Children's Health Coverage Coalition and OTA Meeting Agenda
Friday, October 18th, 2019
11:00 A.M. – 2:00 P.M.

Present:

Anne Dunkelberg, CPPP
Clayton Travis, TPS
Angelica Ferrandino, TPS
Lisa Goodgame, #SickofitTX
Nancy Walker, Harris Health
Jen Banda, THA
Alissa Sughrue, NAMI-TX
Manuel Grajeda, UnidosUS
Suling Homsy, HHSC

On Conference Line:

Melissa McChesney, CPPP
Nataly Sauceda, United Way-TX
Lauren Rangle, Easter Seals
Celia Kay, LWV-TX
Denise Gomez, Children's Health Dallas
Betsy Coats, Maximus

Meeting Chair: Adriana Kohler, TCFC
Meeting Scribe: Amanda Pouncy, CPPP

I. **Introductions (Adriana Kohler)** – Started at 11:05 AM

II. **Block Walks for Healthcare #SickofitTX (Lisa Goodgame)**

[Refer to #SickofitTX slides]

Lisa discussed the SickofitTX campaign and the block walks that will be happening on November 9th and 10th.

[Slide 2-3]

This survey is primarily for organizations who would like to sign up as a partner or who are maybe not interested in participating in some way.

[Slide 4]

#SickofitTX Campaign officially launched in September and campaign organizers been hosting some introductory initiatives, but still very introductory. Facebook groups have been created

based on where block walks have been established initially. As the campaign has grown, it now represents more regions of the state in the Facebook groups. Facebook groups are a way for people who may not know each other but who share the idea that healthcare coverage should be a priority in the Texas 2021 legislative session. This campaign aims to raise all votes related to healthcare coverage. Members don't all need to agree on everything but the goal is to make healthcare coverage a priority in the next legislative session.

[Slide 5]

Three block walks scheduled for November and a few still in the works: El Paso, Galveston, and Fort Worth. There may be more underway as we get closer to the November date. There is a link in the slides to the action alert.

[Slide 6-7]

The goal of #SickofitTX campaign is a grassroots movement to put significant attention on health care coverage in Texas.

[Slide 8-9]

Why the timing for the block walks? This is the weekend after the November election which will admittedly not be the highest turnout for an election.

Goal is to get statewide news coverage to really penetrate other parts of the state where there may be less healthcare coverage than in the major metro areas.

The campaign encourages organizers to include voter registration as a part of their activities.

The campaign will have a volunteer training which is scheduled for October 30th.

[Slide 10]

SickofitTX campaign is planning to have a phone bank option which people have asked to have available. This has been identified as an option for more rural communities where we know that block walking is not really possible.

Folks may be familiar with MiniVan being used for canvasing for candidates. This is a non-partisan issue based campaign. MiniVan will be used in compliance with nonpartisan issue-based campaign rules.

[Slide 11]

This slide includes the questions that will be available in the app that we will be using to block walk.

[Slides 12-14]

The last slide is a link to the survey which organizations will use to submit their interest in participating in Sickofit Campaign.

Adriana Kohler

Is this happening rain or shine?

Lisa Goodgame

We are still figuring out some of those details, but that is the plan.

We use Slack for communication about this campaign, and we will be creating a channel for hosts as well so that we can all stay connected.

III. New Federal (Uncompensated Care) Funding for Safety-Net Providers (Jen Banda, Texas Hospital Association)

[Refer to handouts about 1115 waiver from Texas Hospital Association]

In 2013, Texas had an enormous state budget deficit when trying to write the budget at the Capitol. The discussion at that point was the need to move Medicaid into managed care in order to move to capitated payment arrangements and offer more budget certainty. During this movement to managed care, this is the time Texas entered the first phase of the 1115 waiver.

Texas' 1115 waiver has several components. 1) Uncompensated Care 2) DSRIP. Please see handout titled "Milestones for Texas' New Medicaid 1115 Waiver"

In 2017, the waiver was renewed for 5 more years for Uncompensated Care Pool. CMS' perspective was that the Texas legislature chooses to reimburse Medicaid health providers and hospitals below the cost of providing health care services – and this is not CMS' fault. The federal government would not compensate providers for shortfalls or underpayments from the state's Medicaid program. As a result, there was a decrease in funding over this 5 year period of the waiver. With respect to the DSRIP funding, DSRIP projects will end in year 5.

Looking at the balance of federal and state funding and Medicaid payments, many hospitals have reached a point where Supplemental Payments (paid through Intergovernmental Transfers) to cover cost of health care are paying for more at a hospital than inpatient and outpatient Medicaid payments. Supplemental payments are being financed by the hospitals privately (through IGTs, e.g.). This is a result of chronic underfunding from the state budget and large uninsured population.

Note: This THA flyer was made prior to this most recent agreements between Texas and CMS. So the Uncompensated Care funding amount on the flyer says "TBD" but the agreed-upon amount is up to $3.87 billion per year. The flyer also notes that DSRIP funding is being phased down to $0, which is correct.

Reminder that Texas 1115 waiver and DSRIP were approved when the state, CMS, and providers believed Medicaid expansion would be implemented. The first waiver was prior to the Supreme Court's ruling on Medicaid expansion. The waiver anticipated that funding would be incorporated into Medicaid once adults with low incomes are added to the Medicaid program.

Adriana Kohler

What should our message to lawmakers and the public be given that CMS approved the 1115 waiver but DSRIP funding is still being eliminated after 2021?

Jen Banda

The message is that Texas needs to figure out how to cover the treatment that DSRIP dollars are covering. This $3.87 billion is great, but we understand that without a Medicaid expansion, a significant number of Texans will continue to be uninsured and outside of Medicaid financing. The loss of federal dollars from DSRIP won't be made up with Medicaid payment revenue.

Adriana Kohler

Maybe we need to have a standing agenda item for DSRIP and other waiver items.

IV. Immigration Issues (Anne Dunkelberg)

Public Charge – Recent Court Ruling requiring Injunction

We've talked about the status of public charge at every meeting for months, but the big development since last months is that three courts have ordered 3 federal injunctions to stay the implementation of the rule. That is obviously a relief. In addition to the objection to the rule, the court made an acknowledgement that the administration is trying to pass what Congress would never pass.

One of the challenges that has existed even before the injunction is that there are two completely separate sets of rules for whether or not a family member's use of public benefits can impact their green card status.

- First: the public charge rule impacts people in the U.S. applying for or renewing their green card. This rule has an exemption so that a family member's use of benefits does not impact the applicant's status.
- Second: there could be people outside of the U.S. applying for or renewing a green card at the U.S. consulate. They could be getting dinged *for their family member's* use of public benefits in the U.S. This rule is in guidance materials for U.S. consulates and was supposed to take effect 2 days ago just like the public charge for people inside of the U.S.. But this rule for the U.S. consulate does <u>not</u> currently have an injunction. That rule does not have a timeline for taking effect.

Accordingly, there are two separate rules for people depending on if they are inside of the U.S. or using consulates outside of the U.S. This means people using a consulate outside of the U.S. to get a green card need to be told that they need to get legal advice on use of public benefits.

Despite an injunction, that there will be ongoing fear as a result of these rules. Families have good reason not to trust that they are safe given the current administration's language and actions. So, it is critical for advocates to focus on getting trusted voices in the community to relay this information.

Flores Settlement Decision

The Flores Settlement was agreed upon in the 1990s and says that the U.S. government could not detain immigrants beyond a certain amount of time. In August, the Trump Administration tried to extend the time that the U.S. can hold families in custody indefinitely. In late September, the court rules that an indefinite period was not permissible. This means the current Flores Settlement continues to be the rule.

V. HHSC Legislative Appropriations Request (Adriana Kohler)

In October, HHSC issued a request to the public for stakeholders to submit ideas for the agency's legislative appropriations request (LAR). The LAR is HHSC's funding request that it submits to the Legislature before each legislative session. The beginning of this process is getting input from stakeholders on funding needs. There is no webpage, but HHSC sent an email to stakeholders through its distribution email list. This email can be forwarded with details about how to submit comments. The deadline for this is November 22nd. This is our opportunity to talk about what we think are high priority funding asking as they prepare for the 2022-2023 fiscal year.

Clayton Travis

I would propose that our coalition submit one with health funding items that we all agree on. I would suggest that one be funding for outreach and application assistance given the decline in Medicaid and CHIP enrollment and decline in outreach funds over the last few years.

Anne Dunkelberg

I propose recommending funding to implement continuous eligibility for children's Medicaid.

Melissa McChesney

We have been having discussions with FQHCs in San Antonio about outstationed eligibility workers. I think we should include expanding that as well since it also contributes to overall access to application assistance in the community.

Anne Dunkelberg

One challenge is the Community Partners Program and CHIPRA grantees don't have the ability to see if the person they assisted through an application or renewal was actually enrolled in coverage. The federal government needs to know these outcomes from CHIPRA grantees to be able to prove that they are improving enrollment and retention of children, but grantees have no way to prove enrollment and renewal numbers. It could start as a policy issue but we should suggest HHSC ask for funding for any system changes needed to improve these issues.

Adriana Kohler

Do we have a historical analysis of outreach and application assistance spending in Texas?

Anne Dunkelberg

This is something that we could certainly dig up. A one point Colorado was spending 3x more on outreaching for children's coverage than us.

Clayton Travis

Is it too bold to ask for coverage for the uninsured. Is this completely off the table?

Jen Banda

The Senate has not be too high on funding for that purpose. There might be ways to talk about coverage for the severely mentally ill under DSRIP or for new mothers given the maternal health crisis.

Adriana Kohler

I will draft an LAR funding request related to maternal health for the coalition. This is something that I will be doing at TCFC anyway.

