



Texas CHIP Coalition
Meeting Minutes

April 15, 2016

Present:

Will Francis, NASW
Clayton Travis, TPS
Michelle Romero, TMA
Leah Gonzalez, Healthy Texas Futures
Jessica Cassidy, Texas Legal Aid
Kimberly Lauriston, NASW-TX
Aaron Herrera, Hunger Free Texans
Helen Kent-Davis, TMA
Sara Gonzalez, THA
Adriana Kohler, Texans Care for Children
Kathy Eckstein, CHAT
Anne Dunkelberg, CPPP
Juanita Gutierrez, CommUnity Care
Melissa McChesney, CPPP
Rachel Cooper, CPPP
Laura Guerra Cardus, CDF
Shannon Lucas, March of Dimes
John Berta, THA
Kit Abney, Seton

On the phone:

Alice Bufkin, Healthy Texas Futures
Greg Hansch, NAMI-TX
Mary Allen, TACHC
Betsy Coates, Maximums
Alanna Boulton, Central Health
Sister J.T. Dwyer, Daughters of Charity
Claudia Calderon, Texas Children's Health Plan
Mary Vedder, Texas Children's Health Plan
Rashad ?, Houston Food Bank
Jolene Sanders, Easter Seals
Shannon Lucas, March of Dimes

Chair:

Will Francis, NASW-TX

Minutes Scribe:

Julia Von Alexander, Center for Public Policy Priorities

Next meeting:

May 20, 2016

I. Update & Discussion on the Healthcare Coverage Gap & Hearings across the State (*Laura Guerra-Cardus, CDF-TX*)

- Strategizing/implementation in Cover Texas Now (CTN), but many work together the coverage gap.
- Even after 2 sessions, many legislators and supporters don't understand what the coverage gap is.

- Education on the coverage gap is a primary goal. Identified 60 legislators that they think are important and planned visits with professional advocates. CTN is working with 16-20 organizations.
- There are many ways to get involved in working on this issue and Laura/CTN plan to follow up with coalition members whose networks may be interested in helping.
 - For more information on getting involved, email Laura (LGuerraCar@childrensdefense.org).
 - Collect stories on the coverage gap. (They would like 20 by next session.) Planning to pitch an in-depth story on the coverage gap to the media closer to 2017 session.
 - Discuss the coverage gap in your testimony in hearings on public health, Medicaid, and property taxes. Must hear about it if they aren't moving forward with closing the coverage gap and how it relates to the issues they are trying to tackle (e.g. chronic disease, property taxes).
 - Sign up for Advocacy Day on March 7th, 2017 and spread the word at your events. There will be a flyer and the registration page is on the Texas Well and Healthy website [here](#). They are hoping to get 1,500-2,000 people like the very first advocacy day.
 - Encourage chambers of commerce to maintain written support.
- Discussions are occurring in rural areas among a diverse set of groups (business, hospitals, chambers of commerce, county commissioners and judges, public health, nurse associations and social workers) about Medicaid expansion, and advocates are using both the traveling hearings and hearings in Austin as forums to voice their perspectives.
- Messaging on connection to property taxes, rural hospitals, and chronic disease/public health
- Anne D- 1115 waiver is helping county judges to draw the connection. HHSC just submitted an official request for 15 month extension, meaning that Texas will have the same amount of money in 2017 as in 2016. Texas will likely see a reduction in the uncompensated care (UC) portion of over \$1 billion/year. \$5 billion or more gain in federal funds through closing the gap vs. \$1 billion or more loss. Anne has a blog post on this [here](#) recapping the comments that Texas groups made during the official federal comment period.
- Kathy- Commission contracted with Deloitte/HMA to identify Medicaid shortfall and expansion costs. The shortfall will now be included in the calculation. CMS wants to calculate cost neutrality and savings based on only 5 years back. Texas was using over 5 years. Study due at the end of August.
- Outreach: Want to have legislators surrounded by the issue locally. CTN is trying to get an automated Twitter system where legislators get a message that is local. Any education pieces you think are important- contact CTN/Laura.
- CTN has several 1 pagers on the coverage gap, including mental health perspective and county level impact. New draft on explaining why majority of Texans with serious illnesses below poverty don't qualify for Medicaid- *Anne D. can send to you if interested, she is still accepting revisions.*
- Many legislators think parents get Medicaid and/or that FQHCs fill the gap. But adults can't get SSI if they are still able to work unless they are in last 12 months of life. By not closing the coverage gap we are missing the opportunity to help people manage serious/chronic illness, which could help them to avoid death and disability.
- Website redesign (CTN and TWAH website joined)- branded as CTN. Organizing all of this material so people can have a 1 stop shop.
- Jessica C- who were the 60 legislators? Included all senators, in the house didn't include people that under any political climate would or wouldn't be supportive. People in the middle who might be open to looking at the issue if the opportunity arose. Anyone wanting to partner can see the list.
- Welcome to Sara from THA- expertise in behavioral health/insurance (previously at the Senate)

