Children's Health Coverage Coalition and OTA Meeting Agenda
Friday, December 14th, 2018
11:00 A.M. – 2:00 P.M. (OTA 12:30 P.M. – 2:00 P.M.)

Present:

Adriana Kohler, TXCFC,
Laura Guerra-Cardus, CDF-TX,
Linda Litzinger, TX P2P
Anne Dunkelberg, CPPP
Will Francis, NASW TX
Alyssa Sughrue, NAMI TX
Christina Hoppe, CHAT
Ashley Harris, United Way TX
Leah Gonzales, HFTX/TWHC
Clayton Travis, TX Pediatric Society

On Conference Line:

Diane Rhodes, Texas Dental Association,
Betsy Coats, Maximus
Helen Kent Davis, TMA
Christina Cantu, MHCM,
Melissa McChesney, CPPP
Nancy Walker, Harris Health

Meeting Chair: Laura Guerra-Cardus, Children's Defense Fund

Meeting Scribe: Kevin Caudill, CPPP

I.   Introductions (10 minutes)
II.   Georgetown CCF Report on Children's Health Coverage (Adriana Kohler, 15 minutes)

The report was published around the end of November**.** It is an annual report tracking rate of kids without insurance coverage across the nation. Although some progress had been made in recent years when the rate was decreasing, the uninsured rate for children went up for first time since 2008. For in-depth data, refer to attached doc in email**.** The report showed the highest state uninsured rates for children is in Texas. The uninsured rate grew from 9.8% to 10.7%, for a total of 835,000. This is an increase of 83,000 from 2016 to 2017.

Who is impacted**:** Uninsured rates increased across all categories (race, income etc.). Those identifying as Black, Latino, and "Other" saw statistically significant increases in uninsured rates, at higher percentages as well. So, all races and backgrounds saw increased uninsured rates, but very big for children of color in Texas.

Why? The current push to eliminate ACA, process of CHIP reauthorization, cuts to funding of healthcare.gov, current administration undermining health care, immigration fear could be contributing.

[Helen Davis, TMA]

Anecdotal evidence points to immigration related fears such as public charge as a factor (from pediatricians). Children's hospitals see similar immigration fears.

[Laura Guerra-Cardus, CDF]

CDF held meetings with CHIP and Medicaid outreach workers. Feedback shows immigration fear as top concern. Every time there is an anti-immigrant policy made, waiting rooms for public assistance programs clear out.

[Linda Litzinger, TXP2P]

(Asking about the uninsured stats) Is there data on STAR vs. STAR Kids?

[Adriana Kohler, TCFC]

No, this report only looks at total Medicaid and CHIP Enrollment- no details on different eligibility categories.

[Anne Dunkelberg, CPPP]

Remember, this report is based on census data. The data will never match perfectly with Texas Medicaid enrollment data. The Census finding of a drop of (83,000) for all uninsured kids also includes all types on insurance, not limited to Medicaid and CHIP.

[Adriana Kohler, TCFC]

What can we do?

Get state leaders to give recognition of this problem and commit to addressing it. Possible solutions include:

- o Allow 12-month continuous eligibility
- o When parents are covered so are kids, so expand Medicaid or alternative to expansion of coverage.
- o Streamline eligibility

[Christina Hoppe, CHAT]

Why would the >300% above FPL & 138-199% above FPL categories see a decrease in enrollment rate?

[Adriana Kohler, TCFC]

Could be due to marketplace coverage, whether or not they're eligible for subsidies. You could have employment going up but not coverage, as in the "family glitch."

Depending on age it would be CHIP. The percent of uninsured went up for CHIP eligible kids and maybe some chunk of Medicaid. One would think that Hurricane Harvey, when HHSC allowed people to renew automatically, would cause an uptick.

[Anne Dunkelberg, CPPP]

Possibly due to dropping family coverage in marketplace. You could have employment going up but not coverage, as in the "family glitch." Kids up to 5 go to 144% of FPL in Medicaid.

III. CCF Children's Health Leadership Network (Laura Guerra-Cardus, 15 minutes)

- Refer to presentation in email for slides.

The Children's Health Leadership Network (CHLN) is a partnership of the Packard Foundation, Casey Foundation, and Atlantic Philanthropies. The program mission is to help advocates build skills to promote necessary policies. Goal is to train 100 advocates over 10 years. Extra time and work to improve skills with a team approach. The mission of the Texas CHLN team: "All Texas Children are able to thrive." The focus will be on data analysis of disaggregated data. In the slides, "low income" = 200% FPL.

- Suggested future agenda item: a child core data set for Texas deep dive - THLCportal.com

IV. Summary of Legislative Briefing Call (Laura Guerra-Cardus, 15 minutes)

Legislative briefing will happen on January 24 1:30 to 3:30 PM. Call for volunteers needed for setup and pickup – volunteers will arrive at 1:00 PM and stay until 4:00 PM. If you are available, email caudill@cppp.org. Clayton will send out a Save the Date. Offices will need to RSVP, invitation will be sent in January. Another call for volunteers, January 22nd to walk flyers around to offices. Keep an eye out for emails on past donors.

Proposed Agenda:

- Opening - Dr. Ryan Van Rams horst, MD – (Will also invite Commissioner Philips of HHSC to say a few words).
- Coalition Welcome and Medicaid 101 – CPPP and CDF
- Budget/Medicaid – Stacey Wilson will be invited
- Budget/ ECI DSHS – Adriana
- 12-Month Coverage – Kay Germany
- Access to Women's Health pieces – TMA Doctor.
- Medicaid Managed Care – Dr. Van Rams horst

[Anne Dunkelberg, CPPP]

Circulating a sympathy card for Arinda Rodriguez from coalition.

V. Legislative Strategy and Logistics (Adriana Kohler and Clayton Travis, 15 minutes)

Weekly strategy meetings will be held at 3:00 PM on Thursdays at the Capitol (room will be shared when secured) – the group will talk through priorities, rapid response, needs for each bill/issue, office communications etc. For meeting invitations: akohler@txchildren.org. Meetings will serve as a forum for legislative agenda strategy. Also, need more lobby help.

Cover Texas Now - Coverage Expansion team meetings will be held weekly at 9:00 AM on Fridays at the Capitol.

VI.   Public Charge Update (Anne Dunkelberg, 5 minutes)

Comment period closed on Monday – at last update they were over 215,000 comments. 48 to 1 in opposition to rules. Anne will be sharing next steps and CPPP's comments. Need for public education on this issue – such as don't drop benefits before a policy has taken effect. CPPP has a fact sheet on public charge and enrollment. Central Health has tried to build an action network for the communities to reassure people and build confidence of assisters and outreach workers. Future of rule is up in the air, cannot say for sure if or when it will take effect.

[Laura Guerra-Cardus, CDF]

Protecting Immigrant Families USA – "Mitigating the fear factor." We can expect resources and guidance to come. More messengers are needed to reach immigrant communities. Building confident of assisters and outreach workers.

VII.   Statesman Series on Child Care Quality Issues (Adriana Kohler, 10 minutes)

AAS 12-part series on Child Care quality issues:

- Covers injuries and safety issues across the state
- Finds: Child injury, death, sexual assault, lack of oversight
- 450 children suffered sexual abuse in last 10 years
- Many violations of licensing rules
- Ratios – Teacher/ Care givers to student / children ratios.
- Unit disbanded that searched unlicensed Child Care facilities

Ask: Investigation not getting as much lawmaker attention – so social media push. Press release can be found on TX Care for Children website. Main point is to improve access to high quality child care. To get involved: David Fagan. Legislation from: Watson, Gina Hinojosa, Bernal.

VIII.   Report on the Ombudsman for Children and Youth in Foster Care (Adriana Kohler)

Foster care ombudsman gave report to Legislature. Report is available on Children and Youth in Foster Care.

a. 241 investigations
b. 71 confirmed violations
c. 10 abuse and neglect in center
d. 4 illegal restraints including choke hold
e. 38% of substantiated complaints led to RCCL response.
   i. Loge to require response

CASA at Kate Murphy is also leading this.

[Anne Dunkelberg, CPPP]

Do not be silent on the funding side of this. Eva report on equal tax from 90s would raise 13 billion per year.

Reminder: 1332 new rules are taking comments – Anne will send out a sign on.

OTA

I.   Office of Ombudsman Update (Paige Marsala, HHSC)

Clarisse Rogers (Foster Care Ombudsmen) could not attend.

See slides in email for presentation.

- Email questions about report to share with Clarise.
- Send to mcchesney@cppp.org ; copy caudill@cppp.org

    Increase in complaints and denials have been seen in the last three months. Many denials in error.

1. Quarterly reports to be done starting in 2019 (Feb).

II.   Access and Eligibility Services Update (Gina Carter, HHSC)

A. Update on "Pre-Tax" income being incorrectly included in MAGI determinations for Medicaid
- Not a "normal" policy, and the team is reviewing.
- System change is needed and is a priority. Immediate need is to get something out to staff.
- Work around is the goal– short term solutions in the meantime.
- Worked with IT partners to give them a bulletin or broadcast with best practices, instructions, etc.

[Melissa McChesney, CPPP]

Some people are right at the CHIP income line, employer contribution that is considered pre-tax actually pushes them over the line. Something like dental or vision, 401k, other non-taxable income. Hard fix in this system because it's treated differently by SNAP compared to Medicaid/CHIP

B. Update on Lawfully Admitted (Gina Carter)
- New status children that come up have been brought to attention. They get info from USCIS, but cannot always keep up.
- Issued new bulletin instructing that when a new status is found not in the TX handbooks, then submit to state office.
- Increase in policy clearance requests to team.
- New status will be put into handbook quarterly.
- Next release at the end of the month on the 29th. Implementing HB 337.

Jeanie and Gina discussed a deeper dive around staffing/system issue involving Foundation Communities and Marketplace enrollment account transfer possible disconnect.

III.   Open Enrollment Update (Melissa McChesney, CPPP)

We are in the last few days now. Good and bad news: Drop in enrollment seen compared to last year – 6% . A last minute jump could be seen with last minute shoppers and those already enrolled who do not change plans in the new year. Potential causes for the drop:

- Reduction for navigator funds
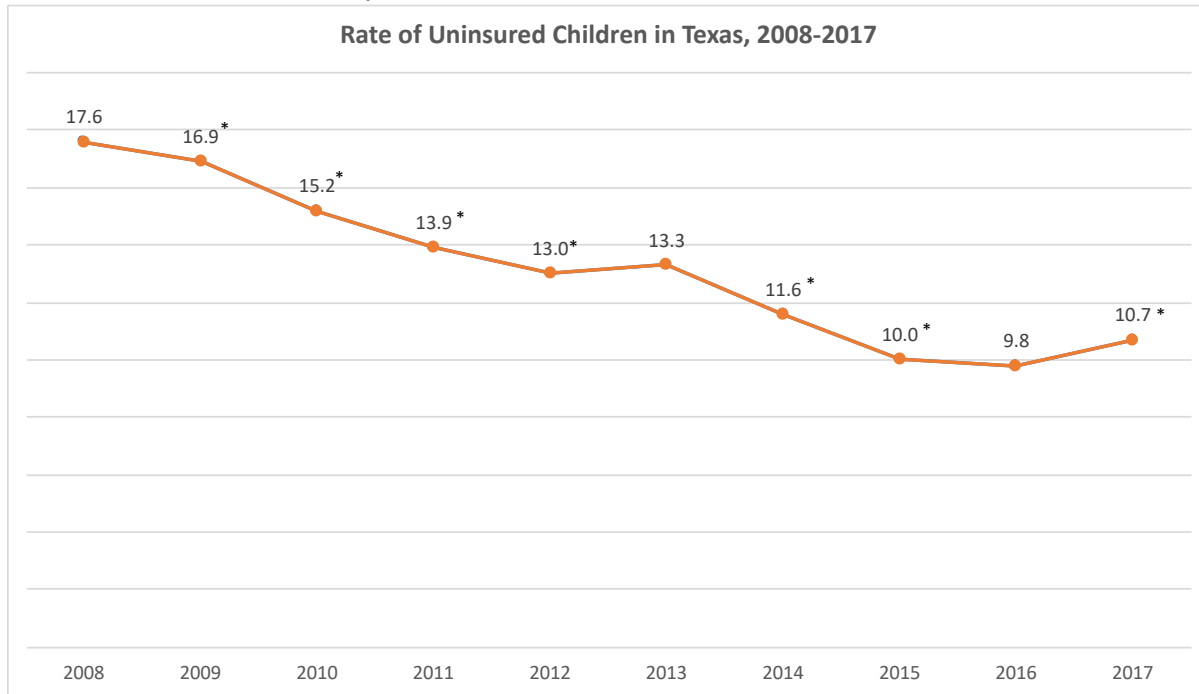- Marketing funds have been cut.

- No individual mandate

Blog post coming

- Consider Effectuated enrollment: 2017 to 2018 saw same name number of people enrolled paying premiums.
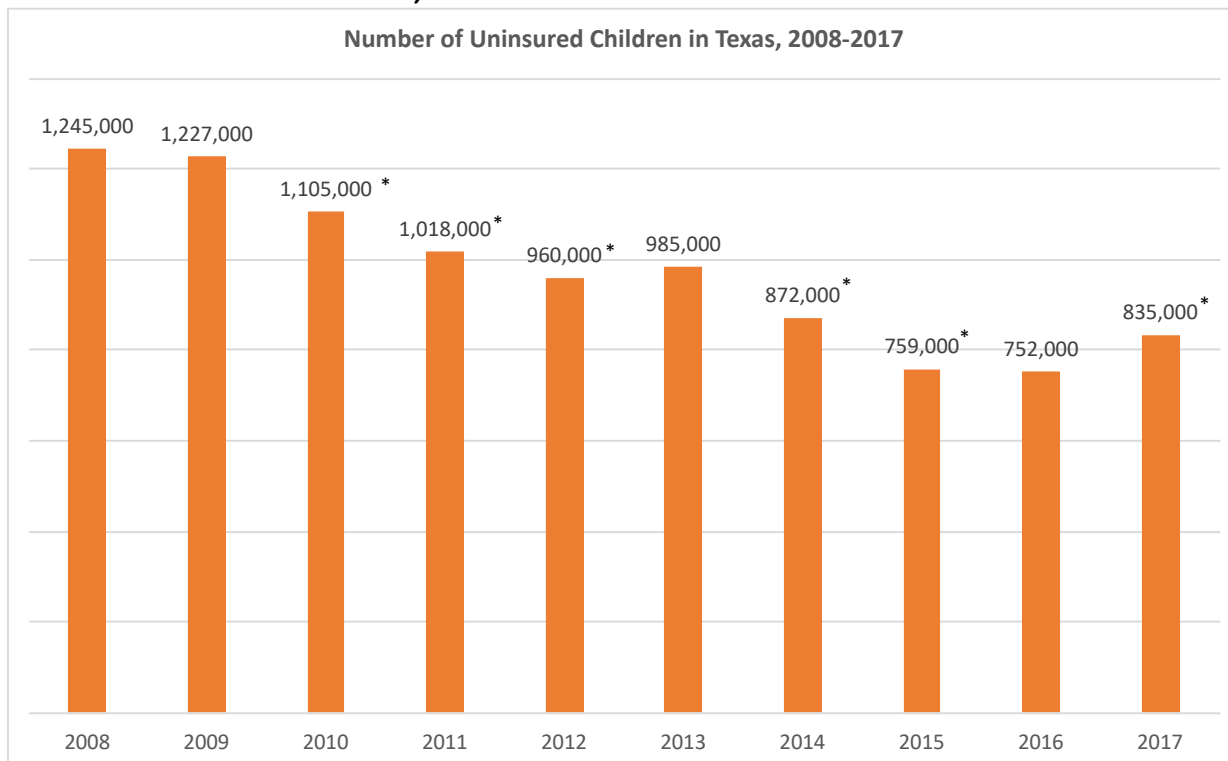
Texas Uninsured Children

Rate of Uninsured Children, 2008-2017

Rate of Uninsured Children in Texas, 2008-2017

Year	Rate
2008	17.6
2009	16.9 *
2010	15.2 *
2011	13.9 *
2012	13.0 *
2013	13.3
2014	11.6 *
2015	10.0 *
2016	9.8
2017	10.7 *

Source: Table HIC-5 - Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2017, Health Insurance Historical Tables, U.S. Census Bureau American Community Survey (ACS).

* Change is significant at the 90% confidence level. Significance is relative to the prior year. The Census began collecting ACS data for the health insurance series in 2008, therefore there is no statistical significance available for 2008.
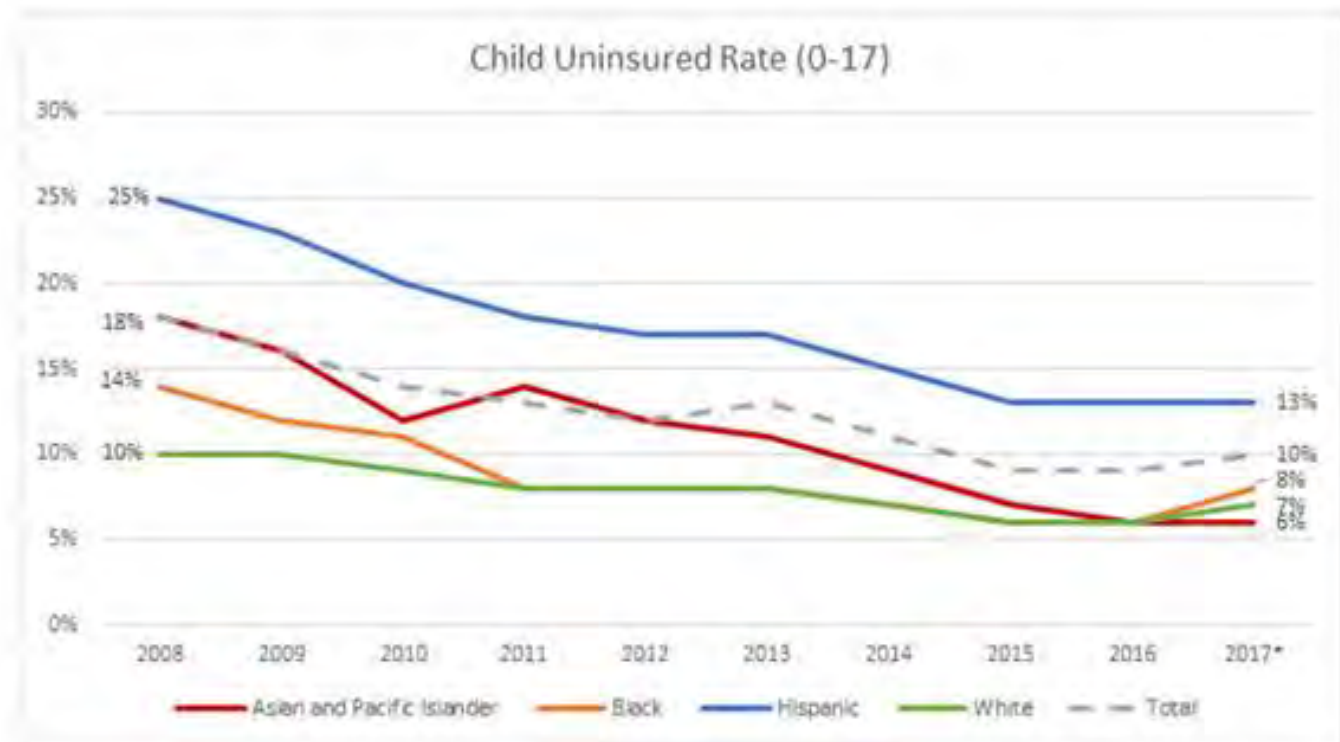
Number of Uninsured Children, 2008-2017

Number of Uninsured Children in Texas, 2008-2017

Year	Number
2008	1,245,000
2009	1,227,000
2010	1,105,000 *
2011	1,018,000 *
2012	960,000 *
2013	985,000
2014	872,000 *
2015	759,000 *
2016	752,000
2017	835,000 *

Source: Table HIC-5 - Health Insurance Coverage Status and Type of Coverage by State--Children Under 19: 2008 to 2017, Health Insurance Historical Tables, U.S. Census Bureau American Community Survey (ACS).

* Change is significant at the 90% confidence level. Significance is relative to the prior year. The Census began collecting ACS data for the health insurance series in 2008, therefore there is no statistical significance available for 2008.

Texas Child Uninsured Rate by Race/Ethnicity 2008-2016

Child Uninsured Rate (0-17)

30%
25% — 25%
20% — 18%
15% — 14%
10% — 10%
5%
0%

2008 2009 2010 2011 2012 2013 2014 2015 2016 2017*

13%
10%
8%
7%
6%

——— Asian and Pacific Islander   ——— Black   ——— Hispanic   ——— White   — — Total

U.S. Census Bureau, 2008-2017 American Community Survey 1-year estimates, Texas children 0-17 by race and ethnicity.

Uninsured Rate by Race and Ethnicity, 2016-2017

Race/Ethnicity	2016 Percent Uninsured	2017 Percent Uninsured	Statistically Significant Change?
Black	6.5	8.3	yes
White	10.3	10.9	-
Asian/ Native Hawaiian/ Pacific Islander	6.3	6.4	-
Other	11.5	13.8	yes
American Indian/Alaska Native	9.8	14.2	-
Hispanic	13.5	14.4	yes

Source: 2016 and 2017 IPUMS ACS data.
Change is significant at the 90% confidence level.

Children's Source of Coverage, 2016-2017

Source of Coverage	2016 Percent Covered	2017 Percent Covered	Statistically Significant Change?
Employer-Sponsored	41.1	42.5	yes
Medicaid/CHIP	37.6	35.7	yes
Other	6.0	6.1	-
Direct-Purchase	5.5	4.9	yes
Uninsured	9.8	10.7	yes

Source: 2016 and 2017 IPUMS ACS data.
Change is significant at the 90% confidence level. Total may not sum to 100% due to rounding.

Uninsured Rate by Poverty Level, 2016-2017

Income Level	2016 Percent Uninsured	2017 Percent Uninsured	Statistically Significant Change?
<100% FPL	11.4	12.0	-
100-137% FPL	13.4	14.4	-
138-199% FPL	13.4	15.0	yes
200-299% FPL	12.4	13.7	-
≥300% FPL	5.1	6.2	yes

Source: 2016 and 2017 IPUMS ACS data.
Change is significant at the 90% confidence level.

