



Children's Health Coverage Coalition and OTA Meeting Agenda

Friday, April 12th, 2019

11:00 A.M. – 2:00 P.M.

Present:

Anne Dunkelberg, CPPP
Laura Guerra-Cardus, CDF
Clayton Travis, TPS
Christina Hoppe, CHAT
Sebastian Laroche, MHM
Susan Murphee, Disability Rights Texas
Ginger Mayeaux, The Arc of Texas
Alison Mohr Boleware, TMA
Diana Forester, HHSC
Helen Kent Davis, TMA
Deborah De La Cruz, HHSC

On Conference Line:

Melissa McChesney, CPPP
Jessica with Maximus, covering for Betsy Coats
Kate Hendrix, THA
Elizabeth Tucker, Every Child Texas
Maggie from CDF

Meeting Chair: Adriana Kohler, TCFC

Meeting Scribe: Arinda Rodriguez, CPPP

- I. Introductions (Adriana Kohler, 5 minutes)**
- II. Legislative Update (Clayton Travis, 25 minutes)**

[Clayton Travis]

If you are interested, we have a workgroup that meets every Thursday at 3 pm that works on legislative strategy to pass our bills. If interested, email Adriana Kohler and she will include you on her list.

There are three main buckets that our priorities are focusing on for the budget:

- ECI funding
 - House funded: \$7.2 million
 - Senate funded: \$17.2 million
- Medicaid and CHIP
 - Both House and Senate budgets include average costs for FY 2019, not anticipated cost growth in 2020-2021 for medical acuity, inflation, etc.
 - Senate includes a \$350 million general revenue “cost containment” rider, which would be about \$900 All Funds.



- DSHS maternal health initiatives
 - Senate only funds \$2.6 million for Texas AIM bundles
 - House funds full \$7 million requested by DSHS for Texas AIM bundles, prevention and public awareness activities, and care coordination pilot for high-risk pregnant women.
- Regarding Medicaid physician rates
 - Provider groups are making Medicaid physician rates a priority, with a \$500 million ask to the conference committee
 - There is a blank rider in the House, Article 11 budget
 - And there is a rider in Article 2 that asks HHSC to study this issue

Discussion of CHCC policy priorities

- Regarding auto-enrollment from CHIP and Medicaid into Healthy Texas Women
 - We are looking at two bills focused on children's autoenrollment into Healthy Texas Women: HB 1879 and SB 189
 - Small fiscal note is our assumption
 - We are confident that there could be a hearing announced today for Wednesday. Please send support cards for HB 1879
- Regarding Maternal health coverage: We are also looking at Davis' HB 1110: Maternal health
 - Hearing held and many cards of support
 - Unclear whether the bill will advance out of committee
- Regarding Medicaid Managed Care
 - Multiple hearings on multiple bills
 - HB 2453 and HB 4178 are probably most likely to move in the House. Both have been heard.
 - Davis' HB 2453 had hearing and had a lot of consumer and advocacy support. Health plans testified on the bill despite having concerns about it.
 - Frank's HB 4178 was heard this week on Tuesday and had provider and health plan support for the most part. Some consumer groups expressed concerns. Consumer groups that have been advocating for medically-fragile kids expressed concerned. However, HB 4178 aims to be an agreed upon bill for TMA, THA, and some health plans. Many of the policies for that bill relate to reducing red tape for providers and hospitals to streamline the entire program. There is no intent to increase MCO power or give them leniency. They want to streamline the program for providers so they are encouraged to participate.
- Children's Health Coverage Bill - HB 342 and SB 637
 - Only bills in the legislature addressing our uninsured rate.



- They are still at HHS Committee
- Chairman doesn't want to bring them up, however, we are doing everything we can to pressure him to bring it up.
- The speaker's office is wanting to see more bills from HHS.
- We are struggling to get a hearing on the Senate because it has a \$6 million fiscal note.
- We do have compromise language that would maybe address some of Frank's concerns.
- We are also following HB 800:
 - The bill ensures contraceptive coverage in CHIP and will be on the floor on Monday. We are the last state in the nation to not cover contraceptive coverage, this could be cost saving for Medicaid. Please provide support if you can.
 - Be aware that there is an amendment from Frank to not cover abortions in Medicaid, but don't worry too much about that.

[Adriana Kohler]

- HB 25 by Rep. Gonzalez is another bill we are following:
 - The bill improves the medical transportation program in Medicaid by creating a pilot for pregnant and new moms. The bill with the committee substitute would allow moms to request rides quickly and more efficiently within 48 hours and allow moms to travel with their children. This should reduce barriers and is a step in the right direction, passed unanimously, no fiscal note.

[Clayton Travis]

A bill on car seats is also up on the floor on Monday.

There are 2 bills in House Human Services Committee that deal with support for pregnant teens in foster care by Donna Howard that will be heard next Tuesday. Adriana can send around a one pager on the bills, they'd love some cards of support. (HB 474 and HB 475)

There are 2 other bills to look out for: HB 3679 by Frank deals with the administration of Medicaid program; and HB 3707 by Tan Parker relates to value-based arrangements for prescription drugs in Medicaid.

Also, Rep. Deshotel's HB 3721 was reported favorably as substituted. This bill creates an Independent Review Organization to review medical necessity determinations.

[Christina Hoppe]

As an FYI, HB 3670 includes the elimination of 3 months prior Medicaid coverage, look at Section 3.