II. Updates & Discussion on Committee Hearings (*Anne Dunkelberg, CPPP*)

- Public Health Committee Hearing & House Appropriations Article II subcommittee
- Public Health committee hearing- tried to encourage people to connect the dots b/w managing chronic health conditions (focus of hearing) and not having coverage. DSHS/Deputy Commissioner for public health testimony said that where we made improvements was partly because of increased coverage and one thing to help improve further would be to increase access. Also, focused on prevention- start early with kids. The Cancer Activation Network and TACHC talked about the coverage gap.
- Reached out to see if AARP was going to take a position on the coverage gap (haven't in the past). New set of data with the age breakout (Anne can send if interested). 20% of TX coverage gap was 50+.
- Appropriations Article II subcommittee- HHSC talked about incredible caseload growth of Medicaid. Laura's testimony- that's because of good policy allowing us to reach children who qualified for Medicaid already.
- Focus on STAR Kids & adequate access to providers for people with intellectual disabilities. Kathy- chronic disease prevention (e.g. coverage) as a part of cost containment. Affects Medicaid population.
- We have a working group on Medicaid Managed Care & everyone is welcome. Consumer perspective, would love provider groups though. Reach out to Anne/Clayton/Kathy if want to be involved. Working together to understand it better. The working group will bring high level update to the CHIP coalition.
- National partners- impact to states budget from closing the coverage gap. Medicaid rolls do grow and cost does grow. But state GR spending on Medicaid grew slower in expansion states. Point to 100% match and other things like patchwork of programs that could be replaced with coverage.

III. CHIP Coalition Discussion (*Clayton Travis, Melissa McChesney, & Laura Guerra-Cardus*)

- Do we need to change our name? We are about children's healthcare coverage, not just CHIP. We did a poll and over 50% thought it was necessary. Working group then discussed pros and cons of a name change. What will the impact be? How much work to change it?
- **Recommendations-** 1. Do a name change 2. Proposal is "Children's Health Coverage Coalition"
- Communications- target audience must understand what the coalition is about. The working group felt legislators don't understand that we care about more than just CHIP.
 - Process of name change is useful to the goals of the coalition. Our focus is children's health coverage. Doing name change creates an opportunity for us to do a robust education push on the name change. Press briefings/social media plans. This assists in our other goals.
 - Which name-want to be very clear and not be confusing. We really focus on the children's coverage agenda. The name chosen was the highest rating from the survey.
- General agreement from members that Children's Health Coverage Coalition is a good name.
- Anne D. would like to recycle the logo. Sister JT seconded as it will help tie people to CHIP coalition and other members generally agreed.
- Anne D.-Important thing is that the coalition continues and that leadership is shared and we are doing interesting/important things.
- Clayton proposes send out recommendation and rough outline for implementation in the CHIP email. Next meeting we begin voting to formally adopt it. **Email Clayton/Laura/Melissa ASAP if you have a different name idea.**
- Laura-Thanks to Clayton for making it happen and seeing the process through.
- Kit- Shortcut as to how to write it for emails important.

