. The TV and radio commercials were distributed in the remaining markets as public service announcements.

As part of its paid media negotiations, TexCare Partnership produced more than \$2.76 million in free TV and radio commercials. TexCare further stretched the advertising dollars with local partnerships around the state, including initiatives in El Paso, Austin and Amarillo to increase awareness of TexCare Partnership.

RESULTS BRING ADDITIONAL FUNDS

A consumer survey, along with enrollment performance in the media markets, attested to the effectiveness of the advertising and community-based outreach campaign, and additional money was allocated for continued efforts. While federal and state limits on administrative spending capped expenditures for paid media in 2000, new media dollars combined with local media strategies will total more than \$4 million in FY 2001. The result will be an increase in the percentage of spots aired during prime time from an average of 10 percent to a minimum of 25 percent, with some markets as high as 40 percent.

Advertising also has been extended to all media markets in the state. In addition, TexCare Partnership is underwriting the production of locally designed and produced TV and radio ads in collaboration with interested CBOs. A statewide print advertising campaign in community papers is focusing on the state's African-American, Hispanic and Asian populations.



MEDIA RELATIONS ACTIVITIES

The initial media relations campaign was launched in April 2000 with major press conferences in 14 cities across Texas. Families who were among the first to enroll in the program were featured at several events. Press coverage was enhanced through partnerships with local grocery store chains.

News conferences held in the grocery stores included on-site application drives and assistance from CBOs. The launch resulted in more than 400 articles in newspapers statewide, reaching more than 6 million readers in April and May 2000. Television news coverage of the kickoff events, combined with airtime for both the video and audio news releases, garnered coverage on television and radio stations in every major market. The combined value of the broadcast news coverage exceeded \$200,000 and reached more than 8 million viewers and listeners.

How Families Learned About CHIP

CATEGORY	HISPANIC	WHITE, NON-HISPANIC	BLACK, NON-HISPANIC
Television	48%	39%	41%
Family and Friends	40%	41%	35%
Health Provider	31%	32%	25%
School	35%	23%	19%
Newspaper	21%	30%	20%
Radio	25%	19%	20%
Social Service Agency	21%	21%	15%
Work	38%	36%	8%
Billboard	21%	11%	16%
Church	6%	3%	4%

Families could choose more than one way they learned about CHIP, so responses do not equal 100%.

Data Source: Survey of 602 families enrolled in CHIP for less than three months conducted by the Institute for Child Health Policy in October and November 2000.

EXTENSIVE MEDIA COVERAGE

During the summer of 2000, TexCare Partnership launched a 12-city media tour, complete with morning TV talk shows, radio shows and editorial board meetings. A second major media relations campaign coincided with the enrollment of the 200,000th child during the first several weeks of January 2001. It resulted in more than 161 articles in newspapers across the state valued at more than \$68,000 (in excess of 3 million readers) and coverage by 28 television stations valued at more than \$22,000 (nearly 1.8 million viewers).

INNOVATIVE CHIP TELETHONS

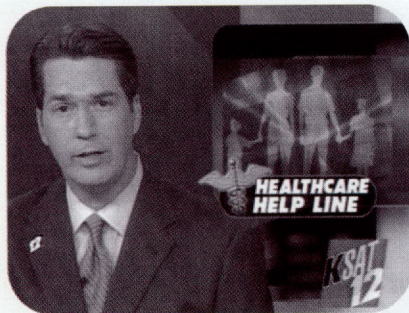
CHIP telethons, the first in the nation to promote applications for children's health insurance instead of donations, are proving to be very successful. The first telethon, held in San Antonio, was a pilot developed with KSAT, the top-rated TV station. TexCare Partnership's investment of \$28,000 generated 38 minutes of free TV coverage (valued at \$120,000) in one day, resulting in close to 5,000 requests for applications, which was more than had been received from San Antonio since the program launched four months earlier.

The second telethon was part of a local "CHIP Week" initiative in El Paso. The El Paso CHIP

A CHIP TELETHON IN SAN ANTONIO GENERATED 38 MINUTES OF FREE TV COVERAGE (VALUED AT \$120,000) IN ONE DAY, RESULTING IN CLOSE TO 5,000 REQUESTS FOR APPLICATIONS—MORE IN ONE DAY THAN HAD BEEN RECEIVED FROM SAN ANTONIO SINCE THE PROGRAM LAUNCHED FOUR MONTHS EARLIER.

coalition made innovations to the telethon concept, enrolling children at area schools during the televised program and the entire week following it. Other successful telethons have been held in Dallas/Fort Worth and Austin. Telethons were held in 2001 in the Rio Grande Valley and Corpus Christi, and one is planned for Houston.

Other media relations efforts include weekly radio "Children's Health Minute" news stories, monthly "Children's Health Alert" newspaper columns and a cable video program for parents which was distributed to local cable and municipal access channels.



TexCare Partnership collaborated with KSAT-TV in San Antonio to develop a very successful pilot telethon for CHIP.

CONTRACTED ENROLLMENT SERVICES

The TexCare Partnership campaign promoting the CHIP program was launched in April 2000. At the end of its first nine months, Texas had set a record pace in enrolling eligible children. Application volume during the first nine months was also strong, with more than 360,000 families (representing more than 600,000 children) either applying or beginning the application process.

CHIP enrollment exceeded the halfway mark to its goal within the first month of 2001. The 220,000th child was enrolled on January 15, 2001. Program estimates project that enrollment in the program will steadily increase over an 18-month period. TexCare Partnership anticipates reaching the state's enrollment goal of 428,000 CHIP-eligible children in the fall of 2001.

ADMINISTRATIVE SERVICES SUPPORT

Contractor Birch & Davis Health Management Corporation manages the administrative functions involved in the application, screening and enrollment processes for CHIP. The firm was awarded a three-year contract for comprehensive administrative services following a competitive procurement process conducted by HHSC in 1999.

TEXCARE PARTNERSHIP CALL CENTER

One of the most visible administrative services the contractor provides for CHIP is the statewide call center located in Austin. All calls made to the TexCare Partnership toll-free 800 telephone number connect to this central information point. As soon as an interested applicant makes contact, the caller's information is entered into an automated database system. This system, a comprehensive

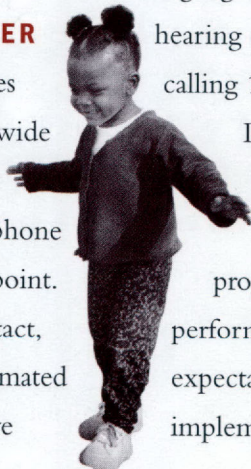
intake, processing and tracking tool, follows an applicant through the process of screening and enrollment and prompts reminders for renewal.

THE CALL CENTER ENABLES FAMILIES TO BEGIN AN APPLICATION OVER THE PHONE, REQUEST AN APPLICATION BOOKLET, INQUIRE AS TO THEIR ACCOUNT STATUS, ASK QUESTIONS OR SEEK A COMMUNITY-BASED REFERRAL.

The state-of-the-art call center operation enables families to begin an application over the phone, request an application booklet, inquire as to their account status, ask questions or seek a referral to a community-based organization. Call volume averages 125,000 calls per month.

Call center customer service representatives are available Monday through Friday, 9 a.m. to 9 p.m. and Saturday to 3 p.m. (Central Time), excluding federal holidays. Immediate assistance is available in English and Spanish. Help in other languages is also available through connection to the AT&T language line. Callers who are deaf or hard-of-hearing can connect through Texas Relay by calling 1-800-735-2988.

During July and August of 2000, TexCare Partnership conducted a major quality improvement program for the call center and contractor performance has consistently met program expectations since the improvements were implemented in the fall of 2000.



Sample Demographics of CHIP Enrollees

CATEGORY	PERCENTAGE (N=602)
Child Race and Ethnicity	
Hispanic	48%
White, Non-Hispanic	37%
Black, Non-Hispanic	13%
Asian	1%
Other	<1%
Don't Know	<1%
Respondent Marital Status	
Married	56%
Common law	4%
Divorced	13%
Separated	4%
Single	19%
Widowed	4%
Refused	<1%
Household Type	
Single parent	37%
Two parent	63%
Respondent Education	
Less than high school	36%
High school	21%
Some college	37%
Bachelor's degree or higher	6%
Household Income As A Percent of Federal Poverty Level (FPL)	
133% FPL and below	71%
134% to 150% FPL	11%
151% to 200% FPL	18%
Don't know/refused	<1%
Mean Age of the Child	8.4 ± 4.8¹
Age Distribution	
< 1 year	3%
1 to 5 years	30%
6 to 14 years	54%
15 to 18 years	13%
Child Gender	
Male	54%
Female	46%

Data Source: Survey of 602 families enrolled in CHIP for less than three months conducted by the Institute for Child Health Policy in October and November 2000.

¹The mean is another term for the average number (i.e., age, income, and so on), and the standard deviation indicates how far the observations vary from the mean or the average. So the greater the observations are from the mean, the greater the standard deviation. For example, the average of children in CHIP overall is 8 years, but the observations vary about 5 years around that average.

APPLICATION & SCREENING PROCESS

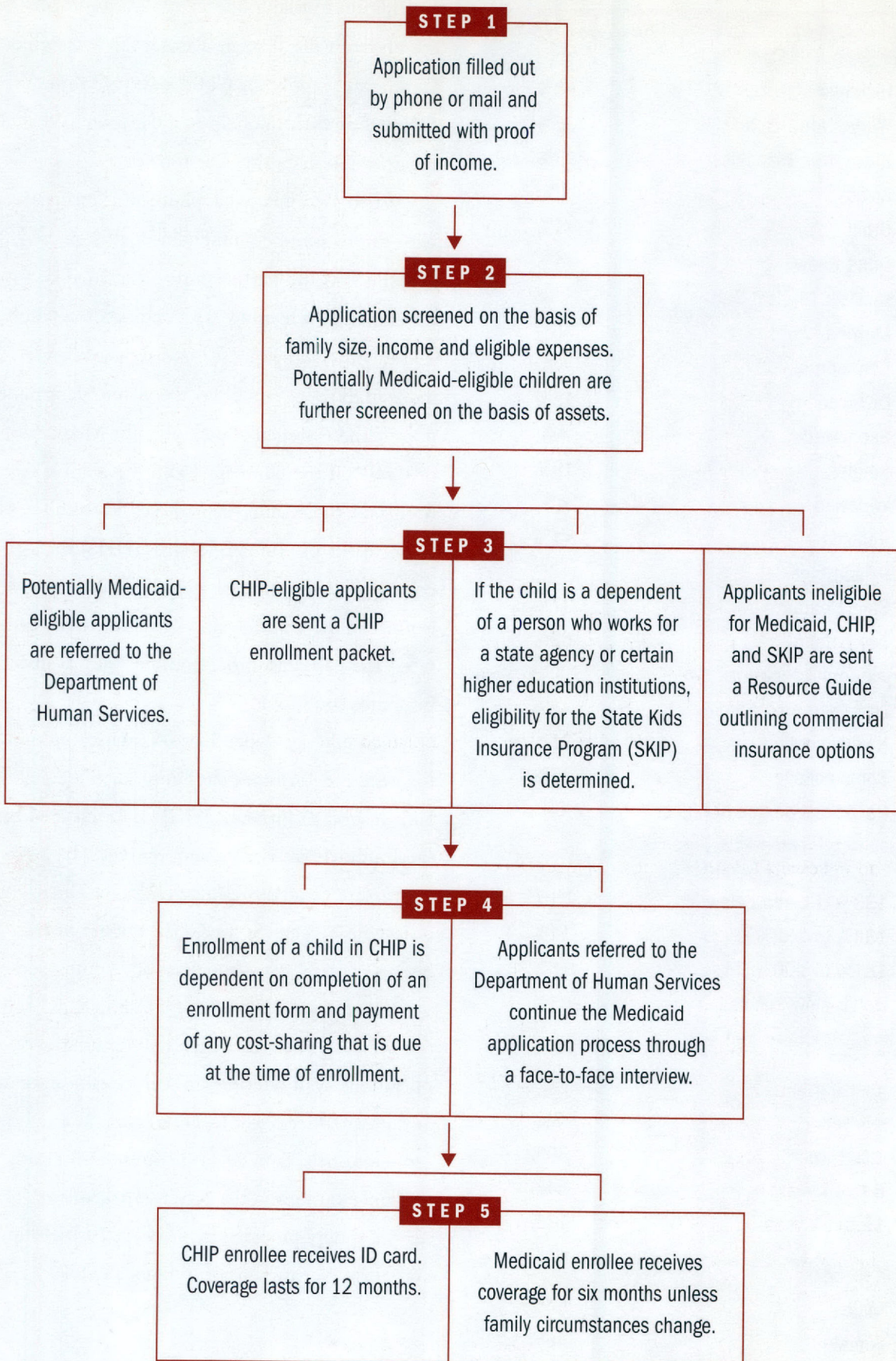
In addition to filling out an application form over the phone at the TexCare Partnership 800 number, families may apply for CHIP coverage through the mail or with the help of a community-based organization or health care provider.

When a completed application is received with the required documentation, it is entered into the TexCare Partnership's automated system for eligibility screening. Depending on a family's size, income and expenses, and the citizenship status of the applicant child, the system determines if the child is potentially eligible for Medicaid or CHIP. If the child appears to be eligible for Medicaid, the system refers the child to the Texas Department of Human Services (DHS) for completion of Medicaid screening. If the child is not eligible for Medicaid or CHIP, the system refers the family to other commercially available insurance products.

If a child is a dependent of a state employee, the system determines eligibility for the State Kids Insurance Program (SKIP) administered by the Employment Retirement System. The Texas Legislature created SKIP for children who would otherwise be eligible for CHIP but are not because federal law disqualifies state employees.

In September 2000, Texas Healthy Kids Corporation (THKC) began transitioning its operations from offering children's health insurance at full or reduced cost to performing as a referral service to help families find commercial health insurance options in the private marketplace. That service is now provided by TexCare Partnership and Texas Department of Insurance (TDI).

TEXCARE PARTNERSHIP APPLICATION AND SCREENING STEP-BY-STEP



THE ENROLLMENT PROCESS

When a child is determined to be eligible for CHIP, TexCare Partnership sends the child's family an enrollment packet. This packet includes information about cost-sharing obligations, an explanation of CHIP benefits and the process for selecting a health plan and primary care provider (PCP), if required.

To enroll in CHIP, the family must return an enrollment form indicating choice of health plan and primary care provider (if applicable). Families with adjusted incomes above 100% of the federal poverty level—nearly \$18,000 for a family of four—must also pay an enrollment fee or pay the first month's premium.

