



CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

Children's Health Coverage Coalition and Outreach and Technical Assistance Meeting

Friday, March 24th, 2023

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

Meeting Attendees:

Adriana Kohler
Alec Mendoza
Anne Dunkelberg
Helen Kent Davis
Leela Rice
Adrienne Lloyd
Preston Poole
Hannah Gill
Karla Martinez
Linda Litzinger
Ashley McCool
Robin Charles
Maria Cisneros
Christina Hoppe
Sonia Lara
Decrecia Limbirck
Allison McHorse
Clayton Travis
Kay Ghahremani
Anna Stelter
Denise Gomez
Erika Ramirez
Lyssette Galvan
Michelle Tijerina

Meeting Chair: Helen Kent Davis – Texas Medical Association

Meeting Scribe: Isabel Agbassi - Every Texan



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CHCC AGENDA

I. Legislative and Budget Update

- *(Regarding Maternal Health)* **Alec Mendoza:** HB 12 was voted out of committee, pending paperwork processing to get enrolled into calendars. We are hopeful of its passage once it's on the floor.
- **Adriana Kohler:** On the Maternal Mortality Review Committee related bills, we are supportive of improvements to efficiency.
- *(Regarding Pediatric Bills)* **Allison McHorse:** Next week, there will be a hearing on HB 2983 (Representative Oliverson – “Healthy Food Is Good Medicine”) which is a pilot. There's also a version in the Senate by Senator Johnson that is broader and is in lieu of services allowing the pathway for reimbursing food is medicine and other community support. We are paying attention to immunization bills as well.
- **Clayton Travis:** Our lobby day was a success. TX HB 1599 was voted out of committee. Lozano's HB 1571 regarding Medicaid reimbursement in school districts is up on Tuesday with a component that requires coordination back with the primary care medical home if any services are provided in the school setting.
 - **Alec Mendoza:** HB 1599 would establish express lane eligibility in the state of Texas and would allow HHSC to use already verified data, such as income from another program like SNAP, to help facilitate and streamline coverage for kids.
 - **Clayton Travis:** It could potentially get another 100,000 children on Medicaid.
 - **Alec Mendoza:** Yes, based on the fiscal note.
- **Clayton Travis:** There is a budget rider of about \$60 million in GR for pediatric physician rates for services 0-3 years with a separate rider for 4 year olds that has been advocated for by pediatricians and physicians to increase Medicaid rates that we helped to pass.
- **Christina Hoppe:** I'm appreciative of the support from folks on the call for HB 1898 that we're working on. It would create grants for children's hospitals to help expand services for children facing high acuity mental health conditions. Assisting with services like inpatient crisis stabilization, partial hospitalization, or intensive outpatient. There was a hearing on Monday where the bill was voted out of committee, and we are working to get it to the House floor. There's another grant for kids programs in SB 26 with a focus on community and lower level acuity services.
- There is also a Pediatric Behavioral Mental Health Strategic Plan that would have HHSC conduct a strategic plan to figure out where services exist now and where they need to be in 10 years. By bringing stakeholders to the table, a big picture perspective of where resources need to be allocated can come to light.
- **Adrienne Lloyd:** We are working to get a formal hearing at the legislature for SickOfItTexas. HB 1571 is open for card dropping and is for the reimbursement for all kids on Medicaid in schools regardless of if they have an individual education plan or not. SickOfItTexas is partnering on public education around Medicaid Unwinding. Radio PSAs will be helpful for this



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- **Linda Litzinger:** About HB 1571, an explanation of benefits would be helpful, so parents are more empowered to sign on. Since the bill from private insurance companies doesn't always include the purpose of certain expenses (like full time paraprofessional salary) by school districts that don't explicitly relate to their child, it's important for information around those expenses to be clarified for parents.
- **Kay Ghahremani:** HB 133 authored by Ortega will allow for MCOs who hire community health workers to be counted as a quality cost rather than administrative cost. This would help encourage investment into community health workers. Also for HB 1575, this bill will add standardized questions to the healthcare screening that are for pregnant women that MCOS do, so it allows for data capturing across health plans that would be consistent. It also allows for a case management program for pregnant women and children that was carved into managed care in 2022 with doulas and community health workers included. It's been scheduled for a hearing in the Healthcare Reform Select Committee.
- **Anne Dunkelberg:** It's important to highlight that more than 1/4 of children have at least one parent that's not a U.S citizen; therefore, Medicaid and SNAP outreach programs are needed to that population to alleviate concern of having to enroll their green card holding kids in public benefits and impacting a parent's immigration status. A common concern that can be handled wrong by eligibility workers are when kids that qualify for Medicaid and CHIP get denied due to parents not providing information on status since they aren't requesting for benefits. Federal policies don't require parents to do that.
- **Helen Kent Davis:** The LBB released the summary of the House budget, and it includes enhanced funding for mental health. Big increases for funding for Texas Women's Health Care Program, family planning, breast and cervical cancer. The base includes additional funding for women's health clinics and better birth outcomes.
 - **AD:** There's a placeholder for attendant pay (with several riders related to this) and consolidated rate increases. Also, the House bill includes \$44 million for unwinding costs, \$5 million for 211 improvements, \$4.8 million for tier functionality changes, and \$1 million for eligibility related kiosks.



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OETA AGENDA

II. High-Level Overview of Unwinding

[SEE ATTACHED SLIDES]

III. HHSC Presentation

Molly Lester: One of the questions that we were asked to talk about is an update on our Unwinding Plan submitted to CMS. We submitted our initial renewal distribution plan on February 15. We don't have a final plan yet, so it's not on our website. We are still planning to make it available once it is complete. One of the reasons that we are still working on it is the data about how the renewals are going to be distributed is evolving. In conversations with CMS on feedback on our plan and working with y'all over the last year, we have reevaluated some of our cohort plans and are making adjustments to the distribution, so we will resubmit it. Instead of those cohorts being initiated over the first three months, we are spacing them out to be taken up over the first six months of our plan. We are still starting with cohort one in April. Those packets are still going out, but the cohort dates and some of the steps to respond to the CMS requirements for the Unwinding and alert populations. That is informing some other reports and metrics. Once we have that updated renewal distribution report, we've also been working with CMS on their requirements around the compliance for the enhanced FMAP and making sure that we are in good shape there. We have received positive feedback on that, and we are working on having our approved plan in place. We are making some changes on how we send applications and things to the subset of our populations that normally don't go through a full renewal process.

