



CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

Children's Health Coverage Coalition & OTA Meeting Agenda

Friday, September 24th, 2021

11:00 A.M. – 2:00 P.M.

Meeting Location: Zoom Meeting

Meeting Chair: Clayton Travis, Texas Pediatric Society

OTA Agenda

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

Welcome & Introductions

11:10 A.M. - 11:25 A.M.

Office of Ombudsman Report
(Matthew Lum – HHSC)

11:30 A.M. – 12:25 P.M.

**Review of CHCC Questions for
HHSC on end-of-PHE Medicaid
outreach and recertification policy**
(Anne Dunkelberg--Every Texan)
(Guests: Hilary Davis & Molly
Lester, HHSC)

CHCC Agenda

12:30 P.M. - 12:35 P.M.

Update on HHSC Meeting Request
(Anne Dunkelberg – Every Texan)

- Section 8 of HB 2658 Update
- Update on End of PHE and Associated Data
- HHSC Implementing Updated Accurate Policy & Outreach for Texans in Mixed Immigration Status Families
- Incidence of Medicaid Enrolled Infants in Their 1st Year of Life Who Are Not Continuously Eligible.



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12:35 P.M. - 12:40 P.M.

Artwork & Awards Update

(Adriana Kohler - Texans Care for Children)

12:40 P.M. - 1:00 P.M.

Discuss the Work of the Maternal Mortality & Morbidity Review Committee

(Dr. Lisa Hollier)

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

TWHC, CHCC & HHSC Joint Session Regarding HB 133

(Erika Ramirez - Healthy Futures of Texas)

- Provide an update on HB 133 implementation - an approximate timeline and opportunities for stakeholder engagement
 - 6-month extension of Medicaid postpartum coverage
 - Transferring HTW into managed care
 - DSHS case management services moved to managed care.
 - Provide an Update on HTW eligibility changes due to the current HTW waiver implementation
 - Are there any visible impacts to HTW enrollment since March due to the switch in HTW application and the loss of adjunctive eligibility?
 - Are there fewer applications to HTW being submitted since March?
 - If fewer applications are being received, how does HHSC plan to address this impact?
 - Q&A
-



CHILDREN'S HEALTH COVERAGE COALITION

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September 24th CHCC & OTA Meeting

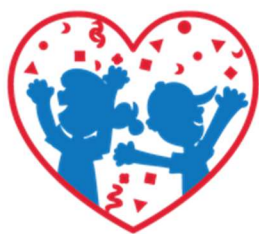
Friday, September 24th, 2021

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

On Video Conference Line

Clayton Travis
Myles Anderson
Erika Ramirz
Anne Dunkelberg
Hilary Davis
Amanda Stukenberg
Anna Chatillon
Anna Selter
Beth Stewart
Beth Olson
Betsy Coats
Blanca Cavazos
Brett Anthony
Bruce Bower
Chia-Wai Smith
Christina Hoppe
Cicely Kay
Claudia Torres
Daniela De Luca
Deanna Johnson
Decrecia Limbrick
Denis Gomez
Emily Eckert
Emma Bittner
Erica Brown
Evelyn Shaeffer
Hannah P.
Hannah Vardy
Helen Kent Davis
Holly
JC
Jean Klewitz
Jen Mudge
Jennifer Banda
Jessica Phillips

Jessica Schieffer
Joy Borjes
Judit Vega
Julie Cano
Kami Geoffray
Karla Martinez
Katherine Strandberg
Kathryn Hearn
Katy Butterwick
LAunjanee Carriere
Laura Dixon
Leah Joiner
Lina Palomares
Linda Litzinger
Lindsay Langan
Lisa Hollier
L. Rogers
Lucy Blevins
Marc Hanke
Meghan Young
Melissa McChesney
Michelle Romero
Michelle Tijerina
Moriah Hernandez
Nancy Walker
Nguyevt
Noemi Manriquez
Perdita Henry
Preston Poole
Sam Cooper
Sarah Gonzales Claytor
Shelby Tracy
Sherlena Boehm
Stacey Pogue
Tabitha Strawn
William West



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Meeting Chair: Clayton Travis, Texas Pediatric Society

Meeting Scribe: Myles Anderson, Every Texan

OTA Agenda

I. Office of Ombudsman Report

[See Slides]

II. Review Of CHCC Questions for HHSC on End-of-PHE Medicaid Outreach and Recertification Policy:

[See Google Doc:

<https://docs.google.com/document/d/1tk9RC2pAfA93Osz49CurGLsYoCAK5KDu/edit#heading=h.gjdgxs>]

Linda Litzinger: After losing SSI, we have a lot of families who have to re-do from Medicaid Form 1200 (Form 1200 is one size to fits all to applying to Medicaid in Texas). If the forms and data are too aged prior to re-doing their application, do the families have to start over and reapply?

Hilary Davis: This is an issue we are aware of, but if there is a delay in processing or they do not turn in Form 1200, they will continue to keep their Medicaid. The From 1200 was just to ensure that we have the most up-to-date information.

CHCC Agenda

I. Update on HHSC Meeting Request

Anne Dunkelberg: Gave a gist of the meeting topics that will be conducted moving forward.

Section 8 of HB 2658 Update

Update on End of PHE and Associated Data: Upcoming **December 13th**

HHSC Implementing Updated Accurate Policy & Outreach for Texans in Mixed Immigration Status Families: Don't have a meeting scheduled for this but will hopefully have a meeting scheduled in the near future.



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Incidence of Medicaid Enrolled Infants in Their 1st Year of Life Who Are Not Continuously Eligible: Focused on a deeper dive seeking more information about who is not getting continuous coverage.

II. Artwork & Awards Updates

Clayton Travis: Our coalition is putting together artwork as awards to policymakers that have done work on children's health issues and postpartum issues. Big appreciation to Every Texan, Texas Medical Association, Texans Care for Children, and the Texas Pediatrics Society for chipping in to help put those awards together.

