CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

86th Session Briefing for Legislative Staff

January 24, 2019

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www.texaschip.org

The Children's Health Coverage Coalition was formed in 1998 (as the Texas CHIP Coalition) to work for the establishment of a strong Children's Health Insurance Program in Texas. Today, our broad-based Coalition continues to work to improve access to health care for all Texas children, whether through Medicaid, CHIP, or private insurance.

Children's Health Coverage Coalition
Supporting Organizations, 86th Session*

Center for Public Policy Priorities

Center for Civic & Public Policy Improvement

Children's Defense Fund - Texas

Children's Hospital Association of Texas

Harris Health System

League of Women Voters of Texas

March of Dimes

Methodist Healthcare Ministries

National Alliance on Mental Illness (NAMI) Texas

National Association of Social Workers Texas

Teaching Hospitals of Texas

Texans Care for Children

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Texas Association of Community Health Centers

Texas Association of Community Health Plans

Texas Association of Obstetricians and Gynecologists

Texas District of the American College of Obstetricians and Gynecologists—District XI

Texas Hospital Association

Texas Impact

Texas Medical Association

Texas Occupational Therapy Association

Texas Pediatric Society

Young Invincibles

* As of 1/24/2019

The Children's Health Coverage Coalition has adopted these priorities for the 86th Legislature:

Budget

Ensure adequate funding for critical health programs aimed at improving maternal and children's health. This includes preventing reductions in critical health services or payments that would jeopardize access to and quality of care for children and mothers. Strong investment is needed in:

- Medicaid, Children's Health Insurance Program, CHIP perinatal
- Early Childhood Intervention (ECI)
- DSHS programs and initiatives designed to improve maternal health

Improve Continuity of Coverage – prevent youth from losing coverage and falling through the cracks

- Ensure children receive 12 months of continuous eligibility in Medicaid, like Texas does with the Children's Health Insurance Program. (Texas Children's Medicaid eligibility offered sequential segments of 6-month continuous eligibility from 2002 until 2014, when HHSC reduced coverage to only one segment of 6-month continuous coverage per year).
- Establish auto-enrollment for 19-year-olds who age out of CHIP and Children's Medicaid, to seamlessly access care via the Healthy Texas Women program

The Children's Health Coverage Coalition has adopted these priorities for the 86th Legislature

Increase Access to Health Coverage

Improve maternal and child health by supporting initiatives to ensure women of reproductive age receive 12 months continuous coverage for preventive, primary, and specialty care before, during, and after pregnancy.

Make Improvements to Medicaid Managed Care System

- Clear information on care coordination services provided in each STAR program.
- Enforce network adequacy standards
- Track and report on all Medicaid client inquiries, complaints, requests for appeals – to better identify trends and emerging issues.
- Streamline and strengthen protections for Medicaid clients and families seeking to appeal a denial or reduction of care.

Other Issues We Support:

Our Coalition also supports legislation on a range of other issues affecting children's health (see agenda document). Some examples:

- **Streamline renewal processes** for families with multiple kids enrolled in Medicaid or CHIP, to renew coverage for each child on the same date every year
- Streamline enrollment and referral process from **CHIP perinatal to the state's Family Planning Program**
- Support legislation to **create comprehensive coverage for Texas' low-income adults**, improve maternal health, and enhance the financial security for parents striving to do the best job of raising their children and providing for their families.
- Telehealth: Fund exceptional item #49, **Pediatric Telemedicine Grant Program for Rural Texas**
- Medicaid coverage for and promotion of **virtual pregnancy medical homes**
- **Transportation Strategies**: Make improvements to non-emergency Medicaid transportation benefit so that more **mothers and their children can travel** to critical medical appointments.
- Improve Behavioral Health: **Create a Child Psychiatric Access Program** to further enable primary care physicians to provide behavioral health services to children
- Create an **Independent Provider Health Plan Monitor** to address issues between providers and plans
- **Raise the age of tobacco purchases to age 21**

Introductory Remarks

Dr. Ryan D. Van Ramshorst, MD, MPH, FAAP

General Pediatrician
Texas Pediatric Society Executive Board of Directors
Chair, Texas Medical Association Select Committee on Medicaid, CHIP, and the Uninsured

Case Presentation: “Josue”

- 2 ½ year-old boy, medical history notable for being born at 24 weeks gestation, 4 month NICU stay
- Chronic lung disease of prematurity, tracheomalacia, tracheostomy, dysphagia, failure-to-thrive, developmental delay
- Lives with mother, father, 6 month-old baby sister
- Mother works in fast food restaurant, father works in construction

Case Presentation: “Josue”

- What are some of Josue’s unique medical needs?
  - “Routine” well-child care (e.g. check-ups, immunizations)
  - Prescription medications
  - Consultation with multiple pediatric specialists
  - Therapies for his developmental delays
  - Durable medical equipment
  - Care coordination/case management
  - Psychosocial supports

Coverage Matters!

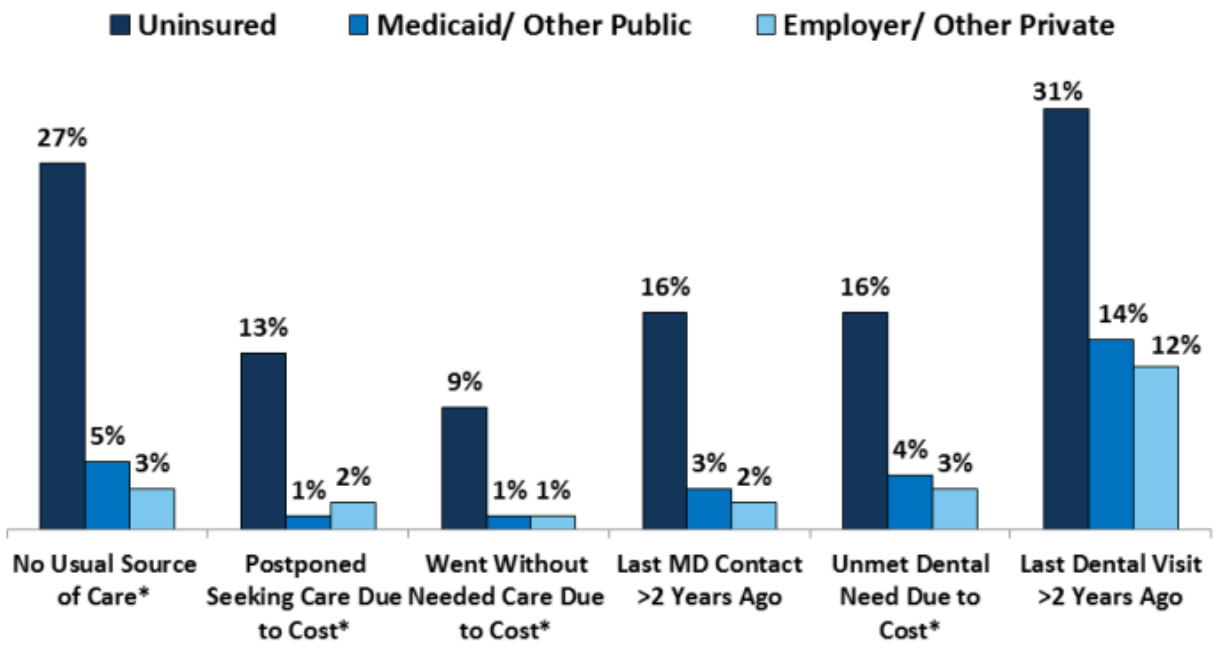
- Uninsured children face problems getting needed care:
  - More likely to lack a usual source of care
  - More likely to have unmet medical needs
  - Are at a higher risk for preventable hospitalizations
  - Are at a higher risk for missed diagnoses of serious health conditions

Kaiser Family Foundation. The Uninsured – A Primer: Key Facts about Health Insurance and the Uninsured Under the Affordable Care Act. 2017. Available online: https://www.kff.org/report-section/the-uninsured-a-primer-key-facts-about-health-insurance-and-the-uninsured-under-the-affordable-care-act-how-does-lack-of-insurance-affect-access-to-health-care/ Accessed 21 Jan 2019.

Coverage Matters!