IV. Final Regulations on Mental Health Parity in Medicaid (*Katharine Ligon, CPPP*)

- Last week CMS, the Department of Labor, and Department of Treasury released the final rules for mental health parity in Medicaid and CHIP. The final rules for private/commercial released in 2013.
- Highlights- SAMSA/CMS call- seems like they are still trying to figure things out especially long term services and how to compare those between mental and physical health.
- Final rule- consistent with that for commercial insurance and includes all delivery types of Medicaid and CHIP. Parity protections include long-term care services.
- State contracts must be in compliance with parity for financial and treatment limitations. State must include cost for additional services/treatment limitations & must role into capitation rate methodology. 18 months for compliance (Oct 2017) if state plan is not in compliance.
- Confusion- parity requirement to Medicaid/Managed Care is much more robust for kids. Already says medically necessary can't have any limitations for kids already in Medicaid (except for services that federal law don't cover). For adults can have limits on amount/duration/scope. Before guidance sounded like there was a loophole for parity for state limits.
- Anne- Did they tighten the loophole? Like only 30 days of inpatient care for hospitals. Unsure, CPPP will follow up with coalition. Major difference between adults and children?
- Parity toolkit is a guide to help consumers and providers to navigate their health plans (for Medicaid/TDI). Want to ensure people are getting full spectrum of benefits and to help consumers understand how & when they can/should complain. TDI didn't know if plans were complying because didn't hear complaints. Katharine can come back to describe the toolkit.
- Commercial final rule- access to providers is a parity issue. Managed care plan doesn't have enough mental health providers but does for physical health. Lack of beds for RTC placement or hospitalization for children but not exactly comparable to elderly issues.
- SB 760 forum in June- should include parity in this conversations. Mental health a category? Not just primary/specialists. NAMI & CPPP met with Four Price's office to advocate for dedicated hearing to concentrate on Managed Care issues. Will likely have that hearing. 4 more hearings (next is 4/27-28).
- Ask MCD when they think they may have an implementation plan and what questions they have.
- Mental Health Subacute category (not just in and outpatient)- some plans don't want to pay for it.

V. OTA Meeting & Update from HHSC Office of Social Services, Policy Strategy, Analysis, and Development Division

OSS and the Office of the Ombudsman

- **See slides.**

Presumptive Eligibility (Kate Volti)

- Most challenging requirements – 1st: 95% of presumptive eligibility determinations for Medicaid were submitted within 1 day (5 days was better). 2nd: 97% determined PE were then determined eligible.
- Standards on timeliness. 95% provision submitted within 1 day & 100% within 5 days.
- All looked challenging, but those 2 were the hardest.
- Time when the system is down? Few minor glitches, no major ones that aware of.
- When submit Medicaid/CHIP applications online after 5pm, doesn't count the file date as that day. How does process work for 24 hours? Important clarification. Unsure, Kate will follow up.

- Kit- often with kids they can't submit the application until after 5pm because parents are busy.

Community Partners Program (Kate Volti)

- Forming a group for guidance and input with representatives across the state, and active partners submitting applications. Will be conferring with the group regularly for input. Want to strengthen what bring to community partners.
- Draft of community partners survey. Would like input from CHIP members. If interested in providing input email kate.volti@hhsc.state.tx.us. Will send a draft for your thoughts.
- Within the calendar year- program rules. Who can be a community partner, definitions, limitations
- Melissa- other places that train on YourTexasBenefits? Will the updates be on that training? Yes, larger effort updating the website (new look in August).
- Anne- for an upcoming meeting it could be good to have HHSC and contractors here (Texas Hunger Institute, TACHC, Texas Impact) to talk about different pieces and what each group does.
- Working with contractors to focus on changing the scope of their work. Working on figuring out why community partners that were recruited aren't active and helping those that are active.

Minimum Essential Coverage Reporting (Valerie Eubert & Diana Forester)

- Stephanie S. wished she could have joined us, sad to see her leave. She is taking time off to travel.
- Gina & Valerie will be rotating in her absence. Reach out to them for OSS policy questions.
- IRS requirement- most Medicaid/CHIP qualify as Minimum Essential Coverage. End of March issued all of notices to clients and authorized representatives. Client hasn't gotten it, call 211.
- May not have a current address if not active. Routing people to IRS for assistance with taxes (regular tax filing hotline). Working with IRS as well.
- Initiating a batch of corrections for retroactive coverage in April and summer. Retroactive coverage- can apply for that through end of March.
- Anne- Confusion for those who may have had simultaneous coverage. Good news- CMS/IRS will assume that they had no subsidies. Won't have to pay anything back. Want to make sure people who answer the phones know might as they still get some calls about it. OO continues to stay in touch will eligibility services and has gotten some calls.
- IRS isn't asking about retroactive vs regular coverage. Not sure how they would identify based on what states are submitting. Unsure what means for consumers.
- Melissa- guidance from IRS that consumer can assume overlap is allowable sent to tax preparers and FIDA sites. Should have that information, but it didn't go out until early March.