VI. Children's Health Coverage – New Materials (Adriana Kohler)

[Refer to CHCC fact sheet]

The coalition has developed new visuals and one-pagers around kids' coverage. The first document shows the new data on the rate of uninsured kids in Texas, trends compared to past years, and the decline in the number of children in Medicaid and CHIP. This first part is sort of a problem statement for your advocacy. The second document is specific to reducing red tape in Children's Medicaid – one of the main solutions our coalition is lifting up. This document is more like the solution statements that could be useful for you in your advocacy.

If you have any input or find any errors please let us know.

CHILDREN'S HEALTH COVERAGE COALITION
FORMERLY THE CHIP COALITION

VII. Send off for Gina Carter, HHSC

VIII. AES Legislative Update (Gina Carter & Hilary Davis)

[Refer to 86th Legislative Update slides]

[Slide 2]

Unfortunately, rider 99 is not to expand the meals we serve but to sustain the meals we already provide.

Rider 35 is really looking at why former foster care youth are not renewing Medicaid when they age out of the foster care Medicaid and what we can do to get them in under former foster care youth Medicaid. We found that a lot of times this is because their foster care home is their last address and they are not getting the notification that they are still eligible. They move a lot and usually do not want to interact with the state very much once they age out. So, we are doing a lot to try to figure out how to deal with those issues and we are including that information in the report. We also met with DFPS to see if there are other social campaigns and things we can do to help coordinate with HHSC. We had a very short window from when the rider was approved and when the report was due, so this was a short runway. But we have a longer period to develop this report in the future and will continue to work on this moving forward.

The sticking point is that we have to verify their physical address. The state statute says that we have to do that for Texas residence and that will often get hung up because of the issues previously listed. Their residency can be a fluid thing. So, because of that we know that we would really like to streamline the way that they renew.

[Slide 3]

This session was the first full session since Harvey and that resulted in a lot of bills on disaster relief.

[Slide 4]

HB 558 is more of an elderly and people with disabilities bill. Before HB 558 some courts did allow this and some did not, and this just made this standard.

HB 1218 will evenly distribute SNAP benefits in a 28 day benefit but this is only for those who are new to SNAP. Anyone currently receiving benefits will stay on the current cycle and we are working on how to figure that out. Right now the system has an issuance requirement where we cannot go beyond 45 days between issuance. Regardless of what we do the system will always disburse at 40 days at the latest.

[Slide 5]

HB 1483 was a Chairman Frank bill. What it does is helps them to develop stability by providing them a living wage. Their benefits will decrease over time and they're still receiving the services provided before they were employed. This does not affect Medicaid, it is just SNAP and TANF. So, now we need to get a waiver for federal approval which would allow us to not count the income which would disqualify them from benefits.

[Slide 6]

This is again more of an elderly and disabled bill.

[Slide 7]

So, today for those women who receive Medicaid for pregnant women we retest their eligibility through the system to see if they are still eligible for all of the other Medicaid. If they are not we automatically enroll them in Healthy Texas Women. What this is asking us to do is provide information about any of the providers in their area and what services HTW provides. We do want to be sure that this notice doesn't get too long or confusing, so we may send them to the website instead. But we will figure these details out and present them to the full task force in December.

Melissa McChesney

If we could look at the functionality of the application process and try to include the Healthy Texas Women renewal with the child's renewal at 1 year that would be helpful. Right now the mother has to go in and do the child's renewal and then go all the way back through to renew herself. This might be the reason why we see that drop off after 1 year. It would be helpful to look at this and improve it.

Gina Carter

We will definitely look at this with IT and try to figure this out. That should not be happening.

[Slide 8]

These are more disaster bills.

SB 981/HB2335: What this bill is doing is that we work with govt officials and have an MOU with them so that we have specific sites located as D-SNAP sites. This gives us more time to figure out beyond locating a site, if the site is suitable, etc.

OTA (Facilitated by Melissa McChesney)

IX. AES OTA – Eligibility and Enrollment (Gina Carter & Hilary Davis)

SHO #19-003 - Changes to modified adjusted gross income (MAGI)-based income methodologies

The IRS penalty is now 0, but the state is still required to send the notice. 1095 B

Now instead of personal exemptions it is $12,000 for standard deductions.

Now what we do is that if they have an unearned income of more than 1,050 then they had to file taxes. The new rule has many different thresholds that we have to keep in mind. This change has already gone into effect.

The rest of the changes are being worked on and will be scheduled for future TIERS releases.

MAGI alimony payments no longer counted as income

Discharge student loan debt is no longer counted as income for deceased individuals or permanently or totally disabled. Today, a student loan is generally treated as taxable income. This change will now allow those in the aforementioned groups to abstain from using that towards income.

Moving deduction goes away except for active duty military who are required to move.

Payment for tuition and fees for qualified post-secondary education expenses are no longer considered MAGI deductions as well.

Changes the way lottery winnings are counted. It is only counted in the month received. If the winnings are less than $80,000 it is only counted in month received. If it is greater than $80,000 but less than $90,000 then it is spread out over 10 months. An additional month is added for every 10 added.

Excludes parent mentor compensation for MAGI households – Still waiting on additional guidance from CMS on this. When they get guidance they will let us know.

SHO #19-004 - CMS sponsor deeming and repayment requirements for certain immigrants seeking Medicaid and CHIP Coverage

UDSA Memo - State Enforcement of the Legal Responsibilities of Sponsors of Non-Citizens

Exceptions – Children who are under the age of 18, considered indigent, those who have the 40 hour credit

How we count the income of the sponsor using MAGI, SSI, or the state can come up with their own plan for how to do that but we have to get it approved. We are working on getting that sent to CMS.

Hilary Davis

This was prompted because CMS has never put out official guidance for sponsor deeming. SNAP and TANF had received that guidance before, but CMS had not done that.

Melissa McChesney

So right now we are not going to be changing any of the policies on sponsor deeming, but you're working on getting it approved?

Gina Carter

Correct. We are working right now on getting this approved not on changing it.

In relation to sponsors, we have to notify USCIS and that is something we have previously been required to do and continue to do.

The letter says, "We cannot request repayment from the sponsor if the recipient is a pregnant woman, a child, has their 40 quarters, or is applying for Medicaid." Now, we are not currently requesting repayment from anyone, that is optional, but this letter reopens the question so we are taking it up to leadership again to get confirmation of Texas' current approach.

X. Office of the Ombudsman Update (Paige Marsala)

[Refer to OO CHC Coalition slides]

[Slide 7]

There's a dip in July and then an increase in August. That is due mostly to inquiries. That was mostly due to benefits not being issued. So, what happens is something we call follow-up which is clients calling back to check on the status of a previous issue or call that they need information on.

[Slide 9]

I think the increase in August here for STAR I thought was maybe related to parents thinking about their kid's coverage as they're getting them back to school. I did look at last year and we did not have as much of an increase, so that maybe doesn't explain it entirely. But, these were mostly calls with clients asking, "Is my Medicaid still active?" and not necessarily lodging a complaint.

Again we have issues here with pharmacies showing a different status than we are showing in our system. I have submitted changes for the managed care contract to require health plans to upload daily files that they receive upon receipt. Hopefully, if my change gets approved, that will improve.

[Slide 10]

The increase in complaints went from 3 to 8 and those numbers are so small that it's hard to really say that there's a trend occurring there.

[Slide 11]

We had an increase in complaints from July to August mostly related to access to long-term service and supports. Often there was a delay in the home health provider coming to their home, delay getting an initial assessment, etc.

[Slide 12]

No real trend to report on complaints

[Slide 13]

Two areas with increase in inquiries were follow-ups on a case and questions about how to access care coordination.

[Slide 14]

a. Behavioral Health Ombudsman Update (Avril Hunter)

[Slide 14-15]

Contact change from quarter to quarter and that can be related to something as simple as kids being out of school, going back and seeing certain behavior. It could be a holiday or that people are having difficulty accessing services. We have not ever been able to pinpoint why the contacts and complaints vary from quarter to quarter. Parents tend to take children off of medications during the summer and that can then result in issues when going back to school. Note that this date is for all Texans, not just children.

Care and treatment is related to those who are at the state hospital. We might have folks who are in need of dentures so they can eat, have been shot and are seeking medical care to have a bullet removed, or are on a waitlist at a jail seeking admission into the state hospital.

Parity complaints are handled collaboratively with TRI and ERS and usually are related to kids trying to access residential treatment centers (RTC) which Medicaid doesn't cover for children or anyone else on Medicaid. That is not a decision that Texas made but instead came from CMS. Some states do offer it but Texas is not one of them. Kids who are in the foster system who are

on STAR Kids do qualify for RTC coverage but once they are adopted and move into regular Medicaid they are no longer covered.

b. Foster Care Ombudsman Update

[Slide 17-18]

c. Intellectual or Developmental Disabilities Ombudsman Update

[Slide 19-20]

Amanda Woodall is the IDD Ombudsman manager and she will be here for the next OTA. All complaints are related to the Home and Community-Based Services (HCS) and Texas Home Living (TxHmL).

XI. [Meeting adjourned at 2:10 pm]

#SICKOFITTX

BE PART OF THE Rx FOR TX

SickOfItTX.com

Today's Agenda

- Welcome!
- #SickOfItTX Launch Recap
- Block Walks for Healthcare (Nov 9-10)
- Call-to-Action
- Survey

Endorsing Partners

Houston March On Women

easterseals

AFL-CIO Texas

Free Our People ADAPT

Texas Alliance for Retired Americans

children's defense fund texas

TOP Texas Organizing Project

Proyecto Azteca Building a better world.

Personal Attendant Coalition of Texas

Texas Impact

Center for Public Policy Priorities

Jolt Action

NAMI Texas National Alliance on Mental Illness

equal voice for America's Families

NASW Texas Chapter National Association of Social Workers

Indivisible Austin

Young Invincibles

CTD Coalition of Texans with Disabilities

#SICKOFITTX

Campaign Launch

Launch Update

- Website launched on September 18.
- Over 50 local leaders who want to help lead the campaign in many communities across Texas
- 13 local FB pages and about 400 supporters
- Coverage on KUT and Spectrum news thus far.
- Four Block Walk events for Nov 9-10 weekend of action in Austin, Houston, Dallas and San Antonio + more coming
- Posted our first action alert in response to the Census numbers which can be found here.

