



CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

Children's Health Coverage Coalition and OTA Meeting Agenda

Friday, March 26th, 2021

11:00 A.M. – 2:00 P.M.

Meeting Location: Zoom Meeting

CHCC Meeting Chair: Katie Mitten

CHCC Agenda:

11:00 A.M. – 11:05 A.M.

Introductions

11:05 A.M. – 11:20 A.M.

Federal Update (Anne Dunkelberg – Every Texan)

- Health related Executive Orders
- COVID Relief Bill, American Rescue Plan

11:20 A.M. – 11:35 P.M.

Latest on Session (Katie Mitten – Texans Care for Children)

- Facilitate sharing of general session updates.

11:35 A.M. – 12:35 P.M.

Strategy on Legislative Priorities (CHCC Legislative Working Group)

- [CHCC Lege Doc](#)
- Protect health care from budget cuts during the COVID-19 pandemic – Anne Dunkelberg, Alison Mohr Boleware, Christina Hoppe
- Promote Telehealth innovations – Alison Mohr Boleware, Christina Hoppe
 - Sick if It Texas update from Laura Guerra Cardus
- Coverage for kids, moms, and families – Laura Guerra Cardus, Katie Mitten, Adriana Kohler, Melissa McChesney
- Improve outreach and support to help Texans get and stay enrolled – Katie Mitten, Patrick Bresette
- Address unmet needs for Texas' COVID-19 response – Clayton Travis, Anne Dunkelberg,



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12:35 P.M. – 12:50 P.M.

Update from HHSC on December 2020 guidance from CMS and impact on benefits (Michelle Erwin – HHSC)

OTA Meeting Chair: Melissa McChesney

OTA Agenda:

12:50 P.M. – 1:00 P.M.

Administrative Update (Melissa McChesney – Every Texan)

- ARPA changes to ACA coverage
- Updates on calls with HHSC re: previous memos

1:00 P.M. – 1:30 P.M.

AES – Eligibility and Enrollment (Janie Contreras – HHSC)

- Update on renewing eligibility for Medicaid enrollees once the Public Health Emergency (PHE) ends.
- Update on addressing enrollment issues for non-citizens.

1:30 P.M. – 2:00 P.M.

Office of the Ombudsman Update (Paige Marsala – HHSC)



Children's Health Coverage Coalition and OTA Meeting Agenda

Friday, March 26th, 2021

11:00 A.M. – 2:00 P.M.

On Video Conference Line

Katie Mitten
Maria E Garcia
Anne Dunkelberg
Melissa McChesney
Preston Poole
Erika Loreda
Celia
Belinda Olivo
Yamel Herrera
Nancy Walker
Noemi Manriquez
Erika Loreda
Adriana Kohler
Ali Smith
Michelle Romero
Christina Long
Denise Gomez
Michelle Erwin
Moriah Hernandez
Rachel Moyer-Trimyer
Alison Mohr Boleware
Laura Guerra Cardus

Meeting Chair: Katie Mitten – Texans Care for Children

Meeting Scribe: Maria Elena Garcia, Every Texan

Meeting Recording: <https://app.box.com/s/8jvjg5vn1nvl7fpy21muxke195iwn1ty>

I. Federal Update (Anne Dunkelberg – Every Texan)

Health related Executive Orders –

Anne Dunkelberg: There have been a couple of EOS from President Biden on healthcare. Back in January they announced that people can sign up for coverage on Feb 15. Great news is that they are opening enrollment through August 15th. There was a general directive to HHS to revisit any policies in Medicaid that might be creating barriers to those eligible from being enrolled. Means everything from periodic income checks to 1115 waiver provisions that the trump admin wants to unwind. One example is that the federal courts already stopped all work requirements on Medicaid expansion. I do want to mention that the Trump admin is no longer defending the



public charge rule. That punts back in place a nationwide injunction to the public charge rule. We have a long way to go to ensure mixed immigration status families trust on the system.

COVID Relief Bill, American Rescue Plan

Anne Dunkelberg: I sent 4 links about some provisions. (1) Huge boost in the value of marketplace subsidies. In the Obama admin there was a subsidy cliff. Some people were not getting enough help on their premiums. This helps some people to have an up to a 2/3rds reduction in premiums. (2) Better subsidies for the people who are already eligible as well as a provision that if you make up to 4x the FPL there is a cap on their premium. (3) Everybody who has been on unemployment in 2021 can have a 0 premium insurance for a year. The government is trying to play a role in educating people what exactly is in the Rescue Plan.

Melissa McChesney: there is a reconciliation process that happens at tax time. No one will have to pay any APTC for what they were over for. Some people might be asked to pay this back.

Anne: Right now, you must project what your income is going to be next year to apply. If I say my income is \$40,000 but it is actually \$90,000 then they have to pay part of the discount. This provision protects lower income folks.

Melissa: Yes, this is only for tax year 2020.

Anne: There is a protection that will help people to pay back if they are in no financial position to pay back. This affects tons of low-income Texans.

Anne: I want to take a second to say that permanent residents and other residents can get subsidies because they are excluded from Medicaid. It is serving people from 0 to 4x the poverty level. Another big piece is COBRA coverage. People on COBRA will have lower premiums. It is subsidized at 85%.

Melissa: I think the final bill fully subsidizes it.

Anne: It also adds a bonus for the 12 states who have not adopted laws to expand Medicaid and the two who legislated it but have not implemented it. Whenever they expand Medicaid, they can have 5% added to their match rate. Basically, for two years they would get those extra 5 points. It is estimated from \$3-\$6 billion.

II. Latest on Session

Facilitate sharing of general session updates.

Nancy Walker: I don't really have anything new. The subcommittees presented to the full senate finance committee and adopted their writers in article 2. The house appropriations committee met and will present to the full committee next week.

Michelle Romero: Senate finance is going to meet on the 30th to vote it out.

Katie Mitten: Are both the house and senate hoping to vote it out of committee next week? Or hoping it'll be on the floor by easter?

Michelle Romero: Senate is going to leave after the Wednesday before easter. If the senate leaves maybe the house will pack up and leave as well.



Anne: On HB2021, the committee is not very aware of what already came from previous relief acts and how much is available to use. I think everybody should be aware that there is a lot of unknowns and how much money is available for them to be used. There needs to be a conversation that is transparent and with public input.

Michelle: Everywhere it says accept or reject. I find that troubling.

Anne: I assume that they are going to reject the Medicaid expansion money and others.