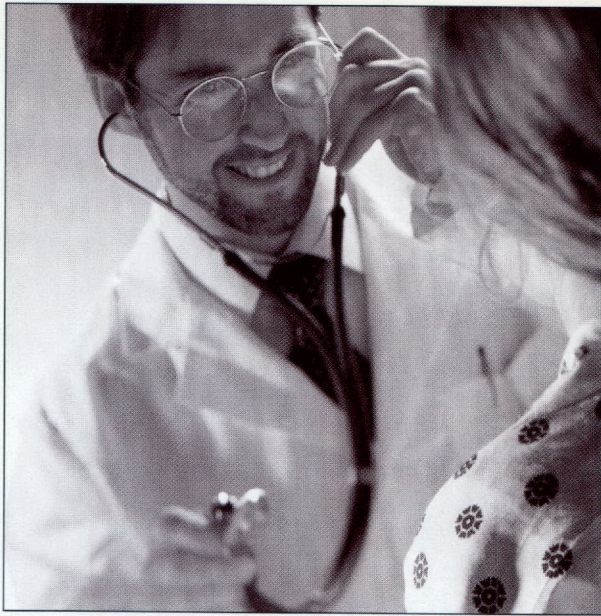


“ This letter is to deeply thank you for accepting my application and insuring my children. God bless you. You have no idea what this means to me. I will forever be grateful, and I’m sure I speak on behalf of all the mothers and families whom you are helping. It’s a tremendous burden taken off my shoulders. Now I can sleep with peace of mind.”

~ A CHIP parent from Dallas

THE RENEWAL PROCESS

At the beginning of the tenth month of CHIP coverage, TexCare Partnership sends the family a renewal notice outlining the next steps for continuation of coverage. Families who have experienced no changes in income or family size during the preceding 10 months may renew by simply signing and returning the one-page renewal form contained in the notice. When there is



a change in family income or size, the new information is added and any documentation that is required to substantiate the change (such as a paycheck stub) is attached.

If the first renewal notice fails to generate a completed renewal, TexCare Partnership sends another notice and concurrently notifies the renewing child's health plan and the community-based organization in the child's area.

FAMILIES WHO HAVE EXPERIENCED NO CHANGES IN INCOME OR FAMILY SIZE DURING THE PRECEDING 10 MONTHS MAY RENEW BY SIMPLY SIGNING AND RETURNING A ONE-PAGE RENEWAL FORM THAT IS SENT TO THEM.

When a family fails to respond to all the renewal notices prior to the expiration of the 12-month period of continuous coverage, the child is disenrolled. In this situation, the family will have a one-month grace period to complete the renewal process and resume coverage. After that, the family must start a new application to receive CHIP coverage again.

DISENROLLMENT IN CHIP OCCURS IN THE FOLLOWING SITUATIONS:

- When a child turns 19.
- Failure to renew at the conclusion of the 12-month eligibility period.
- A child obtains private health insurance.
- Two month cost-sharing delinquency (only applicable to families that owe a monthly premium).
- Death of a child.
- The child permanently moves out of the state.

OTHER ADMINISTRATIVE FUNCTIONS

The TexCare Partnership contractor performs additional functions to support the administration of CHIP. These include:

- Calculations of the total amount payable each month to each contracted health plan and the dental contractor.
- Development and maintenance of the texcarepartnership.com website, including an interactive application that will be piloted in summer 2001.
- Production of a variety of reports to facilitate overall program management and contractor compliance.
- Screening children for State Kids Insurance Program (SKIP) eligibility and making referrals of SKIP-eligible children to the Employees Retirement System of Texas.
- Responding in a timely manner to appeals and complaints.

OUTLOOK FOR 2001

The outlook for the Children's Health Insurance Program of Texas as it begins its second year is excellent. The ongoing challenges of enrolling additional children and expanding access to health care providers across the state guarantee that CHIP will remain a dynamic force in the state's pursuit of health care coverage for all Texas children.

ENROLLMENT

When the Legislature in 1999 established the goal of extending CHIP coverage to 428,000 children by fall 2001, an immense amount of work needed to be done to implement the program. Today, however, current application trends are encouraging, and the goal is within sight.

RENEWAL

Less clear is the impact that renewal will have on CHIP's progress toward the enrollment goal. In March 2001, families began to receive the first in a series of letters and contacts reminding them of the need to renew their children's coverage. The TexCare Partnership media campaign will reinforce the message with testimonials by parents whose children have benefited from CHIP coverage. In addition, health insurance companies plan to contact families to remind them about the need to renew their insurance. Finally, community-based organizations will follow up with families in their area who have failed to respond to TexCare Partnership renewal notices.

Based on the experience of other states, some children will

not renew because they have gained coverage through a parent's employer. Indications from that experience reveal that the vast majority of parents who do not renew their children's coverage for another year have misplaced the renewal form or forgotten to follow up. And in other states, many children have renewed only after their parents received notice of disenrollment.

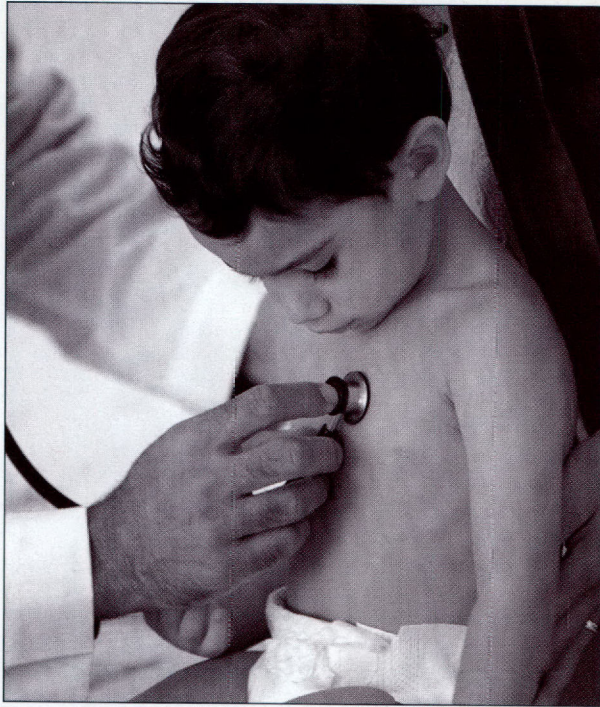
WEB-BASED APPLICATION

The goal of continuing to enroll the maximum possible number of children will be advanced by improvements in the CHIP application process. TexCare Partnership will pilot the first phase of an interactive web-based application form in the summer of 2001. Outside the home, the web-based application may be accessed through health care providers, community organizations, libraries, tax preparers and city and county government offices. The goal of Phase I of the web-based application is to increase the proportion of complete applications submitted, reduce the error rate on those applications and give applicants immediate preliminary feedback on the result of their application. Additional phases may add electronic signature and submittal of verification documents.

BEYOND MAXIMIZING ENROLLMENT

While enrolling the maximum possible number of uninsured children remains the central goal of the CHIP program, the simultaneous pursuit of other supporting goals will ensure that CHIP lives up to its promise.





PROVIDER ACCESS

CHIP health plan provider networks continue to grow to meet the demands of a CHIP membership that expands with each passing day. The ongoing challenge for both the health plans and CHIP administrators will be balancing the need for easy access to health care providers by healthy children and children with chronic conditions alike with the overall need to manage costs.

OUTREACH

Keeping up the drumbeat in support of children's health insurance will require renewed creativity on the part of all of the public and private partners involved in the campaign. With time, outreach will become institutionalized statewide and at the community level. Word of mouth will help maintain the program in the public consciousness, but ensuring that parents continue to hear from multiple trusted sources about the opportunity to insure their children will require constant innovation by all involved.

CORPORATE DEVELOPMENT

Scores of Texas businesses have contributed time, money and in-kind services to the TexCare Partnership campaign. Countless others have resources to offer but are unaware of the opportunity to join the partnership. A recently launched coordinated corporate and foundation development effort will continue to bear fruit. While no substitute for public funding, private giving will enhance the effort to insure Texas' children by supporting short-term, pilot projects, underwriting one-time purchases and reinforcing the private sector's commitment to the campaign.

COORDINATING INSURANCE INITIATIVES

Federal and state statutes require operational coordination between CHIP and the Medicaid program. But if Texas' effort to insure all of its children is to succeed, meaningful coordination must become more than data matches and monthly



meetings. With the initiation of TexCare Partnership, significant progress was made toward alignment of the two programs. But there is still work to be done in creating consistency between CHIP and Medicaid in the areas of eligibility standards, quality measurement, outreach, procurement and contract management.

MEASURING RESULTS

Enrolling the children and recruiting providers to treat them are only half the battle. If CHIP is to have meaning beyond creating a reimbursement mechanism for previously unreimbursed health care services, Texas will need to be able to document real gains in the health care status of its children. During its first year of operation, CHIP began collecting the data necessary to establish a baseline for future evaluation of CHIP's success in contributing to healthier Texas children. Within the next year, the CHIP administration will begin to have the data necessary to determine, among other things:

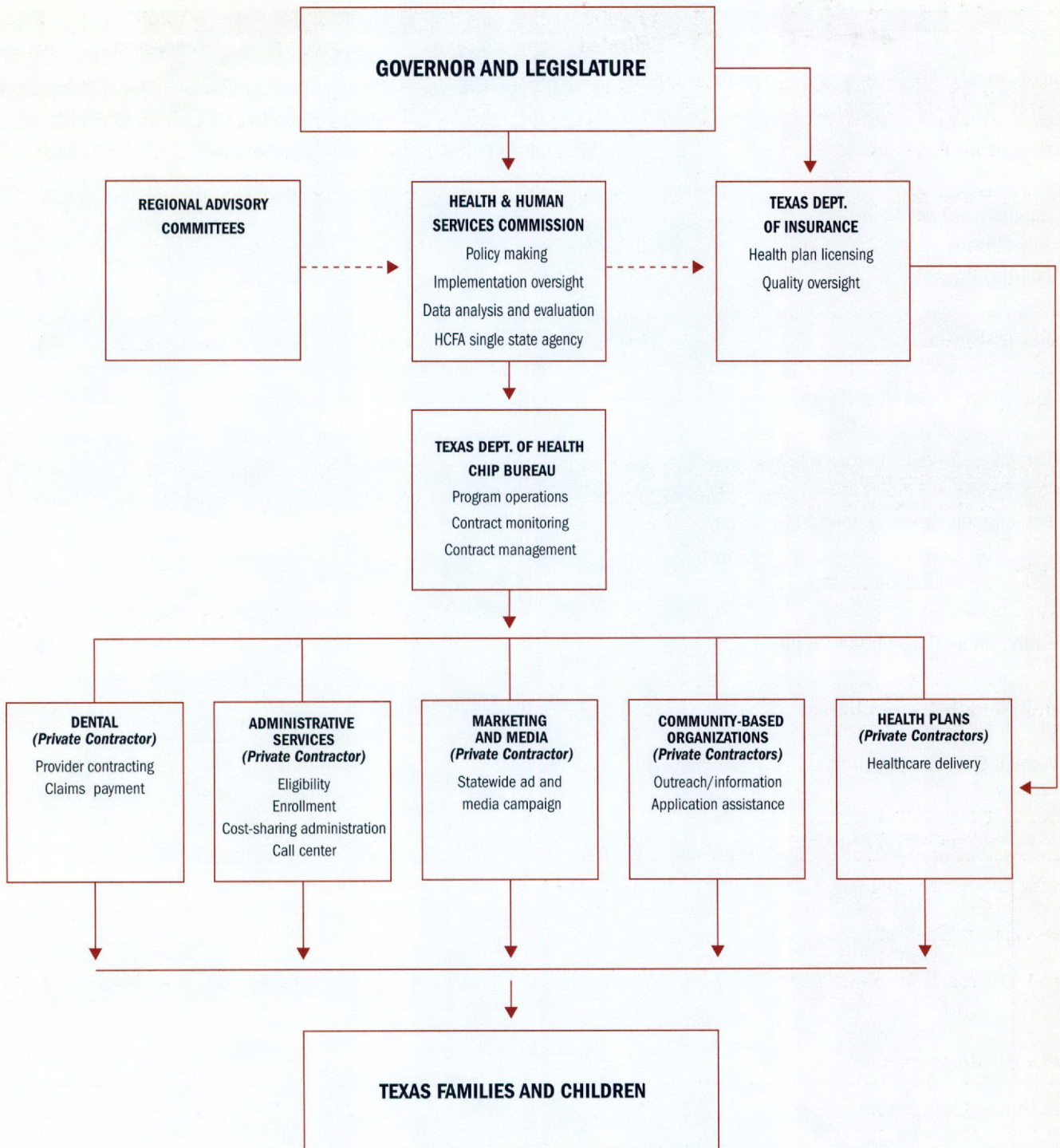
- Whether asthmatic children are appropriately utilizing the services necessary to function productively in school and otherwise enjoy a normal childhood.
- Whether a higher percentage of Texas infants and young children are getting well-baby and well-child check-ups consistent with the standards of the American Academy of Pediatrics.
- Whether school attendance by children with hearing and vision impairments, among others, is improving.



FAMILY COVERAGE

With the advent of CHIP and efforts within established state policy to make health insurance more accessible to the poorest Texans through the Medicaid program, the outlook for Texas' uninsured children has brightened considerably in the last year. There is convincing evidence that a child's health care access is enhanced when the parents also have health insurance. Finding ways to harness employer-sponsored coverage, along with other elements of the private insurance market, offers the greatest hope for substantially increasing the numbers of insured Texans of all ages.

