Children's Health Coverage Coalition & Outreach and Technical Assistance Working Group Meeting Agenda

Friday, November 18th, 2022

11:00 A.M. - 1:50 P.M.

Meeting Location: Zoom Meeting

Meeting Chair: Diana Forester from Texans Care for Children

CHCC Agenda

11:00 A.M. - 11:10 A.M.	Welcome & Introductions
11:10 A.M. - 11:30 A.M.	Legislative Agenda Status and Coalition Plan
11:30 A.M. - 11: 50 A.M.	Political Election Update • Eric Woomer (Texas Pediatric Society)
11:50 A.M. - 12:10 P.M.	Rider 29 Discussion • Clayton Travis (Texas Pediatric Society)
12:10 P.M - 12:20 P.M	PHE Update • Anne Dunkelberg and Karla Martinez (Every Texan)
12:20 P.M - 12:30 P.M	Optional Brain Break

OETA Agenda

12:30 P.M. - 1:00 P.M.	Office of the Ombudsman Report

	• Matthew Lum – HHSC
1:00 P.M - 1:10 P.M	Timeliness Update • Karla Martinez (Every Texan)
1:10 P.M. - 1:30 P.M.	Report on HHSC Correspondence and review of OETA-related parts of CHCC Legislative Agenda • Anne Dunkelberg (Every Texan)
1:30 P.M - 1:50 P.M	Update on Open Enrollment for 2023 Coverage and Seguro Texas • Karla Martinez (Every Texan)

CHILDREN'S HEALTH COVERAGE COALITION
FORMERLY THE CHIP COALITION

Meeting Chair: Diana Forester – Texans Care for Children
Meeting Scribe: Isabel Agbassi - Every Texan

CHCC AGENDA

I. Legislative Agenda Status and Coalition Plan

(Regarding Legislative Agenda) **Diana Forester:** Big topic areas include improving outreach and enrollment, investing in physicians and provider rates, enhancing health coverage and innovation in Medicaid. When appropriate, we've tied it to exceptional items.

(Regarding Coalition Meeting Plan) **Anne Dunkelberg:** One of the challenges we've dealt with is overlap across legislative agendas and other coalitions. We've tried different approaches to bring everyone from multiple coalitions together to meet once a week to avoid having to repeat it. In 2021, we created 4 different time segments with different topics that were relevant for that session.

Stacey Pogue: More folks feel comfortable with in-person modality for high level strategy meetings. There would likely need to be a report out to coalitions more broadly in other settings, through forums like Cover Texas Now.

Clayton Travis: Capital meetings are strategy meetings for people to collaborate to pass bills.

- **AD:** This is not intended to be a replacement for the monthly meeting.
    - **CT:** These are for those lobbying at the capital and to discuss outreach, testimony, etc. If you need an update to relay back to stakeholders and your respective members, that can remain within these monthly meetings.
        - **AD:** Conference phones were historically used for this for those who are sick or may have a periodic barrier to coming to the Capitol.

Stacey Pogue: The previous categories of overlap were budget, maternal mortality, maternal coverage, children's continuous coverage, and Medicaid expansion.

II. Political Election Update

Eric Woomer: Statewides won by ten points or more and the House stayed the same numbers wise. The Senate got considerably more conservative, even though the numbers were just about the same because Kell and Nelson and Larry Taylor lost seats and were picked up by some fairly conservative members. There looks to be a Republican mandate perceived by those election results, particularly because Texas outperformed nationally from a Republican standpoint.

The twelve month postpartum in the House passed previously. There may be rising pressure in the Senate to do the same. Many of the members may feel an obligation to be attentive to issues related to women and kids, particularly early in life, and I think postpartum coverage is going to be part of that.

Due to the surplus, there will likely be a political challenge of where money is allocated. The other big issue that might affect some of the things that are priorities for this organization is who handles health insurance issues.

Questions

- **Anne Dunkelberg:** In terms of the surplus, is the $27 billion referring to available revenue above the base budget, including the rainy day fund?
    - **EW:** That does not include the rainy day fund. A fraction of the 27 billion gets funneled into it based on where the revenue comes from, so the rainy day fund will grow. The 27 billion is revenue above surplus, excluding the rainy day surplus above base budget last year, accounting for caseload growth.