Why Now?

- More competitive general elections are making an impact on the Texas political and policy landscape as evidenced by last legislative session.
- Widespread upset that bi-partisan bills to help children and mothers access healthcare failed to pass last session.
- 1115 Waiver ending and Texas must figure out financing and healthcare delivery systems before 2022
- Grassroots organizing takes time, if we want to see progress in the next 2-4 years, organizing work must start now.

Block Walks for Health Care

AUSTIN

DATE: SATURDAY, NOVEMBER 9TH
TIME: 9:00 AM – 1:00 PM
LOCAL HOSTS: SHANE JOHNSON, TRISH CONTRERAS, AND TONY WEBER

HOUSTON

DATE: SUNDAY, NOVEMBER 10TH
TIME: 2:00 PM – 6:00 PM
LOCAL HOST: TIFFANY HOGUE

DALLAS

DATE: SUNDAY, NOVEMBER 10TH
TIME: 2:00 PM – 6:00 PM
LOCAL HOST: TERESA COX

SAN ANTONIO

DATE: SUNDAY, NOVEMBER 10TH
TIME: 2:00 PM – 6:00 PM
LOCAL HOST: SOFIA SEPULVEDA

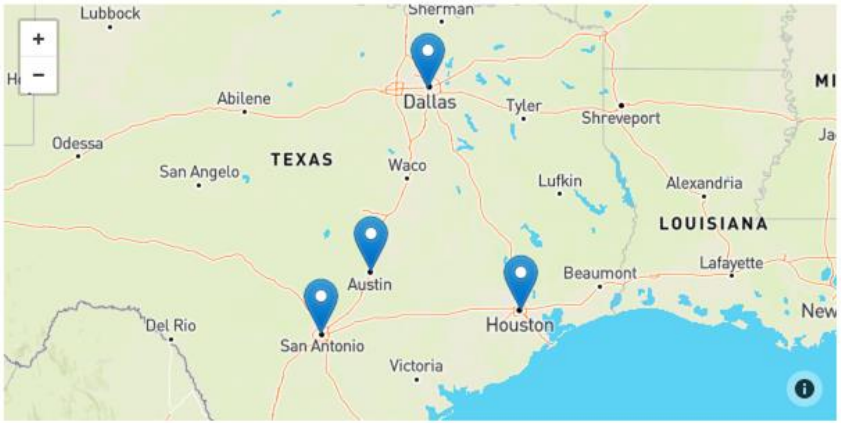
MEETING POINTS ARE TBD. KEEP AN EYE OUT FOR UPDATES FROM LOCAL HOSTS!

Why Block Walks?

- Shows organizing strength
- Statewide media coverage
- Story Collection
- Voter registration
- Increase commitment of local advocates
- Public launch with follow-up organizing activities

Block Walks for Health Care

CLICK TO HOST



Sign up open for Austin, Dallas, Houston and San Antonio!

Hosts needed in More Communities

To show statewide momentum for issue, we need more events across Texas.

- Big or Small (even as small as 5 people)
- Real/Virtual - Will have phone bank option. Survey can also be used anywhere.
- Block walk components - volunteer training, 2 hour block walk, next steps discussion
- Host material and 1:1 support provided
- Using mini-van to track data

BLOCK WALK QUESTIONS

1) Coverage questions: Are you insured? Are your children insured? What do you do when you get sick?
2) Access questions: Are you worried about your healthcare coverage, including protections for pre-existing conditions?
3) Motivation: How does that make you feel?
4) Voting: Do you plan to vote? Are you registered to vote? Do you need to update your info? Fill out commit to vote card.
5) Join us: Do you want to stay connected to our campaign to improve healthcare coverage and access for Texans?

Call To Action

1. If your organization or one of your members can host a block walk, contact Lisa Goodgame, Lisa@lisagoodgame.com.
2. Help with turnout for existing events. Flyers and email templates available.

#SICKOFITTX

- Sign up at www.sickofittx.com
- Like www.facebook.com/SickofitTX/
- Join regional FB groups: https://www.facebook.com/pg/SickofitTX/groups
- Follow @SickofitTX

Before you go:
Fill out our survey!
bit.ly/35veA9N

Texas Hospital Association

Future of Uncompensated Care Funding for Texas Hospitals

With a new Medicaid 1115 Waiver approved for Texas, hospitals' uncompensated care funding will change beginning in 2020:

1. Total uncompensated care funding available and individual hospitals' UC payments will be based on charity care costs for uninsured patients reported on a modified 2017 Worksheet S-10. The modified S-10 likely will accommodate inclusion of uncompensated care costs from hospital-affiliated physicians, clinics and pharmacies. For children's and specialty hospitals that do not use the S-10, allowable costs will come from cost reports.
2. UC funding no longer will include costs associated with hospitals' bad debt or Medicaid shortfall (difference between the cost of providing a service and Medicaid reimbursement for that service).
3. Allowable UC costs for pool sizing purposes will not include costs from non-hospital providers, although UC payments can be made to qualifying non-hospital providers, including physician practice groups, government ambulance providers and government dental providers.
4. UC payments will be distributed based on reported UC costs without regard to a provider's intergovernmental transfer payment.

Medicaid 1115 Waiver Uncompensated Care Funding

Federal Fiscal Year 2012-2022			
2012	$3.7 billion	**2017**	$3.1 billion
2013	$3.9 billion	**2018**	$3.1 billion
2014	$3.5 billion	**2019**	$3.1 billion
2015	$3.3 billion	**2020**	TBD
2016	$3.1 billion	**2021**	TBD
		2022	TBD

Uncompensated Care Funding Changes

Federal Fiscal Year 2012-2022

	2012-2017	2018-2019	2020-2022
UC Pool Calculation	Pool size established in Waiver based on hospitals' UC costs: • Medicaid Shortfall • Bad Debt • Charity Care	Pool size established in Waiver based on hospitals' UC costs: • Medicaid Shortfall • Bad Debt • Charity Care	Pool will be resized based on hospitals' UC costs as reported on modified 2017 Worksheet S-10 or cost reports for children's and specialty hospitals: • Charity care costs for uninsured patients[1]
UC Payments Calculation/ Distribution	Payments are made to qualifying hospital and non-hospital providers for costs reported on CMS-approved UC Tool. UC costs include: • Medicaid Shortfall. • Bad Debt. • Charity Care.	Payments are made to qualifying hospital and non-hospital providers for costs reported on CMS-approved UC Tool. UC costs include: • Medicaid Shortfall. • Bad Debt. • Charity Care.	Payments can be made to qualifying hospital and non-hospital providers for UC costs reported on a new CMS-approved UC tool. UC costs will include only charity care for the uninsured.[1]

[1]Discussions are ongoing about whether allowable charity care costs will include those for services for insured patients if their insurance company does not cover the particular service.

To ensure the financial stability of Texas hospitals and their continued ability to serve all Texans, the Texas Hospital Association is:

- Analyzing potential changes to the Medicaid disproportionate share hospital program to mitigate possible differences in UC payments among different classes of hospitals.
- Working with the Texas Health and Human Services Commission to ensure that all Texas hospitals' UC cost data are incorporated and accounted for in the UC pool calculation.
- Modeling changes to UC payments among all hospitals.
- Representing all Texas hospitals at THHSC stakeholder workgroup meetings.

Texas Hospital Association

MILESTONES FOR

Texas' New Medicaid 1115 Waiver

In late December, the Centers for Medicare & Medicaid Services approved a new five-year, approximately $25 billion Medicaid 1115 Waiver for Texas. While maintaining significant funding for uncompensated care payments and Delivery System Reform Incentive Payments, the Waiver implements two major changes:

1. Transitioning from use of the current "UC tool" to a modified S-10 Worksheet to calculate and distribute UC payments based on hospital charity care costs alone. Medicaid shortfall and bad debt costs no longer will be allowed.

2. Winding down DSRIP projects and funding.

The terms of the new Waiver establish a timeline for Texas to implement these changes and penalties for not achieving milestones.

Additional information on the Medicaid 1115 Waiver is available from **www.tha.org/waiver**.

OCT. 2017 - SEPT. 2018

UC + DSRIP = $6.2 billion

DEC. 21, 2017 CMS approves a new 5-year Medicaid 1115 Waiver, through Sept. 2022.

JAN. 20, 2018 Deadline for CMS to approve THHSC's proposed requirements for provider participation in DSRIP. THHSC submitted the proposal last year but is working with CMS to amend it for compliance with the new Waiver requirements.

MARCH 30, 2018 THHSC submits to CMS draft UC funding policy to guide how costs and revenue for eligible charity care are defined. CMS is expected to approve within 90 days.

JULY 31, 2018 THHSC proposes rules to implement the new UC funding policy; hospitals will have the opportunity to comment.

OCT. 2018 - SEPT. 2019

UC + DSRIP = $6.2 billion

JAN. 30, 2019 THHSC finalizes rules to implement the new UC funding policy.

MAY 1, 2019 THHSC submits to CMS a draft revised tool for providers to apply for UC funds.

AUG. 31, 2019 Deadline for CMS to approve revised UC application tool.

SEPT. 30, 2019 Deadline for amended rules to take effect.

OCT. 2019 - SEPT. 2020

UC = TBD DSRIP ≤ $2.9 billion

OCT. 1, 2019 UC pool is resized based on hospital-reported 2017 S-10 charity care costs. Payments to hospitals will be based on the new UC funding policy.

THHSC submits to CMS the draft DSRIP transition plan outlining how delivery system reforms can continue without DSRIP funding and/or phase out DSRIP-funded activities. DSRIP transition plan must be finalized within 6 months of submission.

OCT. 2020 - SEPT. 2021

UC = TBD DSRIP ≤ $2.5 billion

OCT. 1, 2020 UC pool is resized based on hospital-reported 2017 S-10 charity care costs. Payments to hospitals will be based on the new UC funding policy.