Nancy: in senate finance they considered options to rejecting some education funding because of the strings attached to higher ed funding.

Michelle: It is going to take maintenance of effort and maintenance of equality.

Nancy: We don't provide a certain level of funding to higher ed and it was a requirement to give some to higher in order to accept the federal funds.

Anne: Texas supplanted a lot of GR with these funds in the 2008 recession.

Michelle: Sen Whitmire started to ask about the CARES Act and they didn't know if they had time to discuss it but we have LBB coming soon.

Nancy: I will add that in the House article 2 subcommittee, rep Howard kept pounding on that article 2 subcommittee members have a say on the federal dollars decisions. We will see where that goes.

III. Strategy on Legislative Priorities (CHCC Legislative Working Group)

[CHCC Lege Doc](#)

Protect health care from budget cuts during the COVID-19 pandemic.

Anne Dunkelberg: I don't think we are looking at massive cuts, but there are significant shortcomings in the proposed budget for things like ECI. Before the house and senate vote on their budgets it'll be nice if folks can share their top issues on underfunding: ECI, interests lists for waivers on people with disabilities, eligibility and outreach staff. Ill compile some basic bullet points so we can all be commenting on this and a broad message about the importance on more information about additional federal funding and transparency and public input.

Nancy: The senate finance committee has a writer they adopted, writer #8 and it reduces Medicaid funding by \$1.5 billion, there is also a cost-containment writer telling HHSC they need to come up with savings for \$350 million. Those are things to watch. The reduction might have something to do with federal funds.

Anne: I asked HHSC about their \$3.1 billion received because of the federal match. I think there is a willful lack of sharing in public information.

Adriana Kohler: I saw the \$350 million cost-containment writer. What is our message for it? Do we accept it, or do we oppose it? Should we focus on other things?



Michelle Romero: I'm sure we referenced it in our comments. They never amount to what they say they are going to save.

Adriana: The money is GR.

Katie: We currently don't have anything on our coalition priorities.

Anne: We could draft something up. LBB shows the downward pressure on the cost per client in Texas Medicaid. One of the answers to this constant reduction in cost per client is the assumption that we will reduce the cost forever. It isn't sustainable. I can send some of our previous language out and ask people to respond with edits.

Katie: That sounds good. I can send ECI to you to include on the list. They are claiming to only take LBB's suggestions, but it says they will serve fewer kids than what they served since 2018.

Promote Telehealth innovations

Alison Mohr Boleware: There is 1 bill on house insurance next week related to TDI. There is an opportunity to say we're supportive to a parity bill. House bill 2612 specifically relates to Medicaid and CHIP and a lot of language has from house bill 4 and senate bill 412. We are supportive of the audio only provision of it. There is a bill on the senate side for out of state providers providing TH to those who are in the state. We are trying to see how to respond to that from the social work perspective. It'll have some differing opinions depending on who you'll talk to.

Shelby Tracy: we are trying to understand the scope of it. It wouldn't allow those providers to participate in Medicaid, it allows them to practice in TX but not be reimbursed for it.

Alison: it seems like it is more on the private commercial side. I will share our analysis with you all.

Shelby: there is tele dentistry bills too.

Coverage for kids, moms, and families

Katie Mitten: we have a hearing next week for HB290 with is continuous coverage for kids. There is a compromise bill too. It will keep 1 income check at month 6 and extend the amount of time families have to respond to that income check. We are supportive of this compromise. We have 6-7 people testifying in person in support of this bill. Reminder that if you are in the capitol provide your support of HB290. If you are not at the capitol type your support to the house portal. We have sample tweets as well. We are all rallying behind in support. Any questions? The committee hearing is on Tuesday an 8am. If people have time today to ask senate to put up SB39 up for a hearing. If folks are willing to make calls.

Adriana Kohler: Quick update on maternal health coverage. HB133 by Rep. Rosenthal had hearing on Tuesday. Lots of testimony by 7-8 witnesses. The top asks we have for advocates is to have follow up meetings to human services committee members. It'll be useful to prioritize your time with the Rs on the committee. As a general matter, there was great testimony, and some themes came up: (1) Misunderstanding about how healthcare access works for new moms



after coverage cuts off. IT is useful to show why comprehensive health care coverage in Medicaid is important. I sent out some talking points to people, if you didn't get it please let me know. (2) There is a misunderstanding that Medicaid is available for more adults than truly it is the case. It is only available to children, pregnant women and people with disabilities. Please meet with committee members and show support for the bill. We are doing media work.

Katie: What is the hope in forms of timeline?

Adriana: They need Rose to say they have the votes and bring it up in committee. I don't know if they have the votes or what kind of follow-up Rose has. Ideally, we have the bill come up this Tuesday or the one after.

Katie: any questions?

Laura Guerra Cardus: Main news on coverage expansion is that there is now a bill with bipartisan support to expand coverage from Texas and pull down the 90-10 matching funds. It uses an 1115 waiver that would need to be approved by CMS. On the policy side there are some things that need to be fixed and we aren't going to get to have the convo if we don't move the bill forward. On the politics side, for the first time ever we have this much republican support that expands coverage. The SickOfIt team has been working on keeping the bill moving and draw attention to it. I will talk about some actions to get prepared for that too after we learn a bit more about the bill.

Anne: We are prioritizing wanting to support HB3871 and SB117. We totally want to see the conversation moving forward, part of the challenge is how we communicate about that and not ignore the policy issues in the bill. We are going to try and keep our rhetoric at a high level, but we also won't pretend that there is nothing there that needs to be improved. We want a bill that can pass the state legislature and have federal approval.

Laura: In efforts to keep this movement we have some strategies and asks for coverage expansion supporters: Do a call to action to your member networks to contact their members and express support for the house and senate version of this bill. We will be launching the call to action put together within the SickOfItTx team. We have to be careful with our language there and not make it look like it is masking Medicaid expansion. If you go to rep Julie Johnson's Facebook page on HB 3871. We have some items that you can send to your rep. We will also have an action where people can sing up to join a group legislative visit to members of the Human services committee. It'll be early or mid- next week. We would also like to get 2 additional republicans join to support the bill. we are preparing for the day the budget comes out on the house floor. We are trying to start the conversation on bipartisan support. Any other comments?