CMS is requiring data that is reported on a monthly basis. Our baseline report is due to CMS on April 8th and then monthly on the eighth of the month thereafter. So CMS is required by the CAA to make this reporting publicly available. We also plan to make it available. We'll post it in the same place where we're hosting our renewal, distribution plan, etc. We are working on our proactive outreach using text as well as robocalls that's aimed at making sure that we are complying with the CMS multiple modalities requirements for the Unwinding.

During an Ambassador program, we are setting up a mailbox that is available to ambassadors, stakeholders, etc. for trends and issues during Unwinding. Also, we have a GR mailbox that legislative inquiries should go to. We have our Ombudsman contact information for specific constituent issues.

Questions/Comments:

- **HKD:** Is 211 services back up?



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- **Molly Lester:** We are working on a solution. It's a national problem where the vendor experienced a catastrophic failure that's not limited to 211 enrollment. We have an interim solution that will involve connecting people to 211 calls. We are working to restore full 211 access. We are experiencing significant challenges with 211 that affects calling in, but it doesn't affect if someone uses the app or the website. Texas benefits are not impacted.
 - **HKD:** If these events happen in the future, is there a texting capability where an alternate resource can be used. Similar to Austin Energy.
 - **ML:** We are looking for other modes of communication where a 211 issue doesn't hinder the telephone system that we use to call or text. We also want to remind people that some community partners aren't impacted. Also, in the ambassador program, we sent emails in hopes that alerts can be relayed to relevant members.
- **Anne Dunkelberg:** Referring to the steps of working with CMS and making sure to be in compliance with requirements of enhanced FMAP, you said you are making changes to the process for folks who don't normally go through full recertification. Could you clarify what you're referring to there?
 - **ML:** We have subsets of populations that we process as a change of circumstances, so pregnant women, children, aging out, transitional Medicaid, etc – groups that don't normally experience the traditional 12 month renewal process. To ensure we are meeting CMS guidelines for those populations, we need to make adjustments to ensure there is an opportunity to provide information to determine eligibility on all bases.
- **ML:** At the same time that 211 outage was occurring, there was an unrelated outage that impacted the 'Your Texas Benefits' website. It was resolved later that morning and is working fine.
 - **Denise Gomez:** From what I understand, 211 is still down. Is there an alternate way to connect?
 - **ML:** There is a toll free number people can call. With this short term solution, people should be able to call 211. The functionality of this interim solution is going to look different. It won't have the same IBR capabilities that our 211 system will have. You can select couple of options to connect a person to work through their issue.
- **Stacey Pogue:** A lot of us are trying to do outreach to communities about unwinding and watching the mail. It appears that y'all are planning on cohort 1 having renewal notices arrive in early April. Are we accurate in saying to watch the mail early April? Will some people also get electronic notices before that?
 - **ML:** It will also be early April. People who have electronic notices may get electronic notices as soon as April 8th. People who receive them in the mail will get them a couple days later.
 - **HKD:** On the electronic notices, do people have to sign up to give permission for you to provide that like a text message?



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- **ML:** Yes, they have to opt into electronic notices.
- **Hilary Davis:** There are instructions in the Ambassador toolkit with flyers on how to sign up for an electronic account, but they have to go onto the yourtexasbenefits.com login. With an account, it will prompt them to opt in or out to electronic notices and email/text reminders with a prompt to check the online account. You can review the notices and know when to renew.
- **AD:** Is alert populations a new term?
 - **HD:** It's something new as part of a focus on CMS being vocal about full renewal and doing all the steps to remain in compliance. It is a change in circumstance and how it is handled. Staff will get an alert or automated task to review information to see if they can put them on anything or request more information. We ensure we are sending the pre populated application if we can't automatically renew through the ex parte process and follow what we do to unwind.

UNWINDING TEXAS MEDICAID CONTINUOUS COVERAGE

CHCC

March 24, 2023

STACEY POGUE

SENIOR POLICY ANALYST

pogue@EveryTexan.org

KARLA MARTINEZ

POLICY ANALYST

kmartinez@EveryTexan.org

DURING UNWINDING, MEDICAID RENEWALS WILL HAPPEN ON 2 TRACKS

5.8 million Texans enrolled in Medicaid

Eligibility for all will be re-checked from April 2023 – March 2024

- ~Half have coverage today only because of the continuous coverage requirement.
 - They did not complete all renewal steps in the last 12 months or they were determined ineligible at renewal.
 - Regardless, they may be either eligible or ineligible today.
 - Grouped into 3 unwinding cohorts with a unique renewal timeline
 - Color-coded blue/green in this presentation
- ~Half have enrolled or successfully completed renewal in the last 12 months.
 - They have an active, 12-month certification period.
 - They will renew on their normal timeline, before the end of their certification period.
 - Color-coded yellow/orange in this presentation

FIRST STEP IN THE MEDICAID RENEWAL PROCESS

Regardless of which renewal track a person is on: **unwinding cohorts 1-3** or **regular renewal**, the first step is HHSC checks electronic data sources to see if it can verify all needed information:

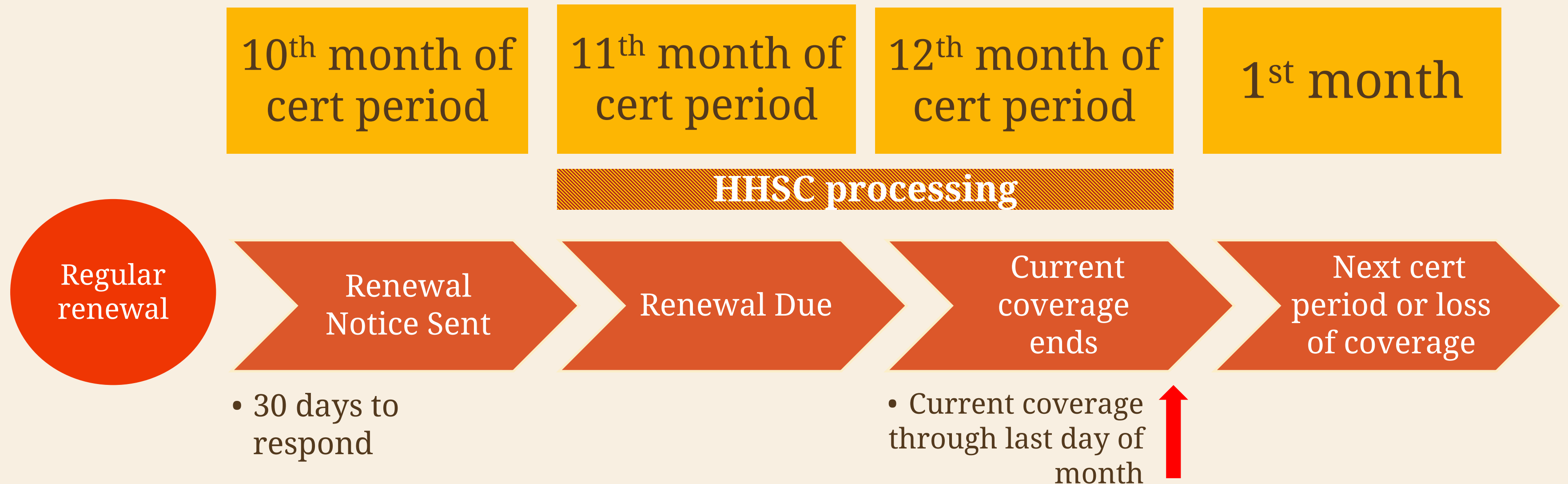
HHSC is using more electronic data during unwinding

For successful administrative renewal, client gets notice of renewed coverage and request to review data used by HHSC

Client only has to take action (correct, sign and return form) if information used by HHSC was incorrect.

REGULAR MEDICAID RENEWALS

- HHSC has continued to renew Texans in Medicaid throughout the PHE.
- Starting in April 2023, regular renewals will be subject to disenrollment if all renewal steps aren't completed or the individual is determined ineligible



HHSC's 3 UNWINDING COHORTS

COHORT 1

- Individuals most likely to be ineligible or moved to CHIP:
 - Postpartum moms;
 - Youth who aged out;
 - Parents who no longer have an eligible child in their household
- + Kids/household members of these folks

Renewal notice sent in
April

COHORT 2

- Includes individuals likely to transition to a different Medicaid eligibility group

