Texas CHC Coalition
Meeting Minutes

August 18, 2017

Present:
Anne Dunkelberg, Center for Public Policy Priorities
Clayton Travis, Texas Pediatric Society
Melissa McChesney, Center for Public Policy Priorities
Alice Bufkin, Healthy Futures of Texas
Leah Gonzalez, Healthy Futures of Texas
Will Francis, National Association of Social Workers
Kit Abney Spelce, Central Health
Veronica Brown, LoneStar Circle of Care
Adriana Kohler, Texans Care for Children
Laura Guerra Cardus, Children's Defense Fund
Frank Genco, HHSC
Diana Forrester, HHSC
Paige Marsala, HHSC
Darlene Turner

On the phone:
Stephanie Stevens, Texas Hospital Association
Sister JT Dwyer, Daughters of Charity
Betsey Coates, Maximus
Jean Klewitz, Texas Association of Family Physicians
Summer Stringer, Feeding Texas

Chair: Clayton Travis
Minutes Scribe: Stacy Denton
Next meeting: September 15, 2017

I. Special Session Recap and Planning for the Interim (group discussion)

- **Adriana:** Senate Bill 17, relating to the Maternal Mortality and Morbidity Task Force passed and was signed into law. See attached handout titled "Senate Bill 17: Extending the Maternal Mortality & Morbidity Task Force" from Texans Care for Children for background and important provisions.
- **Anne:** To finance HB 21, the state delayed a large Medicaid payment until the next 2-year budget cycle. This tactic is nothing new but the concept of taking money from one public service (Medicaid) to fund another (education) is dangerous. There is an overall and chronic issue of deliberately starving governmental services which shifts costs to

counties, charities, and school districts. The coalition discussed bringing together leaders in both health care and education to push back against the state pitting one against the other. The coalition discussed ways to articulate the message and the timing of messaging. Federal-level materials are available which give a blueprint for ways to work together.

- **Clayton and Adriana:** Implementation of bills HB 2466 (maternal depression coverage), HB 1600 (mental health screening under Texas Health Steps).
    - Question: are other groups tracking pediatric therapy cuts? Any systematic monitoring happening? Not clear if there has been a network adequacy analysis after the therapy cuts.
- **Interim study priorities:**
    - Texans Care for Children looking at ECI interim charge. Perhaps add therapy cuts as well?
    - Adriana discussed Texans Care for Children recommendations (draft handout not for circulation). Recommendations included strengthening continuity of care, ensuring more Texas mothers get early prenatal care, preventing and addressing substance use to support healthy mothers and babies, streamlining coverage and renewal for Texas children in Medicaid/CHIP, and improving health access for mixed-immigration families.

II. CHC Intern for Fall 2017 (group discussion)

- Anne discussed the search for CHC intern for the Fall 2017 semester. A commitment would include funding 10-15 hours per week (at a cost of approximately $2500-$3750) and providing an office space for the intern.

III. Federal Updates (Multiple speakers)

- Congressional CHIP Proposals:
    - Anne: With federal funding for CHIP to end September 30, 2017, Anne proposed putting together a fact sheet to send to congressional delegation and state leaders. Fact sheet would include enrollment numbers for children and mothers in the program, effects on the Texas budget, and potentially harmful outcomes of not renewing funding.

V. Payment for Quality Redesign (Frank Genco, HHSC, Diana Forrester, HHSC)

- HHSC staff discussed HHSC's P4Q redesign. Topics included Dental P4Q, Medical P4Q, and Value based purchasing. See attached Power Point presentation titled "HHSC P4Q and VBP".

VI. Office of the Ombudsman (Paige Marsala, HHSC)

- Ms. Marsala discussed complaint and inquiry totals, contact volumes by program type, reasons for contact by program type, and the Foster Care Ombudsman program. See attached PowerPoint presentation titled "HHS Office of the Ombudsman Update."

VII. Update from HHSC Access & Eligibility Services Division (Christina Hoppe, Earl Nance, HHSC)

- Administrative renewal vs periodic income check: Administrative renewal comes at the end of the 12-month period when the state is trying to reverify income (and other eligibility requirements). The periodic income check happens when electronic data indicates that the individual may be over the income limit and the state must verify that the applicant is not over the limit. See attached chart outlining differences between administrative renewal and periodic income checks.
- For information on bills from 85th legislative session that impact eligibility processes, TIERS update, SNAP and E&T updates, see attached handout from HHSC

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HHSC P4Q and VBP

Medicaid and CHIP Services Department,
Quality and Program Improvement

Agenda

HHSC Quality Initiatives:

- Dental Pay-for-Quality Program
- Medical Pay-for-Quality Program
- Value-Based Purchasing

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2018 Dental Pay-for-Quality

Medicaid and CHIP Services Department

Quality and Program Improvement

Quality Assurance

Redesign Goals

HHSC's goal is to design a dental P4Q program that:

- Creates a mechanism to incentivize quality performance
- Is as simple as possible

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Measures

Measure	Description	Reasons	Medicaid Age	CHIP Age
DQA Oral Evaluation	Percentage of enrolled children: • who received a comprehensive or periodic oral evaluation within the reporting year	Assesses if child: • came into the dentist for any reason • received an evaluation • had a treatment plan developed CDT codes same as HHSC's homegrown THSteps measures.	0-20	0-18
DQA Topical Fluoride	Percentage of enrolled children: • at "elevated" risk • received at least 2 topical fluoride applications within the reporting year	Assesses if children are receiving recommended primary prevention services.	1-20	1-18
DQA Sealants for 6-9 year olds	Percentage of enrolled children: • at "elevated" risk • received a sealant on a permanent tooth within the reporting year	Included in the CMS CHIPRA child core set, allowing for comparison to other states.	6-9	6-9
DQA Sealants for 10-14 year olds	Percentage of enrolled children: • at "elevated" risk • received a sealant on a permanent second molar tooth within the reporting year	Included in the CMS CHIPRA child core set, allowing for comparison to other states.	10-14	10-14

Methodology

- Dental plans will receive their baseline capitation with no up-front adjustment for potential increased utilization.
- In 2018, 1.5% of each plan's capitation is at risk.
- If plan's performance decreases beyond a certain threshold amount on the dental P4Q measures, HHSC will recoup from the original baseline capitation.