III. Rider 29 Discussion

Clayton Travis: Rider 29 passed in the last Legislative Sessions budget. For context, it says: "out of funds appropriated. HHSC does study whether rate increases per services provided in any setting by a physician, including a specialist to children ages 0-3, result in savings to the Medicaid program for reduced ER visits, reduced hospitalizations and reduced extended stays and NICUs, and any other access to care related savings. The study shall examine the feasibility of determining an actuarial sound basis for cost and savings pursuant to federal actuarial soundness requirements, and they'll seek input on the study. HSC shall report and make recommendations to the LBB regard by November 1, which is this report, regarding the feasibility of cost neutral rate increases that could be implemented to improve access and reduce utilization in more expensive settings. If HHSC's recommendations include a possibility that rate increases can be implemented in a cost neutral manner and as actual sound, they may pilot beginning in March 1"

To cover the report, "So to complete the study, HHC conducted literature reviews, analysis of Medicaid data. They reviewed information about other programs and then met with stakeholders"

I believe there were three stakeholder meetings where Helen, myself, Eric, other physicians, etc. were present.

"The study does not study the impact that a reimbursement rate increase might have on population health, on quality of care, economic and job related benefits to a Medicaid rate increase that may accrue or comparative studies to other payers like Medicare or commercial private insurance"

The results are that HHSC identified that there were significant limitations to HHSC's ability to find a direct or singular causal or correlated impact of a rate increase and as a result, could not validate that within the biennium. That's a very key point here. A reimbursement rate increase for physicians would be cost neutral to the Medicaid program via reduced ER hospital admissions. And NICU stays. So in short, they couldn't create a one to one causal relationship between increased rates for zero to three for the biennium savings specifically for the biennium.

The rider does not call out that the biennium is their time period of study, but by default, because it is a budgetary spending document that spends money within a biennium, they chose to use the biennium as their area of study, like literally the next sentence or next paragraph after that statement is made in the report. They go on to say HHSC does anticipate that investments in physician reimbursement rates for well checks and other visits could be beneficial to improving quality of care provided to Medicaid beneficiaries and could be associated with other positive indicators. For Texas, look at our exceptional item number two or twelve.

We've had a lot of back and forth with them through stakeholder meetings and other conversations to highlight the limitations. For instance, one big aspect in which they studied was the 2013 to 2014 rate increases via the ACA. In preparation the ACA built into the bill in preparation for states expanding Medicaid, and not anticipating the Supreme Court striking that required provision down, said we will increase Medicaid rates in all states for two years up to Medicare levels. And by all rates I mean specific codes for the primary care specialties. The way that HHSC rolled this out back then was after the fact supplementary payment on top of codes that were paid out in real time.

As a result, physicians did not get their payments on time. They were significant lags with retrospective service payments. If the intent of that ACA Medicaid rate increase was to incentivize physicians to come into the program to increase the amount of patients that they were seeing it didn't work well. Obviously we're not going to send the money back, but it didn't incentivize behavior as it was meant to.

Our goals these days is to shift discussion as much as we can towards the HHSC exceptional item and to highlight that as a needed component of what increases access to care for kids in the Medicaid program. So if you are asked like, what did you think of rider 29? Your first line back should be in that study. HHSC specifically calls out their own exceptional item and says that increased access to care is feasible via that mechanism.

IV. PHE Update

Karla Martinez: As part of the family's first coronavirus act, Medicaid disenrollments have been frozen, so most people have not been getting kicked off Medicaid over the last several years, and that has been part of the public health emergency that is extended in 90 day increments. The most recent public health emergency

was extended in October, which puts us through January with the public health emergency declaration and the continuous Medicaid requirement. The Biden administration has promised a 60 day heads up before they announced that the public health emergency will be ending. That 60 days has come and gone last week or over the weekend, and there was not a 60 day notice. So we are operating under the assumption that the public health emergency will be extended until at least April.

There are 3 scenarios. One being that the public health emergency is extended to April and it expires in April, which would mean that by mid February we would have a 60 day notice and we'd receive an enhanced FMAP through June. Another scenario is that during the year end bill in Congress, there's a date set delinking the continuous Medicaid requirement from the public health emergency, creating an exact date that the continuous coverage for Medicaid requirement ends, though the public health emergency itself could be extended. And then there's another scenario where Texas could end the continuous coverage requirement early, meaning they could pull out of the federally declared public health emergency early. And because they get the enhanced FMAT for a full quarter, the dates where it could be most fiscally advantageous is January 1 or April 1. As of right now, we don't have any indication that Texas is looking to pull out early today, but we know that could change anytime between now and April.