Figure 10

Children's Access to Care by Health Insurance Status, 2016



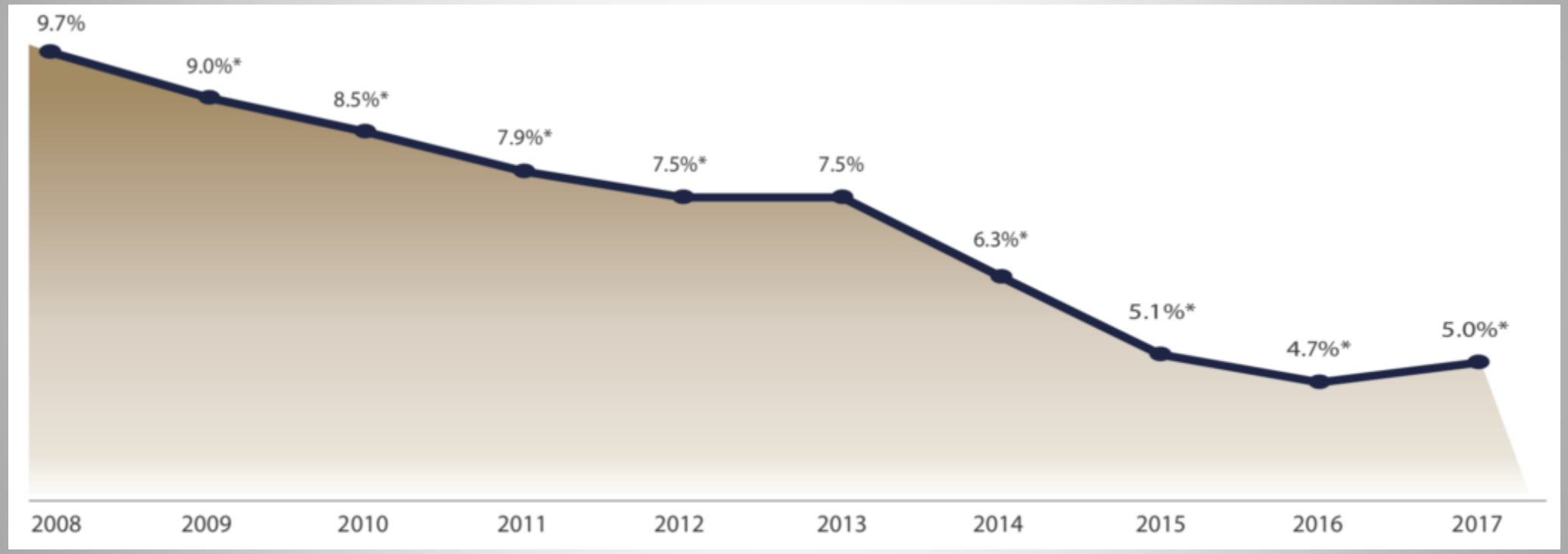
NOTES: * In past 12 months. Questions about dental care were analyzed for children ages 2-17. All other questions were analyzed for all children ages 0-17. MD contact includes other health professionals. Respondents who said usual source of care was the emergency room were included among those not having a usual source of care. All differences between the uninsured and the two insurance groups are statistically significant ($p < 0.05$).

SOURCE: Kaiser Family Foundation analysis of the 2016 National Health Insurance Survey.

THE HENRY J. KAISER FAMILY FOUNDATION

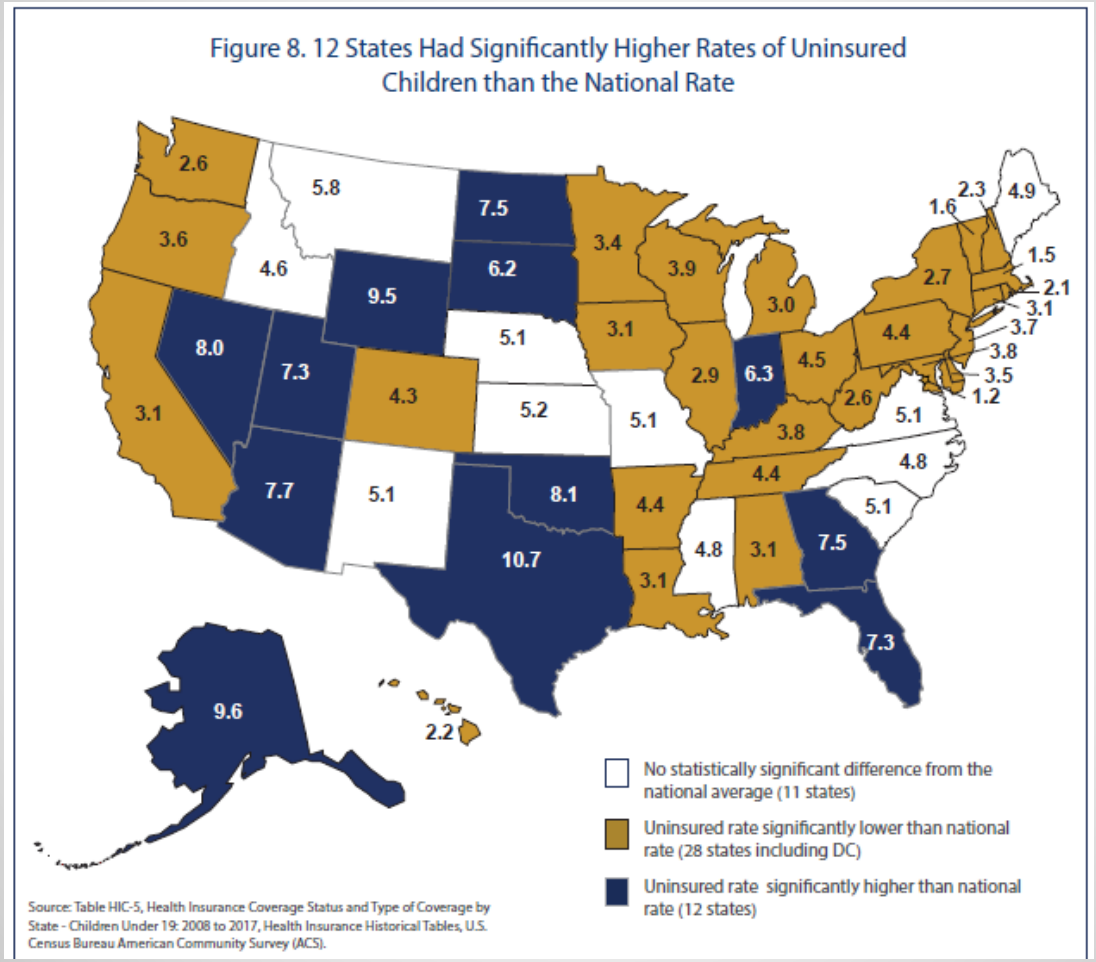
Kaiser Family Foundation. The Uninsured – A Primer: Key Facts about Health Insurance and the Uninsured Under the Affordable Care Act. 2017. Available online: https://www.kff.org/report-section/the-uninsured-a-primer-key-facts-about-health-insurance-and-the-uninsured-under-the-affordable-care-act-how-does-lack-of-insurance-affect-access-to-health-care/ Accessed 21 Jan 2019.

Children's Health Coverage Trends, 2008-2017



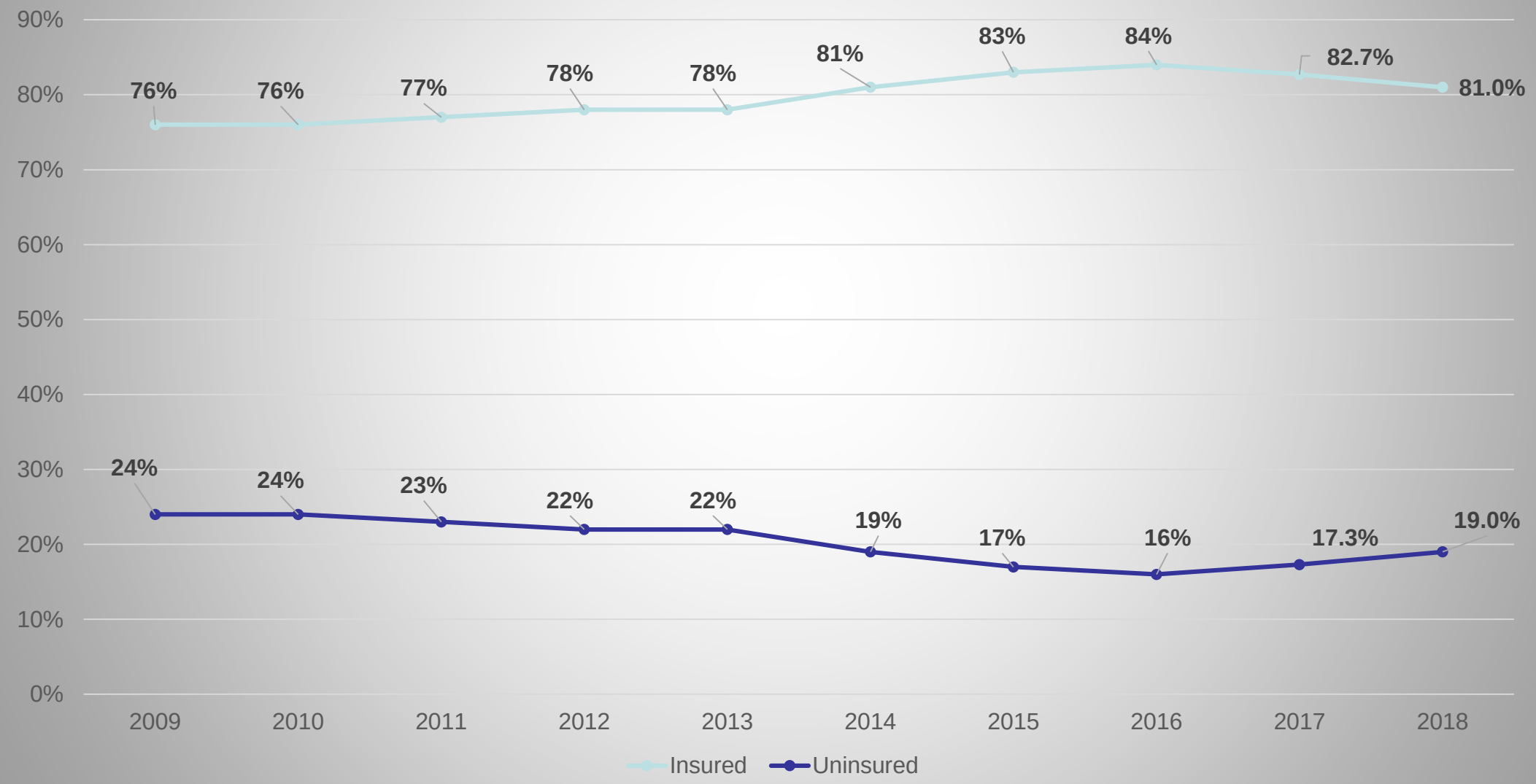
Georgetown University Health Policy Institute. Center for Children and Families. Nation's Progress on Children's Health Coverage Reversed Course. 2018. Available online: https://ccf.georgetown.edu/wp-content/uploads/2018/11/UninsuredKids2018_Final_asof1128743pm.pdf Accessed 21 Jan 2019.