III. Discuss the Work of the Maternal Mortality & Morbidity Review Committee [See Slides]

Clayton Travis: Because the current legislation extended coverage to 6-months instead of one year, do we have any data on the number of maternal deaths in the first 6-months.

Dr. Lisa Hollier: We don't have those numbers just yet but I can get them to you in the near future.

From the Chat: With the move from 2013 to 2015 data, what will happen to the 5 years of data that was skipped?

Dr. Lisa Hollier: We will be looking at additional data to accommodate that and will love to get to a point where we can do a detailed review of any maternal deaths that have been identified.

Decrecia From Houston Health Department: Do you recommend integrated mental health care for only women with a history of mental health issues?

Dr. Lisa Hollier: While the recommendation is for women who have a history of mental health disorders, we do recommend that all women are being screened for mental health disorders.

Beth Stewart: Is there any effort to include oral health care along with behavioral health integration in postpartum expansion?



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Dr. Lisa Hollier: There is not. From a review committee perspective, our recommendations are based specifically on the reviews that we've done from women who have lost their lives. We have not seen women lose their lives from oral health causes, so we have not made any recommendations that have applied directly to oral healthcare. I do think it is important to include all of the different facets that are involved in our health.

Sam Cooper: What have you all seen from the implementation of the Sociospacial Context Dashboard?

Dr. Lisa Hollier: We don't have specific data on the implementation, but what I can tell you is that it helps us have a much better understanding of each mother when we are able to understand the committee from which she lives. Having that understanding will give us a better idea of the community factors that we can address.

IV. TWHC, CHCC & HHSC Joint Session Regarding HB 133 [See Slides]

Erika Ramirez: I had a question about an update on the timeline about the other additions into managed care?

Hilary Davis: It will be on a separate waiver request as of now.

Erika Ramirez: Is there a status on the HTW amendment?

Megan: The amendment is still pending with CMS, but there are no new updates about next steps. Once we get to the HB 133 amendment, women who received 6-months of extended services will get another 6-months of HTW Plus.

Betsy Coats: In regard to HTW Plus women moving into managed care, is that the 4th quarter, 2024 you mentioned?

Megan: Yes, we hope to post the RFP in Q1 of FY 2023. The goal is to have the same health plans doing STAR, CHIP, and HTW so that as we have people transitioning between programs, we have continuity of care.

Erika Ramirez: For the case management housed in DSHS, is that going to be moved over to the Medicaid area of HHSC?



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Megan: We have staff that has transitioned to HHSC but we don't have any additional staff moving over from DSHS.

Erika Ramirez: Are there any updates on the impact on enrollment since March in terms of HTW eligibility?

Hilary Davis: There's a slight caseload increase in the HTW Plus most likely due to the PHE

Erika Ramirez: Has there been any decrease in application processing?

Hilary Davis: We haven't seen any significant decrease in application processing but we will be collecting on that moving forward.

Sam Cooper: What will the transition period look like after the PHE as far as women being placed on HTW after Medicaid.

Hilary Davis: We're still getting guidance from CMS, but we will be focusing on that to make sure they are in the appropriate group after the PHE ends.

Erika Ramirez: Can you walk us through the steps of admin renewal of women from Medicaid to HTW?

Hilary Davis: Our eligibility staff will get an alert for women whose pregnancies are about to end in the next 60 days. If we have all of their information already in the system we will go ahead and transition them into HTW or certify them to another Medicaid group. If we don't have all the information we need, we will reach out to the woman to get that information and process it. If they are currently HTW, we will auto-renew them, but if we don't have enough information we will reach out to the woman.

Erika Ramirez: How much time will the woman have to give new information before she's deemed ineligible for missing information?

Hilary Davis: We give them 10 days if they're coming from Medicaid, but if they are already on HTW, we will give them 30 days.

Melissa McChesney: There was some guidance that came out in December around treating the end of pregnancy like changes in circumstance that said HHSC shouldn't be asking about income verification unless there's an indication that income has changed. Are there any new updates about when HHSC will come into compliance with that guidance before the end of the PHE?



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Hilary Davis: We don't have any new updates on it and it probably won't happen before the end of the PHE, but that is on the list of priorities.

From the Chat: What are the methods for fulfilling the request for additional information?

Hilary Davis: Clients can sign up for online notices or through the mail.

Leah Jaimes: When clients fulfill the request, what are the methods of giving that info?

Hilary Davis: They can come into the office, they can upload it from their computer on the YourTexasBenefits portal, or there is also an app to upload, for example, a picture of the paycheck stub.

Erika Ramirez: In talking with other stakeholders, we've learned that Mississippi allows clients to still use a shorter 2-page application versus a 10-page application.

Hilary Davis: Most of the women were applying online versus the paper version, so they're getting the same experience. To eliminate confusion, we moved to 10-pages instead of having two separate applications. Mississippi is more on the family planning side, and we're more on HTW and Medicaid so our applications will look different.

Erika Ramirez: What are the potential impacts or is there any data about any many women are adjunctively eligible.

Hilary Davis: We checked with our IT team, but we don't yet have a field to track that.


Erika Ramirez: Is there any kind of projection of what will happen with the cost reimbursement portion with the transition of HTW.

Lindsey: We don't direct on it yet, but we are collecting data.

Meeting Adjourned: 1:40 P.M.