Uninsured Rates for Young Children and School Age Children, 2016-2017

Age Group	2016 Percent Uninsured	2017 Percent Uninsured	Statistically Significant Change?
Under 6	7.2	7.6	-
Ages 6-18	11.0	12.1	yes

Source: 2016 and 2017 IPUMS ACS data.
Change is significant at the 90% confidence level.

Methodology and Notes:

Data Sources and Changes to Age Categories for Children
In general, this brief uses Georgetown University Center for Children and Families analysis of single-year 2016 and 2017 estimates of summary national and state-level health coverage data from the 2017 American Community Survey (ACS). The U.S. Census Bureau publishes ACS summary data on American Fact Finder. Where only number estimates are available, percent estimates and their standard errors were computed based on formulas provided in the 2017 ACS's "Instructions for Applying Statistical Testing to ACS 1-Year Data." In certain cases (sources of coverage, coverage by poverty level, coverage by race and ethnicity, and coverage by age), this brief uses a Georgetown University Center for Children and Families comparison of 2016 and 2017 single-year national estimates of health coverage for children age 18 and younger using the Integrated Public Use Microdata Series (IPUMS), an augmented version of the ACS. IPUMS is prepared by the University of Minnesota Population Center (IPUMSUSA, University of Minnesota, www.ipums.org). That is because in the technical documentation for the 2017 ACS single-year estimates, the Census Bureau announced that there would be updates to multiple health insurance tables. In order to better align with the current health insurance landscape, the age categories of the 2017 ACS health insurance tables were updated so that the age group for children includes individuals age 18 and younger. In previous years, the age group for children included individuals age 17 and younger. The Census Bureau, however, did not recalculate previous year detailed estimates using the new age category. This, however, may result in differences between the 2017 data from the American Fact Finder and 2017 IPUMS data. For example, the IPUMS data relies on a representative sample of ACS data while the Fact Finder uses the entire ACS data set. The IPUMS data also reflects other adjustments to the ACS sample.

Poverty Status
Data on poverty levels include only those individuals for whom the poverty status can be determined for the last year. Therefore, this population is slightly smaller than the total non-institutionalized population of the U.S. (the universe used to calculate all other data in the brief). The Census Bureau determines an individual's poverty status by comparing that person's income in the last 12 months to poverty thresholds that account for family size and composition, as well as various types of income.
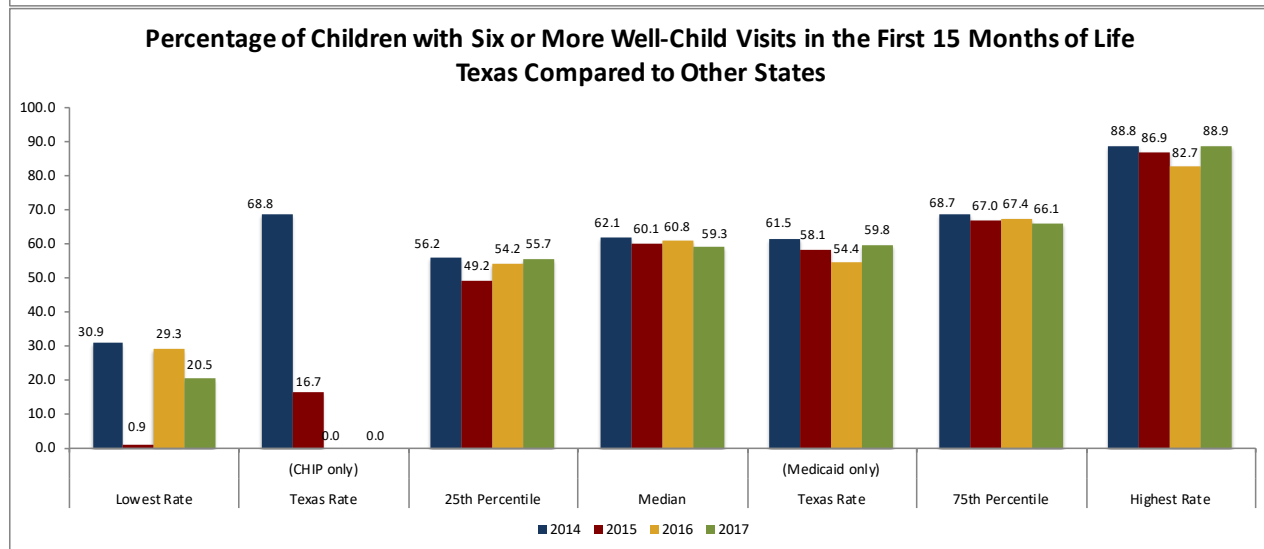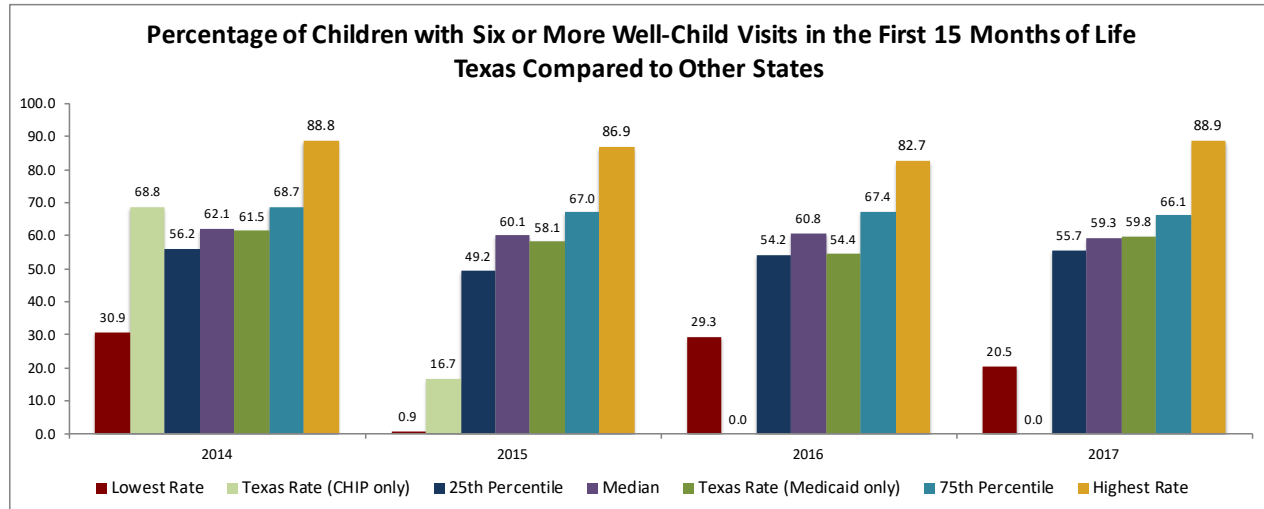
Health Coverage
Data on sources of health insurance coverage are point-in-time estimates that convey whether a person has coverage at the time of the survey. Individuals can report more than one source of coverage, so such totals may add to more than 100 percent. Additionally, the estimates are not adjusted to address the Medicaid "undercount" often found in surveys, which may be accentuated by the absence of state-specific health insurance program names in the ACS. We report children covered by Medicare, TRICARE/military, VA, or two or more types of health insurance as being covered by an "other" source of health coverage. The Census Bureau provides the following categories of coverage for respondents to indicate source of health insurance: current or former employer, purchased directly from an insurance company, Medicare, Medicaid or means-tested (includes CHIP), TRICARE or other military health coverage, VA, Indian Health Service (IHS), or other. People who indicate IHS as their only source of health coverage do not have comprehensive coverage and are considered to be uninsured.

Demographic Characteristics
"Children" are defined as those individuals age 18 and under. We report data for all seven race categories and two ethnicity categories for which the ACS provides one-year health insurance coverage estimates. The Census Bureau recognizes and reports race and Hispanic origin (i.e., ethnicity) as separate and distinct concepts. To report on an individual's race, we merge the data for "Asian alone" and "Native Hawaiian or other Pacific Islander alone." In addition, we report the ACS category "some other race alone" and "two or more races" as "other." Except for "other," all racial categories refer to respondents who indicated belonging to only one race. We report "Hispanic or Latino," as "Hispanic." As this refers to a person's ethnicity, Hispanic and non-Hispanic individuals may be of any race. For more detail on how the ACS defines racial and ethnic groups, see "American Community Survey and Puerto Rico Community Survey 2015 Subject Definitions."
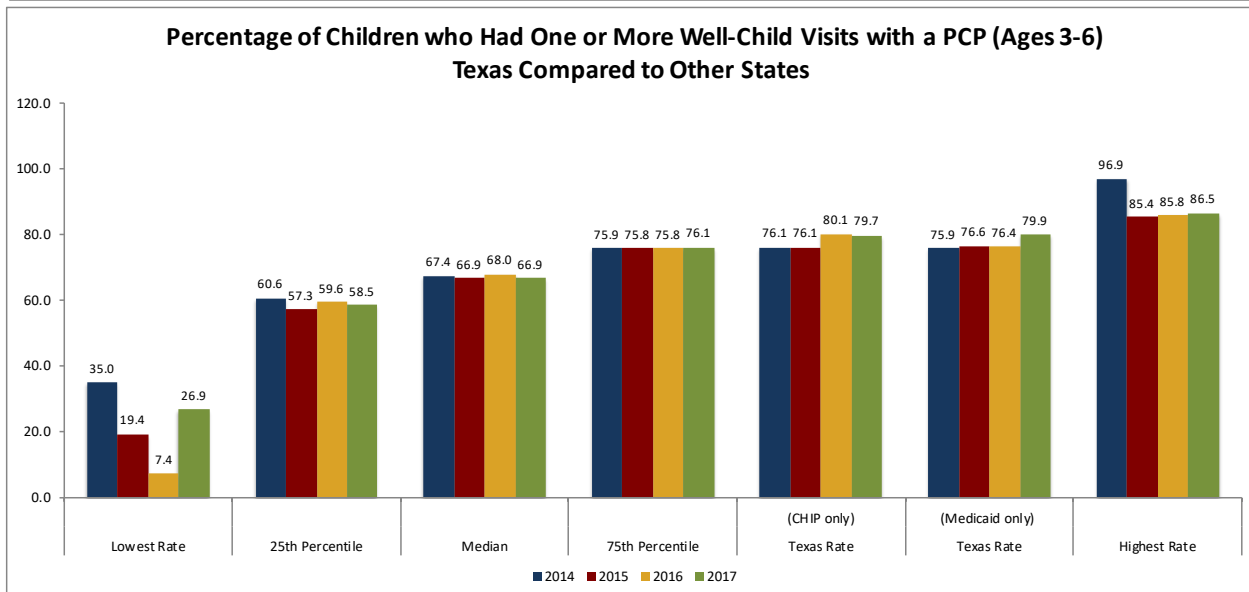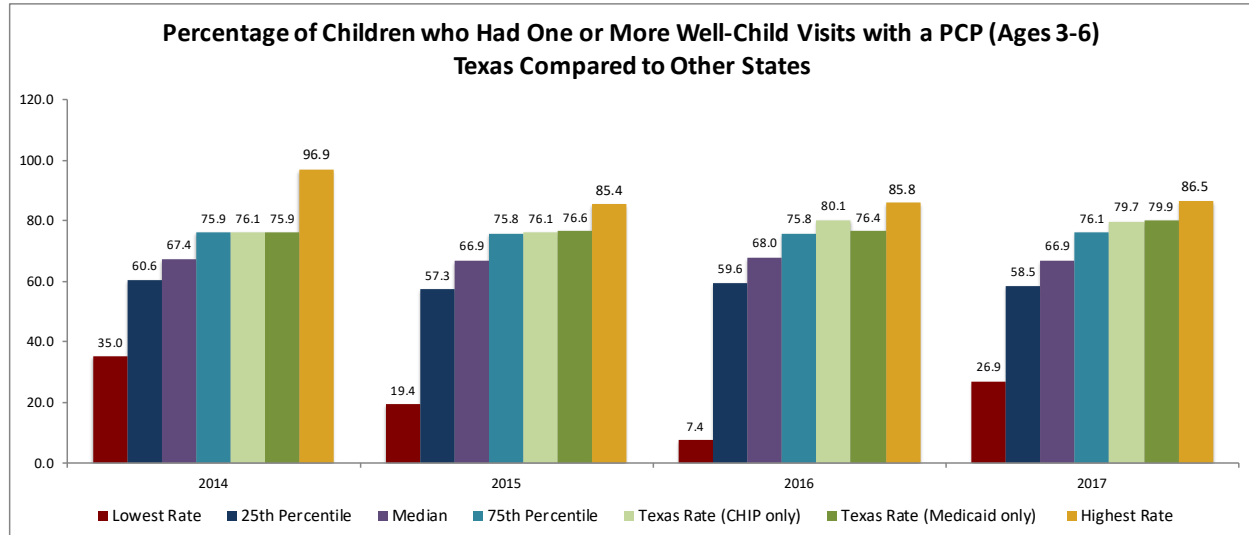
Percentage of Children with Six or More Well-Child Visits in the First 15 Months of Life

	Lowest Rate	Texas Rate	25th Percentile	Median	Texas Rate	75th Percentile	Highest Rate
		(CHIP only)			(Medicaid only)		
2014	30.9	68.8	56.2	62.1	61.5	68.7	88.8
2015	0.9	16.7	49.2	60.1	58.1	67.0	86.9
2016	29.3	NR	54.2	60.8	54.4	67.4	82.7
2017	20.5	NR	55.7	59.3	59.8	66.1	88.9

Percentage of Children with Six or More Well-Child Visits in the First 15 Months of Life — Texas Compared to Other States

Percentage of Children with Six or More Well-Child Visits in the First 15 Months of Life — Texas Compared to Other States

Percentage of Children who Had One or More Well-Child Visits with a PCP (Ages 3-6)

	Lowest Rate	25th Percentile	Median	75th Percentile	Texas Rate (CHIP only)	Texas Rate (Medicaid only)	Highest Rate
2014	35.0	60.6	67.4	75.9	76.1	75.9	96.9
2015	19.4	57.3	66.9	75.8	76.1	76.6	85.4
2016	7.4	59.6	68.0	75.8	80.1	76.4	85.8
2017	26.9	58.5	66.9	76.1	79.7	79.9	86.5

Percentage of Children who Had One or More Well-Child Visits with a PCP (Ages 3-6) Texas Compared to Other States

Percentage of Children who Had One or More Well-Child Visits with a PCP (Ages 3-6) Texas Compared to Other States

Adolescent Well-Care: Percentage with 1 or More Visits

	Lowest Rate	25th Percentile	Median	75th Percentile	Texas Rate	Texas Rate	Highest Rate
					(CHIP only)	*(Medicaid only)*	
2014	18.0	38.0	43.5	56.2	58.2	56.1	71.5
2015	19.8	37.8	45.5	56.0	61.3	59.3	69.4
2016	22.4	36.1	45.1	56.4	64.5	61.3	68.4
2017	12.0	37.8	44.7	55.7	67.2	69.0	69.8

Adolescent Well-Care: Percentage with 1 or More Visits
Texas Compared to Other States

Adolescent Well-Care: Percentage with 1 or More Visits
Texas Compared to Other States
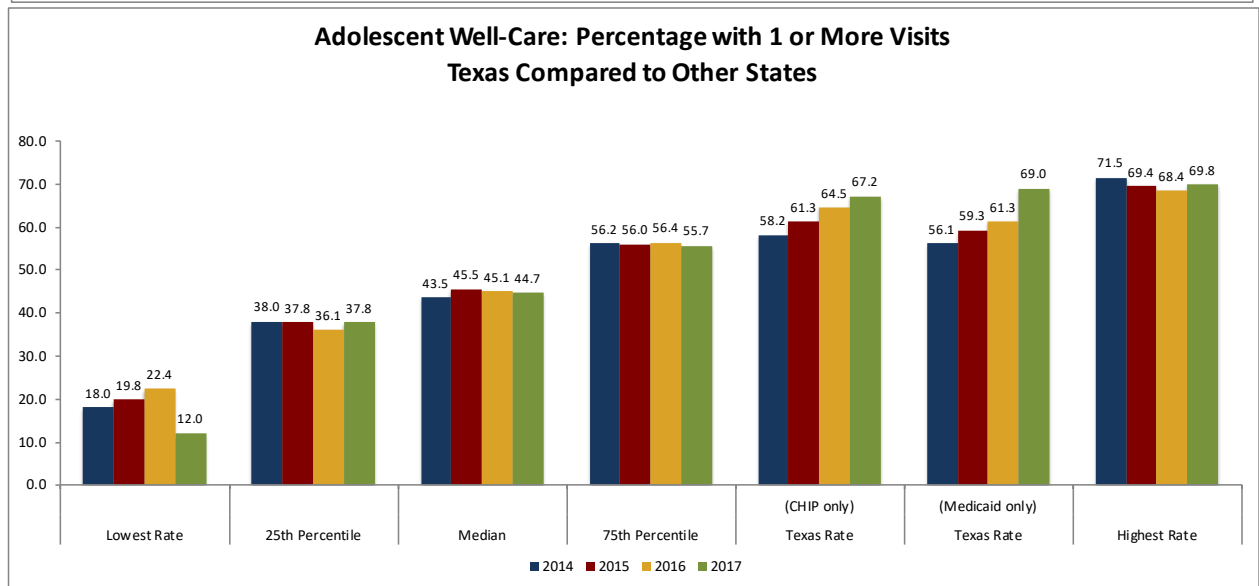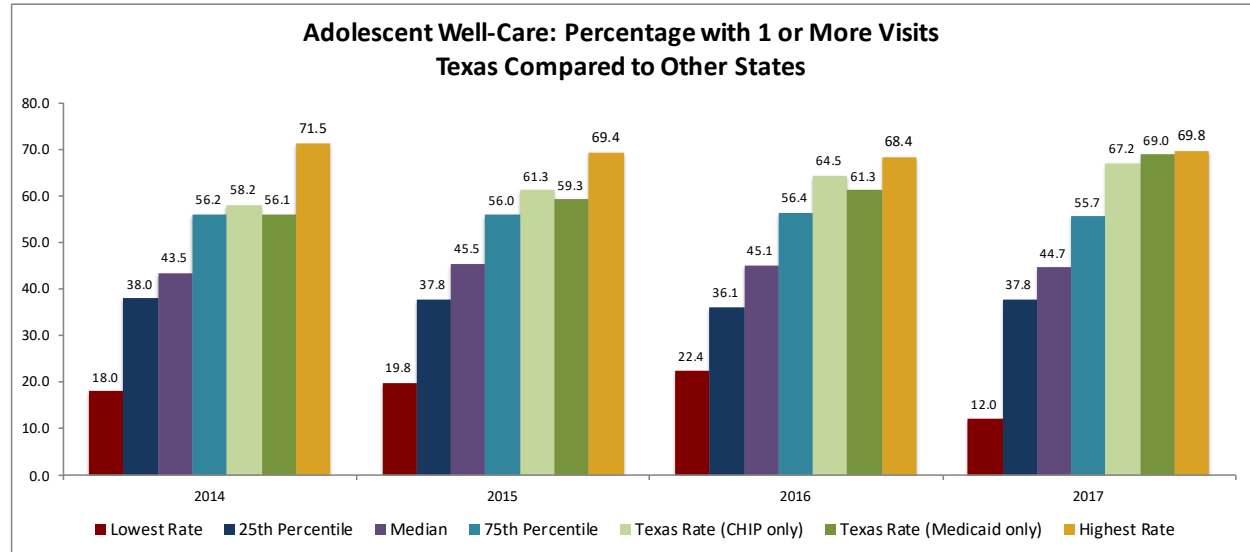
Adolescent Immunizations: Percentage of Adolescents Up-to-Date

	Lowest Rate	25th Percentile	Median	Texas Rate	Texas Rate	75th Percentile	Highest Rate
				(Medicaid only)	(CHIP only)		
2014	19.8	52.6	67.1	65.4	79.7	79.7	88.4
2015	18.2	56.8	67.4	78.0	78.7	78.7	88.9
2016	19.6	56.5	70.3	79.3	79.4	79.4	88.0
2017	20.1	56.9	73.2	76.5	79.2	83.0	90.9

Adolescent Immunizations: Percentage of Adolescents Up-to-Date by Age 13 Texas Compared to Other States