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Methodology (cont.)

- If plan's performance is maintained or improves on all measures, HHSC will not recoup (i.e., the plan will keep all of its at-risk capitation).
- If a dental plan is subject to recoupment, the money recouped will be available as an incentive to another dental plan.
- The other dental plan would only be able to earn this money if its performance improves beyond a threshold amount.

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2018 Medical Pay-for-Quality

Medicaid and CHIP Services Department

Quality and Program Improvement

Quality Assurance

Redesign Goals

HHSC's goal is to design a medical P4Q program that:

- Is simple and easy to understand
- Allows plans to track their performance and predict losses
- Rewards both high performance and improvement
- Promotes transformation and innovation leading to improved health outcomes

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HHSC's 2018 Primary Areas of Focus

In a continued effort to enhance the quality of care while driving down costs, HHSC is focused on:

- Prevention
- Chronic disease management, including behavioral health
- Maternal and infant health

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At-Risk Measures

Measure	Programs
Potentially Preventable Emergency Room Visits (PPVs)	STAR STAR+PLUS CHIP
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	STAR CHIP
Prenatal and Postpartum Care (PPC)	STAR
Well Child Visits in the First 15 months of Life (W15)	STAR
Diabetes Control - HbA1c < 8% (CDC)	STAR+PLUS
High blood pressure controlled (CBP)	STAR+PLUS
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using antipsychotics (SSD)	STAR+PLUS
Cervical cancer screening (CCS)	STAR+PLUS
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) - Sub measures counseling for nutrition and counseling for physical activity	CHIP
Adolescent Well Care (AWC)	CHIP

At-Risk Methodology

- Capitation at-risk is three percent
- Three ways in which MCOs can earn or lose money
  - Performance Against Established Benchmarks
  - Performance Against Self
  - Bonus pool (no risk)
- The MCO's capitation at-risk is distributed equally across the at-risk measures
  - Of that, half is assigned to performance against established benchmarks and the other half to performance against self

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At-Risk Methodology (cont.)

- The percent capitation for the measure is distributed evenly by the number of sub measures
- Measures and benchmarks will be reviewed every two years
- New at-risk measures will primarily come from the bonus pool measures

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Bonus Pool Measures

Measure	Programs
Potentially preventable admissions	STAR
Low Birth Weight	STAR
Good access to urgent care	STAR STAR+PLUS CHIP
Rating their health plan a 9 or 10	STAR STAR+PLUS CHIP
Potentially preventable readmissions	STAR+PLUS
Potentially preventable complications	STAR+PLUS
Prevention Quality Indicator Composite	STAR+PLUS
Childhood Immunization Status (CIS) Combination 10	CHIP

Bonus Pool Methodology

- The amount remaining after funds have been recouped and redistributed for the at-risk measures will be placed in the bonus pool
  - Should more money be earned than recouped for the at-risk measures, there will be no funds for the bonus pool
- A plan can earn one point for each bonus pool measure by meeting a predetermined benchmark
- Bonus pool points are adjusted to account for variation in MCO size by dividing the MCOs capitation by the total program capitation

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Bonus Pool Methodology (cont.)

- The amount available in the bonus pool is divided by the total program adjusted bonus points, creating a dollar value for each adjusted point
- Each plan receives a bonus of their total number of adjusted points multiplied by the dollar value for each adjusted point

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Value-Based Purchasing

Medicaid and CHIP Services Department

Quality and Program Improvement

Quality Assurance

Value-Based Purchasing

Definition

- A set of initiatives that are designed to reward MCOs and providers for providing 'value'.

Guiding Principles

- Continuous Engagement of Stakeholders
- Harmonize Efforts
- Administrative Simplification
- Data Driven Decision-Making
- Movement through the VBP Continuum
- Reward Success

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Value-Based Requirements

HHSC has established the following requirements:

- **Value-Based Contracting Targets**: the MCOs/DMOs must increase over 4 years the ratios of money paid in VBP relative to overall medical expense.
- **Resource Requirements**: the MCOs/DMOs must dedicate sufficient resources for provider outreach and negotiation, assistance with data and/or report interpretation, and other collaborative activities to support payment reform and provider improvement.

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Value-Based Requirements (cont.)

HHSC has established the following requirements:

- **Data Sharing Requirements**: the MCOs/DMOs must establish data and report sharing with providers.
- **VBP Model Evaluation Requirements**: the MCOs/DMOs must dedicate resources to evaluate the impact of value based payment models on utilization, quality and cost, and return on investment.

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Value-Based Contracting Targets

MCOs:

Percentage of MCO's payments to providers must be value-based	• 25% in 2018 • 50% in 2021
Percentage of MCO's payments to providers must be value-based AND incorporate provider financial risk	• 10% in 2018 • 25% in 2021

DMOs:

Percentage of DMO's payments to providers must be value-based	• 25% in 2018 • 50% in 2021
Percentage of DMO's payments to providers must be value-based AND incorporate provider financial risk	• 2% in 2018 • 10% in 2021

Helpful Resources

HHSC Main Quality Webpage:

https://hhs.texas.gov/about-hhs/process-improvement/medicaid-chip-quality-efficiency-improvement

Texas Healthcare Learning Collaborative (THLC) Portal:

https://thlcportal.com/

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Thank you

If you have any questions or comments, please contact:

- **Frank Genco: Frank.Genco@hhsc.state.tx.us**
- **Quality mailbox: MCD_managed_care_quality@hhsc.state.tx.us**

HHS Office of the Ombudsman Update

Presented to
CHC Coalition
August 18, 2017

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Total Ombudsman Contacts for June & July 2017

