



CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION



Children's Health Coverage Coalition Meeting Agenda

Friday, December 20th 2020

11:00 A.M. – 1:00 P.M.

Meeting Location: Zoom Meeting

Meeting Chair: Clayton Travis – Texas Pediatric Society

11:00 A.M. – 11:10 A.M.

Introductions

11:10 P.M. – 11:40 A.M.

Legislative Agenda and Related Advocacy (Helen Kent-Davis – TMA, Clayton Travis – TPS)

- Discuss child health relevant filed bills

11:40 A.M. – 11:45 A.M.

Recap on Senate Health and Human Services Hearing (Clayton Travis – TPS)

11:45 A.M. – 12:00 P.M.

Discuss the Impact of a New Federal Administration on CHCC Agenda (Anne Dunkelberg – Every Texan)

- Impact on Public Health Emergency
- Ways in which the government will take action on waivers.

12:00 P.M. – 12:15 P.M.

Update on the 1115 Waiver Extension (Christina Hoppe – CHAT)

12:15 P.M. – 12:25 P.M.

Discuss Amerigroup's Letter to Leadership on Managed Care Efficiency (Helen Kent Davis – TMA)

12:25 P.M. – 12:35 P.M.

[Discussion on the Maternal Mortality Reports from HHSC](#) (Adriana Kohler – TCFC, Helen Kent Davis – TMA)



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- The MMMRC met on December 11, 2020 to present the findings and recommendations from the report. You can watch the archived broadcast [here](#) and review the MMMRC's [slides from the meeting here](#).
- Texans Care for Children's [press release](#) includes excerpts from the report. You can also read some [key takeaways from the MMMRC report here](#).

12:35 P.M. – 12:40 P.M.

Discuss the HB 25 Report (Adriana Kohler – TCFC)

- Pilot Program for Providing Medical Transportation Services to Pregnant Women and New Mothers

12:40 P.M. – 12:50 P.M.

Templates for two federal rule comments due over the holidays: 1) FFCRA Maintenance of Effort Interim Final Rule and 2) Marketplace annual rule (NBPP)



Children's Health Coverage Coalition and OTA Meeting Agenda

Friday, December 18, 2020

11:00 A.M. – 1:00 P.M.

On Video Conference Line

Clayton Travis
Maria Garcia
Helen Kent Davis
Michelle Romero
Adriana Kohler
Amanda Gonzalez
Anne Dunkelberg
Betsy Coats
Christina Hoppe
Cindy Ji
Denise Gomez
Diane Rhodes
Katie Mitten
Laura Guerra Cardus
Matthew Lovitt
Melissa McChesney
Nancy Walker
Patrick Bresette
Preston Poole
Shelby Tracy
Sonia Lara
William West
Yamel Herrera

Meeting Chair: Clayton Travis – Texas Pediatric Society

Meeting Scribe: Maria Elena Garcia, Every Texan

I. **Legislative Agenda and Related Advocacy** (Helen Kent-Davis – TMA, Clayton Travis – TPS)

Clayton Travis: We are hoping to go on a round-robin form to talk about our different legislative agenda's asks. Let me pull up the legislative agenda for the coalition.

First, we want to protect healthcare from budget costs during the pandemic. We want to promote telehealth services. We are currently doing a deep dive into extending these past the pandemic. Maybe others as we'll bridge across care.



Next, we want to ensure coverage for kids, moms, and families through continuous eligibility. I think we have a better shot this year after ironing out some details after last session. The state of Texas needs Medicaid expansion, and we want to make sure coverage is available for adults and children. In the absence of that, extending care from 6 to 12 months for postpartum women. We want to make sure moms are healthy and covered. Additionally, address low Medicaid enrollment – revitalizing states marketing, outreach, and assistance to connect children to health coverage.

We met with the commissioner a few months ago to propose suggestions to reach eligible but unenrolled children and one of those things was to improve messaging for mix-status families. We want to align outreach with COVID realities.

Finally, we want to address the needs to COVID-19 response. Establish proper guidance on testing cost. Ensure all Medicare funded home health facilities and providers/assistors have proper PPE.

Clayton Travis: would anyone like to share any portions of their legislative agenda? I will start. I am pulling my bill list.

