



# CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

## **Children's Health Coverage Coalition & OTA Meeting Agenda**

Friday, July 23rd, 2021

11:00 A.M. – 2:00 P.M.

**Meeting Location:** Zoom Meeting

**Meeting Chair:** Christina Hoppe, Children's Hospital Association of Texas

### **CHCC Agenda**

11:00 A.M. - 11:10 A.M.

**Introductions**

11:10 A.M. - 11:20 A.M.

**Lege Updates & Thank You to  
Phelan, Cortez & Kolkhorst**  
(Christina Hoppe - CHAT)

11:20 A.M. - 11:30 A.M.

**Discuss Next Steps on Coalition  
Priorities that Passed Last Session**  
(HHSC/Christina Hoppe - CHAT)

11:30 A.M. - 11:50 A.M.

**Kids Medicaid Report** (Dr.  
Van Ramshorst)  
● [https://medicaiddirectors.org/  
medicaid-forward-executive-  
working-groups/](https://medicaiddirectors.org/medicaid-forward-executive-working-groups/)

11:50 A.M. - 12:00 P.M.

**Special Session Updates** (Helen  
Kent Davis - TMA)

12:00 P.M. - 12:15 P.M.

**1115 Waiver Updates** (Anne  
Dunkelberg - Every Texan)  
● Waiver Process & Next Steps



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- <https://everytexan.org/2021/07/01/first-stage-of-texas-medicaid-1115-waiver-extension-comments-closes-whats-next/>

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12:15 P.M. - 12:25 P.M.

### Federal Updates

(Laura Guerra-Cardus & Anne Dunkelberg)

- Congressional Approaches to Close the Medicaid Coverage Gap

## Budget deal will include funding for Medicaid expansion gap, Sanders says

BY RACHEL ROUBEIN, ALICE MIRANDA OLLSTEIN | 07/14/2021 01:23 PM EDT

Democratic lawmakers are planning to fund health coverage for roughly 2 million people shut out of Medicaid expansion in their new \$3.5 trillion reconciliation package, Senate Budget Committee Chair [Bernie Sanders](#) told POLITICO.

But lawmakers must [still choose between several difficult options](#) for closing the Medicaid coverage gap in the dozen red states refusing Obamacare's expansion of the program and figure out how to pay for it.

"We're going to have to work out the details, but there is money in there to do just that," Sanders said. "We think that it is unacceptable that some of the poorest people in this country live in states which have denied them Medicaid."

The Senate's budget resolution is expected to be released later in the week after Democrats struck an agreement on the party-line legislation late Tuesday night.

Closing the Medicaid coverage gap would fulfill a campaign promise of President Joe Biden and give Democratic lawmakers in holdout states, like Sen. [Raphael Warnock](#) of Georgia, an achievement to campaign on.

Democratic lawmakers are still debating whether to create a new federal program to cover the gap, which could take years to set up, or provide subsidies to enroll the



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expansion population in private insurance on the Obamacare exchanges. Lawmakers are also considering a hybrid approach, in which those eligible for coverage join the exchanges until federal officials create a new program that would likely provide better benefits.

House Majority Whip [Jim Clyburn](#) (D-S.C.) said his staff has been meeting with aides for Speaker [Nancy Pelosi](#) and Senate Majority Leader [Chuck Schumer](#) to hammer out a path forward, with more meetings scheduled for Wednesday night and Thursday morning.

“We are making significant progress,” Clyburn said on a call with reporters and advocacy groups Wednesday. “We’re not there yet but we’re getting there.”

Politico 7/13 or 14 The House is largely leading efforts to craft the policy, sources said. Options under consideration include:

- Allowing low-income adults to get free private coverage through Obamacare’s insurance marketplaces. Financial assistance for the marketplaces has been closed off to people earning below the poverty line, about \$13,000 for an individual, because Obamacare’s drafters expected they would be covered by Medicaid expansion. However, a 2012 Supreme Court decision made the expansion optional for states, creating the coverage gap Democrats are trying to close.

- Directing the Department of Health and Human Services to stand up a new Medicaid-like program for people who would otherwise be covered by Medicaid expansion in the holdout states. Warnock, whose election helped secure Democratic control of the Senate and faces voters again next year, plans to introduce legislation as soon as next week that would back this approach and substantially boost financial incentives for holdout states to expand Medicaid, according to a draft bill obtained by POLITICO.

- A hybrid model that could address concerns about either of the two approaches, according to a senior Democratic aide. People could quickly receive free coverage on the marketplaces until federal officials can create a new program that would likely provide better benefits.

A White House spokesperson didn’t comment on whether Biden is pushing lawmakers to address Medicaid expansion in the human infrastructure package, which is expected to also include investments in child care, education and combating climate change. The spokesperson referred POLITICO to a [recent tweet](#) from domestic policy chief Susan Rice that said Biden “is ready to work with Congress this year to close the coverage gap.”



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12:25 P.M. - 12:35 P.M.

**Navigator Grants** (Stacey Pogue - Every Texan)

- KFF, [Cuts to Navigator Funding and Sites, 2016-2020](#)
- CMS, [Largest-ever Navigator funding allocation announced for 2022](#)

## **OTA Agenda**

**OTA Chair: TBD**

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12:35 P.M. - 12:50 P.M.

**Status Report on Section 8 of HB 2658** (AES - HHSC)

- Discuss the Capacity to Provide Data to Show Impact of New Policies

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12:50 P.M. - 1:30 P.M.

**AES - Access & Eligibility Services** (HHSC)

- Plans for Renewing Eligibility Once PHE Ends
- Update on F-2 Visa Holders Being Denied Medicaid/Chip
- Issues around 2-1-1 Customer Services Representatives

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1:30 P.M. - 1:50 P.M.

**Ombudsman Report** (HHSC)

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1:50 P.M. - 2:00 P.M.

**Texas State of Enrollment Annual Conference** (Anne Dunkelberg - Every Texan)



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## **CHCC & OTA Meeting Agenda**

Friday, July 23rd, 2021

11:00 A.M - 2:00 P.M.

### **On Video Conference Line**

Christina Hoppe  
Myles Anderson  
Anne Dunkelberg  
Dr. Ryan Van Ramshorst  
Helen Kent Davis  
Laura Guerra-Cardus  
Stacey Pogue  
Alison Mohr Boleware  
Betsy Coats  
Katie Mitten  
Leah Joiner  
Shelby Tracy  
Preston Poole  
Michelle Romero  
Diane Rhodes  
Brittany McAllister  
Larry Lewellen  
Leela Rice  
Amulya Cherian  
Adriana Kohler  
Sonia Lara  
Denise Gomez  
Hilary Davis  
Graciela Camarena  
Matthew Lum

Meeting Chair: Christina Hoppe, CHAT

Meeting Scribe: Myles Anderson, Every Texan



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### CHCC Meeting Agenda

#### **I. Lege Updates & Thank You to Phelan, Cortez & Kolkhorst**

**Christina:** I went back and looked over CHAT legislative priorities that they had been working on for 12 months of coverage for kids since the 1990's. It has been on the priorities for that long. I know that there was a lot of consideration from folks that were really on the ground working on this about what the impact of that was. I think that now that things have calmed down and we are able to see what could mean for families, I think that's a big win. Sometimes we keep trucking on and don't take a moment to celebrate successes and there's a lot of credit that needs to be given for the leadership that is on this call.

**Anne:** The only thing I would add is that the enrollment of kids for Medicaid in Texas completely flattened out after the imposition of those periodic income checks into 2014. After uninterrupted growth, going back to Senator Zaffirini's 2001 bill that allowed kids to apply by mail without going to a DHS office, after steady growth it started to flatten out. Probably related to the chilling immigration work by the previous administration, but now I think there is reason to expect that we are really going to see a nice growth rate.

**Christina:** Thank you Anne, that's really important to note. I think the next item on this was discussing opportunities to thank the leadership in the Texas legislature that helped to champion this issue, including the speaker that for the first time in a long time, that was trying to take a comprehensive look at healthcare, included this as a priority in his healthcare package which I think is great, and also the bill that included 290. Those are the folks who are on the list but we can open it up to see if those are the right group of people, as well as discuss how that thank you would look like.

**Members discussed including Rep. Frank, Rep. Rose, and Senator Zaffirini?**

**Anne:** Yes, companion authors, Sen. Kolkhorst, Sen. Alvarado, and agreed to compile a list to make sure we don't forget to include anybody.

**Christina:** What would the thank you's look like so those leaders can get the recognition for this?



**Helen:** In the past we had cookies delivered. I think with the pandemic, people may not be in their offices. Maybe coming up with a cute card with some children's art on it, and having our logo signed with all of our organizations would be a good idea.

**Anne:** We could also do a media advisory. I could probably get some help from my comms group.

**Diane:** I really like the idea of kids' art. That might be unique and special.

**Helen:** I can use the TMA graphic department to clean it up a bit. We may also mail it.

**Laura:** I'd be happy to help.

**Shelby:** Happy to help. We have NHC week coming up and a lot of times part of the event will be arts and crafts with kids that are actually patients. I can check and see if there is any art from our centers. I will follow up if I can find anything.