- Complaints – 3,151
- Inquiries – 11,410

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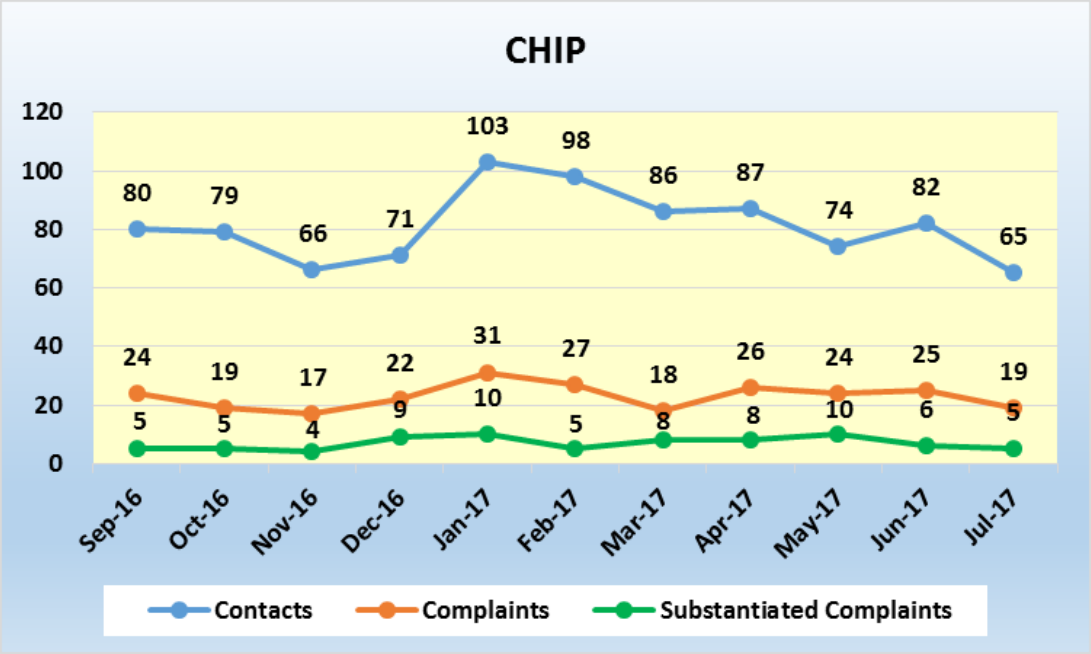
Contact Volumes by Program Type
September 2016 – July 2017



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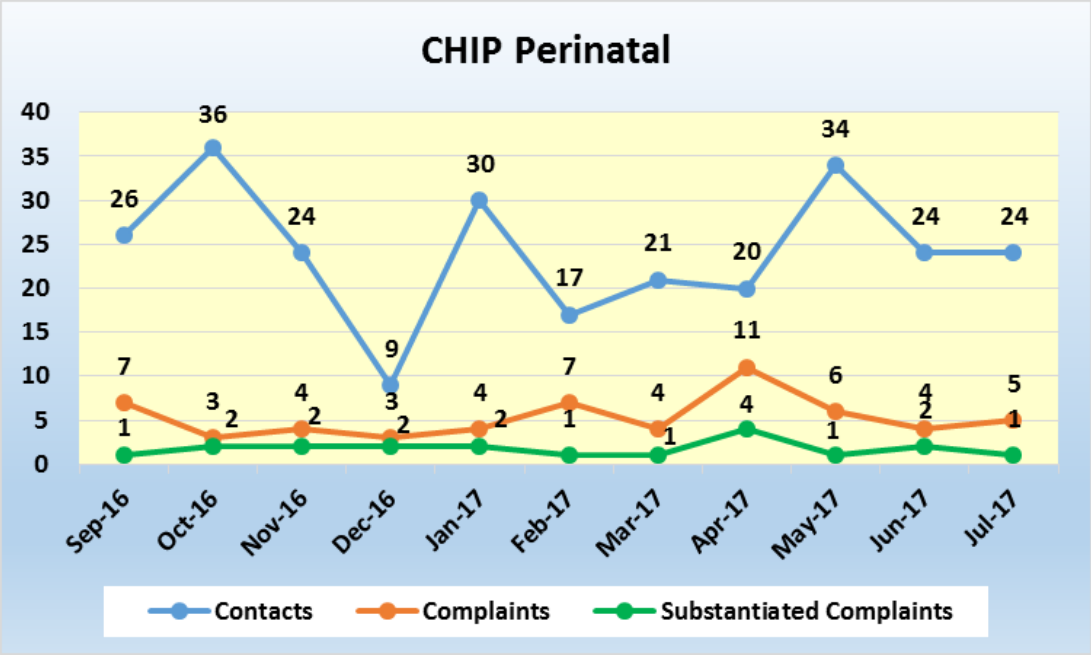
Contact Volumes by Program Type
September 2016 – July 2017



