



CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

December Children's Health Coverage Coalition Agenda

Friday, December 16th, 2022

11:00 A.M. - 1:00 P.M. CST

Meeting Location: Zoom

Meeting Chair: Anne Dunkelberg – Every Texan

11:00 A.M. - 11:07 A.M.	Welcome & Introductions
11:07 A.M. - 11:15 A.M.	PHE Update <ul style="list-style-type: none">• Stacey Pogue (Every Texan)
11:15 A.M. - 11:45 A.M.	HHSC on Eligibility and PHE Unwinding <ul style="list-style-type: none">• Gina Carter (HHSC)
11:45 A.M. - 12:00 P.M.	Recruitment for Steering Committee and Need for Active Meeting Chairs <ul style="list-style-type: none">• Anne Dunkelberg (Every Texan)
12:00 P.M. - 12:15 P.M.	Political Discussion on Budget and Legislative Developments
12:15 P.M. - 12:20 P.M.	Optional Brain Break
12:20 P.M. - 12:30 P.M.	Bill Fillings Discussion in relation to CHCC Legislative Agenda
12:30 P.M. - 12:35 P.M.	Coalition Meeting Plan for Session Update

12:35 P.M - 12:45 P.M.

Maternal Mortality and Morbidity Review
Committee Report Update

- Helen Davis (Texas Medical Association) and Diana Forester (Texans Care for Children)

12:45 P.M - 12:50 P.M.

Georgetown's Center for Children and
Families Uninsured Kid Report

- Anne Dunkelberg (Every Texan)

12:50 P.M - 1:00 P.M.

Logistics on Capitol Briefing



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Meeting Scribe: Isabel Agbassi - Every Texan

CHCC AGENDA

I. PHE Update

Stacey Pogue: In general, no one has been removed from Medicaid since March 2020 because tied to the COVID Public Health Emergency Declaration is a provision to maintain continuous coverage in Medicaid. That designation will expire one day, but the most recent action was that we didn't get notice that it would be expiring soon. So it's currently scheduled to go through mid January. It won't expire then, we assume that it'll be renewed in January through mid March and we'll find out. There is some possibility that congressional action will yield a spending bill they'll pass by next week that would delink the continuous coverage under Medicaid from the Public Health Emergency.

A year ago in the December meeting last year in CHCC, HHSC came and laid out their plan. And from that, a bunch of us decided to meet more frequently to understand the plan, figure out how our organizations could help support the unwinding work, initiate conversations with the HHSC about how to improve the plan so that more kids, particularly, stay connected to coverage, and eligible kids don't lose coverage. That group has been meeting monthly for the last year and has engaged in several conversations with HHSC outside of this meeting space.

II. HHSC on Eligibility and PHE Unwinding

[SEE ATTACHED DOCUMENT]

Follow-up Questions:

- Question: Is this correct: Month to Month coverage/notices will apply to both “regular” renewals and clients in the PHE cohorts 1-3, if processing is delayed due to HHSC capacity backlog?
 - **Gina Carter:** This is correct. A notice will be sent to all of the populations. We are working on having an adequate supply of yellow envelopes.
 - **Diana Forester:** For clarification, the yellow envelopes are for the end of the PHE notice as opposed to the month to month notice?
 - **GC:** We're trying to see if we can find enough to do a month to month. We want to make it that it's useful and impactful to them and it's valuable to them so that they know. So we're looking at that as well. But we're trying to see if we can find the budget piece of how much that'll be to do that for all of the PHE



CHILDREN'S HEALTH COVERAGE COALITION

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kind of notices from our SNAP emergency, allotment notices when that ends, so that they know it's yellow and it's important or it's different.