**Christina:** I'll be happy to ping our hospitals as well for some children's art.

**Helen:** Do we want a theme or more of a free style art project? Superheroes?

**Christina:** Superheroes sound cute.

**Anne:** Do we want to have a goal by the beginning of September

**Christina:** Sounds like we have a good framework. I'd love the card and cookies (if they're in their offices) and will get a list together.

**Helen:** In the past we did Tiff's Treats, and they gave us a big discount.

**Christina:** That's pretty cute actually. We're good on this topic and will have some follow-up.

## **II. Discuss Next Steps on Coalition Priorities that Passed Last Session**



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**Christina:** Big progress and success for certification for kids, but there's still going to only be one income check for kids, and that second period of eligibility was noncontinuous. As we are planning the agenda and moving through the interim, if folks had feelings or thoughts on this?

**Anne:** HHSC will discuss this, but I hope everyone pays attention to that. I'm trying to remember...did we have some language that survived around engagement?

**Helen:** It does have language about engaging stakeholders and the notice to families.

**Christina:** It sounds like at least for now on the certification period for kids, before we can have a longer outlook for what we will be advocating for, we need to get a better idea about what HHSC will be doing.

**Kattie:** Yes, it [the language] is under section K..that in the notice they will consult with healthcare providers and childcare advocates and families. I would also say that another big part of this is the end of the PHE, which I think will also be a part of the OTA conversation.

**Christina:** Are there any other items that anyone wants to talk about?

**Anne:** HB 133?

**Helen:** Adriana is also working on this. First we need to find out what HHSC is doing in terms of producing a waiver. The bill doesn't become effective until September 1, and I will reach out to HHSC to ask about a waiver. What do we need to do to encourage the Biden administration to support it?

**Adriana:** I am happy to take on those items. I can reach out to other folks to have those conversations. We can invite HHSC to discuss. Should we wait later until September or October?

**Helen:** I think the sooner the better.





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**Adriana:** In a recent speech, the new CMS director, Chiquita Brooks-LeSure stated that “We approved Illinois’ waiver of 12 months, we approved Georgia’s waiver for 6 months, we approved Missouri’s (which was narrower)”. She didn’t really differentiate, that the 12 months was better than the 6 months. They see Georgia’s 6 months as a win as well. I don’t want to read too much into it, but I find it interesting that they considered all 3 as wins and steps in the right direction.

**Leah Joiner:** This is not related to the post-partum elements of HB 133, but TWHC is also interested in the other part of HB 133 related to transitioning HTW into managed care. So, we’re in the process of gathering information from providers, but Helen & Adriana and others will also be a part of that work so however we can coordinate meetings with HHSC we’re happy to do that.

**Christina:** Sounds good! It sounds like at some point we will invite HHSC to talk about steps for HB 133, but I will now hand it over to Dr. V.

### III. Kids Medicaid Report

<https://medicaiddirectors.org/medicaid-forward-executive-working-groups/>

**Dr. Van Ramshorst:**

[See Slides]

**Christina:** Thank you for the work that you’re doing. I think there is so much alignment with the work that this report is doing and the other children’s organizations that are represented in this group. What we are hearing is an increased need on the behavioral health side in terms of capacity, providers, services, etc. What are we seeing in behavioral issues? I’m kind of curious about any comments on the work on that?

**Dr. V.:** One thing we are working on is our Autism Services Policy that involves behavioral analyses. I think one thing I hear repeatedly is the increased need to have kids with intellectual developmental disabilities and coexisting behavioral health issues and how complex that delivery of care can be, so it brings me a lot of joy to have the Autism Services Policy, which should go into effect no later than September 1, 2022. Another thing is SB



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1177 from the 2019 session, which allows a managed care plan to cover one thing instead of another, with the one thing being identified as more effective. There are three things at the top of our list. One of them being partial in-patient and outpatient services, as well as our STAR program with students in foster care. We're moving forward with that and making sure that we are looking at aspects such as pediatric psychiatric bed capacity. There's a lot of discussion and I think state leadership is really interesting.

**Christina:** I think that this is great that IDD is being looked at.

**Katie:** I had a question about what types of data you guys are looking at in regard to COVID.

**Dr. V.:** We have been looking at data on how COVID has disproportionately affected vulnerable populations. We are really looking at what the data show, how many were enrolled in our program, how many were vaccinated, records about cancer screenings, diabetes, etc. Phase 1 was about what is the data and phase 2 focuses on the trends. Phase 3 is discussing what changes should now be made. As a pediatrician, we are really making sure we provide immunization data. I'm really excited to see that move forward. Excellent question

**Anne:** I wondered how new this kind of report is for NAMD. Is there any kind of coordination given to MACPAC analyses?

**Dr. V:** I'm not sure if NAMD has done work on this before. There was outreach about the Medicaid network. HHSC has a very robust relationship with NAMD. I'm going to phone a friend. Dr. Glenn, do you know if NAMD has previously embarked on the Medicaid forward initiative?

**Dr. Glenn:** No, I don't think so. I think this is a new initiative.

#### **IV. Special Session Updates**

**Helen Kent Davis:** This will be short. Nothing is really happening. As you know the governor called a special session and the democrats broke quorum and left for D.C. so the



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house can not do business. There are no hearing occurring. The Senate has continued to have some hearings but we are at a stalemate. It's still not clear if democrats will come back in August when the special session ends. Some democrats have returned like Cortez to try and make a deal. For now there's not a lot going on.

On the budget issue, the governor vetoed article 10. Without article 10, the agency's staff under article 10 will not be funded, and that will be a problem. If they don't come up with a budget solution that will be a big issue. I do know that there has been some back room discussion on fixing the funding issues and calming staff about getting laid off. There's some rumors about this. There were some healthcare related bills on the call regarding transgender children and a special interim study and there are charges regarding human services. While there's not a quorum, they can't proceed.

There were a number of committees looking at the border and foster care systems. I have not gotten info about the timing of other interim studies. The speaker has made some interim study topics but whether or not they are going to move forward is unclear. One thing the senate has discussed is rural maternal health.

Michelle: I agree with you Helen. I haven't heard anything. Everything is consumed around voting reform and the quorum break but I haven't heard anything.

Nancy: I haven't heard anything either.

Helen: Everyone is just consumed by the politics of the quorum and voting bill. Also, let me mention that there has been concern about recent comments by the governor suggesting he may take executive actions (outside of legislature, e.g through the Texas Medical Board) to restrict some access for transgender children. What's that going to be, we don't know exactly. There might be an opportunity to discuss this in a future meeting. There are already protections in Medicaid, such as EPSDT and the process they have to follow. EPSDT does require that state agencies cover all medical necessary services for children. Medicaid does not pay for sex-reassignment surgery, but if Gov. Abbott tried to change policy regarding treatment for gender dysphoria, there will likely be some lawsuits and may needed to be added to the next agenda.



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**Christina: Limiting transgender children and youth healthcare access should continue to be a CHCC agenda topic.**

### **V. 1115 Waiver Updates**

#### ***Waiver Process & Next Steps***

**<https://everytexan.org/2021/07/01/first-stage-of-texas-medicaid-1115-waiver-extension-comments-closes-whats-next/>**

**Anne Dunkelberg: HHSC submitted a request for the waiver extension on July 14th. The norm is that CMS will respond around 15 days. Once CMS states that the extension application is complete then the federal comment period will open.**

**The Sick of It Texas portal used to submit comments to HHSC will forward to federal Medicaid the June HHSC comments that went through that portal.**

**The HHSC extension application summary of the state comments received is a little weak on its characterization of the public input, not conveying the large numbers who wanted to see a coverage solution.**

**Under federal law there is a distinction between a waiver renewal and extension. Extension is limited to 3 years and renewals are 5 years. 10-year approval was only introduced under the Trump administration.**

**A key concern of Texas providers is a 2018 Trump admin rule that was going to limit the amount that states could claim in savings that the waiver was achieving. One of the goals of Texas Medicaid was to get an exception to that guidance and continue to claim more savings; that creates more room for directed payment programs and headroom for the growth of the hospital uncompensated care pool and the new (requested) pool for mental health authorities and local health departments. The National Association of State Medicaid Directors have requested a pause in the implementation of that change that would tighten up the budget neutrality headroom for any and all states. That means that it's not just an issue for Texas, but CMS is thinking about it in all states. CMS may make a decision for Texas that would be consistent with other states that may have the same concern. I wanted to throw that in there.**

**We don't have any problem with the state going after maximum head room in budget neutrality and we know that better Medicaid rates will be better for beneficiaries. We'll keep people informed.**



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**Laura:** I just want to add that we all may stand on different spots on this issue but we all want to see a coverage solution in this and that we will be opening that portal for the federal comment period that communicates the issue that is more easily understandable for the everyday Texan.

**Katie Mitten:** The application that they submitted to HHSC is the same, correct?

**Anne:** They added the summary of comments in the state comment period and said we are essentially re-submitting the terms that the Trump administration approved in January—which actually are quite different from what Texas submitted in late 2020.