Account Transfers (Valerie Eubert):

- CMS is working with contractors for assessments- will break down data for Federal partners and will share with the coalition. Ongoing conversations with CMS- looking at refining the account transfers process. What bounces back on CMS end? Plans on addressing those issues (reduced over past 2 years)
- Does the assessment include the immigration status of the people coming over? Because of 5 year bar LPRs can't get Medicaid/food stamps. Due to that LPRs have access to Medicaid if below poverty (no coverage gap). But LPRs have been incorrectly assessed as potentially eligible for Medicaid, unless able to verify in real time (but there are issues with this). How many are affected by incorrect assessments? Valerie will follow up.

Renewals: Medicaid and CHIP (Valerie Eubert):

- ACA required an administrative process, more automated & just ask what need to for renewal.
- Have now cycled everyone through this process. Planning to end the calling campaign.
- Renewal rates have been consistent- 20% through administrative renewal successfully of the 80% eligible. The 20% automatically ineligible for administrative renewals includes aged, blind, disabled populations. Some of these groups don't require resource update.
- Working on how to report/break down the renewals data (e.g. mapping out where started to where ended and where people are kicked out).
- Anne- will that mapping illuminate what factors are preventing them from being renewed administratively? Yes, Who/why needed additional information? There are some people who will never be able to use administrative renewals (e.g. self-employed). Will map this too.
- When reach out for information and applicant responds with additional changes HHSC works it as a part of the renewal process. It is this middle part where people often get kicked out.
- Anne- glad to see data in this detail and analysis of renewal trends. We really want to know what works and what doesn't work through this data. At least one MCO felt their average length of kids has dropped since the administrative renewals process started. Interested to see how it is working under the new policies. Nervous about how flat the caseload is for kids (may be economy) but glad looking into the performance of the administrative renewals system.
- Valerie- interested in assessing that there are no systemic issues.

Major Changes in SNAP Operations (Kate Volti)

- Still assessing this rule, however it only requires notification not prior approval.
- Focus is on the level of effort around SNAP determinations and changes in the number of staff. Doesn't seem like there is anything to report in their current projects.
- Part of regular project processes for any plan changes in the works to build into process. Would notify CHIP coalition about these changes.
- Rachel- Nothing that would qualify as major change? Yourtexasbenefits changes? Kate-Requirement is around making it harder for SNAP application. Hoping changes are improvements, don't believe are doing anything to make it more difficult and they aren't taking away any of the current processes.
- Getting client feedback at local offices and usability experts are a part of designing the new website. Would love to hear feedback.
- Reporting structure for major change- is system set up for this? Working on a project that is looking at that. First checked to see if have anything they must report now. Just began working on that process for reporting/standardization.

Texas Administrative Rules Changes

- February meetings at HHSC were canceled. OSS is presenting rules at the following meetings:
 - Medical Care Advisory Committee on May 12, 2016
 - HHSC Council on May 20, 2016
- Variety of changes included- **see slides**, meetings will have detailed packets (not yet posted). They are taking public input at the council meeting. Administrative code will be updated after proposal is put together, and 30 day comment period. TAC and TWH will be out of alignment until November.
- The rules OSS will present on at the above meetings include:

- **SB200**- Nothing in the rule inconsistent with implementation changes.
- **SB 1664/SB3987**- School based savings accounts that are exempt from resources. Still conversations with TEA on how to identify the accounts. If you are working with people setting up these accounts, share with HHSC. Want to know what to look for and what will look like. Person with one should let HHSC know so identify appropriately. Anne- had connected CPPP with HHSC. Lingering concerns contact Gina Perez
- **Supreme Court: Obergefell v. Hodges** (same sex marriage)- HHSC is in compliance. Only rules to update are MAPD for Medicaid for elderly/disabilities
- **ACA updates**- cleaning up TAC rules. Needs of unborn children in Medicaid and CHIP households. Change- pregnant CHIP child's household, count the needs of the unborn (began in April). Makes CHIP policy consistent with Medicaid. But for CHIP child whose mom is pregnant, don't count the needs of the unborn as CHIP child's household because was a state option. But for Medicaid you do count that. Pre-ACA policies, trying to carry over. With direction could reconsider.
- **TANF update**- to clarify eligibility, TAC rule doesn't clearly show what a crisis is. Working to make the rule reflect the practices/policy. Trying to make it more transparent.
- Will also have public hearings.