Adolescent Immunizations: Percentage of Adolescents Up-to-Date By Age 13 Texas Compared to Other States
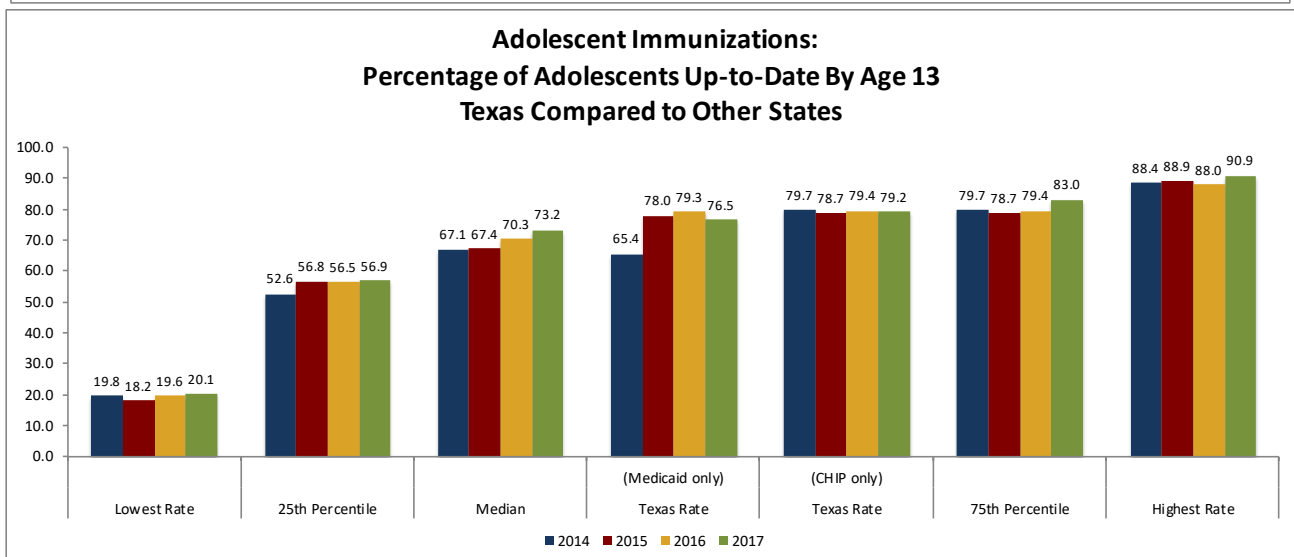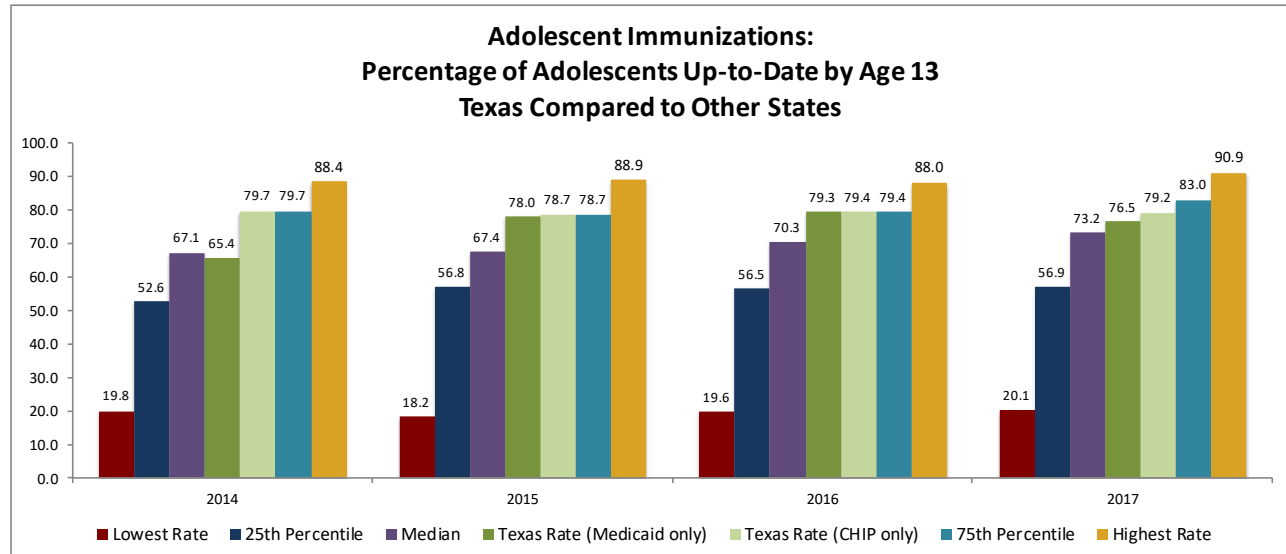
Developmental Screening in the First Three Years of Life

	Lowest Rate	25th Percentile	Median	Texas Rate (Medicaid only)	Texas Rate (CHIP only)	75th Percentile	Highest Rate
2014	-	-	-	-		-	-
2015	-	-	-	-		-	-
2016	1.6	15.7	36.0	45.2	45.6	50.5	77.5
2017	3.7	17.8	39.8	46.1	48.6	53.9	81.1
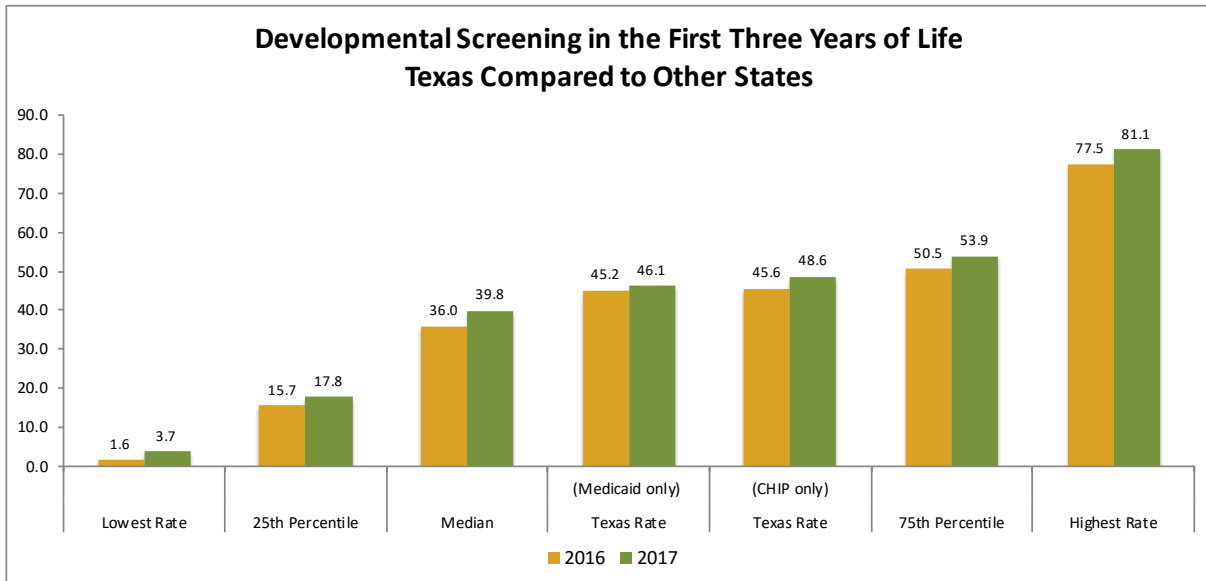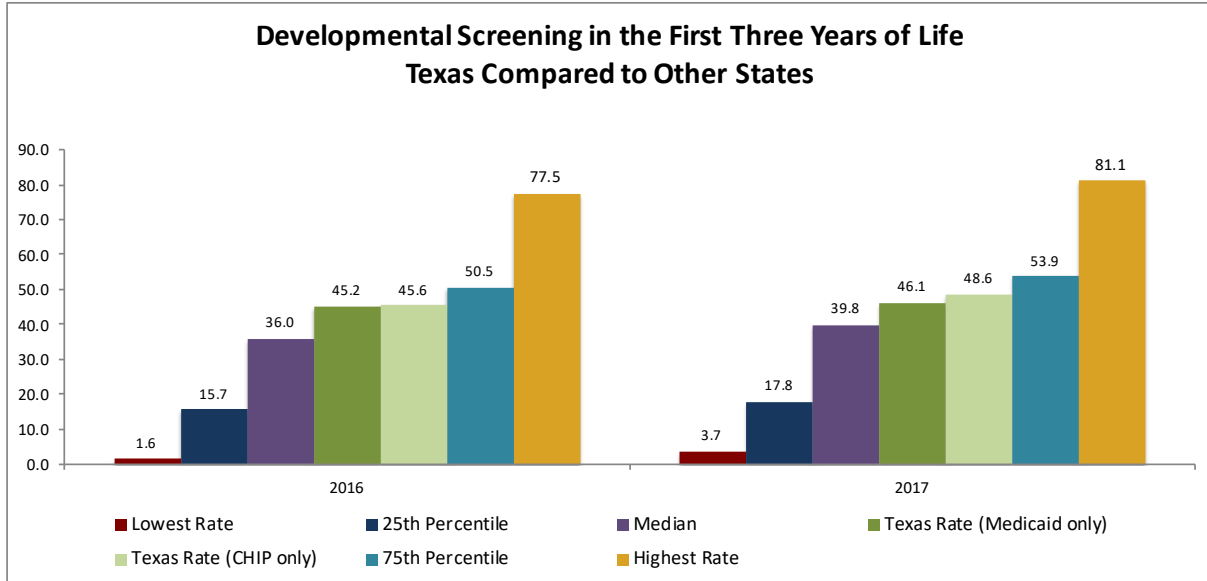
Developmental Screening in the First Three Years of Life
Texas Compared to Other States

Developmental Screening in the First Three Years of Life
Texas Compared to Other States

Access to Primary Care Providers: Percentage with a PCP Visit in the Past Year (Ages 12 months-24 months)

	Lowest Rate	25th Percentile	Median	Texas Rate	75th Percentile	Texas Rate	Highest Rate
				(Medicaid only)		*(CHIP only)*	
2014	87.8	94.3	96.4	96.3	97.3	97.5	100.0
2015	84.2	93.2	95.2	97.1	97.0	94.4	100.0
2016	83.8	93.5	95.2	96.2	96.6	97.6	99.1
2017	82.9	93.3	95.2	96.0	96.6	96.6	99.4

Access to Primary Care Providers: Percentage with a PCP Visit in the Past Year (Ages 12 months-24 months) Texas Compared to Other States
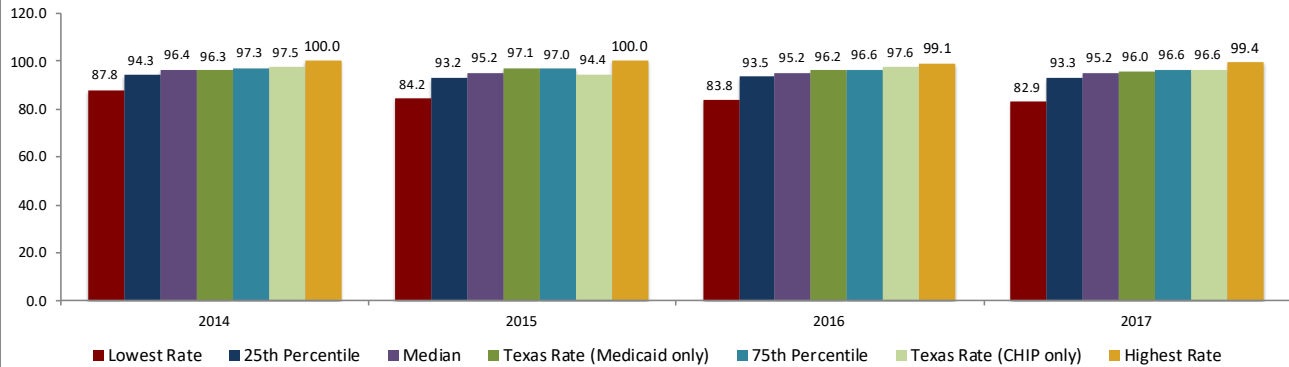
Access to Primary Care Providers: Percentage with a PCP Visit in the Past Year (Ages 12 months-24 months) Texas Compared to Other States
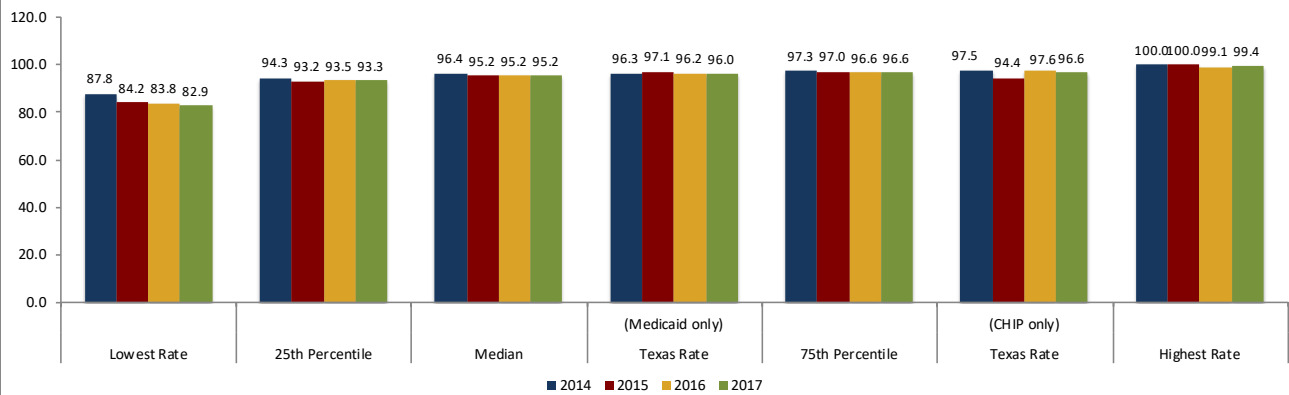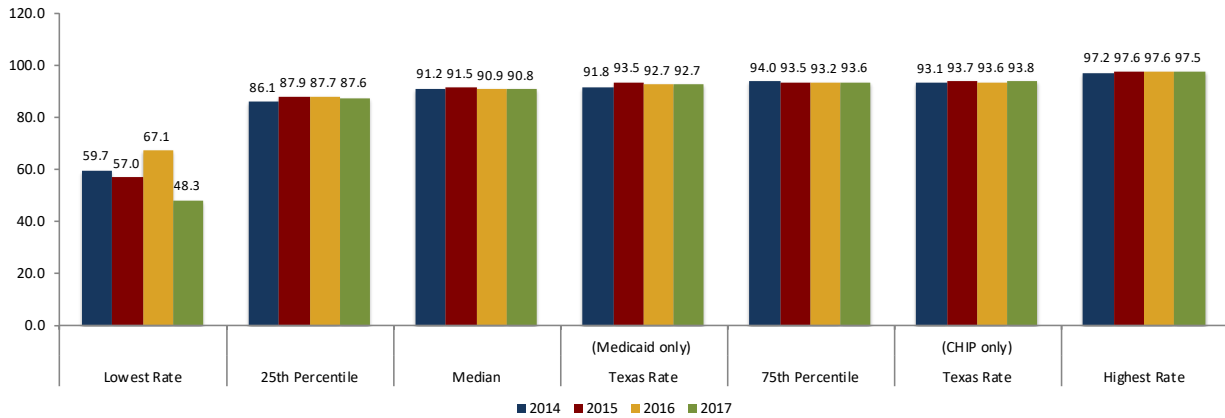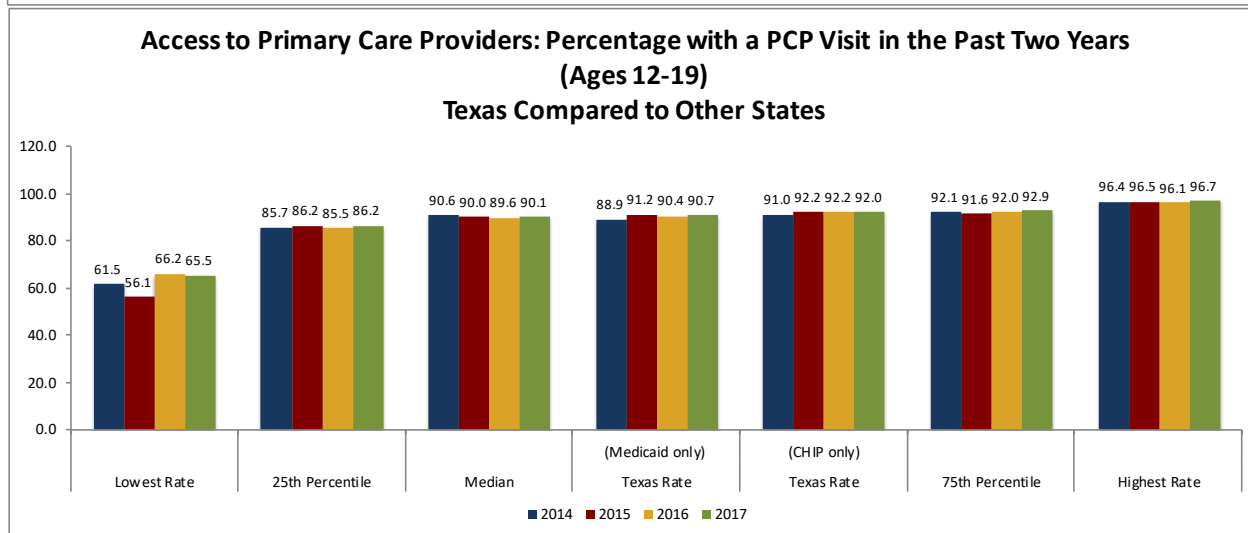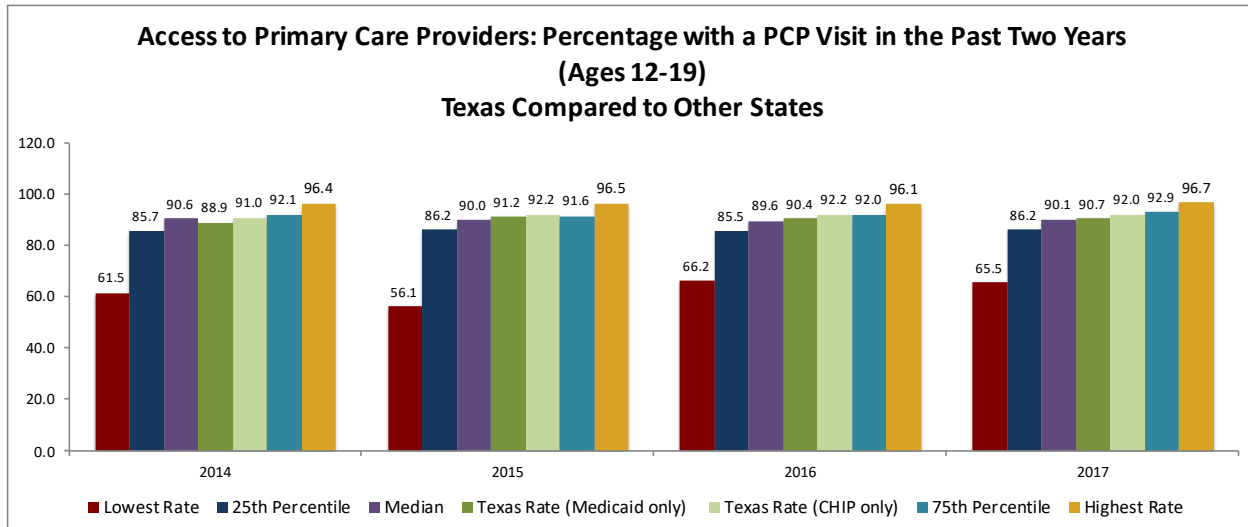
Access to Primary Care Providers: Percentage with a PCP Visit in the Past Year (Ages 25 Months-6 Years)

	Lowest Rate	25th Percentile	Median	Texas Rate (Medicaid only)	Texas Rate (CHIP only)	75th Percentile	Highest Rate
2014	71.5	84.3	88.6	90	89.4	91.6	95.0
2015	68.7	84.9	88.0	91.3	90.6	89.6	97.1
2016	73.7	84.4	87.7	89.6	89.6	89.8	94.7
2017	69.9	84.9	87.4	88.7	89.7	90.3	95.0

Access to Primary Care Providers: Percentage with a PCP Visit in the Past Year (Ages 25 Months-6 Years)
Texas Compared to Other States
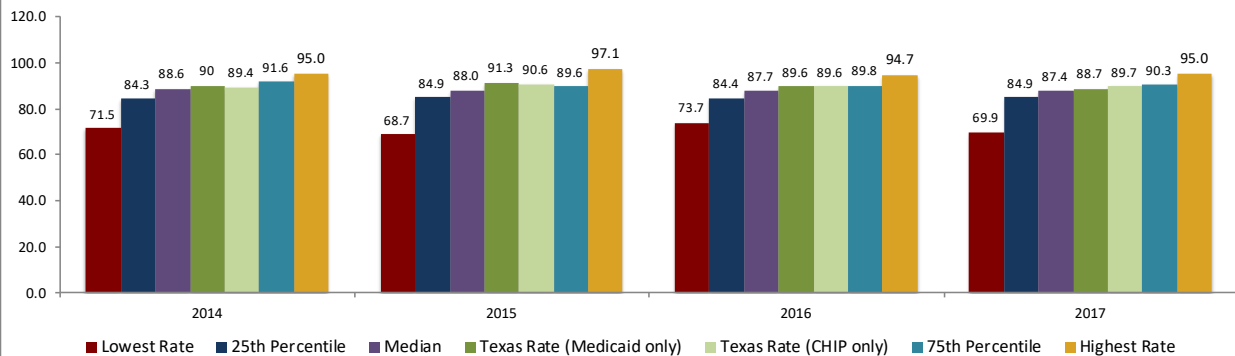
Access to Primary Care Providers: Percentage with a PCP Visit in the Past Year (Ages 25 Months-6 Years)
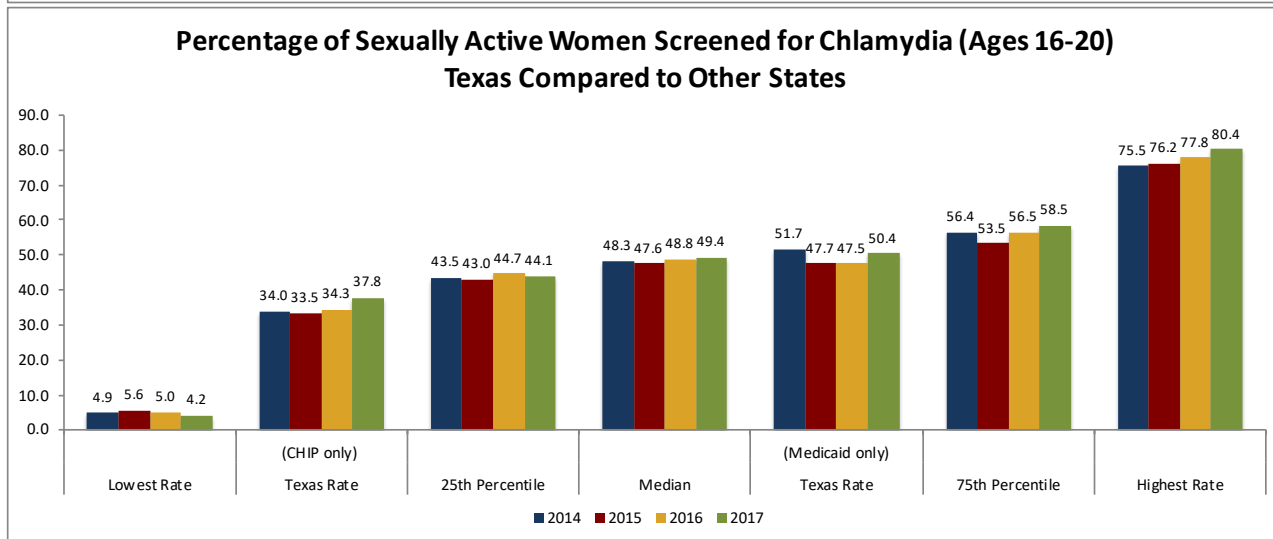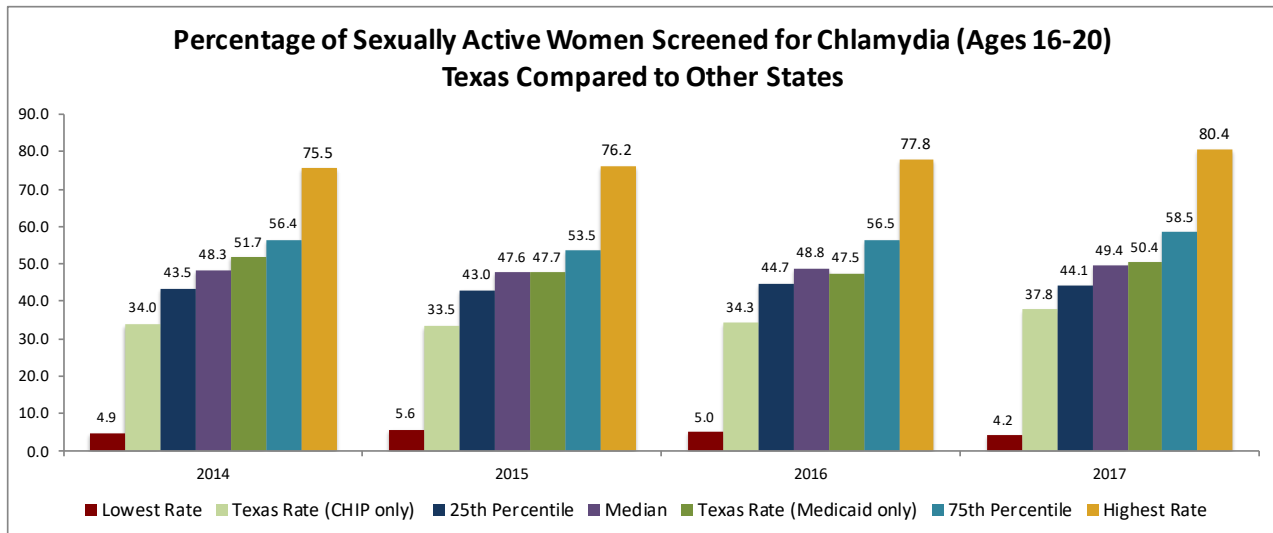**Texas Compared to Other States**
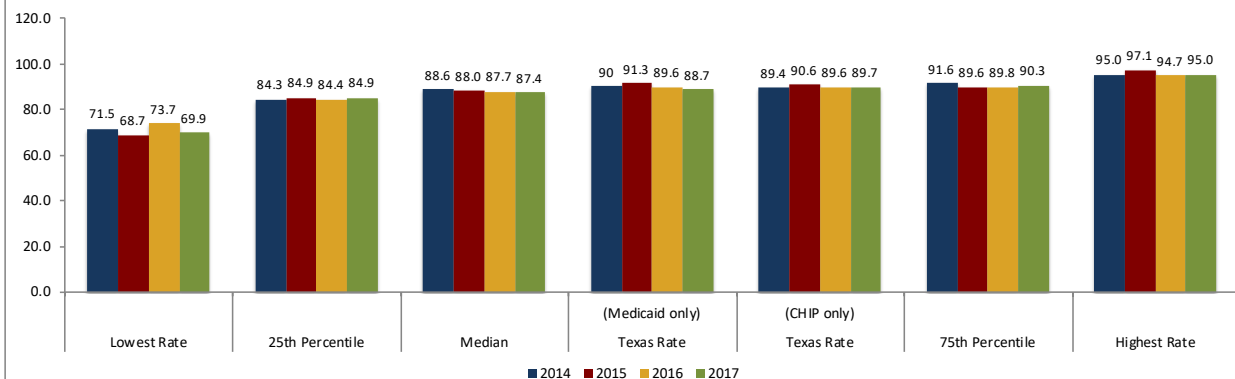
Access to Primary Care Providers: Percentage with a PCP Visit in the Past Two Years (Ages 7-11)

