



Texas CHC Coalition
Meeting Minutes

September 15, 2017

Present: Patrick Bresette- Children's Defense Fund Texas
Mary Allen- TACHC
Shirley Texas Children's
Angelica Davila- Community Care Texas
Earl Winn- Merck
Alice Bufkin- Healthy Futures of Texas
Mary Allen- TACHC
Emily Price- NASW
Franklin Chen- Amerigroup
Leah Rummel- UHC
Kay Ghahremani- Community Health Plans
Anne Dunkelberg- CPPP

Conference Line: Laurie Vanhooose- TAHP
Sarah Gonzales Texas Hospital Association
Angela Walkman Community Health Choice
Shirley Texas Children's Health Plan
Melissa McChesney- CPPP
Maximus Outreach

Chair: Adriana Kohler, Texans Care for Children
Minute Scribe: Jessica Giles
Next Meeting: October 20, 2017

I. Hurricane Harvey Aftermath as it Relates to Health Coverage and Access to Care (11:05am- 11:45am)

Representatives from Texas Medicaid managed care plans in the Houston area discussed their experiences with Medicaid plan members before, during, and after the storm hit. Angela Walkman from Community Health Choice, Leah Rummel from United Health Care, and Franklin Chen from Amerigroup joined to speak on how their health plans responded to client requests during the storm and discuss what went well and

what could have gone better. Kay Gahremani from Texas Association of Community Health Plans and Laurie VanHoose from Texas Association of Health Plans also joined.

Andrea Walkman from Community Health Choice

- In the spring, the health plan typically refresh member contact information. Community Health Choice set up a call center outside of Houston and engage them as part of the team.
- The team held meetings with a cross-functional group from medical affairs, service, telecom- all necessary for proper response. The plan's parent company had made a determination that we would be closing down our phones for non-essential functions.
- Call centers in safer areas handled urgent member issues. The call center actively called members who were particularly vulnerable.
- The plan had members during the storm that needed to refill their prescriptions. The plan was able to track where people were filling their prescriptions outside of the Houston area, so we were able to see who was evacuating.
- In terms of areas of improvement, Andrea noted that she felt the plan did not get messaging up on the website fast enough for communities that weren't affected by Harvey. Some providers outside of Houston weren't sure how to treat members that needed services from out-of-network providers.
- In the future, it would be better to have a place to access that information on the website. This kind of information didn't get posted until Monday, but should have been put up on Sunday morning.
- Now, the plan is currently assembling a library of tools to publish.
- She noted that social media was a lifesaving communication tool. One of the most frequent issues from plan members was a need for additional oxygen tanks or supplies for their tanks.

Leah Rummel from United Health Care:

- The plan released a press release on August 25th stating what members needed to do and who to contact if they need help and distributed through social media, one of the most effective tools.
- Plan members were impacted in the Nueces, Central, Harris, and Beaumont areas. Many members have chronic issues in that area. The plan used the call center to make sure members had a disaster plan, making sure vulnerable members got to safer areas.
- Had outreached manually to over 9,000 members who we thought needed to have a tough. The call center made 850 calls over Labor Day weekend.
- In terms of lessons learned, Leah noted that the plan has a pretty good disaster plan, but they have never had a disaster that has affected so many employees.
- The plan connected with 4 DME providers with distribution centers in Houston. This helps them get supplies to members through the distribution center.
- DME and dialysis were a huge issue during the storm. The plan found a provider willing to take United's members and the plan had to transfer some members out of the state. Several members flown to Louisiana with connected services.
- 911 was difficult to get through to them. Therefore, they had to call the Cajun Navy to help with some evacuations. Finding other methods of how to evacuate members was critical for United.

Dr. Franklin Chen from Amerigroup:

- The plan had contingency plans and, after watching the weather, shut down the office in Houston. The Houston office was shut down for undetermined period.
- The plan created a list beforehand of highest need and highest risk members that needed outreach: dialysis, insulin-dependent diabetics, and vent patients and reached out to them.
- Amerigroup had mobile units on the ground, looking for families, knocking on doors, and using boats to reach members. The plan was able to transport many

who needed it to dialysis centers. Some of the bigger dialysis centers were amazingly well planned, like Davita and were taking in anybody.