OCT. 2021 - SEPT. 2022

UC = TBD DSRIP = $0

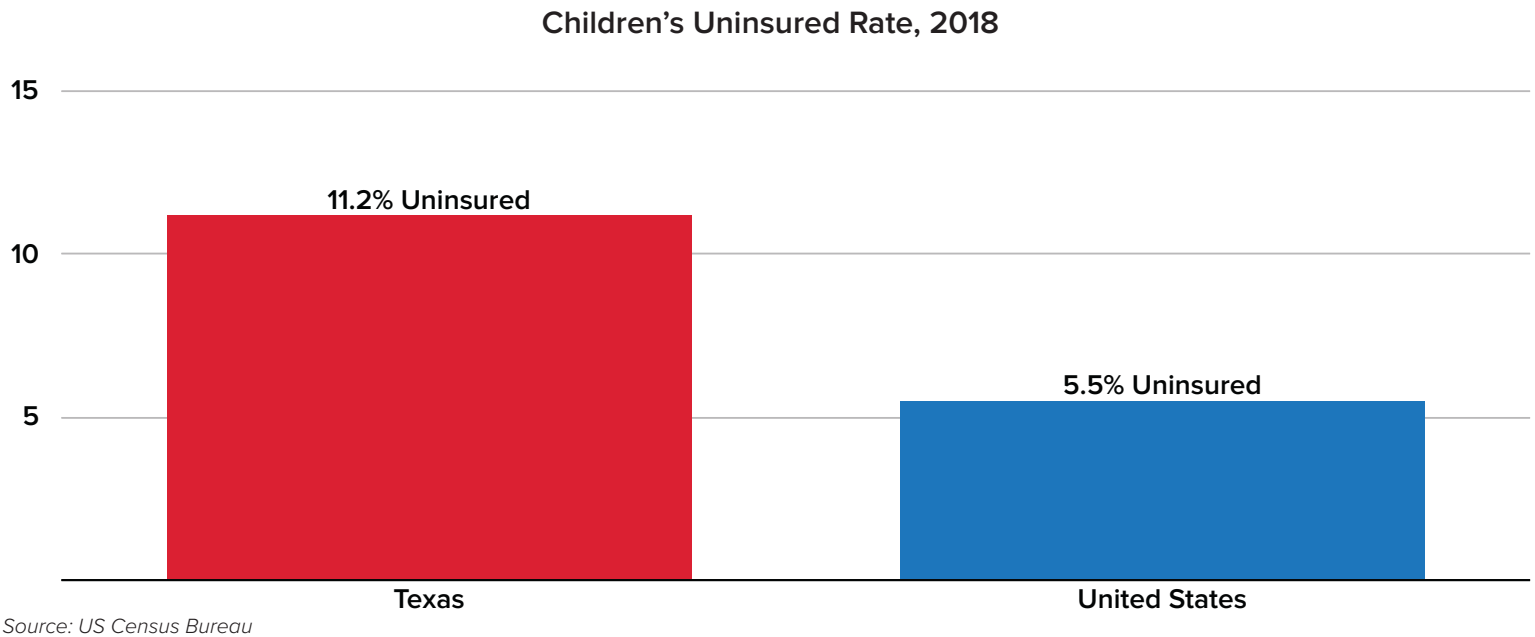
OCT. 1, 2021 UC pool is resized based on hospital-reported 2017 S-10 charity care costs. Payments to hospitals will be based on the new UC funding policy.

CHILDREN'S HEALTH COVERAGE COALITION
FORMERLY THE CHIP COALITION

September 26, 2019

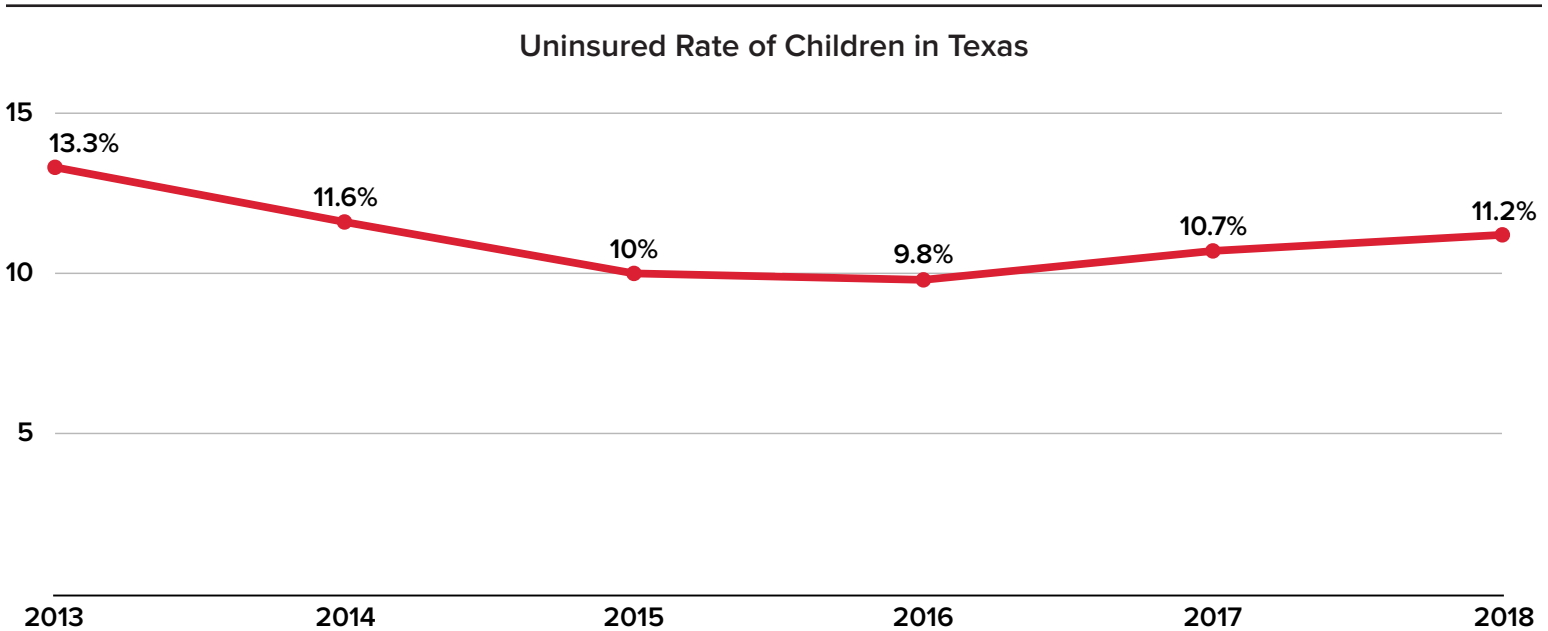
Too Many Texas Children Lack Health Coverage

Texas has by far the worst uninsured rate for children in the nation.



Source: US Census Bureau

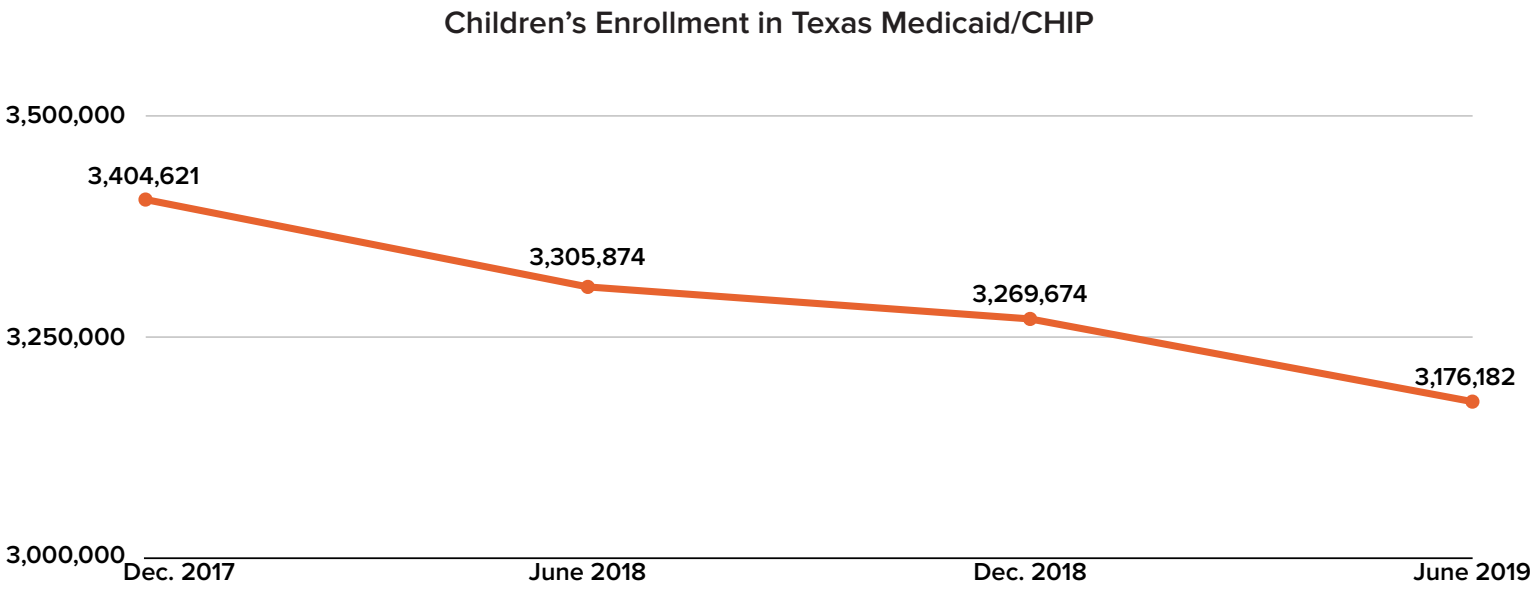
And it's getting worse.



