



**May Children's Health Coverage  
Coalition Meeting**  
Friday, May 18<sup>th</sup>  
11:00 a.m. – 1:00 p.m.

**Children's Health Coverage Coalition Minutes  
Friday, May 18, 2018 @ TMA**

**Present:**

Anne Dunkelberg CPPP  
Monica V. CPPP  
Diane Rhodes TDA  
Will Francis NASW  
Mimi Garcia TACHC  
Erika Ramirez Healthy Futures/TWHC  
Jacqueline Cantu MHM  
Alwyn Mathew MHM  
Ankrit Sanghavi Texas Health Institute  
Lisa Ramirez HHSC  
Christina Hope CHAT  
Stacy Wilson CHAT  
Jennifer Banda THA  
Laurie Van Hoose TAHP  
Jamie Dudensing TAHP

**On Conference Line:** (names were hard to hear, apologies for errors):

Sara Gonzalez at THA  
Betsy at Maximus  
Mosaly at HHSC Logistical Care / Transportation  
Cecilie at League of Women Voters

Meeting Chair: Stacy Wilson, CHAT

Meeting Scribe: Jennifer Banda, THA

**1. Report on State of Dental Care in Texas  
Texas Health Institute**

**Ankit Sanghavi, BDS, MPH (11:00 a.m.)**

(Presentation sent from Anne D. at 11:12 a.m.)

The report is a collaboration of THI, St. David's Foundation, Cook Children's, DentaQuest and Delta Dental. Had an advisory committee as well (listed in presentation). The goal is to take a holistic approach to oral health and how it's connected to good health.

No state oral health plan or report since 2008.

Looked at: what is oral health, where is Texas in terms of oral health care, what is the capacity for Texas to meet its needs, and an extensive data dive.

Used 20 HHSC Regional Health Partnership regions to research and draft report.

The report shows lagging in oral health statewide but particularly in rural and border regions.



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Report shows that focusing narrowly on health care neglects opportunities to improve oral health.

Report also shows data and key points by region.

Question: Did you look at any substance use and impact on oral health? Did not look at this data would be happy to work collaboratively with HHSC's Lisa Ramirez on this.

Question: Next steps? DSHS recently used this data to apply for grant on fluoridation funding. THI leads statewide collaborative on oral health so will use these findings here to talk about capacity building. Use report to engage collaborators. Use findings to look at access to dental care in Medicaid and CHIP populations.

**2. Texas' Plan for Use of Funds for Opioids**  
**HHSC Texas Targeted Opioid Response Substance Use Disorder Unit**  
**Lisa Ramirez, Project Director (11:30am)**  
(No presentation, discussion and dialogue only)

Texas HHSC received \$27.4m/year based on unmet treatment needs and overdose death rates (federal funding from SAMHSA).

HHSC received federal behavioral health grant on behalf of Bexar County targeting first response initiatives.

Medication-assisted treatment: 3 FDA-approved meds, including methadone which is daily long-term treatment. Patients can get take-home treatment after period of stability and meeting eight-point criteria. Medicaid does cover the cost of take-home MAT but other recovery support services are not Medicaid reimbursable. The Texas Targeted Opioid Response (TTOR) initiative provides \$15/day for Medicaid-enrolled clients for those support services; *e.g.*, transportation to return to clinic for required checks, recovery coaches/peer support. 85th Legislature passed HB 1486 to require Medicaid to cover peer support services and HHSC is working on this. Recovery housing is part of TTOR.

People who survive overdose are vulnerable to subsequent overdose. 1115 Waiver project in Williamson County EMS system developed community model for overdose survivors support. HHSC took this model and built on it to include recovery support services, overdose prevention education, access to naloxone.

Have a program for office-based opioid medication treatment access (Naltrexone and Buprenorphine) and counseling. Launched first with LMHAs and now expanding to other providers.