Another strategy I feel is worth mentioning is that we would like metro a county judges to express their support. We also want rural county judges to do an op ed or something public to keep the momentum going and get media coverage across the state of Tx. We have a digital campaign that has ad \$ to spend and are useful for constituents. Also, we are trying to move forward on a letter from partners with a simple message before budget day in the house as another way to add to momentum and add that media coverage. Also, if you are connected to a



county judge outside the metro 8 who understands the value of pulling down those federal \$ for their community, please e-mail me. We have the resources to support them.

Improve outreach and support to help Texans get and stay enrolled.

Katie Mitten: We have a bill that has to do with CHIP admin funds. Those funds would be used to get the fund for outreach. It isn't on the senate, but it got approved on the house side. There is another one on CHIP services initiatives. Using CHIP funds in creative ways to get eligible kids access to health services. We got this writer on the house side as well. It has been difficult to get a \$ for how much has been used and is available. We need to know how many funds there are in CHIP. Does anyone have anything else?

Address unmet needs for Texas' COVID-19 response

Anne Dunkelberg: I've talked to few members about the importance in informing immigrants about their access to vaccination and testing. At this point it isn't apparent to me whether there will be a vehicle for this.

IV. Update from HHSC on December 2020 guidance from CMS and impact on benefits (Michelle Erwin – HHSC)

Melissa McChesney: some of the guidance from CMS in December clarified how the maintenance of effort required by the Families First Coronavirus Response Act. There was the ability to move some participants from one program to another. We heard from AES about the eligibility differences based on that guidance. Michelle Erwin will join us to provide info on the benefit side. The changes related to the benefits portion of this conversation.

Michelle Erwin: I appreciate this overview. As Melissa said, states had to comply to the FFCRA, and it requires states to maintain clients' Medicaid coverage during the PHE. The FFCRA required continued coverage except for specific situations: death, move out of state, or voluntary withdrawal. We maintained people on the same managed care program and array of services that they were getting at the beginning of the PHE. Or if they joined the program midstream, they also maintained those services.

This includes keeping clients who turned 21. For example, keeping these adults receiving early periodic screening diagnostic and treatment array of services even if they are adults. Or keeping them in STAR kids. Also, as part of maintain the coverage we were also continuing to keep people in Medicaid waiver programs for a while and continuing to extend their assessments that qualified them for the waiver program.

In the fall CMS issued new guidance through the interim final rule that clarifies states are no longer restricted to move clients to the most appropriate program. CMS requires that states work toward compliance with their state plan and waiver agreements with them by moving clients who are no longer eligible to an eligible program that provides the same tier of coverage. We have to make sure we are moving people within that tier 1.



HHSC has begun to move people to their appropriate eligibility and managed care program while maintaining their coverage through the end of the PHE. Whatever happens they will continue to receive basic state plan services. If we find someone who is no longer eligible, we are still required to continue their Medicaid coverage through the end of the PHE. If there are any additional changes in Medicaid coverage, we are letting clients know.

For those who turned 21 during the PHE: Feb 1st HHSC started to contact and schedule assessments to transition those who were in STAR kids to a program they are eligible for. They will more likely qualify to the adult version of the STAR Plus waiver. They will transition on or before May 1st. We have TH options available for this assessment. We started the process in Feb.

This will start happening next week for STAR Kids members who turned 21 specifically in the march 2020-time frame. We transitioned them to STAR plus, we told the NCOs in STAR Plus to continue their children's array of services. Starting next week, they will no longer be available for the children's services, but they have been moved to the STAR program. The last group of those who turned 21 on or before March 31st, 2020 will transition to star plus or star on April 1st.

Some key impacts to all: Any client who is over 21 they are no longer available for Texas health steps array of services which includes dental. WE provided some direction to the MCOs about these transitions to minimize gaps in services. We told them to provide the same level of benefits until a member has fully transition to the appropriate program. Those who turn 21 in May will follow standard procedures.

For the waiver group, we started reinitiating conducting waiver assessments by the fall. We were not acting on the denials if they were not eligible. We started sending out termination notices in Feb as clients were no longer eligible. Regardless of waiver termination, some individuals receiving services are eligible for Medicaid by the fact they need waiver services. We are continued to maintain their Medicaid coverage. It means they don't have access to the waiver array of services, but we are maintaining their Medicaid coverage.

Anne: The majority of kids in STAR kids are on SSI. We have a big subset of kids who are in STAR health because they are in the custody of the state. Can you explain the movement to me?

Michelle: The vast majority of STAR kids individuals would transition to STAR Plus, it all depends on what has happened with their SSI.

Melissa: Are the former foster care youth an example of those who might go to STAR?

Michelle: Yes.

Melissa: In general, we are doing what would've been done prior to the pandemic?

Michelle: yes. If something has not happened by May, they can continue their coverage pass may. We are trying to share with everyone when the transition dates are happening. We want to have people have an awareness of when they should be transitioning. I presented this at the STAR Kids advisory committee, and they are aware.

Melissa: Thank you Michelle!



OTA Meeting Chair: Melissa McChesney

I. Administrative Update (Melissa McChesney – Every Texan)

ARPA changes to ACA coverage

Melissa McChesney: These slides were provided by center on budget. The EO created a special enrollment period through August 15th. I want to remind folks that this means that a new person can enroll but also that an existing enrollee can switch plans. But find enrollment assistance before you do that. During the special enrollment period you can get coverage faster. For nearly everyone for the next 3 years, no one is going to have to pay more than 2.5% of their income towards their coverage. Some other provisions haven't changed. If someone has an offer of employer-sponsored coverage, families are still not available for subsidies because of the family glitch. There is a 100% subsidy for COBRA. It usually is an expensive choice, but it can now be affordable. On their 2020 tax returns no one has to repay their APTC.

Anne: When [the portal] says “existing enrollees must return the application” what does that mean?

Melissa: it means that after April 1st they will act like they report a change, but they will obtain their premium change. Approval for unemployment benefits won't be available until July.

Updates on calls with HHSC re: previous memos

We met with the agency and they were receptive about our concerns on outreach and enrollment for mixed status families.

II. AES – Eligibility and Enrollment (Janie Contreras – HHSC)

Update on renewing eligibility for Medicaid enrollees once the Public Health Emergency (PHE) ends.

Janie: We do not have an update on the revised guidance. We will update you once we have settled on an approach.

Melissa: We understand with the extension of the PHE until the end of the year.

Janie: We are engaging legal once we have a defined approach.

Anne: Once HHSC has sorted that out we legal we would want to have access to that presentation.