- Amerigroup also partnered with DME companies – pallets of canes, wheelchairs were delivered. The plan also implemented telemedicine for anyone who needs it and partnered with Houston Food Stamps to deliver some of these supplies and to provide the telemedicine.
- The plan made outreach calls to about 10,000 members who have been affected. They started doing outreach before things happen and err on the side of being bothersome. This could be more effective rather than having to deploy mobile units to find them.
- Amerigroup had issues gaining access to a disaster shelter. They had volunteers that went to the shelters that were trying to offer help; but there were challenges with getting plan case managers into shelters to reach members.
- In the future, it would be good to work out an agreement with the shelter beforehand to be able to come inside and provide some added benefits to some of the members.
- Amerigroup had social workers and medical directors that were trying to get into shelters to see plan members but they were turned away. This was because of protocol at the shelters.

Kay Gharamani raised comments provided by Mary Dell Peterson:

- There were challenges with some technology-dependent kids. In Florida, there are shelters set up for patients with special needs. Texas does not have those here. Having those could be one of the things to help members the most.

Q&A Discussion:

- **Leah Rummel** noted that some members were moved into nursing facilities because there was no way they could be accommodated in a shelter.

- **Franklin Chen** noted that the plans waived prior authorizations so that members could get services quicker. Kay Gharamani noted that HHSC did not inform or release notice on waiving prior authorizations. The plans put this in place to help their members.
- **Kay Gharemani** also noted that the plans received many calls from providers wanting to know what they could do. In the future, would be good for the state to release a more formal statement to providers with options. Another recommendation that 211 call line could have been better prepared. The call center gave some inaccurate information about what members were and were not eligible for.
- **Leah Rummel** stated that now HHS has a better list of what plans think are critical steps and HHS has that for next time. Maybe those can be implemented ahead of time.
- **Patrick Bresette** stated that there are meeting in Houston between children's groups. There is an initial effort to target 90 of the hardest hit schools. Seeing which schools have a certified counselor, trying to identify mental health providers nearby, trying to get screening tools for the classroom, and training for teachers to identify symptoms.
- **Anne Dunkelberg** noted that HHSC released info and updates through an FAQ. But it's hard to find all the information. HHSC modified SNAP system for disaster counties so that person can apply at an office where they are – not their home county – because many are displaced.

II. Federal Updates (11:45am - 12:15pm)

A. Community Health Centers

Mary Allen:

- TACHC took 23 health representatives to DC to talk about Health Center funding and CHIP. Made contact with all 36 members and 2 senators.
- In Texas, if this isn't renewed, TACHC estimates 200,000 could lose access.

- HR 3770 has been filed by a Representative Elise Stefanik (R-NY) and will extend funding for 5 years. It has 25 co-sponsor, three of which are Texans- Gene Green, Mac Thornberry, Will Hurd
- Call-In day scheduled for Monday, September 18, need to generate momentum.

Anne Dunkelberg:

- Is this bill just FQHCs or does it have the extenders?

Mary Allen:

- Bill also includes National Health Service Corp and the grant used for Teaching Health Centers. It is separate from CHIP reauthorization

B. CHIP Update

Anne Dunkelberg:

- CHIP is still up in the air. Coalition has pulled together a fact sheet and sign-on letter sent to Texas Governor and leadership and a separate sign-on sent to TX Congressional delegation.
- The good news is that there's a Senate proposal moving forward.
- The latest agreement would continue it for 2018-2019, would reduce funds in 2020, and eliminate completely in 2021.
- This is not a time for Texas to have to deal with massive loss of funds or disruptions to their systems. Community Health Centers need to be able to keep operating and rebuild.

Mary Allen:

- 10 FQHC health centers were completely destroyed by the hurricane. Many are in really bad shape.

C. Obamacare Repeal and Marketplace Stabilization

(12:15pm - 12:40pm)

Anne Dunkelberg:

- There is a partisan effort between Murray and Alexander.

- Sen. Graham is pushing Graham-Cassidy, which would roll subsidies and Medicaid into a block grant with a per-capita cap, totaling an inadequate amount of money. Then per-capita cap would go away completely in 2026.
- No Congressional Budget Office score yet.