	FY 2000 Budgeted	FY 2000 Actual	FY 2001 Budgeted	FY 2002 Requested	FY 2003 Requested
REVENUES					
Cost-sharing Receipts	\$ 491,772	\$ 688,357	\$ 8,165,999	\$ 15,230,268	\$ 16,038,940
Tobacco Receipts	9,181,857	10,113,830	92,176,345	183,435,880	202,813,546
Federal Funds	12,323,020	9,976,807	227,141,049	441,800,227	484,867,309
Total Revenues	\$ 21,996,649	\$ 20,778,994	\$ 327,483,393	\$ 640,466,375	\$ 703,719,795
EXPENDITURES					
<i>Benefits</i>					
Health Plans	\$ 10,820,550	\$ 9,234,686	\$ 251,840,761	\$ 531,501,230	\$ 589,499,012
Dental Plan	1,456,033	1,379,405	36,520,432	72,077,056	78,181,204
Total Benefit Expenditures	\$ 12,276,583	\$ 10,614,091	\$ 288,361,193	\$ 603,578,286	\$ 667,680,216
<i>Outreach</i>					
Community-based Organizations	\$ 1,572,644	\$ 1,629,757	\$ 4,781,587	\$ 6,500,000	\$ 6,500,000
Media and Advertising	1,420,816	1,623,464	7,406,787	4,000,000	4,000,000
State Agency Outreach	80,000	80,032	160,027	0	0
Total Outreach Expenditures	\$ 3,073,460	\$ 3,333,253	\$ 12,348,401	\$ 10,500,000	\$ 10,500,000
<i>Other Administration</i>					
Enrollment Contractor	\$ 5,169,792	\$ 5,903,017	\$ 24,558,377	\$ 23,783,758	\$ 22,685,248
Quality Assurance	0	0	250,000	500,000	750,000
Internal Administration	1,476,814	928,633	1,965,422	2,104,331	2,104,331
Total Other Admin. Expenditures	\$ 6,646,606	\$ 6,831,650	\$ 26,773,799	\$ 26,388,089	\$ 25,539,579
Total Expenditures	\$ 21,996,649	\$ 20,778,994	\$ 327,483,393	\$ 640,466,375	\$ 703,719,795



Appendix C CHIP Family Cost-Sharing Requirements

	C O S T P E R F A M I L Y I N C O M E L E V E L		
	101% to 150% Federal Poverty Level \$17,653 to \$26,484 for a family of four	151% to 185% Federal Poverty Level \$26,485 to \$32,664 for a family of four	186% to 200% Federal Poverty Level \$32,665 to \$35,304 for a family of four
Annual Enrollment Fee	\$15		
Monthly Premium		\$15	\$18
Office Visit Co-pay	\$2	\$5	\$10
Emergency Room Visit Co-pay	\$5	\$25	\$35
Prescription (valued up to \$15) Co-pay	\$1		
Prescription (valued above \$15) Co-pay	\$2		
Generic Prescription Co-pay		\$5	\$5
Brand-name Prescription Co-pay		\$10	\$10
Annual Co-pay Limit	\$100 per family		
Annual Cost-sharing Limit		Equal to 5% of the family gross income	Equal to 5% of the family gross income

Note: Families at or below 100% of the federal poverty level, as well as Native Americans, pay no cost-sharing.

Covered CHIP services must meet the CHIP definition of “medically necessary.” “Medically necessary” health services are:

A. Physical:

- Reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, and/or treatments for conditions that cause suffering or pain, cause physical malformation or limitations in function, threaten to cause or worsen a disability, cause illness or infirmity of a Member or endanger life;
- Provided at appropriate facilities and at the appropriate levels of care for the treatment of Members’ medical conditions;
- Consistent with health care practice guidelines and standards that are issued by professionally recognized health care organizations or governmental agencies;
- Consistent with the diagnoses of the conditions; and
- No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness and efficiency.

B. Behavioral:

- Reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder or to improve or to maintain or to prevent deterioration of function resulting from the disorder; and
- Provided in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care.

These “medically necessary” health services:

- Must be furnished in the most appropriate and least restrictive setting in which services can be safely provided;
- Must be provided at the most appropriate level or supply of service which can safely be provided; and
- Could not be omitted without adversely affecting the Member’s mental and/or physical health or the quality of care rendered.

Emergency Services

Emergency care is a covered CHIP service. “Emergency” and “emergency condition” mean a medical condition of recent onset and severity, including, but not limited to, severe pain that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that the child’s condition, sickness or injury is of such a nature that failure to get immediate care could result in:

- Placing the child’s health in serious jeopardy;
- Serious impairment to bodily functions;
- Serious dysfunction of any bodily organ or part;
- Serious disfigurement; or
- In the case of a pregnant woman, serious jeopardy to the health of the fetus.

“Emergency services” and “emergency care” mean health care services provided in an in-network or out-of-network hospital emergency department or other comparable facility by in-network or out-of-network physicians, providers or facility staff to evaluate and stabilize medical conditions. Emergency services also include, but are not limited to, any medical screening examination or other evaluation required by state or federal law that is necessary to determine whether an emergency condition exists.

Lifetime Maximum

There is no lifetime maximum on benefits; however, annual (a 12-month period) or lifetime limitations do apply to certain services, as specified in the following chart. Deductibles and co-pays apply until a family reaches its specific cost-sharing maximum.

Detailed benefits on following pages.

TYPE OF BENEFIT	DESCRIPTION OF BENEFIT	LIMITATIONS AND/OR EXCLUSIONS	CO-PAY AND/OR DEDUCTIBLE
Inpatient General Acute and Inpatient Rehabilitation Hospital Services	<p>Medically necessary services include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Semi-private room and board (or private if medically necessary as certified by attending) • General nursing care • ICU and services • Patient meals and special diets • Operating, recovery and other treatment rooms • Anesthesia and administration (facility technical component) • Surgical dressings, trays, casts, splints • Drugs, medications and biologicals • Blood or blood products not provided free-of-charge to the patient and their administration • X-rays, imaging and other radiological tests (facility technical component) • Laboratory and pathology services (facility technical component) • Machine diagnostic tests (EEGs, EKGs, etc.) • Oxygen services and inhalation therapy • Radiation and chemotherapy • Access to TDH-designated Level III perinatal centers or hospitals meeting equivalent levels of care • Hospital-provided physician services (facility technical component) • In-network or out-of-network facility and physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarian section 	<ul style="list-style-type: none"> • May require prior authorization for non-emergency care and following stabilization of an emergency condition • May require prior authorization for in-network or out-of-network facility and physician services for a mother and her newborn(s) after 48 hours following an uncomplicated vaginal delivery and after 96 hours following an uncomplicated delivery by caesarian section <p>Does not cover:</p> <ul style="list-style-type: none"> • Infertility treatments or reproductive services other than prenatal care, labor and delivery, and care related to disease, illnesses or abnormalities related to the reproductive system • Personal comfort items including but not limited to personal care kits provided on inpatient admission, telephone, television, newborn infant photographs, meals for guests of patient and other articles which are not required for the specific treatment of sickness or injury • Experimental and/or investigational medical, surgical or other health care procedures or services which are not generally employed or recognized within the medical community • Treatment or evaluations required by third parties including, but not limited to, those for schools, employment, flight clearance, camps, insurance or court • Custodial care • Mechanical organ replacement devices including, but not limited to artificial heart • Private duty nursing services when performed on an inpatient basis • Hospital services and supplies when confinement is solely for diagnostic testing purposes, unless otherwise pre-authorized by Health Plan 	<p>\$200 annual deductible for families with incomes between 186% - 200% of FPL</p>
Outpatient Hospital, Comprehensive Outpatient Rehabilitation Hospital, Clinic (Including Health Center) and Ambulatory Health Care Services	<p>Medically necessary services include, but are not limited to, the following services provided in a hospital clinic, a clinic or health center, or an ambulatory health care setting:</p> <ul style="list-style-type: none"> • X-ray, imaging, and radiological tests (technical component) • Laboratory and pathology services (technical component) • Machine diagnostic tests • Ambulatory surgical facility services • Drugs, medications and biologicals • Casts, splints, dressings • Preventive health services • Physical occupational and speech therapy • Renal dialysis • Respiratory Services • Radiation and chemotherapy • Blood or blood products not provided free-of-charge to the patient and the administration of these products 	<p>May require prior authorization and physician prescription</p>	<ul style="list-style-type: none"> • \$50 annual deductible for families with incomes between 186% - 200% of FPL — this deductible does not apply to services with a co-pay • Applicable level of co-pay applies to prescription drug services • Co-pays and/or deductibles do not apply to preventive services

TYPE OF BENEFIT	DESCRIPTION OF BENEFIT	LIMITATIONS AND/OR EXCLUSIONS	CO-PAY AND/OR DEDUCTIBLE
Physician/Physician Extender Professional Services	<p>Medically necessary services include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • American Academy of Pediatrics recommended well-child exams and preventive health services (including but not limited to vision and hearing screening and immunizations) • Physician office visits, inpatient and outpatient services • Laboratory, x-rays, imaging and pathology services and professional interpretation • Medications, biologicals and materials administered in physician's office • Allergy testing • Professional component (in/outpatient) of surgical services, including: <ul style="list-style-type: none"> • Surgeons and assistant surgeons for surgical procedures including appropriate follow-up care • Administration of anesthesia by physician (other than surgeon) or CRNA • Second surgical opinions • Same-day surgery performed in a hospital without an over-night stay • Invasive diagnostic procedures such as endoscopic examination • Hospital-based physician services (including physician-performed technical and interpretative components) • In-network and out-of-network physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarian section 	<ul style="list-style-type: none"> • May require prior authorization for specialty services <p>Does not cover:</p> <ul style="list-style-type: none"> • Infertility treatments, prostate and mammography screening • Reproductive services other than prenatal care, labor and delivery, and care related to diseases, illnesses or abnormalities related to the reproductive system • Elective surgery to correct vision • Gastric procedures for weight loss • Cosmetic surgery/services solely for cosmetic purposes • Out-of-network services not authorized by the Health Plan except for emergency care and physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarian section • Services, supplies, meal replacements or supplements provided for weight control or the treatment of obesity, except for the services associated with the treatment for morbid obesity as part of a treatment plan approved by the Health Plan • Acupuncture services, naturopathy and hypnotherapy • Immunizations solely for foreign travel • Routine foot care such as hygienic care • Diagnosis and treatment of weak, strained or flat feet and the cutting or removal of corns, calluses and toenails (this does not apply to the removal of nail roots or surgical treatment of conditions underlying corns, calluses or ingrown toenails) 	<ul style="list-style-type: none"> • Applicable level of co-pay applies to office visits • Co-pays do not apply to preventive visits or to prenatal visits after the first visit • Deductibles do not apply
Prescription Drugs	<p>Medically necessary prescriptions include non-experimental, FDA-approved physician-prescribed drugs that are prescribed for the medical treatment of illness or injuries</p>	<ul style="list-style-type: none"> • May require prior authorization for selected drugs • If the HMO uses a closed formulary, it must provide a process for consideration of drugs outside the formulary when medically necessary • Excludes contraceptive medications prescribed only for the purpose of primary and preventive reproductive health care • Excludes medications for weight loss or gain • Does not cover over-the-counter medications 	<ul style="list-style-type: none"> • Applicable level of co-pay applies to a maximum 30-day supply • Deductibles do not apply
Inpatient Mental Health Services	<p>Medically necessary services are furnished in a free-standing psychiatric hospital, psychiatric units of general acute care hospitals and state-operated mental hospitals</p>	<ul style="list-style-type: none"> • May require prior authorization for non-emergency services • Inpatient mental health services are limited to: <ul style="list-style-type: none"> • 45 days annual inpatient limit per 12-month period • 25 days of the inpatient benefit can be converted to residential treatment, therapeutic foster care or other 24-hour therapeutically planned and structured services or subacute outpatient (partial hospitalization or rehabilitative day treatment) mental health services on the basis of financial equivalence against the inpatient per diem cost • 20 of the inpatient days must be held in reserve for inpatient use only 	<ul style="list-style-type: none"> • Co-pays and deductibles do not apply

TYPE OF BENEFIT	DESCRIPTION OF BENEFIT	LIMITATIONS AND/OR EXCLUSIONS	CO-PAY AND/OR DEDUCTIBLE
Outpatient Mental Health Services	<p>Medically necessary services include, but are not limited to:</p> <ul style="list-style-type: none"> • Mental health services provided on an outpatient basis • Medication management visits do not count against the outpatient visit limit. 	<ul style="list-style-type: none"> • May require prior authorization, but does not require PCP referral • 60-day annual limit per 12-month period for rehabilitative day treatment • 60 outpatient visits annual limit per 12-month period for crisis stabilization, evaluation and treatment, including school, home-based and outpatient hospital services (includes but not limited to serious mental illness) • 60 rehabilitative day treatment days can be converted to outpatient visits on the basis of financial equivalence against the day treatment per diem cost 	<ul style="list-style-type: none"> • Applicable level of co-pay applies to office visits • Deductibles do not apply
Durable Medical Equipment (DME), Prosthetic Devices and Disposable Medical Supplies	<p>Covered services include DME (equipment which can withstand repeated use and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness, injury or disability and is appropriate for use in the home), devices and supplies that are medically necessary and necessary for one or more activities of daily living and appropriate to assist in the treatment of a medical condition, including, but not limited to:</p> <ul style="list-style-type: none"> • Orthotic braces and orthotics • Prosthetic devices such as artificial eyes, limbs and braces • Contact lenses, when no other option is available to correct the diagnosed visual defect, such as keratoconus • Hearing aides, prosthetic eyeglasses and contact lenses • Other artificial aides including surgical implants • Diagnosis-specific disposable medical supplies, including diagnosis-specific prescribed specialty formulas and dietary supplements (Refer to Attachment A) 	<ul style="list-style-type: none"> • May require prior authorization and physician prescription • \$20,000 per 12-month period limit for DME, prosthetics, devices and disposable medical supplies (diabetic supplies and equipment are not counted against this cap) • Authorization for more than one pair of eyeglasses (the first pair does not count under the \$20,000 cap) per 12-month period and or for contact lenses when medically necessary for the treatment of aphakia or for head size or prescription changes • Health plan may reasonably limit the cost of the frames/lenses <p>Does not cover:</p> <ul style="list-style-type: none"> • Replacement or repair of prosthetic devices and durable medical equipment due to misuse, abuse or loss when confirmed by the Member or the vendor • Corrective orthopedic shoes • Convenience items • Diagnosis and treatment of flat feet • Orthotics primarily used for athletic or recreational purposes 	<ul style="list-style-type: none"> • Co-pays and deductibles do not apply
Home and Community Health Services	<p>Medically necessary services are provided in the home and community and include, but are not limited to:</p> <ul style="list-style-type: none"> • Speech, physical and occupational therapy • Home infusion • Respiratory therapy • Visits for private duty nursing (R.N., L.V.N., block of time) • Skilled nursing visits as defined for home health purposes (may include R.N. or L.V.N.). Skilled nursing visits are provided on intermittent level and not intended to provide 24-hour skilled nursing services. • Home health aide (under the supervision of a R.N.) when included as part of a plan of care during a period that skilled visits have been approved 	<ul style="list-style-type: none"> • May require authorization and physician prescription • Does not include custodial care (care that assists a child with the activities of daily living, such as assistance in walking, getting in and out of bed, bathing, dressing, feeding, toileting, special diet preparation, and medication supervision that is usually self-administered or provided by a parent. This care does not require the continuing attention of trained medical or paramedical personnel.) • Services are not intended to replace the child's caretaker or to provide relief for the caretaker • Skilled nursing visits are provided on intermittent level and not intended to provide 24-hour skilled nursing services • Services are for blocks of time and are not intended to replace 24-hour inpatient or skilled nursing facility services • Housekeeping 	<ul style="list-style-type: none"> • Co-pays and deductibles do not apply