Update on addressing enrollment issues for non-citizens.



Melissa: We wanted to see what the agency's response is right now for this and if you have any plans for addressing this issue.

Janie: We have asked the quality assurance department to do sample readings of non-citizen children to revise this cases. They are conducting the review. We should be able to provide the findings in any follow-up activity's hopefully by April.

Melissa: You are going to pull a sample of cases of any noncitizen children.

Janie: We are trying to see what the trends and errors are and if they are specific to any visa.

Anne: I am glad to hear this as well. We talked to Wayne and Michelle Alletto to encourage a better way to offer services. We don't expect major developemnts before the end of the session.

Janie: Just continue to send the specific case that you find and we should offer updates sooner rather than later.

Melissa: One of the memos we sent to the agency last year was voicing concerns around notices and client confusion during the PHE. There was a letter shared by the Texas Women's healthcare coalition around March 12th and it was discussing some guidance around renewals. There is an interest from participants on when we might have a timeline for a response to that letter.

Janie: We received it. WE provided the info to senior leadership to CPSL, I don't have the information on a timeline with me, but I do know it is under review.

Sonia Lara: we received a grant from NACHC, and we are putting a webinar on public charge. I want to highlight and make it a rallying call for all the assistors to keep demanding action from Biden admin. There was a lot of damage done in Texas. I invited Dr. Anderson and she will present the studies on the impact of public charge in Texas.

III. Office of the Ombudsman Update (Paige Marsala – HHSC)
a. See slides

IV. [Meeting adjourned at 1:58 pm]



CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

2021 Legislative Priorities

When children have health coverage and can get the preventive and primary care they need, studies show that they not only remain healthier, but also perform better in school, putting them on a path towards academic and economic success. Moreover, when they do get sick or injured, they are less likely to use costlier emergency departments to obtain care more appropriately treated elsewhere. The COVID-19 pandemic has exacerbated many longstanding Texas challenges, such as the state's uninsured rate and the need for mental health support for children and parents. As organizations dedicated to improving children's health, the Children's Health Care Coalition (CHCC) is committed to reducing the number of uninsured children in order to improve health outcomes for them and their families during the pandemic and beyond. Achieving these goals will require investing sufficient resources into Medicaid and the Children's Health Insurance Program (CHIP), which together are essential to Texas' efforts to support opportunity and success for all children.

Protect Health Care From Budget Cuts

As the state weathers the ongoing pandemic, which has contributed to a rise in the number of uninsured, Texas must prioritize funding for state health programs, provider networks, and eligibility systems. CHCC supports investments in:

- Medicaid, CHIP, Early Childhood Intervention (ECI), women's health programs;
- eligibility workers and systems that help eligible Texas kids and families sign up for benefits; and
- the Medicaid and CHIP provider network.

Promote Virtual Care Innovations

Maintain authority and payment parity for evidence-informed telehealth and telemedicine flexibilities implemented during the COVID-19 pandemic, including services provided through audio-only telephone.

Enhance Health Coverage for Kids, Moms, and Families

- Provide 12 months continuous eligibility for children in Medicaid.
- Extend meaningful health coverage for uninsured, low-wage adults.
- Extend comprehensive Medicaid coverage for eligible mothers from 60 days to 12 months after pregnancy.

Improve Outreach and Supports to Help Eligible Texans Get and Stay Covered

- Revitalize the state's marketing, outreach, and application assistance efforts to connect more eligible children and moms to health coverage.
- Fund a robust outreach campaign to mixed-immigration-status families to reach children who are eligible but not enrolled in Medicaid and CHIP.
- Align the state's health insurance outreach with the realities of COVID-19 and remove barriers to remote enrollment in Medicaid and CHIP.

The Children's Health Coverage Coalition (CHCC) is dedicated to ensuring the health and well-being of Texas children and families. The CHC Coalition engages in public education and advocacy, working closely with state agencies and the Texas Legislature on behalf of children and their families.

Address Urgent Unmet Needs through Texas' COVID Response

- Undertake robust outreach to families to help reverse the pandemic-related declines in necessary in-person care, including prenatal services and children's check-ups, treatment, and immunizations.
- Establish clear, consistent statewide guidance for all Texans on COVID-19 testing access and costs.
- Ensure all Medicaid-funded home health workers and Personal Attendants have access to Personal Protective Equipment (PPE), and neither beneficiaries nor attendants must purchase with their personal funds.

Children's Defense Fund - Texas

Children's Hospital Association of Texas

Every Texan

Feeding Texas

League of Women Voters of Texas

Methodist Healthcare Ministries of South Texas, Inc.

NAMI Texas

National Association of Social Workers - Texas Chapter

PediPlace

Texans Care for Children

Texas Academy of Family Physicians

Texas Association of Community Health Centers

Texas Association of Community Health Plans

Texas Hospital Association

Texas Medical Association

Texas Parent to Parent

Texas Pediatric Society

United Way of Metropolitan Dallas

United Ways of Texas

Young Invincibles

HHS Office of the Ombudsman Update

Presented to
CHC Coalition
March 26, 2021



TEXAS
Health and Human
Services

Total Ombudsman Contacts for 2nd Quarter FY21

- ◆ Complaints – 7,172
- ◆ Inquiries – 13,701

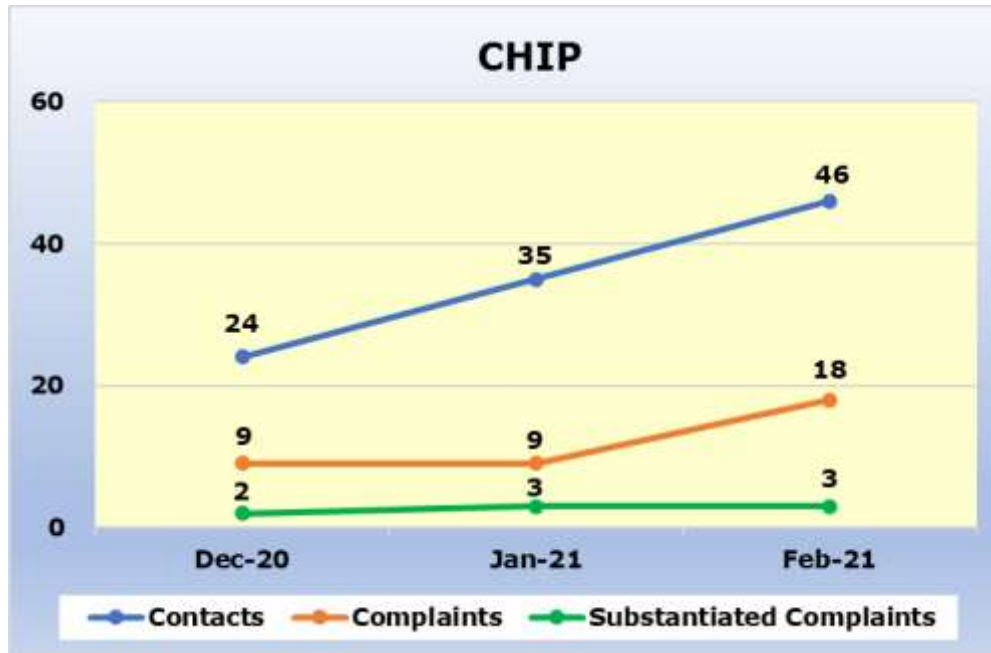
Contact Volumes and Top Three Reasons for Contact by Program Type 2nd Quarter FY21