III. Interim Charges Updates & Next Steps

Adriana Kohler:

- Texas Lieutenant governor has asked for recommendations for interim charges from Senators by September 22. No deadline for Texas House yet.
- Speaker Straus issued some interim charges on Harvey on a separate timeline.
- Several members met with some Senators- Kolkhorst, Senate Health and Human Services, and House Human Services committee staff.
- Next priority is getting interim charges to House offices- Sarah Davis, Walle, Burkett.

Patrick Bresette:

- Working on interim charge recommendations related to school-based health outreach and enrollment to get more kids covered.
- Trying to see if there's a way to require and promote that schools gather information on kids' insurance status to help target efforts. Drafting some language about that and will probably include that in her own request [draft attached].

IV. 2018 Marketplace Open Enrollment- Funding Cuts for Outreach and Enrollment (12:40pm - 1:00pm)

Melissa McChesney:

- See slides sent to CHCC listserv
- ACA Outreach and Enrollment cuts total about 41%.

- Several types of enrollment assisters- Navigators, Certified counselors, trained and certified assistors. About 10 organizations got these grants and that's where trained and certified assisters are from.
- In early September, no sense of grant funding amount Navigators would get for the next cycle and they were instructed to cease activities.
- HHSC used a less than ideal metric to calculate funding for Navigators. Counted by number of people who completed enrollment. But many times the Navigator starts the process and then the person selects specific health plan later. Therefore, many enrollment efforts are not counted.
- Insure Central Texas uses volunteers to do part of their enrollment. Other organizations interested in supporting these efforts, contact me.
- Team is creating a volunteer toolkit to help outreach volunteers

CENTER *for* PUBLIC POLICY PRIORITIES

Outreach and Enrollment Cuts and Response

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CHC Coalition
September 15, 2017

Cuts to ACA Outreach and Enrollment

August 31, 2017 the Trump Administration [announced](#) a devastating reduction in support for outreach and enrollment efforts for the ACA Marketplace.

- Advertising and outreach cut from \$100 million to a mere \$10 million.
 - This will be used only to support emailing campaign for current enrollees
- Navigators from \$63 million to \$36 million
 - In Texas, 10 organizations received Navigator funding in 2016 with grants ranging from \$150,000 to more than \$2.2 million. In total Texas organizations received \$9 million in navigator funding for 2016.
 - Navigator just received official award letters for 2017 on 9/13, exact impact to Texas is not yet known

ACA Sabotage Efforts

This latest blow is only one instance in a series of efforts from the administration to undermine the ACA and erode the stability of the Marketplaces. Others include:

- [Canceled federal contracts](#) for outreach and enrollment assistance in 15 cities. Six of those cities are in Texas.
- Relaxed enforcement of the individual mandate, which serves to encourage participation by healthier enrollees
- No long-term commitment from the federal government to make good on “cost-sharing reduction” payments that are critical to maintain the value and affordability of coverage.
- [New regulations](#) that hinder enrollment, increase out-of-pocket costs, and shrink plan networks.
- Shorter enrollment period. Open enrollment is only from Nov. 1 through Dec. 15.

CTN OEE Rapid Response

Amplify messaging

Text Campaigns

Social media and paid ads

Email Campaigns

Support Enrollment Coalitions through Volunteer Coordination

Train grassroots activists as volunteers

Phone Banks

Event support

Volunteer CACs

○ Learn

Visit **CPPP.org** and sign up for email alerts

○ Connect

Follow **@CPPP_TX** on Twitter

Like us on **Facebook.com/BetterTexas**

○ Support

Make a donation to support CPPP's work

We believe in a Texas

that offers everyone the chance
to compete and succeed in life.

We envision a Texas

where everyone is healthy,
well-educated, and financially secure.