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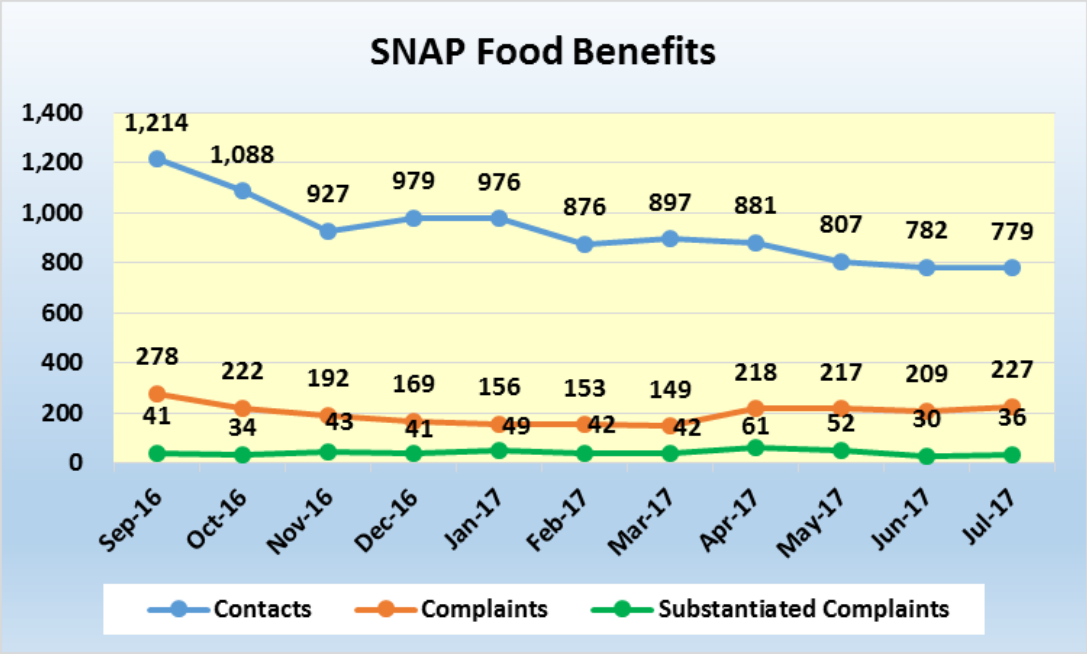

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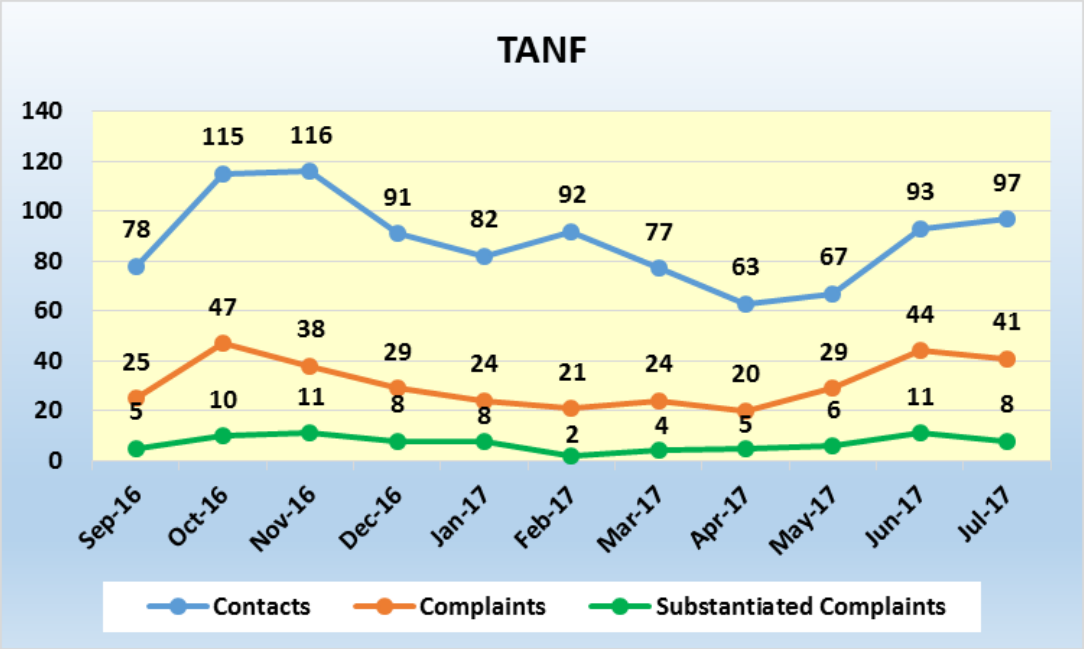

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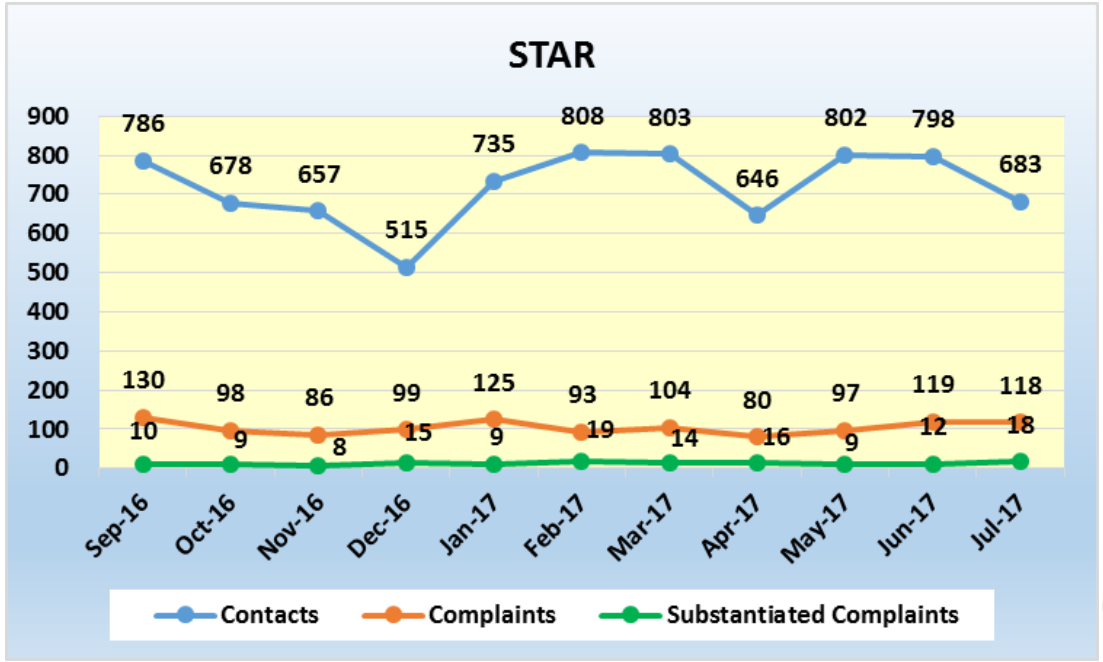