III. Medicaid Managed Care Bills Update (Anne Dunkelberg & Adriana Kohler, 20 minutes)



[Adriana Kohler]

A spreadsheet was sent this morning with bills related to Medicaid Managed Care. The spreadsheet also includes the status of the bills.

There are positive provisions for patients and providers in Rep. Davis' HB 2453. Many stakeholders have not seen a final committee substitute yet. Stakeholders have reached some agreement on prior authorization provisions that is in the committee substitute.

[Helen Kent Davis]

Also, an issue that has come up is the amount of paperwork and time it takes for nurses to do the private duty nurse assessment. This process can be streamlined. We are hearing from providers and physicians that approval for private duty nursing is taking a lot of time due to the paperwork required. We suggested an interim process to Rep. Davis to make it less burdensome, but also as a way to ensure that people have access to private nurse duty. We suggested that the word "tool" be removed since we think a "process" might be better to streamline.

[Elizabeth Tucker]

A more efficient process makes sense. Some of the MCOs are making it really hard for private nursing duty. There are issues with MCOs and HHSC utilization reviews. A streamlined process for prior authorization would be beneficial. I don't think it has to do with tools, and am glad that tools language was removed.

[Anne Dunkelberg]

Elizabeth you talked about how plans have a problematic process, can you elaborate?

[Elizabeth Tucker]

I was referring to prior authorization process and private duty nursing. They make it complicated and families end up moving to another MCO. HHSC required that MCOs have more stringent processes that end up complicating the process for families.

[Elizabeth Tucker]

Another issue is that MCOs are saying that there are certain tasks that are not a skilled nursing tasks, and the plan uses that to deny services. Nurses are fearful of delegating because of the low rate of pay. We've been pushing for some solutions to this, but we haven't gotten there. But anything we can do to streamline prior authorization to diminish paperwork is a good thing, just not sure what the solution is yet.

[Helen Kent Davis]

There are some concerns about the way that some of the bill (HB 4178) was initially constructed. It talked about uniformity utilization reviews and prior authorizations. We understand that people are frustrated with variety on prior authorization, but we don't want to put ourselves in the



position where plans have to make utilization reviews even when they don't have those problems. There are concerns that this approach may result in requiring that everyone does the exact same thing and reduce providers' discretion.

[Clayton Travis]

The components articulated in HB 4178 clarify that if they do prior authorization they have to be good and based on evidence and safety and backed up by science.

[Susan Murphee]

Regarding the Frank Bill, Disability Rights Texas did offer some specific language when we testified to help with the dual eligibility piece of the bill.

[Clayton Travis]

I have 2 questions

- Is there anything that y'all brought up in testimony that you'd like included in some bill?
- Is there a bill out there on MMC that has a good policy idea that is not represented on the omnibus bills?

[Susan Murphee]

Disability Rights Texas has spent a lot of time on HB 4561, which focuses on people with intellectual or developmental disabilities. A lot of work has been done to come to consensus on that bill. We are concerned that the bill won't move.

Another bill, HB 4533, includes a strict change on dates for enrolling the ICF-IID waivers into managed care. We are hoping to move those forward and that we might get some help, but we hear it might be difficult in the Senate. We came to consensus on doing a palate and move forward. There is an exceptional item for bringing up some of those waivers to technology and to managed care. This bill is where we really need the backup.

Disability Rights can share one-pagers and summaries of these bills.

[Ginger Mayaux]

HB 4533 was heard already, we're just waiting to see how it continues to move along.

IV. Federal Policy Update (Anne Dunkelberg, 15 min)

[Melissa McChesney]

ACA

The Department of Justice (DOJ) sent a two sentence letter, essentially changing their position on ACA court case. This is the case where Texas stated that the ACA was unconstitutional.

However, the law remains in place while the case goes through the process.



The administration has no intention of supporting this law, but those that are stepping in the role to defend the ACA are the House, from which 5 House chairs sent letters to DOJ.

There are also 20 State Attorney General Offices currently fighting the case and the list is growing. That's where the defense of the ACA is coming from.

Our national partners, like Community Catalyst, will be calling on advocates to join this battle. Because if they repeal it, this would be a way to get rid of it altogether since there's nothing coming out from Congress to replace the ACA. Community Catalyst have put a toolkit together addressing this.

Presidents' Budget

As a reminder, this is a largely political thing. At this point, there is no support for the President's budget, but it is a good indication of where they are and how they want to support health programs. If you think about the repeal and replace bill back in 2017, a lot of what was in that bill shows up again in Trump's budget. The big pieces to that are huge cuts to Medicaid program by using a per capita cap. This would repeal Medicaid expansion altogether. If you remember on that plan proposal, in addition to do the block grant to Medicaid funding, you'd also take subsidies in the market place and impose a block grant as well. You would have no guarantee on how those funds are actually used. It also repeals a lot of the consumer protections, like pre-existing conditions protections. Again, this is a high-level overview, and it's essentially doing those things that we fought against in 2017. Families USA is a great place to further look into the budget. Also, be aware that there's no support for this in Congress, but as we move forward and talk about the importance of coverage, this is what we are going to hold the administration accountable for.

There is also some good stuff coming out of Washington: The legislation called Protecting Pre Existing Conditions and Making Healthcare More Affordable Act is coming out. It works to strengthen ACA and counter the attacks that have come administratively. It would revert a lot of what has been done by the administration in reducing enrollment and outreach funds for marketplace. You can also refer to Families USA website for more information.

[Celia Kaye]

What's the actual status on the Act mentioned above? And is there anything we can do moving forward?