HHS Office of the Ombudsman Update

Presented to
CHC Coalition
September 24, 2021




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Total Ombudsman Contacts for 4th Quarter FY21

- ◆ Complaints – 9,694
- ◆ Inquiries – 16,985




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Contact Volumes and Top Three Reasons for Contact by Program Type 4th Quarter FY21



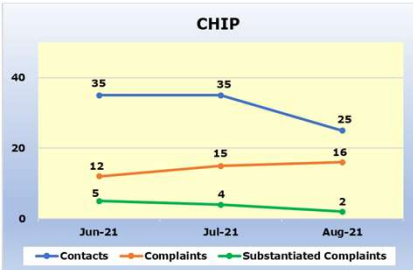
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Contact Volumes by Program Type 4th Quarter FY21


CHIP



Month	Contacts	Complaints	Substantiated Complaints
Jun-21	35	12	5
Jul-21	35	15	4
Aug-21	25	16	2

Top 3 Contacts – CHIP

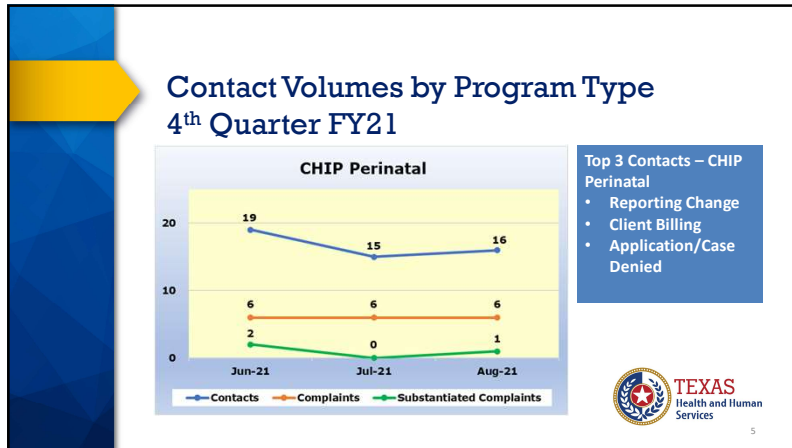
- Case Information Error
- Application/Case Denied
- Check Status