	Lowest Rate	25th Percentile	Median	Texas Rate	75th Percentile	Texas Rate	Highest Rate
				(Medicaid only)		(CHIP only)	
2014	59.7	86.1	91.2	91.8	94.0	93.1	97.2
2015	57.0	87.9	91.5	93.5	93.5	93.7	97.6
2016	67.1	87.7	90.9	92.7	93.2	93.6	97.6
2017	48.3	87.6	90.8	92.7	93.6	93.8	97.5

Access to Primary Care Providers: Percentage with a PCP Visit in the Past Two Years (Ages 7-11) Texas Compared to Other States
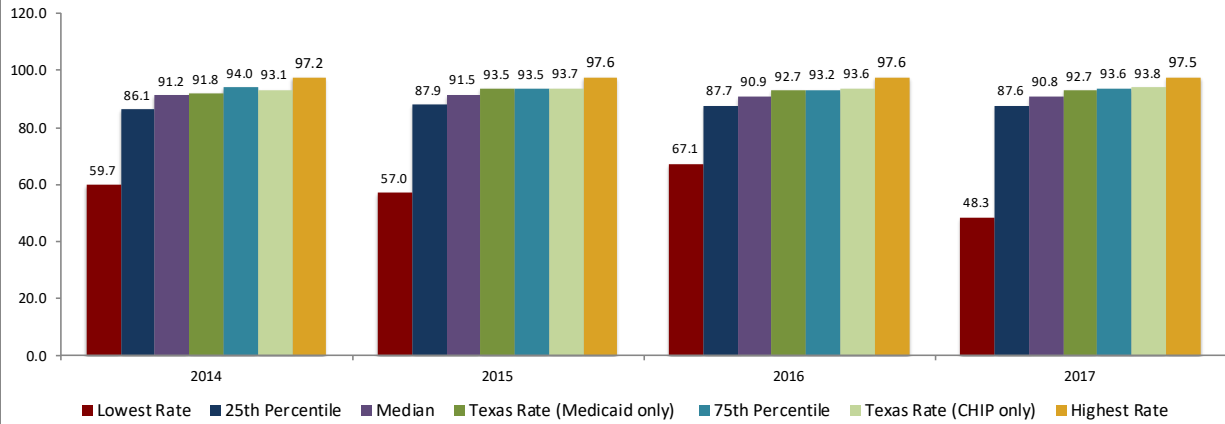
Access to Primary Care Providers: Percentage with a PCP Visit in the Past Two Years (Ages 7-11) Texas Compared to Other States

Access to Primary Care Providers: Percentage with a PCP Visit in the Past Two Years (Ages 12-19)

	Lowest Rate	25th Percentile	Median	Texas Rate	Texas Rate	75th Percentile	Highest Rate
				(Medicaid only)	(CHIP only)		
2014	61.5	85.7	90.6	88.9	91.0	92.1	96.4
2015	56.1	86.2	90.0	91.2	92.2	91.6	96.5
2016	66.2	85.5	89.6	90.4	92.2	92.0	96.1
2017	65.5	86.2	90.1	90.7	92.0	92.9	96.7

Access to Primary Care Providers: Percentage with a PCP Visit in the Past Two Years (Ages 12-19) Texas Compared to Other States

Access to Primary Care Providers: Percentage with a PCP Visit in the Past Two Years (Ages 12-19) Texas Compared to Other States

Percentage of Sexually Active Women Screened for Chlamydia (Ages 16-20)

	Lowest Rate	Texas Rate	25th Percentile	Median	Texas Rate	75th Percentile	Highest Rate
		(CHIP only)			(Medicaid only)		
2014	4.9	34.0	43.5	48.3	51.7	56.4	75.5
2015	5.6	33.5	43.0	47.6	47.7	53.5	76.2
2016	5.0	34.3	44.7	48.8	47.5	56.5	77.8
2017	4.2	37.8	44.1	49.4	50.4	58.5	80.4

Percentage of Sexually Active Women Screened for Chlamydia (Ages 16-20) Texas Compared to Other States

Percentage of Sexually Active Women Screened for Chlamydia (Ages 16-20) Texas Compared to Other States

HPV Vaccine for Female Adolescents: Percentage Receiving Three Vaccine Doses Before Age 13

	Lowest Rate	25th Percentile	Texas Rate	Texas Rate	Median	75th Percentile	Highest Rate
			(Medicaid only)	*(CHIP only)*			
2014	2.9	12.9	13.0	13.1	17.6	22.9	35.9
2015	0.6	14.5	21.7	20.4	20.8	23.9	36.0
2016	1.0	16.2	21.6	21.3	20.8	23.6	42.8
2017	5.4	13.3	16.4	18.6	20.8	24.8	57.0

HPV Vaccine for Female Adolescents: Percentage Receiving Three Vaccine Doses Before Age 13 — Texas Compared to Other States

HPV Vaccine for Female Adolescents: Percentage Receiving Three Vaccine Doses Before Age 13 — Texas Compared to Other States
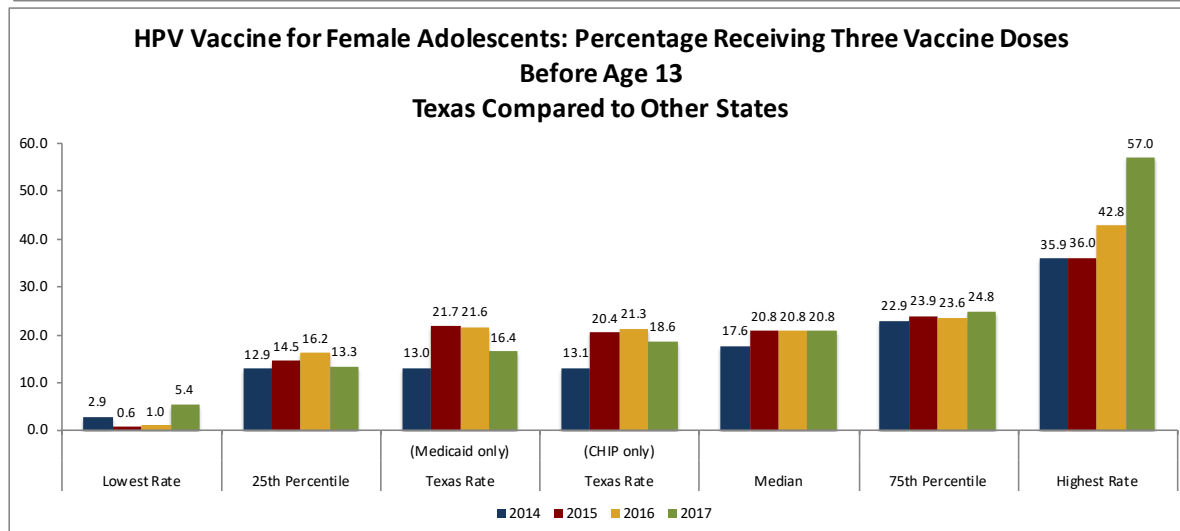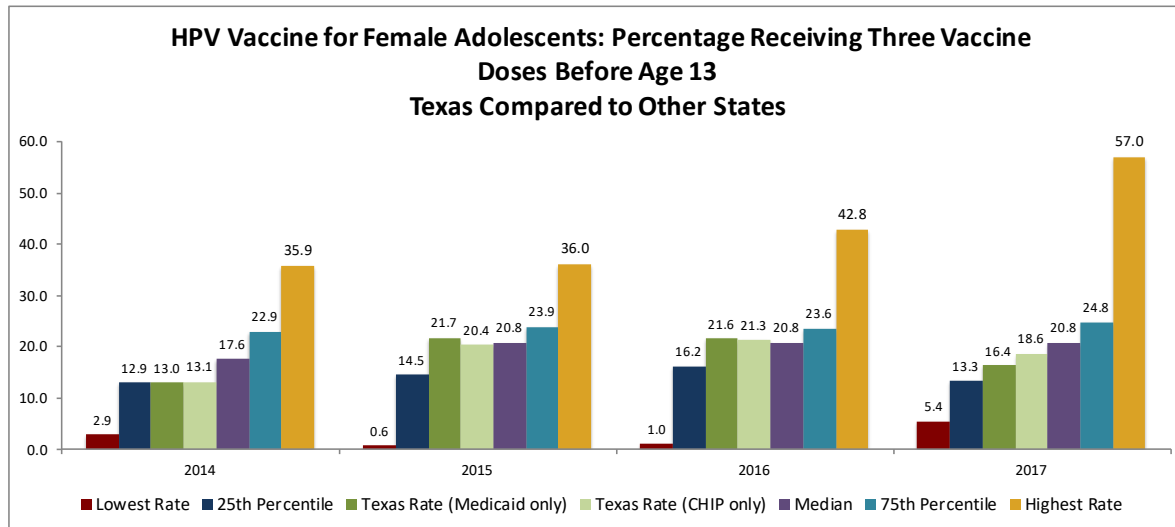
Weight Assessment: Percentage with a BMI Percentile Documented (Ages 3-17)

	Lowest Rate	25th Percentile	Median	Texas Rate	Texas Rate	75th Percentile	Highest Rate
				(Medicaid only)	(CHIP only)		
2014	0.1	12.3	42.6	42.6	46.2	63.4	94.4
2015	0.1	21.0	53.0	46.7	46.2	68.1	82.7
2016	0.5	23.2	61.2	50.1	55.1	69.4	85.0
2017	0.3	28.8	61.1	66.3	67.0	74.5	89.6

Weight Assessment: Percentage with a BMI Percentile Documented (Ages 3-17) Texas Compared to Other States
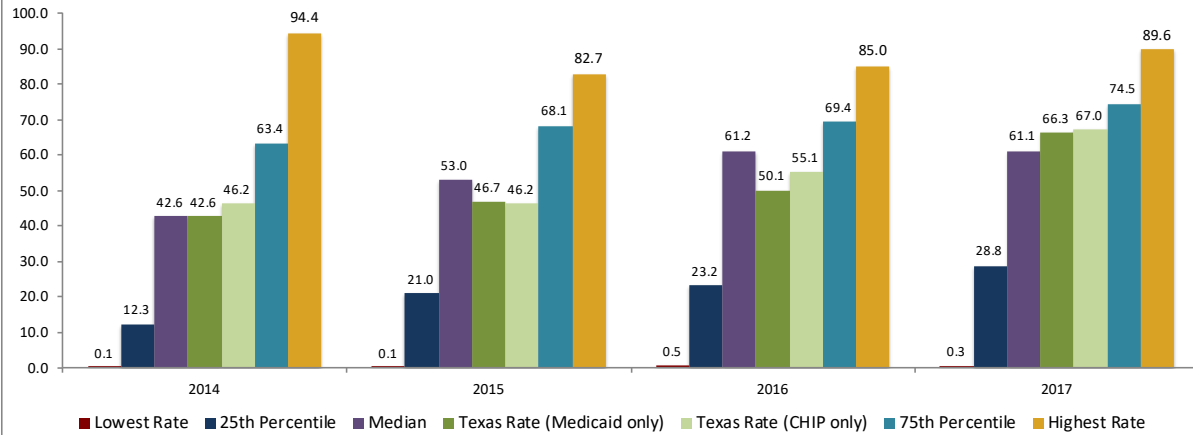
Weight Assessment: Percentage with a BMI Percentile Documented (Ages 3-17) State Compared to Other States
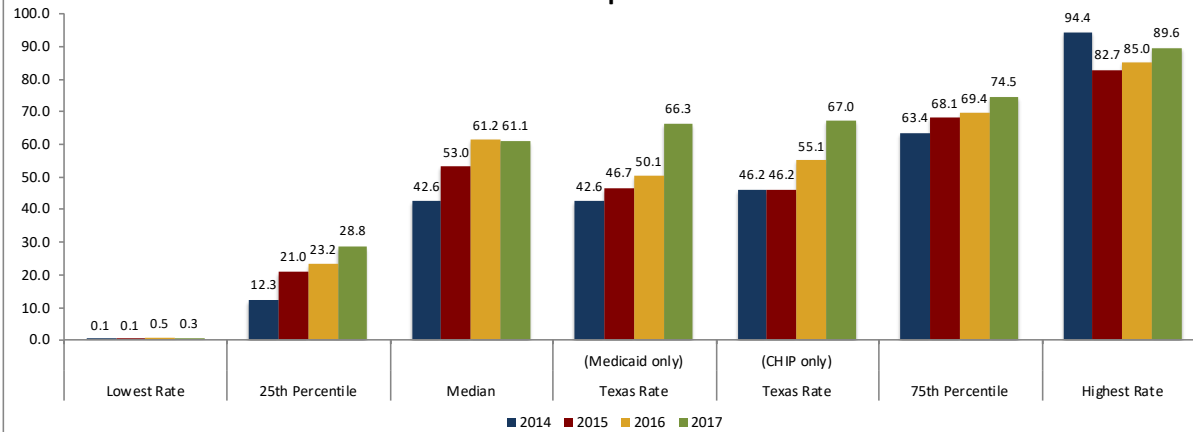
Percentage of Eligibles that Received at Least One Preventive Dental Service

	Lowest Rate	25th Percentile	Median	75th Percentile	Highest Rate	Texas Rate
						(Medicaid only)
2014	25.1	42.5	47.6	50.6	61.6	52.6
2015	27.1	40.1	47.4	50.0	66.1	66.1
2016	29.5	43.2	48.2	52.5	67.4	67.4
2017	27.3	44.7	48.2	52.1	67.5	67.5

Percentage of Eligibles that Received at Least One Preventive Dental Service — Texas Compared to Other States
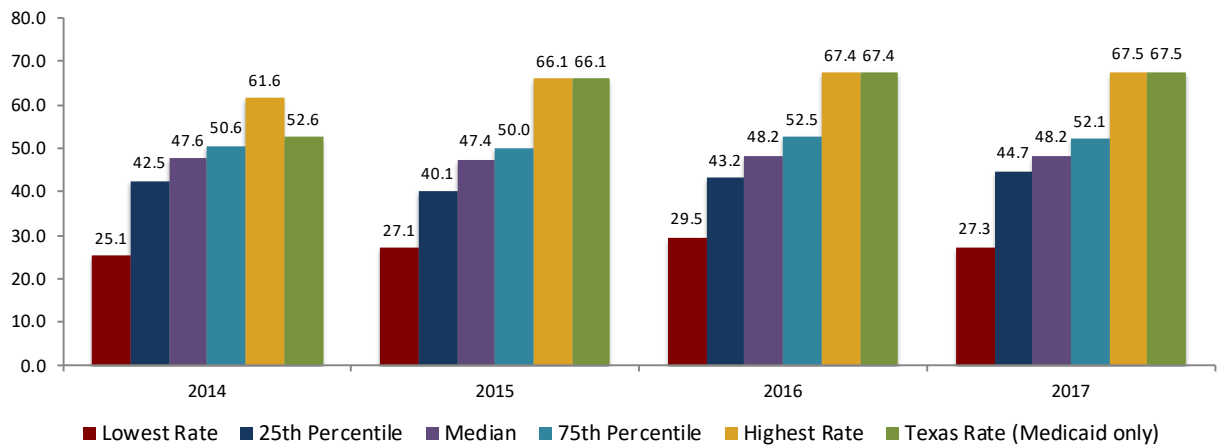
Percentage of Eligibles that Received at Least One Preventive Dental Service — Texas Compared to Other States
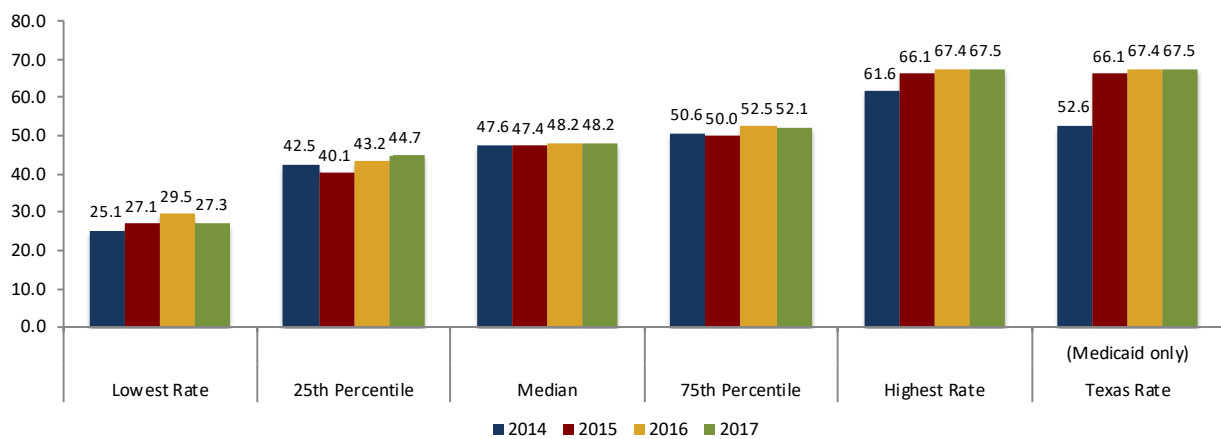
Dental Sealants for Children at Elevated Caries Risk: Percentage Who Received a Sealant on a First Permanent Molar