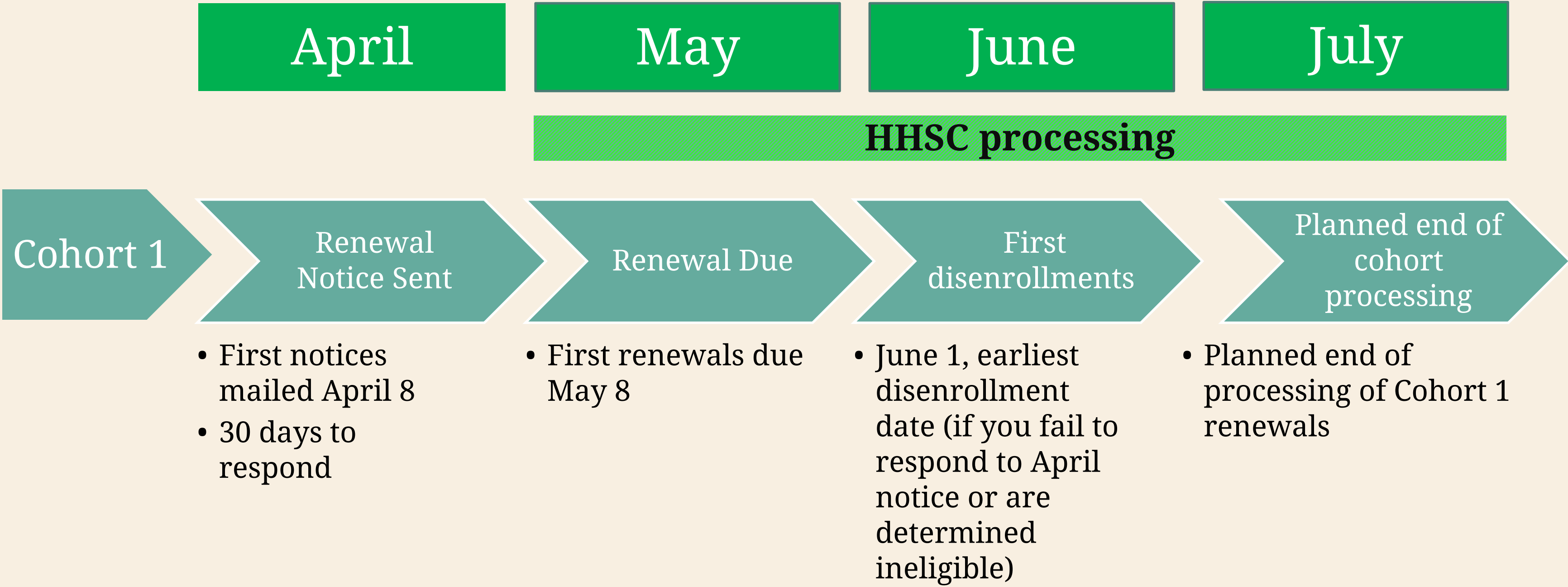
Renewal notice sent in
May

COHORT 3

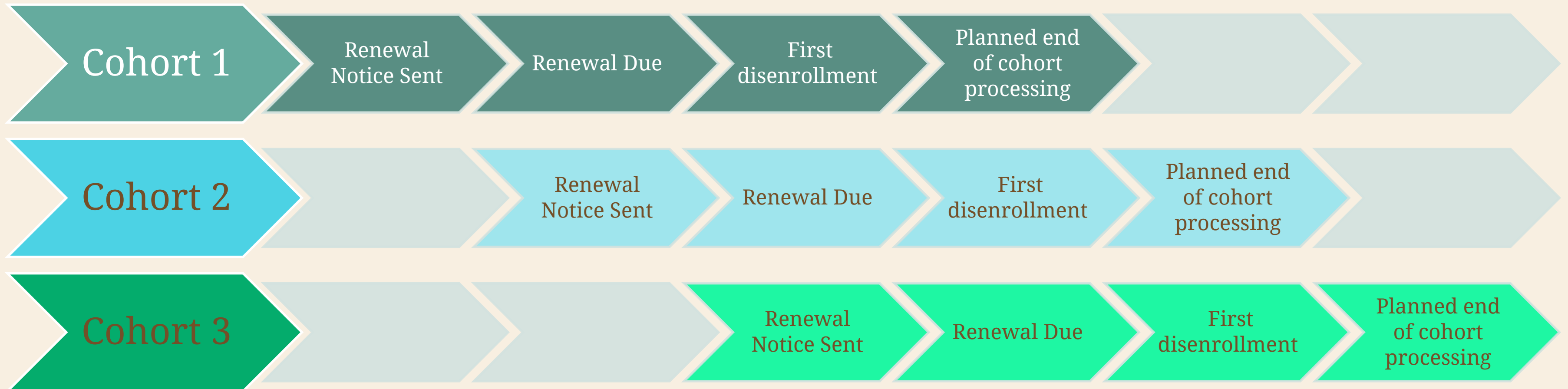
- Includes everyone remaining from the previous groups, including those most likely to remain eligible (i.e., children, older adults and people with disabilities).

Renewal notice sent in
June

TIMELINE: UNWINDING COHORT 1



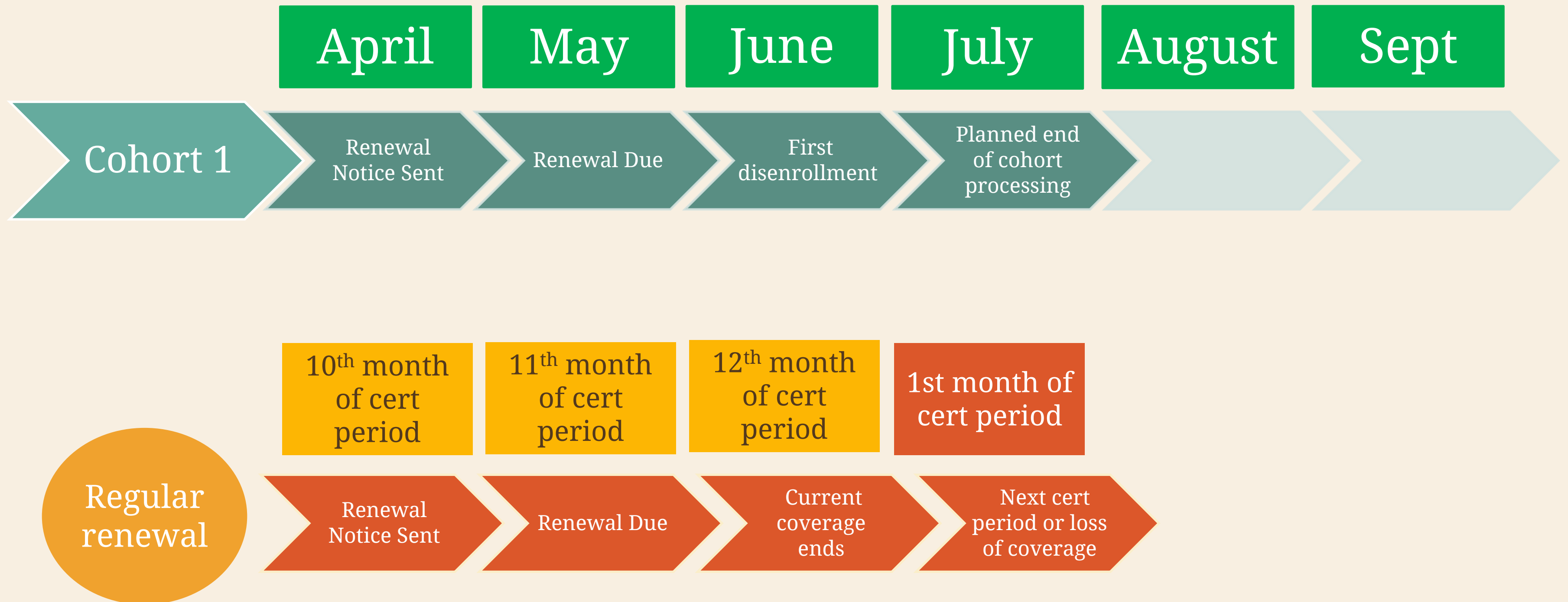
TIMELINE: UNWINDING COHORTS 1-3



Renewals for unwinding cohorts 1-3 will be initiated over 3 consecutive months: April, May, and June 2023

TIMELINE: UNWINDING COHORTS 1

WITH SIMULTANEOUS REGULAR RENEWALS



POSSIBLE MONTH-TO-MONTH COVERAGE EXTENSIONS, IF RENEWAL WAS SUBMITTED BUT IS IN A BACKLOG

April

May

June

July

August

Sept

Cohort
1

Renewal Notice
Sent

Renewal Due

First
disenrollment

Planned end of
cohort
processing

Possible month to
month coverage

Possible
month to
month

...