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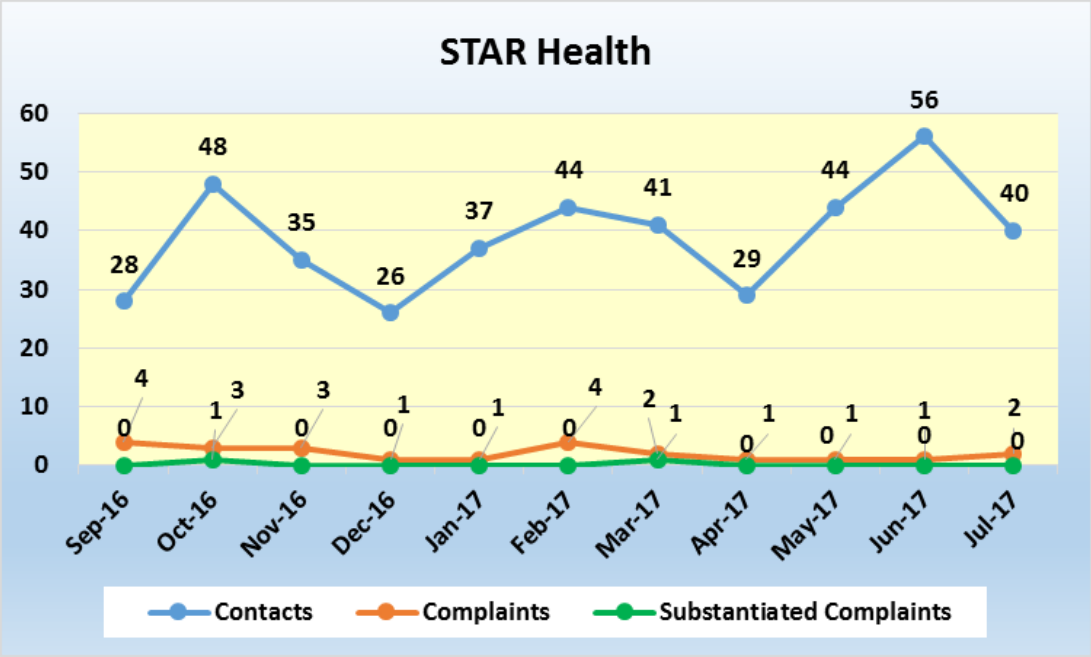

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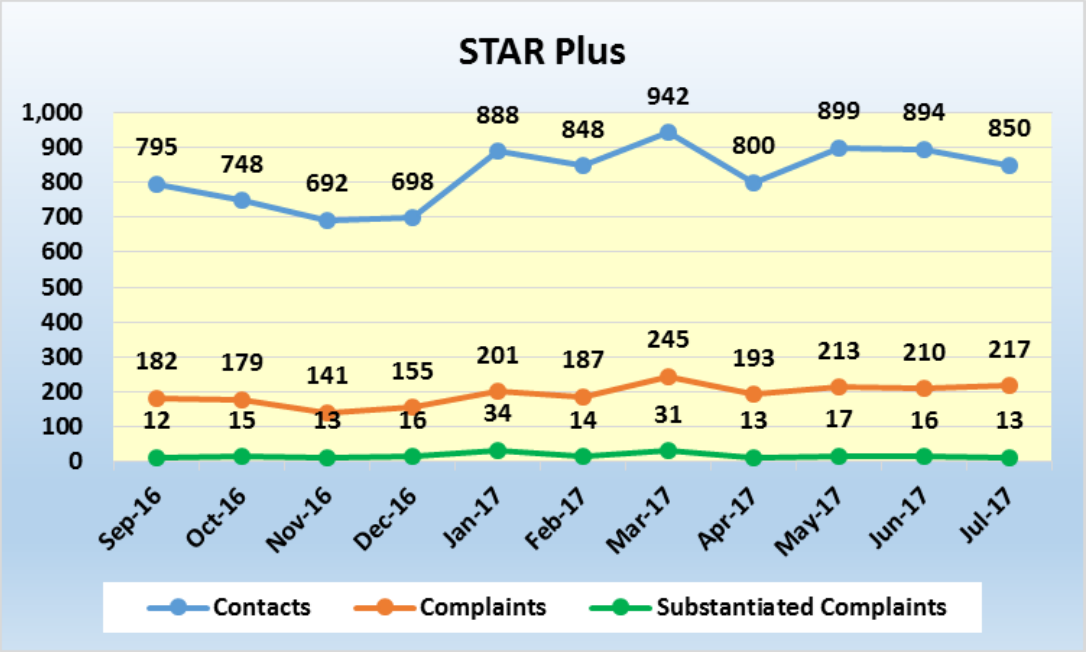