TYPE OF BENEFIT	DESCRIPTION OF BENEFIT	LIMITATIONS AND/OR EXCLUSIONS	CO-PAY AND/OR DEDUCTIBLE
Home and Community Health Services, cont.		<ul style="list-style-type: none"> Public facility services and care for conditions that federal, state, or local law requires be provided in a public facility or care provided while in the custody of legal authorities Services or supplies received from a nurse, which do not require the skill and training of a nurse 	
Inpatient/ Residential and Outpatient Substance Abuse Treatment Services	<p>Medically necessary services include residential rehabilitation and outpatient substance abuse treatment services. These services do not require a primary care provider referral, however the services may require prior authorization by the Health Plan and include, but are not limited to:</p> <ul style="list-style-type: none"> Prevention and intervention services that are provided by physician and non-physician providers, such as screening, assessment and referral for chemical dependency disorders, hospital inpatient/residential services <p>Screening, assessment, and referral refers to a package of services provided by an independent Qualified Credentialed Counselor (QCC) or a facility/STP (e.g., councils on alcoholism and drug abuse or mental health clinics).</p> <p>Screening: A brief informational process consisting of an interview and application of a validated and reliable instrument which provides information needed to determine if a potential chemical dependency problem exists and chemical dependency assessment is warranted. Screening must be conducted by a QCC or a licensed health professional.</p> <p>Assessment: The clinical process of obtaining and evaluating information to determine if an individual meets the DSM-IV criteria for substance abuse or dependence and is in need of treatment. The assessment also determines the level of treatment most appropriate for the individual. Assessment must be conducted by a QCC.</p> <p>Referral: The process of identifying appropriate services and providing the information, assistance and follow-up needed to access them.</p> <p>Prevention/ Intervention (Selective and Indicated Prevention) Services refer to</p> <ul style="list-style-type: none"> Programs or counseling designed to preclude or interrupt the use of alcohol and other drugs by enhancing protective factors and reducing risk factors. 	<ul style="list-style-type: none"> May require authorization of nonemergency services 14 days annual limit detox/crisis stabilization 24-hour residential rehabilitation program up to 60 days per episode. [30 days must be held in reserve but 30 days (in addition to benefits below) may be converted to 60 days partial hospitalization, 90 days intensive outpatient rehabilitation or 90 days of outpatient services] Maximum of three inpatient and/or residential episodes per plan lifetime (please define and inform the plans how to track) Intensive outpatient program (up to 12 weeks per episode) Outpatient services (up to six months per episode) Maximum of three outpatient episodes per plan lifetime Aftercare for chemical dependency services such as, but not limited to, AA/NA, non-QCC support or education groups, and/or other services that primarily focus on relapse prevention to the Member who completed treatment and/or their family members <p>An "episode" of treatment is a planned, structured, and organized set of services designed to help individuals achieve chemical-free status and significant improvements in psychological, familial and social functioning. An episode of care normally includes multiple providers, programs, and/or levels of care in the benefit plan. It is considered complete when:</p> <ol style="list-style-type: none"> The client achieves treatment goals, is discharged in accordance with the recommendation of a physician and/or QCC without a referral for continuing care, and maintains abstinence for a period of 90 days; OR A physician or QCC determines that the client will not benefit from further treatment and discharges the client without a referral for continuing care; OR A client leaves treatment against professional advice and does not seek further treatment (from that provider or another behavioral health services provider) OR A client fails to enter the next level of treatment recommended by the Physician or QCC when capacity is available. <p>A set of services of less than one month in duration is not counted against the Member's three-episode limit per plan lifetime; however, the maximum 24-hour residential rehabilitation program plan lifetime benefit shall not exceed 180 days under any circumstance.</p>	<ul style="list-style-type: none"> Applicable level of co-pay applies to office visits Deductibles do not apply

TYPE OF BENEFIT	DESCRIPTION OF BENEFIT	LIMITATIONS AND/OR EXCLUSIONS	CO-PAY AND/OR DEDUCTIBLE
Case Management Services for Children with Complex Special Health Care Needs (CCSHCN)	<p>Medically necessary above and beyond those normally provided to all members including, but not limited to:</p> <ul style="list-style-type: none"> • Outreach and informing – Includes discussion of covered services (including specialty services) with the family, the possibility of the family's right to select an in-network specialist as a primary care provider, out-of-network services applicable to the child's condition if not available in network, the availability of enhanced care coordination and community referrals • Enhanced care coordination – Includes responding to a family's request for coordination activities or suggesting this service to the family where appropriate. Services are delivered at an administrative level and to facilitate overall care • Intensive case management - Trained case managers (nurses or social workers) provide case management activities such as intake, assessment of services needed, and written documentation of individual plan specifying assistance with accessing services and periodic reassessment. A PCP or specialist approves a formal written plan of care • Community Referrals - The HMO works to enlist and establish relationships with community organizations to promote improved referrals and service delivery to increase the health and well being of Members 	<p>Available to children meeting the following established CCSHCN criteria, as determined by the Health Plan. The child must:</p> <ul style="list-style-type: none"> • Have serious ongoing illness, a complex chronic condition, or a disability that has lasted or is anticipated to last at least twelve continuous months or more; • Have an illness, condition or disability that results (or without treatment would be expected to result) in limitation of function, activities, or social roles in comparison with accepted pediatric age-related milestones in the general areas of physical, cognitive, emotional, and/or social growth and/or development; • Require regular, ongoing therapeutic intervention and evaluation by appropriately trained health care personnel; and • Have a need for health and/or related services at a level significantly above the usual for the child's age 	<ul style="list-style-type: none"> • Co-pays and deductibles do not apply
Rehabilitation Services	<p>Medically necessary habilitation (the process of supplying a child with the means to reach age-appropriate developmental milestones through therapy or treatment) and rehabilitation services include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Physical, occupational and speech therapy • Developmental assessment 	<ul style="list-style-type: none"> • May require authorization and physician prescription • Reimbursement for school-based services are not covered except for therapy services ordered by the PCP 	<ul style="list-style-type: none"> • Co-pays and deductibles do not apply
Hospice Care Services	<p>Medically necessary hospice services include, but are not limited to:</p> <ul style="list-style-type: none"> • Palliative care, including medical and support services, for those children who have six months or less to live, to keep patients comfortable during the last weeks and months before death • Treatment for unrelated conditions is unaffected 	<ul style="list-style-type: none"> • May require authorization and physician prescription • Services apply to the hospice diagnosis • Up to a maximum of 120 days with a 6-month life expectancy • Patients electing hospice services waive their rights to treatment related to their terminal illnesses; however, they may cancel this election at anytime 	<ul style="list-style-type: none"> • Co-pays and deductibles do not apply
Skilled Nursing Facilities (Includes Rehabilitation Hospitals)	<p>Medically necessary services include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Semi-private room and board • Regular nursing services • Rehabilitation services • Medical supplies and use of appliances and equipment furnished by the facility 	<ul style="list-style-type: none"> • 60-day annual limit per 12-month period • Private duty nurses, television and custodial care are excluded • May require authorization and physician prescription 	<ul style="list-style-type: none"> • Co-pays and deductibles do not apply

TYPE OF BENEFIT	DESCRIPTION OF BENEFIT	LIMITATIONS AND/OR EXCLUSIONS	CO-PAY AND/OR DEDUCTIBLE
Tobacco Cessation Programs	<ul style="list-style-type: none"> Covered up to a \$100 limit for a plan-approved program per 12 month period 	<ul style="list-style-type: none"> Health Plan defines plan-approved program May require authorization Over the counter drugs are not covered May be subject to formulary requirements 	<ul style="list-style-type: none"> Co-pays and deductibles do not apply
Emergency Services, including Emergency Hospitals, Physicians, and Ambulance Services	<p>Health plan cannot require authorization as a condition for payment for emergency conditions or labor and delivery. Medically necessary covered services include:</p> <ul style="list-style-type: none"> Emergency services based on prudent lay person definition of emergency health condition Hospital emergency department room and ancillary services and physician services 24 hours a day, 7 days a week, both by in-network and out-of-network providers Medical screening examination Stabilization services Access to TDH designated Level I and Level II trauma centers or hospitals meeting equivalent levels of care for emergency services Emergency ground, air or water transportation 	<ul style="list-style-type: none"> May require authorization for post-stabilization services 	<ul style="list-style-type: none"> Applicable co-pays apply to emergency room visits (facility only) Deductibles do not apply
Vision Benefit	<p>Medically necessary services include:</p> <ul style="list-style-type: none"> One examination of the eyes to determine the need for and prescription for corrective lenses per 12-month period, without authorization One pair of nonprosthetic eyewear per 12-month period 	<ul style="list-style-type: none"> The health plan may reasonably limit the cost of the frames/lenses Vision training and vision therapy are excluded 	<ul style="list-style-type: none"> Applicable level of co-pay applies to office visits billed for refractive exam Deductibles do not apply
Transplants	<p>Medically necessary services include:</p> <ul style="list-style-type: none"> Using up-to-date FDA guidelines, all non-experimental human organ and tissue transplants and all forms of non-experimental corneal, bone marrow and peripheral stem cell transplants, including donor medical expenses 	<ul style="list-style-type: none"> Does not cover donor non-medical expenses May require authorization Charges incurred as a donor of an organ when the donee is not covered under this health plan 	<ul style="list-style-type: none"> Co-pays and deductibles do not apply
Chiropractic Services	<p>Medically necessary services do not require physician prescription and are limited to spinal subluxation</p>	<ul style="list-style-type: none"> Twelve visits per twelve month period (regardless of number of services or modalities provided in one visit) May require authorization for additional visits 	<ul style="list-style-type: none"> Applicable level of co-pay applies to chiropractic office visits Deductibles do not apply

Appendix E Health Plan Coverage and Community-based Organization (CBO) Service Area by County

COUNTY	COMMUNITY-BASED ORGANIZATION *	HEALTH PLAN
Anderson	East Texas CHIP Coalition	Clarendon Kids CHIP Plan
Andrews	West Texas Opportunities	Clarendon Kids CHIP Plan
Angelina	Deep East Texas Council of Governments	Clarendon Kids CHIP Plan
Aransas	Community Action Corp of South Texas	Driscoll Children's Health Plan
Archer	Wichita Falls-Wichita County Public Health Department	Clarendon Kids CHIP Plan
Armstrong	Coalition of Health Services	Clarendon Kids CHIP Plan
Atascosa	Lawyer's Committee for Civil Rights Under Laws of Texas Uvalde County Clinic	Community First Health Plans Texas University Health Plan, Inc "Tots to Teens"
Austin	Families Under Urban & Social Attack	Texas Children's Health Plan UTMB HealthCare Systems "Choice One"
Bailey	West Texas CHIP Coalition	Clarendon Kids CHIP Plan
Bandera	United Way of San Antonio & Bexar County	Community First Health Plans Texas University Health Plan, Inc "Tots to Teens"
Bastrop	Combined Community Action, Inc.	Seton Health Plan
Baylor	Rolling Plains Management Corporation	Clarendon Kids CHIP Plan
Bee	Community Action Corp of South Texas	Driscoll Children's Health Plan
Bell	Hill Country Community Action Association	Clarendon Kids CHIP Plan
Bexar	Lawyer's Committee for Civil Rights Under Laws of Texas United Way of San Antonio & Bexar County	Community First Health Plans Texas University Health Plan, Inc "Tots to Teens"
Blanco	Combined Community Action, Inc.	Seton Health Plan Clarendon Kids CHIP Plan
Borden	Martin County Community Fund	Clarendon Kids CHIP Plan
Bosque	Hill Country Community Action Association	Clarendon Kids CHIP Plan
Bowie	Community Council	Clarendon Kids CHIP Plan
Brazoria	Families Under Urban & Social Attack	"Amerikids" Texas Children's Health Plan UTMB HealthCare Systems "Choice One"
Brazos	United Way of Brazos County	Clarendon Kids CHIP Plan
Brewster	West Texas CHIP Collaborative	Clarendon Kids CHIP Plan
Briscoe	Coalition of Health Services	Clarendon Kids CHIP Plan
Brooks	Community Action Corp of South Texas	Driscoll Children's Health Plan
Brown	People for Progress, Inc.	Clarendon Kids CHIP Plan
Burleson	United Way of Brazos County	Clarendon Kids CHIP Plan
Burnet	Outreach Health Services	Seton Health Plan
Caldwell	Combined Community Action, Inc.	Seton Health Plan
Calhoun	Community Action Committee of Victoria	Driscoll Children's Health Plan
Callahan	People for Progress, Inc.	Clarendon Kids CHIP Plan
Cameron	Valley Primary Care Network	Clarendon Kids CHIP Plan
Camp	Community Council	Clarendon Kids CHIP Plan
Carson	Coalition of Health Services	Texas University Health Plan, Inc "Tots to Teens"
Cass	Community Council	Clarendon Kids CHIP Plan
Castro	Coalition of Health Services	Clarendon Kids CHIP Plan
Chambers	Chambers County Health Dept	Texas Children's Health Plan UTMB HealthCare Systems "Choice One"
Cherokee	Cherokee County Health Dept East Texas CHIP Coalition	Clarendon Kids CHIP Plan
Childress	Coalition of Health Services	Clarendon Kids CHIP Plan
Clay	Wichita Falls-Wichita County Public Health Department	Clarendon Kids CHIP Plan
Cochran	West Texas CHIP Coalition	Clarendon Kids CHIP Plan
Coke	La Esperanza Clinic	Clarendon Kids CHIP Plan
Coleman	People for Progress, Inc.	Clarendon Kids CHIP Plan
Collin	Community Council of Greater Dallas	"Amerikids" Parkland Community Health Plan "KIDSFirst"
Collingsworth	Coalition of Health Services	Clarendon Kids CHIP Plan
Colorado	Families Under Urban & Social Attack	Clarendon Kids CHIP Plan
Comal	Lawyer's Committee for Civil Rights Under Laws of Texas United Way of San Antonio & Bexar County	Community First Health Plans Texas University Health Plan, Inc "Tots to Teens"