Child Uninsurance by State, 2018

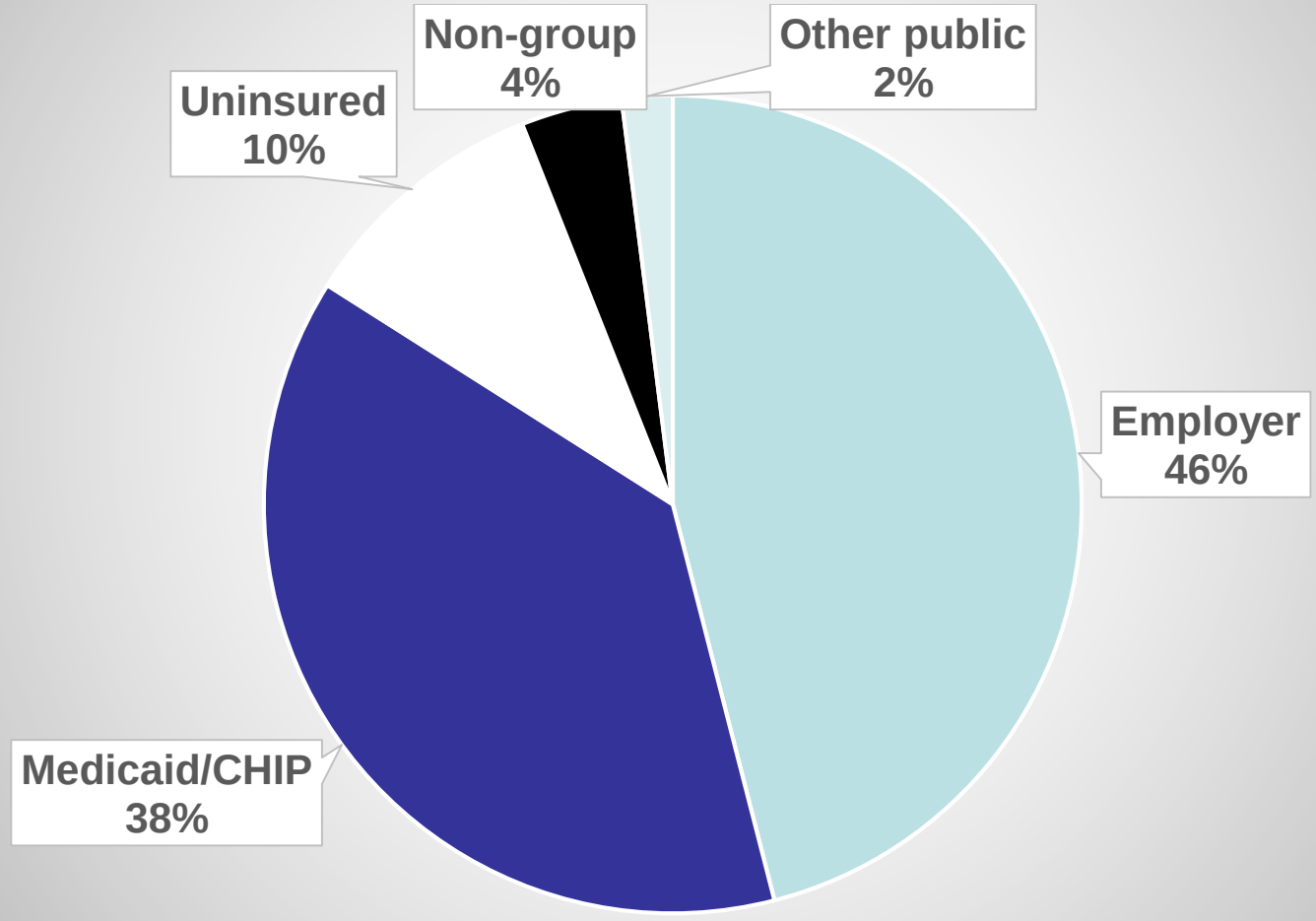


Georgetown University Health Policy Institute. Center for Children and Families. Nation's Progress on Children's Health Coverage Reversed Course. 2018. Available online: https://ccf.georgetown.edu/wp-content/uploads/2018/11/UninsuredKids2018_Final_asof1128743pm.pdf Accessed 21 Jan 2019.

Overall Coverage Trends, Texas, 2009-2017



How Are Kids Covered in Texas?



The Importance of Medicaid/CHIP

- Combined, Medicaid/CHIP represents the single largest insurer of children nationwide, and in Texas
- Medicaid provides a child-specific benefit package (EPSDT)
- Access to Medicaid/CHIP as a child reduces adult rates of chronic disease and disability
- Medicaid/CHIP cover children who need care the most
- Medicaid/CHIP are a major funder of children's hospitals

American Academy of Pediatrics. Medicaid Facts: United States. 2017. Available online: https://www.aap.org/en-us/Documents/federaladvocacy_medicaidfactsheet_all_states.pdf Accessed 21 Jan 2019.

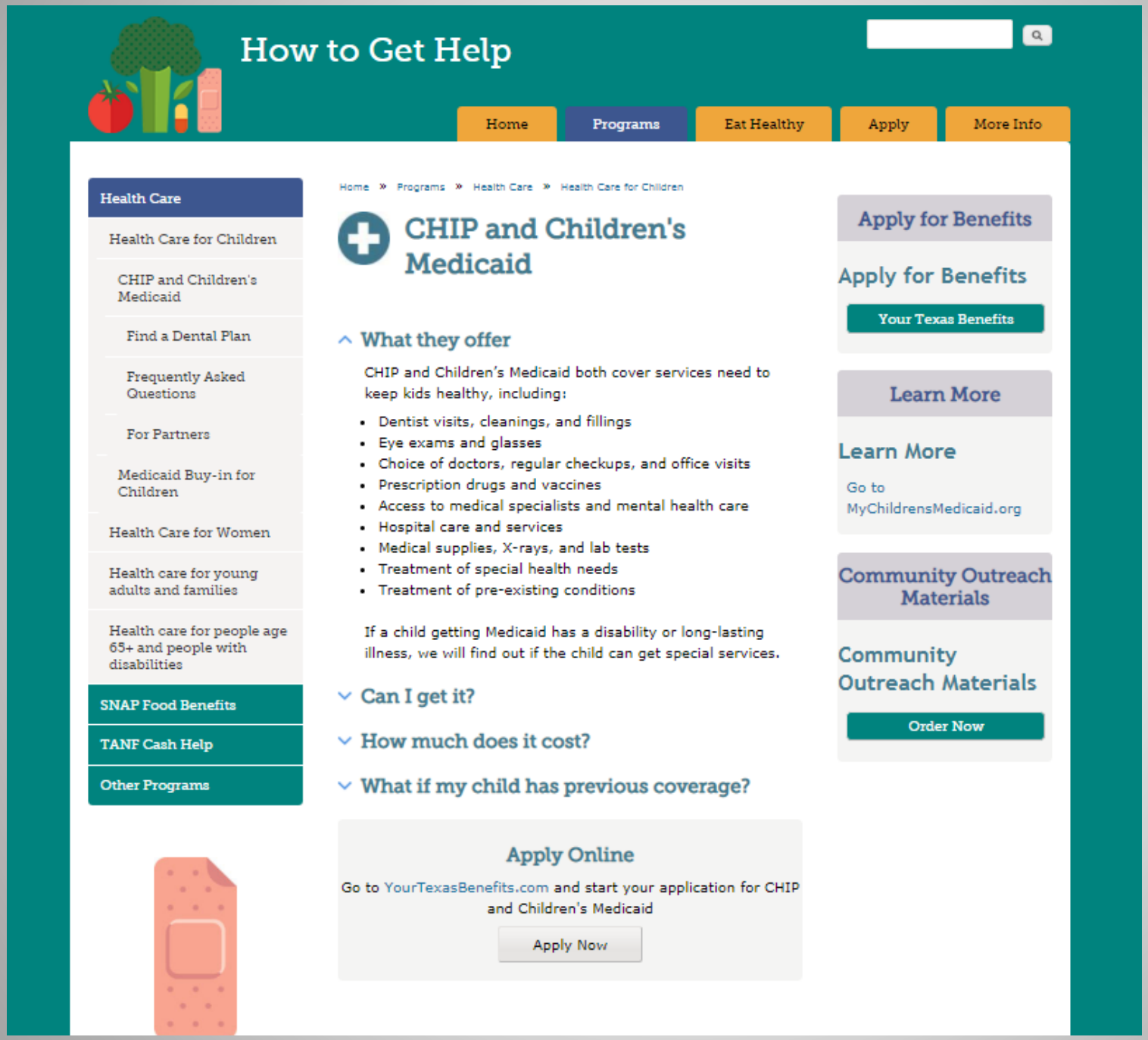
The Importance of Medicaid/CHIP (cont'd.)