- Question: Is the current 8/2023 timeline for ending the suspension of interviews for parent/caretaker Medicaid, linked to a scenario of a January 2023 PHE end, so that interviews will not resume until after the HHSC-projected unwinding caseload is done?
 - **Gina Carter:** Policies and processes were put in place to suspend parent and caretaker relatives Medicaid interviews during the PHE unwind period, assuming the PHE may end in 2023. Once we get closer to the August 2023 date and see where we are with the unwind process, we'll reevaluate the resuming of the interviews for the Medicaid for parent and caretaker relatives.
- Question: Income verification when processing of a renewal is delayed by an HHSC capacity issue/backlog?
 - Please describe how this process works: "HHSC will project the income based on the actual income verified by the individual."
 - **Gina Carter:** Household income is calculated monthly using income that has already been received, or income not received but expected. HHSC uses the information provided by the household to determine income that is anticipated to be received for pay periods after the interview and information request date.
 - Please clarify what is meant by "the actual income verified by the individual."
 - **Gina Carter:** What we mean by that is actual income is income that has already been received and it has been verified by the household. So that was all tied to the income verification response.
 - Is this the process currently in use for backlogged apps and renewals, when only the HHSC delay results in the income verification submitted by an individual being too old (more than 60 days)?
 - **Gina Carter:** Yes, it is the current process for those applications and renewals.
 - Is there also a scenario when available electronic data would have been new enough if HHSC had processed the app/renewal timely? If yes, does HHSC project income, or send a request for documentation?
 - **Gina Carter:** Our response is HHSC only requests information and verification needed to determine eligibility from the household if unable to verify through electronic data sources. If HHSC is able to determine eligibility for use in electronic data sources, the household does not receive a request for information. So if we can get it electronically, we're going to use whatever we can electronically, and we will not reach out to the household for additional verification.
 - **Anne Dunkelberg:** If you had instantly processed a renewal, the quarterly wage database data available at that time would have been less than 60 days old and would have been usable. But now you're past 45 days and it happens to be more than 60 days old. Now, do you use that data?



CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

- **Hilary Davis:** We do use that data because we're looking at the income at the time that we're checking electronic data sources. We're looking at the age of that income data when we're checking electronic data sources, not necessarily when we're processing the renewal. That's where the differentiation is. When we pull that electronic data and it's less than 60 days old, we're going to use it even if we're processing it a couple of months later. Because at the time that we're trying to figure out if we need more information, that income information is current.
 - **AD:** The processing time was a separate time from when you would have tried to pull the data. So are you saying that the data gets pulled instantaneously after a renewal has been attempted?
 - **HD:** What happens with our administrative renewal process is that we identify everybody that should be up for renewal. In the 9th month of their certification, we send over that file to our vendor that pulls all of these electronic data sources. In general, all of that data comes back and then it goes over to tiers where they basically say, okay, is this data more than 60 days old? What's in the case? They do what we call a reasonable compatibility process, and this all happens within a 30 day time span. And then the system determines we have enough information. We're just going to notify the household to say we have everything unless there's changes, you're good or we need more information from you, please give us X, Y and Z and make sure you turn in an application. There is a process and a timeframe in which that happens, but what Texas does is that once we identify everybody up for renewal, we ask for electronic data sources. And then the system, when we're running to see what happens during the admin renewal, or sometimes it's referred to an ex parte renewal process, then the system is saying, okay, can we use this income? It's less than 60 days old. We're looking at it at the



CHILDREN'S HEALTH COVERAGE COALITION

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point in time that we're making a determination of whether or not we can use it.