Medicaid Renewal Process for Former Foster Care Youth

- Do Former Foster Care Youth (FFCY) get the full packet or just the cover letter and are directed to go online? Asking because may have trouble accessing online account.
- HHSC will follow up in writing, but FFCY can see and process entire renewal online. Authentication issues- may not know every address. Can be unlocked through assistance from 211.
- Same renewal process as other Medicaid programs. Just getting cover letter. MEPD clients are the ones that get the whole packet. Can always call 211 to get the full packet and can opt into paper.
- 2 cases of babies born where the baby hasn't left the hospital and CPS takes custody. Medicaid only starts day that CPS takes custody. It is hard to get moms who didn't have coverage at delivery to comply. Babies aren't retroed back to birth. Why can't get retroactive? Because parent/mom must apply for days before CPS took custody. Why can't CPS apply for retro? Been told that can't.
 - Will Francis will help. And Valerie will take it back.
- Rachel- Transformation- where will WIC end up? Who to talk to? Unsure, based on feedback don't know if the structure proposed at the hearing will even be the one. Haven't seen any information.

Office of the Ombudsman (Paige Marsala & Tina Pham)

- Top 3 complaints haven't changed much (accessing prescriptions, information on case/case denied, case information error). Top 3 inquiries (checking eligibility, requesting info on applying/benefits)
- Medicaid- same complaints. Used to be majority of complaints were related to SNAP, now Medicaid.
- Access to prescriptions issues- enrollment in Medicaid health plan can become retroactive, and plan hadn't uploaded the file yet. Other insurance on case that prevents from getting prescriptions- change where have lost it and didn't update, didn't remember had old health insurance, or divorced & dad got health insurance for kid but didn't tell mom.
- Case denials- look at if denial was correct. At next meeting, will report on number denied in SNAP/TANF/Medicaid and percentage that are substantiated.

- New position- foster care ombudsman (part of SB830) under special services unit. Regarding DFPS or any other HHS agencies. Only assist children in care of DFPS (up to 17), currently contacting office of consumer affairs of DFPS. Working on flyers/announcement to send to other agencies/public. Different number than the main line & will be able to submit online. Looking into texting. May 2nd phone and website available. Will return call within 24 hours. See contact slide.
- Level of complaints? Issue with foster family? Working with office of consumer affairs to gauge issues. So far mostly that their belongings didn't move with them.
- Hired Clarisse Rogers, extensive background with CPS/DFPS & hope to ask for more staff.
- OMCAT Updates- April Ferrino and Barbara Fountain
 - Outreach (Barbara)- trying to make it more utilized and well-known. Focus on STAR Plus and STAR Kids. Trying to partner and share info on OMCAT/how can be of assistance to many different groups. Will be attending events. If you know of any community orgs, even local ones, let her know. No materials yet. Recruitment/outreach to community partners- info to partners? Working with division of community services and including her in presentations.
 - Managed Care Support Network (April)- SB760 required network of support entities overseen by OO. Drafting invitation letters & surveys for potential members. Hoping to find duplications/holes and how can collaborate to make managed care work.
 - Medicaid training (Paige)- SB760- met with other agencies to determine what type of Medicare training is available. Similar to Medicare benefits counseling 1 certification will include A, B, C, D, appeals and durable medical equipment and Medicare savings program.
- Sister JT- STAR Kids approaching 21st birthday- will they have to enroll in STAR Kids if 6 months from 21st birthday? Paige will look into and follow up.