[Melissa McChesney]

The links that I have don't have an update, but I will make sure get Stacey Pogue from CPPP to send that update out so we can know how far that's gotten.

V. Coverage Expansion Campaign (Laura Guerra-Cardus, 25 min)

SKIPPED



OTA (Facilitated by Melissa McChesney)

VI. Periodic Income Check Data Discussion

[Diana Forester]

I know that you guys wanted someone to walk you through the data request you received and the nature of the request required a lot of people in the agency to work, so I'm here in representation since not everyone who worked on it could come.

[Melissa McChesney]

Thank you for being here Diana. A lot of the data points that we've been emphasizing come from that data request. I know a lot of conversations happened with Joey Reed, I'm happy to share our questions. There are two pieces to our questions:

If you look at the break down of data, item number 3 and 6, accounts for procedural and nonprocedural denials. We're having a hard time understanding the second piece. The response we got was that number 3 includes all denials in month 7, and number 6 only reflects most procedural denials and 1 nonprocedural denial. It doesn't necessarily make sense to me. We don't understand how procedural denials go down, if both analyses include nonprocedural and procedural denials. I can understand how procedural denials go up, but I don't understand how if by including all types of procedural denials, the procedural denials go down.

[Diana Forester]

We had multiple departments working on this, and when we combined it, I'm not sure everyone was using the same definitions. I will take this back and get clarification.

[Melissa McChesney]

Thank you, we'd appreciate more guidance on the difference between items 3 and 6.

[Adriana Kohler]

Yea, if there's something we are missing then we'd appreciate some feedback.

[Melissa McChesney]

The other piece we're hoping you guys can address at a high level point involves the item number 3 break down. It wasn't clear to us, we assumed that maybe most of the 400 students were dropped from Medicaid were enrolled in CHIP, but we are not sure. This constitutes another data request according to Joey Reed.

[Adriana Kohler]

Yea, so what's going on with this 372, are they denied Medicaid or were they denied CHIP?

[Diana Forester]



So you just want to know if they were included or not, I'll take this back to the agency.

[Adriana Kohler]

On this bottom chart on pg. 2, where it says PICs in 2017, I wonder where this average PIC disenrollment 1,900 came from.

[Diana Forester]

I see, the total estimated number doesn't add up when you add all the numbers.

[Adriana Kohler]

Yes, and that's important because we are telling folks that 50,000 kids are disenrolled because of these procedural issues.

[Laura Guerra-Cardus]

Yes, and we are using the 52 percent of kids that re-enroll within the year. In an ideal world we'd like to translate this percent to a number. What we think we can say, is that 52 percent likely remained eligible because they came back on during the year. We want to show what we do know. We'd like to counter those legislators that say that 4,100 were going to be ineligible anyways.

[Adriana Kohler]

Yea, we're hearing that 52 percent are reenrolled but 48 percent are out. And the push back is that its 48 percent, but its only 48 percent of a smaller portion of kids, and that's misleading.

Do you see issues with the current system?

[Laura Guerra-Cardus]

Yea, some advocates have thrown out there the idea of doing only 2 PICs, one at 6 months and one at another date. Do you have any feedback from the agency's perspective regarding this?

[Diana Forester]

Just from an operational standpoint, doing less PICs takes less resources, it would potentially save money. But if you get the other side of it, if there's a certain percentage of possibly ineligible children that stay on if we reduce PICs, that is also an added expense.

[Laura Guerra-Cardus]

We appreciate what we feel is a very reasonable fiscal note. One of the bigger things that we noticed is that the budget is using estimates of an increase in caseload growth in Medicaid, and HHSC data shows decreases in caseload growth, and we are wondering if the additional costs are already built into the budget?

[Diana Forester]



I wasn't involved in that fiscal note, but I can get back and ask. There are many conversations on the appropriations of that bill, so I'll take that back to the agency.

[Adriana Kohler]

Yea, it would be good to know what assumptions and factors went into this.

[Laura Guerra-Cardus]

If there are going to be continued discussions on this bill, we will be in a place where people will be asking these questions

VII. Eligibility and Enrollment Technical Assistance

[Melissa McChesney]

Is there anything you think that should be shared with this group on TIERS updates?

[Diana Forester]

I tried to get something from AES to you guys but they weren't able to get it to me by the deadline, but I will share it once I receive it.

[Melissa McChesney]

Regarding the workaround on pre-tax contribution in MAGI income, I noticed there is a manual workaround for this. Having the manual workaround for individuals in these circumstances is a good step.

[Diana Forester]

Yea, and if you have any individuals that are having issues with workaround, let us know.

[Melissa McChesney]

I used to have a few families that would reach out to me, but I haven't had anybody reach out in the recent year. We will let you know if we see anything on the ground in terms of that manual workaround not being implemented.

Regarding the 2-1-1 Process, over the last 5 years since I've been on the advocacy side of this and worked with enrollment assisters and families, one of the very common complaints that was brought to me was that when families called the 2-1-1 line with issues, they are only told to wait and reenroll again in 45 days and that's it. They are not given any information on why that is. We just wanted to flag that for the agency since this is not useful to the clients. Essentially, whatever error exists in their first application is still present in their second application, so their problem isn't really solved by reapplying again 45 days later, and they end up losing on services.

[Diana Forester]



Thank you for bringing this up, as you know 2-1-1 is an outsider contractor, but we will raise these concerns.

[Melissa McChesney]

This could also be a cultural thing that developed.

[Diana Forester]

I can definitely take that back.