<u>OETA AGENDA</u>

V. Office of the Ombudsman Report

[SEE SLIDES]

VI. Timeliness Update

[SEE SLIDES]

Questions:

- (Regarding SNAP waivers) Are those being redetermined every 3 months or every month?
    - **Karla Martinez:** Operationally, the waivers are available across the board from USDA, but operationally, HHSC has been using those in three month increments. Most recently, they started using them June, July, August, and then in August they reevaluated and determined that they were going to continue using them in September, October, November. At this point, I think the waivers have been approved through November 2022. And we've heard HHSE is considering extending the use of those waivers for an additional three months. But I don't think that has been official yet, though we hope that they'll continue to use waivers that make it easier or at least alleviate some of the burden in processing new applications and renewals.

(Implications on PHE) **KM:** Part of the implications of when the public health emergency ends is that during this period of PHE, people have been getting additional money, the maximum allotment every month. Shortly after the public health emergency ends that additional amount of money people are getting on a monthly

basis also ends. And so there's not an unwinding period for that like there is for the continuous Medicaid requirement. That is something that's going to happen immediately.

- **Anne Dunkelberg:** We've got this eligibility freeze in place that's been in place since March of 2020. Of the new people applying for Medicaid, it's going to be a lot of babies and a lot of pregnant women. And some people who move from another town or lost other coverage or another state. Essentially forming a very different caseload. The fact that we are not able to get pregnant women or babies quickly onto the rolls is really an issue. And on top of that, the pregnant women who do get successfully enrolled then go almost immediately into encountering real issues with their health plans. Being able to come up with a doctor who's taking new OB patients is another serious issue we're having.
    - **Rebecca Ulloa:** To share some of our work that we've been doing here at San Antonio University Health, we do help with the children's and pregnant individuals on Medicaid. And we actually have somehow written a Miranda of agreement where the HHSC case workers do get our applications processed in five to seven business days. I'm just so grateful that we have that in our agreement, and we've been able to help many children in our communities and also the pregnant individuals get that access because we all know it's really important. If you ever have anybody in the San Antonio or surrounding area, I can put my information there, feel free to reach out and we can now offer our resources.
        - **KM:** Is that MoU part of your agreement as a connecting as a coverage grantee or part of community partner agreement?
            - **RU:** Yes, it's part of our hospital agreement. We have a group of 5 processing applications at our office and general pool applications through outstationed workers.

VII. Report on HHSC Correspondence and review of OETA-related parts of CHCC Legislative Agenda

[SEE ATTACHED DOCUMENT OF QUESTIONS]

Anne Dunkelberg: We know that they have already in the materials that they've shared with us in their regular meetings that there will be three cohorts of the high priority recertification that's the folks they've referred to as 2.7 million folks who have not already been successfully renewed during the period since March 2020, or the information shows that they are, in fact, now 19, no longer pregnant, moved out of state, etc. So people they are prioritizing doing that for and in those three different cohorts, they have clarified that the month notices are something they will use specific to each cohort. So that if you're in the first group of people that they attempt the post end of PHE renewals with and HHSC gets a backlog, then that is when they will be using those month to month notices. So if they are backlogged on processing, those people will be getting a monthly notice that says we're extending you another month.

With our legislative priorities, I want to call your attention to the fact that the whole first section of our legislative agenda is all related to outreach eligibility and enrollment issues. For those of you who may be especially here because of the outreach and enrollment and eligibility matters, we're working on in relation to the end of the PHE. The second one is we are hoping that we can maybe move the needle on getting some funding restored to the community partners program. And we think one of the things that that can do is help make it possible for smaller organizations, especially in lower population counties and rural counties, since the connection and the functionality is super important and beneficial. If we could get more folks out in smaller parts of the state involved, it could really help with the fact that there are fewer offices now. Then we also have a plug for express lane eligibility, which is an option available to states to get more kids enrolled via the fact that they are eligible for other programs, etc.