TEXAS
Health and Human
Services

Contact Volumes by Program Type

2nd Quarter FY21

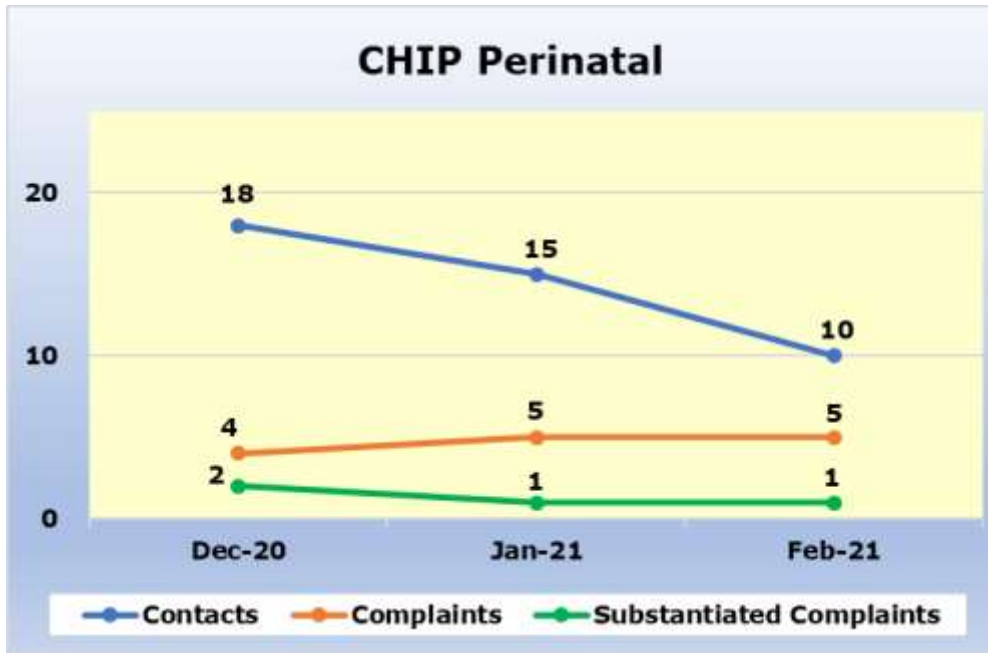


Top 3 Contacts – CHIP

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

Contact Volumes by Program Type

2nd Quarter FY21

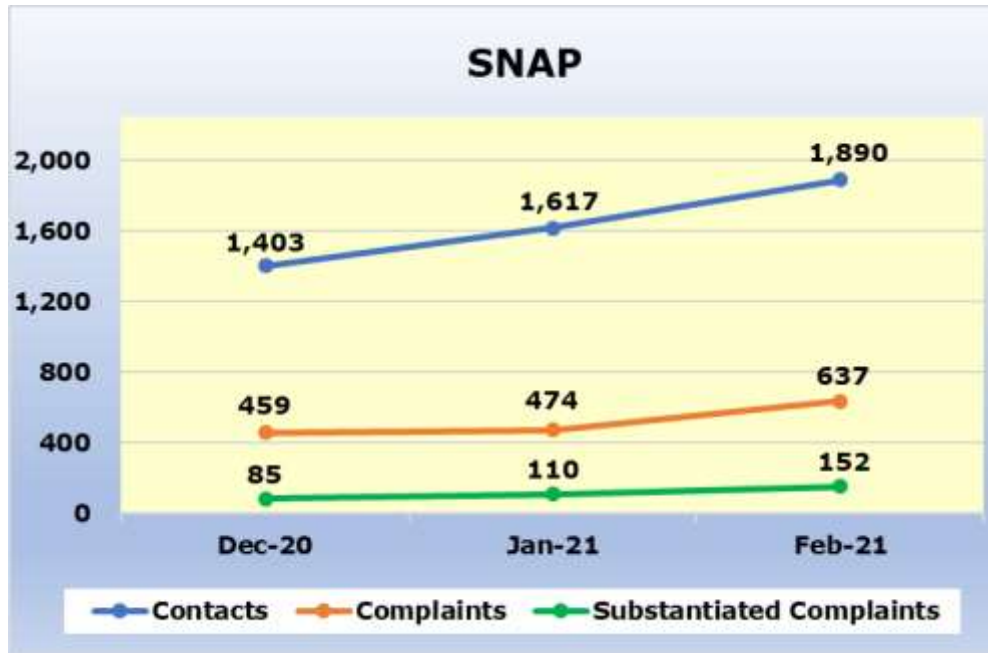


Top 3 Contacts – CHIP Perinatal

- Client Billing
- Check Status
- Application/Case Denied

Contact Volumes by Program Type

2nd Quarter FY21

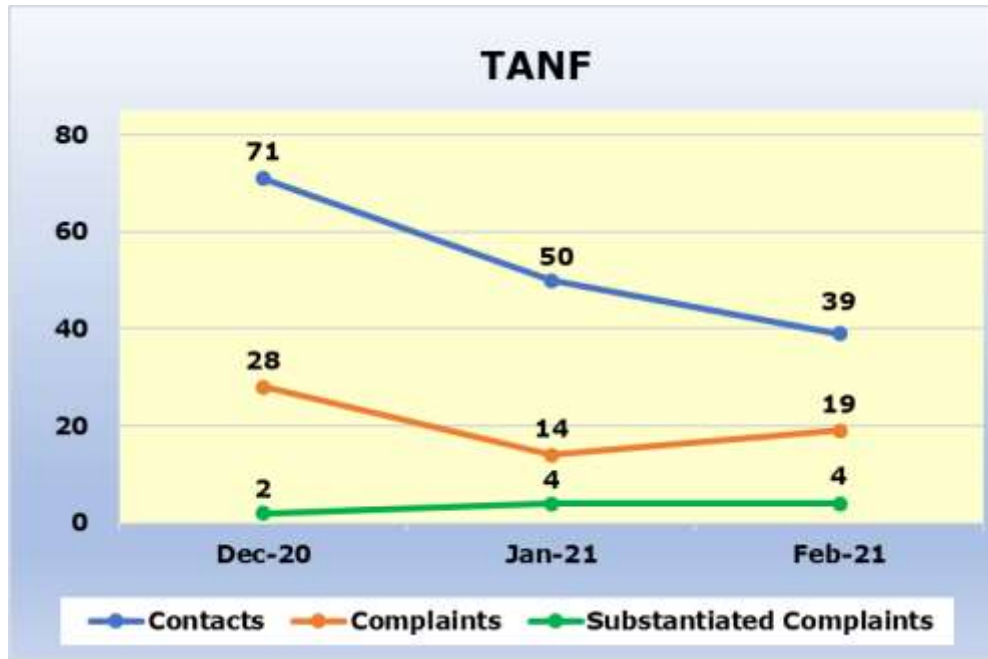


Top 3 Contacts – SNAP

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

Contact Volumes by Program Type

2nd Quarter FY21

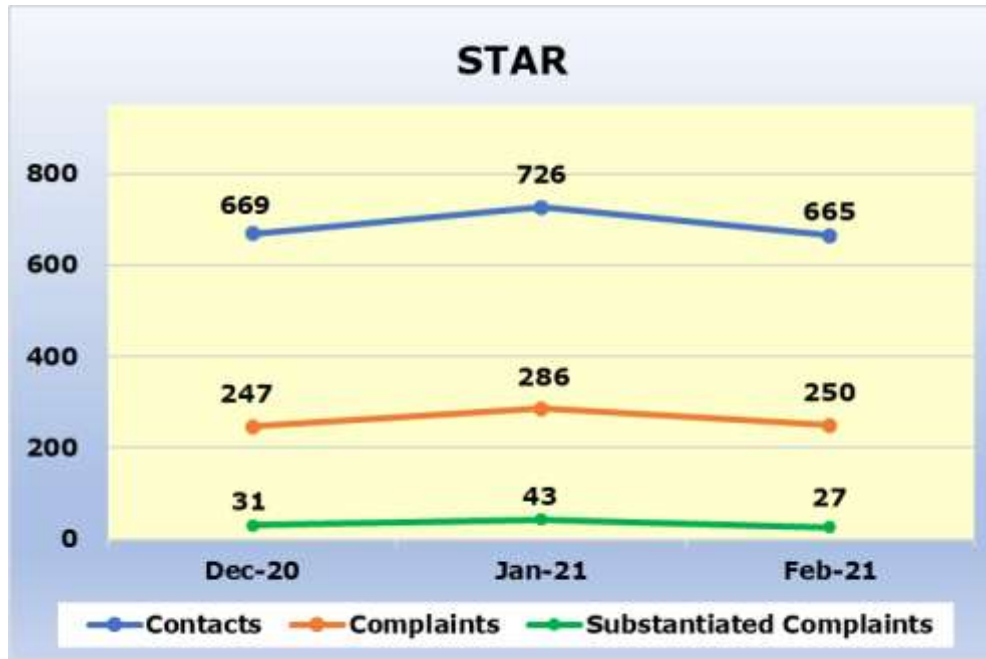


Top 3 Contacts – TANF

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

Contact Volumes by Program Type

2nd Quarter FY21

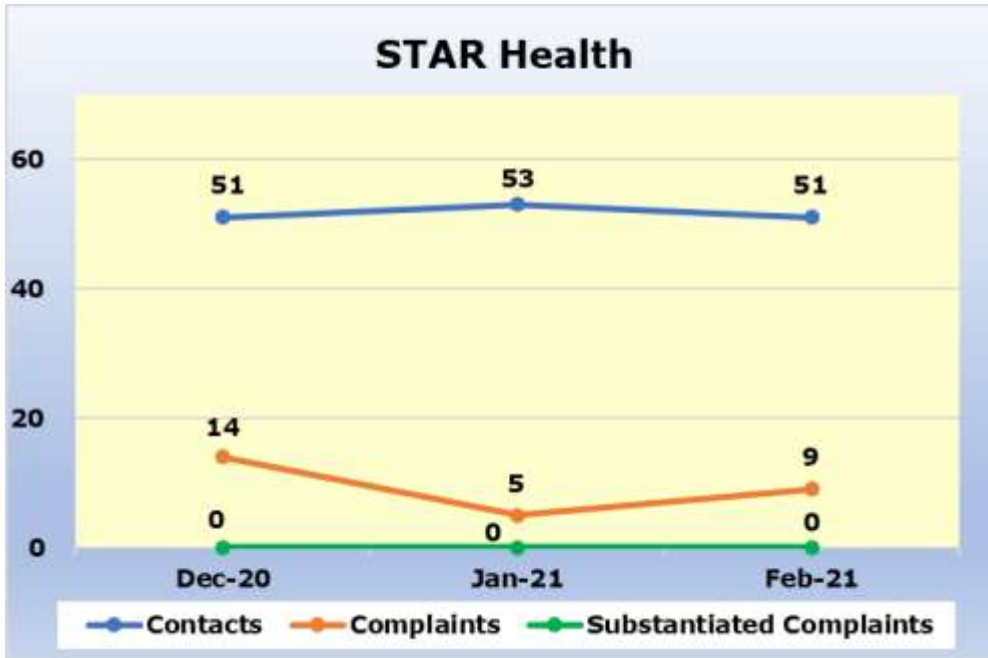