[Laura Guerra-Cardus]

The other thing that we've been thinking about are the families that are pinged by the system to potentially be over income. It would be so helpful to know the range of incomes that are being seen, because one of our feelings, from our experience on this issue for many years and with this population, is that these kids are most likely eligible for either Medicaid and CHIP and that their incomes are between those, and so if we had our databases showing that these kids still fall between the Medicaid and CHIP range, that can be helpful in ensuring that they are not kicked off the programs and instead effectively transferred between programs.

[Melissa McChesney]

I do think this is an important piece of the picture, and Diana you might understand where we are coming from, when we are looking at the outcomes of these PICs, what are we really getting from them? Are we just pushing these people out of these programs?

[Diana Forester]

I can definitely ask. My hunch is that we don't collect the income data that makes them ineligible, I think we just get the flag that says they are ineligible.

[Laura Guerra-Cardus]

Does an outside company do those PICs?

[Diana Forester]

Yea those are the data brokers.

[Laura Guerra-Cardus]

In the data brokers databases are these data points collected?

[Diana Forester]

I'm not sure but I can ask.

VIII. Office of the Ombudsman Update (Deborah De La Cruz)

[Deborah De La Cruz]



[Refer to PowerPoint]

[Refer to Slide 6]

There was a decrease from January to February. Usually February spikes down because the cost of living goes up, it's leveling back up though.

[Refer to Slide 7]

There was an increase for the month of January, but I didn't see any particular trends that identified the increase.

[Refer to Slide 8]

There was an increase of 22 percent. The increase was due to more substantiated complaints against MCOs for not showing clients as active in the pharmacy system of the health plan.

[Melissa McChesney]

Was this at the beginning of the year?

[Deborah De La Cruz]

It appears it only occurred in January. I'm not sure if there was a change in their system that may have caused this.

[Melissa McChesney]

Maybe this is something that the agency can take to ensure that there are processes that inadvertently drop kids out of that system for the pharmacy.

[Refer to Slide 9]

Paige indicated the pattern here is typical. They usually increase in January and decreases in February since it has less business days.

[Refer to Slide 11]

Paige indicates that the only noticeable increase in contacts were regarding follow-ups on open cases.

[Refer to Slide 12]

Paige indicates that the trend found in the increase and complaints, was an increase in complaints against Texas children's health plans. Some complaints were targeted at MCOs for not getting services.

[Foster Care Section]

[Refer to Slide 14]



We still have a low number of foster youth reaching out to us. They are doing more outreach events to spread the word to the youth that we are available to help.

[Refer to Slide 15]

There are bills that are being monitored by the agency and the Ombudsman's office.

- HHSC is tracking 1,692 bills.
- The Ombudsman is tracking 754 of those.
 - 131 are related to eligibility
 - 164 are related Medicaid Managed Care
 - 174 are related to foster care
 - 76 are related to IID
 - 43 are related to long term care
- There are 35 bills that directly affect operations of the Ombudsman program
 - SB 1101 – Aims at strengthening Ombudsman regulations and operations.
 - HB 2453 – Creates a Medicaid provider Ombudsman which might lead to confusion if advertised as Ombudsman. In essence, providers would go to specific complaint area instead of our office.
 - SB 1140 – would require HHSC to contract with an independent reviewer organization to resolve Medicaid managed care appeals.
 - HB 12 – would create and ECI ombudsman, which creates a conflict of interest for us since we are the ECI consumer.
 - SB 1109 – would create an outreach campaign for older Texans needing vision services.
- As far as the quarterly report:
 - HHSC leadership was excited to see report and has asked additional data to be included.
 - We plan to have it published on our website by June. The data will cover the first part of the fiscal year, Sept – November, and we hope to have the remaining quarters once the report is approved.

[Meeting adjourned at 1:35 pm]

HHS Office of the Ombudsman Update

Presented to
CHC Coalition
April 12, 2019



TEXAS
Health and Human
Services

Total Ombudsman Contacts for 2nd Quarter FY 2019

- ◆ Complaints – 10,207
- ◆ Inquiries – 21,906

Contact Volumes and Top Three Reasons for Contact by Program Type 2nd Quarter FY 2019