- Medicaid/CHIP are lifelines for working families
- Medicaid is the largest source of behavioral health care
- Medicaid is key to improving women's health and addressing Texas' high rate of maternal morbidity/mortality
- Medicaid is increasingly able to address social determinants of health

American Academy of Pediatrics. Medicaid Facts: United States. 2017. Available online: https://www.aap.org/en-us/Documents/federaladvocacy_medicaidfactsheet_all_states.pdf Accessed 21 Jan 2019.
Texas Health and Human Services Commission. Presentation to the Senate Finance Committee on Healthcare Costs. 2017. Available online: https://hhs.texas.gov/sites/default/files/sfc-healthcare-costs-170201.pdf. Accessed 21 Jan 2019.

Medicaid and CHIP 101 for 2019

Anne Dunkelberg, Center for Public Policy Priorities



Children's Medicaid and CHIP provide free or very low-cost coverage

Texas HHSC runs both programs

Parents can apply online

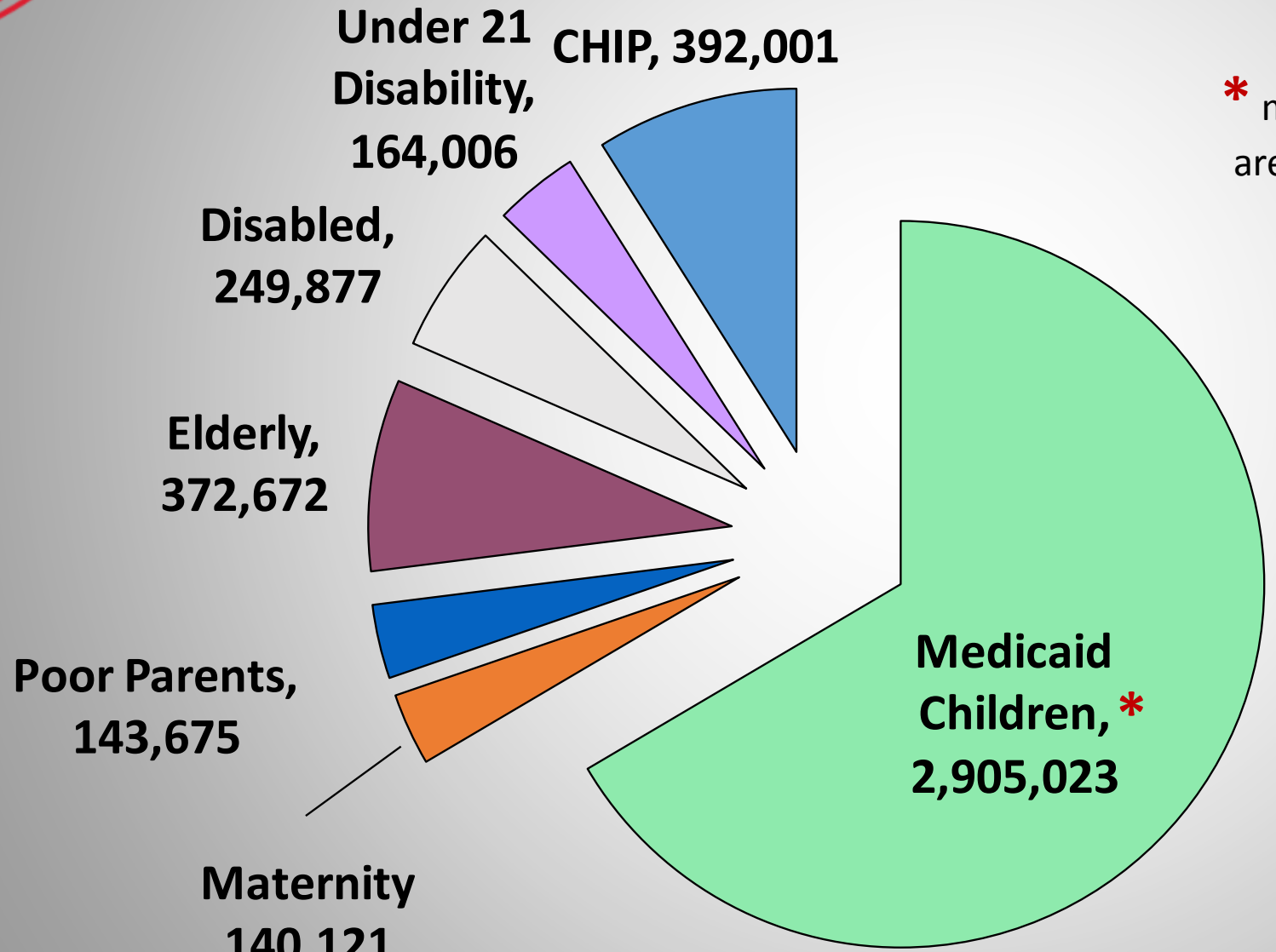
Federal funds pay 60¢ of each Medicaid $; 94¢ cents of CHIP$ (dropping to ~72¢ in 2021)

Medicaid/CHIP Overview

- Medicaid and the Children's Health Insurance Program (CHIP) provide health insurance coverage to low-income individuals, with the costs shared between the state and the federal government.
- Medicaid is an entitlement program; anyone who meets eligibility requirements must be provided coverage.
- CHIP is not a federal entitlement, but in Texas all eligible children are provided services.

21

Texans with Medicaid and CHIP Health Coverage Mostly Children, Few Parents



* more under-21 are in maternity or parent category

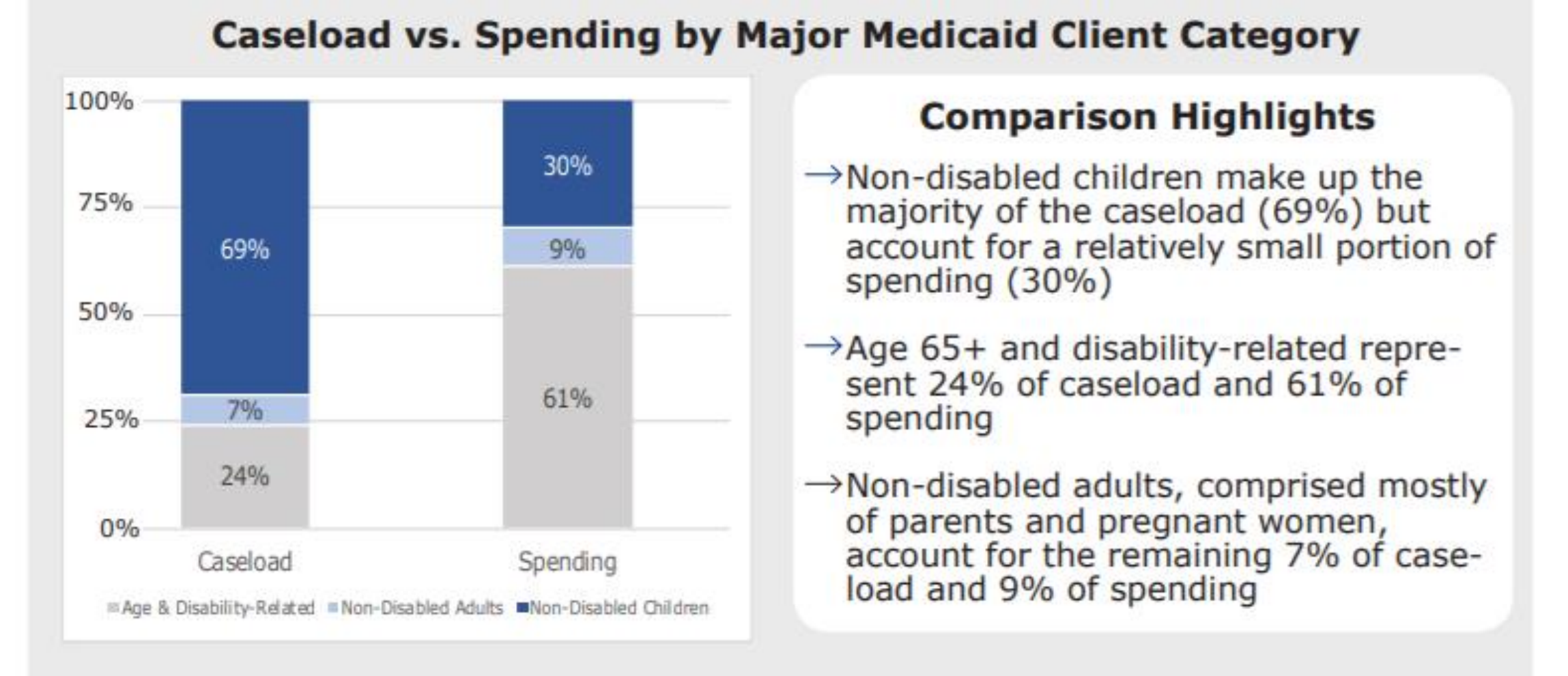
Total Enrolled: (August 2018) 4.4 million Texans

Of these, 3.4 million are children (~46% of Texas kids)