More than one out of every four of our kids on Texas Medicaid, according to the census, lives in a family where at least one of their parents isn't a US citizen. Citizen. They are touched by both folks with a green card holding legal permanent resident parents and kids who have a parent who may not be documented. There's fear in both communities that caused us to lose a lot of those kids, most of whom are US citizens, from their roles before the pandemic freeze started. When we start having to renew people again and those contacts with the agency, there's going to be an interaction between our need to encourage those families that it's okay for their kids to get health care from Medicaid and CHIP and food support from SNAP.

VIII. Update on Open Enrollment for 2023 Coverage and Seguro Texas

(Regarding Open Enrollment) **Karla Martinez:** It is an exciting time to be shopping around for insurance on healthcare.gov. Right before open enrollment started on November 1, we had a new rule get published correcting what we know as the family Glitch. So part of what makes people eligible for financial help on healthcare.gov is whether or not somebody in the household has an offer of employer coverage. Previously, if one person had an affordable and adequate offer of employer coverage, it locked the rest of the family out of being able to get help paying for insurance on healthcare gov. So even if the plan to add the rest of the family was not affordable and it was only affordable for the employee that was being offered coverage, it locked the rest of the family out. With this new rule, the test that addresses that affordability is broken up into parts of whether it's affordable for the individual employee that is offered coverage and whether it's affordable for the rest of the family. So if the plans are not or the plan is not affordable for the rest of the family, the rest of the family can now get help paying for their monthly premiums on healthcare.gov.

This is helpful for people that may have previously been locked out of help paying for their coverage on healthcare gov. So it may make a new batch of people look for healthcare.gov coverage, or it may make their coverage a little bit more affordable. In talking to different groups of enrollment assistors, some of the people that they've seen kind of in this family glitch previously have been like teachers and different service workers, so hopefully this is going to be a good thing for working families, essentially.

The other thing that's exciting this year is that part of the Inflation Reduction Act extended more affordable coverage through 2025. So many Texans can get comprehensive coverage at $0 monthly premium and really a low cost deductible. So actually using their insurance is more affordable as well. And this is part of the American Rescue Plan that was passed in 2021, and it also extended some of that monthly help to people that are more moderate income, over 400% of the federal poverty level. They're now eligible for financial help paying for insurance on healthcare.gov.

Open enrollment started November 1. It runs through January 15. But for health coverage plans that start January 1, we encourage people to go ahead and sign up before December 15. There's lots of help available through enrollment assistors and navigator groups in Texas, including increased funding from the federal government for those navigator services.

Questions:

- **Helen Kent Davis:** When the PHE ends, of the people who are eligible or getting coverage now, do we have an idea how many of them will be eligible for marketplace coverage using the fix and the family Glitch as well as the extended subsidies?
    - **KM:** I'm not sure if we have an estimated number on that, but there are some moms that may have been on pregnancy Medicaid that may now be eligible for healthcare.gov and people that have or families that have had increased income since they maybe were eligible for Medicaid previously, they may be eligible for healthcare.gov now. The Medicaid coverage gap still does exist, so some people may be falling into the Medicaid coverage gap. As far as the family glitch, I'm not sure if we have any numbers on what the impact would look like at the end of the PHE.

(Regarding Seguro Texas: https://segurotexas.org) **KM:** The chilling effect that we've seen among mixed immigration status families, particularly during the Trump administration from anti-immigrant rhetoric, and over the last year, Every Texan, Texas Association of Community Health Centers. Children's Defense Fund, along with lots of other organizations, have been working to address some of those concerns and developing resources to make sure that there's good information out there on what public charge is, what it isn't, and to dispel myths on concerns that community members may have, making sure that they're encouraged to apply for the benefits that they're eligible for, including food and health benefits.

SNAP & Medicaid Application Timeliness Processing

November 2022 Update

Karla Martinez, Policy Analyst, kmartinez@everytexan.org

EVERY TEXAN

Timeliness Standards

Disposed application:	• An application worked to a decision of approved/denied
Timeliness:	• the number of applications disposed within the established time frame for the program.

SNAP

- All eligible households are entitled to benefits within 30 days of application, or within 7 days, if they are eligible for expedited service.

Medicaid

- Eligibility determinations may not exceed 90 days for individuals applying for Medicaid based on a disability, and 45 days for all other applicants.