COUNTY	COMMUNITY-BASED ORGANIZATION *	HEALTH PLAN
Comanche	Catholic Charities People for Progress, Inc.	Clarendon Kids CHIP Plan
Concho	La Esperanza Clinic	Clarendon Kids CHIP Plan
Cooke	Catholic Charities	Clarendon Kids CHIP Plan
Coryell	Hill Country Community Action Association	Clarendon Kids CHIP Plan
Cottle	Rolling Plains Management Corporation	Clarendon Kids CHIP Plan
Crane	Pecos County Community Action Agency	Clarendon Kids CHIP Plan
Crockett	La Esperanza Clinic	Clarendon Kids CHIP Plan
Crosby	West Texas CHIP Coalition	FirstCare
Culberson	West Texas CHIP Collaborative	Clarendon Kids CHIP Plan
Dallam	Coalition of Health Services	Clarendon Kids CHIP Plan
Dallas	Community Council of Greater Dallas The Hmong American Planning & Development Center	"Amerikids" Parkland Community Health Plan "KIDSFirst"
Dawson	West Texas Opportunities	Clarendon Kids CHIP Plan
Deaf Smith	Coalition of Health Services	Texas University Health Plan, Inc "Tots to Teens"
Delta	North East Texas Opportunities, Inc.	Clarendon Kids CHIP Plan
Denton	Denton County Health Department	Cook Children's Health Plan
De Witt	Community Action Committee of Victoria	Clarendon Kids CHIP Plan
Dickens	West Texas CHIP Coalition	Clarendon Kids CHIP Plan
Dimmit	Uvalde County Clinic	Clarendon Kids CHIP Plan
Donley	Coalition of Health Services	Clarendon Kids CHIP Plan
Duval	Community Action Corp of South Texas	Driscoll Children's Health Plan Mercy Health Plans
Eastland	Catholic Charities People for Progress, Inc.	Clarendon Kids CHIP Plan
Ector	West Texas Opportunities	Clarendon Kids CHIP Plan
Edwards	Uvalde County Clinic	Clarendon Kids CHIP Plan
El Paso	West Texas CHIP Collaborative	Texas University Health Plan, Inc "Tots to Teens" 1 El Paso First
Ellis	Community Council of Greater Dallas	"Amerikids" Parkland Community Health Plan "KIDSFirst"
Erath	Catholic Charities	Clarendon Kids CHIP Plan
Falls	Hill Country Community Action Association	Clarendon Kids CHIP Plan
Fannin	Community Health Service Agency	Clarendon Kids CHIP Plan
Fayette	Combined Community Action, Inc.	Seton Health Plan
Fisher	People for Progress, Inc.	Clarendon Kids CHIP Plan
Floyd	West Texas CHIP Coalition	FirstCare Texas University Health Plan, Inc "Tots to Teens"
Foard	Rolling Plains Management Corporation	Clarendon Kids CHIP Plan
Fort Bend	Families Under Urban & Social Attack	"Amerikids" Texas Children's Health Plan UTMB HealthCare Systems "Choice One"
Franklin	North East Texas Opportunities, Inc.	Clarendon Kids CHIP Plan
Freestone	Hill Country Community Action Association	Clarendon Kids CHIP Plan
Frio	South Texas Rural Health Services	Clarendon Kids CHIP Plan
Gaines	West Texas Opportunities	Clarendon Kids CHIP Plan
Galveston	The Children's Center	"Amerikids" UTMB HealthCare Systems "Choice One"
Garza	West Texas CHIP Coalition	FirstCare
Gillespie	United Way of San Antonio & Bexar County	Clarendon Kids CHIP Plan
Glasscock	Martin County Community Fund	Clarendon Kids CHIP Plan
Goliad	Community Action Committee of Victoria	Driscoll Children's Health Plan
Gonzales	Community Action Committee of Victoria	Clarendon Kids CHIP Plan
Gray	Coalition of Health Services	Clarendon Kids CHIP Plan
Grayson	Texoma HealthCare System	Clarendon Kids CHIP Plan
Gregg	East Texas CHIP Coalition	Clarendon Kids CHIP Plan
Grimes	United Way of Brazos County	Clarendon Kids CHIP Plan
Guadalupe	Lawyer's Committee for Civil Rights Under Laws of Texas United Way of San Antonio & Bexar County	Community First Health Plans Texas University Health Plan, Inc "Tots to Teens"
Hale	West Texas CHIP Coalition	Texas University Health Plan, Inc "Tots to Teens"
Hall	Coalition of Health Services	Clarendon Kids CHIP Plan

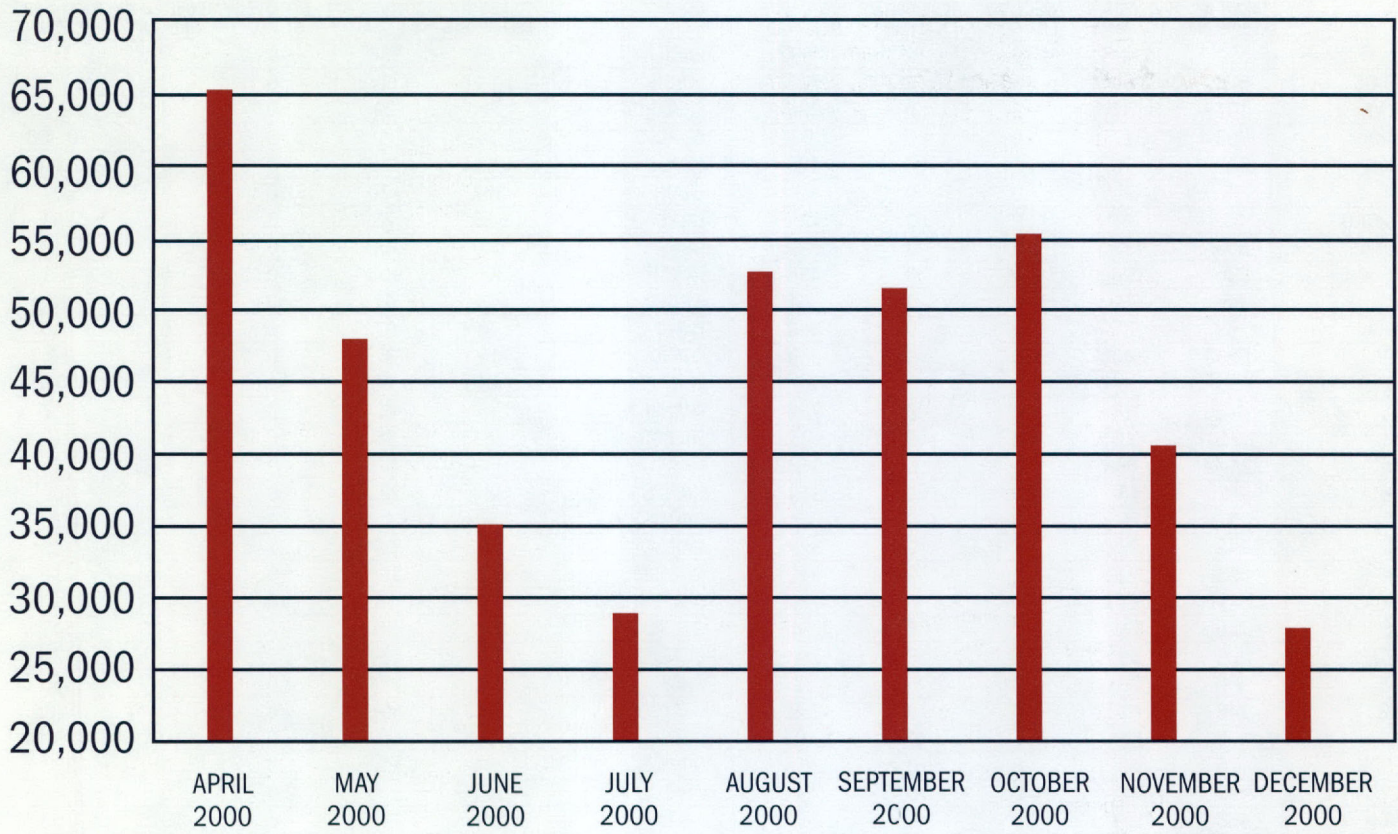
COUNTY	COMMUNITY-BASED ORGANIZATION *	HEALTH PLAN
Hamilton	Hill Country Community Action Association	Clarendon Kids CHIP Plan
Hansford	Coalition of Health Services	Clarendon Kids CHIP Plan
Hardeman	Rolling Plains Management Corporation	Clarendon Kids CHIP Plan
Hardin	Christus St. Elizabeth Hospital	UTMB HealthCare Systems "Choice One"
Harris	Harris County Public Health & Environmental Services Families Under Urban & Social Attack Episcopal Health Charities HOPE for Kids	"Amerikids" Texas Children's Health Plan UTMB HealthCare Systems "Choice One"
Harrison	East Texas CHIP Coalition	Clarendon Kids CHIP Plan
Hartley	Coalition of Health Services	Clarendon Kids CHIP Plan
Haskell	People for Progress, Inc.	Clarendon Kids CHIP Plan
Hays	Combined Community Action, Inc.	Seton Health Plan
Hemphill	Coalition of Health Services	Clarendon Kids CHIP Plan
Henderson	East Texas CHIP Coalition	Clarendon Kids CHIP Plan
Hidalgo	AVANCE, Rio Grande Chapter	Clarendon Kids CHIP Plan
Hill	Hill Country Community Action Association	Clarendon Kids CHIP Plan
Hockley	West Texas CHIP Coalition	FirstCare
Hood	Catholic Charities	Cook Children's Health Plan
Hopkins	North East Texas Opportunities, Inc.	Clarendon Kids CHIP Plan
Houston	Deep East Texas Council of Governments	Clarendon Kids CHIP Plan
Howard	West Texas Opportunities	Clarendon Kids CHIP Plan
Hudspeth	West Texas CHIP Collaborative	El Paso First
Hunt	Community Health Service Agency	"Amerikids" Parkland Community Health Plan "KIDSFirst"
Hutchinson	Coalition of Health Services	Texas University Health Plan, Inc "Tots to Teens"
Irion	La Esperanza Clinic	Clarendon Kids CHIP Plan
Jack	Catholic Charities	Clarendon Kids CHIP Plan
Jackson	Community Action Committee of Victoria	Clarendon Kids CHIP Plan
Jasper	Deep East Texas Council of Governments	UTMB HealthCare Systems "Choice One"
Jeff Davis	West Texas CHIP Collaborative	Clarendon Kids CHIP Plan
Jefferson	Christus St. Elizabeth Hospital Port Arthur City Health Department	UTMB HealthCare Systems "Choice One"
Jim Hogg	City of Laredo Public Health Department	Mercy Health Plans
Jim Wells	Community Action Corp of South Texas	Driscoll Children's Health Plan
Johnson	Catholic Charities	Cook Children's Health Plan
Jones	People for Progress, Inc.	Clarendon Kids CHIP Plan
Karnes	United Way of San Antonio & Bexar County	Driscoll Children's Health Plan
Kaufman	Community Council of Greater Dallas	"Amerikids" Parkland Community Health Plan "KIDSFirst"
Kendall	Lawyer's Committee for Civil Rights Under Laws of Texas United Way of San Antonio & Bexar County	Community First Health Plans Texas University Health Plan, Inc "Tots to Teens"
Kenedy	Community Action Corp of South Texas	Driscoll Children's Health Plan
Kent	People for Progress, Inc.	Clarendon Kids CHIP Plan
Kerr	United Way of San Antonio & Bexar County	Clarendon Kids CHIP Plan
Kimble	La Esperanza Clinic	Clarendon Kids CHIP Plan
King	West Texas CHIP Coalition	Clarendon Kids CHIP Plan
Kinney	Uvalde County Clinic	Clarendon Kids CHIP Plan
Kleberg	Community Action Corp of South Texas	Driscoll Children's Health Plan
Knox	Rolling Plains Management Corporation	Clarendon Kids CHIP Plan
La Salle	South Texas Rural Health Services	Clarendon Kids CHIP Plan
Lamar	North East Texas Opportunities, Inc.	Clarendon Kids CHIP Plan
Lamb	West Texas CHIP Coalition	FirstCare
Lampasas	Hill Country Community Action Association	Clarendon Kids CHIP Plan
Lavaca	Community Action Committee of Victoria	Clarendon Kids CHIP Plan
Lee	Combined Community Action, Inc.	Seton Health Plan
Leon	United Way of Brazos County	Clarendon Kids CHIP Plan
Liberty	Liberty County Indigent Health Care Program	Texas Children's Health Plan UTMB HealthCare Systems "Choice One"
Limestone	Hill Country Community Action Association	Clarendon Kids CHIP Plan
Lipscomb	Coalition of Health Services	Clarendon Kids CHIP Plan
Live Oak	Community Action Corp of South Texas	Driscoll Children's Health Plan