Prevention funds aimed at reducing access to youth through safe disposal programs - take-back events, drop offs, carbon patches. Also do youth prevention education programs. Youth medication-assisted treatment programs are controversial because programs are for moderate-severe usage but can be appropriate for youth.



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Overdose is #1 factor for maternal mortality. Need to ensure treatment and education for pregnant woman is individualized and provided by trained individuals. Doing study now with UTHSC San Antonio to look at why overdose factor is so high in pregnant women.

Note: there is a substance use disorder group meeting monthly at CPPP. Next meeting is June 14. Contact Monica at CPPP for more details.

**3. Medicaid Managed Care Update**  
**Texas Association of Health Plans (12:15 p.m.)**  
**Jamie Dudensing (CEO) and Laurie Van Hoose (Policy Director)**

Managed Care expanding for 20 years and lots of Capitol policy turnover has spawned a new look at MMC. In the midst of the procurement issues, huge procurement going on for MMC. Statewide CHIP RFP is out and StarKids also out - this is Medicaid coverage for 4 million people.

85th budget rider requires HHSC to study whole MMC system. Dye date for study is September 1. HHSC hired Deloitte to study the program. At same time looking at PBM pharmacy issue.

TAHP working on MMC and Medicaid education using a coalition effort -- Texas Medicaid Works. Looking for people to join. Check out the Facebook page, and website at [www.texasmedicaidworks.org](http://www.texasmedicaidworks.org) and sign up for the newsletter. Looking to identify Medicaid success stories.

Talking to TMA and THA about joining coalition and having a summit in summer about what to do to make the program better and improve physician enrollment; *e.g.*, prior authorization. Discussion should be how to make MMC better and not fee-for-services versus MMC.

TAHP believes need a pause on major changes to MMC program until can get a handle on the program and put in place a deliberative process. Need to have a process to study potential changes like changing the number of service delivery areas or changing the bidding process.

Question: what about tossing out one type of plans – community-based or for-profit plans. Jamie says there is nothing consistent about metrics or cost in the type of plan. Need to look at the model of the plan and put in place strong metrics. Administrative cost caps and community ratings are already in place. Competition also drives health plans to be better.

85th legislative budget deferral (SB 20 from special session, almost \$1 billion all funds) was MMC premium deferral for last month of this biennium. Those premiums go out to providers in that month. Can create cash flow issue. Deal was that health plans would be paid twice in September but also concerned about this with the turnover at Capitol.



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Question: what about child access issues cited at House Human Services hearing? Need to look at eligibility, which is not set by health plans. HHSC should look at fair hearing process. Need to look at formulary. Moms have put together a workgroup and have proposal (including request for PPO style program). But health plans need to look at the issues. Also need to work on complaint process, which is broken throughout the system.

Jamie - legislature hasn't established a vision for Medicaid. Let's work on that instead of calling it broken.

#### **4. Federal Updates** **Anne Dunkelberg, CPPP (12:45 p.m.)**

##### **--Public Charge**

No rule publication at this point.

Just sent an email from Cheasty Anderson - asking for stories to compile.

Anne will send another email update on Monday - watch email!

##### **--Medicaid Work Requirements and Lifetime Limits**

States requesting work requirements, which are being approved.

Kansas Medicaid lifetime limits request was denied.

Important to talk about concerns on work requirements that would cut off access to food stamps or care if lack one hour of work that week - losing critical services in an arbitrarily rigid process.

Proposed regulation from CMS to roll back fee for service access requirements. See your email from Anne D. this morning for information about this.

#### **5. Update on 1115 Medicaid Transformation Waiver** **Stacy Wilson, CHAT (12:55 p.m.)**

Discussion is ongoing between CMS and HHSC on UC pool sizing protocols.

Goal is to finalize UC protocol by end of June.

DSRIP meeting on transition plan between HHSC and CMS by end of June but nothing set yet.

DSRIP rules have gone out to address changes in DSRIP protocols and metrics, MCAC approved those yesterday.