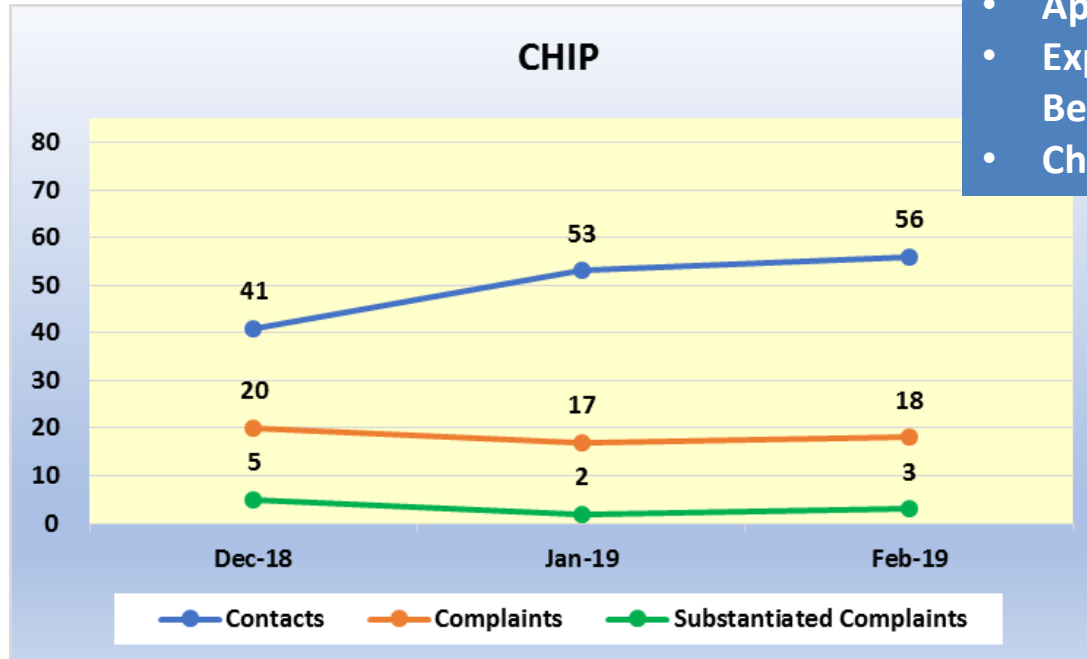
TEXAS
Health and Human
Services

Contact Volumes by Program Type

2nd Quarter FY 2019

Top 3 Contacts – CHIP

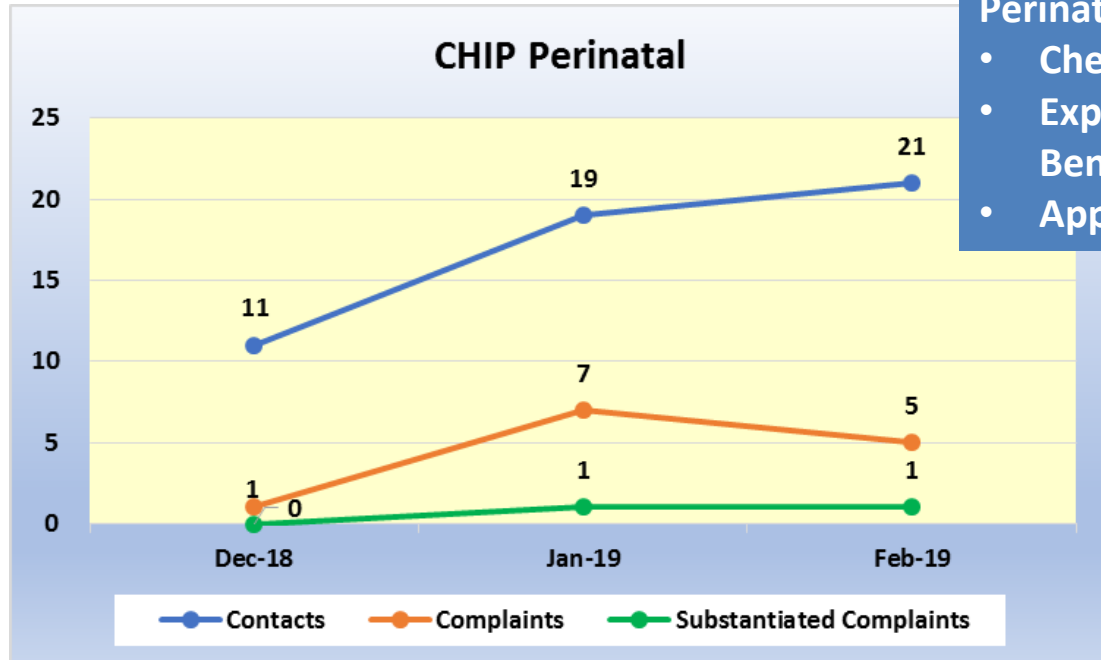
- Application/Case Denied
- Explanation of Benefits/Policy
- Check Status



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Services

Contact Volumes by Program Type

2nd Quarter FY 2019



Top 3 Contacts – CHIP - Perinatal

- Check Status
- Explanation of Benefits/Policy
- Application/Case Denied



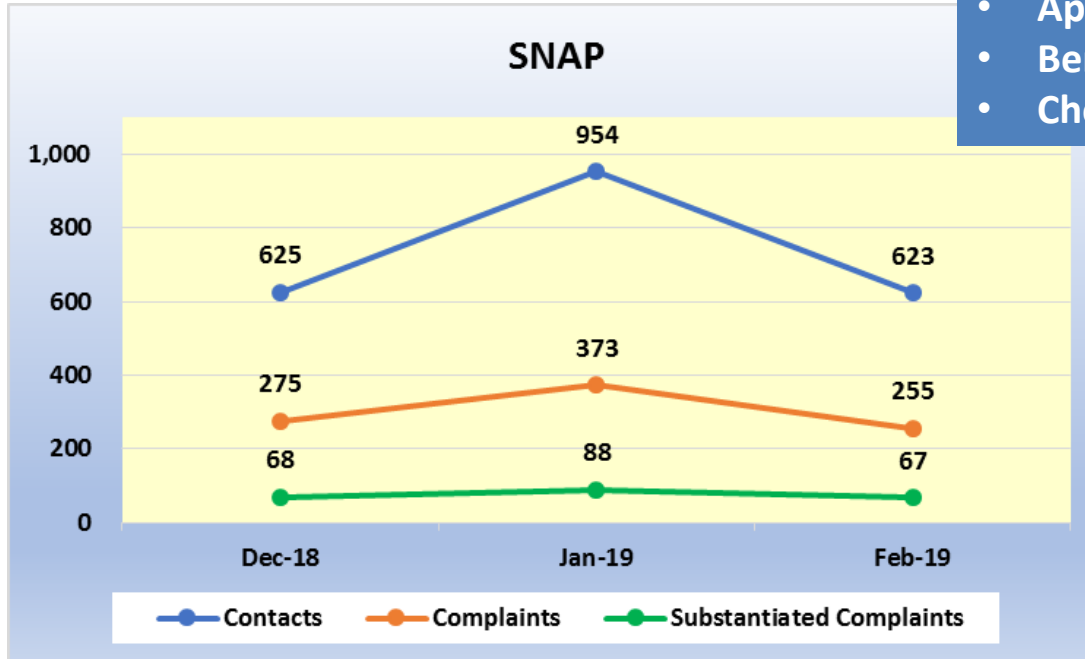
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Contact Volumes by Program Type