**Christina:** All the new directed payment programs been submitted to CMS for approval but there is a lot of anxiety regarding the slower-than-usual response times. We are down to about half of the wire. Fingers crossed that, that is going to get approval. We are stressing to CMS how important this is for Medicaid providers.

**Anne:** My understanding is that the DPP's have to be approved every year and our understanding is there is plenty of budget neutrality headroom for the 2022 rates so it's a matter of CMS approving rates in the near term?

**Christina:** I would say that from the implementation perspective there are a lot of operational pieces, so I agree with Anne.

**Anna Stelter:** If we don't get approval, and fall back on what we already do, what would be the next steps, given DSRIP funding ends after September? (Note: As of August 13<sup>th</sup>, DSRIP is expected to be extended one more year.)

## **VI. Federal Updates**

### ***Congressional Approaches to Close the Medicaid Coverage Gap***

**Anne:** We did have confirmation from the congressional leadership that both the senate and the house are committed to a Medicaid expansion “work around,” included in the budget reconciliation package. We are hopeful that will happen. We have multiple proposals, including Congressman's Doggett's bill that will allow counties to bypass the governor. There are other proposals that would give people that are below poverty to pay \$0 premiums in the ACA Marketplace or start a separate Medicaid eligibility category run



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by CMS. There's also a hybrid of the two. It does create equity problems for states who never got 100% funding or the inequity of rewarding states who take too long, etc. I, at this point, just want something to make it through the process and am very excited to see that we have a commitment to the package.

**Laura:** What an enormous accomplishment that it is to have Senate and House leadership say that they have a commitment to the coverage gap. The Center on Budget and Policy Priorities report that Pelosi, Clyburn, etc. have a real commitment to a direct-coverage option that states cannot block. Re: Doggett's bill, we're super excited to see it. The one complicating factor is the state would have to allow the counties to use the state's Medicaid eligibility and claims systems program, which can lead to state leaders being uncooperative.

**Anne:** One of my biggest concerns is that we do not want any member of the Texas delegation to bicker over which approach to adopt. We want to come out with the biggest solution sooner than later.

**Laura:** That's a great segue, I had some tips on advocating for this issue. The number one thing is to thank Congress for everything that they have done already, but keep up the momentum for federal coverage legislation, including asking them to sign up to support other bills that have been proposed. Another bill that has been proposed is the Medicaid Saves Lives Act which was proposed by Senator Warnock originally. We hope to encourage the Texas delegation to sign on. Part of the importance of having them sign on to both bills is that an impression is not given for a preference. We don't want them to bicker about which is best, we just want to keep up the push.

## VII. Navigator Grants

KFF, [Cuts to Navigator Funding and Sites, 2016-2020](#)

CMS, [Largest-ever Navigator funding allocation announced for 2022](#)

**Stacey Pogue:** The ACA created a navigator to help consumers get info about and enroll in Medicaid, CHIP and Marketplace coverage. They are funded by the Marketplace. The need for assistance is big. Over 60% of consumers have reported some barrier to enrolling. 83% of consumers who looked for coverage but remained unenrolled reported some



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barrier. The ones who have in-person help with enrollment report satisfaction. Funding for Navigators was cut back by the Trump administration by about 80%. Texas only receives \$2 million vs. \$9 million in 2016. Texas 2 Navigator organizations are Change Happens in Houston, and MHP Salud in the Rio Grande Valley. CMS has pledged to fund 80 million dollars, so states are now expecting more funding. The awards should be announced late August. Many organizations are going to apply for the grants. The Biden admin has proposed to walk-back the harmful changes to the 1332 waiver process and lengthen the annual open enrollment period for 2022 coverage. And also, a new special enrollment period.

### OTA Meeting Agenda

Meeting Chair: Anne Dunkelberg

#### **I. Status Report on Section 8 of HB 2658**

##### ***Discuss the Capacity to Provide Data to Show Impact of New Policies***

**Hilary Davis:** This section is the periodic income check (PIC) process, modifying that for children's Medicaid, it is reducing the amount of periodic income checks for children's Medicaid from months 5, 6, 7, 8 to only running it to month 6 of their 12-month certification period. It also directs us to lengthen the time that we give the families to provide information from this pick process. This bill has lengthened the time period from 10-30 days. We will do the same thing we do for CHIP.

**Anne:** (reminder: In CHIP, the kids between 185-200% poverty are subject to a 6-month income check.)

**Hilary:** It does direct HHSC to work with various stakeholders/groups to make sure that whatever notification goes out is the most user friendly. We will go ahead and set up a meeting to discuss what this notification looks like, and whether or not we need to tweak that. We are assuming that CHCC will be interested in participating in that meeting. Anne, can we go through y'all to set up this meeting? If there is anyone else outside of CHCC that would be interested in that meeting, we'd be open to receiving that feedback.

**Anne:** Yes, we will definitely give that some thought, and there should be a whole lot of interest and input.





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**Hilary:** We are looking to have this meeting late August/September. We are working with IT partners to get it prioritized on the schedule. We are not rolling out this new process until the end of the PHE or around early of next year.

**Katie:** Thank y'all so much for prioritizing this.

**Hilary:** Thank you for this. We are continually trying to collect a data report on this topic and work with our IT department to generate a regular report.

**Anne:** We've had some good updates in the SMMCAC about the new contractor in charge of generating notices, so just want to think about how that contractor's performance, coupled with US postal service, interact with the HHSC notices.

**Hilary:** Yes, absolutely, we will make sure we engage you guys when we analyze the PICs for Medicaid for children and make sure we keep everyone informed.

**Denis Gomez:** With regards to receiving feedback is there another way you could expand this feedback?

**Hilary:** We will provide an email address to send some comments to those who can't attend the meeting.

## **II. Access & Eligibility Services**

### ***Plans for Renewing Eligibility Once PHE Ends***

**Hilary:** PHE extended for another 90 days and have received assurance that it will continue until December. We are looking at ways we will resume once it ends. With that being said, when we are aware that the PHE ends, we plan to rerun eligibility for those we flagged and send notifications if they are now eligible, and we are flagging in our automation system individuals who are no longer eligible for Medicaid if we don't have enough verification. When PHE ends we plan to re-run eligibility for those who were flagged, we will see if we have verification and inform them whether they will continue to receive Medicaid. If we need verification then we will request it and if they do not submit, we will deny them. They can then appeal. For those who are verified but are still not eligible, we will just send them





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a notice that they will no longer be eligible after December 31st. If it's a pregnant woman we will transition them to Healthy Texas Women, and if we have other kids who are ineligible we will transfer them to CHIP. In addition, we will inform them that they will be directed to the Marketplace if they don't qualify for other services. When all of this happens, we will receive stakeholder comments.

**Anne:** I think we want to go ahead and request a meeting to discuss these things. I will send a formal invitation for a meeting.

**Hilary:** There may be some revising of the guidelines that will change regarding the PHE.

**Katie Mitten:** Do you have an idea of how many have been flagged already and the anticipated workload?

**Hilary:** I don't have the numbers for that right in front of me, but there is data being done on that. We have been looking at ways to mitigate the workload on the other programs so we have asked for waivers on the SNAP side. We are tracking these numbers and where those buckets may fall.

**Anne:** Once you have that data we'd love to have access to that. And we'd love to support it and encourage CMS.

**Hilary:** There is a political climate in terms of "how fast can we get them off if we aren't required to keep them on". So we are trying to balance the expectations between the federal and state direction.

**Anne:** One role that we can play is to encourage and educate lawmakers that our goal needs to be not to be not losing anyone for procedural reasons, and making sure people are being referred to other options.

**Helen Kent Davis:** We're going to have to communicate this to physicians for patients who may be in the middle of treatment and what that looks like if they have to transition.

**Hilary:** Absolutely. Part of the next meeting will be discussing these things



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### *Update on F-2 Visa Holders Being Denied Medicaid/Chip*

**Hilary:** So we've had several conversations about non-citizen children being denied Medicaid/CHIP. We communicated with our quality management team and they couldn't really come up with a reason as to why this is happening. So we will have a leadership academy do a deep dive and tackle this issue on these children being invalidly denied so that way we aren't focusing on one simple answer such as new training. Sometimes the staff is just on automatic processing or just have no clue so they become denied. As soon as we get a timeline and more information on the data, we will be sure to keep y'all informed.

### *Issues around 2-1-1 Customer Representatives*

**Hilary:** The service reps are telling them that their Medicaid benefits are ending. What we are assuming is that people are calling and are given their end of their certification date but not mentioning that it will continue until the PHE ends. So we are looking to update staff scripts and train them to make sure to tell them that their coverage will continue until the PHE.

**Graciela:** What about the automated messaging system stating that my coverage is ending. Is the automated message being updated as well?

**Hilary:** Let me go back and check with our 2-1-1 because it may be a standardized message giving them their certification dates. We will definitely follow up on that will in addition review our recorded phone conversations and follow-up with particular team members. We also encourage y'all to continue to give us feedback and comments.