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UNITED HEALTHCARE MEMBER STORIES FROM HURRICANE HARVEY

CARING SERVICE COORDINATION – Julie Garcia, Nurse and President of our STAR+PLUS program, who manages care services coordinator shared a story concerning her team. Julie stated that she was on the phone with our service coordinator manager until nearly midnight trying to find help. Before, during and after the hurricane United healthcare continued our outreach to our high risk members. We identified one member in the Southeast part of Houston that was in need of medical care. Upon our call. This member was with family, but the flooding waters were to the door and they could not leave. The family identified the member as being cold, clammy, non-responsive and hypertensive. The member was alert earlier and had taken her prescribed medications. Our service coordinator called 911 multiple times with no response. Our team called multiple community resources including 911 in Dallas for a patch through to Houston more than once including local police, coast guard, community resources and TV stations for assistance without response. The team was able to finally get through to EMS (911) and had this member identified for transport. During the night the Director was reaching out to multiple times to 911 while the service coordinator was on the phone with the member's daughter updating and checking on the member's status frequently. The following morning this member's daughter had received word from EMT they were trying to get to this member as quickly as possible. The daughter informed the service coordination this member was feeling better and able to eat and drink without issues during breakfast. The member was evacuated to a shelter. Her symptoms had resolved by this time.

CAJUN NAVY - Service Coordinator Dawn Clabough, had been working with a volunteer group, the Cajun Navy/Texas Navy which are individuals from Louisiana, Texas, Oklahoma, Tennessee and many other states who brought their various boats and have been rescuing people and pets trapped in the flood waters. Two days into Harvey, these volunteers had rescued over 37,000 people in the Houston/Beaumont area. They desperately needed medical supplies, and had set up a medical triage about a mile from our service coordinator in Sugar Land. They asked if the service coordinator could get them basic supplies – bandages, tape, medicine, etc. People that were being rescued had cuts/scratches/bites/eye issues, etc and the rescuers did, too. The service coordinator asked if he could talk his employer to see if they can help. The service coordinator asked leadership if UHC could buy badly needed medical supplies through her UHC card. The answer – within 30 minutes - yes go buy \$1000 worth of medical supplies and if more is needed just let leadership know. The service coordinator went back to the Cajun Navy and said they delivered a list of everything needed. By the end of the shopping spree, our service coordinator had gotten the necessary gauze, bandages, tape, cervical collars, crutches, eye wash, wheelchair, cots, tent, towels, pillows, blankets, medicine, gloves on the list. So instead of waiting days, the service coordinator was able to purchase and deliver supplies in less than 2 hours!

GOING THE EXTRA MILE THROUGH SERVICE COORDINATION - Our service coordinator received a call from our member to discuss how he can access his provider. During the call the service coordinator reviewed his area and explained to him that his neighborhood is surrounded by water and no one can get in. The service coordinator assisted to triage and contacted his agency to follow up with the Disaster plan. He said that he didn't evacuate, but now he is out of food and the local stores are closed and guarded by police due to vandalism. He said the one gas station near him is cash only, as the internet is down, and he had no cash and no way out of the neighborhood since the bus system is down as well. The service coordinator took the extra step and remembered that she has a member of her church member who lived near our member. The service coordinator called the church member and found out that the church member had collected a few things for the church pantry. The church member offered

to deliver to our member because no one is coming to the area with food or rescue. The service coordinator called our member and asked if it was okay if someone from the church could come by with food and water, and our member gladly approved. As a matter of fact, the member waited on his front porch until the delivery was made. Our member called back to thank our service coordinator and said he was just trying to make it until the water went down and hoped to be able to take his last two dollars and get some help.

ASSISTING OUR MEMBER IN SHELTERS – Jason Carter went to the shelter at the Kay Bailey Hutchison Arena in Dallas to assist evacuees from Houston. While waiting for our United Healthcare team he was approached by a young male that asked if I was with United Healthcare. He recognized that Jason was wearing my UHC polo shirt. Jason introduced himself and told him he was with UHC. The member told him he has high blood pressure and did not have his medications since evacuating; about 5 days. Jason worked with Optum Rx and the Wal-Mart pharmacy at the shelter and was able to have his medications delivered to him that evening. Our member was very grateful for the help.

CARING FOR OUR MEMBERS - Our service coordinator had urgent email to contact this member who is paralyzed from neck down due to his attendants being unable to get to him due to flooding and continued rain. The member's mother who was also his caregiver was in the hospital. His father was with him but unable to care for our member. He could take care of all other needs. Mbr. had services with Citizens Care. I called agency multiple times to try to get someone to his home but never got an answer. His father reported they had had flooding in home of about 8-10 inches the day before, but water had gone down and was not in home at that time. But the rain was heavy and water was beginning to get close into home again. He was concerned about getting the member out of the home. I spoke with member and he stated he had been in a nursing home previously and wanted to go back during the flooding. The service coordinator called the nursing home who stated they had room for member. The nursing home was not sure they could get the member transported during the flood but would work with the service coordinator to find a solution. The service coordinator called multiple resource numbers with no results. The service coordinator continued to call the member to make sure he was okay. The service coordinator called 911, Red Cross and finally was able to connect with the Partnership for Disaster Hotline. The service coordinator was talked to the Cajun Navy to evacuate member and they were made sure that our member was rescued by EMT and made it to the nursing home safely. UHC will assign a housing navigator to assist in returning to the community.