- First notices mailed April 8
- 30 days to respond

- First renewals due May 8

- Planned end of processing of Cohort 1 renewals

Extensions will happen one month at a time and as long as needed for each renewal waiting to be worked. Use of M2M and length of M2M extensions will not be uniform across cases

DRAFT MONTH TO MONTH NOTICE

Notice – Month to Month Extensions

HEALTH AND HUMAN SERVICES COMMISSION
PO BOX 149029
AUSTIN TX 78714-9029



Case number: [REDACTED]

Date: [REDACTED]/2022



If you have questions about your Medicaid coverage, call us at 2-1-1 or 1-877-541-7905, Monday through Friday, 8 a.m. - 6 p.m. Central time. After selecting a language, press 2.

Set Up a Your Texas Benefits Account and Update Your Contact Information

You should set up a Your Texas Benefits online account if you do not already have one. Your Texas Benefits is the easiest way to get information from HHSC related to the end of the public health emergency, update contact information and respond to requests from HHSC. You can also sign up for electronic notices to stay informed about your case.

Visit YourTexasBenefits.com or the Your Texas Benefits mobile app to get started.

You can also update your contact information by calling 2-1-1 or 877-541-7905.

Questions?

- Visit <https://www.hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-information-people-receiving-services>

- Call 2-1-1 or 877-541-7905, Monday through Friday, 8 a.m. - 6 p.m. Central time. Select a language, then press 2.

Month to Month Extensions

In response to the COVID-19 pandemic, the federal government declared a public health emergency on Jan. 27, 2020. This allowed Texas to provide you with continuous Medicaid coverage.

Continued eligibility due to the public health emergency ended [REDACTED]

Now that continuous Medicaid eligibility is ending, Texas Health and Human Services Commission (HHSC) will review the eligibility of people receiving Medicaid benefits during the public health emergency.

You are getting this notice because your Medicaid eligibility is being reviewed to determine if you can continue receiving Medicaid benefits.

While in review, HHSC has extended your Medicaid coverage for one month, through the end of next month.

You should continue to report any changes, including address changes, while HHSC reviews your eligibility.

If additional information is needed to determine your eligibility, you will receive another notice, Form H1020, Request for Information or Action. Form H1020 will tell you what information is needed, the deadline for submitting the information and instructions on how to submit it.

Once a final determination is made you will receive an official notice, Form TF0001, Notice of Case Action. Form TF0001 will provide information about your Medicaid eligibility and instructions on how to appeal the eligibility decision if you think the decision was wrong.

Form H1809/Apr 2022



18:00



Jessica Lynch, TAHP (Guest)

Form H1809/Apr 2022



H1809

[REDACTED]

“You are getting this notice because your Medicaid eligibility is being reviewed to determine if you can continue receiving Medicaid benefits.

While in review, HHSC has extended your Medicaid coverage for one month, through the end of next month.”

IF YOU GET A MONTH-TO-MONTH EXTENSION NOTICE

You still have coverage

Submit any additional verification responsive to your renewal

Do not re-apply; your renewal is in the queue to be worked

ENVELOPE FOR RENEWAL NOTICES



TEXAS
Health and Human Services

P.O. BOX 149029
AUSTIN, TEXAS 78714-9029

ELECTRONIC SERVICE REQUESTED

Manage and renew your benefits online:

**Your Texas
Benefits.com**

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE
PAID
CSG Mail Services

ACTION REQUIRED

**FILL OUT THE FORM INSIDE AND
RETURN IT BY THE DUE DATE**

ACCIÓN REQUERIDA

**LLENE LA HOJA ADENTRO Y DEVUÉLVALA
ANTES DE LA FECHA LÍMITE**

Window Size: 5 3/4" x 1 1/2"
From Left: 4"
From Bottom: 1"

STEPS TO KEEP COVERAGE

Keep Medicaid

Transition to

- CHIP
- HealthCare.Gov
- Job-Based Insurance

Options for People
with no coverage
path



MEDICAID RENEWALS

Webinar on best practices for renewals

- Reminder: 30 days to return renewal

2023 FPL amounts used starting March 2023

- HHSC Policy Bulletin

HHSC will attempt to check data they already have

People not renewing coverage do not have to provide immigration status or SSN

- Immigration information collected during a renewal is never shared with immigration officials
- Reapplying for health benefits is safe and does not impact immigration status

KEEP MEDICAID

Webinar on best practices for renewals

- Reminder: 30 days to return renewal

Procedural Denials

- If a person is denied Medicaid because they didn't submit their renewal or needed information, and the client sends the renewal or missing information within 90 days of losing coverage, HHSC must re-open the renewal. After that, they have to reapply.

Incorrect denials

- Incorrect for immigration, income, or other erroneous reasons
 - Escalate through HHSC CPP
 - Escalate through ETX or TACHC
 - Refer to ombudsman
 - Appeal/Fair Hearing

TRANSITION TO CHIP

During the Medicaid renewal process, HHSC evaluates eligibility for other HHSC health care programs, including the Children's Health Insurance Program (CHIP).

- No extra application is needed
- For Kids 19 and under
- Must select a plan
- CHIP fees vary based on your income
 - Enrollment fees are \$50 or less per family, per year
 - Co pays for doctor visits and medicine range from \$3 to \$5 for lower income families and \$20 to \$35 for higher income families.

Transitions haven't happened in 3 years.

TRANSITION TO HEALTHCARE.GOV

2022 FPL Amounts

If no longer eligible for Medicaid, HHSC should send applications to HealthCare.Gov

People can go ahead and apply for HealthCare.Gov before receiving notice application has been transferred

People most likely to be eligible for HealthCare.Gov

- Some postpartum individuals and parents who no longer have an eligible child (citizens above 100%FPL) will qualify for HealthCare.Gov.
- Some youth who aged out (turned 19) will qualify for HealthCare.Gov, both citizens above 100% and most legal immigrants.
- Kids under age 19 in families with income that went up over the CHIP limit.