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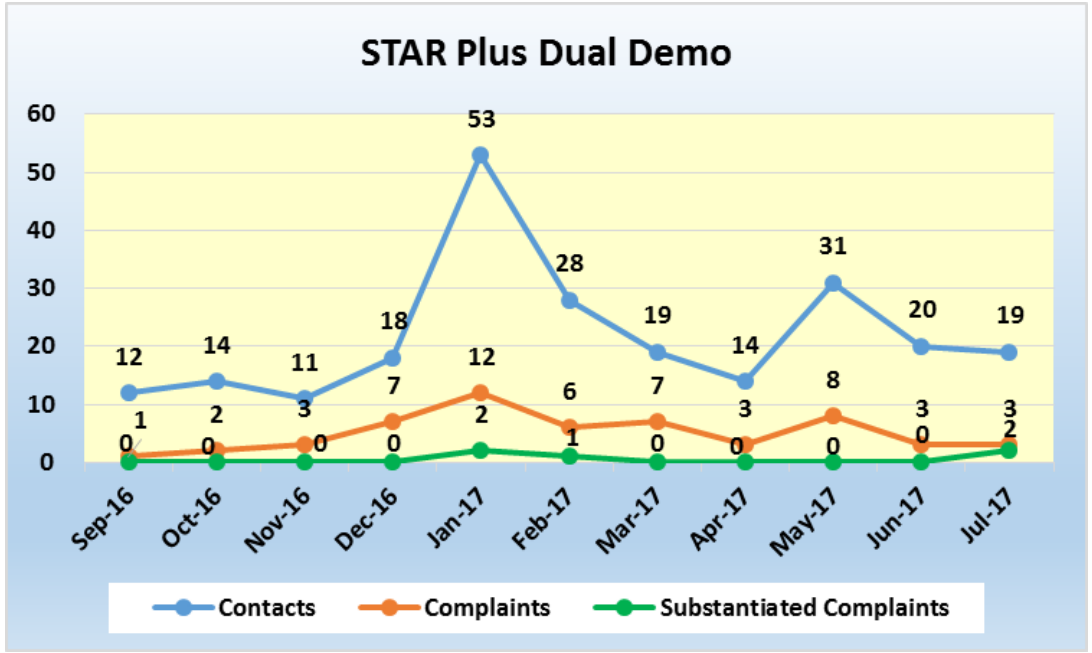

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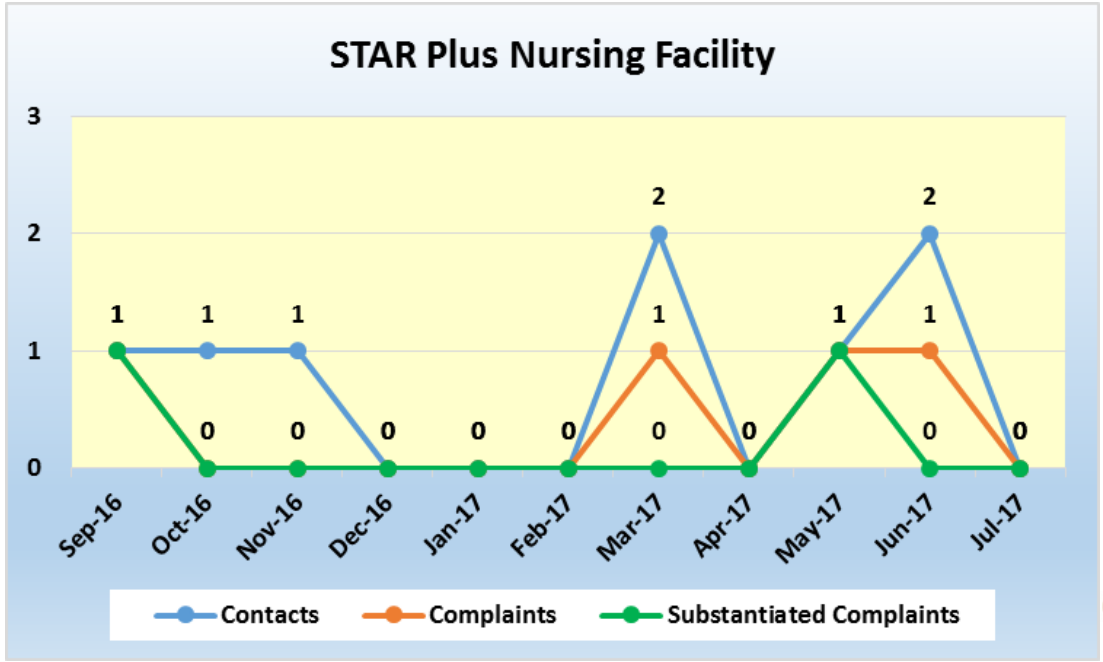

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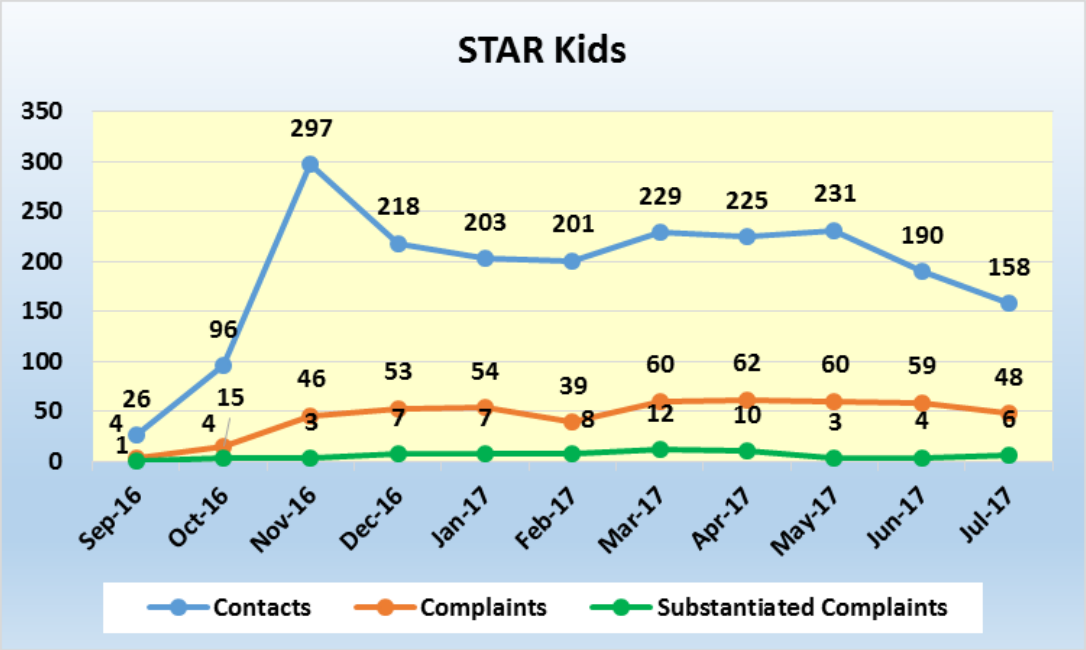