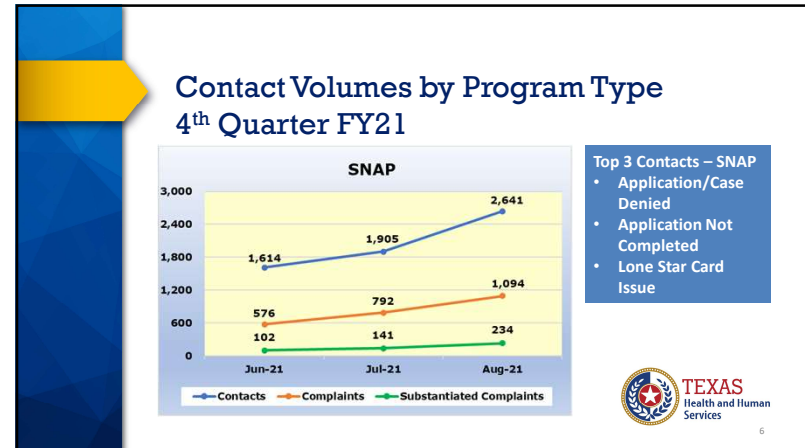
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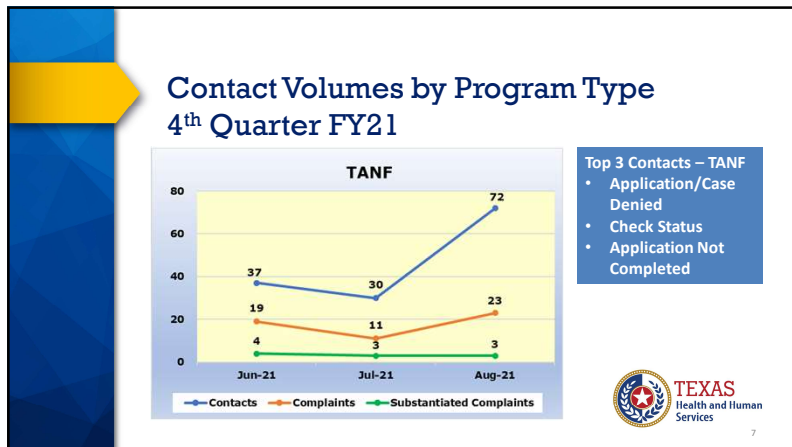
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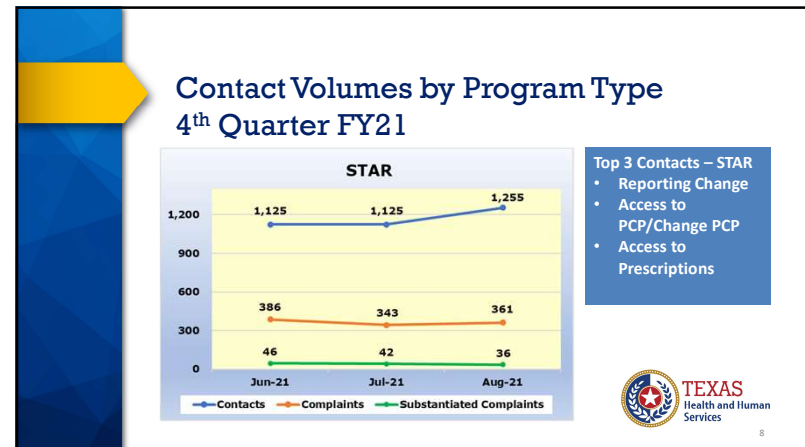
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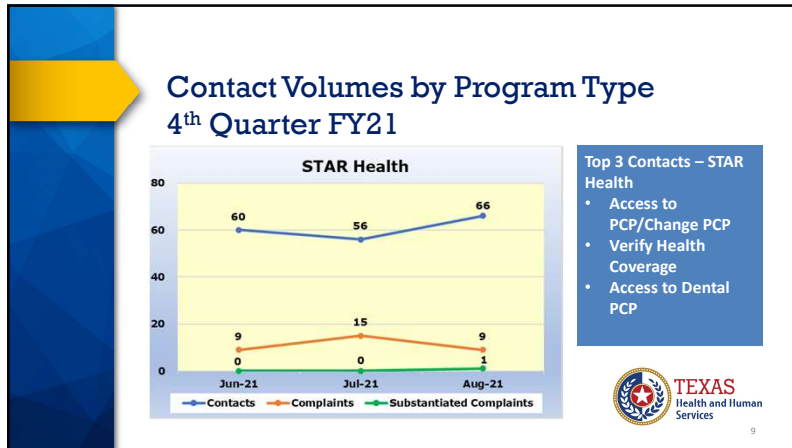
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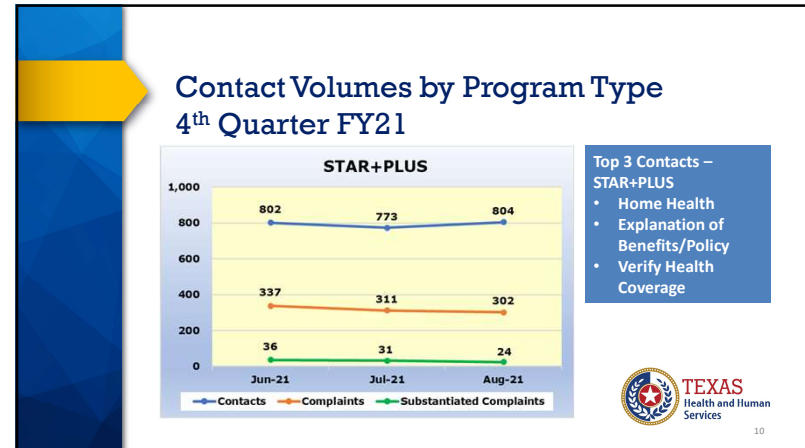
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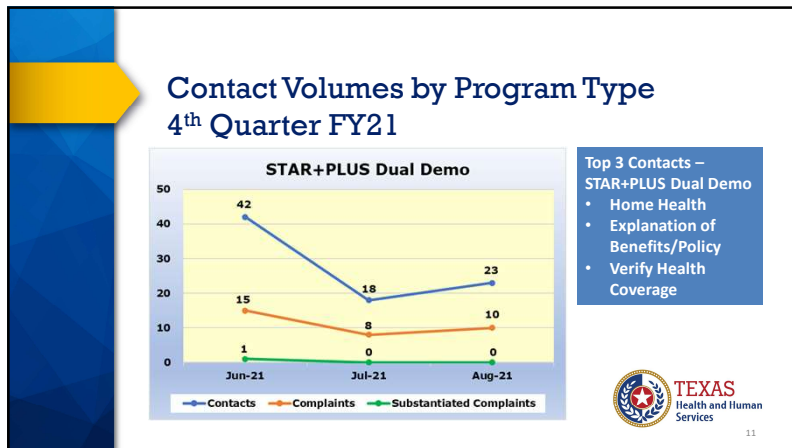
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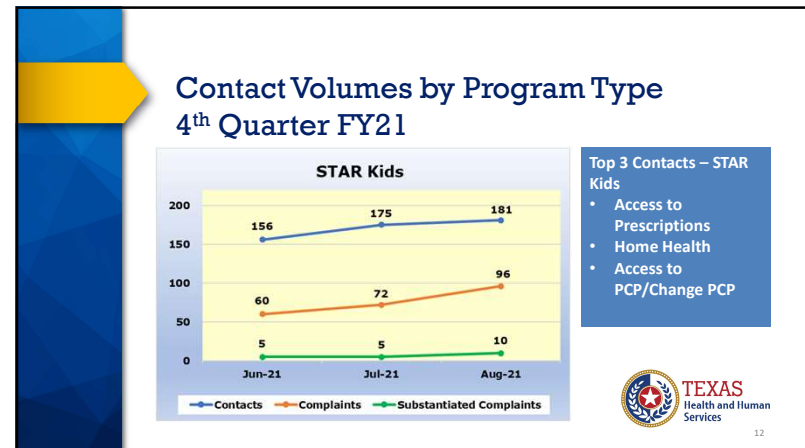
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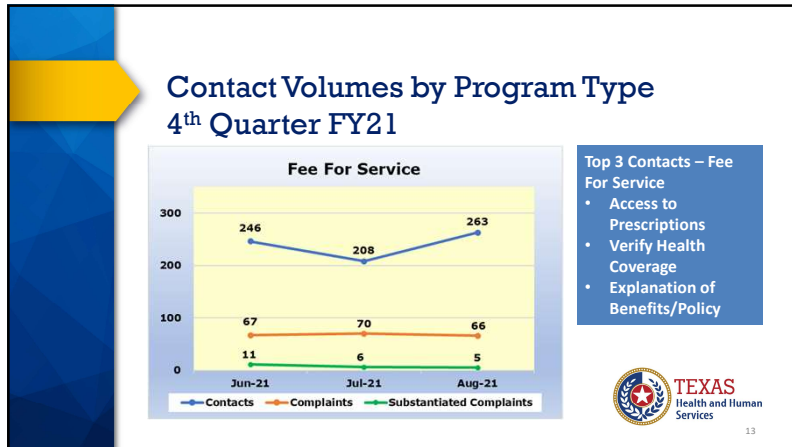
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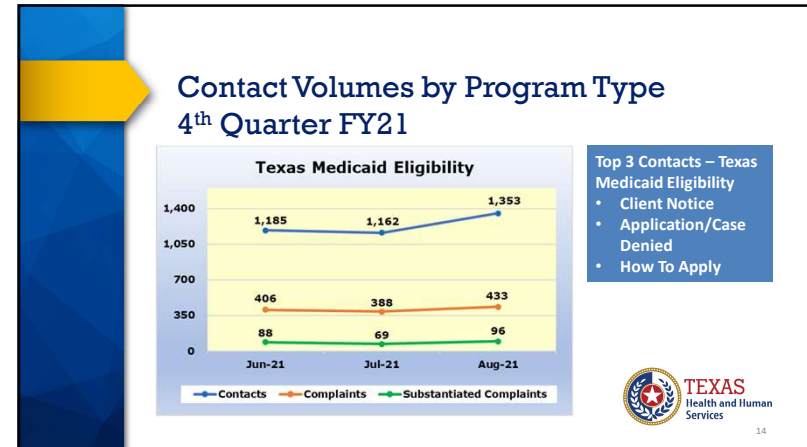
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Ombudsman for Behavioral Health Program 4th Quarter FY21