	Lowest Rate	25th Percentile	Texas Rate	Median	Texas Rate	75th Percentile	Highest Rate
			(CHIP only)		(Medicaid Only)		
2014	-		-		-	-	-
2015	5.2	18.1	20.2	23.4	25.4	25.4	34.9
2016	10.8	21.0	20.2	23.4	25.0	26.2	53.6
2017	7.7	18	20.1	22.9	24.6	24.9	53.7
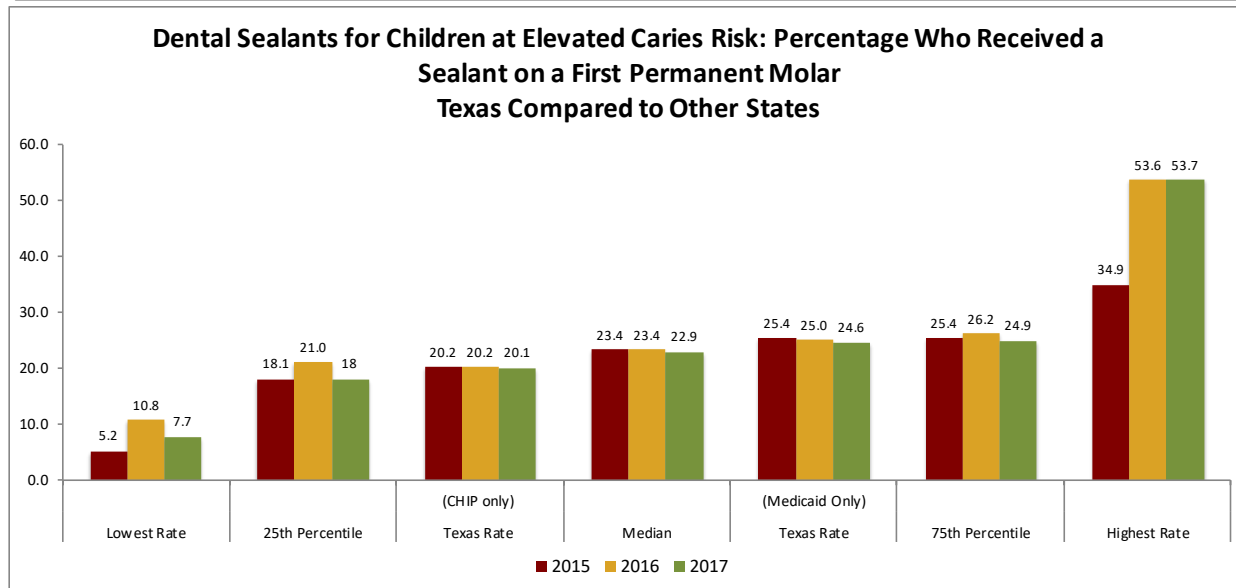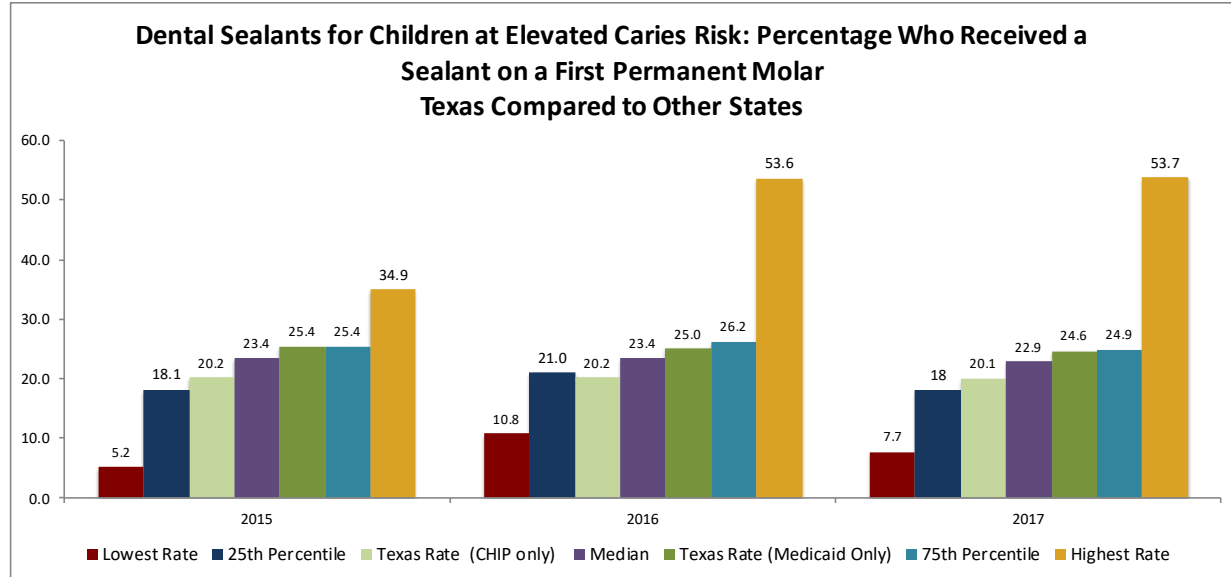
Dental Sealants for Children at Elevated Caries Risk: Percentage Who Received a Sealant on a First Permanent Molar
Texas Compared to Other States

Dental Sealants for Children at Elevated Caries Risk: Percentage Who Received a Sealant on a First Permanent Molar
Texas Compared to Other States

Frequency of Ongoing Prenatal Care: Percentage with More than 80 Percent of Expected Prenatal Visits

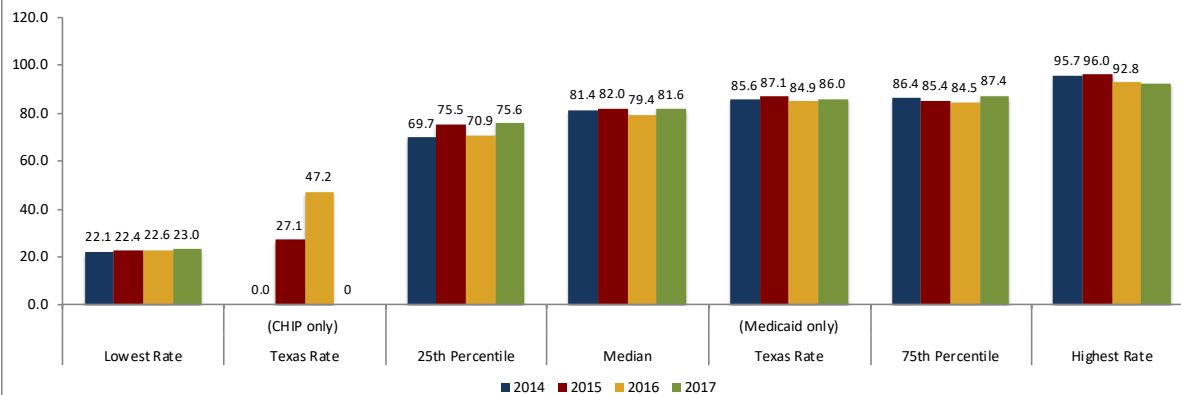|	Lowest Rate	Texas Rate (CHIP only)	Texas Rate (Medicaid only)	25th Percentile	Median	75th Percentile	Highest Rate
2014	1.4	28.6	52	43.1	65.8	72.8	84.9
2015	1.5	31.4	57	57.0	64.4	71.0	83.0
2016	1.7	30.6	55.5	47.6	61.5	68.7	91.4
2017	1.8	NR	43.0	43.5	61.7	67.0	82.0

Frequency of Ongoing Prenatal Care: Percentage with More than 80 Percent of Expected Prenatal Visits
Texas Compared to Other States
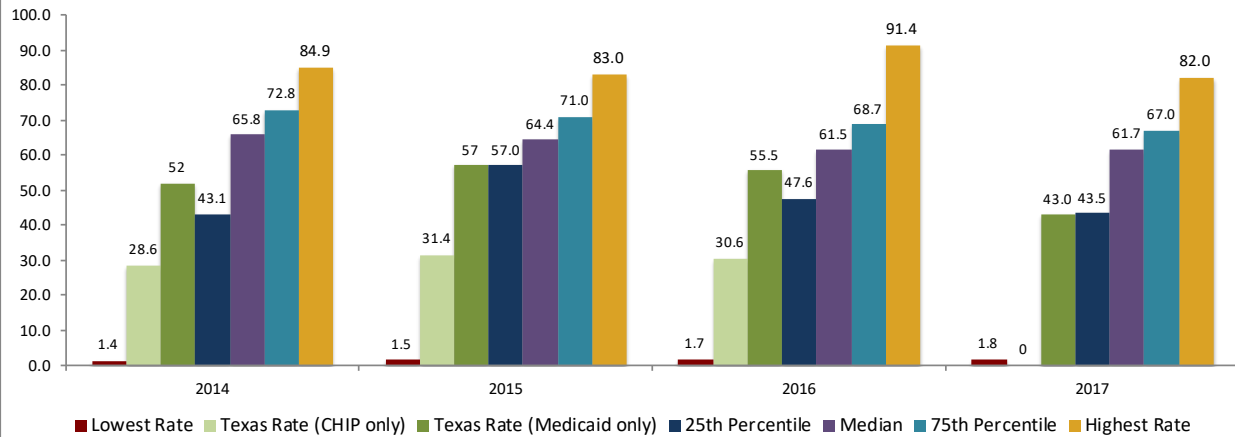
Frequency of Ongoing Prenatal Care: Percentage with More than 80 Percent of Expected Prenatal Visits
Texas Compared to Other States
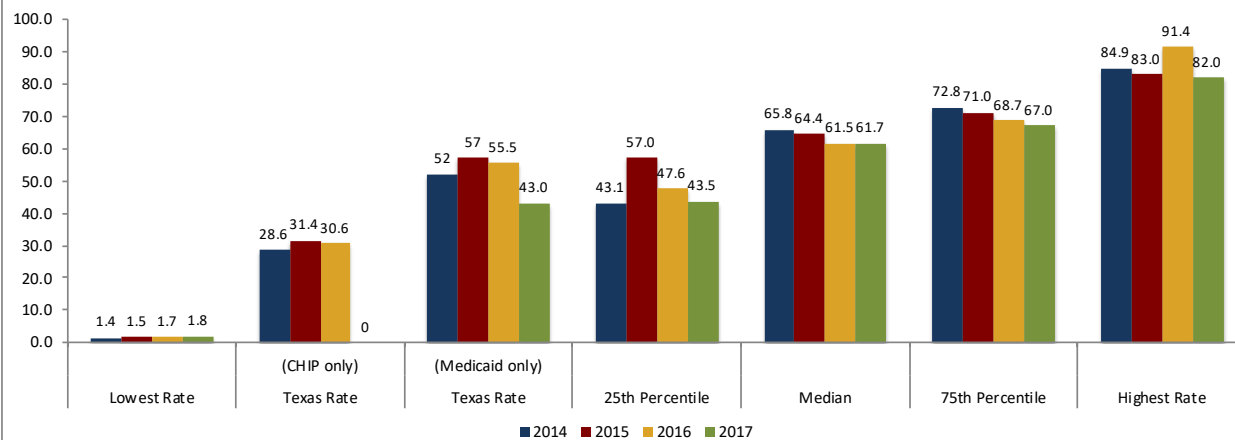
Percentage with a Prenatal Visit in the First Trimester or within 42 Days of Medicaid/CHIP Enrollment

	Lowest Rate	Texas Rate	25th Percentile	Median	Texas Rate	75th Percentile	Highest Rate
		(CHIP only)			(Medicaid only)		
2014	22.1	NR	69.7	81.4	85.6	86.4	95.7
2015	22.4	27.1	75.5	82.0	87.1	85.4	96.0
2016	22.6	47.2	70.9	79.4	84.9	84.5	92.8
2017	23.0	NR	75.6	81.6	86.0	87.4	92.6

Percentage with a Prenatal Visit in the First Trimester or within 42 Days of Medicaid/CHIP Enrollment
Texas Compared to Other States
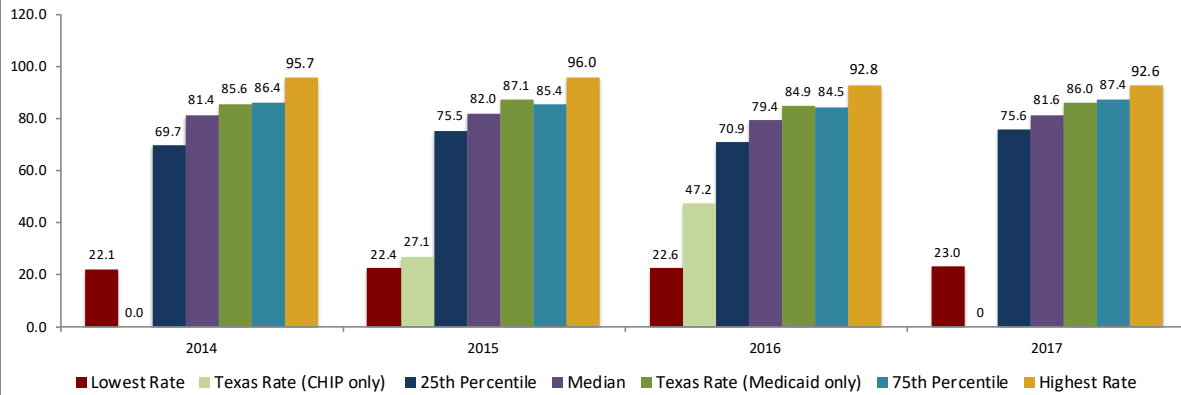
Percentage with a Prenatal Visit in the First Trimester or within 42 Days of Medicaid/CHIP Enrollment
Texas Compared to Other States

Percentage of Live Births that Weighed Less than 2,500 Grams (~5 pounds) [lower rates are better]

	Highest/Worst Rate	25th Percentile	Median	Texas Rate (Medicaid only)	75th Percentile	Lowest Rate	Texas Rate (CHIP only)
2014	12.6	10.1	9.0	5.4	7.8	0.7	NR
2015	13.4	10.1	8.9	NR	8.1	6.0	NR
2016	11.6	10.0	8.9	NR	8.0	5.4	NR
2017	12.1	10.6	9.0	9.0	8.1	6.4	6.4
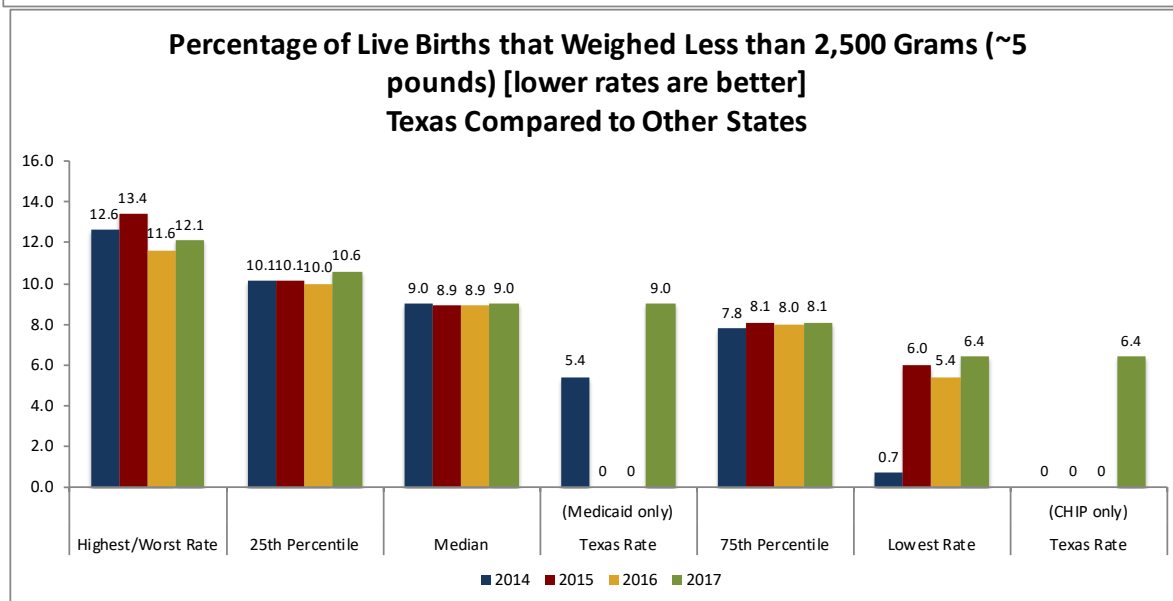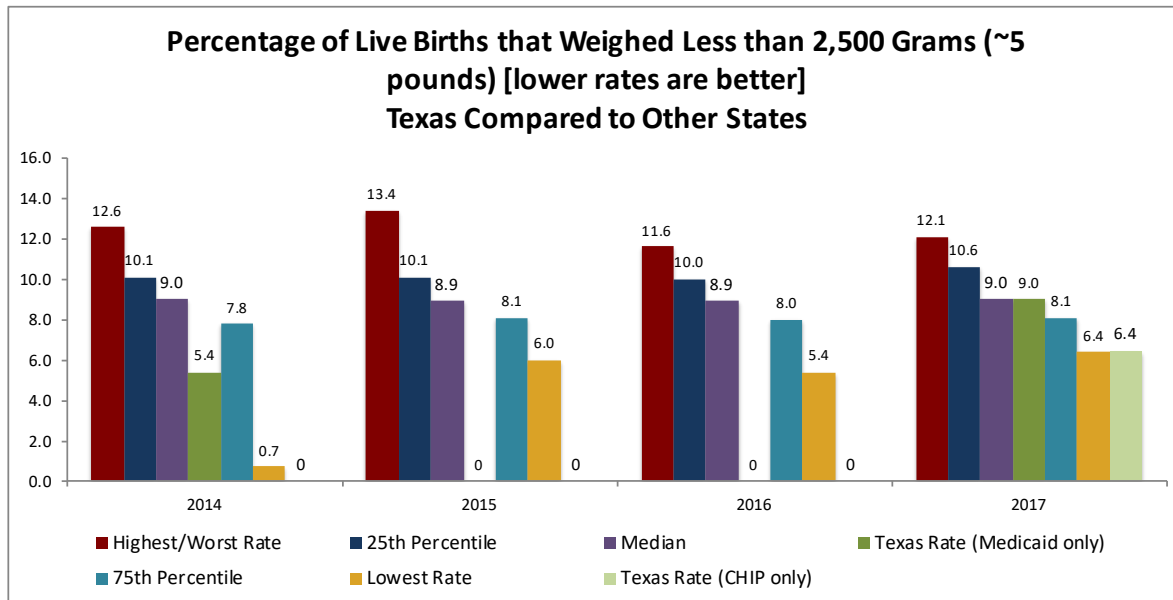
Percentage of Live Births that Weighed Less than 2,500 Grams (~5 pounds) [lower rates are better]
Texas Compared to Other States

Percentage of Live Births that Weighed Less than 2,500 Grams (~5 pounds) [lower rates are better]
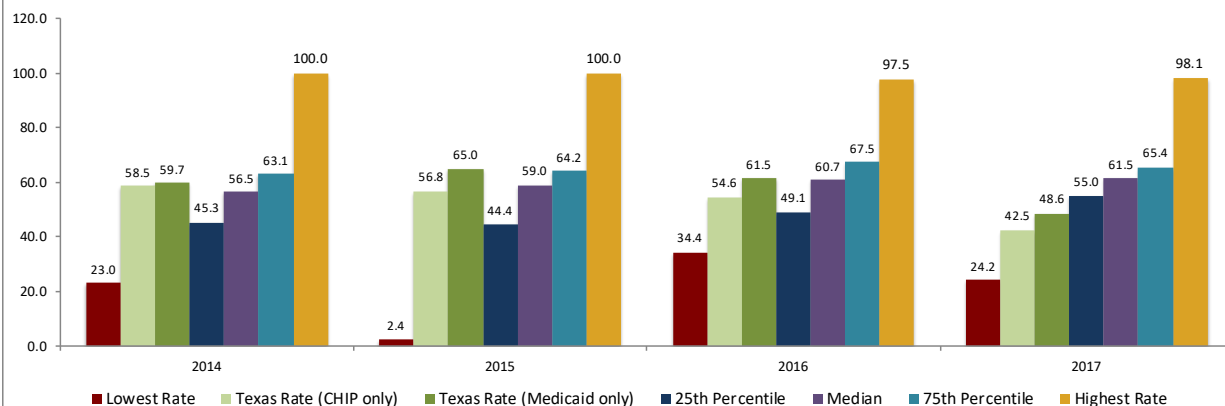Texas Compared to Other States

Follow-Up Care for Children Prescribed ADHD Medication: Percentage with one Follow-Up Visit During the Initiation Phase (30 Days)
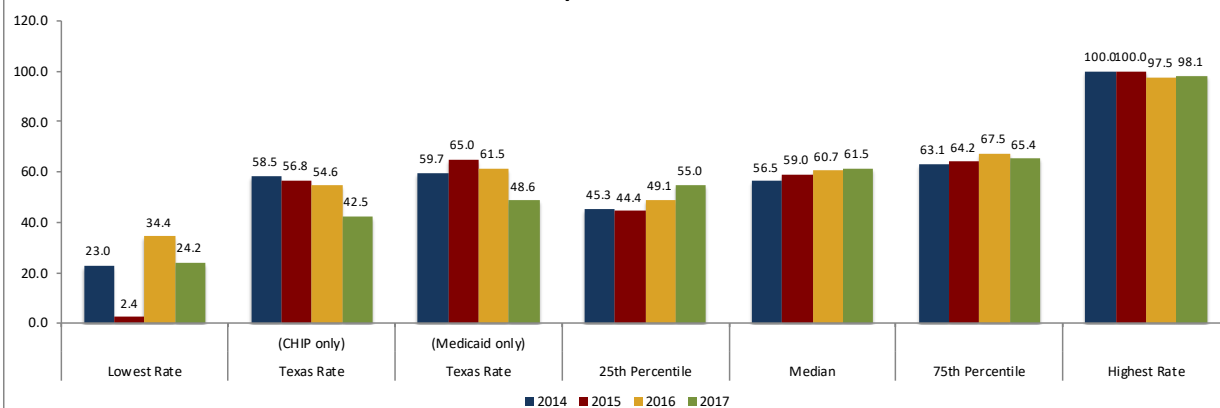
	Lowest Rate	Texas Rate	Texas Rate	25th Percentile	Median	75th Percentile	Highest Rate
		(CHIP only)	(Medicaid only)				
2014	9.5	42.8	45.6	35.3	44.1	53.3	100.0
2015	9.4	43.0	48.7	35.5	48.0	53.6	99.1
2016	13.9	42.2	47.3	43.0	48.8	54.6	76.0
2017	9.6	32.6	35.9	42.1	50.0	55.3	66.7