### **III. Ombudsman Report**

[See Slides]

### **IV. Texas State of Enrollment Annual Conference**

**Anne Dunkelberg:** It will be virtual this year. I forget the exact date, so Sonia, are you aware of the dates?

**Sonia:** We're looking at doing it either the 2nd or 3rd week in October. We have polled some of our other groups on a preference on the date



# CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

**Anne: We will get a save the date out soon and reach out to bring in more community partners to attend the conference as well.**

V. Meeting Adjourned  
A. 2:11



# ***CHILDREN'S*** ..... ***HEALTH*** .....

**Summer 2021**

# About NAMD

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**The National Association of Medicaid Directors (NAMD)** is a bipartisan, nonprofit, professional organization representing leaders of state Medicaid agencies across the country. NAMD supports Medicaid Directors in administering the program in cost-effective, efficient and visionary ways that enable the over 77 million Americans served by Medicaid to achieve their best health and to thrive in their communities.

# What is Medicaid Forward?

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- The trauma of the last year – the public health and economic ramifications of COVID-19, coupled with the longstanding racial and ethnic inequities that it has highlighted – is having devastating impacts on the nation's health and well-being.
- Roughly 1 in 5 Americans use Medicaid or the Children's Health Insurance Program (CHIP) to get the health care they need, and Medicaid and CHIP invest more than \$600 billion in the health care delivery system annually.
- Medicaid and CHIP will play a critical role in the work of recovering from the pandemic and establishing a "new normal" for American health care, particularly in three areas where pandemic-challenges are greatest:
  - Mental health and substance abuse,
  - Access to health care for children, and
  - Supports for individuals in need of long-term care.
- Medicaid Forward delivers a strategic framework of options, shaped by Medicaid leaders and national experts, to help Medicaid programs contribute to the nation's recovery from the pandemic.

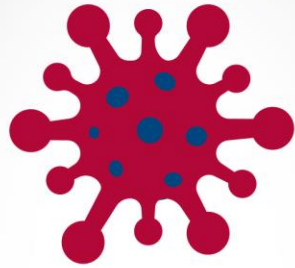
# Reflections from the Front Line

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## Challenges For American Children



**77 million**

American students  
have endured  
partial or total  
school closures due  
to COVID-19

**1 in 4**

Black and  
Hispanic  
children  
experienced food  
insufficiency in  
March 2021



More than **40%**  
of children are still  
not experiencing  
in-person learning

**28%**

of U.S.  
households  
with children are  
facing hunger, as  
of October 2020



*Fortunately, kids are extraordinarily resilient.*



# Medicaid Forward: Children's Health

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- Medicaid and CHIP cover more than 37 million, or 2 in every 5, American children. Medicaid and CHIP will be essential to the resilience of the nation's children as we emerge from the pandemic.
- Medicaid Forward: Children's Health provides specific, actionable steps that Medicaid and CHIP programs can take to improve the trajectory for children enrolled in Medicaid during these unprecedented times.
- It explores two sets of strategies:
  - Short-term response opportunities for states to ensure children and their caregivers are supported as we emerge from the pandemic; and
  - Opportunities to transform children's healthcare delivery in this moment of disruption.
- It also includes additional resources which provide more information about many of the strategies and options described throughout the report.

# Executive Working Group Members

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**Frank Alexander, MPA**, Managing Director, Judicial and National Engagements, Casey Family Program

**James Bush, MD**, Medicaid Medical Director, Wyoming Department of Health

**Melisa Byrd**, Medicaid Director, District of Columbia

**S. Amanda Dumas, MD, MSc**, Associate Medical Director, Louisiana Bureau of Health Services Financing

**Kate Ginnis, MSW, MPH**, Senior Director of Child, Youth & Family Policy and Programs, MassHealth, Massachusetts Executive Office of Health and Human Services

**Dr. Nia J. Heard-Garris, MD, MSc** Pediatrician & Assistant Professor of Pediatrics, Ann & Robert H. Lurie Children's Hospital of Chicago and Northwestern University Feinberg School of Medicine

**Holly Henry, PhD**, Director of the Program for Children with Special Health Care Needs, Lucile Packard Foundation for Children's Health

**Carolyn Hill, PhD**, Senior Fellow, Youth Development, Criminal Justice, and Employment, MDRC

**Kate Hudson**, CHIP Administrator, Alaska Department of Health and Social Services, Division of Health Care Services

**Charles Irwin, Jr., MD**, Distinguished Professor of Pediatrics & Director of the Division of Adolescent & Young Adult Medicine, UCSF School of Medicine

**Lisa D. Lee**, Commissioner, Department for Medicaid Services Kentucky Cabinet for Health and Family Services

**Dayna Long, MD**, Director, Community Health and Engagement & Pediatrician, UCSF Benioff Children's Hospital

**Jason Lyon, Administrator**, Rhode Island Executive Office of Health and Human Services

**Cheryl Roberts, JD**, Deputy Director of Programs and Operations, Virginia Department of Medical Assistance Services

**Ryan Van Ramshorst, MD, MPH**, Chief Medical Director, Medicaid/CHIP Services Texas Health and Human Services Commission

# Short-term Response Opportunities

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**Connect with and understand the current realities for children, caregivers, and pediatric providers:**

- Review statewide data on child and family well-being indicators
- Analyze claims and encounter data
- Valuate customer service calls and appeals
- Convene or have staff attend organized parent focus groups/listening sessions
- Meet with pediatric providers



# Short-term Response Opportunities

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- Launch a “sprint” team to respond to what you learn about the needs of children and families, share ideas, and get input on possible solutions
  - Review new policies put in place in response to the pandemic and ensure they are meeting the current needs of children and families
  - Deploy a team of staff to work collaboratively with agency partners, providers, and plans to ensure that children and their families have access to needed services.
- Act urgently and plan for sustained focus on supporting the mental wellbeing of children and their caregivers
- Advocate for children and families in COVID vaccine planning
- Ensure accurate eligibility and enrollment of children, parents, and caregivers
- Take action to support pediatric providers



# Addressing Adolescent Mental Health

The trauma of this last year is impacting the mental health and well-being of teens – a group that is historically difficult to engage in care. Depression, suicide, eating disorders, and anxiety are on the rise. Medicaid programs can support resilience of teens and begin to change the way we deliver care to them. Key options include:



Actively participate in and support youth mental health efforts led by other state partners or local pediatric care systems

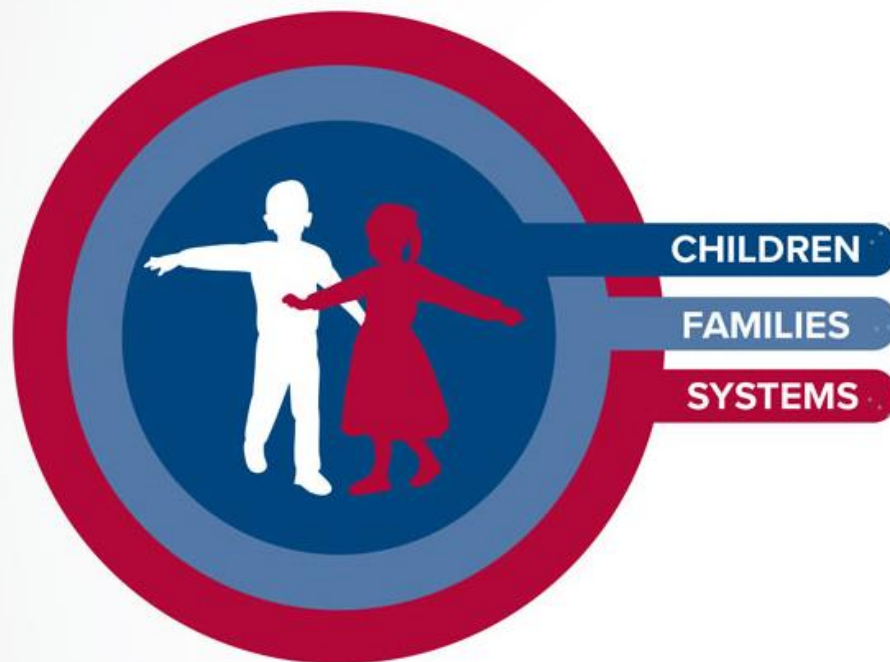
Continue telehealth for adolescent care: a modality through which teens are more likely to engage.



Include an adolescent focus in quality improvement initiatives with plans and providers.

Incentivize integrated physical, mental health, and addiction treatment for teens.





### **CHILDREN**

Medicaid and CHIP can support the healthy development of a child at all life stages from birth through young adulthood.

### **FAMILIES**

Medicaid and CHIP can promote healthy and stable families, which we know improves the health of their children.

### **SYSTEMS**

Medicaid can play a leading role in advancing integration across the multitude of programs and systems that serve children.