NEW: MEDICAID UNWINDING SPECIAL ENROLLMENT PERIOD

Between March 31, 2023 and July 31, 2024

Anyone who loses Medicaid or CHIP coverage at *any point* during this time period can enroll in a plan through HealthCare.gov

Attestation accepted- no documentation required

60 days to choose a plan

*In addition people that will lose Medicaid coverage can use this SEP 60 days *before* losing coverage to avoid a gap

HealthCare.gov

← Back | 1 Set up - 2 Household - 3 Coverage & changes - 4 Review & submit

Medicaid or CHIP coverage ending

[Learn more about Medicaid and Children's Health Insurance \(CHIP\) programs.](#)

Did anyone have Texas Medicaid or Texas CHIP that recently ended or will end soon because they're no longer eligible?

Select a person's name if one applies:

- Their coverage ended between 3/31/2023 and today
- Their coverage is going to end between today and [60 days from application date]

- ☐ Maria
- ☐ Victor
- ☐ Child

☒ None of these people

Save & continue

Resource: [SEP Reference Chart](#)

Beyond
the Basics

WHAT IS DIFFERENT ABOUT MARKETPLACE COVERAGE?

Coverage is not the same

- For lowest income (below 150% FPL) there are plan options with no monthly premiums and very low deductibles
- Coverage is much more affordable since mid-2021
- Don't avoid for fear of affordability

HealthCare.Gov has a tool to find local help from certified enrollment assisters at local community-based organizations who can help people sign up for coverage through HealthCare.Gov, Medicaid, and CHIP.

- To filter search results for community-based groups including navigators:
 - click on the “type of local help” box under “Filter”
 - Select “Assister”

HC Results near AUSTIN, TX 78701 - x +

localhelp.healthcare.gov/results?q=AUSTIN%2C%20TX%2078701&lat=30.2698...

Google Links HHSC Blog/Testimony Pla... News National Partners Events Home Data

HealthCare.gov Español Log in

Find someone nearby to help you apply.

Agents/brokers and assisters are trained and certified by the Marketplace to provide application help.
[Learn about the differences between agents/brokers and assisters.](#)

Want an agent/broker to help you? You can [have an agent or broker contact you](#) if you're ready to get started.

Filters

Coverage type: Individual or Family Type of local help: All in my area Years of service Days available

Type of local help

☐ All in my area (400)
Agent/broker and assisters

☐ Agent or broker (385)
Generally paid by insurance companies whose plans they sell.
☐ Licensed in multiple states

☒ Assister (15)
Trained and certified, and required to provide fair, impartial, and accurate information.

Assister services Locality

☐ Deaf/hearing impaired ☐ Ex-offenders ☐ Statewide service

☐ HIV/AIDS ☐ Homebound

Apply Reset

19

TRANSITION TO JOB-BASED INSURANCE

SEPs to enroll in job-based insurance

- **60 days after loss of Medicaid and CHIP**
- 30 days for loss of other coverage or qualifying events (marriage, birth, adoption, etc.)

Comparing job-based and Marketplace options

- No APTC if a person has an offer of job-based coverage that meets minimum value and affordability standards (premium less than 9.12% of household income, 2023)
- New family glitch fix made changes to the affordability test. More spouses/dependents now eligible for APTC

Resources:

- [Updated Marketplace Employer Coverage Tool](#) helps client gather needed info from HR compare options
- [BTB Family Glitch Fix FAQ](#): determining whether job-based coverage is affordable for each family member; helping consumers compare options

OPTIONS FOR PEOPLE WITH NO COVERAGE PATH

Healthy Texas Women

- Limited care, well woman exam, contraception, cancer screenings
- Some additional benefits in the 12 months postpartum
- Women, ages 15-44
- Under 204% FPL
- Uninsured
- Citizens and "qualified immigrants" (most lawful immigrants excluded)
- Some Marketplace-eligible women losing Medicaid will be enrolled into HTW (generally Citizens with incomes from 100-204% FPL.) The Marketplace has much more comprehensive coverage. Eligible women should apply to the Marketplace and report that change to HTW, so they can be disenrolled.
- More info in [our Webinar](#) (see 2nd panel speaker) info:

Coverage Gap

- Citizens under 100% of FPL (lawful immigrants in poverty are Marketplace-eligible)