Update on the Keeping Our Communities Healthy Conference (Aaron Herrera, Hunger Free Texans)

- Provide education as core service. 6 regions. Food nutrition and healthy communities- ½ day mini-conferences on this (free). Trying to foster collaboration/partnerships on food access/hunger/food insecurity. Hunger/food insecurity is a healthy communities issue (so is poverty, obesity) use that platform in addition to free regional conferences. Lots of opportunity for outreach in these conferences.
- Every May in Houston NRG convention center (600-800 orgs)- schools, agriculture, farmers, hospitals, food banks, FQHCs. All tied to healthy food access.
- Information at hungerfreetexans.org. 20 organizations with exhibit booths are able to go for free (scholarship). If interested, contact info@hungerfreetexans.org or aherrera@hungerfreetexans.org. Agriculture commissioner Sid Miller, USDA Office of Food Safety/inspection on agenda. Will be talking about food safety a lot and will provide that information to community organizations in the future.

Adriana Kohler of Texans Care for Children will chair the May 20th meeting, which is a regular 2 hour meeting.



Presumptive Eligibility and the Community Partner Program

Office of Social Services

Kate Volti
Director of Community Access
April 15, 2016

Presumptive Eligibility (PE)

- The PE website, www.TexasPresumptiveEligibility.com, launched December 3, 2014. The PE website includes a wealth of information about the program including: general information, access to required trainings, program updates, policy requirements, and a link to submit PE determinations.
- As of April 7, 2016:
 - 38 QH/QEs have joined the program and 37 are still participating.
 - 3 hospitals/entities are in the PE enrollment process.
- QH/QEs began submitting PE determinations effective February 1, 2015.

- As of April 7, 2016, QHs and QEs submitted 341 PE determinations.
 - QHs submitted 113 determinations
 - QEs submitted 228 determinations
- HHSC initiated the Corrective Action Plan (CAP) process for QHs on December 16, 2015. For the initial review, HHSC PE staff reviewed determinations submitted by six QHs for the period of June through August 2015. The six QHs reviewed were:
 - Dallas Medical Center
 - Denton Regional Medical Center
 - Knapp Regional Medical Center
 - Las Palmas Medical Center
 - The University of Texas Medical Branch
 - University Medical Center Health System
- Knapp Regional Medical Center met all performance standards.
- The remaining five under review have not submitted additional data.

Community Partner Program

- Through the Community Partner Program (CPP), HHSC partners with community-based organizations to assist individuals applying for public benefits through the YourTexasBenefits.com website.
- In its fourth year CPP is focused on new ways to support and retain partners. Relevant activities include:
 - Formation of a Community Partner Group for guidance and input
 - HHSC site support visits
 - Community Partner survey
 - Program rules
 - Updates to program materials and trainings



Policy Strategy, Analysis, and Development

Office of Social Services

April 15, 2016

Minimum Essential Coverage Reporting

- On March 25, 2016, HHSC completed sending the Internal Revenue Service (IRS) Form 1095-B to clients (and their authorized representatives) that received Medicaid or Children’s Health Insurance Program (CHIP) coverage in 2015 that qualifies as minimum essential coverage.
- The Form 1095-B identifies the months that clients received qualifying Medicaid or CHIP coverage during 2015.
- Medicaid and CHIP clients should call:
 - **IRS** for questions about filing federal income taxes.
 - **2-1-1** for re-prints of the Form 1095-B or questions about Medicaid/CHIP coverage.

- HHSC currently receives applications daily from the Marketplace and processes application when received. From May 2015 through April 6, 2016:
 - HHSC received approximately 248,978 unduplicated transfers from the Marketplace.

- The Marketplace open enrollment period for 2016 occurred from November 1, 2015 to January 31, 2016.
 - From November 1, 2015, through January 28, 2016, HHSC received approximately 135,066 unduplicated transfers from the Marketplace.

- Medicaid and CHIP clients have cycled through the administrative renewals process implemented September/October 2014.
- HHSC has been calling Medicaid and CHIP clients to remind them to submit their renewal form. From February 19th to March 15th 2016, approximately 79,000 Medicaid and CHIP clients were called and approximately 75% of clients up for renewal were contacted:
 - 27% of clients stated they will send the renewal form or had already sent in the renewal form.
 - 47% of clients were left a message prompting them to send in the renewal form.