Katie Mitten: there was a Telehealth bill that I will share when I find the number.

Adriana Kohler: I want to note that we prefer the language in bill HB107 with regards to maternal coverage. We talked to some of the authors about the reason for a difference in language. I want to note that our preference is coverage for 12 months after the last month of pregnancy.

Clayton Travis: Have you had any strategic conversations with the authors?

Adriana Kohler: I think it will be complicated. These members are passionate about the issues. It is up for the members to decide. From my point of view it is to support the issue for children and families.

Nancy Walker: we made it clear with these offices that the goal for Texans Care for Children is to support passage of this policy and that we are working with all the offices and providing information to all of them. Rep Rose and Thompson are passionate about this. Walle's office has said the same.

Melissa McChesney: has the language issue been brought to Rose's office? Have they committed to changing the language? Why not file another bill if there is option for them to avoid that?

Anne Dunkelberg: what is the language issue?

Adriana Kolher: Every office has been made aware of the difference in language. We want to ensure that all women get covered. They want to make sure that the language does not include abortion, which I disagree with. We committed to continue to talk about it.



Melissa McChesney: I do not understand why they believe the language brings an abortion debate.

Nancy Walker: we have a meeting scheduled after the first of the year to discuss it further.

Melissa McChesney: It is also more expensive to exclude these women. It means more tiers changes. Under the current policy and federal law is you get 1 postpartum care no matter how your pregnancy ended.

Anne Dunkelberg: I remember you explaining what Walle's reason was for 24 months.

Nancy Walker: it has to do with birth spacing.

Melissa McChesney: if we get a federal change, there are a lot of legs that can make this a state option. If we do it narrowly, then we do not have the ability to make the changes.

Adriana Kohler: It is more expensive to administer their option. We have more work to do in Rose's office and I would appreciate if others want to echo that. I believe they will reach out and ask, "which bill would you support the most?"

Michelle Romero: did she indicate that someone told her to put the language? Was she directed? Was it recommended?

Adriana Kohler: no.

Nancy Walker: that was last sessions language.

Melissa McChesney: She was told last session that the language was problematic.

Nancy Walker: which is why Walle's bill has the preferred language.

Shelby Tracy: the bill with the preferred language wasn't filed last session at all?

Adriana Kohler: yes

Shelby Tracy: Who wouldn't get covered under Rose's bill?

Melissa McChesney: Ectopic pregnancies, and then you have the state asking these women medical terminology on how their pregnancy ended.

Helen Kent Davis: That is a very private piece of information.

Anne Dunkelberg: It is important to have a special devoted 30 mins to each of the top 3 things on our agenda with different coalition.

On the 12-month cont. eligibility SB 39 HB290

Anne Dunkelberg: Katie and I have been going back and forth with their offices. Mostly what we did was reach out to different members to acquaint them with the 3 coverage points on our agenda. They are prepared with some compromise language. I think that is all I can say at this



point. It is an issue we are trying to get representatives informed in. We don't have a firm sense of what traction to get on republicans on this.

Katie Mitten: I wanted to add to try to reach out to reps that were co-authors of the bills on last session from the house side. We are trying to have as many conversations as possible with republican offices. If you're talking to a representative's office about any issues and want to talk about these issues, please reach out to us.

Clayton Travis: moving on to Medicaid Expansion – I will kick it over to Laura or Anne

Anne Dunkelberg: I will start with some bill stuff and hand it to Laura for the strategy. I've given plenty of Requests for Information for offices. Right now, we have 3 variations of Medicaid expansion.

1. Fairly straight up state plan amendment Medicaid expansion
2. Bills like that but have a constitutional amendment to it
3. Johnson's SB117

Anne Dunkelberg: I've worked up a memo on some guidelines that flow out of the CTN coalition. I need to update the memo a bit. I will share it with the coalition at some point and make a blog post out of it. It would be difficult to pick winners at the point of whose bill we're behind. I see if I can share my list.

Laura Guerra-Cardus: While coverage expansion is not a given, it is more on the table than any of us would've thought and it is a good place to start from. The reasons why we can say that is because many more groups are coming forward to say the need for it. We saw Republican candidates talk about the importance of Medicaid expansion. All in all, we are starting the session in a good place.