OPTIONS FOR PEOPLE WITH NO COVERAGE PATH

Federally Qualified Health Centers

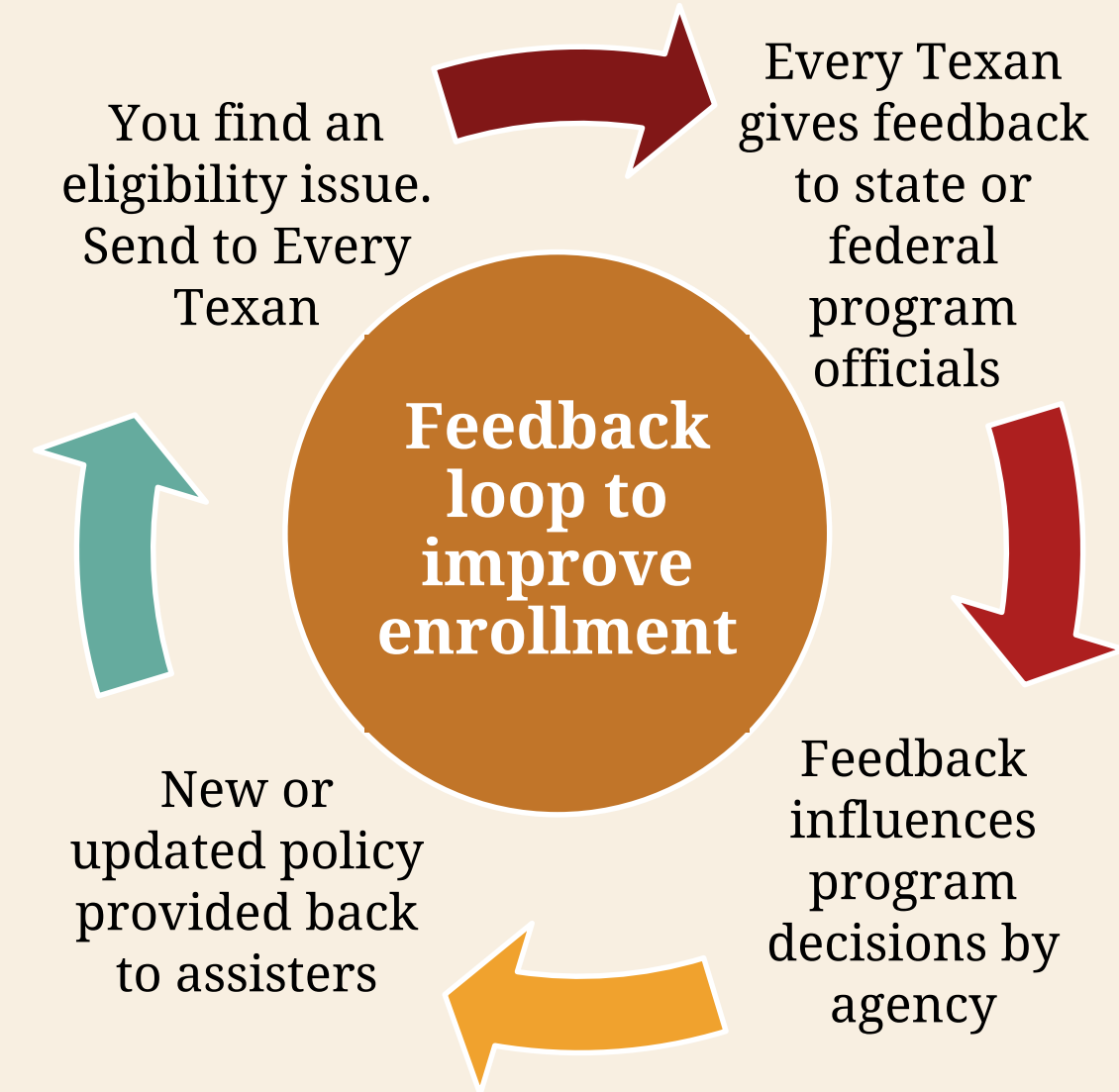
- Safety net providers for insured, under-insured and uninsured
- Required federally to provide services to individuals regardless of income, health, age or immigration status.
- 650 clinic sites in 137 counties
- Offer high quality services on a sliding fee scale
- General primary care, dental and mental health services
 - Lab, pharmacy, optometry
- Application and enrollment services free of charge
- 44 of the 74 FQHCs are Level 3 Community Partners

RESOLVING BARRIERS

The process at the end of the PHE will be chaotic. We will be talking to the state and federal agencies about problems.

We need your help in sharing experiences:

- Incorrect denials
- Common themes
- Delayed notices
- long hold times at 2-1-1
- issues with YTB access
- issues with information given via 2-1-1
- any other problems that you and your clients keep seeing with applications and renewals during the unwinding period.