Top 3 Contacts – STAR

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

Contact Volumes by Program Type

2nd Quarter FY21

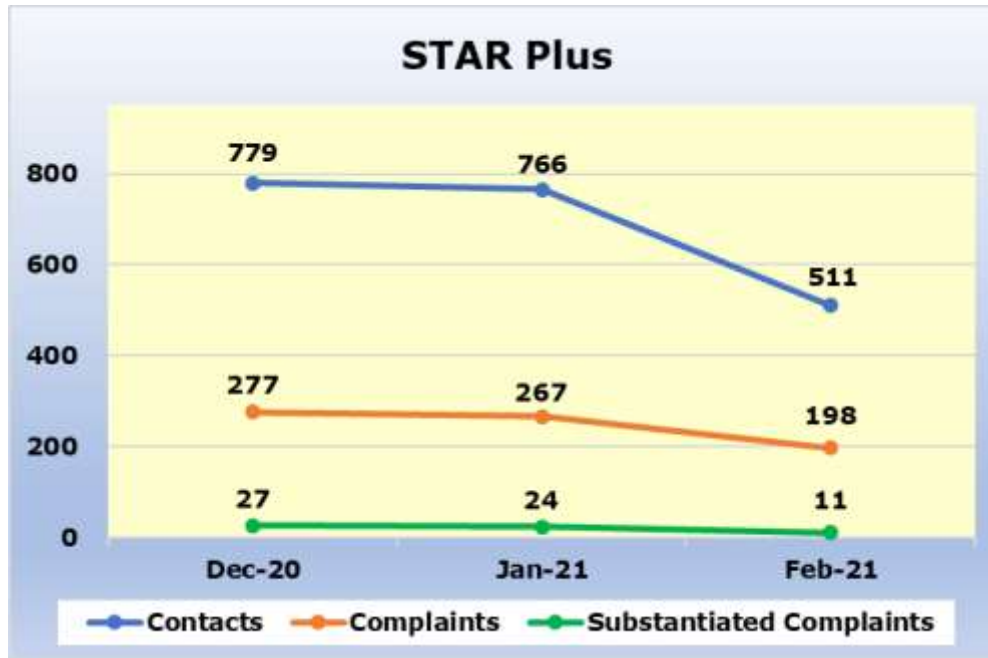


Top 3 Contacts – STAR Health

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

Contact Volumes by Program Type

2nd Quarter FY21

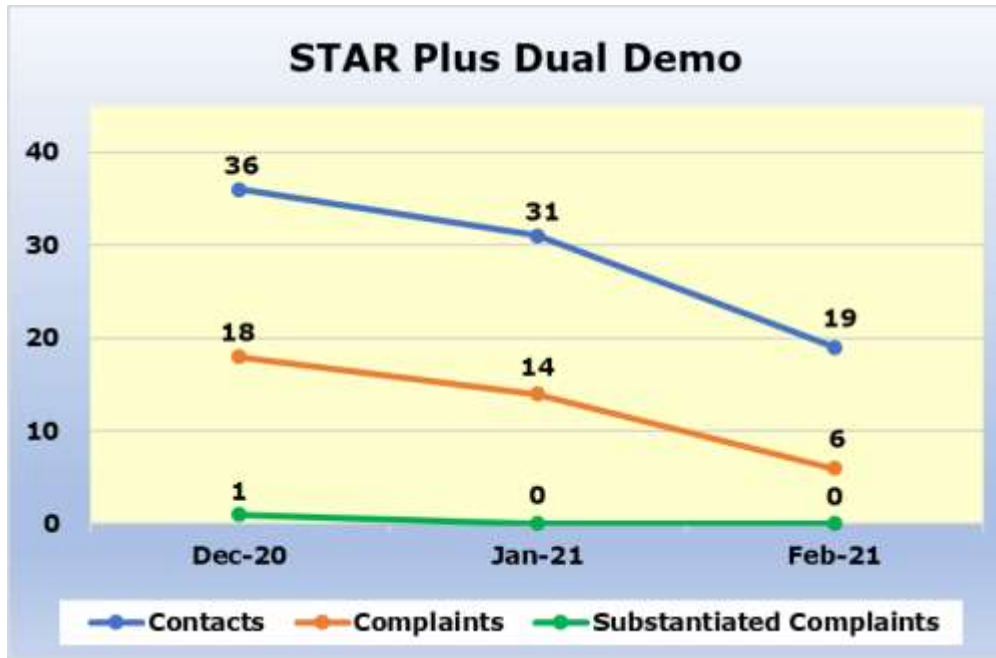


Top 3 Contacts – STAR Plus

- Home Health
- Verify Health Coverage
- Access to Prescriptions

Contact Volumes by Program Type

2nd Quarter FY21

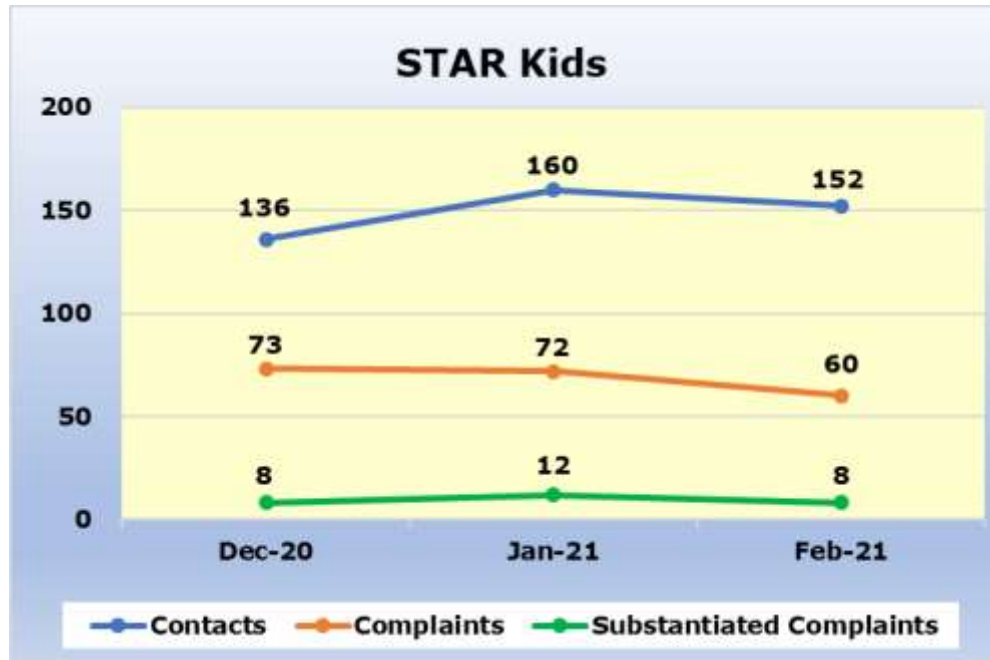


Top 3 Contacts – STAR Plus Dual Demo

- Access to DME
- Home Health
- Billing

Contact Volumes by Program Type

2nd Quarter FY21



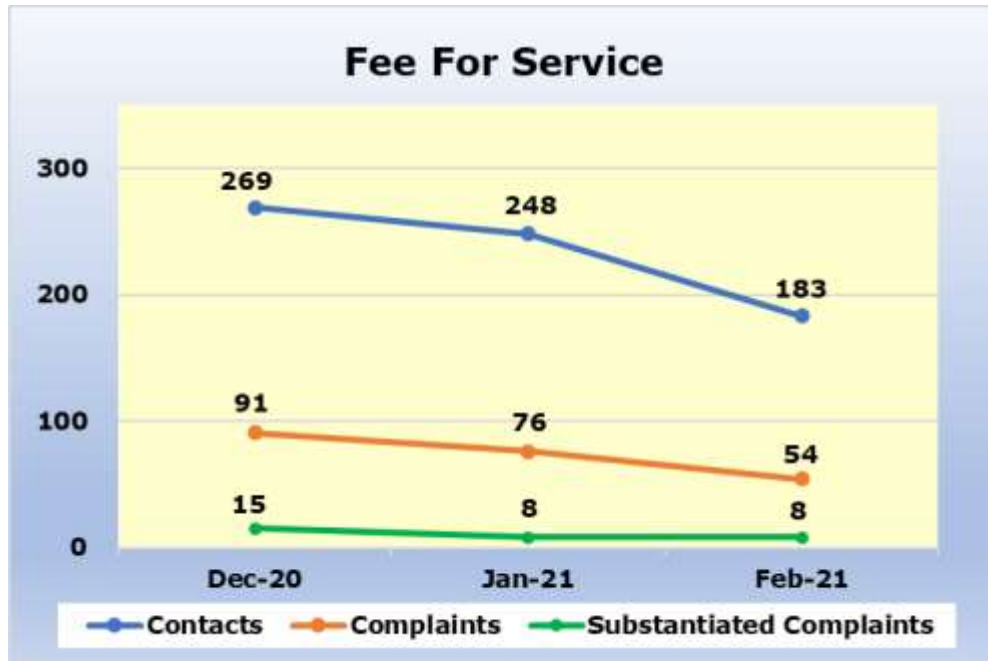
Top 3 Contacts – STAR Kids

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



Contact Volumes by Program Type