We have the idea to flood representatives' mailboxes with calls for Medicaid expansion. To fill everyone, we need 50 post cards for each. Which would be 9,000 postcards and they were all claimed in a week.

We planned a caravan but members are leaving after the first day of session so we will postpone that.

Story collection is still part of our efforts.

We have been working on a way for our digital engagement campaign to include messaging that speak to more conservative regions of Texas.

Clayton Travis: on payment parity: many health plans don't feel like they should reimburse post-pandemic Telemedicine the same way they do at the moment. We want to ensure that these services are properly reimbursed.

Helen Kent Davis: we are working on a report to HHSC that validates how Telemedicine and Telehealth had benefited patients and physician practices, there won't be data on duality for the



next year at least. We want to make sure we keep the flexibilities in and in payment parity. Without it, physicians would stop providing it. In rural areas, patients are more able to get follow-up care. On the commercial side, it would be difficult for doctors to provide it without payment parity.

Michelle Romero: This is a priority for TMA. We are going to bring all forces on it. It is one of the top 5 and will consume time. We think there is bipartisan support, but it will be a fight.

Anne Dunkelberg: there is an opposite side of this coin and just as some rural people need to get services and broadband, and without these services they also could not get eligibility.

Helen Kent Davis: The issue of broadband is important, and the privacy issues are a big deal.

Michelle Romero: bringing these stories to the front and using them to get the message out.

Anne Dunkelberg: I am not aware of a legislative vehicle that could fix all the things about COVID-19 that we didn't do and who would champion that effort. Hopefully, the Telemedicine debate will be an opportunity to educate members on the issues in rural areas.

Melissa McChesney: There are a lot of tie ins with SNAP with remote enrollment. As of right now, food assistance advocates are not trying to go after telephonic signatures, but they are advocating more on the administrative side.

II. Recap on Senate Health and Human Services Hearing (Clayton Travis – TPS)

Clayton: I think it went well. Many of CHCC's recommendations were built around a testimony. We got some questions from Kolkhorst and she brought up the double payment – but our physician was good at answering the issue with follow-up calls. If you have any other bills, please e-mail us and let us know.

III. Discuss the Impact of a New Federal Administration on CHCC Agenda (Anne Dunkelberg – Every Texan)

Anne Dunkelberg: I sent an e-mail with 3 links and good resources to take a peek at. There is a piece from the KFF on things the incoming Biden administration could reverse on. The Trump administration put out a proposed rule to undermine the MOE requirement from the March CARES Act. I want to remind us that the incoming administration can freely withdraw from any 1115 waiver. We don't have any work requirements in place because they have been turned down at the courts.

The general takeaway on the November 20 hearing at the SC – it did not sound that they were headed in the direction of striking down the whole ACA. We think that the incoming Biden administration will withdraw on the public charge rule and other negative administrative decisions. It is an almost certainty that the PHE will be extended after Jan 20.

Helen Kent Davis: Telehealth flexibilities were extended until Jan 20 unless the PHE ends, then they will extend to Jan 31st.



IV. Update on the 1115 Waiver Extension (Christina Hoppe – CHAT)

Christina Hoppe: Some background – HHSC submitted an extension to CMS. They are making a distinction between extension and renewal. They are trying to make sure continued transporting care in Tx. When you do an 1115 waiver, they do a calculation on budget neutrality. Looking at how much it would cost with and without the waiver. HHSC is requesting CMS approve the methodologies with the existing 1115 waiver. If CMS would grant their extensions requested, Texas would have 10 billion dollars more room in the Medicaid program to figure out funding.

Anne Dunkelberg: over five years

Christina Hoppe: it makes a big difference and gives hospitals funding for low-income uninsured people and providing them care.

Christina: HHSC has submitted and the leadership at HHSC and the governor is supportive of this. I think this is good to some degree. HHSC has proposed a number of programs to address the district transition. They laid out 6 programs.

Physician and professional services - max funding is 500 million.

Comprehensive hospital increases reimbursement program – redesign of the current uniform hospital rate increase program

For behavioral health services and they don't have a \$ amount attached to it

Focused on rural access to primary care and preventative services. We heard from rural hospitals that they are happy that this is on the table. It is good that they are thinking about their options. They have an estimate of about \$18.7 million.