Contact Volume	
Complaints	206 (56%)
Substantiated Complaints	0 (0%)
Inquiries	161 (44%)
Total Contacts	367


Top Three Reasons for Contact	
Referrals	
Care & Treatment	
Other	

Information Shared

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FOSTER CARE OMBUDSMAN




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Foster Care Ombudsman Program 4th Quarter FY21

Contact Volume	
Foster Care Youth Contacts	51 (23%)
Total Foster Care Youth Complaints	37
Total Foster Care Youth Substantiated Complaint Reasons*	45
Total Contacts	219

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.



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INDIVIDUAL WITH INTELLECTUAL or DEVELOPMENTAL DISABILITIES OMBUDSMAN




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Individual with Intellectual or Developmental Disabilities Ombudsman Program 4th Quarter FY21

Contact Volume	
Complaints	1,611 (79%)
Inquiries	426 (21%)
Total Contacts	2,037

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

NEMT Complaints Decreased 40% from June to August

August 2021 Top NEMT Complaints

- 1) Member not transported
- 2) Individual Transportation Participant Claims
- 3) Scheduling Error

Highlighted Cases: Child Seeking Placement in a Residential Treatment Center



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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

Fax (Toll-free)
 888-780-8099

Mail
 HHS Ombudsman
 P. O. Box 13247
 Austin, Texas 78711-3247

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



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Maternal Mortality and Morbidity in Texas

Lisa M. Hollier, MD, MPH

Chair, DSHS Maternal Mortality and Morbidity Review
Committee

New Members

- | | |
|-------------------|------------------------------------|
| • James Hill | Maternal-Fetal Medicine Specialist |
| • Nakeenya Wilson | Community Advocate |
| • Nancy Puig | Registered Nurse |
| • Kendall Crowns | Medical examiner |
| • Robin Page | Certified Nurse Midwife |

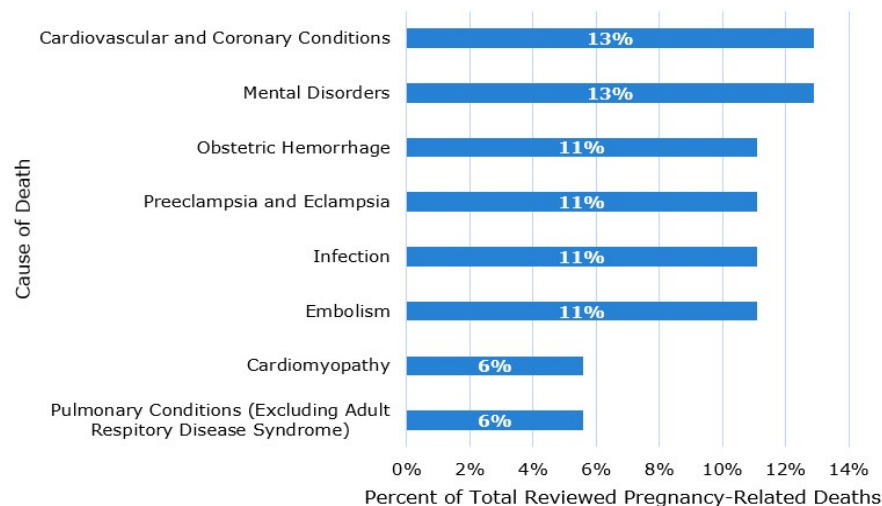
MMMRC Activities

- Biennial Report released in December of 2020
- DSHS was awarded the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality grant
 - MMMRC is currently reviewing cases from 2019 and 2020
- Drafted a discussion tool for social determinants that may impact a woman's care and outcomes
- Dr. Carla Ortique participated in a national workgroup to develop standard definitions for state MMRC's to better identify racism and discrimination as contributing factors to a woman's pregnancy-related death.

Pregnancy-Related Cause of Death

Eight underlying causes of death accounted for 82 percent of all pregnancy-related death among reviewed 2013 cases.

Chart F-1: Leading Underlying Causes of Reviewed Pregnancy-Related Deaths, Texas, 2013 (N=44 of 54 Reviewed Pregnancy-Related Deaths)ⁱ



PREPARED BY: Healthy Texas Mothers and Babies Branch, Maternal & Child Health Unit, Division for Community Health Improvement, the Department of State Health Services (DSHS).

Timing of Pregnancy-Related Death

Timing of death in relation to pregnancy varies across leading underlying causes of pregnancy-related death.



While
pregnant
29%

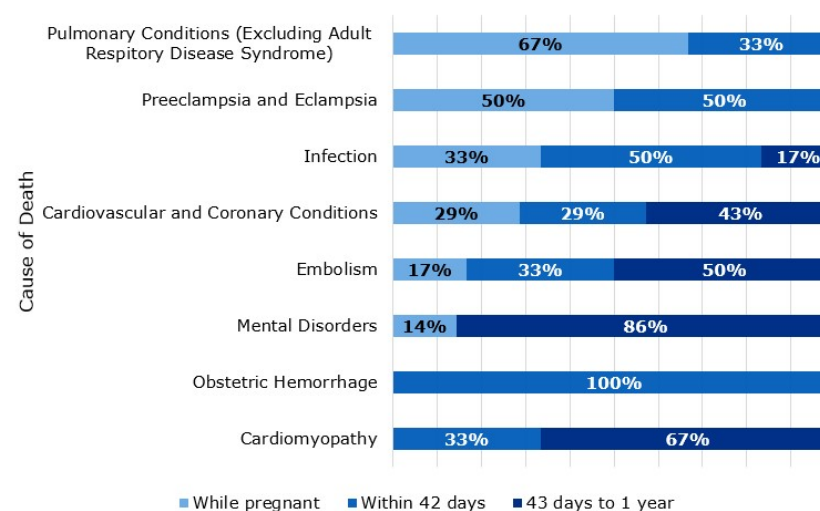


Within 42
days
40%



43 days
to 1 year
31%

Chart F-2: Top Underlying Causes of Reviewed Pregnancy-Related Deaths by Timing of Death in Relation to Pregnancy, Texas 2013 (N=44 of 54 Reviewed Pregnancy-Related Deaths)ⁱ