FOR IMMEDIATE RELEASE

UnitedHealthcare and Optum to Support Texans Affected by Hurricane Harvey

- *Assistance for UnitedHealthcare plan participants whose access to care or prescriptions needs may have been affected*
- *Free emotional-support help line from Optum open to anyone*

HOUSTON (Aug. 25, 2017) – UnitedHealthcare and Optum, the health benefits and services companies of UnitedHealth Group (NYSE: UNH), are taking action to help people in Texas who may be affected by Hurricane Harvey, which is expected to make landfall either late Friday or early Saturday, according to weather forecasters.

Support includes assisting health plan participants who may need to make alternate arrangements to ensure continuity of care and access to early prescription refills, as well as a free emotional-support line to help people who might be affected.

- **Help Finding a Network Care Provider, Early Refills:** Plan participants who need help finding a care provider in the UnitedHealthcare network or obtaining early prescription refills can call customer care at the number located on the back of their medical ID cards.

For plan participants who may have misplaced their medical ID cards, call 866-633-2446, 8 a.m. – 8 p.m. (in the local time zone), Monday through Friday. People enrolled in employer-sponsored and individual health plans who have a smartphone can download the free **Health4Me app**, which provides instant access to their ID card, network care providers, their personal health benefits and more. The Health4Me app is available as a free download at the Apple [iTunes App Store](#) and the Android Market on [Google Play](#).

- **Free Help Line:** Optum, a leading health and behavioral health services company, is offering a free emotional-support help line.

The toll-free number, 866-342-6892, will be open 24 hours a day, seven days a week, for as long as necessary. The service is free of charge and open to anyone. Specially trained Optum mental health specialists help people manage their stress and anxiety so they can continue to address their everyday needs. Callers may also receive referrals to community resources to help them with specific concerns, including financial and legal matters.

Along with the toll-free help line, emotional-support resources and information are available online at www.liveandworkwell.com.

About UnitedHealth Group

UnitedHealth Group (NYSE: UNH) is a diversified health and well-being company dedicated to helping people live healthier lives and helping to make the health system work better for everyone. UnitedHealth Group offers a broad spectrum of products and services through two distinct platforms: UnitedHealthcare,

which provides health care coverage and benefits services; and Optum, which provides information and technology-enabled health services. For more information, visit UnitedHealth Group at www.unitedhealthgroup.com or follow @UnitedHealthGrp on Twitter.

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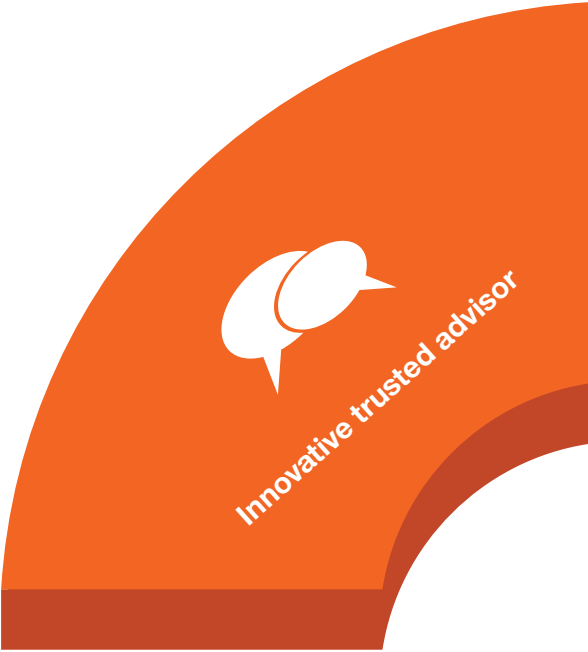
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