# Opportunities to Transform Children's Healthcare Delivery

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## Children: Support the Development of the Nation's Children

- Streamline eligibility pathways for children
- Increase access to health care services that support strong development
- Provide access to integrated physical health, mental health, and addiction treatment
- Support academic and school success





# Opportunities to Transform Children's Healthcare Delivery

---

## Families: Promote Healthy and Stable Families

- Extend coverage for pregnant women to 12-months postpartum
- Increase access to key health care services for parents
- Provide other social supports that encourage healthy families





# Opportunities to Transform Children's Healthcare Delivery

---

## Systems: Advance Integration Across Child-Serving Programs

- Share information and learning between Medicaid and other child-serving programs
- Identify opportunities for Medicaid and other child-serving programs to share resources
- Strengthen governance of collaborative activities
- Equip providers to jointly deliver services and coordinate with community-based organizations



# Next Steps

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- **Send us your feedback.** NAMD is planning programming to help Medicaid leaders pursue the options described in the report.
- **Stay connected to NAMD.** Sign up for NAMD's state-only and public newsletter at <http://www.medicaiddirectors.org/>

# Additional Information

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**Lindsey Browning**

Program Director for Medicaid Operations

National Association of Medicaid Directors

[Lindsey.browning@medicaiddirectors.org](mailto:Lindsey.browning@medicaiddirectors.org)

[www.medicaiddirectors.org](http://www.medicaiddirectors.org)



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# 1115 Waiver

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**Texas Healthcare Transformation  
and Quality Improvement Program**

# July 2021 Extension

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## **Texas requested an extension.**

- Texas submitted an extension application to CMS on July 14, 2021.
- The extension requested the same terms and conditions as approved by CMS on January 15, 2021.
- To the extent re-approval is necessary, the extension requested CMS re-approve these terms by September 30, 2021.



# Maintain Continuity

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- Texas Medicaid has a mature 1115 waiver inclusive of:
  - **17** Medicaid Managed Care Organizations
  - **288** Performing providers in Delivery System Reform Incentive Program (DSRIP)
  - **864** Nursing facilities in Quality Incentive Payment Program (QIPP)
  - **529** Providers in the Uncompensated Care Program
  - **3** Dental Maintenance Organizations
- HHSC will continue to advance the goals of the waiver under this extension and align new programs with overall Medicaid





# Requested Programs

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- **Comprehensive Hospital Increased Reimbursement Program (CHIRP)**  
\$5,020,000,000
- **Quality Incentive Payment Program (QIPP)**  
\$1,100,000,000
- **Texas Incentives for Physicians and Professional Services (TIPPS)** \$600,000,000
- **Rural Access Primary and Preventive Services (RAPPS)** \$18,700,000
- **Ambulance Average Commercial Reimbursement Program** \$150,000,000
- **DPP for Behavioral Health Services (DPP BHS)**  
\$165,575,152



# Public Health Providers

---

## **Extension creates the Public Health Provider-Charity Care Program (PHP-CCP)**

- Begins on October 1, 2021/End of DSRIP
- Offsets costs associated with care, including behavioral health, immunizations, chronic disease prevention and other preventive services for the uninsured
- Public providers only
- Financed by certified public expenditures
- Year 1 & 2 will be up to \$500 million





# Uncompensated Care Pool Resizing

---

## **The UC Pool will be resized twice**

- First re-sizing will take place in DY11 to take effect in DY12 (FY2023)
  - In recognition that the PHE will impact FY20 and FY21 cost report data, re-sizing will use the 2019 cost reports and the 2017 DSH payment data
- Second re-sizing will take place in DY16 to take effect in DY17 (FY2028)
  - Sizing will use the 2025 cost reports and 2023 DSH payment data
- Re-sizing will allow for adjustments to uncompensated care pool based on actual charity care



# Budget Neutrality

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## Key Principles

- Extension preserves budget neutrality and creates room for DSRIP transition, including directed payment and charity care programs
- Without Waiver expenditures will be rebased and include directed payment program funding
- Adjustment for COVID-19 impact on enrollment and expenditures



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# Budget Neutrality

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## Key Principles (cont.)

- DSRIP Transition Programs and Public Health Provider funding is sustainable
- Extension achieves an estimated \$10 billion in vital budget neutrality



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# Monitoring & Reporting

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## **New STCs emphasize importance of monitoring and reporting**

- COVID-19 disrupted data collection
- Terms negotiated with CMS
  - Emphasize the responsibility of the state to provide oversight of funds
  - Require additional reporting on sources of funds
  - Require new Home and Community Based Services (HCBS) reporting
  - Require a new HCBS Quality Assurance Report
  - Require more frequent monitoring reports



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# External Evaluation

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## New Evaluation Design for the Extension

- **Purpose:** Provide insight into whether the state is progressing on the overarching goals of the Demonstration
- **Main components:**
  - Medicaid Managed Care
  - Directed Payment Programs
  - Supplemental Payment Pools
    - Uncompensated Care
    - Public Health Providers Charity Care
  - Cost outcomes for the demonstration as a whole



# External Evaluation

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## **New Evaluation Design for the Extension (cont.)**

- **Three Interim Evaluation Reports:**
  - March 2024
  - March 2027
  - September 2029
- **One Summative Evaluation Report:**
  - March 2032

# Waiver Extension

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- Potential of \$11.4 billion per year on average
  - Includes \$3.9 billion per year for payments for uncompensated care
  - Includes \$500 million per year for payments for new Public Health Provider-Charity Care Program
  - Includes opportunity for \$6.9 billion per year for quality and access improvements
- Saves an estimated \$10 billion in taxpayer funds over the life of the waiver





# Support Closing the Medicaid Coverage Gap: Become an Original Cosponsor of the Medicaid Saves Lives Act!

Sending Office: Honorable Carolyn Bourdeaux

Sent By: [Millie.Bhatia@mail.house.gov](mailto:Millie.Bhatia@mail.house.gov)

## Become an original cosponsor of the Medicaid Saves Lives Act!

**DEADLINE: 3:00 pm**, Tuesday, July 20

**CO-LEADS:** Rep. Kathy Manning (D-NC-6), Rep. Kathy Castor (D-FL-14), Rep. Nikema Williams (D-GA-5), Rep. Lucy McBath (D-GA-6), Rep. Marc Veasey (D-TX-33), Rep. Gwen Moore (D-WI-04) and Rep. Deborah Ross (D-NC-2)

**ORIGINAL COSPONSORS:** Rep. Jim Clyburn (D-SC-6), Rep. Stephanie Murphy (D-FL-7)

Despite enhanced incentives provided through the American Rescue Plan, 12 states continue their refusal to expand Medicaid, leaving 4.4 million low-income Americans without health care coverage.

Across these 12 states, the Americans who are most harmed by this inaction from state leaders are people of color: 60 percent of people in the coverage gap are Black, Hispanic, Asian, or Pacific Islander. Additionally, many of the people in the coverage gap live in the South where many state governments have failed to provide basic health coverage for their residents. We cannot continue to allow Americans with low incomes to suffer just because they live in a state that has refused to expand Medicaid.

**Please join Representative Bourdeaux in supporting the Medicaid Saves Lives Act**, House companion legislation to Senators Warnock, Ossoff, and Baldwin's Medicaid Saves Lives Act.

### The Medicaid Saves Lives Act would:

- Create a federal Medicaid look-alike program that is run and administered by the Centers for Medicare and Medicaid Services (CMS), and would provide the same full benefits of Medicaid; and
- Add to the incentives in the American Rescue Plan Act by giving states additional and extended funding to expand Medicaid through a significant federal medical assistance percentage (FMAP) increase.

Currently, we have 97 endorsing organizations including SPLC Action Fund, Georgia NAACP, Georgians for a Healthy Future, the Leadership Conference on Civil and Human Rights, National Urban League, Fair Fight Action, Unite Dallas, and the Center for Popular Democracy Action.

Please contact Millie Bhatia at [millie.bhatia@mail.house.gov](mailto:millie.bhatia@mail.house.gov) with any questions or to sign on as a cosponsor.

## Related Legislative Issues

**Selected legislative information:** HealthCare

[Manage Your Subscriptions](#)



e-Dear Colleague version 2.2.1



[Contact eDC Support](#)

**e-Dear Colleagues are intended for internal House use only.**

# HHS Office of the Ombudsman Update

Presented to  
CHC Coalition  
July 23, 2021



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# Total Ombudsman Contacts for 3<sup>rd</sup> Quarter FY21