August 2018, HHSC data

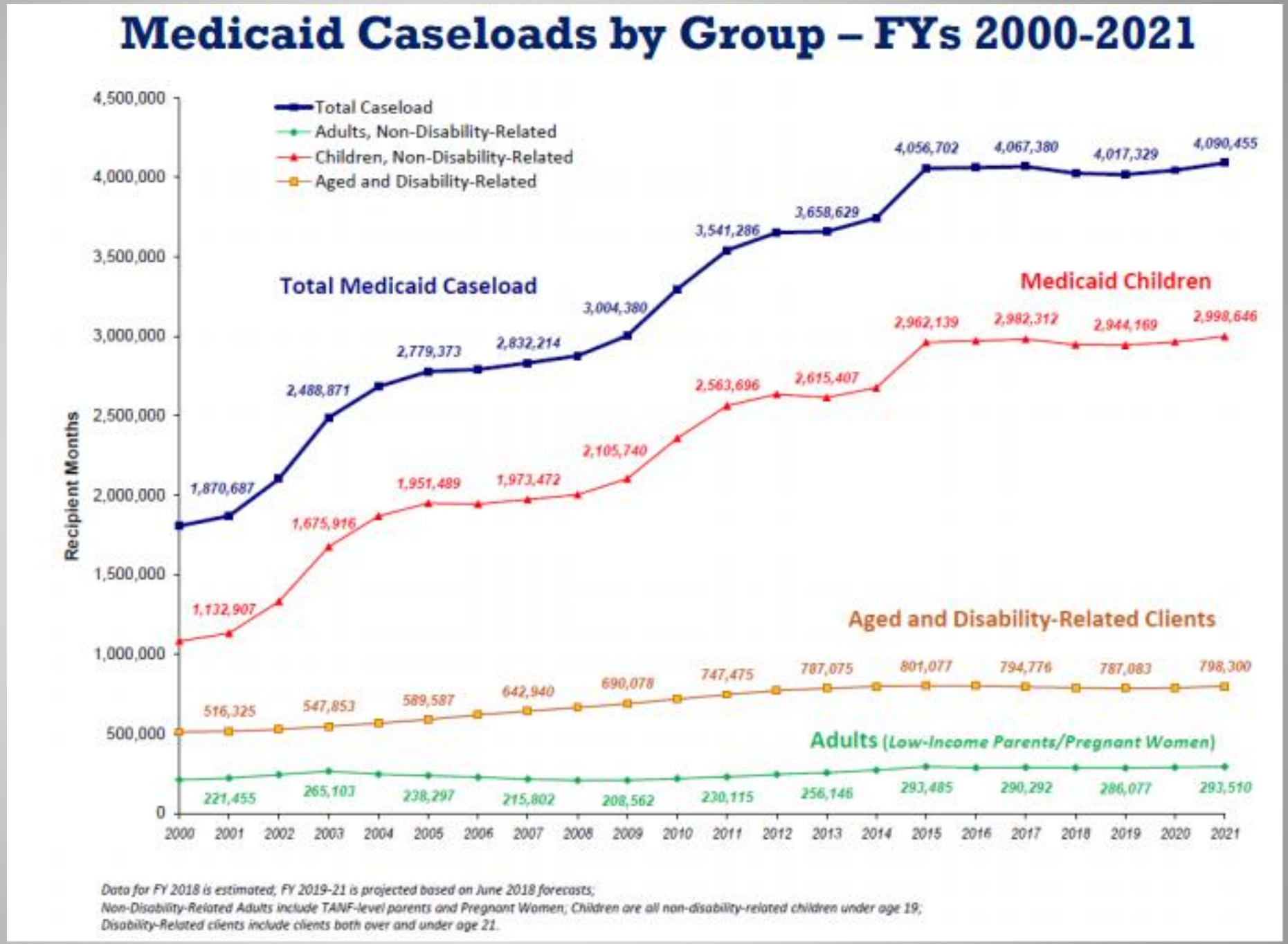
Source: Center for Public Policy Priorities, HHSC data.

Coverage for Children is a Bargain



(SFY) 2017; Texas Medicaid and CHIP Reference Guide, THHSC 2018, TWELFTH EDITION

Texas Medicaid Enrollment Growth is Mostly Children, & slow since 2014



Medicaid for Children = More Successful Adults

- People who had been eligible for Medicaid as children earned higher wages and paid higher federal taxes than their peers who were not eligible.
  http://www.nber.org/papers/w20835
- Medicaid decreases poverty rates by 1.0% among children, 2.2% among disabled adults, and 0.7% among elderly individuals.
  http://www.appam.org/assets/1/7/The_Poverty-Reducing_Effect_Of_Medicaid.pdf

Kids also Do Better when their Parents Get Coverage

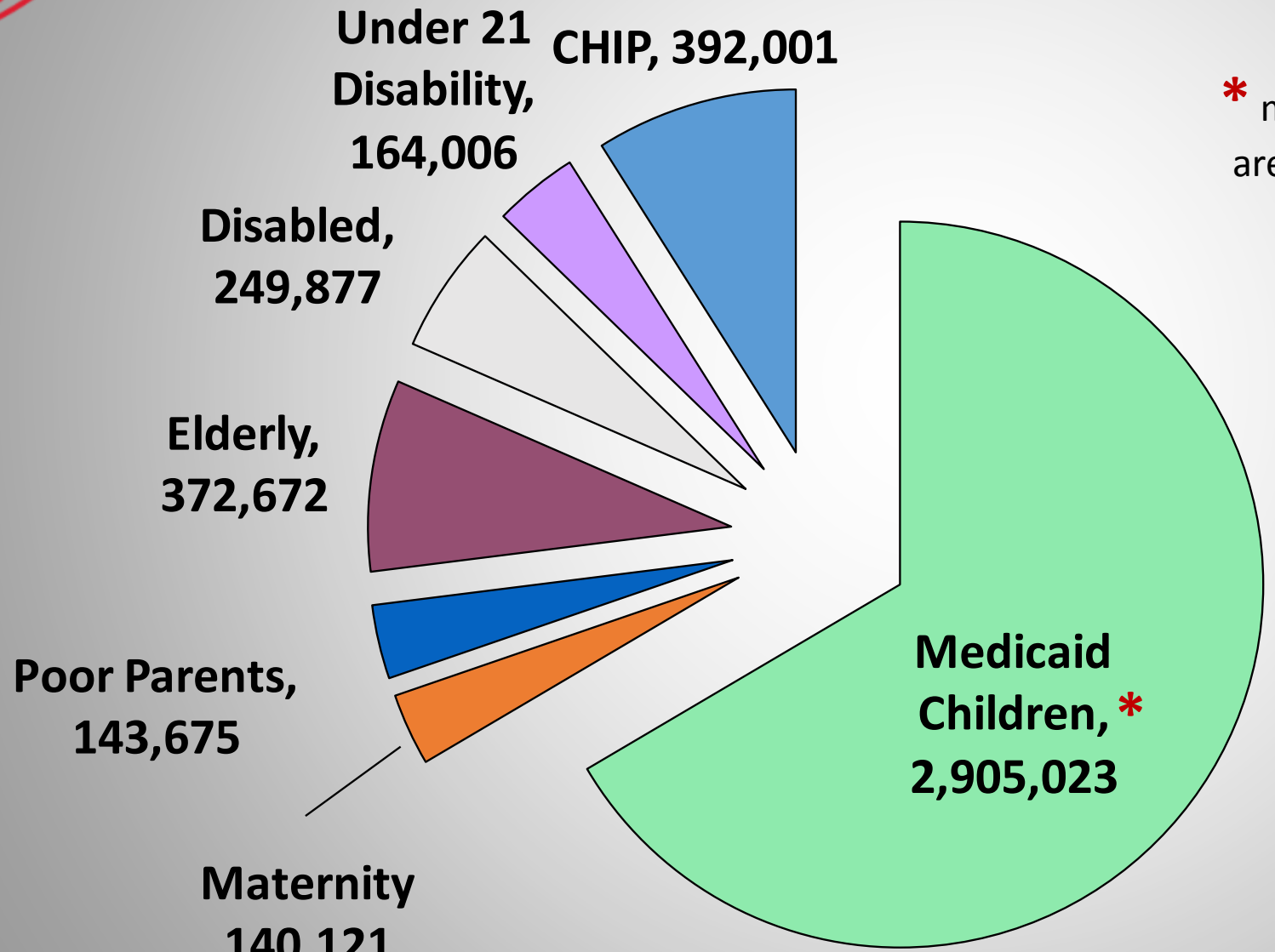
Research finds: when parents get covered, children are more likely to:

- Get Enrolled
- Stay Enrolled
- Receive more preventive care and regular check-ups. Kids who get routine check-ups perform better in school
- Are more likely to get care when they are sick, too

Parents' health can impact children's health and success

- Parents who can't get routine or ongoing care may be unable to work, may have to skip work, or have to work at lower-paying jobs because of an untreated condition. If parents do get care, they may end up with big medical bills. This creates stressful home environment and financial consequences for kids and family.