Major Changes in SNAP Operations

- On January 19, 2016, the Food and Nutrition Service (FNS) issued final rules requiring states to report major changes in the operations of the Supplemental Nutrition Assistance Program (SNAP).
 - Notification is required 120 days prior to implementation or entering into a contract for major changes.
 - Prior approval of major changes is not required.
- The rules apply to major changes that are implemented on or after March 21, 2016.
- At this time, HHSC has not identified any planned changes that meet the federal definition of a major change. HHSC will report any major changes that are identified in the future.

- OSS is presenting rules at the following meetings:
 - Medical Care Advisory Committee on May 12, 2016
 - HHSC Council on May 20, 2016

- The proposed rules include:
 - Senate Bill 200, 84th Legislature, Regular Session, 2015
 - Senate Bill 1664, 84th Legislature, Regular Session, 2015
 - House Bill 3987, 84th Legislature, Regular Session 2015
 - Supreme Court Decision: Obergefell v. Hodges, 576 U.S. 135, June 26, 2015
 - Affordable Care Act (ACA) updates to align state rules with federal law and current HHSC policy
 - TANF update to clarify eligibility requirements for a caretaker adult to receive one-time TANF



TEXAS
Health and Human
Services System

HHS Office of the Ombudsman Update

**Presented to
CHIP Coalition
April 15, 2016**



TEXAS
Health and Human
Services System

FY 2016

Overall Ombudsman Contacts for FY 2016

- Complaints 11,171
- Inquiries 39,000

Top Three Complaints

- Access to Prescriptions
- Application and/or Case Denied
- Case information Error

Top Three Inquiries

- Checking the eligibility status on an application or case
- Requesting information on how to apply for program benefits
- Requesting explanation of benefits and/or policy



TEXAS
Health and Human
Services System

FY2016

Top Three Medicaid Related Complaints

- Access to Prescriptions
- Application/Case Denied
- Case Information Error

Top Three Medicaid Related Inquiries

- Requesting information on how to apply for program benefits
- Checking the eligibility status on an application or case
- Access to Prescriptions



TEXAS
Health and Human
Services System

FY2016

Timeliness of Pregnant Women Eligibility Determinations

- Since 09/01/2015, the OO has not received any contacts.

Former Foster Youth Who Are Entitled to Medicaid

- Since 09/01/2015, the OO has received three contacts from former foster youth who were erroneously denied due to aging out.



TEXAS
Health and Human
Services System

Foster Care
Ombudsman

FOSTER CARE OMBUDSMAN





Foster Care Ombudsman

- Senate Bill 830 (84th Legislature, Regular Session, 2015) created the Ombudsman for Children and Youth in Foster Care and directed it to be administratively attached to the HHS Office of the Ombudsman (OO). The full text of the bill is codified as Subchapter Y of Chapter 531 of the Government Code.
- The bill established the foster care ombudsman (FCO) to serve as a neutral party in assisting children and youth in the conservatorship of DFPS with complaints regarding issues within the authority of DFPS or other HHS agencies.



Foster Care Ombudsman

- FCO is gearing up the start taking questions and complaints from foster youth. Official kickoff is May 2, 2016. We are working right now to get materials printed and items ordered that the FCO will use to reach out and inform youth about the FCO and FCO services.



Foster Care Ombudsman

Contact

- Toll-free phone: 1-844-286-0769 (8am to 5pm, Monday through Friday)
- Toll-free fax: 1-888-780-8099
- Mail: Texas Health and Human Services Commission
Foster Care Ombudsman, MC H-700
P O Box 13247
Austin, Texas 78711-3247
- Online: [coming soon!]



OMCAT

Ombudsman Managed Care Assistance Team (OMCAT)

Update

- Outreach
- Managed Care Support Network
- Medicare Training



TEXAS

Health and Human
Services System

Contact Us

Phone (Toll-free):

Main Line: 1-877-787-8999

Managed Care Assistance: 1-866-566-8989

Relay Texas: 7-1-1 or 1-800-735-2989



Fax (Toll-free):

1-888-780-8099



Online

<http://www.hhsc.state.tx.us/ombudsman>



Mail

Texas Health and Human Services
Office of the Ombudsman, Mail Code H-700
P. O. Box 13247
Austin, Texas 78711-3247