- ◆ Complaints – 8,447
- ◆ Inquiries – 15,063

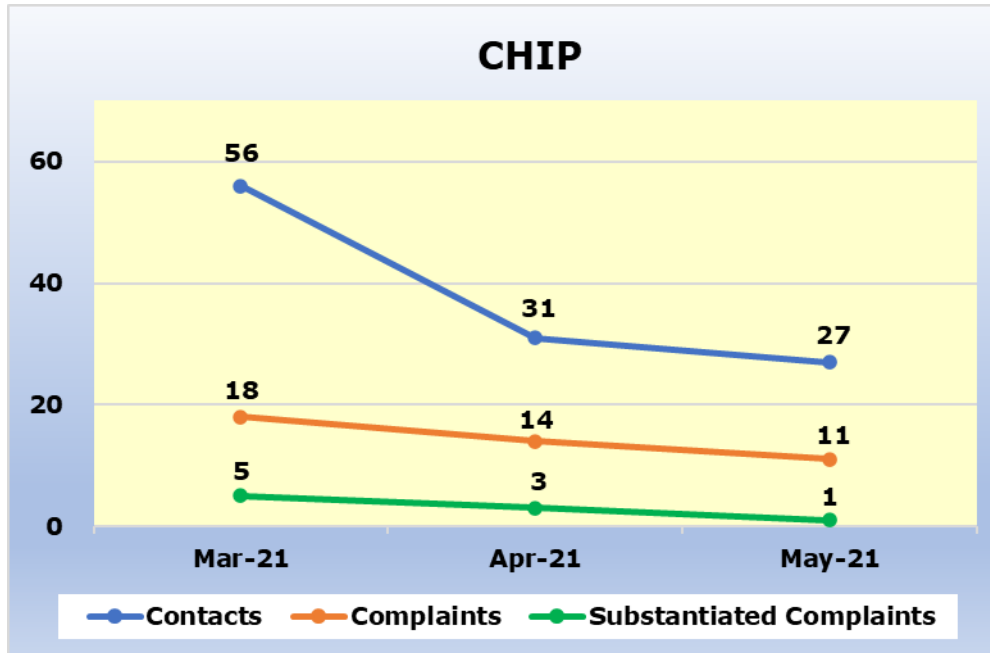
# Contact Volumes and Top Three Reasons for Contact by Program Type 3<sup>rd</sup> Quarter FY21



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# Contact Volumes by Program Type

## 3<sup>rd</sup> Quarter FY21



### Top 3 Contacts – CHIP

- Application/Case Denied
- Application Not Completed
- Client Billing

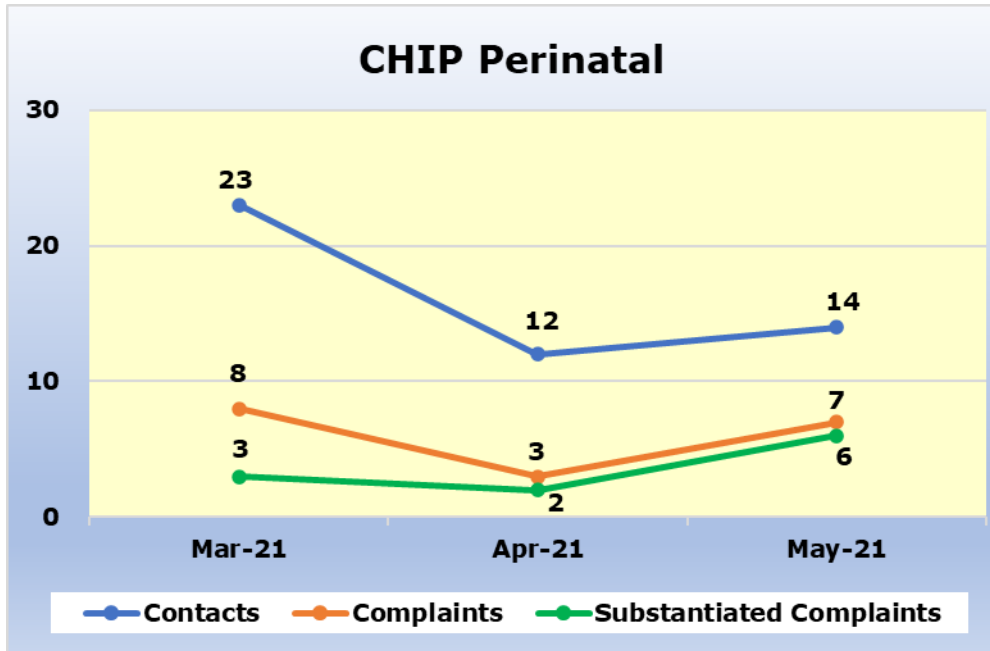


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# Contact Volumes by Program Type

## 3<sup>rd</sup> Quarter FY21



### Top 3 Contacts – CHIP Perinatal

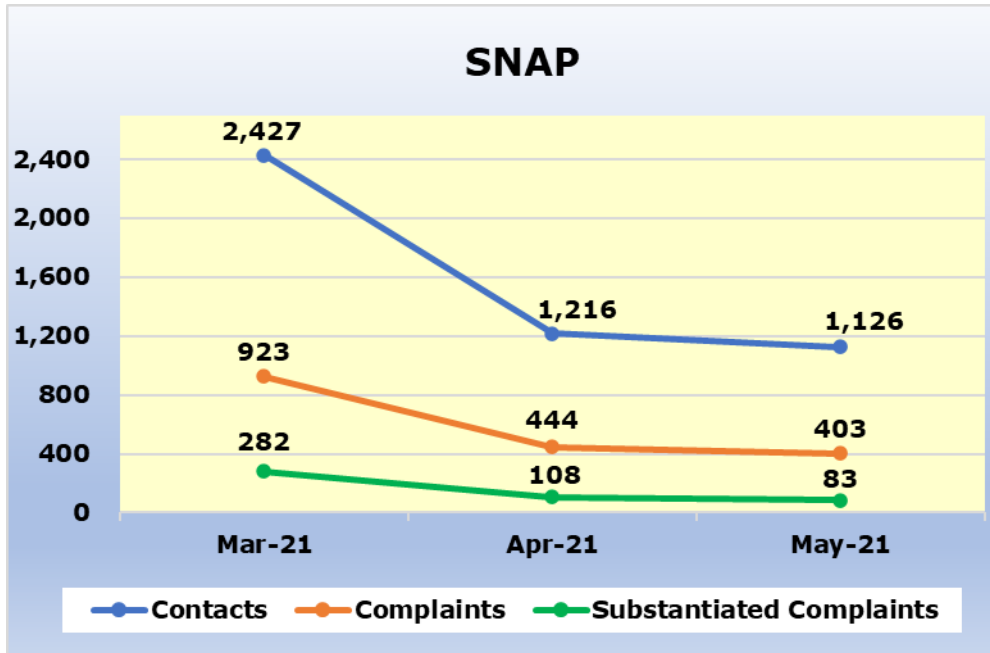
- Application Not Completed
- Client Billing
- Application/Case Denied



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# Contact Volumes by Program Type

## 3<sup>rd</sup> Quarter FY21



### Top 3 Contacts – SNAP

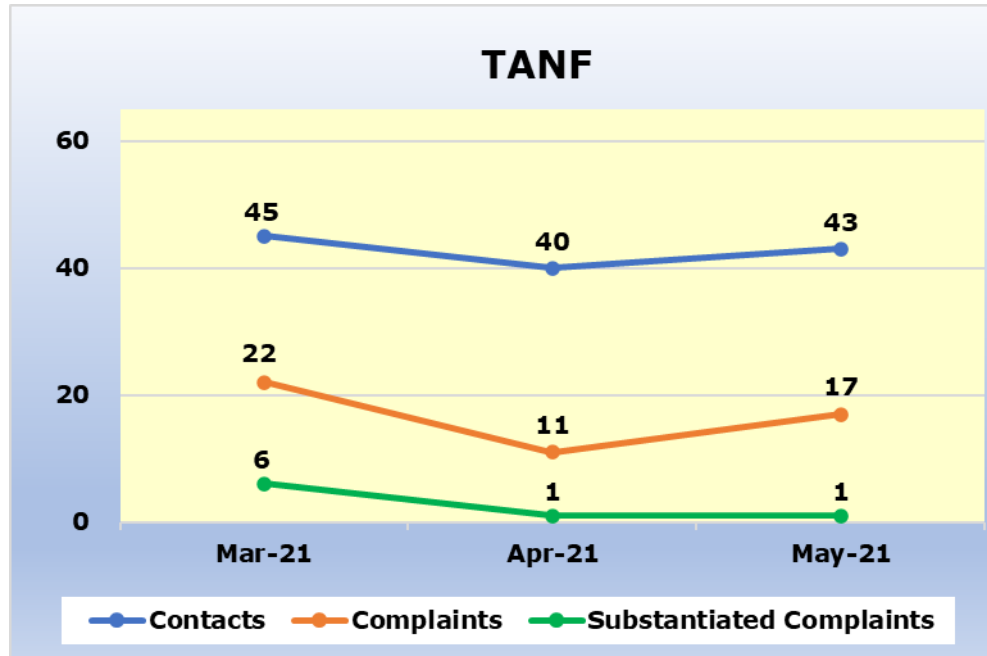
- Application/Case Denied
- Application Not Completed
- Check Status



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# Contact Volumes by Program Type