Timeliness Standards

Application Processing Timeliness rate:

$$\frac{\text{\# applications disposed timely}}{\text{\# of total applications}}$$

SNAP

- FNS considers an application processing timeliness (APT) rate of 95 percent and above acceptable performance.
- State agencies are subject to the escalation procedures described below when their APT rates fall below 90 percent. Any State with an APT rate below 90 percent should also have a corrective action plan (CAP).

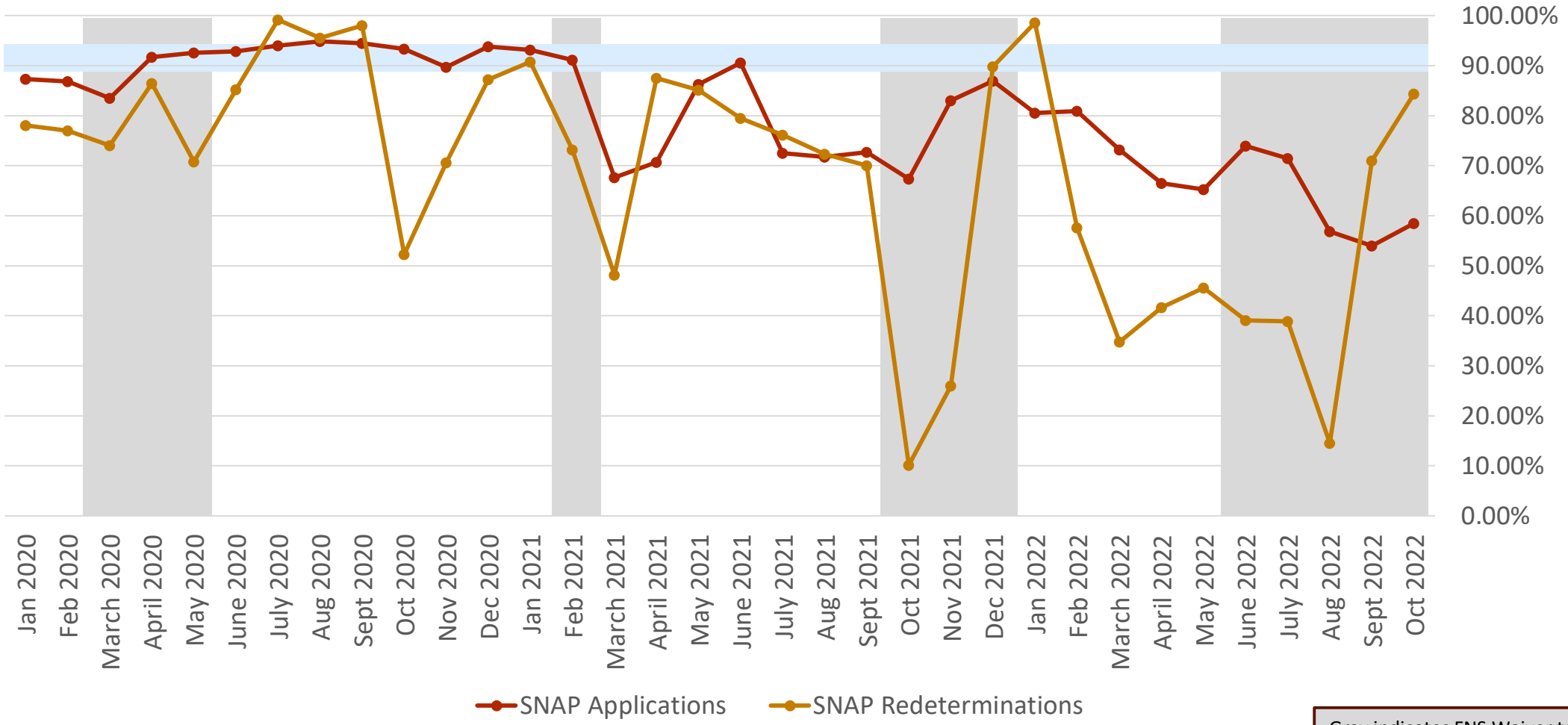
(FNS 2017 Policy Memo)

Medicaid

- CMS is far less specific about the consequences of failure to meet the standard for Medicaid than is FNS for SNAP.