2nd Quarter FY 2019

Top 3 Contacts – SNAP

- Application/Case Denied
- Benefit Amount
- Check Status



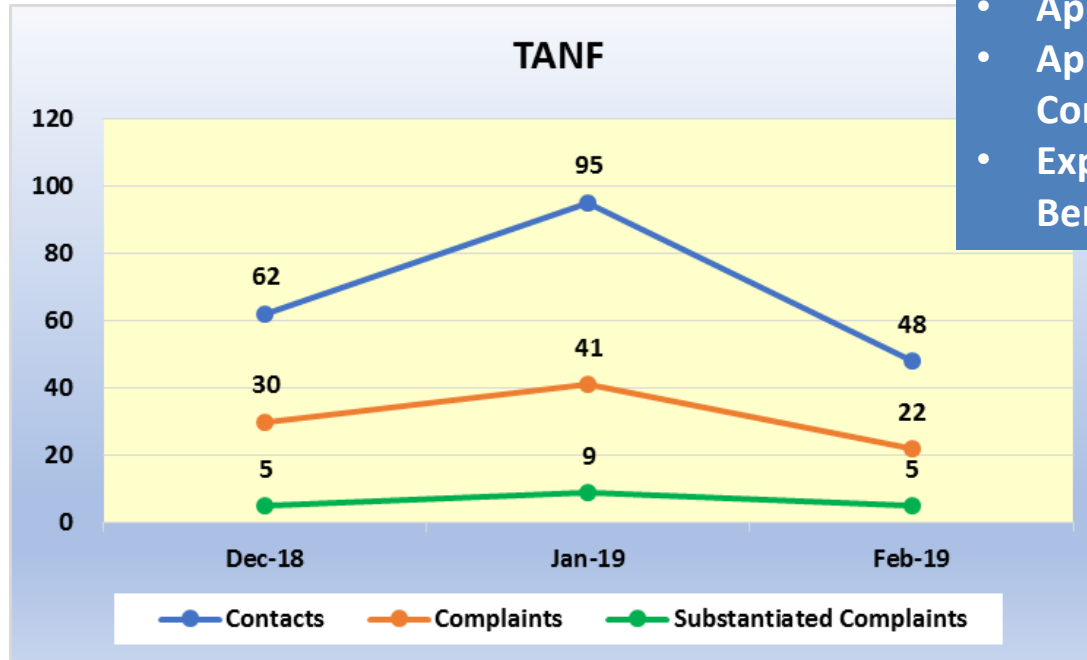
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Contact Volumes by Program Type

2nd Quarter FY 2019

Top 3 Contacts – TANF

- Application/Case Denied
- Application Not Completed
- Explanation of Benefits/Policy



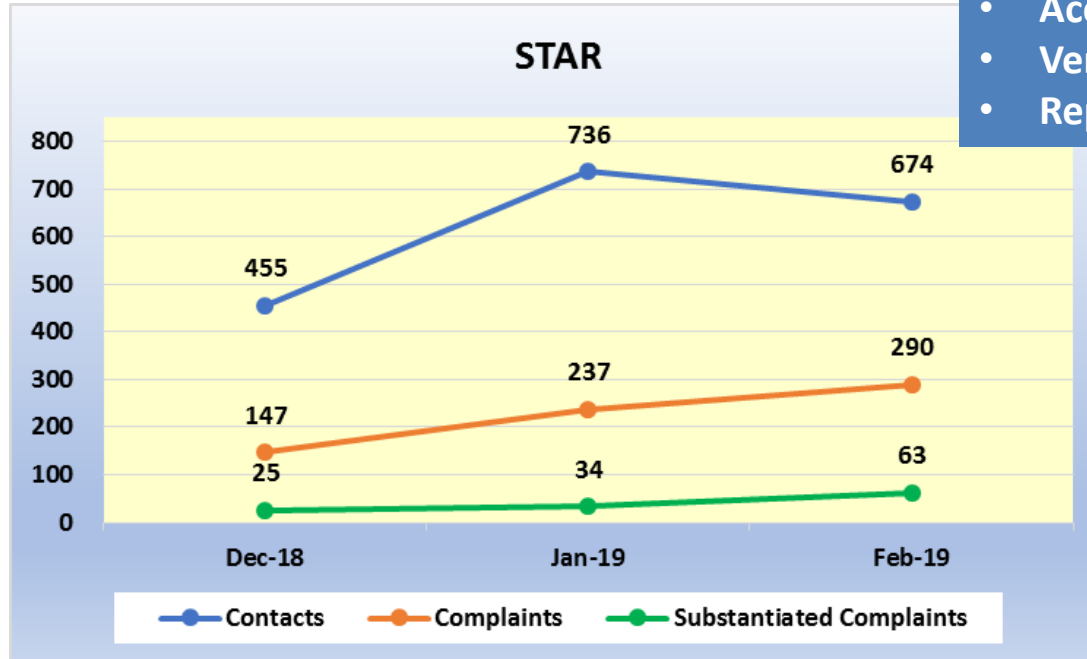
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Contact Volumes by Program Type