## 3<sup>rd</sup> Quarter FY21



### Top 3 Contacts – TANF

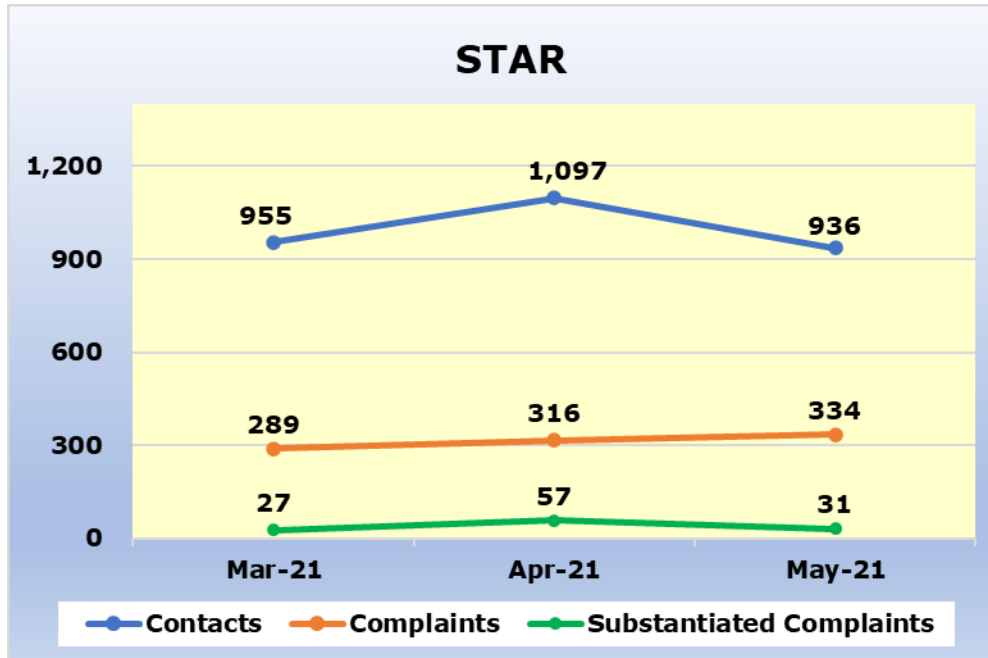
- Application/Case Denied
- Application Not Completed
- Check Status



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# Contact Volumes by Program Type

## 3<sup>rd</sup> Quarter FY21



### Top 3 Contacts – STAR

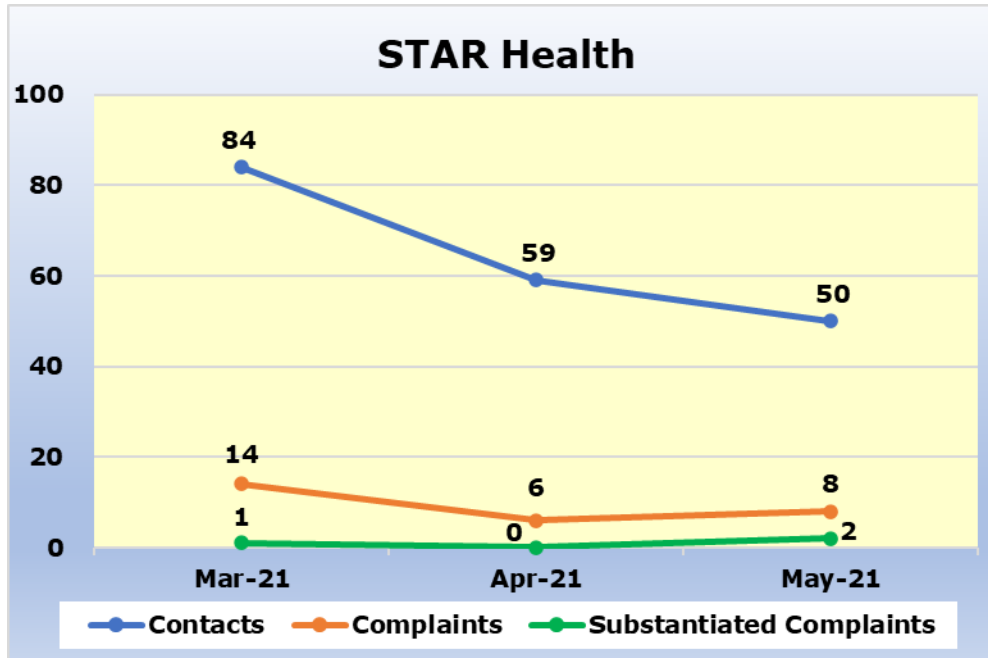
- Reporting Change
- Access to PCP/Change PCP
- Access to Prescriptions



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# Contact Volumes by Program Type

## 3<sup>rd</sup> Quarter FY21



### Top 3 Contacts – STAR Health

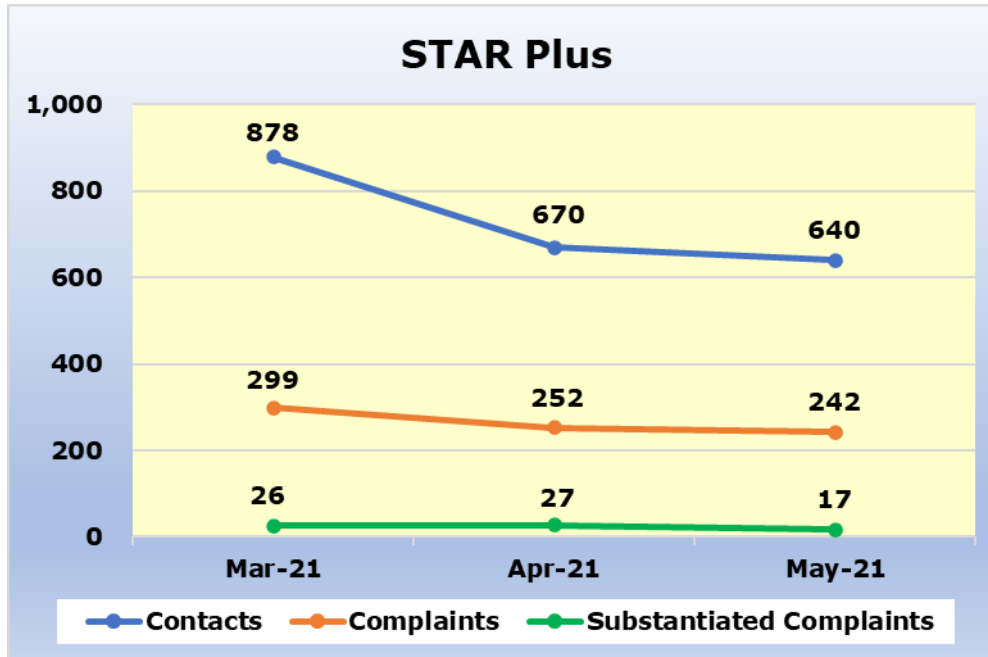
- Access to PCP/Change PCP
- Verify Health Coverage
- Explanation of Benefits/Policy



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# Contact Volumes by Program Type

## 3<sup>rd</sup> Quarter FY21



### Top 3 Contacts – STAR Plus

- Home Health
- Explanation of Benefits/Policy
- Access to DME

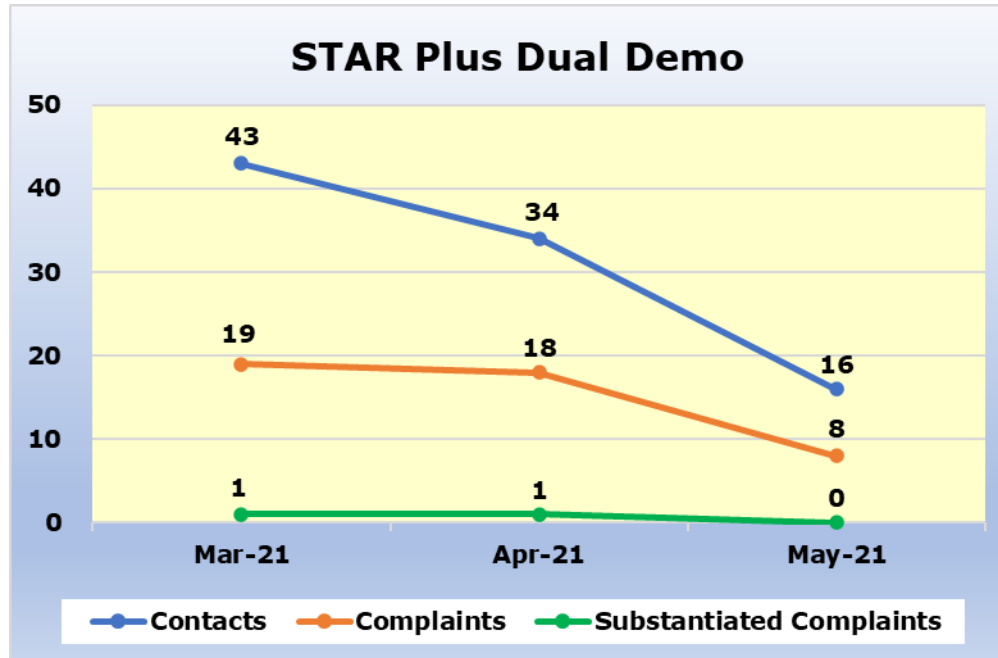


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# Contact Volumes by Program Type