Texans with Medicaid and CHIP Health Coverage Mostly Children, Few Parents



* more under-21 are in maternity or parent category

Total Enrolled: (August 2018) 4.4 million Texans

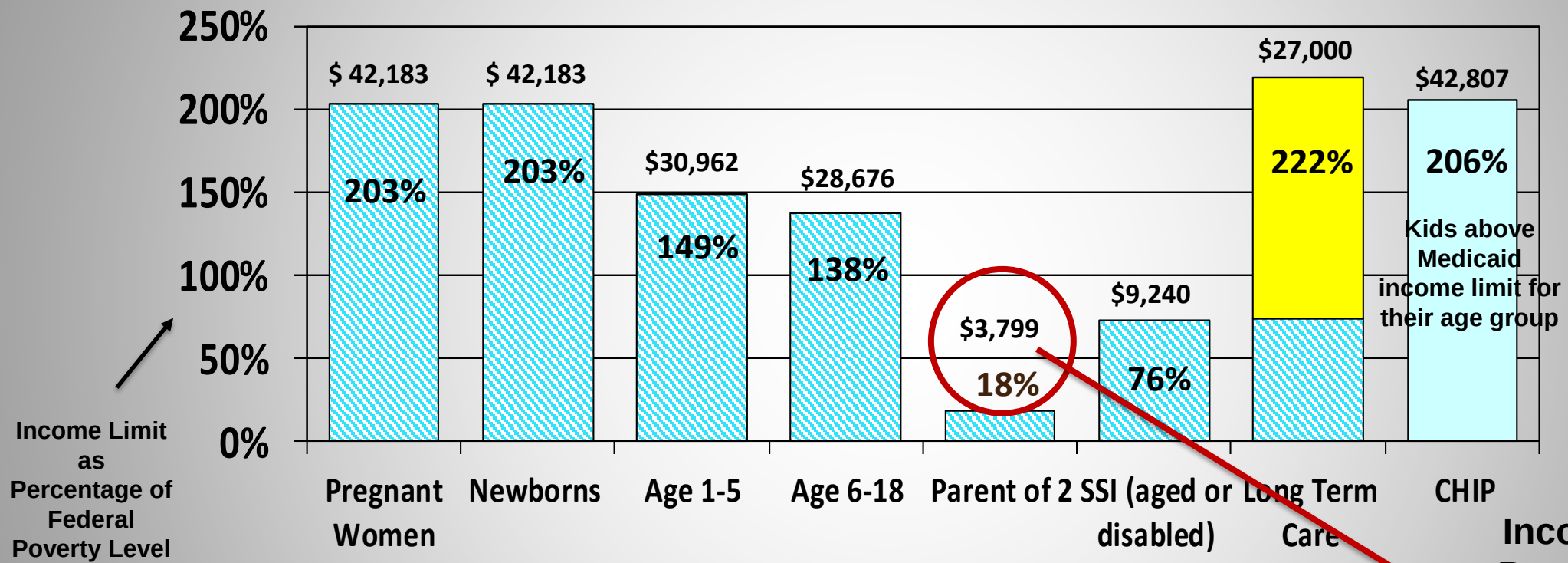
Of these, 3.3 million are children (~46% of Texas kids)

August 2018, HHSC data

Source: Center for Public Policy Priorities, HHSC data.

Income Caps for Texas Medicaid and CHIP, 2018

Why over 3 million children are covered, but only about 150,000 Parents



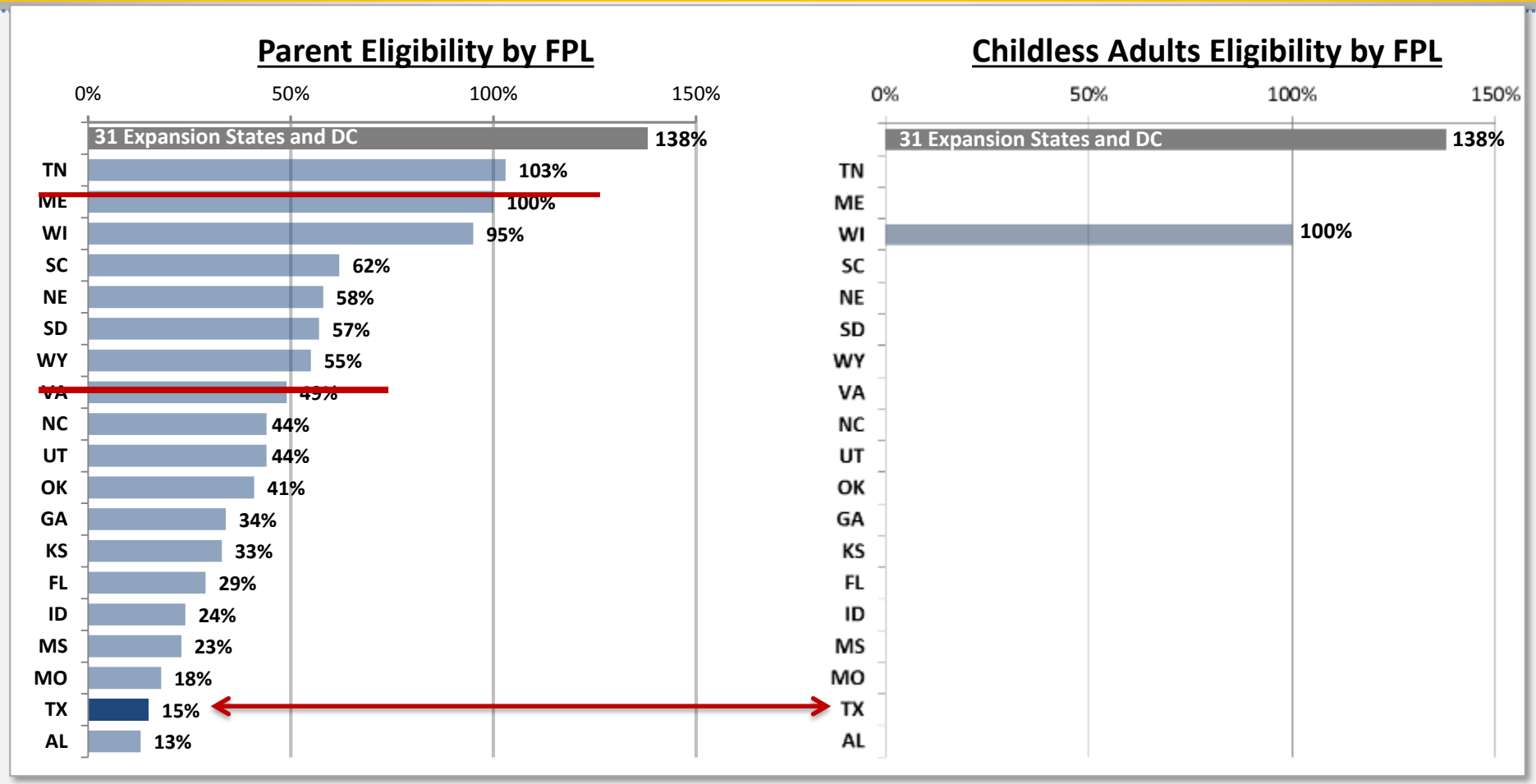
Note: Annual income cap for a family of 3, except individual incomes shown for SSI and Long Term Care

Income Cap for Parents was set by 1985 Texas Legislature, but never increased or updated by Texas.

Source: HHSC data, Center for Public Policy Priorities.

Texas Has the Second Lowest Adult Medicaid Eligibility Levels in U.S.

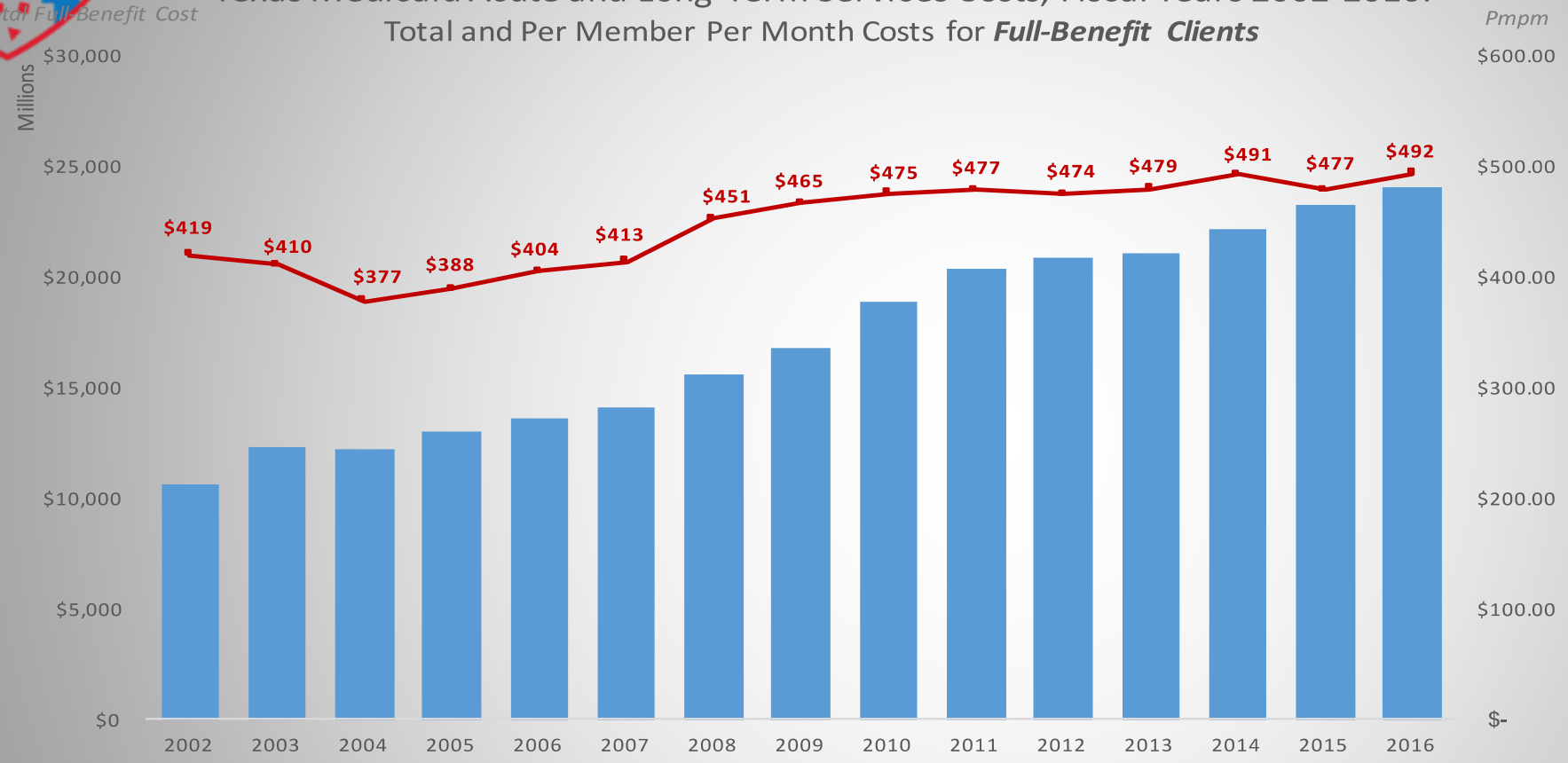
Medicaid Income Eligibility Levels Across States in 2017