Source: US Census Bureau

A big reason it's getting worse:

Children's enrollment in Medicaid/CHIP is falling in Texas and nationwide.



Source: Texas Health and Human Services Commission
During this time period, enrollment fell by 228,000 children, a 7 percent decline.

Causes of the spike in the children's uninsured rate include:

- ✓ Reduced funding for outreach and consumer assistance
- ✓ Fear that participation of US citizen and legal immigrant children may threaten a parent's immigration status
- ✓ Eligible children losing Medicaid coverage due to excessive red tape

The Children's Health Coverage Coalition (CHCC) was formed in 1998 (as the Texas CHIP Coalition) to work for the establishment of a strong Children's Health Insurance Program in Texas. Today, this broadbased coalition continues to work to improve access to health care for all Texas children, whether through Medicaid, CHIP, or private insurance.

CHILDREN'S HEALTH COVERAGE COALITION
FORMERLY THE CHIP COALITION

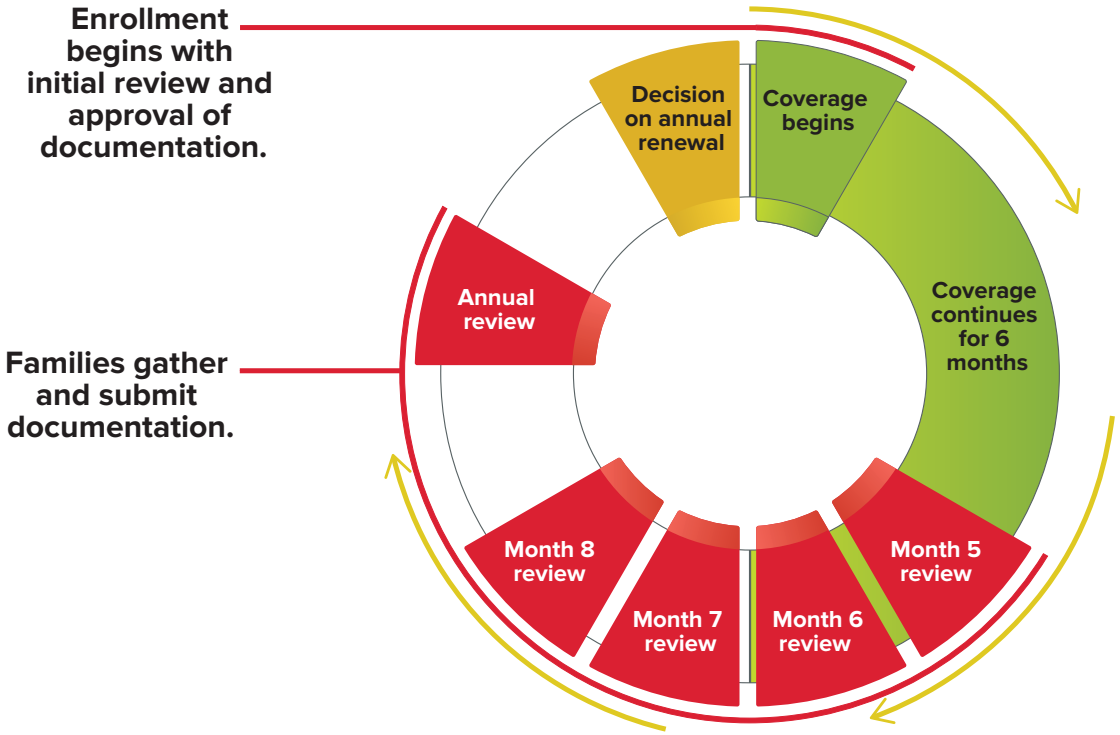
September 26, 2019

One way Texas can reduce the children's uninsured rate and keep more eligible children enrolled in Medicaid:

Reduce excess paperwork in the 6-month continuous eligibility system

The system: It sets up eligible families to get caught in paperwork traps:

1. The state requires additional income documentation throughout the year for many families:



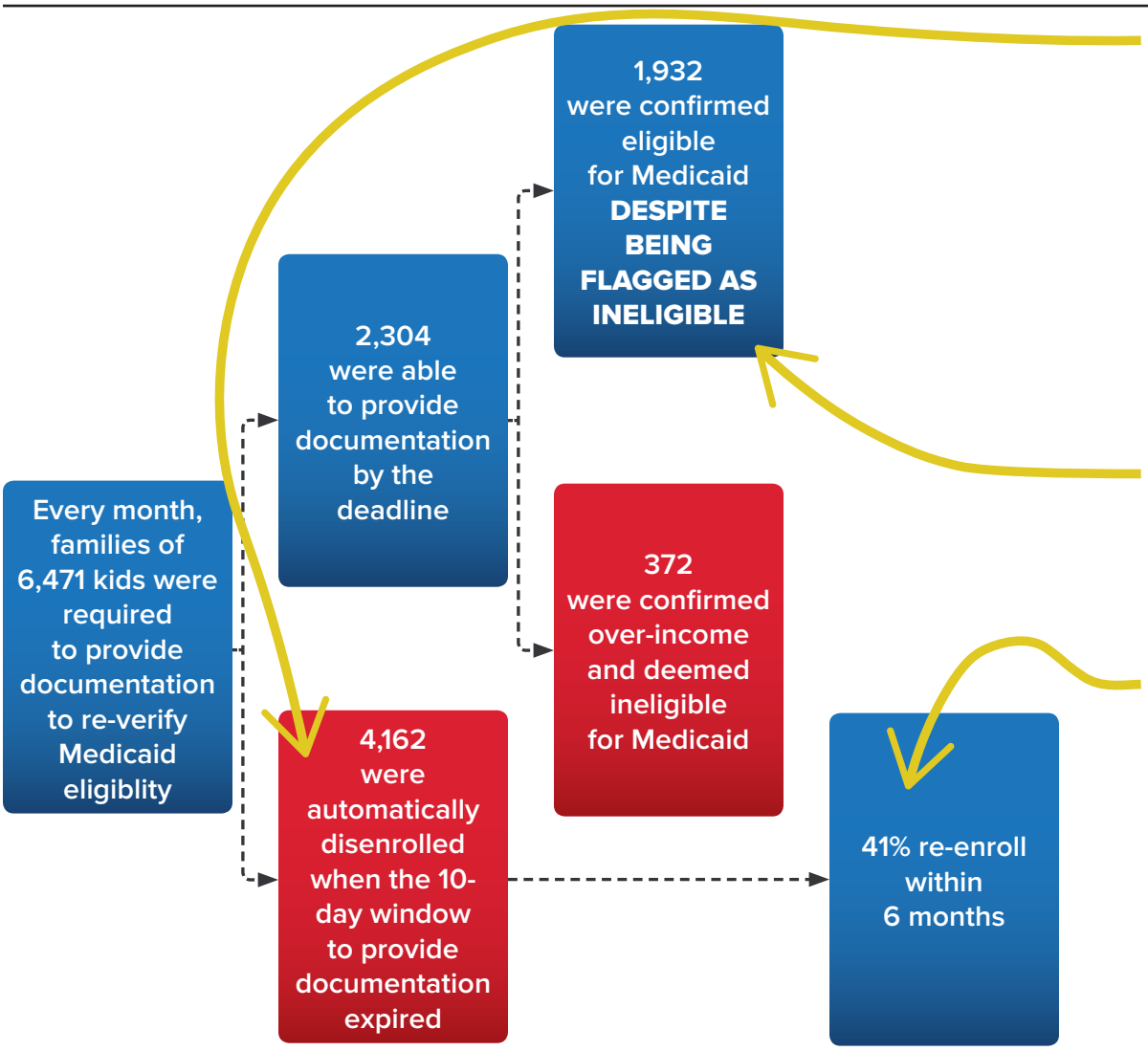
2. The state expects too many things to happen by the 10-day deadline to verify income:

- ✓ HHSC computer generates a letter
- ✓ Mail carrier picks up the mail from HHSC
- ✓ Mail carrier delivers the mail to the family
- ✓ Family checks their mailbox
- ✓ Family sorts through their mail
- ✓ Family understands what documentation they need
- ✓ Family gathers documentation
- ✓ Family puts the documentation in the mailbox
- ✓ Mail carrier picks up the mail from the family
- ✓ Mail carrier delivers the mail to HHSC
- ✓ HHSC opens and processes the documentation

The 10-day window also applies to tech-savvy families who use the online submission process.

The state's automated system disenrolls children — without staff review — if these steps are not completed in 10 days.

The evidence: Three signs that the system removes eligible children from Medicaid:



1. **4,162 Texas children** (92% of those flagged for verification) are removed from Medicaid monthly because their **paperwork** was not processed within 10 days. There is NO confirmation that they are no longer eligible.
2. The **database** flagging children for monthly income verification is proven **wrong at least 30% of the time.**
3. **41%** of children who are removed for paperwork reasons **re-enroll in Medicaid/CHIP within six months**, suggesting they were eligible all along.

Average monthly data for January 2017 through December 2018. Provided by Texas Health and Human Services Commission (HHSC) to the Children's Health Coverage Coalition on February 23, 2019.

The solution: Reduce excess paperwork in the 6-month continuous eligibility system to:

- ✓ Reduce the uninsured rate for Texas children
- ✓ Enable quality-based value initiatives in managed care to reduce overall cost
- ✓ Improve health outcomes and continuity of care for children
- ✓ Reduce administrative costs and red tape for the state, health plans, providers, and families

The Children's Health Coverage Coalition (CHCC) was formed in 1998 (as the Texas CHIP Coalition) to work for the establishment of a strong Children's Health Insurance Program in Texas. Today, this broadbased coalition continues to work to improve access to health care for all Texas children, whether through Medicaid, CHIP, or private insurance.

TEXAS
Health and Human Services

HHSC
Access and Eligibility Services
86th Legislative Session Update

86th Legislative Session

Rider 99

- Increase the maximum rate for Home Delivered Meals from $4.95 to $5.31 per meal.