Follow-Up Care for Children Prescribed ADHD Medication: Percentage with one Follow-Up Visit During the Initiation Phase (30 Days) Texas Compared to Other States
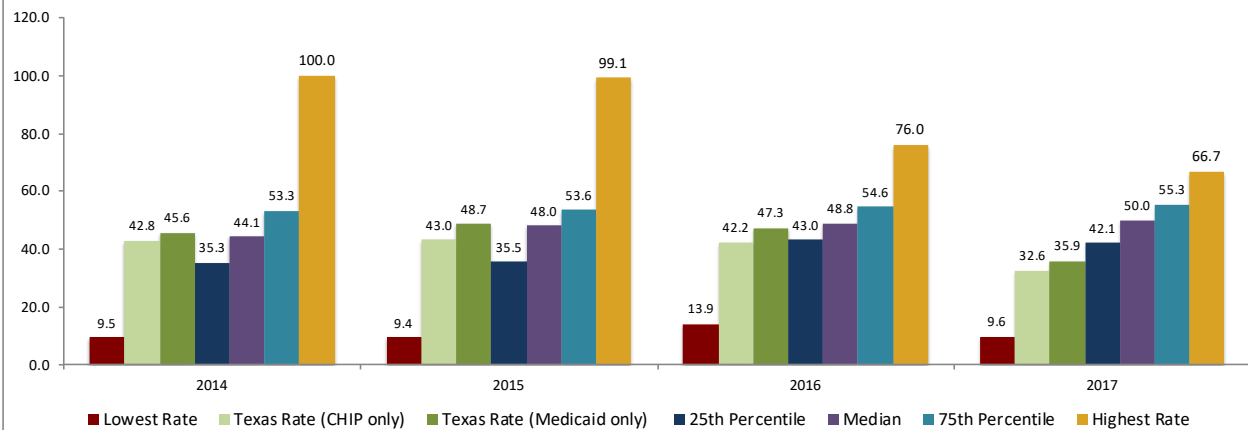
Follow-Up Care for Children Prescribed ADHD Medication: Percentage with one Follow-Up Visit During the Initiation Phase (30 Days) Texas Compared to Other States
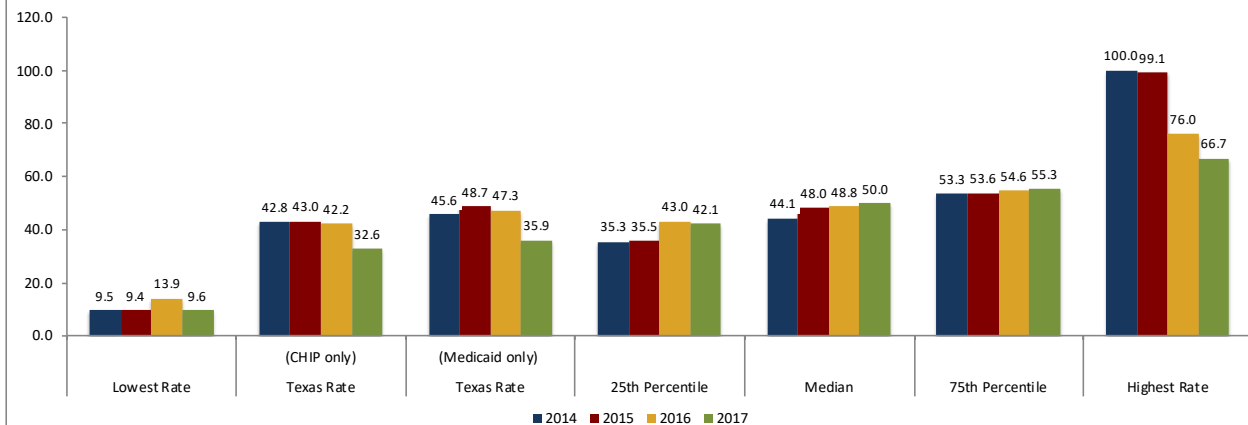
Follow-Up Care for Children Prescribed ADHD Medication: Percentage with one Follow-Up Visit During the Continuation and Maintenance Phase (10 months)

	Lowest Rate	Texas Rate (CHIP only)	Texas Rate (Medicaid only)	25th Percentile	Median	75th Percentile	Highest Rate
2014	23.0	58.5	59.7	45.3	56.5	63.1	100.0
2015	2.4	56.8	65.0	44.4	59.0	64.2	100.0
2016	34.4	54.6	61.5	49.1	60.7	67.5	97.5
2017	24.2	42.5	48.6	55.0	61.5	65.4	98.1

Follow-Up Care for Children Prescribed ADHD Medication: Percentage with one Follow-Up Visit During the Continuation and Maintenance Phase (10 months) Texas Compared to Other States

Follow-Up Care for Children Prescribed ADHD Medication: Percentage with one Follow-Up Visit During the Continuation and Maintenance Phase (10 months) Texas Compared to Other States
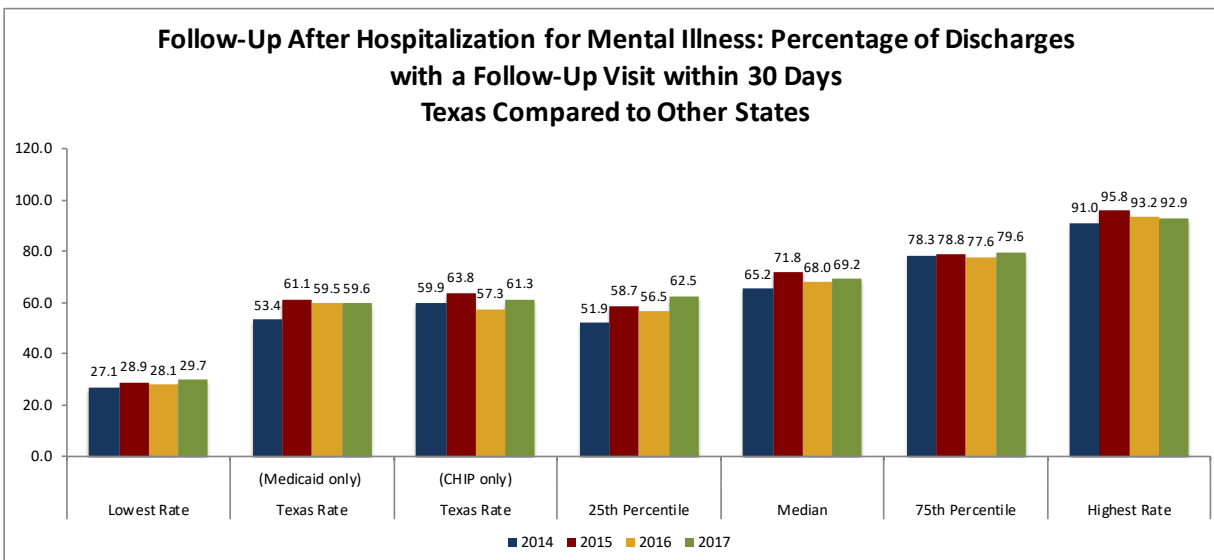
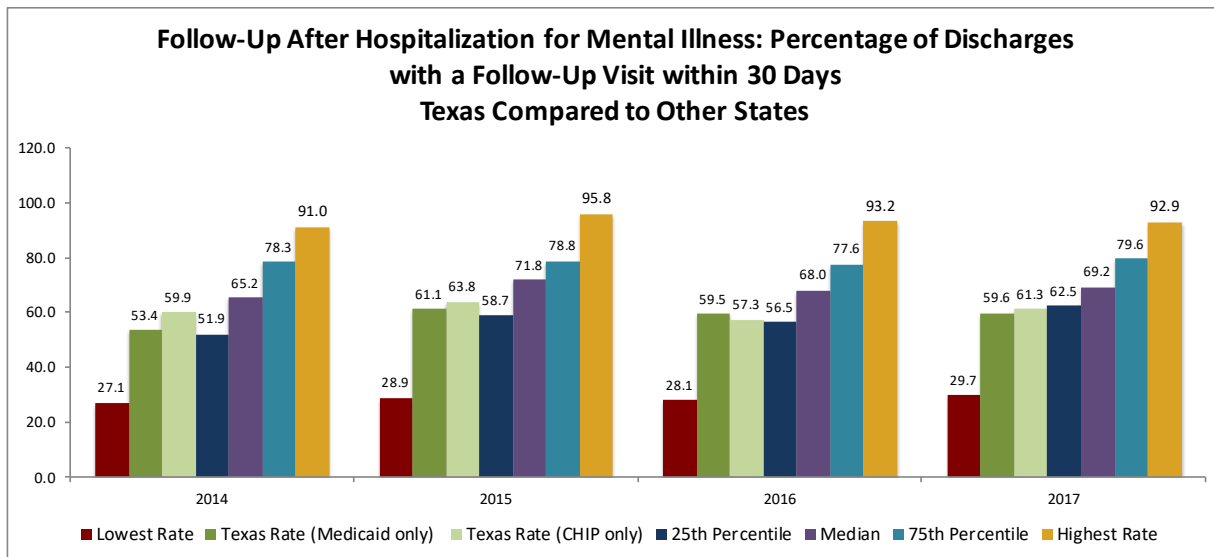**Follow-Up After Hospitalization for Mental Illness: Percentage of Discharges with a Follow-Up Visit within 7 Days**

	Lowest Rate	Texas Rate	25th Percentile	Texas Rate	Median	75th Percentile	Highest Rate
		(Medicaid only)		(CHIP only)			
2014	14.4	34.2	32.0	39.3	43.9	62.9	75.6
2015	13.9	36.5	32.7	41.8	45.7	67.0	75.0
2016	6.4	36.7	34.0	38.0	44.7	60.0	88.9
2017	11.7	38.7	39.7	40.6	47.8	64.0	88.8

Follow-Up After Hospitalization for Mental Illness: Percentage of Discharges with a Follow-Up Visit within 7 Days — Texas Compared to Other States
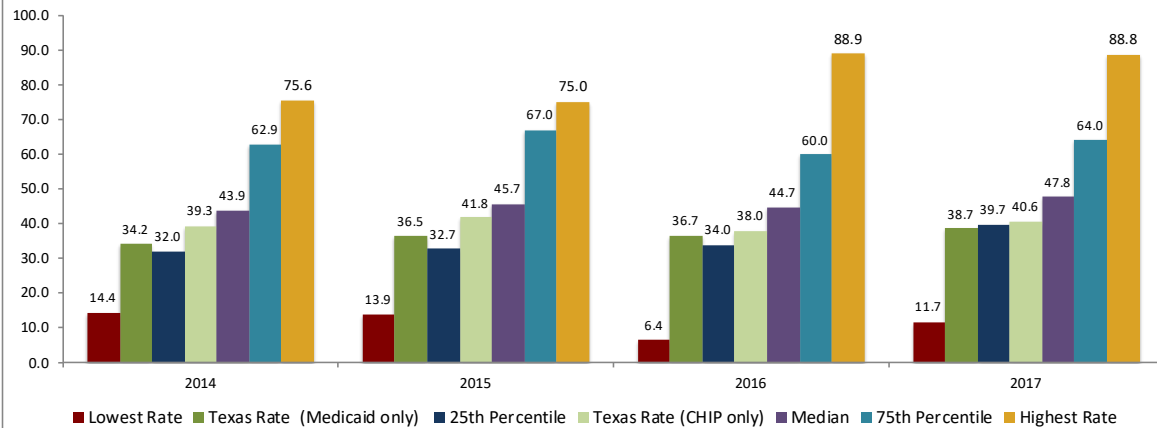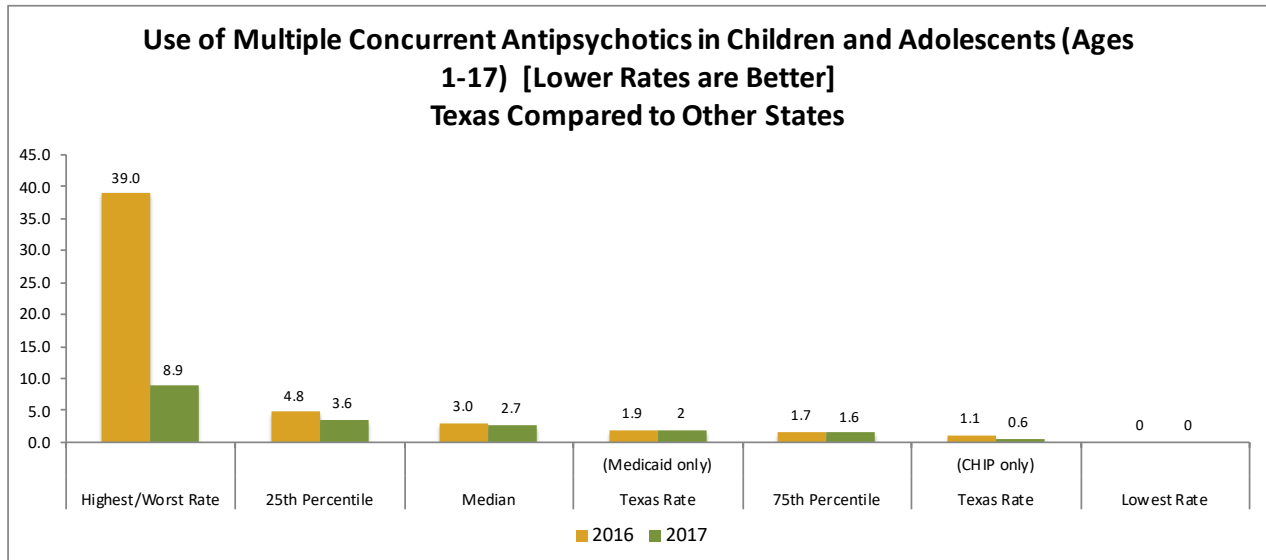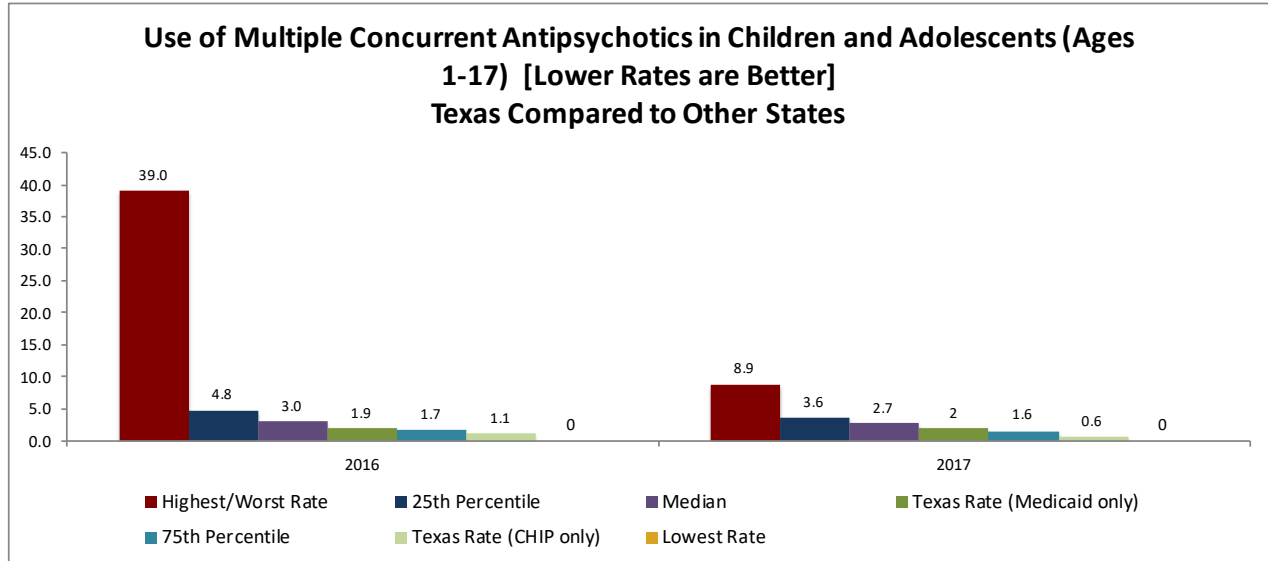

Follow-Up After Hospitalization for Mental Illness: Percentage of Discharges with a Follow-Up Visit within 7 Days — Texas Compared to Other States
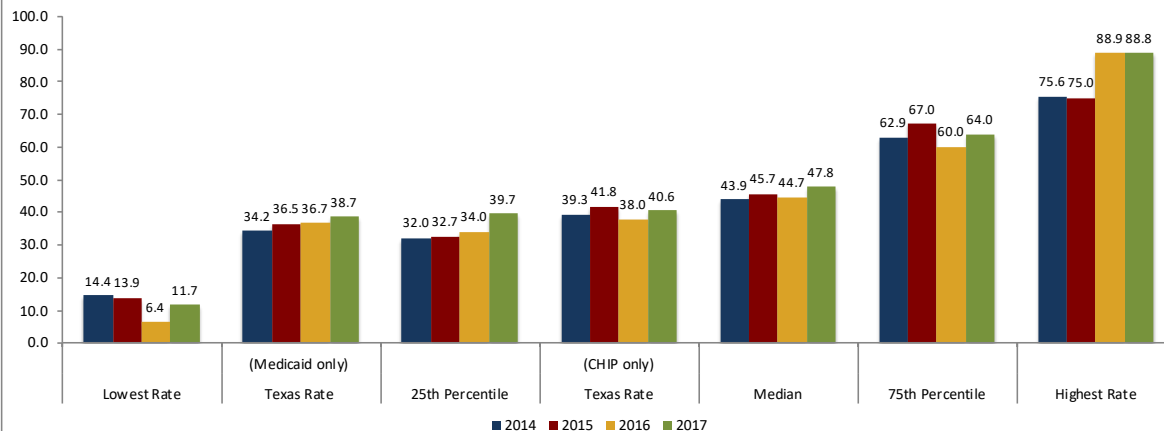
Follow-Up After Hospitalization for Mental Illness: Percentage of Discharges with a Follow-Up Visit within 30 Days

	Lowest Rate	Texas Rate	Texas Rate	25th Percentile	Median	75th Percentile	Highest Rate
		(Medicaid only)	(CHIP only)				
2014	27.1	53.4	59.9	51.9	65.2	78.3	91.0
2015	28.9	61.1	63.8	58.7	71.8	78.8	95.8
2016	28.1	59.5	57.3	56.5	68.0	77.6	93.2
2017	29.7	59.6	61.3	62.5	69.2	79.6	92.9

Follow-Up After Hospitalization for Mental Illness: Percentage of Discharges with a Follow-Up Visit within 30 Days Texas Compared to Other States

Follow-Up After Hospitalization for Mental Illness: Percentage of Discharges with a Follow-Up Visit within 30 Days Texas Compared to Other States

Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Ages 1-17) [Lower Rates are Better]

	Highest/Worst Rate	25th Percentile	Median	Texas Rate	75th Percentile	Texas Rate	Lowest Rate
				(Medicaid only)		*(CHIP only)*	
2014	-	-	-	-	-		-
2015	-	-	-	-	-		-
2016	39.0	4.8	3.0	1.9	1.7	1.1	0
2017	8.9	3.6	2.7	2	1.6	0.6	0

Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Ages 1-17) [Lower Rates are Better]
Texas Compared to Other States

Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Ages 1-17) [Lower Rates are Better]
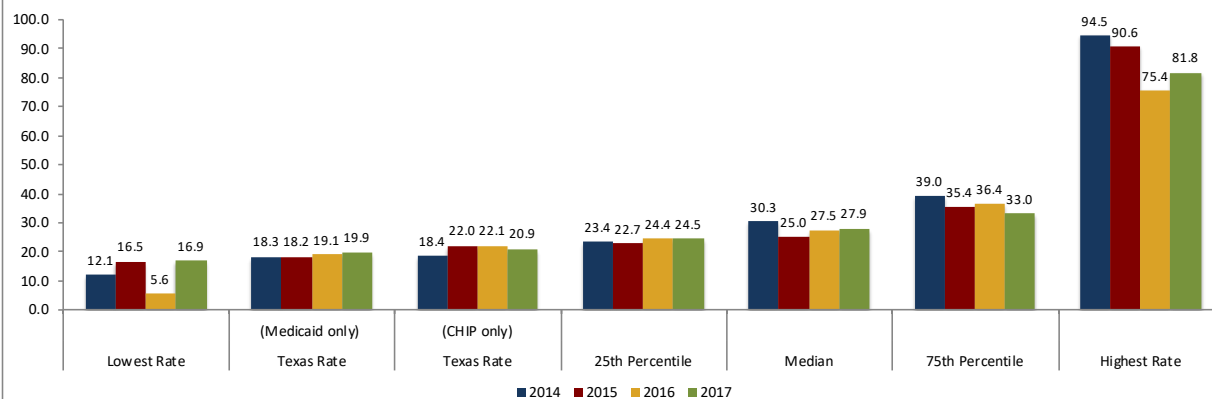**Texas Compared to Other States**

Percentage of Children with Asthma Dispensed Appropriate Medication And Remained on Medication for at Least 75 Percent of Treatment Period (Total)