2nd Quarter FY 2019

Top 3 Contacts – STAR

- Access to Prescriptions
- Verify Health Coverage
- Reporting Change

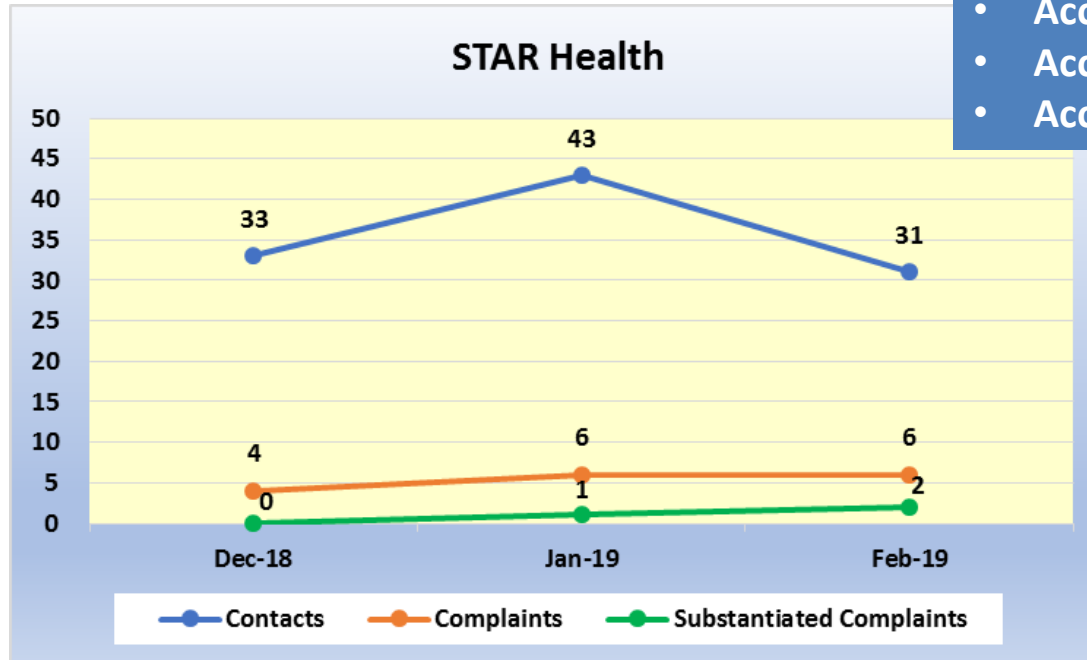


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Contact Volumes by Program Type

2nd Quarter FY 2019

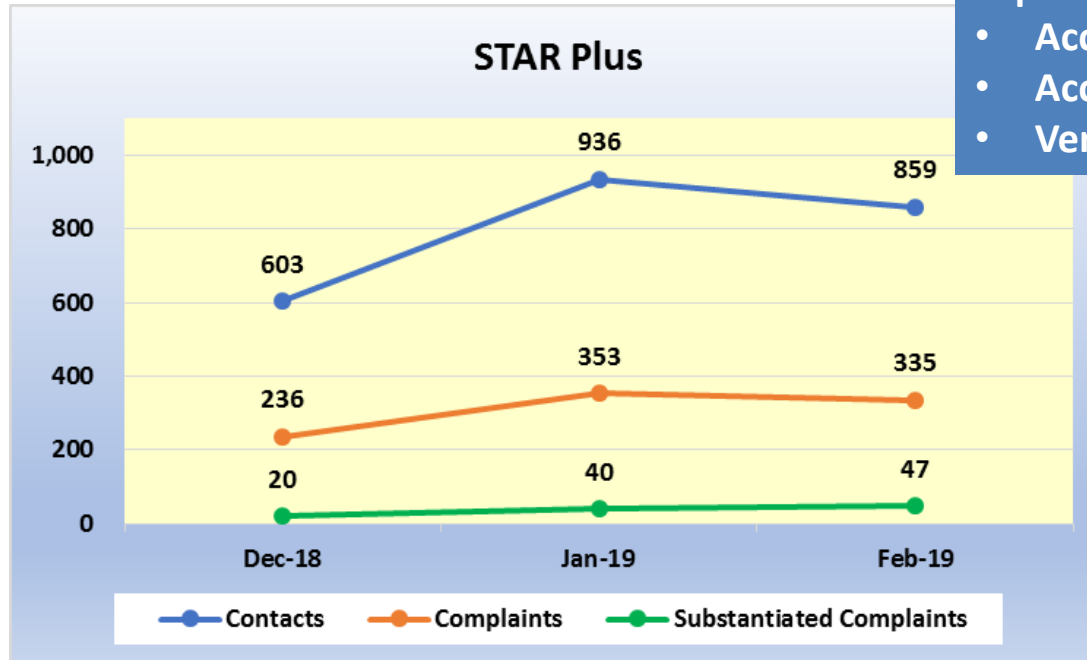
- Top 3 Contacts – STAR Health**
- Access to PCP/Change PCP
 - Access to Dental PCP
 - Access to Specialist