Rider 35

- Evaluate the number of former foster care youth who do not renew Medicaid coverage to maintain continuous health coverage until age 26.

86th Legislative Session

- Rider 174
  - Improve disaster response capabilities, system integration, data transparency, and effectiveness within the Texas Information and Referral Network's 2-1-1 Help Line System.
  - Improvements such as texting and web-based chat capabilities.

86th Legislative Session

- HB 558
  - Allows the court to assign child support for an adult disabled child into a special needs trust which is exempt when determining Medicaid eligibility.

- HB 1218
  - Establish a schedule for the even distribution, over a 28-day period, of SNAP benefits.

86th Legislative Session

- HB 1483
  - Establish a pilot program and research study to help 500 TANF or SNAP recipients gain self-sufficiency from public benefits.

- HB 3428
  - AAAs must ensure that agency employees/volunteers who provide services directly to elderly individuals/family members or caregivers receive Alzheimer disease and dementia training.

86th Legislative Session

- SB 1784
  - Increases the allowable deduction for a court ordered guardianship fee from not less than $175 to not more than $250 per month for Medicaid recipients with an applied income.

- SB 1834
  - Requires a study on programs in Texas that incentivize the purchase of Texas-grown fruits and vegetables under SNAP.
  - Following the study, a pilot program may be established in one or more geographic areas of Texas.

86th Legislative Session

- SB 2132
  - HHSC must consult with the Maternal Mortality and Morbidity Task Force to improve the process for providing information to women who are automatically enrolled in Healthy Texas Women.

86th Legislative Session – Disaster Bills

- HB 2325
  - Conduct community outreach, including public awareness campaigns, and education activities on disaster preparedness each year, to the extent practical.

- SB 981/HB 2335
  - Coordinate and identify potential locations for D-SNAP sites.

HHS Office of the Ombudsman Update

Presented to
CHC Coalition
October 18, 2019

TEXAS
Health and Human Services

Total Ombudsman Contacts for 4th Quarter FY19

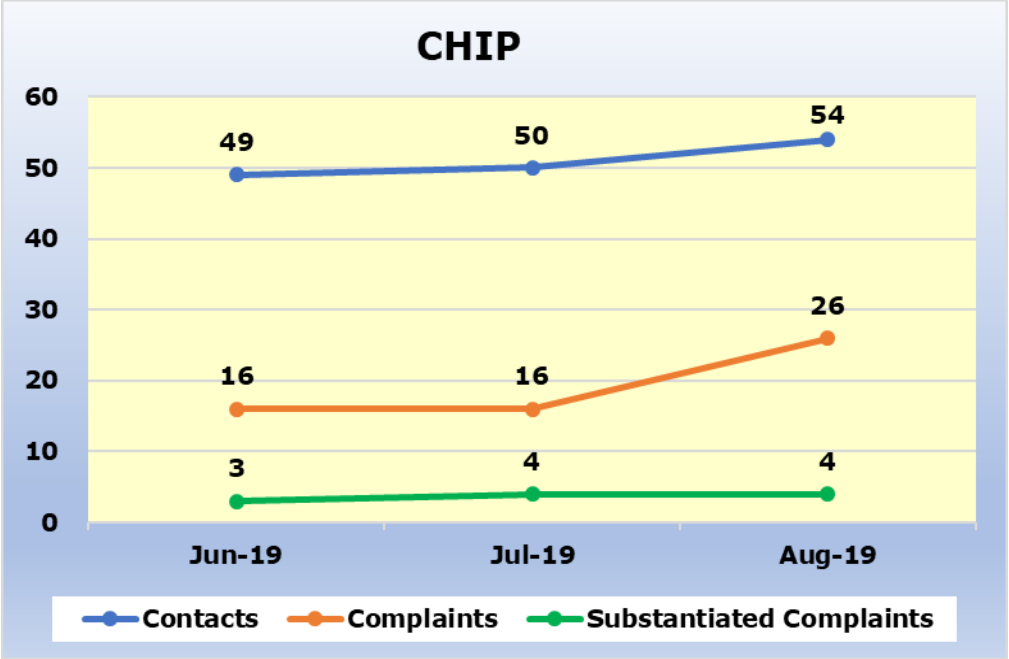
- Complaints – 6,183
- Inquiries – 14,459

TEXAS Health and Human Services

Contact Volumes and Top Three Reasons for Contact by Program Type 4th Quarter FY19