COUNTY	COMMUNITY-BASED ORGANIZATION *	HEALTH PLAN
Llano	Hill Country Community Action Association	Clarendon Kids CHIP Plan
Loving	West Texas Opportunities	Clarendon Kids CHIP Plan
Lubbock	West Texas CHIP Coalition	FirstCare Texas University Health Plan, Inc "Tots to Teens"
Lynn	West Texas CHIP Coalition	FirstCare
Madison	United Way of Brazos County	Clarendon Kids CHIP Plan
Marion	Community Council	Clarendon Kids CHIP Plan
Martin	Martin County Community Fund	Clarendon Kids CHIP Plan
Mason	Community Council La Esperanza Clinic	Clarendon Kids CHIP Plan
Matagorda	Matagorda County Hospital District	Texas Children's Health Plan UTMB HealthCare Systems "Choice One"
Maverick	Lawyer's Committee for Civil Rights Under Laws of Texas Uvalde County Clinic	Clarendon Kids CHIP Plan
Mcculloch	La Esperanza Clinic	Clarendon Kids CHIP Plan
Mclennan	McLennan County Youth	Clarendon Kids CHIP Plan
Mcmullen	Community Action Corp of South Texas	Clarendon Kids CHIP Plan
Medina	Lawyer's Committee for Civil Rights Under Laws of Texas South Texas Rural Health Services	Community First Health Plans Texas University Health Plan, Inc "Tots to Teens"
Menard	La Esperanza Clinic	Clarendon Kids CHIP Plan
Midland	West Texas Opportunities	Clarendon Kids CHIP Plan
Milam	Hill Country Community Action Association	Clarendon Kids CHIP Plan
Mills	Hill Country Community Action Association	Clarendon Kids CHIP Plan
Mitchell	People for Progress, Inc.	Clarendon Kids CHIP Plan
Montague	Catholic Charities	Clarendon Kids CHIP Plan
Montgomery	Montgomery County Hospital District	"Amerikids" Texas Children's Health Plan UTMB HealthCare Systems "Choice One"
Moore	Coalition of Health Services	Clarendon Kids CHIP Plan
Morris	Community Council	Clarendon Kids CHIP Plan
Motley	West Texas CHIP Coalition	Clarendon Kids CHIP Plan
Nacogdoches	Deep East Texas Council of Governments	Clarendon Kids CHIP Plan
Navarro	Community Council of Greater Dallas	"Amerikids" Parkland Community Health Plan "KIDSFirst"
Newton	Deep East Texas Council of Governments	UTMB HealthCare Systems "Choice One"
Nolan	People for Progress, Inc.	Clarendon Kids CHIP Plan
Nueces	Community Action Corp of South Texas	Driscoll Children's Health Plan
Ochiltree	Coalition of Health Services	Clarendon Kids CHIP Plan
Oldham	Coalition of Health Services	Clarendon Kids CHIP Plan
Orange	Christus St. Elizabeth Hospital	UTMB HealthCare Systems "Choice One"
Palo Pinto	Catholic Charities	Clarendon Kids CHIP Plan
Panola	East Texas CHIP Coalition	Clarendon Kids CHIP Plan
Parker	Catholic Charities	Cook Children's Health Plan
Parmer	Coalition of Health Services	Clarendon Kids CHIP Plan
Pecos	Pecos County Community Action Agency	Clarendon Kids CHIP Plan
Polk	Deep East Texas Council of Governments	UTMB HealthCare Systems "Choice One"
Potter	Coalition of Health Services	Texas University Health Plan, Inc "Tots to Teens"
Presidio	West Texas CHIP Collaborative	Clarendon Kids CHIP Plan
Rains	North East Texas Opportunities, Inc.	Clarendon Kids CHIP Plan
Randall	Coalition of Health Services	Texas University Health Plan, Inc "Tots to Teens"
Reagan	La Esperanza Clinic	Clarendon Kids CHIP Plan
Real	Uvalde County Clinic	Clarendon Kids CHIP Plan
Red River	North East Texas Opportunities, Inc.	Clarendon Kids CHIP Plan
Reeves	West Texas Opportunities	Clarendon Kids CHIP Plan
Refugio	Community Action Corp of South Texas	Driscoll Children's Health Plan
Roberts	Coalition of Health Services	Clarendon Kids CHIP Plan
Robertson	United Way of Brazos County	Clarendon Kids CHIP Plan
Rockwall	Community Council of Greater Dallas	"Amerikids" Parkland Community Health Plan "KIDSFirst"
Runnels	Catholic Charities People for Progress, Inc.	Clarendon Kids CHIP Plan

COUNTY	COMMUNITY-BASED ORGANIZATION *	HEALTH PLAN
Rusk	East Texas CHIP Coalition	Clarendon Kids CHIP Plan
Sabine	Deep East Texas Council of Governments	Clarendon Kids CHIP Plan
San Augustine	Deep East Texas Council of Governments	Clarendon Kids CHIP Plan
San Jacinto	Deep East Texas Council of Governments	UTMB HealthCare Systems "Choice One"
San Patricio	San Patricio County Public Health Department	Driscoll Children's Health Plan
San Saba	Hill Country Community Action Association	Clarendon Kids CHIP Plan
Schleicher	La Esperanza Clinic	Clarendon Kids CHIP Plan
Scurry	People for Progress, Inc.	Clarendon Kids CHIP Plan
Shackelford	Shackelford County Community Resource Center	Clarendon Kids CHIP Plan
Shelby	Deep East Texas Council of Governments	Clarendon Kids CHIP Plan
Sherman	Coalition of Health Services	Clarendon Kids CHIP Plan
Smith	Smith County Public Health District East Texas CHIP Coalition	Clarendon Kids CHIP Plan
Somervell	Catholic Charities	Clarendon Kids CHIP Plan
Starr	Valley Primary Care Network	Clarendon Kids CHIP Plan
Stephens	Shackelford County Community Resource Center	Clarendon Kids CHIP Plan
Sterling	La Esperanza Clinic	Clarendon Kids CHIP Plan
Stonewall	People for Progress, Inc.	Clarendon Kids CHIP Plan
Sutton	La Esperanza Clinic	Clarendon Kids CHIP Plan
Swisher	Coalition of Health Services	Texas University Health Plan, Inc "Tots to Teens"
Tarrant	Catholic Charities Hmong American Planning & Development Center,	Cook Children's Health Plan
Taylor	The People for Progress, Inc.	Clarendon Kids CHIP Plan
Terrell	Pecos County Community Action Agency	Clarendon Kids CHIP Plan
Terry	West Texas CHIP Coalition	FirstCare
Throckmorton	Shackelford County Community Resource Center	Clarendon Kids CHIP Plan
Titus	North East Texas Opportunities, Inc.	Clarendon Kids CHIP Plan
Tom Green	La Esperanza Clinic	Clarendon Kids CHIP Plan
Travis	Austin/Travis Cty HHS	Seton Health Plan
Trinity	Deep East Texas Council of Governments	Clarendon Kids CHIP Plan
Tyler	Deep East Texas Council of Governments	UTMB HealthCare Systems "Choice One"
Upshur	East Texas CHIP Coalition	Clarendon Kids CHIP Plan
Upton	West Texas Opportunities	Clarendon Kids CHIP Plan
Uvalde	Uvalde County Clinic	Clarendon Kids CHIP Plan
Val Verde	Uvalde County Clinic	Clarendon Kids CHIP Plan
Van Zandt	East Texas CHIP Coalition	Clarendon Kids CHIP Plan
Victoria	Community Action Committee of Victoria	Driscoll Children's Health Plan
Walker	Families Under Urban & Social Attack	UTMB HealthCare Systems "Choice One"
Waller	Families Under Urban & Social Attack	"Amerikids" Texas Children's Health Plan UTMB HealthCare Systems "Choice One"
Ward	West Texas Opportunities	Clarendon Kids CHIP Plan
Washington	United Way of Brazos County	Clarendon Kids CHIP Plan
Webb	City of Laredo Public Health Department	Mercy Health Plans
Wharton	Families Under Urban & Social Attack	Texas Children's Health Plan UTMB HealthCare Systems "Choice One"
Wheeler	Coalition of Health Services	Clarendon Kids CHIP Plan
Wichita	Wichita Falls-Wichita County Public Health Department	Clarendon Kids CHIP Plan
Wilbarger	Rolling Plains Management Corporation	Clarendon Kids CHIP Plan
Willacy	Valley Primary Care Network	Clarendon Kids CHIP Plan
Williamson	Austin/Travis Cty HHS	Seton Health Plan
Wilson	Lawyer's Committee for Civil Rights Under Laws of Texas United Way of San Antonio & Bexar County	Community First Health Plans Texas University Health Plan, Inc "Tots to Teens"
Winkler	West Texas Opportunities	Clarendon Kids CHIP Plan
Wise	Catholic Charities	Cook Children's Health Plan
Wood	East Texas CHIP Coalition	Clarendon Kids CHIP Plan
Yoakum	West Texas CHIP Coalition	Clarendon Kids CHIP Plan
Young	Rolling Plains Management Corporation	Clarendon Kids CHIP Plan
Zapata	City of Laredo Public Health Department	Mercy Health Plans
Zavala	Uvalde County Clinic	Clarendon Kids CHIP Plan

* To contact a Community-based Organization, you can obtain contact names and numbers at www.texccarepartnership.com/CHIP-CBO-Page.htm.

Appendix F Number of Applications Submitted by Month



April 2000:	65,585
May 2000:	48,292
June 2000:	35,083
July 2000:	29,965
August 2000:	53,398
September 2000:	51,962
October 2000:	55,489
November 2000:	40,248
December 2000:	28,261

Data Source: Texas Health & Human Services Commission.

Appendix G Number of Applications Submitted by County (as of January 1, 2001)

COUNTY	TAKEN BY TELEPHONE	RECEIVED BY U.S. MAIL	RECEIVED BY FAX*	RECEIVED BY WALK-IN*	TOTAL APPS RECEIVED
Address Unknown	551	1,428	3	0	1,982
ANDERSON	526	180	0	0	706
ANDREWS	157	137	1	0	295
ANGELINA	753	317	0	0	1,070
ARANSAS	242	176	1	0	419
ARCHER	33	60	0	0	93
ARMSTRONG	31	9	0	0	40
ATASCOSA	666	437	2	0	1,105
AUSTIN	330	106	0	0	436
BAILEY	88	73	0	0	161
BANDERA	268	92	0	0	360
BASTROP	629	340	0	0	969
BAYLOR	61	28	0	0	89
BEE	462	324	0	0	786
BELL	1,714	618	0	0	2,332
BEXAR	22,944	7,698	1	0	30,643
BLANCO	74	45	0	0	119
BORDEN	2	3	0	0	5
BOSQUE	248	75	0	0	323
BOWIE	693	218	0	0	911
BRAZORIA	3,091	1,121	0	0	4,212
BRAZOS	746	496	1	0	1,243
BREWSTER	87	59	0	0	146
BRISCOE	13	20	0	0	33
BROOKS	148	91	0	0	239
BROWN	375	139	1	0	515
BURLESON	175	76	0	0	251
BURNET	462	262	0	0	724
CALDWELL	468	179	0	0	647
CALHOUN	259	199	0	0	458
CALLAHAN	180	71	0	0	251
CAMERON	5,104	2,966	0	0	8,070
CAMP	167	73	0	0	240
CARSON	59	16	0	0	75
CASS	364	199	0	0	563
CASTRO	121	103	0	0	224
CHAMBERS	183	201	0	0	384
CHEROKEE	511	310	0	0	821
CHILDRESS	67	35	0	0	102
CLAY	66	57	0	0	123
COCHRAN	51	71	0	0	122
COKE	67	23	0	0	90
COLEMAN	103	92	0	0	195
COLLIN	1,869	460	0	0	2,329
COLLINGSWORTH	22	23	0	0	45
COLORADO	317	105	0	0	422
COMAL	873	355	1	0	1,229
COMANCHE	168	86	0	0	254
CONCHO	39	36	0	0	75
COOKE	355	123	0	0	478
CORYELL	417	178	0	0	595
COTTLE	6	33	0	0	39
CRANE	80	23	0	0	103
CROCKETT	62	34	0	0	96
CROSBY	132	91	0	0	223
CULBERSON	59	23	0	0	82
DALLAM	113	55	0	0	168
DALLAS	26,357	7,959	9	0	34,325
DAWSON	202	192	0	0	394
DE WITT	161	186	0	0	347
DEAF SMITH	141	312	1	0	454
DELTA	23	50	0	0	73
DENTON	2,272	1,156	0	0	3,428
DICKENS	17	38	0	0	55
DIMITT	185	153	0	0	338
DONLEY	49	21	0	0	70
DUVAL	290	234	0	0	524

COUNTY	TAKEN BY TELEPHONE	RECEIVED BY U.S. MAIL	RECEIVED BY FAX*	RECEIVED BY WALK-IN*	TOTAL APPS RECEIVED
EASTLAND	295	138	0	0	433
ECTOR	1,617	714	0	0	2,331
EDWARDS	22	22	0	0	44
EL PASO	9,795	11,107	6	0	20,908
ELLIS	1,284	165	0	0	1,449
ERATH	367	170	0	0	537
FALLS	180	71	0	0	251
FANNIN	340	106	0	0	446
FAYETTE	325	106	0	0	431
FISHER	43	52	0	0	95
FLOYD	98	92	0	0	190
FOARD	15	37	0	0	52
FORT BEND	2,813	1,601	1	1	4,416
FRANKLIN	75	62	0	0	137
FREESTONE	163	55	0	0	218
FRIO	239	296	0	0	535
GAINES	386	223	0	0	609
GALVESTON	2,804	1,113	0	0	3,917
GARZA	99	58	1	0	158
GILLESPIE	250	166	0	0	416
GLASSCOCK	9	18	0	0	27
GOLIAD	88	55	0	0	143
GONZALES	289	136	0	0	425
GRAY	211	144	0	0	355
GRAYSON	1,089	396	0	0	1,485
GREGG	1,545	569	0	0	2,114
GRIMES	254	117	0	0	371
GUADALUPE	947	345	0	0	1,292
HALE	477	231	0	0	708
HALL	40	42	0	0	82
HAMILTON	130	59	0	0	189
HANSFORD	46	31	0	0	77
HARDEMAN	28	46	0	0	74
HARDIN	807	265	0	0	1,072
HARRIS	52,641	18,850	10	11	71,512
HARRISON	529	357	0	0	886
HARTLEY	12	4	0	0	16
HASKELL	95	57	0	0	152
HAYS	978	435	0	0	1,413
HEMPHILL	19	39	0	0	58
HENDERSON	956	265	0	0	1,221
HIDALGO	12,107	6,803	8	0	18,918
HILL	493	117	0	0	610
HOCKLEY	348	241	0	0	589
HOOD	437	179	1	0	617
HOPKINS	386	126	0	0	512
HOUSTON	239	92	0	0	331
HOWARD	414	204	0	0	618
HUDSPETH	44	32	0	0	76
HUNT	804	255	0	0	1,059
HUTCHINSON	254	227	0	0	481
IRION	28	12	0	0	40
JACK	94	72	0	0	166
JACKSON	97	116	0	0	213
JASPER	536	207	0	0	743
JEFF DAVIS	16	7	0	0	23
JEFFERSON	2,677	1,211	1	0	3,889
JIM HOGG	150	68	0	0	218
JIM WELLS	705	529	0	0	1,234
JOHNSON	1,375	377	0	0	1,752
JONES	248	104	0	0	352
KARNES	271	126	0	0	397
KAUFMAN	1,109	240	1	1	1,351
KENDALL	208	98	0	0	306
KENEDY	3	4	0	0	7