Graphic source: : Building U.S. Capacity to Review and Prevent Maternal Deaths. (2018). Report from nine maternal mortality review committees. Retrieved from http://reviewtoaction.org/Report_from_Nine_MMRCs

PREPARED BY: Healthy Texas Mothers and Babies Branch, Maternal & Child Health Unit, Division for Community Health Improvement, the Department of State Health Services (DSHS).

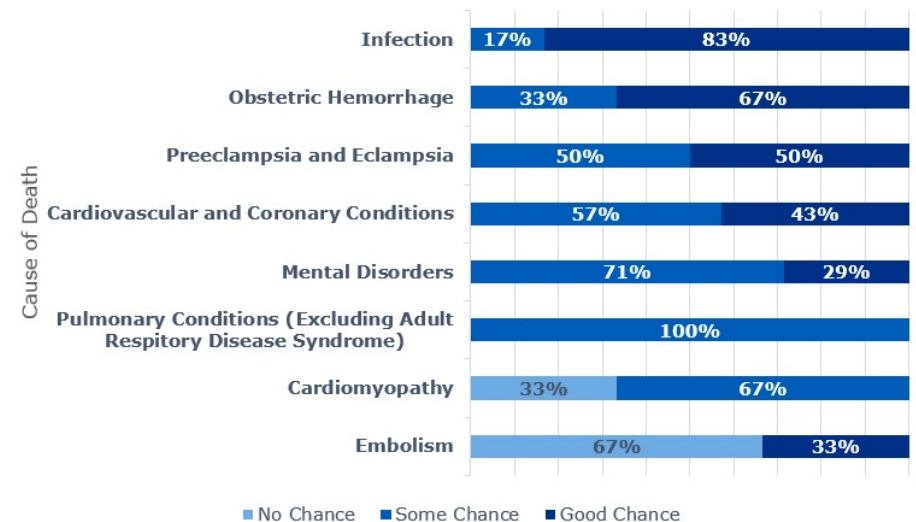
Preventability

Most pregnancy-related deaths were preventable.

89 percent of the reviewed pregnancy-related deaths in 2013 were *preventable*.

A death is considered *preventable* if the committee determines that there was at least some chance of the death being averted by one or more reasonable changes to patient, family, community, provider, or systems factors.

Chart F-3: Degree of Preventability for Top Underlying Causes of Reviewed Pregnancy-Related Deaths by Rating of Chance to Alter Outcome, Texas, 2013 (N=44 of 54 Reviewed Pregnancy-Related Deaths)ⁱ



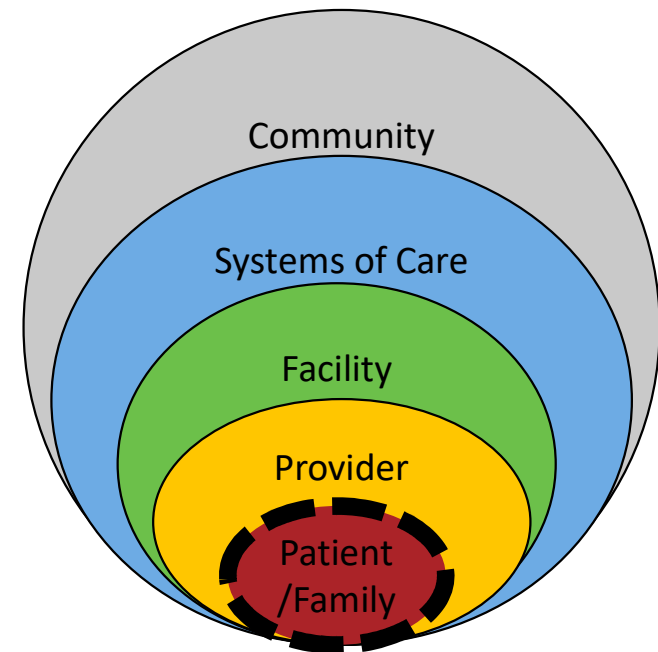
PREPARED BY: Healthy Texas Mothers and Babies Branch, Maternal & Child Health Unit, Division for Community Health Improvement, the Department of State Health Services (DSHS).

Contributing Factors

Top Contributing Factors Identified by the Texas Maternal Mortality and Morbidity Review Committee: **Patient/Family Domain**

1. Chronic Disease
2. Knowledge- lack of knowledge regarding importance of event or of treatment or follow up
3. Delay or failure to seek care
4. Lack of access/financial resources
5. Adherence to medical recommendations