2nd Quarter FY21



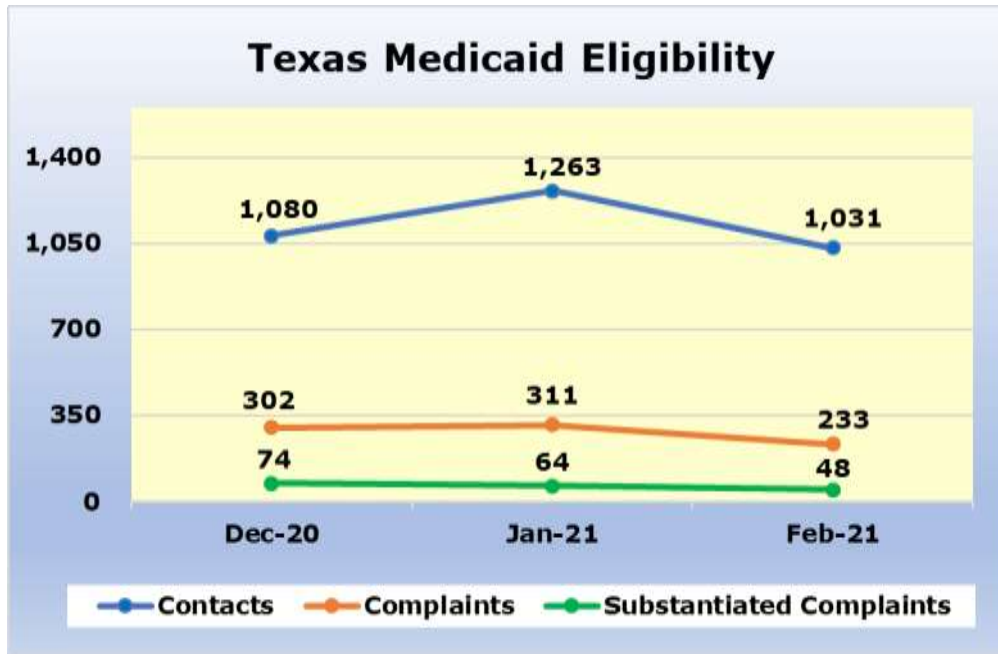
Top 3 Contacts – Fee For Service

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



Contact Volumes by Program Type

2nd Quarter FY21



Top 3 Contacts – Texas Medicaid Eligibility

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



OMBUDSMAN FOR BEHAVIORAL HEALTH



TEXAS
Health and Human
Services

Ombudsman for Behavioral Health Program 2nd Quarter FY21

Contact Volume	
Complaints	111 (48%)
Substantiated Complaints	2 (1%)
Inquiries	120 (52%)
Total Contacts	231
Top Three Reasons for Contact	
Referrals	
Other	
Discharges	

Information Shared



FOSTER CARE OMBUDSMAN



TEXAS
Health and Human
Services

Foster Care Ombudsman Program 2nd Quarter FY21

Contact Volume	
Foster Care Youth Contacts	36 (18%)
Total Foster Care Youth Complaints	53
Total Foster Care Youth Substantiated Complaint Reasons*	8
Total Contacts	197

Top Three Reasons for Contact
Rights of Children and Youth in Foster Care
Case Recording
Other/NA

*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.



INDIVIDUAL WITH INTELLECTUAL or DEVELOPMENTAL DISABILITIES OMBUDSMAN



TEXAS
Health and Human
Services

Individual with Intellectual or Developmental Disabilities Ombudsman Program 2nd Quarter FY21

Contact Volume	
Complaints	1,441 (77%)
Inquiries	423 (23%)
Total Contacts	1,864
Top Three Reasons for Contact	
Abuse/Neglect/Exploitation	
Rights	
Services	

Information Shared



Ombudsman Managed Care Assistance Team

UPDATE

- Problem Trends
- Highlighted Cases

Office of the Ombudsman COVID-19 Update



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

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