Source: https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html

Texas Medicaid Acute and Long-Term Services Costs, Fiscal Years 2002-2016:

Total and Per Member Per Month Costs for ***Full-Benefit Clients***



Medicaid Program Caseload - Recipient Months and Per Member Per Month Cost with Trends

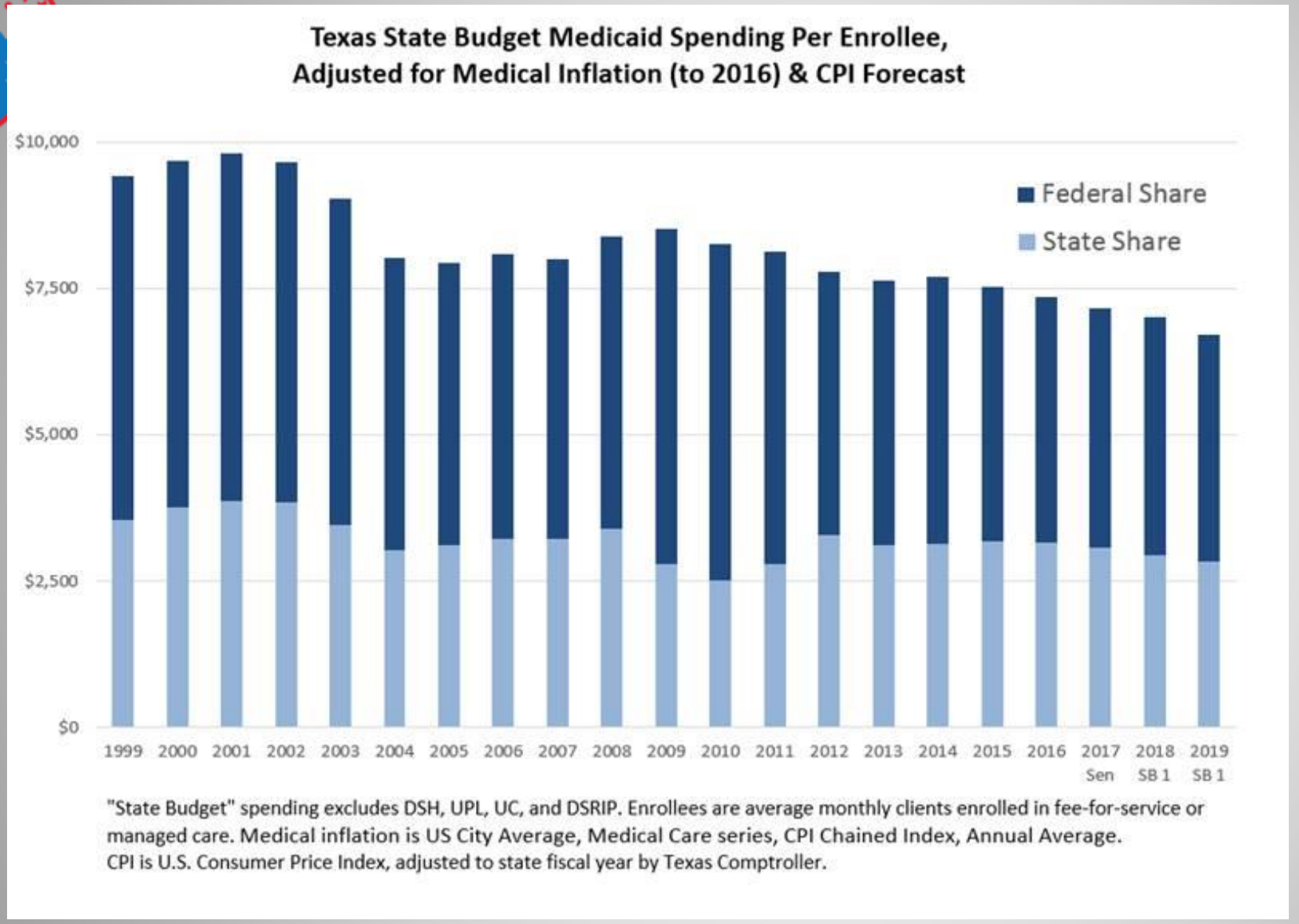
	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
RMs	2,103,972	2,489,061	2,683,730	2,779,936	2,792,597	2,832,848	2,878,126	3,005,620	3,298,099	3,543,057	3,655,930	3,658,629	3,746,124	4,056,702	4,060,564
RM Trend	*12%*	*18%*	*8%*	*4%*	*0%*	*1%*	*2%*	*4%*	*10%*	*7%*	*3%*	*0%*	*2%*	*8%*	*0%*
PMPM	*$419*	*$410*	*$377*	*$388*	*$404*	*$413*	*$451*	*$465*	*$475*	*$477*	*$474*	*$479*	*$491*	*$477*	*$492*
trend	*4%*	*-2%*	*-8%*	*3%*	*4%*	*2%*	*9%*	*3%*	*2%*	*1%*	*-1%*	*1%*	*3%*	*-3%*	*3%*

Total Full-Benefit Cost Full-Benefit Per Member Per Month

WITHOUT adjusting for inflation, Texas' spending *per Medicaid client* has grown very little since 2002.

(Monthly spending 2016 $73 more than in 2002.)