- Question: Auto-closure will only apply when indiv/hhld has not returned renewal packet or requested addl info by day 30?
 - **Gina Carter:** Yes, Medicaid eligibility automatically terminates after 30 days if the household hasn't returned the renewal packet. One thing I really want you all to understand is it has to do with the renewal packet, not necessarily the information. Although we do send, as Hillary was saying, about our admin renewal process, if we can't go through that administrative renewal process, then a renewal is sent within it's pre populated and we ask for additional information, things that we couldn't verify. When it's sent, if the household returns the renewal packet, then we have it. It started regardless if they didn't provide the pendant information. So as long as we have that, it's not going to auto deny. If we do not have the renewal packet by the 30th day, that's the only time the system will auto deny it. But if we receive the renewal packet, we have an application receive date is what we call it. The system knows that it leaves it open pending any additional information. And especially with the PHE, it'll do month to month. If they provided everything and we haven't got to it, it'll provide that month to month benefit.
 - Was Day 30 measured from the date printed on HHSC notice?
 - **Gina Carter:** Day 30 is calculated from the date HHSC. The notice is generated in the system.
- Question: Is this correct – If a reply has been received by HHSC but is not yet sufficient to resolve eligibility, auto-closure is NOT applied?
 - **Gina Carter:** That is correct. Just like I said before, the big piece of that is as long as we get the renewal application, we're not going to deny it. We're going to wait until information has come. And even if the information does come and we haven't got to, it's going to do that auto giving them a month while we're in the unwind.
- Question: Is the 30 day auto-close clock still running after HHSC becomes aware that the renewal packet was initially mailed to a bad address?
 - **Gina Carter:** We won't know that it's mailed to a bad address because we'll mail to the address that we do have. That's why the whole ambassador toolkit includes getting households to be sure to update their addresses or sign up for electronic notices so that even if that is the case, they will still get their notices electronically within your Texasbenefits.com account. However, once the agency becomes aware of the change, action is taken to determine next steps. If we receive return mail and the return mail indicates a new state address, the address is updated, we'll send a packet so that they have something. If there is no forwarding address or return mail indicating it's out of state, then we'll do our current processes and procedures there for those they're not in



CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

state. So the address would have been denied because we can't locate them or they're out of state.

- Question: How will backlogs in the manual process of scanning and connecting non-YTB responses to TIERS affect use of auto close?
 - **GC:** In manual processing, we don't have a backlog in our scanning of all of the mail that we're getting. The mail is processed the day we receive it and our contractor who does that, they will have additional staff. Because my question was to our operations side, once we start the Unwind, we're going to have a multitude of things happening. We have 5.5 million. We're having a coordination room that we're going to be setting up and you'll hear more about it once it's where it is. We're looking at: do we have sufficient staffing everywhere from every channel in which we can get information from the system side to manual to be able to handle the amount that we should be getting or we think we'll be getting? Our contractor does plan to have additional staff on hand to process the potential increase in the mail. So we are ensuring that we're going to be as prepared as possible for when the Unwind and the amount of mail that we could possibly be getting. That's why we're trying to rely on that strategy of the Ambassador toolkit and getting individuals to sign up for their account. We're doing those efforts on the password reset so it's easier for them, for them to sign up for electronic notices to really self-serve. And they're not waiting. They're not calling or waiting to see what is in the mail. They can do things quickly. So that is why we're really trying to push that so that they self-serve.
- Question: How will backlogs in the manual process of scanning and connecting non-YTB responses to TIERS affect use of auto close? If an HHSC processing backlog makes HHSC/TIERS unaware that action was taken by the client within the 30 days, will it automatically re-open a renewal?
 - **GC:** No, we do not have an automatic reopen because there's policies behind when we will reopen. When that information comes in, if it's given within the 30 days of our denial, we can reopen that and we'll use the file date that we received it as the file date to reopen that action. But it has to be a manual process. But we do have policies in place and procedures in place so that if that information is provided and say it was provided real close to the end date, those are prioritized so they know that we have system rules in there that prioritize it. So that it's what we call due to days, it'll get it to the staff in that queue so they see it and they're able to work it quicker it's in that queue.

III. Recruitment for Steering Committee and Need for Active Meeting Chairs

IV. Political Discussion on Budget and Legislative Developments

Diane Rhodes: We've been working with a group of other dental stakeholders to seek a Medicaid dental fee increase in this upcoming session. The dental Medicaid reimbursement rates have not been adjusted since 2007. We've met with Lieutenant Governor Patrick. Our proposal would create a permanent increase in the Medicaid dental budget.



CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

- **AD:** Was there a broad exceptional item on rates that's in the HHSC Legislative Appropriations request?
 - **DR:** To my knowledge, they didn't.

Helen Kent Davis: When we talked to HHSC about rates, we asked about if they could do a comparison of rates (Medicaid, Medicare and average commercial in different regions) because that's data that we can't get because of antitrust issues. For Medicare, we can, but not commercially. They said they don't get it directly either, and they get it from some of the big systems. It means some of the directed payment programs do have an average commercial payment for meeting certain performance standards, but that's based on data they're getting outside because as my understanding, they don't purchase it either. Data on the average commercial insurance payments, that kind of information. Like, for example, for TMA, there's antitrust issues for obtaining it, and it's really hard to get proprietary databases.