TEXAS Health and Human Services

Contact Volumes by Program Type
4th Quarter FY19

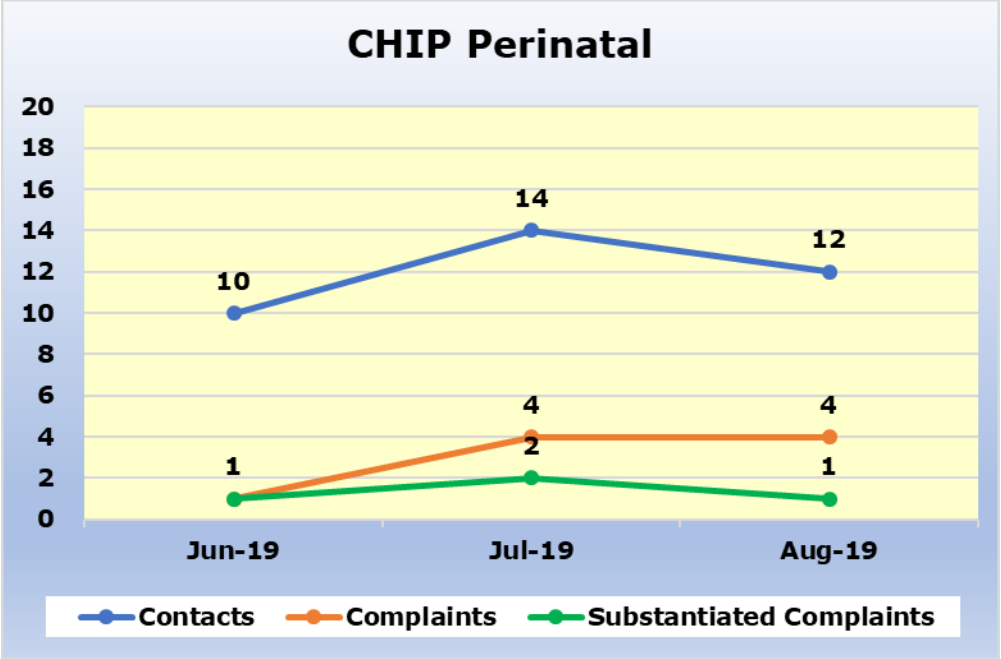


Top 3 Contacts – CHIP

- Application/Case Denied
- Explanation of Benefits/Policy
- Check Status

TEXAS Health and Human Services

Contact Volumes by Program Type
4th Quarter FY19

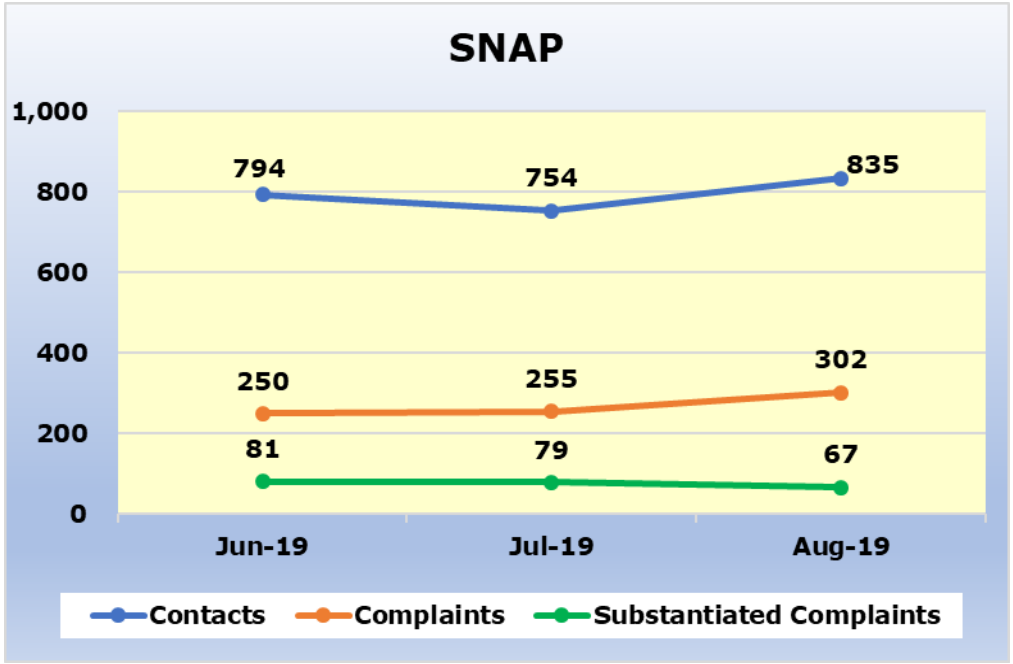


Top 3 Contacts – CHIP Perinatal

- Application/Case Denied
- Check Status
- Billing Issues

TEXAS Health and Human Services

Contact Volumes by Program Type
4th Quarter FY19



Top 3 Contacts – SNAP

- Application/Case Denied
- Benefit Amount
- Check Status

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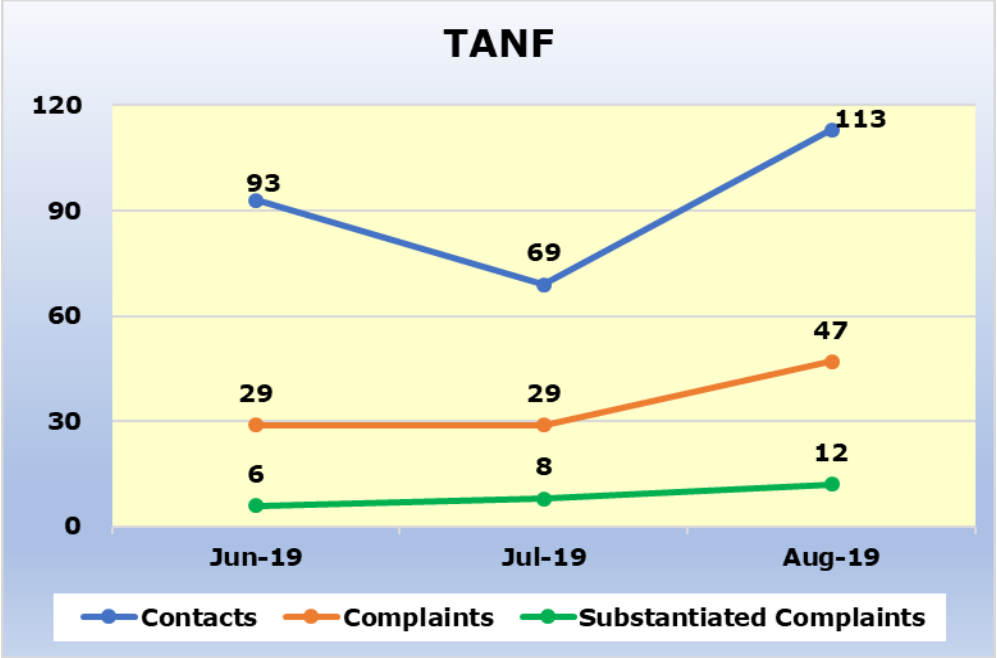
Contact Volumes by Program Type
4th Quarter FY19



Top 3 Contacts – TANF

- Application/Case Denied
- Benefits Not Issued/Not Received
- Application Not Completed

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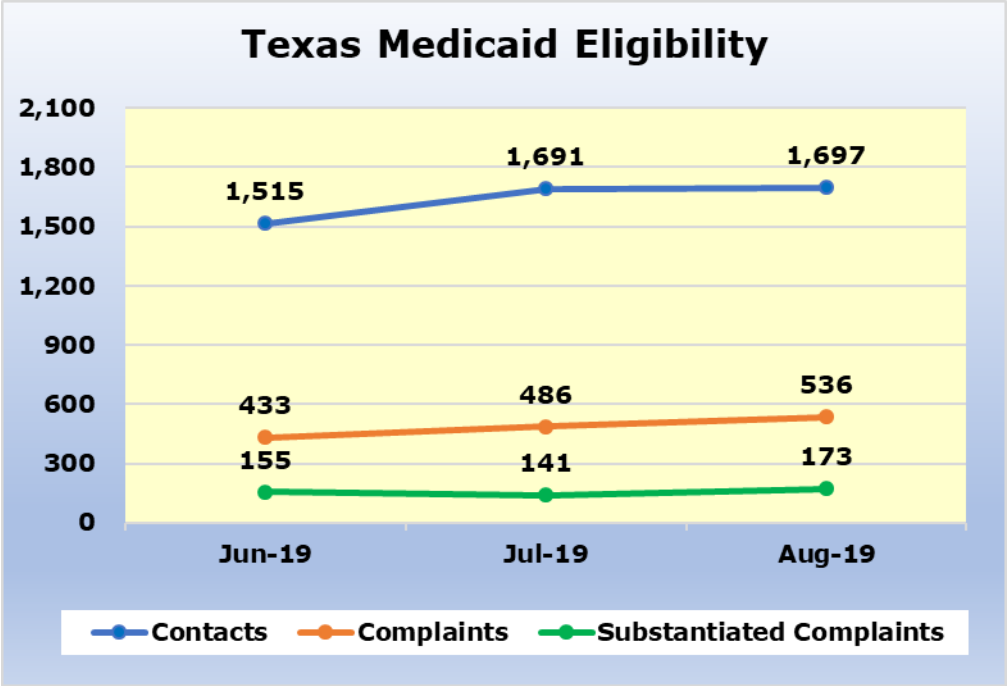
Contact Volumes by Program Type
4th Quarter FY19



Top 3 Contacts – Texas Medicaid Eligibility

- Application/Case Denied
- Client Notice
- Check Status

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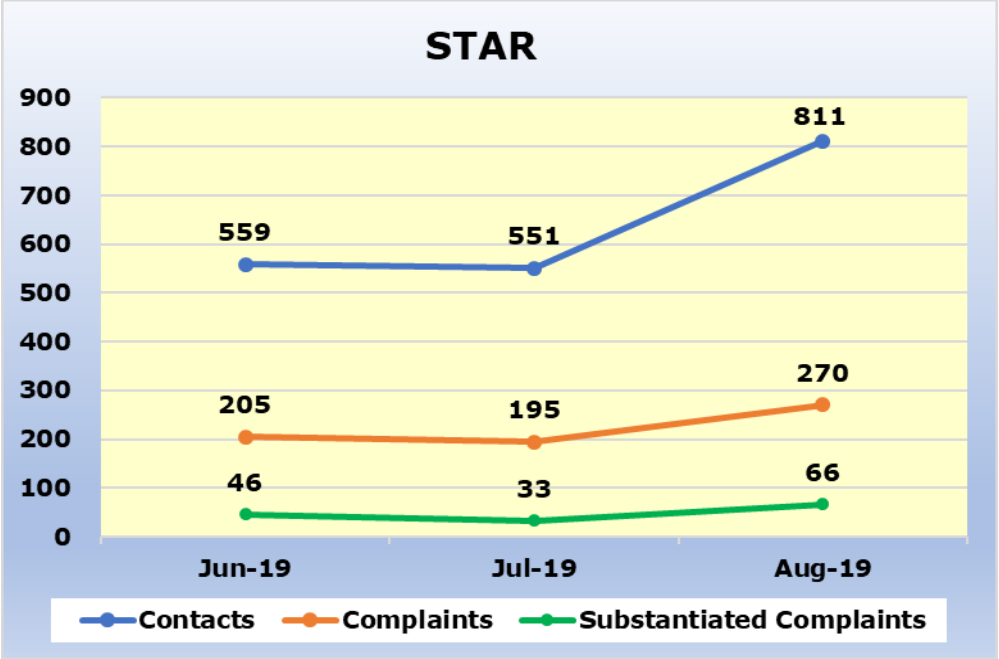
Contact Volumes by Program Type
4th Quarter FY19

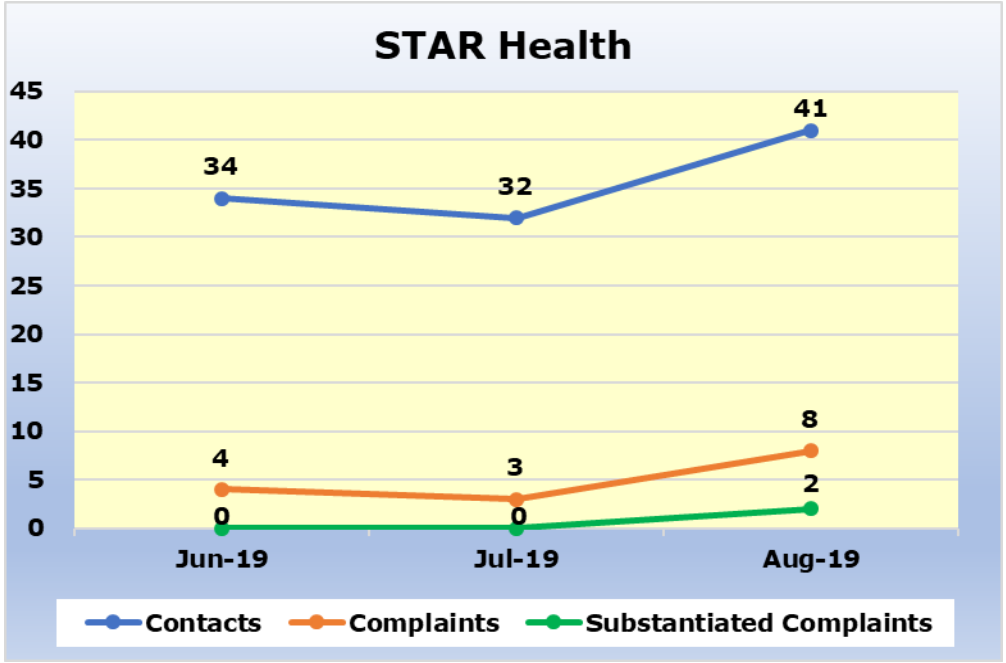


Top 3 Contacts – STAR

- Access to Prescriptions
- Verify Health Coverage
- Access to PCP/Change PCP

TEXAS Health and Human Services

Contact Volumes by Program Type
4th Quarter FY19



Top 3 Contacts – STAR Health

- Access to PCP/Change PCP
- Verify Health Coverage
- Access to Dental PCP

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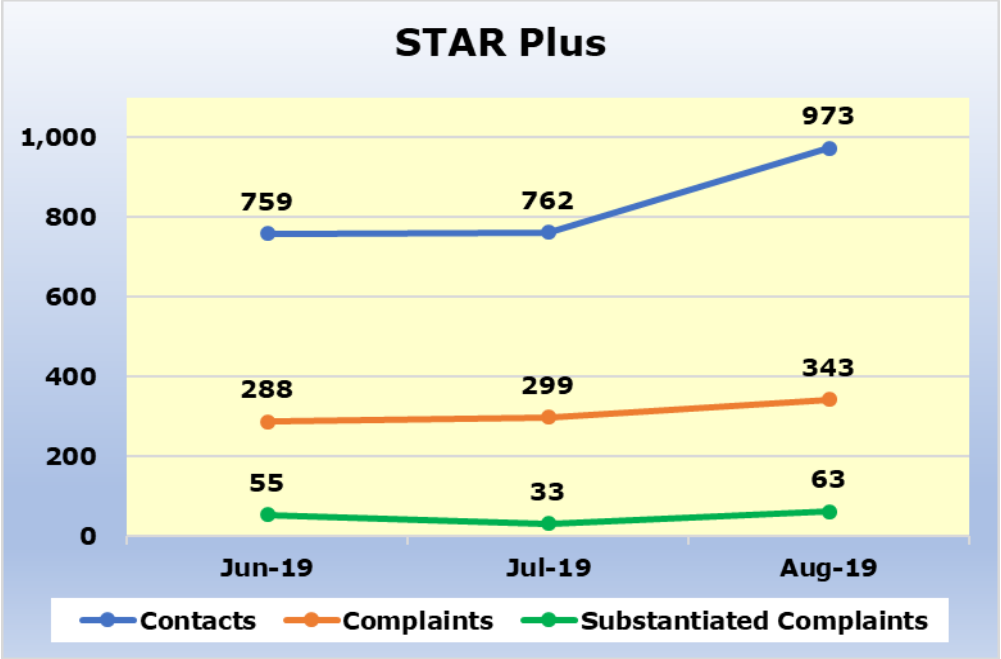
Contact Volumes by Program Type
4th Quarter FY19