## 3<sup>rd</sup> Quarter FY21



### Top 3 Contacts – STAR Plus Dual Demo

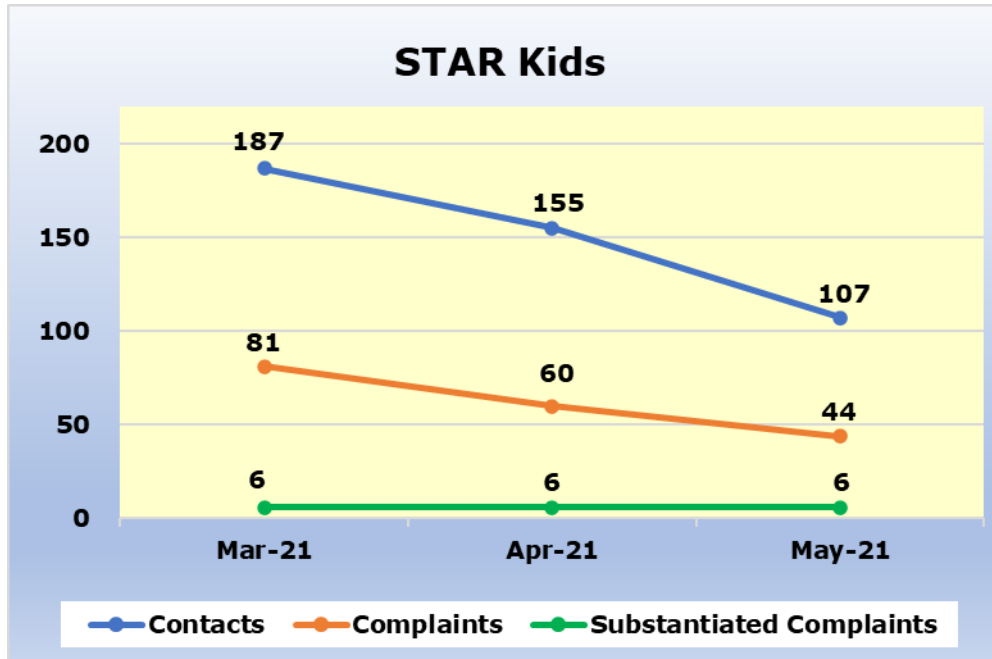
- Access to Prescriptions
- Home Health
- Verify Health Coverage



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# Contact Volumes by Program Type

## 3<sup>rd</sup> Quarter FY21



### Top 3 Contacts – STAR Kids

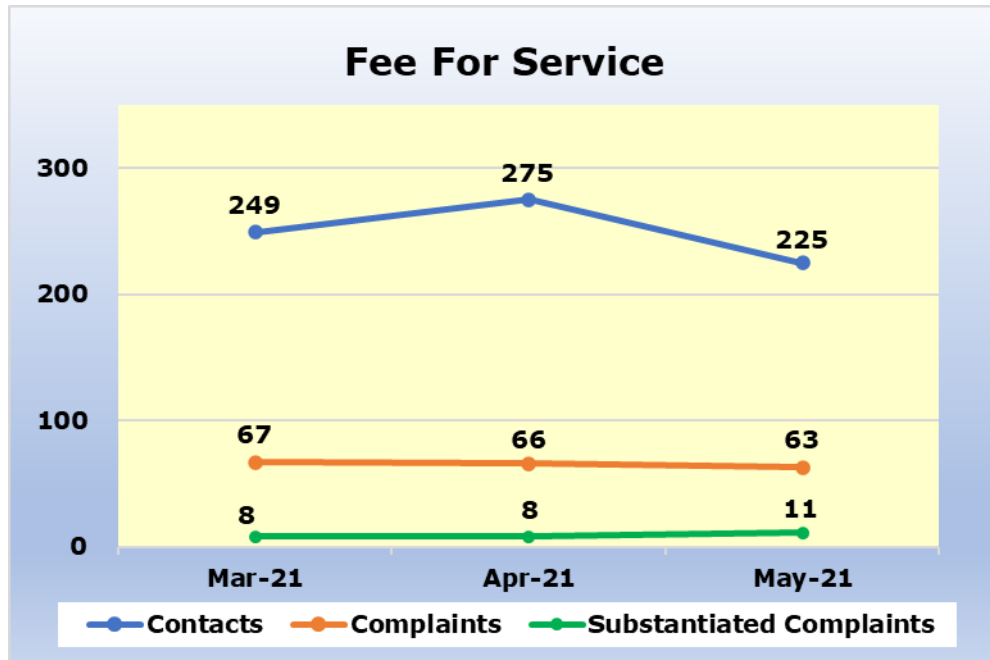
- Verify Health Coverage
- Access to PCP/Change PCP
- Home Health



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# Contact Volumes by Program Type

## 3<sup>rd</sup> Quarter FY21



### Top 3 Contacts – Fee For Service

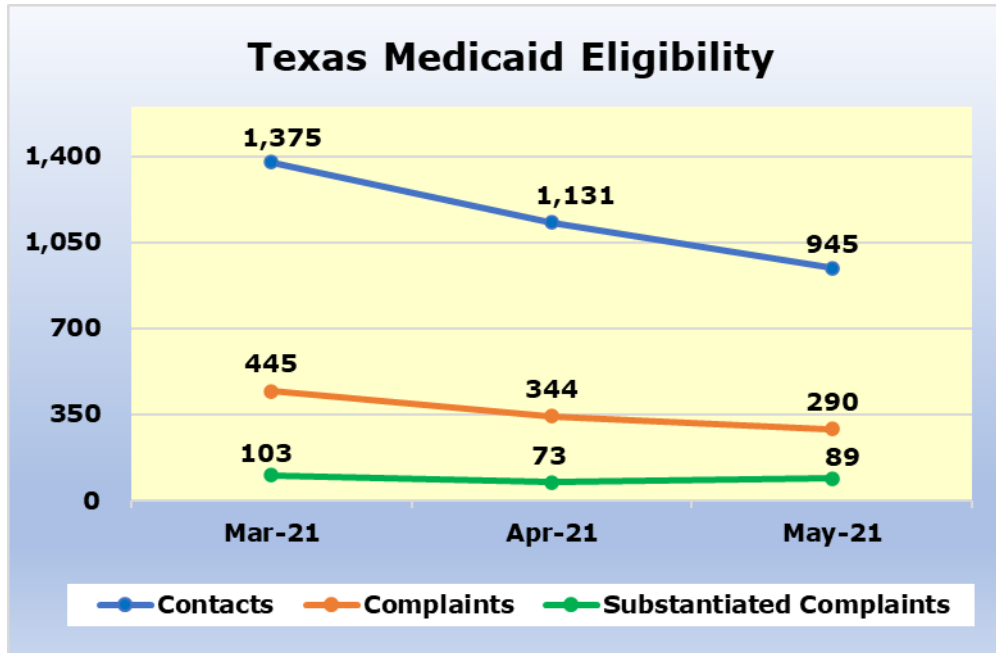
- Verify Health Coverage
- Access to Prescriptions
- Enroll in Managed Care



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# Contact Volumes by Program Type

## 3<sup>rd</sup> Quarter FY21



### Top 3 Contacts – Texas Medicaid Eligibility

- Client Notice
- Application/Case Denied
- How To Apply



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# OMBUDSMAN FOR BEHAVIORAL HEALTH



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## Ombudsman for Behavioral Health Program 3<sup>rd</sup> Quarter FY21

Contact Volume	
Complaints	217 (56%)
Substantiated Complaints	2 (1%)
Inquiries	169 (44%)
Total Contacts	386
Top Three Reasons for Contact	
Referrals	
Other	
Care & Treatment	

**Information Shared**



# FOSTER CARE OMBUDSMAN



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## Foster Care Ombudsman Program 3<sup>rd</sup> Quarter FY21

Contact Volume	
Foster Care Youth Contacts	62 (23%)
Total Foster Care Youth Complaints	48
Total Foster Care Youth Substantiated Complaint Reasons*	59
Total Contacts	267

Top Three Reasons for Contact
Rights of Children and Youth in Foster Care
Services to Children in Substitute Care
Case Recording

\*Foster Care Youth may have multiple complaint reasons for a single complaint contact which may make the number of complaint contacts fewer than the number of complaint reasons.



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# INDIVIDUAL WITH INTELLECTUAL or DEVELOPMENTAL DISABILITIES OMBUDSMAN



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## Individual with Intellectual or Developmental Disabilities Ombudsman Program 3<sup>rd</sup> Quarter FY21

Contact Volume	
Complaints	1,658 (80%)
Inquiries	403 (20%)
Total Contacts	2,061
Top Three Reasons for Contact	
Abuse/Neglect/Exploitation	
Rights	
Services	

**Information Shared**



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# Ombudsman Managed Care Assistance Team

## UPDATE

- Problem Trends: Non Emergency Medical Transportation
  - 1) Member not transported
  - 2) Scheduling Error
  - 3) Individual Transportation Participant Claims
- Highlighted Cases: Missed Dialysis Appointments

# Contact us

## Phone (Toll-free)

Main Line: 877-787-8999

Managed Care Help: 866-566-8989

Foster Care Help: 844-286-0769

Behavioral Health: 800-252-8154

IDD: 800-252-8154

Relay Texas: 7-1-1

## Online

<https://hhs.texas.gov/omcat>

## Fax (Toll-free)

888-780-8099

## Mail

HHS Ombudsman

P. O. Box 13247

Austin, Texas 78711-3247



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