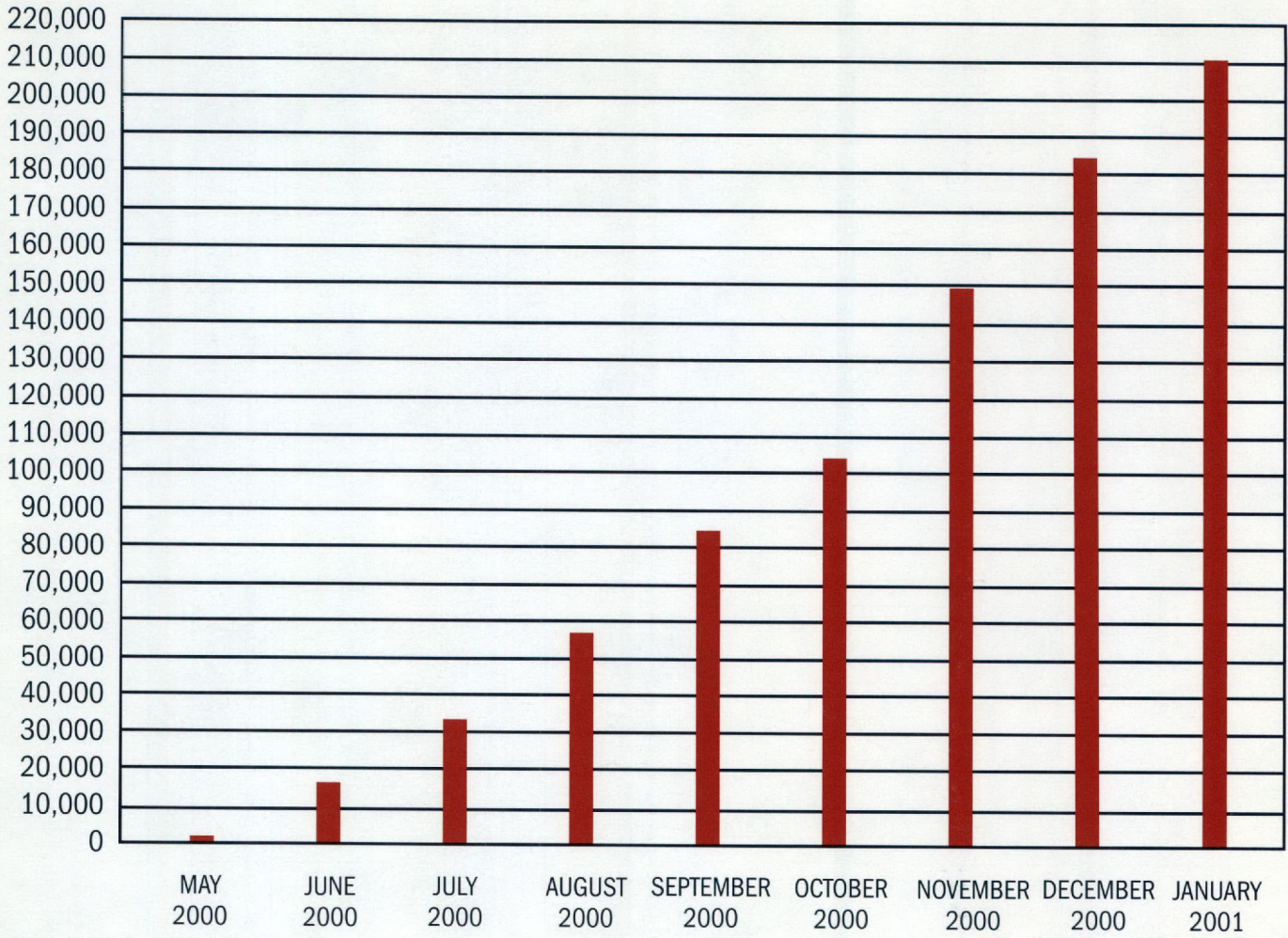
* In reports where only telephone and mail appear, fax application contacts are added to telephone and walk-ins are added to mail contacts.

COUNTY	TAKEN BY TELEPHONE	RECEIVED BY U.S. MAIL	RECEIVED BY FAX*	RECEIVED BY WALK-IN*	TOTAL APPS RECEIVED
KENT	9	7	0	0	16
KERR	485	208	0	0	693
KIMBLE	78	35	0	0	113
KING	1	5	0	0	6
KINNEY	34	21	0	0	55
KLEBERG	444	221	0	0	665
KNOX	65	56	1	0	122
LA SALLE	74	116	0	0	190
LAMAR	430	124	0	0	554
LAMB	372	149	0	0	521
LAMPASAS	265	74	0	0	339
LAVACA	266	171	0	0	437
LEE	177	102	0	0	279
LEON	201	101	0	0	302
LIBERTY	1,182	478	0	0	1,660
LIMESTONE	241	101	0	0	342
LIPSCOMB	25	19	0	0	44
LIVE OAK	144	61	0	0	205
LLANO	225	96	0	0	321
LOVING	0	0	0	0	0
LUBBOCK	3,389	1,836	2	0	5,227
LYNN	144	71	0	0	215
MADISON	100	45	0	0	145
MARION	122	37	0	0	159
MARTIN	60	65	0	0	125
MASON	69	30	1	0	100
MATAGORDA	766	425	0	0	1,191
MAVERICK	479	661	0	0	1,140
MCCULLOCH	204	47	0	0	251
MCLENNAN	2,242	847	0	0	3,089
MCMULLEN	7	12	0	0	19
MEDINA	652	231	0	0	883
MENARD	49	18	0	0	67
MIDLAND	1,145	733	0	0	1,878
MILAM	224	123	0	0	347
MILLS	40	37	0	0	77
MITCHELL	56	68	0	0	124
MONTAGUE	269	152	0	0	421
MONTGOMERY	3,210	1,279	2	1	4,492
MOORE	130	63	0	0	193
MORRIS	170	67	0	0	237
MOTLEY	17	16	0	0	33
NACOGDOCHES	556	259	0	0	815
NAVARRO	372	56	0	0	428
NEWTON	179	69	0	0	248
NOLAN	193	251	0	0	444
NUECES	5,835	2,753	1	0	8,589
OCHILTREE	75	58	0	0	133
OLDHAM	31	5	0	0	36
ORANGE	1,077	390	1	0	1,468
PALO PINTO	329	163	0	0	492
PANOLA	201	61	0	0	262
PARKER	793	407	0	0	1,200
PARMER	111	65	0	0	176
PECOS	182	143	0	0	325
POLK	486	240	1	0	727
POTTER	1,041	569	0	0	1,610
PRESIDIO	64	89	0	0	153
RAINS	117	48	0	0	165
RANDALL	633	301	0	0	934
REAGAN	88	47	0	0	135
REAL	35	35	0	0	70
RED RIVER	218	45	0	0	263
REEVES	155	361	0	0	516
REFUGIO	112	73	0	0	185
ROBERTS	6	3	0	0	9
ROBERTSON	174	112	0	0	286
ROCKWALL	278	77	0	0	355
RUNNELS	211	111	0	0	322
RUSK	525	145	0	0	670

COUNTY	TAKEN BY TELEPHONE	RECEIVED BY U.S. MAIL	RECEIVED BY FAX*	RECEIVED BY WALK-IN*	TOTAL APPS RECEIVED
SABINE	134	44	0	0	178
SAN AUGUSTINE	127	45	0	0	172
SAN JACINTO	256	73	0	0	329
SAN PATRICIO	1,341	812	1	0	2,154
SAN SABA	77	32	0	0	109
SCHLEICHER	48	51	0	0	99
SCURRY	198	111	0	0	309
SHACKELFORD	31	54	0	0	85
SHELBY	336	96	0	0	432
SHERMAN	28	8	0	0	36
SMITH	2,189	1,003	2	0	3,194
SOMERVELL	86	31	0	0	117
STARR	984	959	4	0	1,947
STEPHENS	112	61	0	0	173
STERLING	26	18	0	0	44
STONEWALL	20	18	1	0	39
SUTTON	76	21	0	0	97
SWISHER	97	82	0	0	179
TARRANT	12,307	6,668	6	0	18,981
TAYLOR	1,600	638	0	0	2,238
TERRELL	15	15	0	0	30
TERRY	161	123	0	0	284
THROCKMORTON	21	25	0	0	46
TITUS	277	118	0	0	395
TOM GREEN	1,419	806	0	0	2,225
TRAVIS	5,103	4,349	4	2	9,458
TRINITY	142	52	0	0	194
TYLER	426	131	0	0	557
UPSHUR	546	134	0	0	680
UPTON	23	38	0	0	61
UVALDE	272	304	1	0	577
VAL VERDE	461	219	0	0	680
VAN ZANDT	793	156	0	0	949
VICTORIA	690	909	0	0	1,599
WALKER	370	139	0	0	509
WALLER	388	165	0	0	553
WARD	166	105	0	0	271
WASHINGTON	256	131	0	0	387
WEBB	1,820	4,296	3	0	6,119
WHARTON	709	284	0	0	993
WHEELER	49	22	0	0	71
WICHITA	754	451	0	0	1,205
WILBARGER	74	92	0	0	166
WILLACY	305	381	0	0	686
WILLIAMSON	1,473	1,401	0	2	2,876
WILSON	476	233	0	0	709
WINKLER	100	84	0	0	184
WISE	559	266	0	0	825
WOOD	514	165	0	0	679
YOAKUM	103	41	0	0	144
YOUNG	241	191	0	0	432
ZAPATA	255	226	0	0	481
ZAVALA	111	295	0	0	406
Grand Totals	254,475	124,527	81	18	379,101

* In reports where only telephone and mail appear, fax application contacts are added to telephone and walk-ins are added to mail contacts.

Appendix H Number of Enrollments by Month



May 2000:	30
June 2000:	17,049
July 2000:	36,186
August 2000:	59,870
September 2000:	83,489
October 2000:	111,275
November 2000:	149,883
December 2000:	183,573
January 2001:	212,066

Data Source: Texas Health & Human Services Commission.

Appendix I Enrollments and Eligibility by County

County	CHIP-enrolled*	CHIP-eligible**	Potential Medicaid-Pending Assets Test	Medicaid Referrals	THKC Referrals	Eligibility Yet To Be Determined***	Other****
Address Unknown	0	16	9	3	7	192	14
ANDERSON	369	83	44	173	40	149	232
ANDREWS	266	49	26	38	28	51	50
ANGELINA	519	362	72	242	64	258	407
ARANSAS	309	97	36	110	21	87	64
ARCHER	74	17	8	14	11	38	28
ARMSTRONG	32	9	0	2	2	17	12
ATASCOSA	757	256	77	264	61	211	203
AUSTIN	215	91	31	124	62	123	135
BAILEY	112	73	13	40	11	38	20
BANDERA	286	96	9	53	18	66	43
BASTROP	675	171	59	193	109	218	183
BAYLOR	67	19	0	18	5	22	24
BEE	502	186	47	174	45	160	300
BELL	1,368	492	147	519	153	579	402
BEXAR	15,392	5,417	1,602	6,135	1,777	5,994	4,096
BLANCO	72	25	4	31	7	27	28
BORDEN	10	0	0	0	0	1	0
BOSQUE	181	88	13	50	30	95	78
BOWIE	466	129	39	209	40	199	164
BRAZORIA	2,469	755	218	794	521	1,023	715
BRAZOS	793	303	81	278	89	274	212
BREWSTER	104	38	8	23	13	29	46
BRISCOE	31	5	3	6	0	10	14
BROOKS	202	36	13	33	2	35	62
BROWN	328	104	23	90	46	136	110
BURLESON	153	41	18	66	14	74	116
BURNET	478	82	48	147	55	138	131
CALDWELL	405	158	31	120	36	166	118
CALHOUN	384	42	15	89	58	114	80
CALLAHAN	190	54	13	34	21	43	59
CAMERON	6,091	2,051	506	1,529	711	1,707	1,839
CAMP	124	61	23	66	21	54	57
CARSON	76	14	1	20	5	8	15
CASS	354	99	49	128	31	134	85
CASTRO	233	89	10	62	21	43	33
CHAMBERS	296	62	21	82	59	57	59
CHEROKEE	541	182	36	236	66	181	344
CHILDRESS	70	59	15	8	5	21	36
CLAY	107	25	14	16	12	10	31
COCHRAN	111	12	14	21	7	17	38
COKE	54	10	4	14	5	16	19
COLEMAN	178	51	9	34	19	31	27
COLLIN	1,082	412	105	458	221	654	301
COLLINGSWORTH	31	11	5	5	9	17	19
COLORADO	256	105	29	99	39	95	103
COMAL	652	195	69	238	106	274	181
COMANCHE	202	46	15	28	25	32	43
CONCHO	59	5	7	17	3	8	22
COOKE	268	110	25	125	49	123	146
CORYELL	340	103	31	115	39	143	168
COTTLE	36	15	1	7	3	9	16
CRANE	78	15	3	22	7	16	36
CROCKETT	86	22	7	10	18	17	42
CROSBY	203	71	15	32	15	55	41
CULBERSON	55	47	1	16	5	18	14
DALLAM	108	27	9	25	18	66	33
DALLAS	15,964	5,767	1,741	7,779	3,550	9,240	3,720
DAWSON	290	78	27	117	19	60	134
DE WITT	298	73	27	60	27	48	86
DEAF SMITH	427	189	36	125	60	66	110
DELTA	63	6	7	20	0	17	14
DENTON	1,748	494	178	750	429	917	548
DICKENS	49	15	0	12	1	1	11
DIMMIT	305	80	21	50	21	61	108
DONLEY	71	8	2	16	8	7	13

County	CHIP-enrolled*	CHIP-eligible**	Potential Medicaid- Pending Assets Test	Medicaid Referrals	THKC Referrals	Eligibility Yet To Be Determined***	Other****
DUVAL	367	134	33	125	29	81	137
EASTLAND	322	83	14	60	41	91	89
ECTOR	1,492	515	190	491	233	612	411
EDWARDS	32	7	8	5	1	6	17
EL PASO	16,473	5,534	1,871	6,206	2,035	4,091	5,356
ELLIS	743	283	70	240	115	395	162
ERATH	379	97	33	109	55	92	55
FALLS	131	66	30	65	11	55	102
FANNIN	275	90	27	66	26	104	79
FAYETTE	315	88	19	74	38	88	84
FISHER	105	13	3	12	5	11	31
FLOYD	159	71	9	29	25	45	35
FOARD	56	18	10	11	2	8	21
FORT BEND	2,926	669	264	1,176	552	878	966
FRANKLIN	90	26	1	34	12	26	14
FREESTONE	117	42	15	77	16	52	61
FRIO	418	106	22	126	24	65	148
GAINES	573	93	87	149	69	154	112
GALVESTON	1,989	526	217	865	369	811	602
GARZA	138	45	6	13	15	30	49
GILLESPIE	370	81	27	70	44	97	74
GLASSCOCK	47	7	4	3	0	1	3
GOLIAD	78	25	8	17	12	28	48
GONZALES	282	90	18	78	15	93	93
GRAY	218	120	24	52	32	63	70
GRAYSON	844	238	65	289	118	350	242
GREGG	1,150	340	134	468	151	509	350
GRIMES	192	31	22	87	32	96	112
GUADALUPE	705	288	74	221	101	239	226
HALE	440	232	31	127	42	149	147
HALL	64	31	8	8	11	16	20
HAMILTON	153	35	14	42	14	38	35
HANSFORD	64	30	0	23	16	17	6
HARDEMAN	57	20	5	15	8	20	22
HARDIN	660	169	55	209	125	214	174
HARRIS	39,125	10,903	3,741	17,276	8,696	16,595	8,837
HARRISON	568	132	48	225	95	216	160
HARTLEY	19	1	0	9	3	2	6
HASKELL	167	38	7	24	15	14	25
HAYS	865	247	77	327	129	289	376
HEMPHILL	45	13	7	17	17	5	19
HENDERSON	748	219	55	268	78	277	166
HIDALGO	14,751	3,757	1,070	3,368	2,025	3,910	4,030
HILL	386	111	25	126	47	157	107
HOCKLEY	428	127	25	113	46	102	123
HOOD	373	84	37	151	76	156	85
HOPKINS	272	109	21	107	45	106	70
HOUSTON	187	40	19	82	15	99	114
HOWARD	413	127	54	195	31	136	140
HUDSPETH	74	47	6	44	5	19	21
HUNT	609	239	67	214	66	236	159
HUTCHINSON	418	114	30	82	61	93	89
IRION	40	11	5	5	1	5	3
JACK	118	25	3	28	14	38	31
JACKSON	164	43	7	52	20	29	49
JASPER	435	137	28	134	78	147	114
JEFF DAVIS	12	9	3	4	1	7	5
JEFFERSON	2,241	681	178	830	323	763	749
JIM HOGG	178	54	10	40	19	29	55
JIM WELLS	975	196	57	275	99	225	337
JOHNSON	995	269	82	338	189	443	266
JONES	269	89	10	59	18	54	99
KARNES	263	76	25	75	28	68	118
KAUFMAN	669	283	49	298	131	297	185
KENDALL	194	81	18	27	32	78	31
KENEDY	8	1	1	3	0	3	0
KENT	17	0	0	1	1	1	4
KERR	410	171	59	141	53	168	158
KIMBLE	94	22	0	41	4	31	22