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Services

Contact Volumes by Program Type

2nd Quarter FY 2019



Top 3 Contacts – STAR Plus

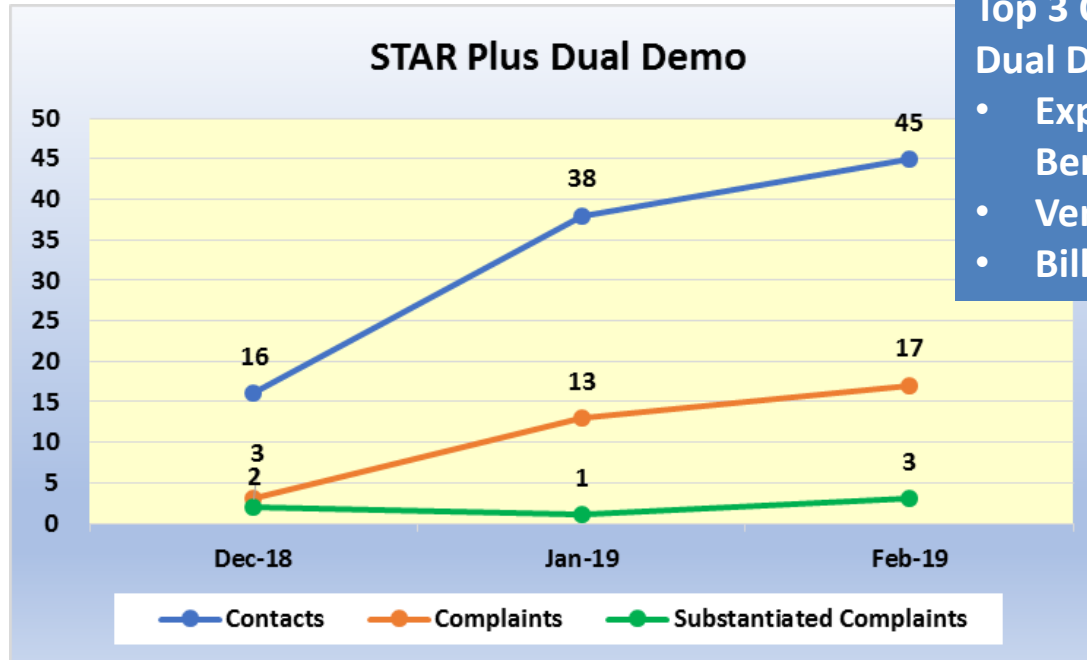
- Access to Prescriptions
- Access to LTSS
- Verify Health Coverage



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Services

Contact Volumes by Program Type

2nd Quarter FY 2019



Top 3 Contacts – STAR Plus Dual Demo

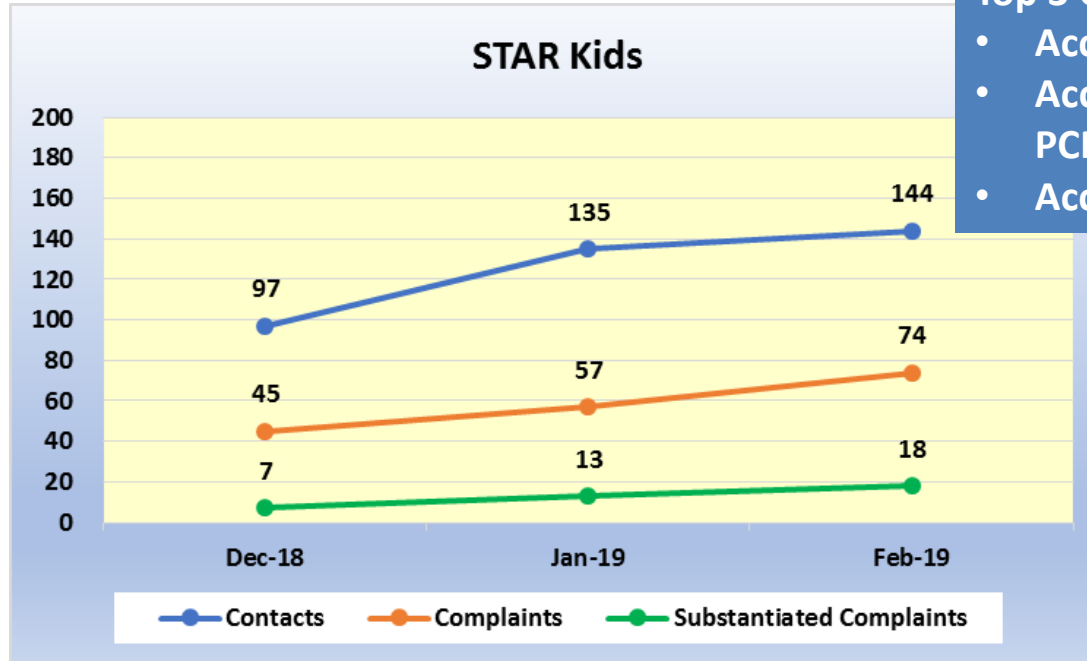
- Explanation of Benefits/Policy
- Verify Health Coverage
- Billing Issues



TEXAS
Health and Human
Services

Contact Volumes by Program Type

2nd Quarter FY 2019



Top 3 Contacts – STAR Kids

- Access to Prescriptions
- Access to PCP/Change PCP
- Access to LTSS



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FOSTER CARE OMBUDSMAN



TEXAS
Health and Human
Services

Foster Care Ombudsman Program 2nd Quarter FY 2019

Contact Volume 2nd Quarter FY 2019

Foster Care Youth	70 (31%)
Total Contacts	224

Top Three Reasons for Contact 2nd 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)



Ombudsman Managed Care Assistance Team

UPDATE

- Problem Trends
- Bills
- Quarterly Published Report

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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