Domains of Contributing Factor Themes
in a Social-Ecological Model

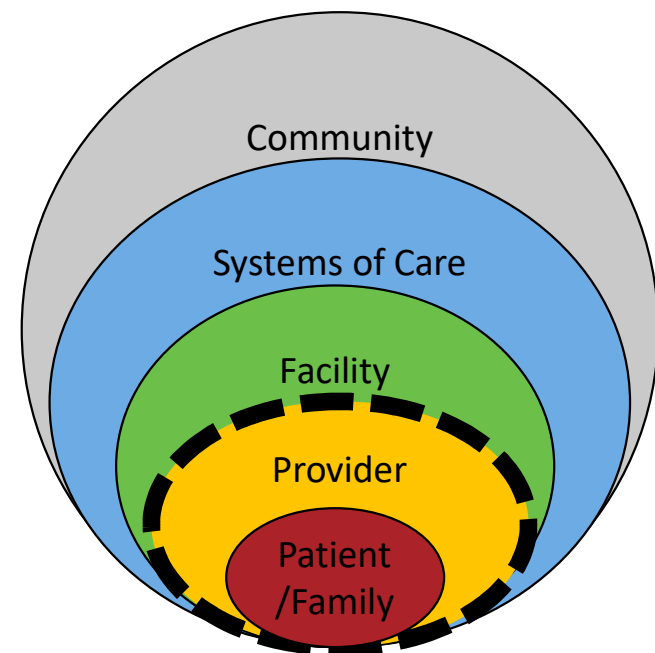


Contributing Factors

Top Contributing Factors Identified by the Texas Maternal Mortality and Morbidity Review Committee: **Provider Domain**

1. Clinical Skill/Quality of Care (Provider Perspective)
2. Delay- Provider was delayed in referring for care, treatment, or follow up care/action
3. Knowledge- Provider did not receive adequate education or lacked knowledge or understanding regarding the significance of a health event or lacked understanding about need for treatment/ follow up after evaluation for a health event Lack of access/financial resources
4. Failure to screen/inadequate assessment of risk

Domains of Contributing Factor Themes
in a Social-Ecological Model

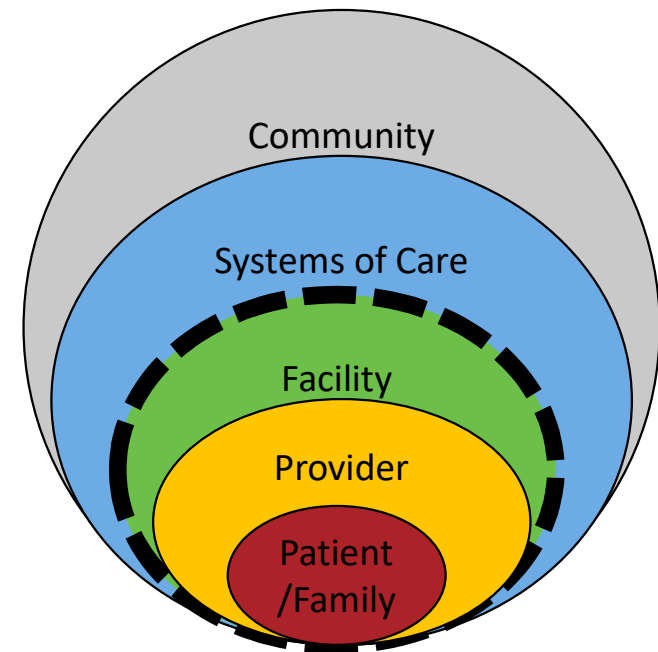


Contributing Factors

Top Contributing Factors Identified by the Texas Maternal Mortality and Morbidity Review Committee: **Facility Domain**

1. Lack of Continuity of Care (Facility Perspective)
2. Clinical Skill/ Quality of Care (Facility Perspective)
3. Delay
4. Lack of Standardized Policies and Procedures
5. Lack of knowledge regarding the importance of the event or of treatment or follow-up

Domains of Contributing Factor Themes
in a Social-Ecological Model

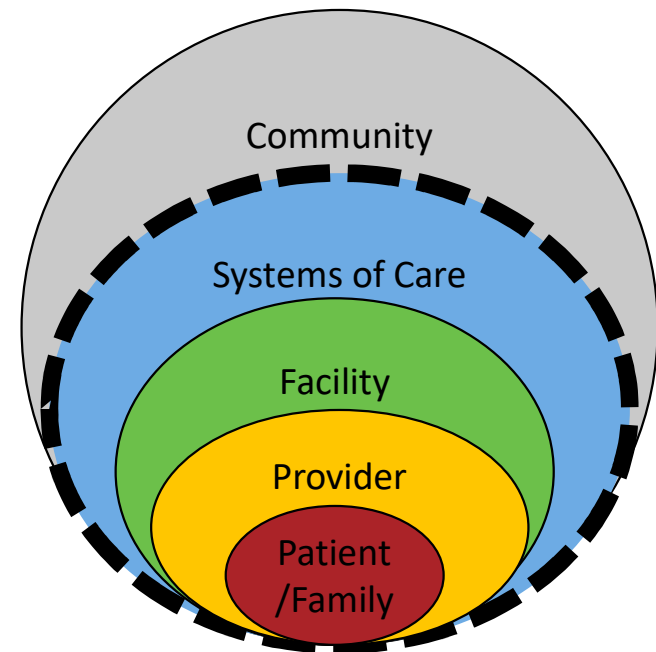


Contributing Factors

Top Contributing Factors Identified by the Texas Maternal Mortality and Morbidity Review Committee: **Systems of Care Domain**

1. Poor communication/ lack of case coordination or management/ lack of continuity of care (System Perspective)
2. Clinical Skill/ Quality of Care
3. Lack of access/financial resources
4. Lack of Referral or Consultation