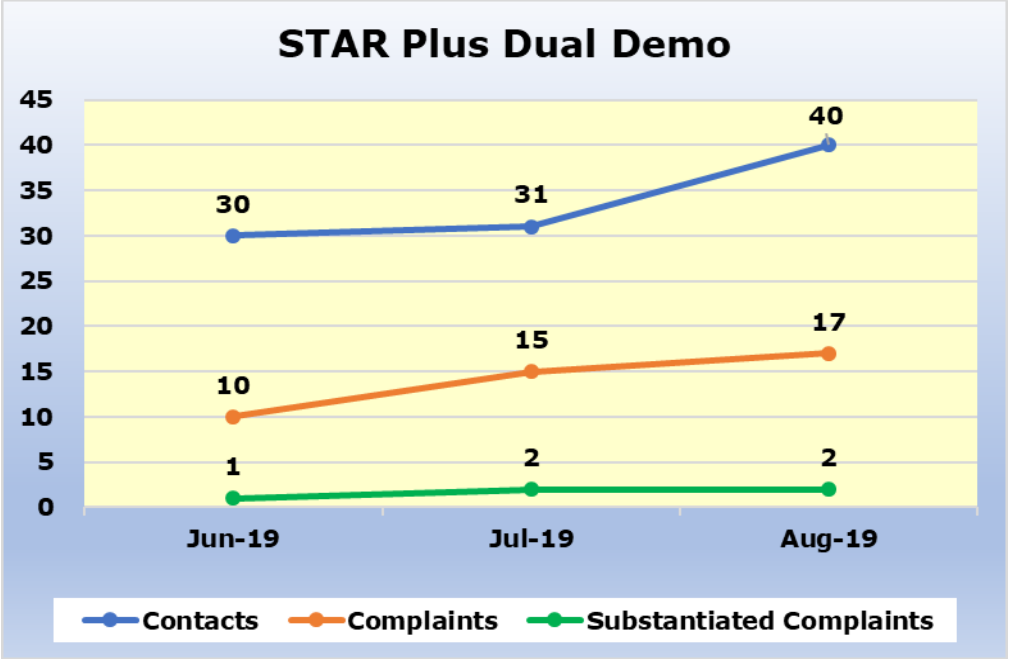


Top 3 Contacts – STAR Plus

- Access to Long Term Care
- Access to Prescriptions
- Verify Health Coverage

TEXAS Health and Human Services

Contact Volumes by Program Type
4th Quarter FY19



Top 3 Contacts – STAR Plus Dual Demo

- Verify Health Coverage
- Access to Long Term Care
- Billing Issues

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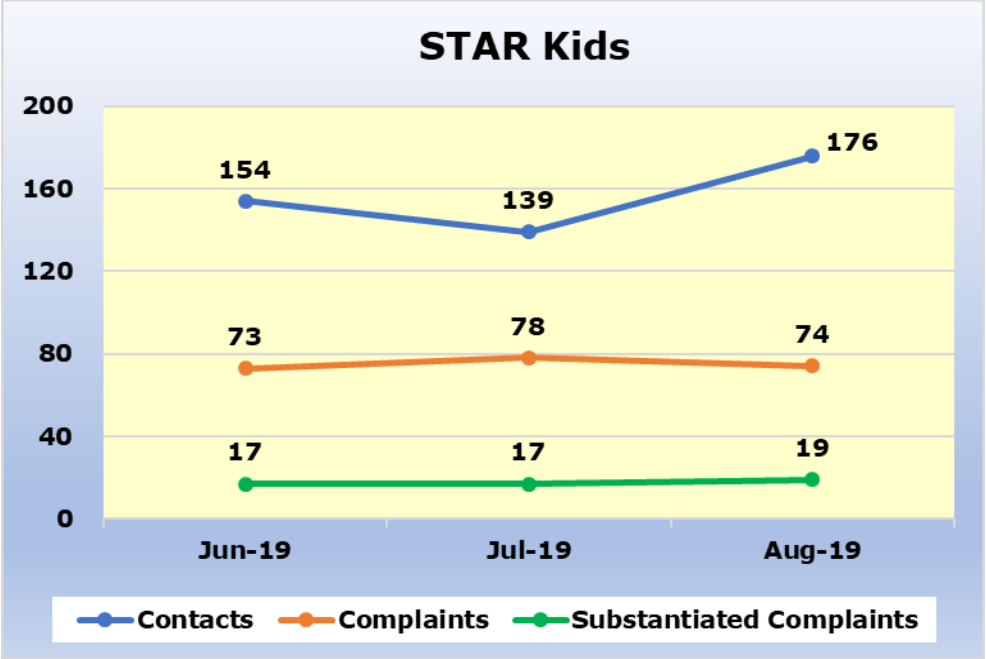
Contact Volumes by Program Type
4th Quarter FY19



Top 3 Contacts – STAR Kids

- Access to Prescriptions
- Access to DME
- Verify Health Coverage

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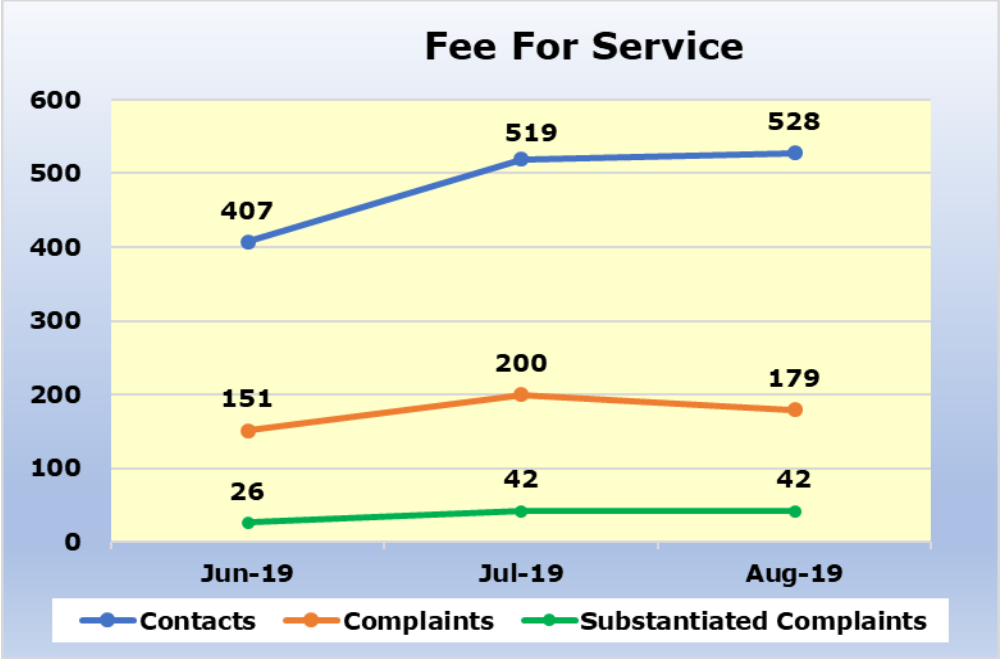
Contact Volumes by Program Type
4th Quarter FY19



Top 3 Contacts – Fee for Service

- Access to Prescriptions
- Verify Health Coverage
- Explanation of Benefits/Policy

TEXAS Health and Human Services

OMBUDSMAN FOR BEHAVORIAL HEALTH

TEXAS
Health and Human Services

Ombudsman for Behavioral Health Program
4th Quarter FY19

Contact Volume 4th Quarter FY19	
Complaints	115 (48%)
Inquiries	124 (52%)
Total Contacts	239
Top Three Reasons for Contact 4th Quarter FY19	
Referrals	
Other	
Care and Treatment	

Information Shared

TEXAS Health and Human Services

FOSTER CARE OMBUDSMAN

TEXAS
Health and Human
Services

Foster Care Ombudsman Program
4th Quarter FY19

Contact Volume 4th Quarter FY19	
Foster Care Youth	169 (52%)
Total Contacts	323

Top Three Reasons for Contact 4th Quarter FY19
Rights of Children and Youth in Foster Care
Primary Caseworker Responsibilities
Biographical/Personal Documentation

Information Shared

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INTELLECTUAL and DEVELOPMENTAL DISABILITIES OMBUDSMAN

TEXAS
Health and Human Services

Individual with Intellectual or Developmental Disabilities Ombudsman Program 4th Quarter FY19

Contact Volume 4th Quarter FY19	
Complaints	1,533 (79%)
Inquiries	406 (21%)
Total Contacts	1,939
Top Three Reasons for Contact 4th Quarter FY19	
Abuse/Neglect/Exploitation	
Rights	
Services	

Information Shared

TEXAS Health and Human Services

Ombudsman Managed Care Assistance Team

UPDATE

- Problem Trends
- Projects
- OMCAT Quarterly Published Report

TEXAS Health and Human Services

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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