Local health departments would be able to get funding through uncompensated care program and have an estimate of \$100 million.

Around public health and related services and looking at some options there.

it is a lot of new programs being directed in diff ways. I think this is a good way forward if we can get it. HHSC has pulled these into two different things – they can approve the dissert extension and not the 1115 waivers.

Anne Dunkelberg: they asked for the 5-year extension for the uncompensated care side of the waiver. For district, it was for 1 year and then all the new ones would be in the Medicaid program.

V. Discuss Amerigroup's Letter to Leadership on Managed Care Efficiency (Helen Kent Davis – TMA)

Helen Kent Davis: One thing that American wants to regroup is status that lets HHSC to award a contract to anyone. Now we have these dueling proposals and reached out to Amerigroup and



Texas Associated of Public Health Plans and Community Health Plans. No one has really had the opportunity to evaluate Amerigroup's cost savings proposal. They don't want to meet at the same time since there is some tension. Both sides want to share their perspective and get feedback. There is interest in the Amerigroup proposal. More on that soon. Some may also talk to Amerigroup or health plan association. Feel free to chime in. Right now, we are trying to see what Amerigroup is suggesting. We want to have diversity in plans and input from consumers, providers and all. We want to get a better sense of what they are asking.

VI. **Discussion on the Maternal Mortality Reports from HHSC** (Adriana Kohler – TCFC, Helen Kent Davis – TMA)

Adriana Kohler: many have seen the new report, it comes out ever 2 years. They review cases of maternal death and identify for underlying causes. Look at trends and other factors that affect maternal mortality and morbidity. There is a great slide deck from the review committee that explains the findings.

What is useful for us is that the committee found that maternal mortality and morbidity are concerns and challenges in our state. the majority of maternal deaths happen after pregnancy and over 40 days after pregnancy. I want to highlight the work the committee did targeting health equity. There are some recommendations as well on mental health:

Increase comprehensive services before during and after pregnancy– 12 months postpartum.

Financial resources were a factor in maternal deaths this year and access to health coverage.

We did not get a lot of media attention. There is a Dallas morning news op-ed. We need help to get the message out to our audiences, specifically legislators. Please share with your networks.

Helen Kent Davis: one of the things is that there are many, many stories about vaccines.

Adriana Kohler: in terms of next steps, please get the word out to your networks. We also sent an email out to all legislative offices. Every senate and representative office has seen a copy of the report.

VII. **Discuss the HB 25 Report** (Adriana Kohler – TCFC)

Adriana Kohler: Last session there were 2 medical transportation bills. There is a pilot study program that helps moms get to prenatal and postpartum appointments. Right now, medical transportation is so important to kids in Medicaid, families, seniors, people with disabilities, etc. There has always been a challenge were only the Medicaid client can travel unless they are an attendant. Moms cannot go to their appointments and use this transportation with other children. The Uber and Lyft bill also add ride-share as an option.

Because of some changes that happened with the Uber bill, it conflicted a little with HB25. They made the decision to implement the HB25 pilot because of the importance on maternal health.



Uber and Lyft bill will be fully implemented in June of this year. There are 11 Managed Care Plans that offer transportation and 2 that offer it as a value of added service.

VIII. Templates for two federal rule comments due over the holidays: 1) FFCRA Maintenance of Effort Interim Final Rule and 2) Marketplace annual rule (NBPP)

Melissa: I want to highlight this for everyone. On December 30th the annual marketplace rule has comments due – the biggest impact to this is it would allow states to eliminate the use of healthcare.gov and only use brokers or web brokers. This is dangerous. The ability to sue this comprehensive website is essential to providing proper enrollment assistance. We already saw HUGE reductions in money for marketing. The second rule is a rule were the Trump administration changes the guidelines on the continuous coverage provision and are walking back their previous rule to not reduce benefits for people in a pandemic. This is less impactful in a non-expansion state. the few groups impacted in Texas are: allows lawfully present children to age out of Medicaid coverage, former foster care youth. The comment should be in your emails, thank you for your attention.

IX. Meeting adjourned: 12:56