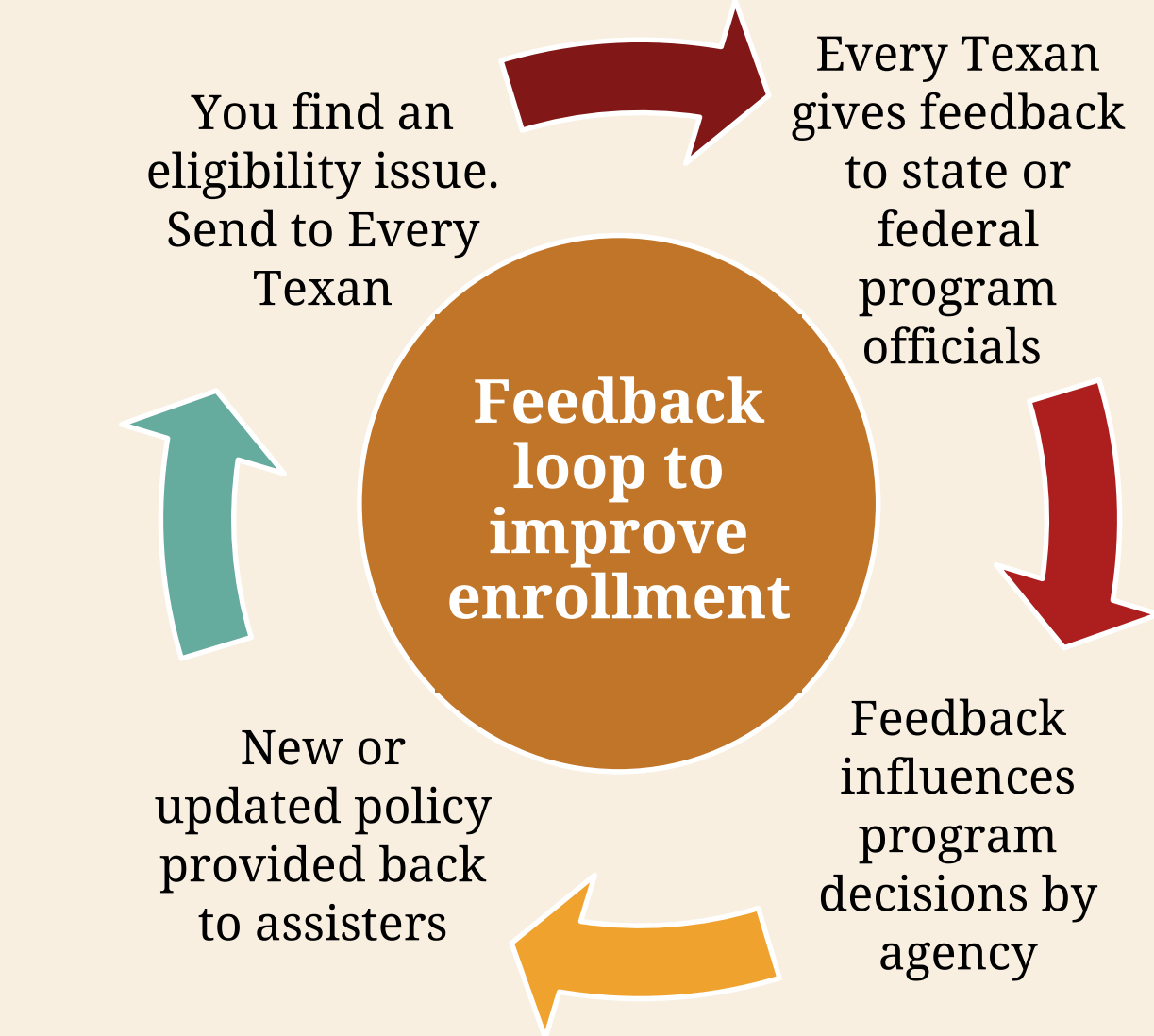
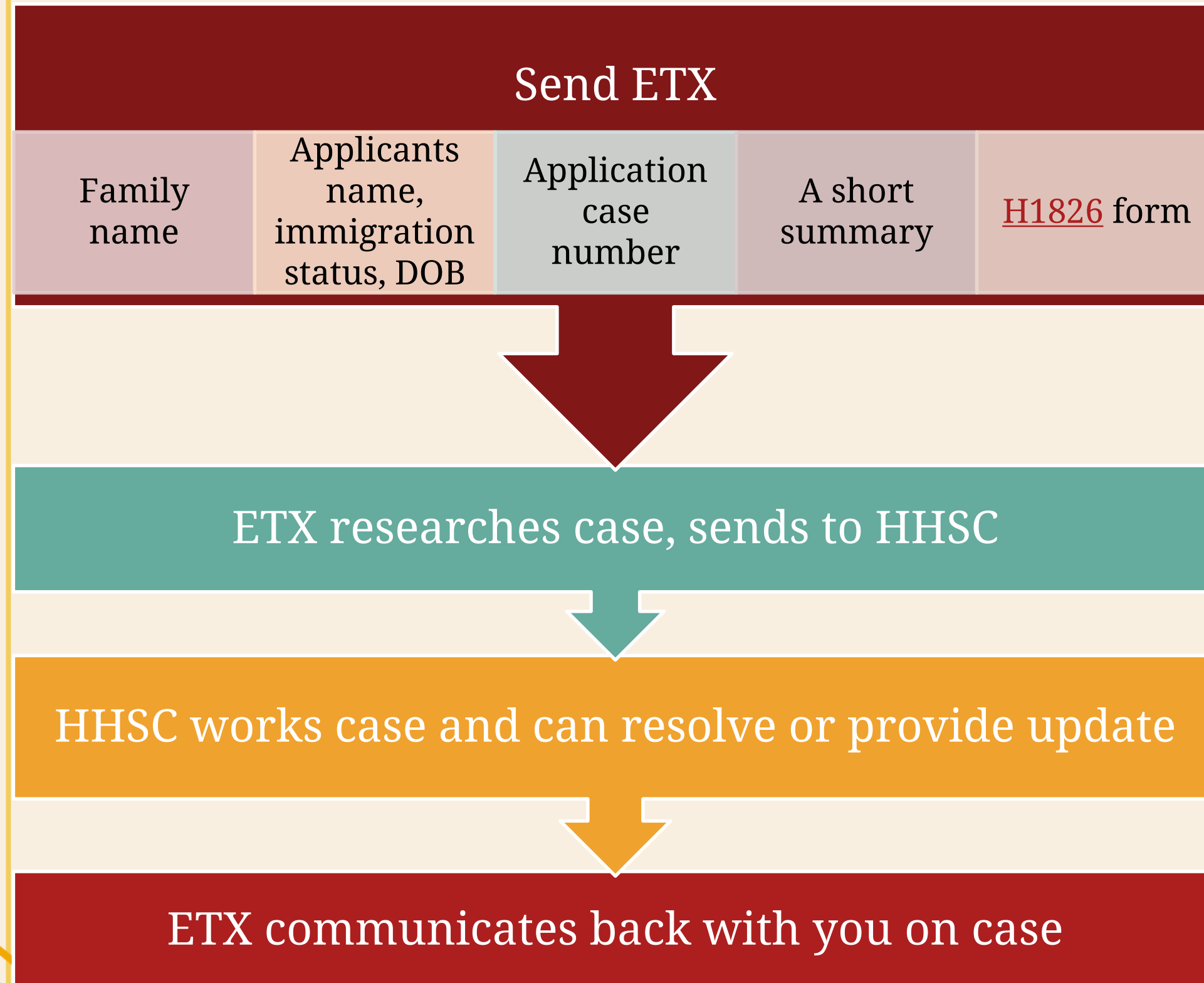
Feedback loop:

If you find an eligibility or enrollment issue, email it to kmartinez@everytexan.org.



EVERY TEXAN

RESOLVING BARRIERS



Feedback loop:

If you find an eligibility or enrollment issue, email it to kmartinez@everytexan.org.



EVERY TEXAN

RESOLVING BARRIERS

HHSC

- Unwinding inbox: unwinding@hhs.texas.gov
- [Community Partner Program](#)
- [Office of Ombudsman](#)

Referrals for other partners

- Get to know your Level III CPP Neighbors
- [Find Local Help](#) for HealthCare.Gov



THANK YOU

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pogue@EveryTexan.org

KARLA MARTINEZ

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