County	CHIP-enrolled*	CHIP-eligible**	Potential Medicaid-Pending Assets Test	Medicaid Referrals	THKC Referrals	Eligibility Yet To Be Determined***	Other****
KING	0	2	0	4	0	3	6
KINNEY	44	17	3	12	4	2	12
KLEBERG	445	106	48	132	53	109	126
KNOX	117	25	14	32	12	28	32
LA SALLE	158	58	18	41	9	23	74
LAMAR	313	130	24	94	41	172	133
LAMB	329	124	24	91	37	117	105
LAMPASAS	189	60	11	88	24	68	62
LAVACA	348	76	20	91	35	92	118
LEE	192	52	13	62	33	72	97
LEON	191	48	22	78	27	100	62
LIBERTY	1,107	315	66	342	208	377	301
LIMESTONE	209	91	45	91	26	126	177
LIPSCOMB	37	23	1	8	3	13	7
LIVE OAK	150	65	4	42	11	46	44
LLANO	180	20	18	65	33	74	49
LOVING	0	0	0	0	0	0	0
LUBBOCK	2,814	968	245	1,066	291	984	1,276
LYNN	185	40	13	66	6	30	46
MADISON	96	47	11	39	3	30	48
MARION	97	24	20	37	6	30	20
MARTIN	111	34	24	29	7	28	36
MASON	68	20	8	8	10	14	18
MATAGORDA	689	181	87	408	118	254	145
MAVERICK	1,087	478	104	268	126	206	303
MCCULLOCH	170	34	8	73	8	34	39
MCLENNAN	1,578	460	177	748	120	784	491
MCMULLEN	21	0	2	1	1	2	4
MEDINA	574	210	57	157	61	166	153
MENARD	54	15	3	7	7	11	14
MIDLAND	1,327	451	115	429	146	437	303
MILAM	226	96	24	86	24	91	49
MILLS	38	11	5	18	12	22	34
MITCHELL	111	52	15	27	11	24	36
MONTAGUE	301	69	18	87	30	53	82
MONTGOMERY	2,513	714	204	1,042	453	1,116	614
MOORE	150	86	14	35	28	41	37
MORRIS	139	62	14	64	17	69	47
MOTLEY	25	7	0	6	0	1	16
NACOGDOCHES	474	171	54	164	65	193	222
NAVARRO	169	208	18	74	30	98	83
NEWTON	132	36	10	53	28	68	40
NOLAN	335	79	20	83	24	73	111
NUECES	5,125	1,304	457	2,072	509	1,752	1,792
OCHILTREE	104	34	4	23	23	27	28
OLDHAM	31	5	0	6	2	14	4
ORANGE	880	323	54	228	143	331	229
PALO PINTO	375	107	19	130	35	126	52
PANOLA	183	74	13	37	17	82	31
PARKER	796	215	46	319	131	290	211
PARMER	164	66	16	41	18	26	38
PECOS	229	112	44	65	33	64	93
POLK	431	145	41	150	62	236	161
POTTER	971	475	122	388	96	351	349
PRESIDIO	114	59	19	41	17	46	42
RAINS	120	22	7	31	13	29	26
RANDALL	592	191	39	191	86	178	241
REAGAN	158	35	2	13	18	34	29
REAL	57	7	6	20	6	9	9
RED RIVER	141	45	13	66	16	60	48
REEVES	436	139	35	145	42	93	163
REFUGIO	125	12	8	31	18	38	44
ROBERTS	2	2	1	11	0	0	8
ROBERTSON	189	46	28	67	13	64	43
ROCKWALL	256	94	21	60	37	96	39
RUNNELS	197	72	14	68	14	64	70
RUSK	386	134	55	125	77	170	136
SABINE	117	31	13	28	13	53	31
SAN AUGUSTINE	108	27	15	39	8	37	27

County	CHIP-enrolled*	CHIP-eligible**	Potential Medicaid- Pending Assets Test	Medicaid Referrals	THKC Referrals	Eligibility Yet To Be Determined***	Other****
SAN JACINTO	207	67	19	61	18	67	60
SAN PATRICIO	1,593	365	126	464	177	422	403
SAN SABA	73	8	12	12	12	16	26
SCHLEICHER	81	16	7	17	15	18	26
SCURRY	175	45	21	47	29	70	86
SHACKELFORD	83	16	5	14	6	15	29
SHELBY	308	81	21	85	42	105	67
SHERMAN	13	15	6	7	8	14	7
SMITH	2,075	485	171	843	236	616	529
SOMERVELL	82	31	13	17	10	39	21
STARR	1,907	408	128	333	216	294	480
STEPHENS	124	56	11	52	20	38	38
STERLING	33	7	0	9	13	4	17
STONEWALL	31	7	2	13	0	3	9
SUTTON	75	36	7	23	5	24	20
SWISHER	177	48	17	28	7	49	58
TARRANT	10,449	3,042	1,107	4,380	2,033	4,883	2,710
TAYLOR	1,437	358	123	355	120	443	665
TERRELL	17	5	0	9	4	2	13
TERRY	235	92	20	48	13	58	85
THROCKMORTON	46	4	4	15	5	17	32
TITUS	259	102	20	69	43	116	80
TOM GREEN	1,402	437	153	562	187	384	471
TRAVIS	5,372	1,264	536	1,969	1,136	2,044	2,176
TRINITY	124	33	8	53	20	50	64
TYLER	362	77	23	92	39	119	85
UPSHUR	417	113	61	166	53	136	94
UPTON	67	22	7	14	4	2	21
UVALDE	429	186	49	128	54	102	168
VAL VERDE	507	285	46	140	40	132	162
VAN ZANDT	581	106	50	180	73	191	119
VICTORIA	1,405	324	59	337	111	245	274
WALKER	168	105	30	148	30	182	202
WALLER	267	115	57	166	63	163	117
WARD	214	61	16	55	26	46	73
WASHINGTON	196	121	24	121	11	118	208
WEBB	5,844	1,533	553	1,328	909	767	1,425
WHARTON	556	131	91	323	76	277	269
WHEELER	54	27	4	16	8	14	18
WICHITA	844	354	89	214	83	382	319
WILBARGER	121	69	14	38	11	43	103
WILLACY	584	208	50	132	54	91	183
WILLIAMSON	1,939	471	138	511	444	638	623
WILSON	422	109	42	128	48	129	162
WINKLER	198	41	14	16	43	37	68
WISE	560	135	41	155	109	220	107
WOOD	461	127	24	125	46	152	94
YOAKUM	101	16	12	38	13	42	26
YOUNG	305	56	32	98	30	99	88
ZAPATA	419	102	24	64	53	62	114
ZAVALA	434	90	26	74	33	46	120
Grand Totals:	230,682	70,155	21,818	84,070	36,309	83,990	66,574

* This column is a total of: children who are receiving services as of January 1, 2001 (total of 212,063 statewide); and children who have completed the enrollment process and will begin receiving services February 1, 2001.

** A determination of CHIP eligibility has been made and the children are in the process of enrolling.

*** This column shows the number of children for whom applications have been received but an eligibility determination has not yet been made (usually because necessary information is missing); children who are associated with applications that are older than 90 days have been removed from this total.

**** The "Other" category includes children who are: ineligible because of current insurance; temporarily ineligible due to 90 day waiting period; subject to referral to ERS; or ineligible because of age.

From the start, to provide a strong foundation for the outreach effort and to assure ongoing customer feedback for management purposes, consumer research has been an integral component of the TexCare Partnership planning and implementation effort.

Step 1: Developing an Effective Marketing Identity

The initial phase of consumer research focused on developing an effective marketing identity targeted to families with uninsured children as the basis for successful outreach. To accomplish this, TexCare Partnership contracted with Orchard Communications to conduct research about the prospective audience for the marketing campaign. The contractor organized 21 focus groups reflecting the ethnic and geographic diversity of the state and the various income levels of families potentially eligible for CHIP and Medicaid.

Focus groups were conducted in seven Texas locations and gathered the following information:

- Opinions about children’s health and health insurance issues.
- Responses to a description of the CHIP initiative.
- Responses to specific logo and slogan ideas.
- Responses to proposed media outlets, advertising and outreach preferences and distribution points.
- Attitudes toward the proposed application and eligibility determination processes.
- Motivations to apply.

Step 2: Assessing the Program’s Impact

In the fall of 2000, the program’s quality contractor—the Institute for Child Health Policy (IHP)—surveyed 602 new member families to document their perceptions of the application, the application and enrollment process and the way in which CHIP has affected their children’s access to health care. The results of the survey suggest a high level of consumer satisfaction with the program. Parents of enrolled children also report a significant shift in utilization away from the emergency room and hospital clinics to doctor’s offices.

Future surveys and other quality research will focus on the experiences of families who have started but not completed the application process; various aspects of the outreach effort; and the ongoing impact of CHIP on the health status of member children.

Appendix K Children's Usual Source of Care

CATEGORY	PERCENTAGE (N=602)
Before joining the program did you have a usual place where you would take your child if he or she was sick or needed advice about his or her health?	
Yes	84%
No	16%
What type of place was it?	
Hospital emergency room/hospital clinic	19%
Doctor's office outside of a hospital	43%
Doctor's office inside of a hospital	4%
HMO-run clinic	9%
Community health center	7%
School clinic	17%
Local health department	1%
Don't know	<1%
Is there currently a usual place where you would take your child if he or she was sick or needed advice about his or her health?	
Yes	90%
No	10%
Don't know	<1%
Was this provider assigned to you or did you choose the provider?	
Chose	93%
Assigned	6%
Don't know	1%
Is this the same place that you used before joining the program?	
Yes, it is the same place	55%
No, I changed	32%
No, because my child did not have one particular place	13%
What kind of place is it?	
Hospital emergency room/hospital clinic	10%
Doctor's office outside of a hospital	61%
Doctor's office inside of a hospital	6%
HMO-run clinic	9%
Community health center	6%
School clinic	<1%
Local health department	1%
Don't know	5%

Data Source: Survey of 602 families enrolled in CHIP for less than three months conducted by the Institute for Child Health Policy in October and November 2000.

Appendix L Child Health Characteristics

CATEGORY	PERCENTAGE (N=602)
Parent Reports Chronic Condition	
Yes	28%
No	72%
Child Meets ALL Living With Illness Measure (LWIM) Screening Questions for Chronic Conditions	
Yes	5%
No	71%
Parent Report of Children's Diagnosis for Those With Chronic Conditions (N=169)	
Asthma	35%
Attention deficit disorder	19%
Allergies	9%
Cardiovascular/blood disorders	4%
Depression/mental health concerns	3%
Endocrine/non-diabetes	3%
Ocular problems	3%
Trauma	3%
Seizure disorders	2%
Diabetes	2%
Skin conditions	2%
Orthopedic conditions	2%
Ear, nose, and throat	2%
Cancer	2%
Gastrointestinal conditions	1%
Dental problems	1%
Gynecological conditions	1%
Renal/Genitourinary	1%
Infectious disease	1%
Migraine headaches	1%
Don't know the diagnosis	3%

CATEGORY	PERCENTAGE (N=602)
Perceived Health Status of Target Child	
Excellent	37%
Very good	29%
Good	25%
Fair	8%
Poor	1%
Child Requires More Supervision Than Others of His or Her Age	
Yes	10%
No	89%
Don't know	1%
Did your child miss school at any time during the last two weeks?	
Yes	24%
No	76%
Mean number of days missed	2.5±2.2
Were any of the missed school days due to a chronic condition? (N=115)	
Yes	30%
No	70%
Was your child unable to engage in his or her usual activities during the last two weeks?	
Yes	12%
No	88%
Was your child unable to engage in his or her usual activities due to a chronic condition? (N=70)	
Yes	43%
No	57%

Data Source: Survey of 602 families enrolled in CHIP for less than three months conducted by the Institute for Child Health Policy in October and November 2000.

Texas Health & Human Services Commission: www.hhsc.state.tx.us

TexCare Partnership: www.texcarepartnership.com

Health Plans:

AmeriKids/Americaid Community Care: www.amerigroup.com

Choice One: www.utmbhcs.org

Clarendon National Insurance Co.: www.usamco.com

Community First Health Plan: www.cfhp.com

Cook Children's Health Plan: www.cchp.org

Driscoll Children's Health Plan: www.driscollchildrens.org

El Paso First Health Plan: www.ep1st.com

FirstCare Southwest Health Alliance: www.firstcare.com

Mercy Health Plans: www.mercyhealthplans.com

Parkland KidsFirst/Parkland Community Health Plan: www.pchp.org

Seton Health Plan: www.goodhealth.com/healthplan

Texas Children's Health Plan: www.texaschildrenshospital.org

Texas Universities Health Plan: www.tuhp.com

United Concordia-Dental Contractor: www.ucci.com/clients/tx_chip_welcome.html



TEXAS HEALTH AND HUMAN SERVICES COMMISSION

P.O. Box 13247 Austin, Texas 78711 • 4900 North Lamar, Fourth Floor Austin, Texas 78751