(42 CFR §§ 435.912; https://www.law.cornell.edu/cfr/text/42/435.912)

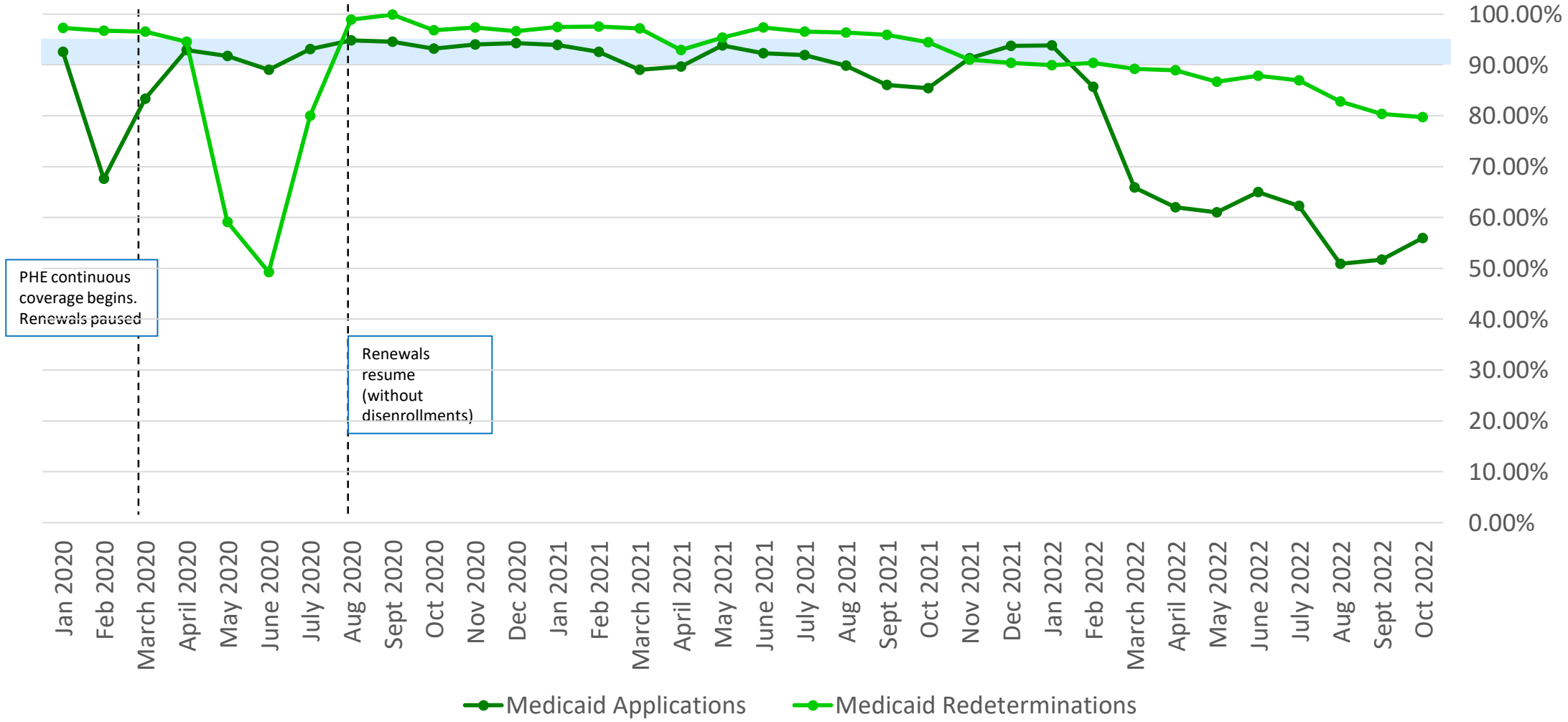
Percentage of SNAP Applications and Redeterminations Disposed Timely
January 2020 to October 2022



Gray indicates FNS Waiver to extend SNAP recertifications

Source: Texas HHSC Data, https://www.hhs.texas.gov/about/records-statistics/data-statistics/supplemental-nutritional-assistance-program-snap-statistics

Percentage of Medicaid Applications and Redeterminations Processed Timely
January 2020 to September 2022



Source: Texas HHSC Data, https://www.hhs.texas.gov/about/records-statistics/data-statistics/healthcare-statistics

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 cofusing) 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.