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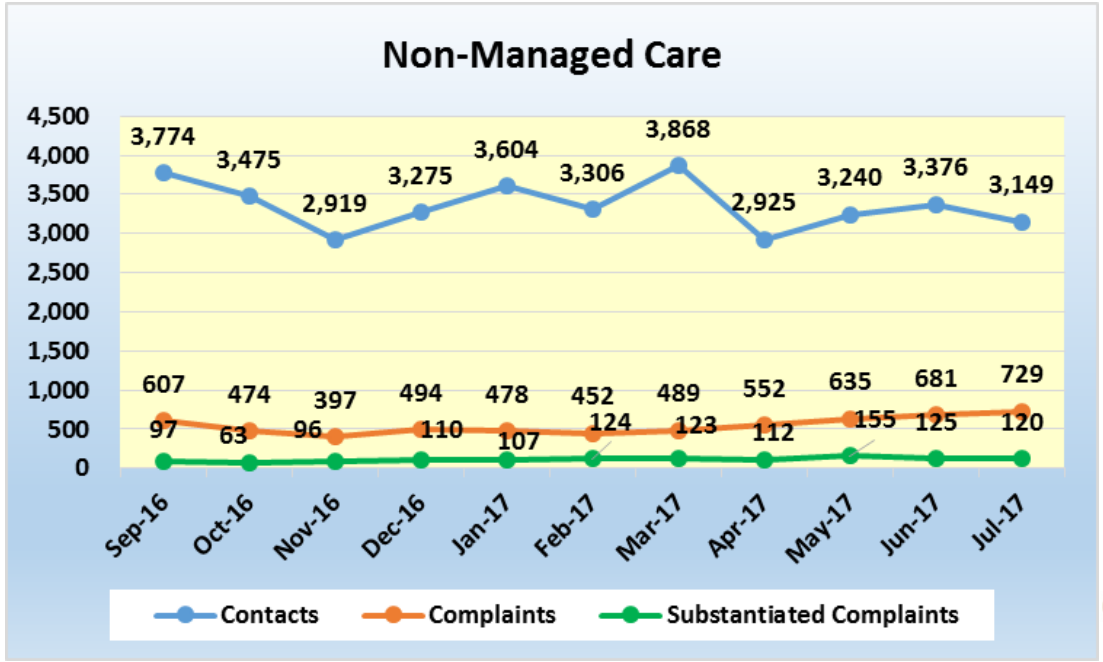

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Top Three Reasons for Contact by Program Type June & July 2017

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Top Three Reasons for Contact by Program Type
June & July 2017

CHIP	CHIP - Perinatal
Application Case/Denied	Check Status
Check Status	Application Not Completed
Contact Info Request	Contact Info Request
SNAP	**TANF**
Application/Case Denied	Application Case/Denied
Benefit Amount	Case Information Error
Reporting Change	Explanation of Benefits/Policy

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Top Three Reasons for Contact by Program Type
June & July 2017

STAR	STAR Health
Access to Prescriptions	Access to PCP/Change PCP
Access to PCP/Change PCP	Verify Health Coverage
Verify Health Coverage	Access to Specialist
STAR Plus	
Access to Long Term Care	
Access to Prescriptions	
Verify Health Coverage	

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Top Three Reasons for Contact by Program Type
June & July 2017

STAR Plus Dual Demo	STAR Kids
Access to Long Term Care	Access to Prescriptions
Access to PCP/Change PCP	Access to PCP/Change PCP
Verify Health Coverage	Verify Health Coverage
Non Managed Care	
Verify Health Coverage	
Access to Prescriptions	
Application/Case Denied	

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FOSTER CARE OMBUDSMAN

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Contact Volume FCO Program
June & July 2017

Contact Volume FCO Program June & July 2017	
Foster Care Youth	40 (38%)
Total Contacts	104

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Ombudsman Managed Care Assistance Team

UPDATE

- Hiring two Ombudsman IIs

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Contact us

Phone (Toll-free)

Main Line: 877-787-8999
Managed Care Help: 866-566-8989
Foster Care Help: 844-286-0769
Relay Texas: 7-1-1

Online

hhs.texas.gov/ombudsman

Fax (Toll-free)

888-780-8099

Mail

HHS Ombudsman
P. O. Box 13247
Austin, Texas 78711-3247

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CHILDREN'S HEALTH COVERAGE COALITION
FORMERLY THE CHIP COALITION

Responses from HHSC Access and Eligibility Services

High level differences between Administrative Renewals and Periodic Income Checks.

	Administrative Renewal	Periodic Income Check
General Requirements	For Children Medicaid and the Children's Health Insurance Program, an Administrative Renewal (AR) consist of reverification of certain eligibility criteria such as the household's income (i.e., current income and/or new or terminated income) and alien status, if expired, which is used to determine continued eligibility as required federally.	A Periodic Income Check (PIC) is an automated process used to determine whether there has been a change in an individual's household income that could potentially make them ineligible for Medicaid or CHIP.
Federal Requirements	HHSC complies with the requirement in 42 CFR 435.916 which requires the state renew an individual's status once every 12 months.	HHSC complies with the requirements in 42 CFR 435.952 and evaluates changes in income that may impact eligibility through the PIC process.
Verification Requirements	Verification is requested when a determination of continued eligibility cannot be made using electronic data or the electronic data indicates the individual is over income.	Income verification is only requested when electronic data indicates the individual may be over income.
	Verification is not requested when electronic data verifies an individual remains income eligible	Income verification is not requested when electronic data does not indicate the individual is over income.

CHILDREN'S HEALTH COVERAGE COALITION
FORMERLY THE CHIP COALITION

	and meets other eligibility requirements.

General HHSC/AES update request:

- What bills from the 85th session impact eligibility processes and how so?