Domains of Contributing Factor Themes
in a Social-Ecological Model

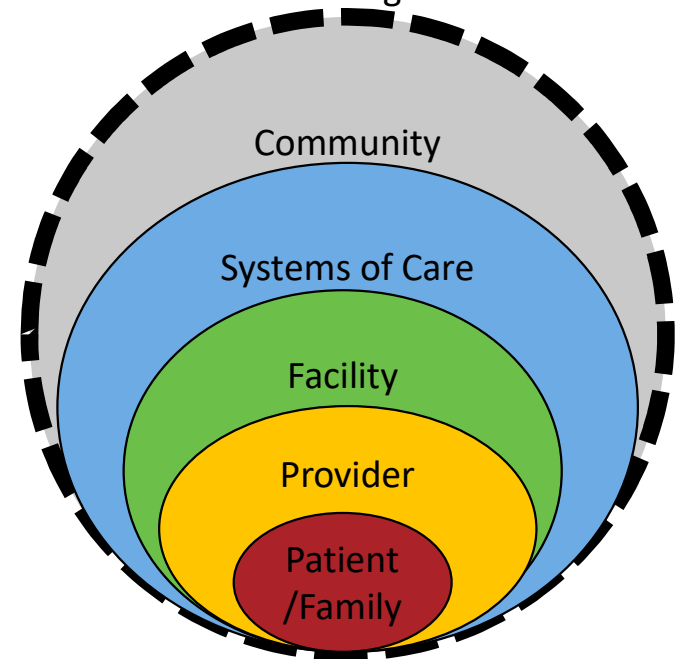


Contributing Factors

Top Contributing Factors Identified by the Texas Maternal Mortality and Morbidity Review Committee: Community Domain

1. Lack of knowledge regarding importance of event or of treatment or follow up
2. Inadequate community outreach/resources
3. Lack of access/financial resources- system issues
4. Chronic Disease
5. Violence and Intimate Partner Violence
6. Environmental Factors (Air Quality)
7. Referral (community perspective)

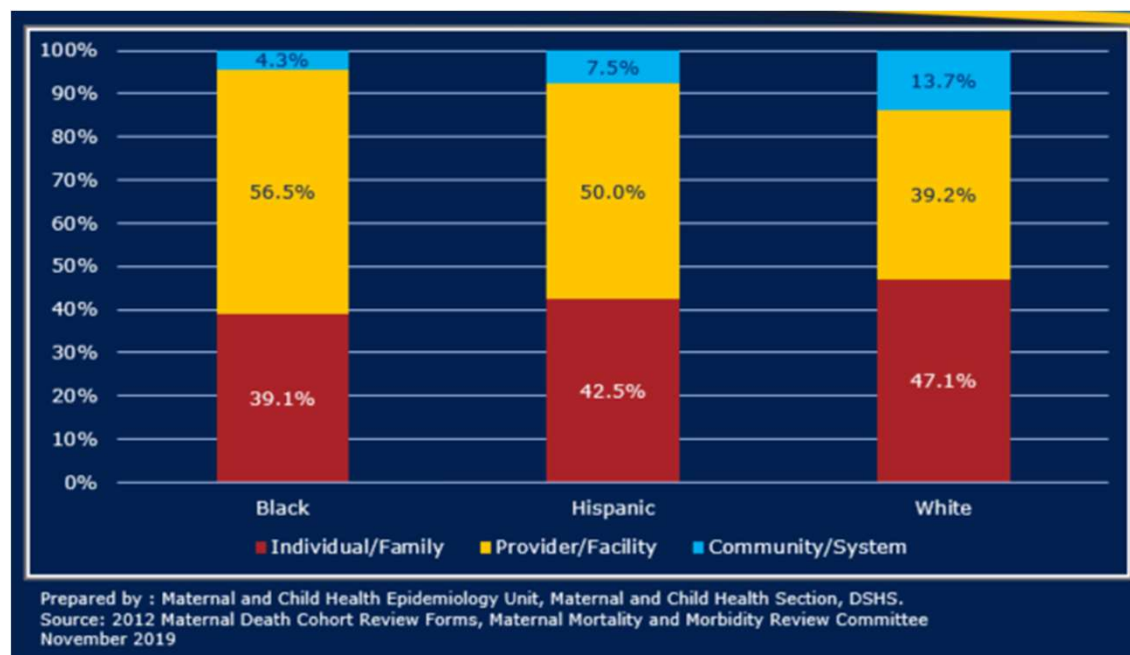
Domains of Contributing Factor Themes
in a Social-Ecological Model



Contributing Factors

A complex interaction of factors contributed to disparities in maternal mortality and morbidity.

Contributing Factor Domains by Race/Ethnicity Among Pregnancy-Associated, Pregnancy-Related Deaths, 2012 (n=154)



2020 Recommendations

- Increase access to health services during the year after delivery and throughout the interconception period to improve continuity of care, enable effective care transitions, promote safe birth spacing, reduce maternal morbidity, and reduce the cost of care.
- Engage Black communities and apply health equity principles in the development of maternal and women's health programs.
- Improve access to integrated behavioral health care from preconception through one year postpartum for women with mental and substance use disorders.

2020 Recommendations

- Improve statewide infrastructure and programs to address violence and intimate partner violence at the state and community levels.
- Implement statewide maternal health and safety initiatives to reduce maternal mortality and morbidity.
- Foster supportive community environments and leverage programs and services that help women of childbearing age achieve their full health potential.
- Support coordination between emergency and maternal health services and implement evidence-based, standardized protocols to identify and manage obstetric and postpartum emergencies.

2020 Recommendations

- Improve postpartum care management and discharge education for patients and families.
- Continue and strengthen activities to increase public awareness and prevention.
- Support strategies to continuously improve the maternal mortality investigation and case review process.



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House Bill 133

House Bill 133

Impacts

1. Directs HHSC to carve Case Management for Children and Pregnant Women into managed care
2. Directs HHSC to transition Healthy Texas Women (HTW) into managed care
3. Establishes six months postpartum coverage for certain women enrolled in Medicaid for Pregnant Women



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House Bill 133

Carve-in of Case Management for Children and Pregnant Women benefit

- Planned to implement Sept. 1, 2022
- State Medicaid Managed Care Advisory Committee (SMMCAC) engagement will be conducted through the Service and Care Coordination subcommittee



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House Bill 133

Transition of HTW into managed care

- SMMCAC engagement will be conducted through the Network Adequacy and Access to Care subcommittee
- HTW will be included in the upcoming STAR & CHIP procurement



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House Bill 133

Six months postpartum coverage for certain women enrolled in Medicaid for Pregnant Women

- Implementation date is dependent on CMS approval of 1115 waiver amendment



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