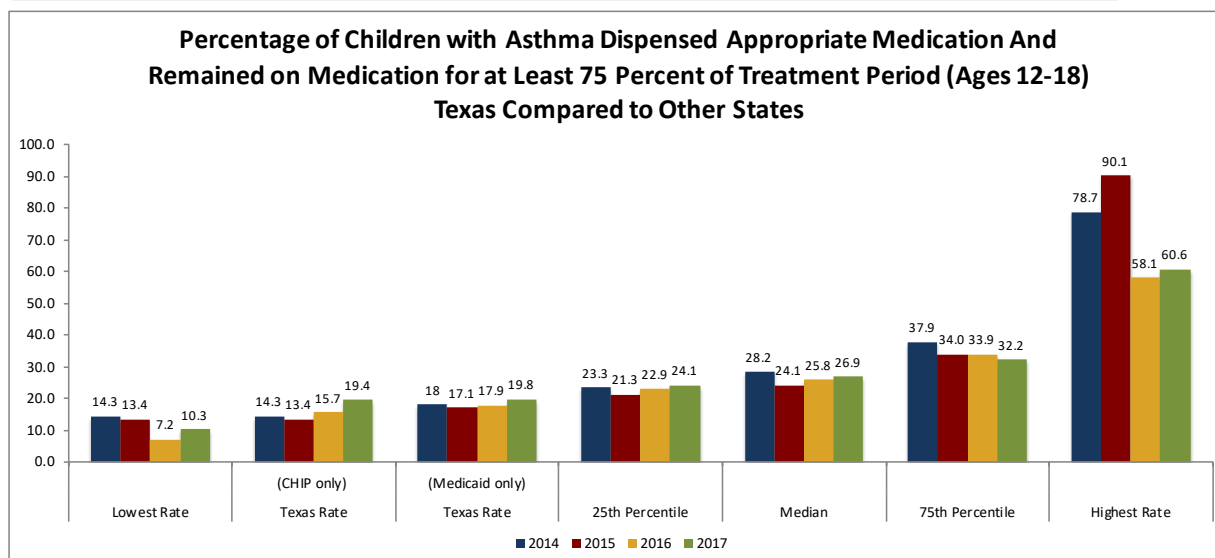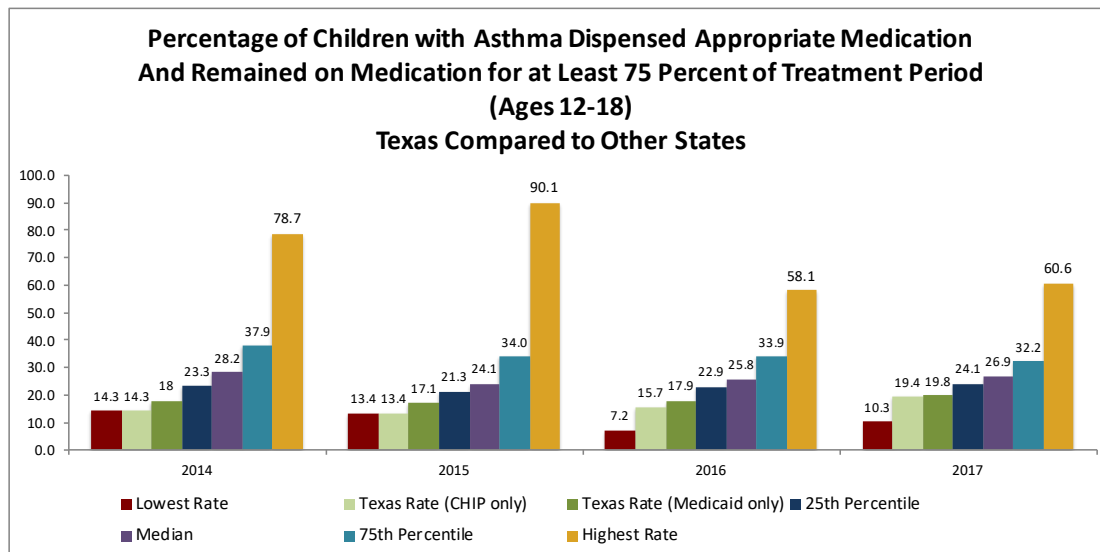|	Lowest Rate	Texas Rate	Texas Rate	25th Percentile	Median	75th Percentile	Highest Rate
		(Medicaid only,	(CHIP only)				
2014	14.6	18.2	16.9	24.5	31.2	38.9	88.0
2015	16.9	17.8	18.5	22.1	24.3	34.0	90.4
2016	6.5	18.7	19.6	24.2	27.3	34.5	64.1
2017	16.7	19.8	20.3	24.3	27.3	33.0	71.9
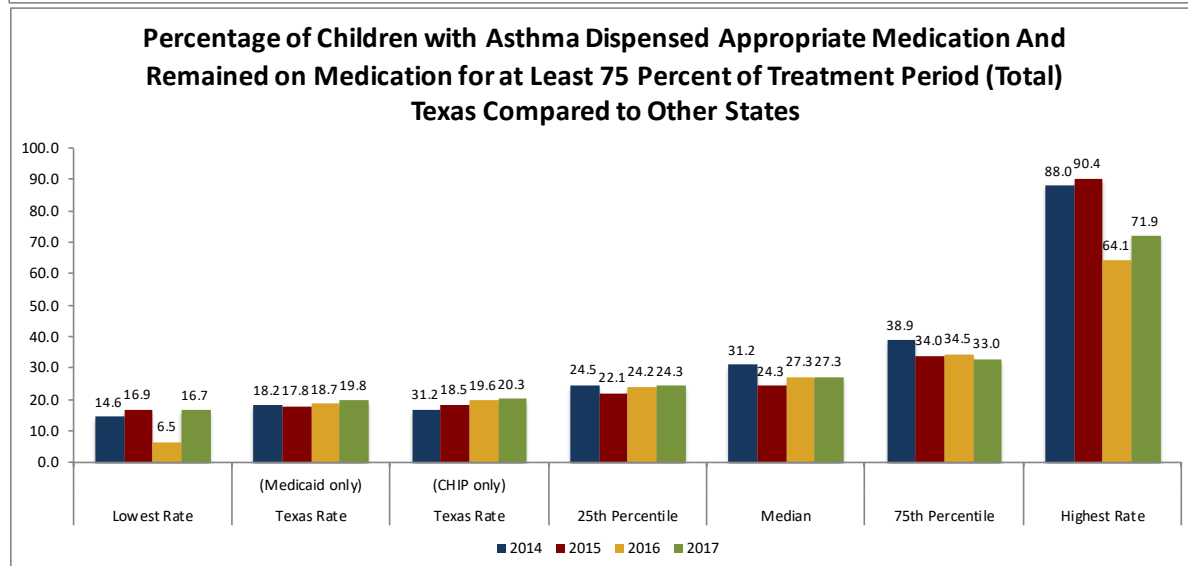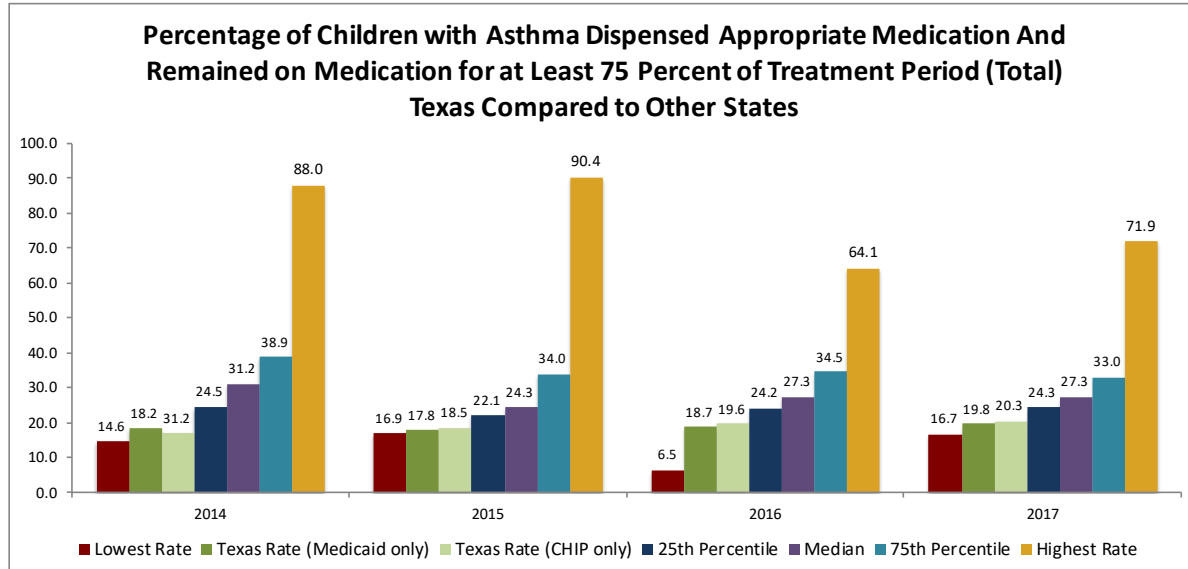
Percentage of Children with Asthma Dispensed Appropriate Medication And Remained on Medication for at Least 75 Percent of Treatment Period (Total) Texas Compared to Other States

Percentage of Children with Asthma Dispensed Appropriate Medication And Remained on Medication for at Least 75 Percent of Treatment Period (Total) Texas Compared to Other States
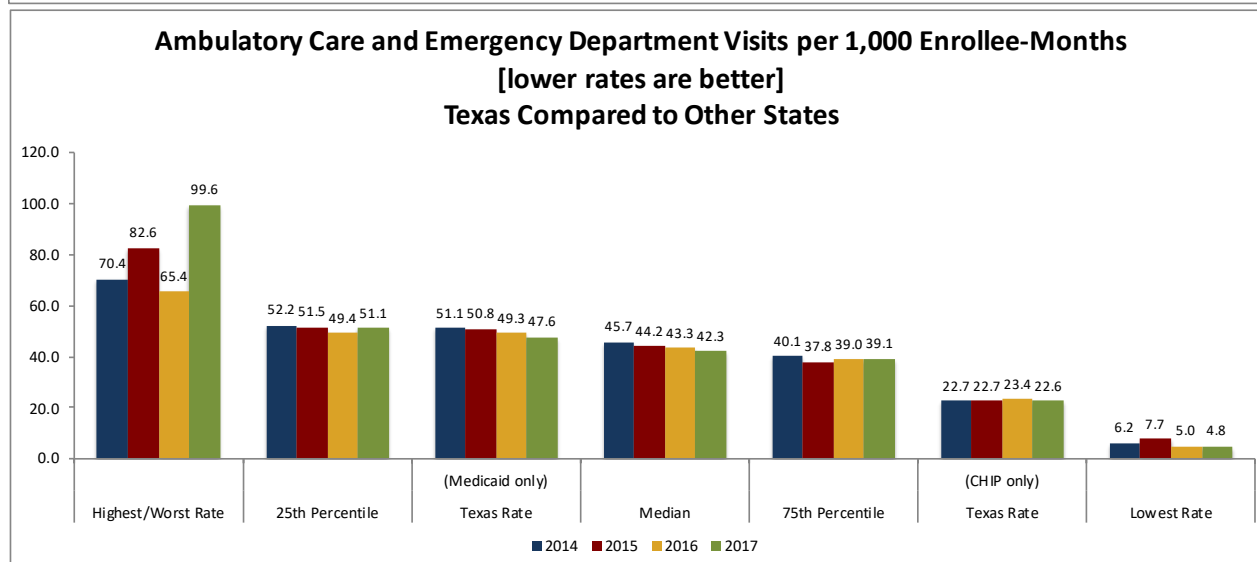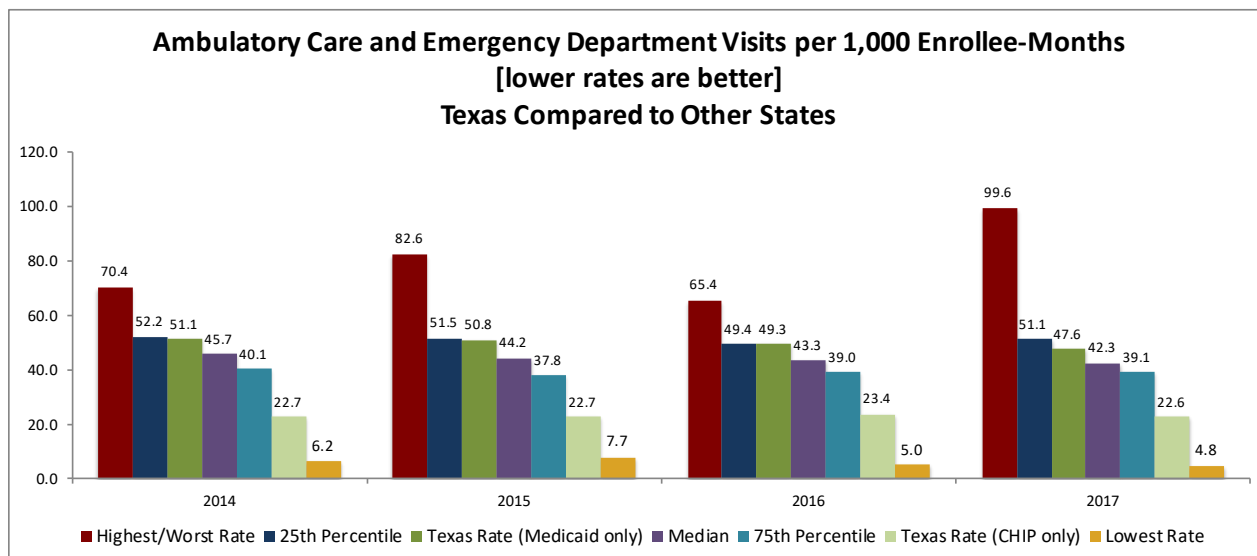
Percentage of Children with Asthma Dispensed Appropriate Medication And Remained on Medication for at Least 75 Percent of Treatment Period (Ages 5-11)

	Lowest Rate	Texas Rate	Texas Rate	25th Percentile	Median	75th Percentile	Highest Rate
		(Medicaid only)	(CHIP only)				
2014	12.1	18.3	18.4	23.4	30.3	39.0	94.5
2015	16.5	18.2	22.0	22.7	25.0	35.4	90.6
2016	5.6	19.1	22.1	24.4	27.5	36.4	75.4
2017	16.9	19.9	20.9	24.5	27.9	33.0	81.8

Percentage of Children with Asthma Dispensed Appropriate Medication And Remained on Medication for at Least 75 Percent of Treatment Period (Ages 5-11) Texas Compared to Other States
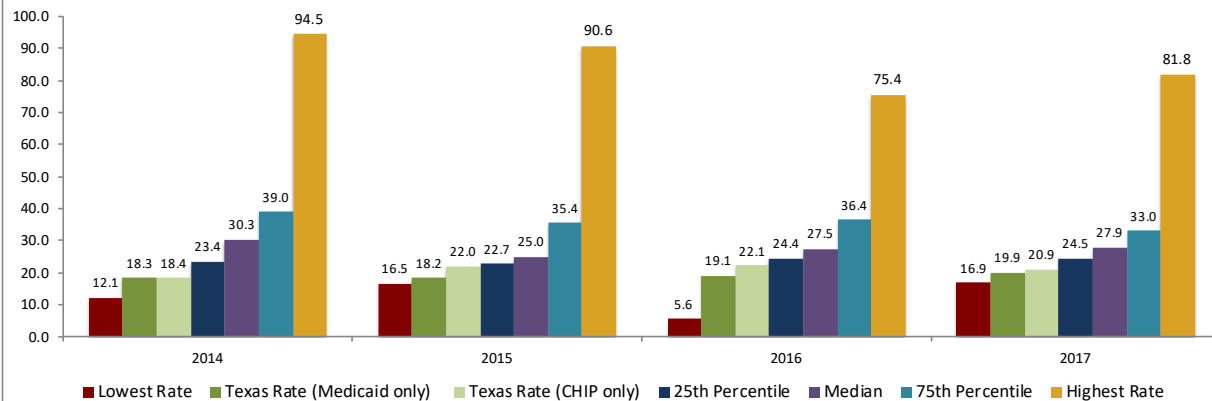
Percentage of Children with Asthma Dispensed Appropriate Medication And Remained on Medication for at Least 75 Percent of Treatment Period (Ages 5-11) Texas Compared to Other States

Percentage of Children with Asthma Dispensed Appropriate Medication And Remained on Medication for at Least 75 Percent of Treatment Period (Ages 12-18)

	Lowest Rate	Texas Rate (CHIP only)	Texas Rate (Medicaid only)	25th Percentile	Median	75th Percentile	Highest Rate
2014	14.3	14.3	18	23.3	28.2	37.9	78.7
2015	13.4	13.4	17.1	21.3	24.1	34.0	90.1
2016	7.2	15.7	17.9	22.9	25.8	33.9	58.1
2017	10.3	19.4	19.8	24.1	26.9	32.2	60.6

Percentage of Children with Asthma Dispensed Appropriate Medication And Remained on Medication for at Least 75 Percent of Treatment Period (Ages 12-18) Texas Compared to Other States

Percentage of Children with Asthma Dispensed Appropriate Medication And Remained on Medication for at Least 75 Percent of Treatment Period (Ages 12-18) Texas Compared to Other States

Ambulatory Care and Emergency Department Visits per 1,000 Enrollee-Months [lower rates are better]

	Highest/Worst Rate	25th Percentile	Texas Rate	Median	75th Percentile	Texas Rate	Lowest Rate
			(Medicaid only)			(CHIP only)	
2014	70.4	52.2	51.1	45.7	40.1	22.7	6.2
2015	82.6	51.5	50.8	44.2	37.8	22.7	7.7
2016	65.4	49.4	49.3	43.3	39.0	23.4	5.0
2017	99.6	51.1	47.6	42.3	39.1	22.6	4.8

Ambulatory Care and Emergency Department Visits per 1,000 Enrollee-Months [lower rates are better] Texas Compared to Other States

Ambulatory Care and Emergency Department Visits per 1,000 Enrollee-Months [lower rates are better] Texas Compared to Other States

Reported Measures

	Texas: Number of Measures Reported	Lowest Number Reported	Median Number Reported	Highest Number Reported
2014	20	2	16	22
2015	20	1	16	22
2016	21	1	18	23
2017	21	1	18	25

Children's Health Learning Network (CHLN)

- Important for advocates to continue building skills to push for the necessary policies that will ensure the health and well-being of all children in the U.S.

- Focus on children at greatest risk for poor health outcomes.

- CHLN was created to provide this skills-building opportunity to 100 advocates over 10 years across the country.

- Focus on specific strategies in real time.

Jenny Eyer
Director for Child Health Research and Policy, Children at Risk

Laura Guerra-Cardus
Deputy Director, Children's Defense Fund -Texas

Adriana Kohler
Senior Health Policy Associate, Texans Care for Children

Stacey Pogue
Senior Policy Analyst, Center for Public Policy Priorities

Texas Team
Children's Health Leadership Network - Cohort 2
December 2018

Condition of well-being we are seeking to improve

All Texas children are able to thrive

Whole Population Data

Children in Texas, 2016

7,292,000

Texas children by race/ethnicity, 2016
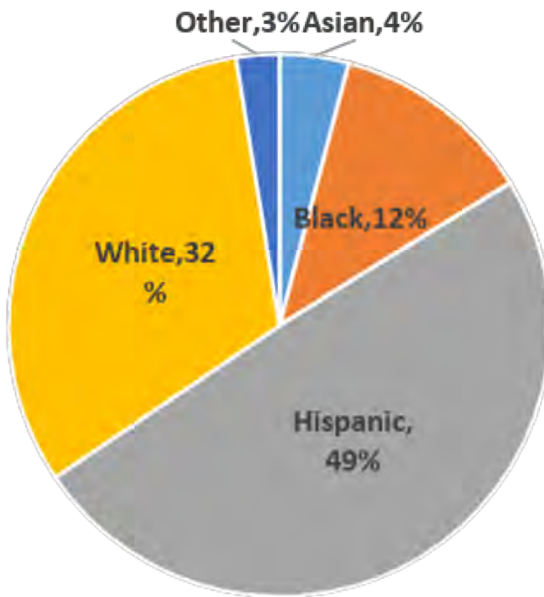
Children ages 0-17; American Community Survey, 1-yr estimates, 2016

Texas child population projection by race/ethnicity, 2010 - 2050
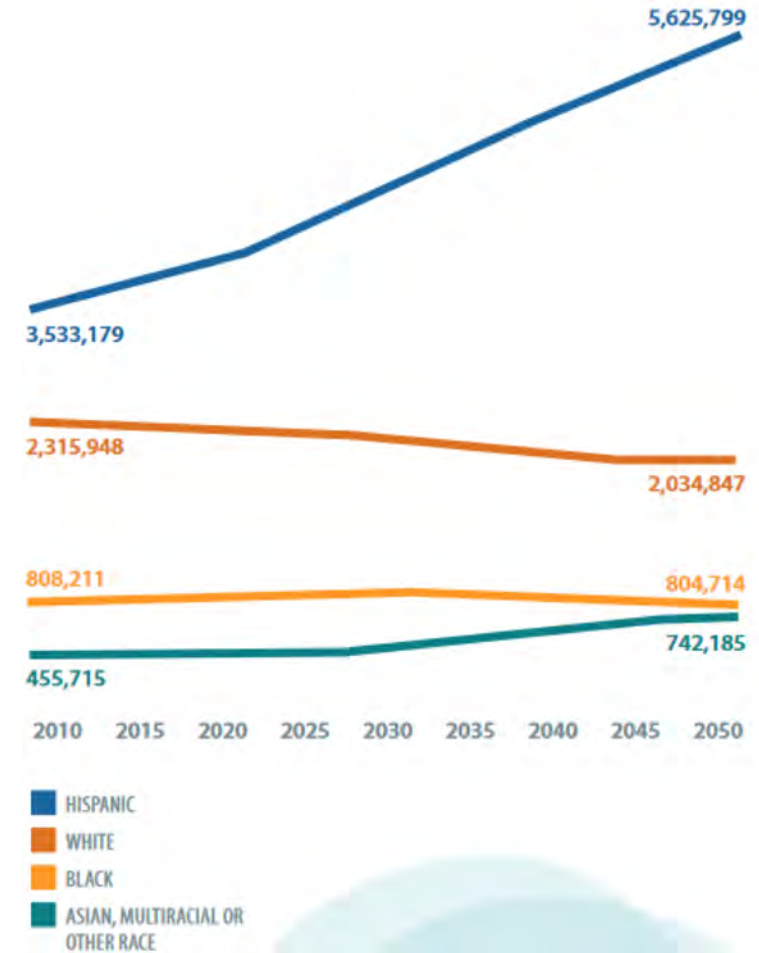
Children ages 0-17; Population projections from the Texas State Data Center and the Office of the State Demographer, University of Texas San Antonio, 2014

Indicator Data

How do you measure whether kids are thriving or not?