HHSC Response:

1. **HB 337- Continuation of Medicaid After Confinement**
   - Requires HHSC to suspend Medicaid for adults who are confined in a county jail and to reinstate Medicaid coverage upon their release.
2. **HB 2466 - Maternal Depression under Medicaid and CHIP (Pregnancy and MCO Preferred Communication Application Updates)**
   - Requires HHSC to update the Medicaid application to ask if a women's pregnancy is her first pregnancy and ask about an applicant's preferred method of communication with the Managed Care Organization (MCO).
3. **SB 1677 - Women Veteran Services Application Updates**
   - Requires AES to update applications used to apply for TANF, SNAP, Healthy Texas Women, and Medicaid to include model language informing the applicant that she may be entitled to additional services because of her veteran status. The model application language must come from the Texas Veteran's Commission.
4. **HB 3292- Temporary Continuation of Medical Assistance for Certain Individuals with Intellectual or Developmental Disabilities (IDD)**
   - Requires HHSC to continue to provide medical assistance to individuals who receive IDD services under a waiver or reside in an ICF-IDD facility but were denied Supplemental Security Income (SSI) Medicaid due to a temporary increase in income of a duration of one month or less. The bill also requires individuals submit an application to HHSC not later than 90-days after denial of SSI Medicaid to continue to receive medical assistance.
   - This bill includes that the act only takes effect if a specific appropriation for the implementation of the Act is provided in a general appropriations act of the 85th Legislature. It also allows for the HHSC to implement the bill if it chooses using other available funds.

- Changes in the upcoming TIERS builds
  - Fixes to the Child-Only TANF eligibility determination process for children in kinship caregiver households?

HHSC Response: This project is in the prioritization process for a TIERS release.

- Social security income of minors and MAGI income?

  HHSC Response: A short-term solution (through a broadcast) will be released by the end of August and the long-term solution is in the prioritization process for a TIERS release.

- Others?

  HHSC Response: AES is focusing on legislative implementation.

- HHSC staff and administrative changes in areas that we work on given Gary Jessee leaving

  HHSC Response: CHC can continue working with Erika Ramirez in the Medical and Social Service (MSS) Office which will report to the new Deputy Executive Commissioner once named by HHSC. Currently, MSS External Relations staff are continuing their work with stakeholders.

- It was announced that SNAP E&T administration will be moving from Texas Workforce Commission to HHSC in the future. When will the transition be implemented and how?

  HHSC Response: HHSC and TWC are currently working with FNS on the transition plan and will provide the CHC Coalition with a timeline when one is available.

OTA Eligibility and Enrollment Questions

- What action is the agency taking to address confusion over women not needing to confirm pregnancy to be eligible prior to receiving Medicaid for Pregnant Women benefits?

  HHSC Response:

  - HHSC provided clarification to the Public Health Committee that women do not need to provide verification of pregnancy when applying for Medicaid.
  - AES's current policy is that women do not have to provide verification of pregnancy for Medicaid. AES is not aware of issues with field staff implementing this policy incorrectly.

- Medicaid transportation benefit under Medicaid for Pregnant Women—What is the policy for additional children to come along with mother to prenatal appointments? How is this information about Medicaid transportation benefits and its limitations being disseminated to moms? Do the health plans offer additional add-on benefits? Can plans provide transport for a mom's other children?

  HHSC Response:

  - Non-emergency medical transportation (NEMT) services are for Medicaid eligible clients that seek transportation services to a Medicaid covered healthcare event. State and federal funding do not support transport of individuals not eligible for the service. Another option for these clients would be the use of an Individual Transportation Participant (ITP). An ITP may be a family member or neighbor, who after registered may receive mileage reimbursement for transporting an eligible client and her children to a covered healthcare event.

- What is the scope of the Medicaid transportation benefit for women seeking prenatal care under Medicaid for Pregnant Women?

  HHSC Response:
  - If eligible for the service, there is no limit on the frequency of use to a covered healthcare event.

- What are limitations and prior authorization requirements? Are there quantity or frequency limits?

  HHSC Response:
  - Prior authorization requirements would be determined by the client's health plan. The Medical Transportation Program (MTP) may request prior authorization if the client is seeking long distance or out-of-state travel for treatment.

- Do MCOs have discretion to offer "value-add" benefits, such as allowing a woman to bring her other children with her on the transportation?

  HHSC Response:
  - MCOs may provide transportation as a Value-Added Service (VAS). VAS are services which are in addition to the Medicaid covered services. Additional transportation assistance provided by some MCOs may be generally used when the Medicaid transportation benefit is not an option.

- If the Medicaid health plan covers a taxi, could family members join? How is the benefit enforced?

  HHSC Response:
  - MCOs that provide Value-Added Services specify the conditions and parameters regarding the delivery of each Value-Added Service. Often the health plans consider these types of requests on a case-by-case basis.

- Does the Medicaid transportation vendor pick up several enrollees along its route? In other words, would the metro van be full at any point?

  HHSC Response:
  - NEMT services are offered through a "shared ride" concept to reduce program costs. As such, MTP contracted vendors coordinate the delivery of transportation services

by transporting eligible clients on the same van who may live in close proximity or are on a similar route to a covered healthcare event.

- We would like to have a conversation on how the coalition and the agency can work together to provide information to CBOs on best practices for serving immigrants and their children. On several calls this month we have heard from food banks and other community partners regarding continued fear in the immigrant community in applying for or continuing the receipt of benefits for themselves and their children.
    - As an example: In response to CPPP providing clarification that non-applicants do not have to provide their immigration status or SSN, a staff member at one of the food banks that can perform interviews felt that their contract requires them to have clients fill out the *entire* application. From their understanding this means that non-applicant immigrant parents (who may be undocumented) must be asked for their immigration status and a SSN when applying for SNAP and Medicaid/CHIP for their children.

HHSC Response:

- AES also received concerns regarding non-citizens applying for and receiving HHSC benefits through the 211 call center escalation process. AES provided clarification of policies regarding non-citizens.
- AES shared the specific issue you provided related to a food bank with the Community Partner Program.
- AES will review best practices related to non-citizens if CHC has best practices to share.