V. Bill Fillings Discussion in relation to CHCC Legislative Agenda

AD: About eight Medicaid expansion bills filed. There are a number of extensions of maternal Medicaid coverage for twelve months after the end of the pregnancy bills. One notable thing is that the version that Senator Alvarado filed, and which I believe has at least five other Senate joint authors, is theirs and also includes the often forgotten element of including lawfully present immigrant pregnant women in that extension. The decision to exclude legal immigrant adults from Medicaid was made over 20 years ago, and most members of the legislature aren't even aware that we do it, or that only seven states, including us, exclude legal immigrant adults from our Medicaid program.

VI. Coalition Meeting Plan for Session Update

VII. Maternal Mortality and Morbidity Review Committee Report Update

<https://www.dshs.texas.gov/sites/default/files/legislative/2022-Reports/2022-MMMRC-DSHS-Joint-Biennial-Report.pdf>

Helen Kent Davis: The Maternal Mortality and Morbidity Review Committee's statutory report to the legislature was delayed. It is required by statute that they release a report that came out yesterday. The committee did find that they reviewed 118 files, and they're still going to be reviewing more. So this is considered a provisional report. Of the reports that they read on maternal death, they found that 44% of them were pregnancy related, which is different than pregnancy associated. Pregnancy is something related to hemorrhage or sepsis, a cardiac event versus associated, which could be something like homicide or violence. 90% of the maternal deaths were considered preventable, which is pretty close to what it's been every time they've had a report, probably around 89-90%. One thing that I did find really interesting is one maternal morbidity, which is severe complications following pregnancy did increase quite significantly. That's a pretty significant increase. And some of that's driven by COVID. Hispanic women were, according to report,



CHILDREN'S HEALTH COVERAGE COALITION

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particularly hard hit by COVID related complications during pregnancy. But as it was noted at the task force meeting by several of the committee members, morbidity is, of course, something we're trying to prevent, excuse me, mortality, but we can't forget about morbidity because many more women have complications. The report also did specifically call out discrimination as a factor in maternal deaths. What we had been hearing is that one of the reasons that the report had been delayed is that there were discussions about removing that language. It is there because the review committee does have what they call a dashboard, where they kind of go through and look at various factors that contribute to maternal death, as well as illness and socioeconomic status, education, access to health care, a variety of other factors. And for about 11%-12% of the cases, they attribute the death to discrimination.

Diana Forester: It's through 2019, so this was pre-COVID. The reason that the SMM rate is increasing because of COVID wouldn't be fully accurate because this was before that. So that's something to keep in mind. It's been steadily increasing, so we need to be focusing on interventions. Regardless of the fact that COVID may have exacerbated this, it was already increasing before that. And then the other thing that Helen touched on was the discrimination now has been used as a national tool in evaluating these cases this time to try to quantify the impact of discrimination in these outcomes.

VIII. **Georgetown's Center for Children and Families Uninsured Kid Report** (<https://kidshealthcarereport.ccf.georgetown.edu/>)

Anne Dunkelberg: Texas has continued to rank last place in terms of uninsured kids, both number and percentage. We had a slight improvement comparing 2019 to 2021 in our uninsured rate for Texas kids, because it had gotten worse in 2017-2019. So after a decade of constant improvement, we unfortunately, during the 2017 to 2019 years saw a worsening of our child uninsured rate every year. We are delighted to see an uptick and there should be no confusion but that it is pretty much entirely due to the continuation of Medicaid since March of 2020. However, it does still leave us with the worst children's uninsured rate in the country and our rate of 11.8% for 2021 being more than twice the national average of 5.4%. And so of course, that gives us a lot of concerns about the unwinding of the continuous eligibility and reminder that the vast majority of the Medicaid recipients in Texas who are going to have to go through that renewal process will be children. They are very much at risk of potentially having a disruption of their coverage, even though they remain eligible. And that is what we, along with our colleagues at HHSC, are trying to help minimize, or even eliminate if possible.