1. Percent of kids with one or more adverse childhood experience (ACEs)
2. Percent of kids not meeting third grade reading scores
3. Percent of kids who are not college ready
4. Percent of kids living in poverty
5. **Percent of kids who are uninsured**

Texas Child Uninsured Rate by Race/Ethnicity 2008-2017
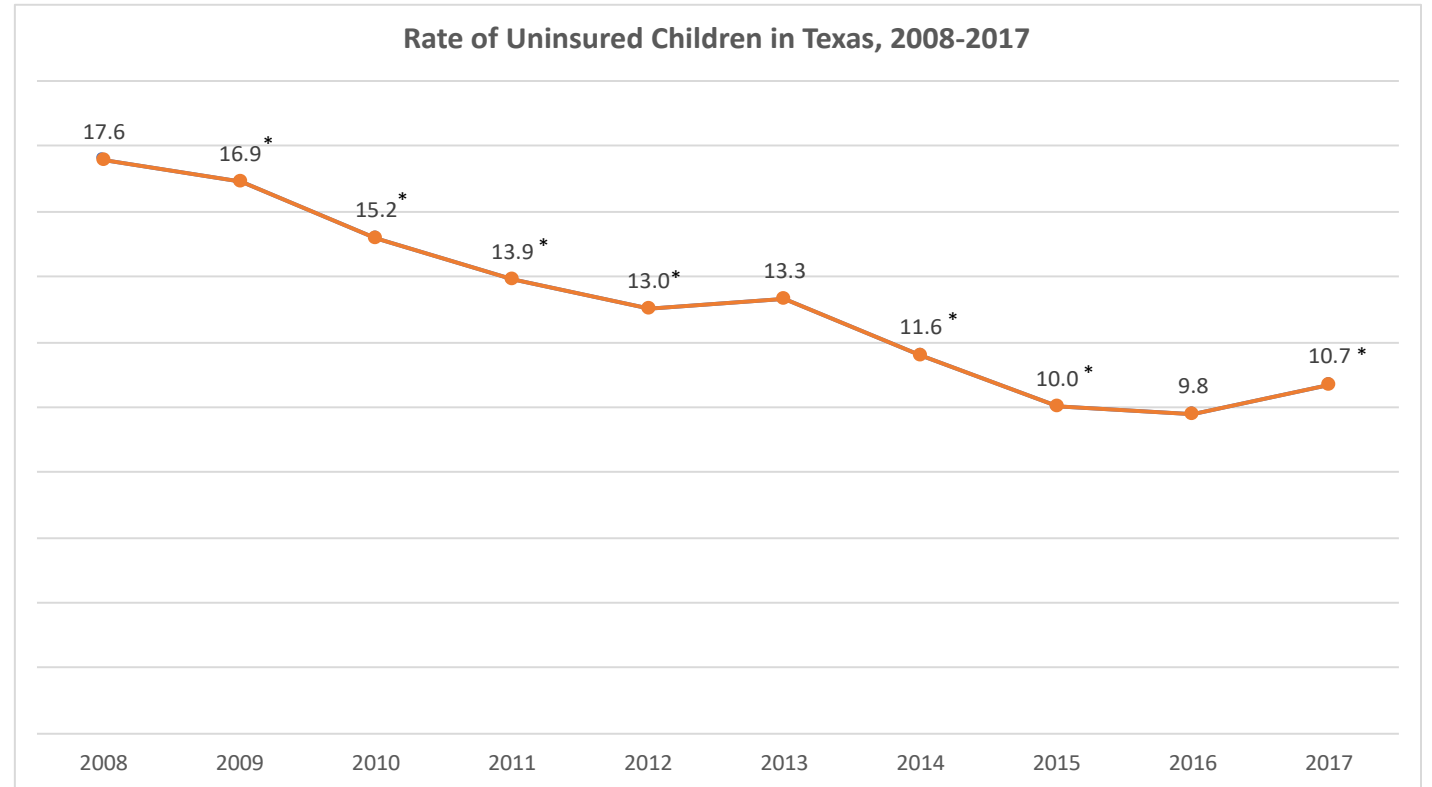
Rate of Uninsured Children in Texas, 2008-2017

- 17.6 (2008)
- 16.9 * (2009)
- 15.2 * (2010)
- 13.9 * (2011)
- 13.0* (2012)
- 13.3 (2013)
- 11.6 * (2014)
- 10.0 * (2015)
- 9.8 (2016)
- 10.7 * (2017)

U.S. Census Bureau, 2008-2017 American Community Survey 1-year estimates, Texas children 0-17 by race and ethnicity.

Factor Analysis: What causes trend line to go up? (more uninsured children)

- Limited outreach funding for CHIP and Medicaid
- Few enrollment sites and application assister funding for ACA
- Admin barriers: Periodic income checks, lack of 12 month continuous coverage, lack of presumptive eligibility, automated enrollment.
- Lack of multi-language materials
- Fear in immigrant communities because of the pending public charge rule – and many other anti-immigrant policies
- Effects of Hurricane Harvey. Insurance coverage may have lapsed or families may have had to leave employment when fleeing Houston area.

Factor Analysis: What causes trend line to go up? (more uninsured children)

- Confusion around CHIP reauthorization in 2017
- Public confusion around ACA repeal bills
- Repeal of mandate and other "sabotage" efforts led to higher premiums for Marketplace health plans.
- Limited engagement in schools districts for kids' coverage and signing kids up for insurance.
- Lack of support from public officials on enrollment in ACA, Medicaid and CHIP.
- Adopting block grants for Medicaid and CHIP
- Stagnant wages and high unemployment

Factor Analysis: Mental Models that lead to more uninsured children

- "Children already have access to healthcare in hospitals and through community clinics:

- "It's not governments role to provide this service. Churches should do it."

- "Children lacking coverage is result of parent irresponsibility. They should just work more, make better choices, have fewer children.."

- "People trying to game the system."

Factor Analysis: What causes trend line to go down? (more **insured** children)

- ◦ Medicaid Expansion
- ◦ Improved economy
- ◦ Increased family income
- ◦ The reverse of all the factors that lead to more uninsured children.

Indicator Data

1. Percent of kids with one or more adverse childhood experience (ACEs)
2. Percent of kids not meeting third grade reading scores
3. Percent of kids who are not college ready
4. Percent of kids living in poverty
5. Percent of kids who are uninsured

Texas Child Uninsured Rate by Race/Ethnicity 2008-2016
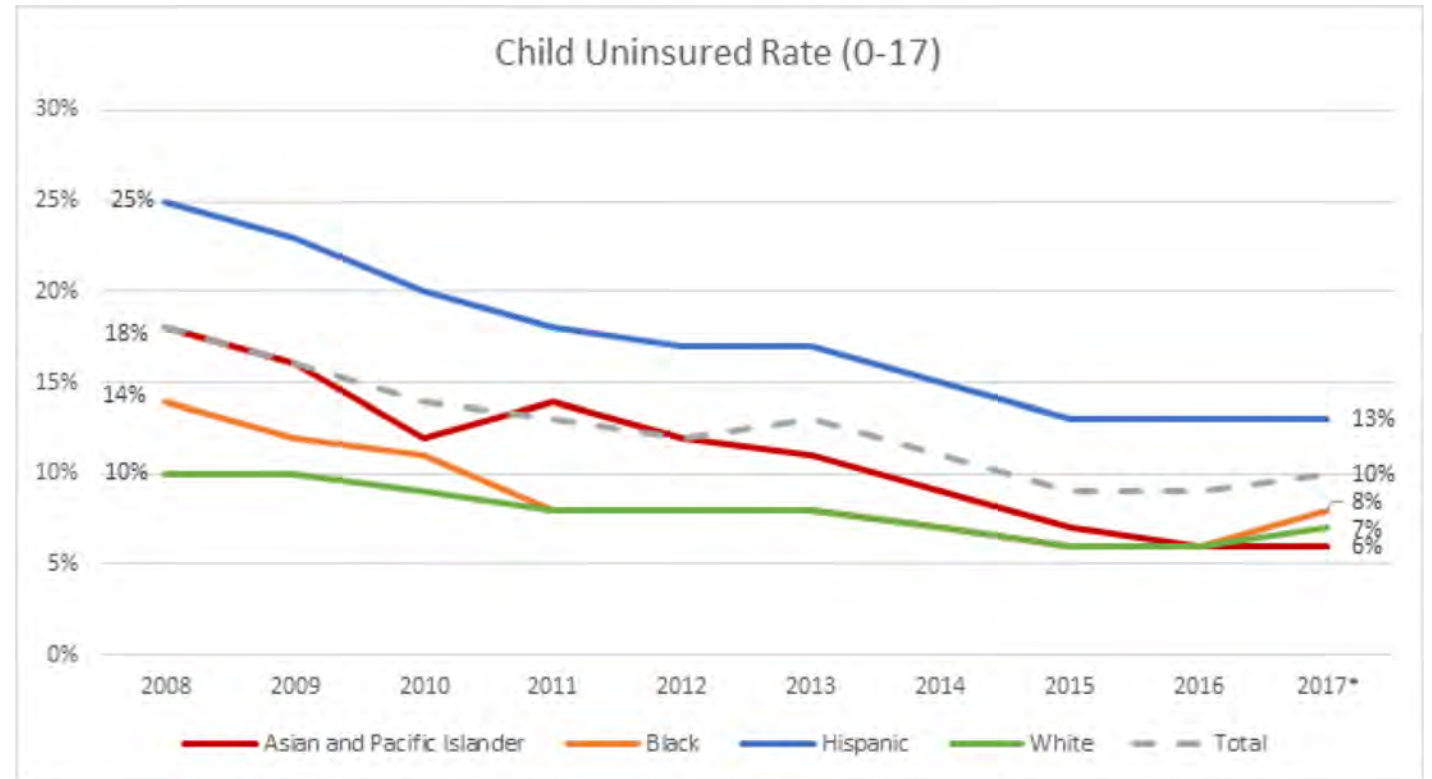
U.S. Census Bureau, 2008-2017 American Community Survey 1-year estimates, Texas children 0-17 by race and ethnicity.

Add'l Factors: that Impact Trend Line for Hispanic Children

Location of resources

Trusted messengers/lack of trust in government

Family separation/deportation

Lack of Spanish-speaking assistance

Mental Models: They are all illegal immigrants. They should not be in this country. They are taking from the rest of us. They are bad people..

Program Results Statement

All low income Texas children are able to thrive

Program Population Data:
Texas children enrolled in or eligible for Medicaid and CHIP

Texas Medicaid and CHIP child enrollment, March 2018[1]

3,486,580
(41% of Texas children)

Race/ethnicity breakdown of children in Texas Medicaid and CHIP, 2016[2]

Asian and Pacific Islander	Black	Hispanic	White	Two or more races
2%	14%	65%	15%	4%

Number of uninsured Texas children, 2017[3]

835,000
(10.7% of Texas children)

Race/ethnicity breakdown of uninsured Texas children, 2016[4]

Asian and Pacific Islander	Black	Hispanic	White	Total
6%	6%	13%	6%	9%

Number of uninsured children eligible for Medicaid/CHIP, but not enrolled, 2016[5]

346,000

1. CMS, Medicaid & CHIP Monthly Applications, Eligibility Determinations, and Enrollment Reports: March 2018 (preliminary), as of May 31, 2018
2. Children with public health insurance coverage in Texas, children age 0-17, 2016 American Community Survey 1-year estimates
3. U.S. Census Bureau, 2017 American Community Survey
4. Children age 0-17, 2016 American Community Survey 1-year estimates. We are working to update these data with 2017 ACS data.
5. Urban Institute, *Uninsurance and Medicaid/CHIP Participation among Children and Parents*, September 2018. Urban Institute tabulations of 2016 American Community Survey data.

Proposed Strategies

1. **Pass legislation to make meaningful improvements to Medicaid managed care system,** including greater state oversight, stronger monitoring of utilization and access, improved appeals/fair hearing process, and stronger care coordination services – making it possible for the 3 million Texas children in Medicaid to have timely access to quality care.

2. *Build a grassroots campaign for Medicaid/coverage expansion of low-income Texas adults which will enhance childhood enrollment in coverage (by X children) as parents get covered.*

3. *Eliminate administrative barriers by advancing legislation to secure 12-month continuous coverage in Medicaid - making it possible for between 58,000 and 73,000 eligible uninsured children to get covered and stay covered.*

HHS Office of the Ombudsman Update

Presented to
CHC Coalition
December 14, 2018

Total Ombudsman Contacts for 1st Quarter FY 2019

- ◆ Complaints – 6,315
- ◆ Inquiries – 13,475

TEXAS
Health and Human Services

Contact Volumes and Top Three Reasons for Contact by Program Type 1st Quarter FY 2019

Contact Volumes by Program Type 1st Quarter FY 2019
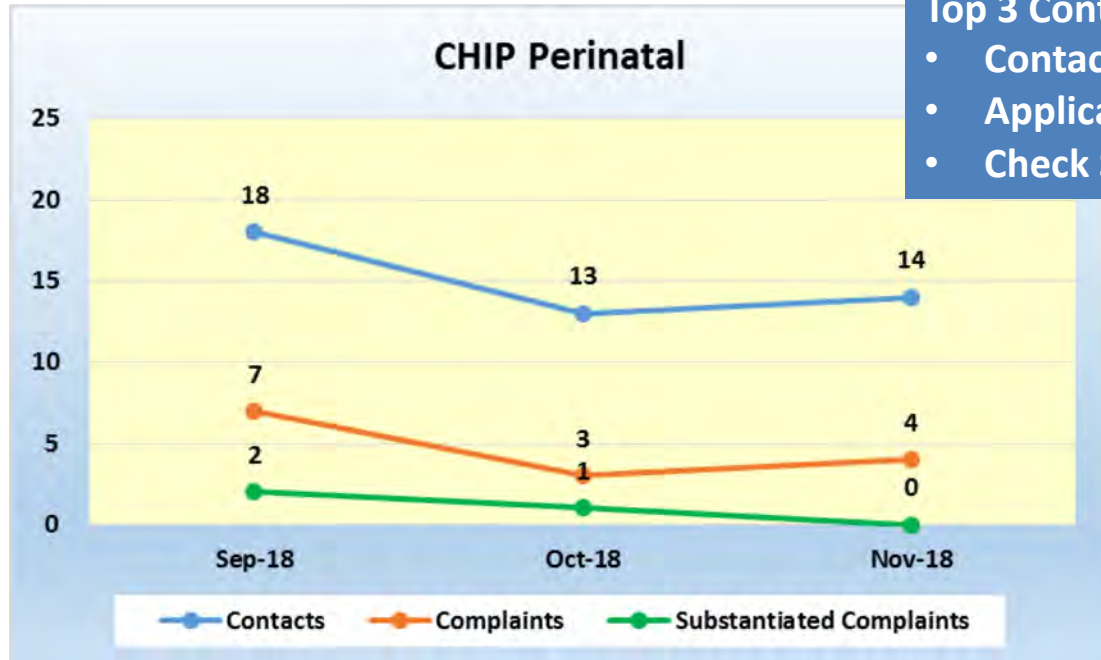
Top 3 Contacts – CHIP - Perinatal
- **Contact Info Request**
- **Application/Case Denied**
- **Check Status**

Contact Volumes by Program Type 1st Quarter FY 2019

Top 3 Contacts – SNAP
- **Application/Case Denied**
- **Benefit Amount**
- **Check Status**

Contact Volumes by Program Type 1ˢᵗ Quarter FY 2019
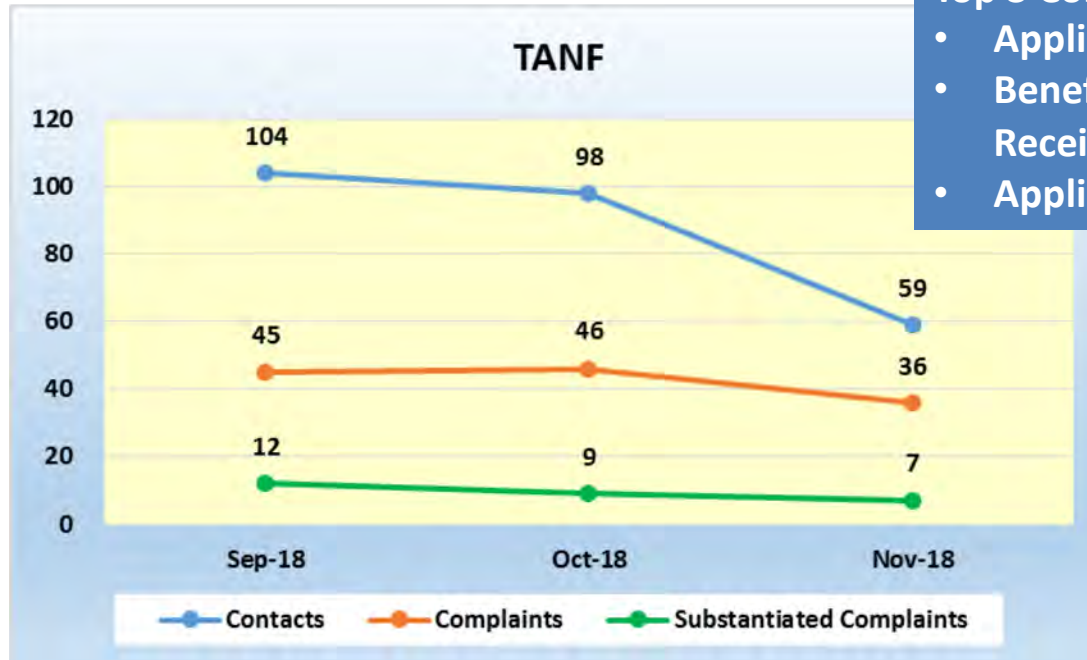
Top 3 Contacts – TANF
- **Application/Case Denied**
- **Benefits Not Issued/Not Received**
- **Application Not Completed**

Contact Volumes by Program Type 1ˢᵗ Quarter FY 2019

Top 3 Contacts – STAR
- **Access to Prescriptions**
- **Access to PCP/Change PCP**
- **Verify Health Coverage**

Contact Volumes by Program Type 1ˢᵗ Quarter FY 2019

Top 3 Contacts – STAR Health
- **Access to PCP/Change PCP**
- **Access to Specialist**
- **Verify Health Coverage**

Contact Volumes by Program Type 1ˢᵗ Quarter FY 2019

Top 3 Contacts – STAR Plus
- **Access to Long Term Care**
- **Access to Prescriptions**
- **Verify Health Coverage**

Contact Volumes by Program Type 1st Quarter FY 2019

Top 3 Contacts – STAR Plus Dual Demo
- **Verify Health Coverage**
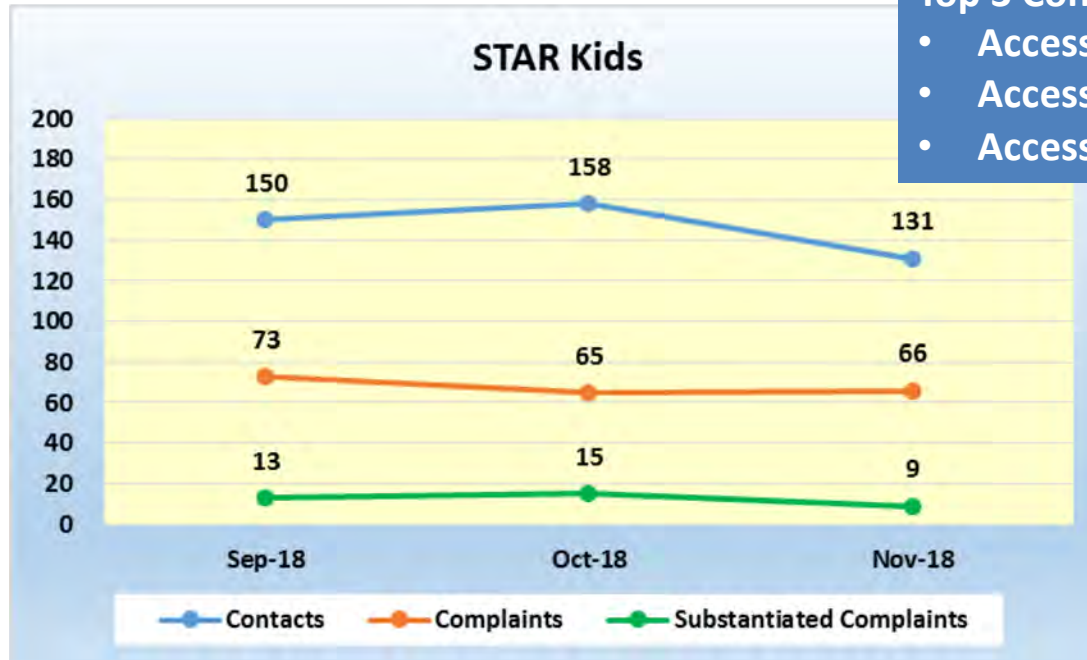- **Explanation of Benefits/Policy**
- **Access to Long Term Care**

Contact Volumes by Program Type
1st Quarter FY 2019

Top 3 Contacts – STAR Kids
- **Access to Prescriptions**
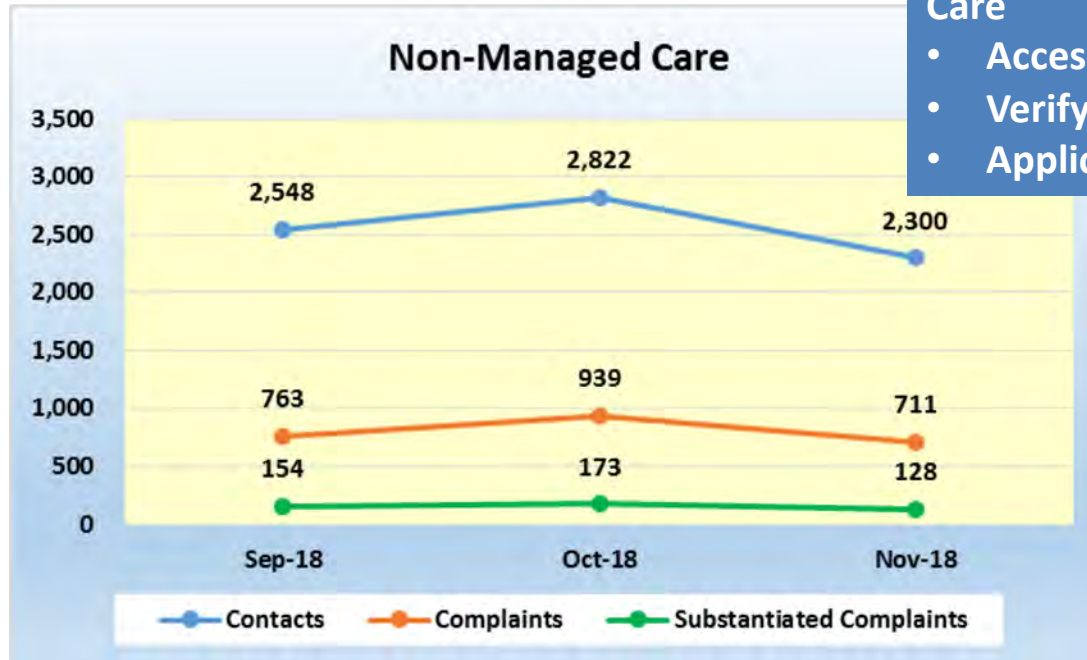- **Access to Provider**
- **Access to Long Term Care**

FOSTER CARE OMBUDSMAN

Foster Care Ombudsman Program
1st Quarter FY 2019

Contact Volume 1st Quarter FY 2019	
Foster Care Youth	35 (18%)
Total Contacts	197

Top Three Reasons for Contact 1st Quarter FY 2019
Rights of Children and Youth in Foster Care
Primary Caseworker Responsibilities
Other/NA

Information Shared
- Preparation for Adult Living (PAL)
- Court Appointed Special Advocates (CASA)
- Department of Family Protective Services (DFPS)

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Health and Human
Services

Ombudsman Managed Care Assistance Team

UPDATE
- Problem Trends

- Managed Care Support Network

TEXAS Health and Human Services

Contact us

Phone (Toll-free)
Main Line: 877-787-8999
Managed Care Help: 866-566-8989
Foster Care Help: 844-286-0769
Relay Texas: 7-1-1

Online
hhs.texas.gov/ombudsman

Fax (Toll-free)
888-780-8099

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

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