IX. **Logistics on Capitol Briefing**

CHCC Questions for HHSC based on the HHSC 11/23 pdf

1. Auto-closure will only apply when indiv/hhld has not returned renewal packet or requested addl info by day 30? y/n
 - a. Day 30 as measured from date printed on HHSC notice?
2. **Is this correct:** If a reply has been received by HHSC but is not yet sufficient to resolve eligibility, auto-closure is NOT applied?
 - a. What is the policy applied? Month to month?
3. How will backlogs in the manual process of scanning and connecting non-YTB responses to TIERS affect use of auto close? If an HHSC processing backlog makes HHSC/TIERS unaware that action was taken by the client within the 30 days, will it automatically re-open a renewal?
4. Is the 30 day auto-close clock still running after HHSC becomes aware that the renewal packet was initially mailed to a bad address?
5. Is this correct: Month to month coverage/notices will apply to both “regular” renewals and clients in the PHE cohorts 1-3, if processing is delayed due to HHSC capacity/backlog?
6. Is the current 8/2023 timeline for ending the suspension of interviews for parent/caretaker Medicaid, linked to a scenario of a January 2023 PHE end, so that interviews will not resume until after the HHSC-projected unwinding caseload work is done?
 - a. If not, please explain the rationale for that timing and if further extension is anticipated.
7. Income verification when processing of a renewal is delayed by an HHSC capacity issue/backlog:
 - a. Please describe how this process works: “*HHSC will project the income based on the actual income verified by the individual.*”
 - b. Please clarify what is meant by “*the actual income verified by the individual.*”
 - c. Is this the process currently in use for backlogged apps and renewals, when only the HHSC delay results in the income verification submitted by an individual being too old (more than 60 days)?
 - d. Is there also a scenario when available electronic data would have been new enough if HHSC had processed the app/renewal timely? If yes, does HHSC project income, or send a request for documentation?

8. NOT A QUESTION, BUT A WEAKNESS TO REPORT TO HHSC:

Questions following up on HHSC CHCC memo emailed 9/28/22

- RE: 211: “option to virtually hold their place in line and be called back by the system when it is their turn. “Can the client select a time so the call back is not during their work hours?”

HHSC Response: No.

Without that capacity, this feature is of limited value, and should not be “over-sold.”

9. We are interested in a better understanding of both the current and future functions and capacity of the “Virtual Lobby.” HHSC has shared this in 2 previous memos:

“In May 2022, HHSC implemented the ability to route end of PHE calls to a specialized call queue. Individuals calling with specific questions regarding the end of PHE will be routed to either the Virtual Lobby or to specially trained call center agents. This will direct this traffic away from the regular call population, allowing for consistent messaging and tracking.”

“The Virtual Lobby (VL) receives calls to answer case inquiries, provide guidance on how to apply for benefits, educate customers on how to submit missing information and answer other questions related to services provided by HHSC. The VL is made up of HHSC clerks and administrative assistants who assist during high call volumes and are mainly focused on password resets and address changes.”

This HHSC response is the first we have received which seems to suggest that HHSC clerks in the Virtual Lobby can do password resets and address changes. In previous queries, we understood that they would NOT do password resets and address changes, but instead provide more general information. Please clarify?

10. We have concerns about the current unwieldy 2-1-1 phone tree, and questions about the proposed redesign functions:

- a. **HHSC 11/23 Response:** The 2-1-1 IVR Redesign project officially kicked off October 10, 2022. The project will be implemented in three phases during a two-year period. The first phase will provide a virtual agent (VA) for 2-1-1 Option 2 callers. Today, the caller must manually navigate the call tree by punching buttons. In the future, the caller will navigate the IVR by speaking to a VA. Phase 1 is tentatively set to deploy March 18, 2023.

We are concerned that a long list of numbered options to enter on phone will be replaced with an equally long (potentially confusing) list of verbal/spoken options? Can we get a more detailed description of how the March 2023 version may function? Interested in language access for this system as well.