Source: HHSC Financial Services, May 2017

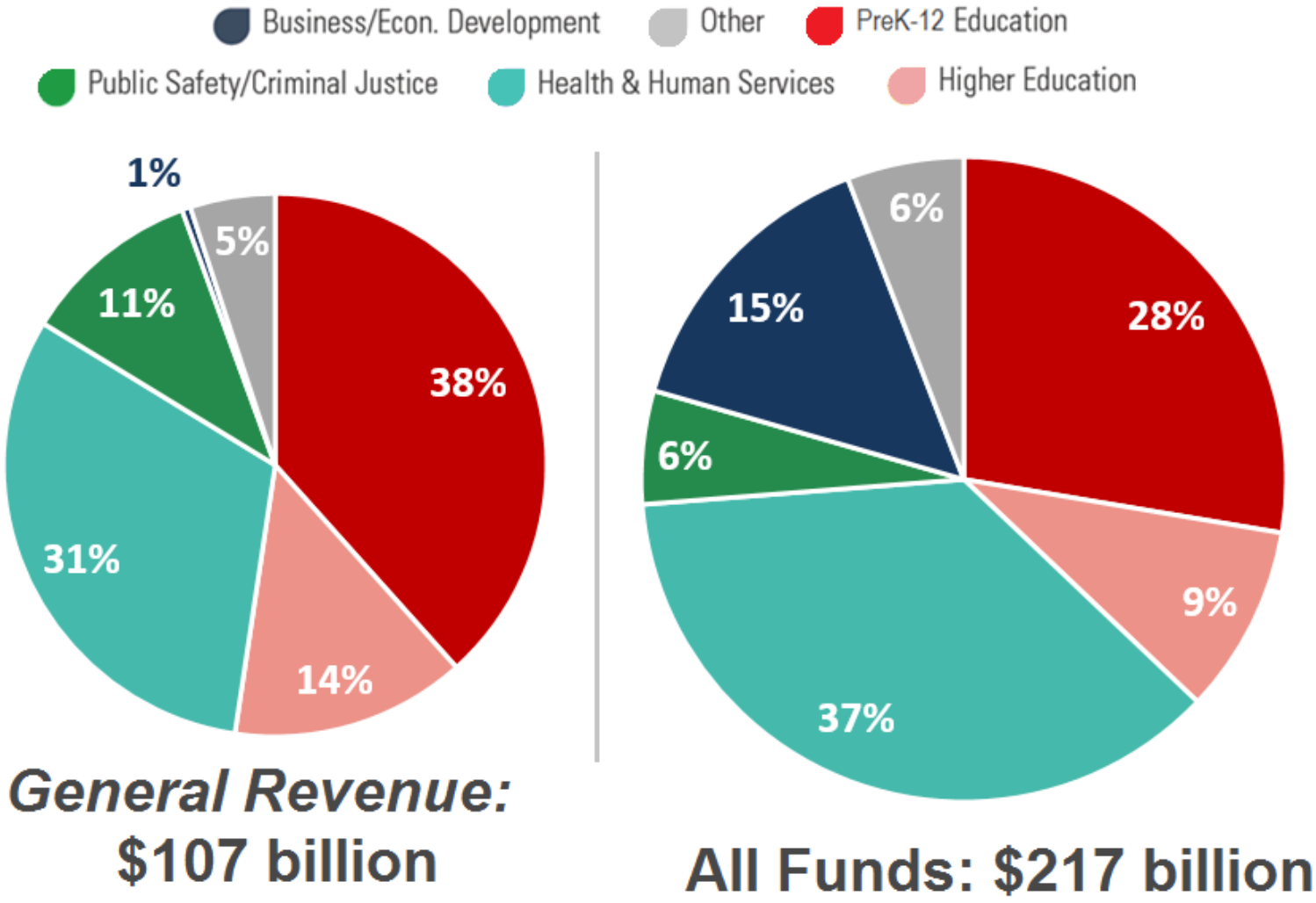


…Adjusted for medical inflation, Texas has *lowered* per capita Medicaid spending growth

CPPP analysis of Texas HHSC, LBB, and CPA data

Medicaid and HHS in the 2018-19 State Budget

"Other": General Government, Natural Resources, Judiciary, Regulatory, and Legislative Agencies



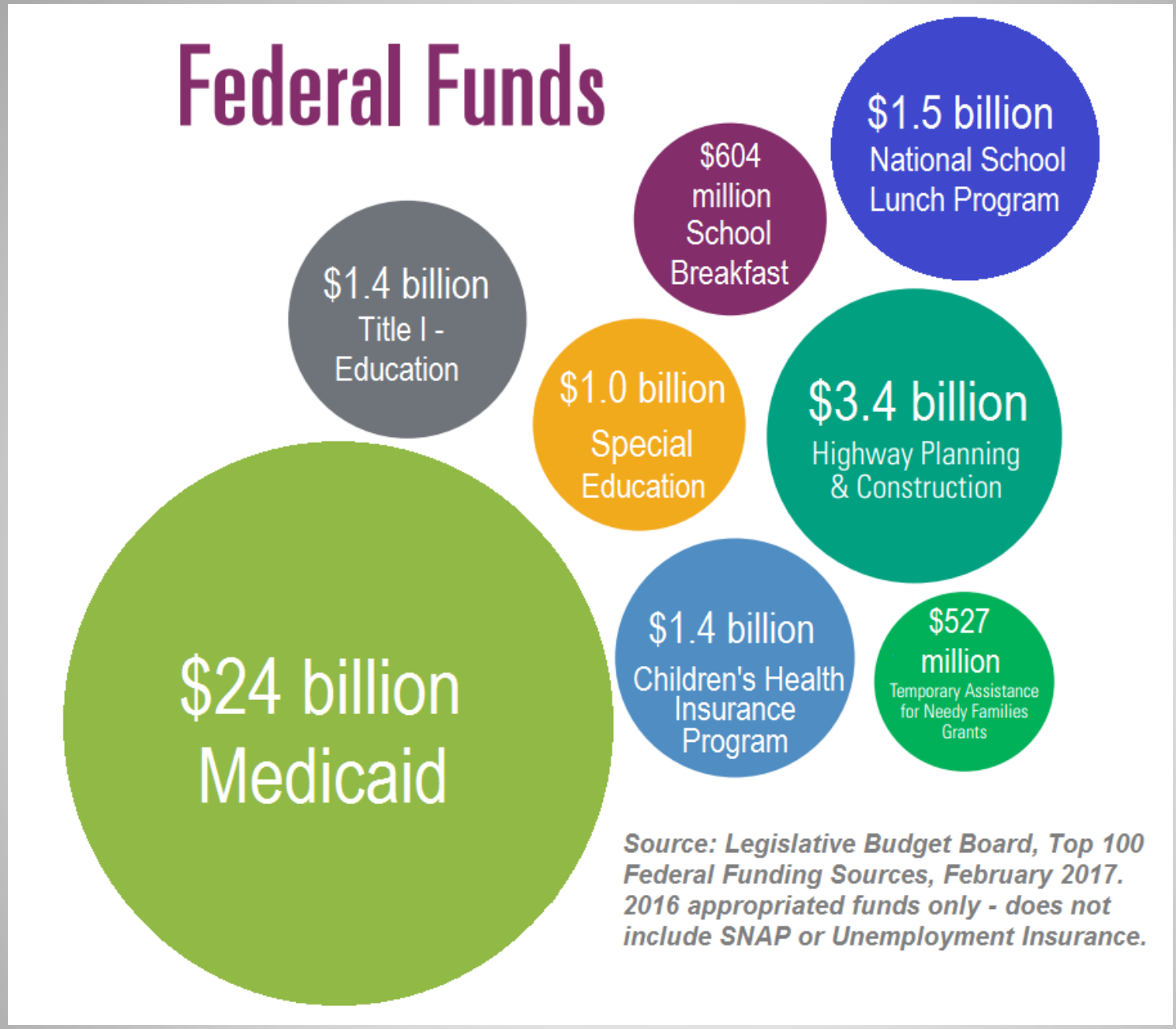
General Revenue:
$107 billion

All Funds: $217 billion

Source: Texas Legislative Budget Board, Summary of CCR for Senate Bill 1, May 2017

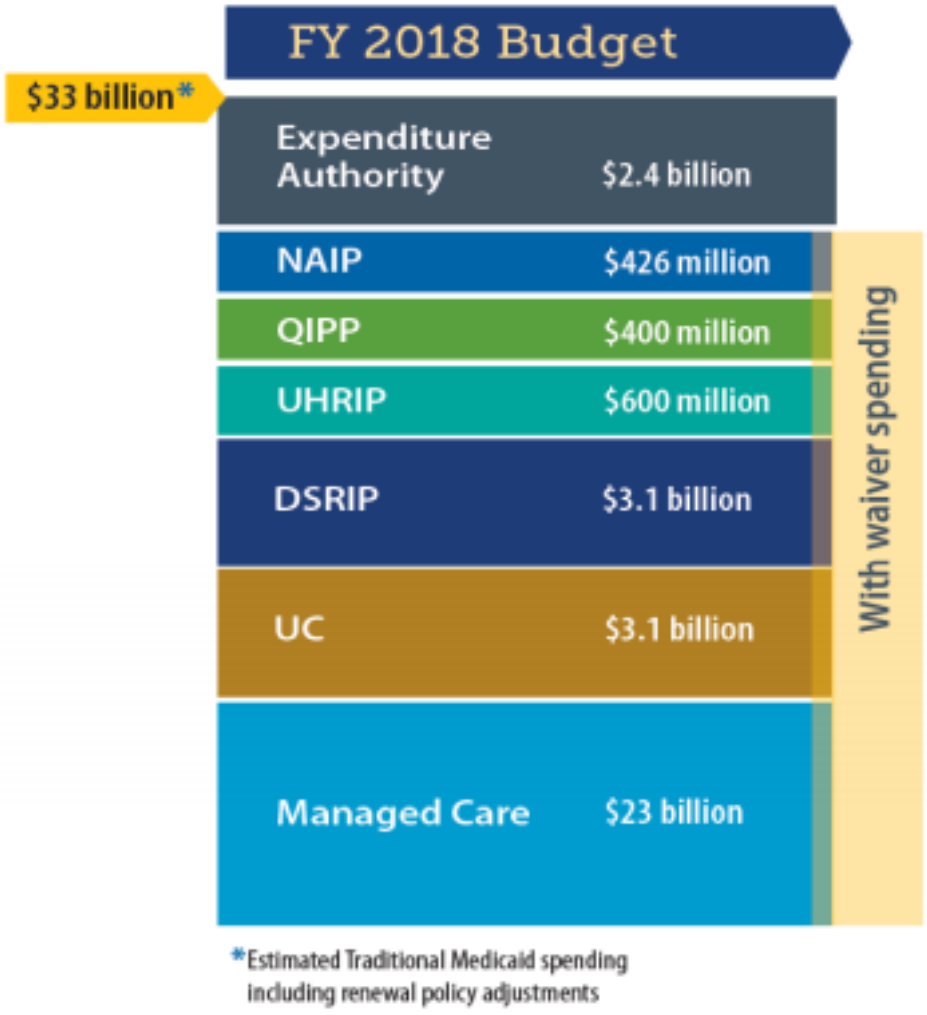
K-12 schools and Higher Ed are largest share of State-Dollar spending.

Federal Medicaid matching dollars for Medicaid are MUCH larger than fed $ for K-12



Medicaid is the #1 source of federal funds in every state's budget

Texas risks losing Billions in Supplemental Medicaid payments Funded by Local Taxpayers (1115 Waiver)



Service to uninsured, coupled with low state-controlled Medicaid pay rates, has led to creation of multiple "Supplemental payments" funded OUTSIDE State Budget with:

- Local property taxes
- Local provider taxes

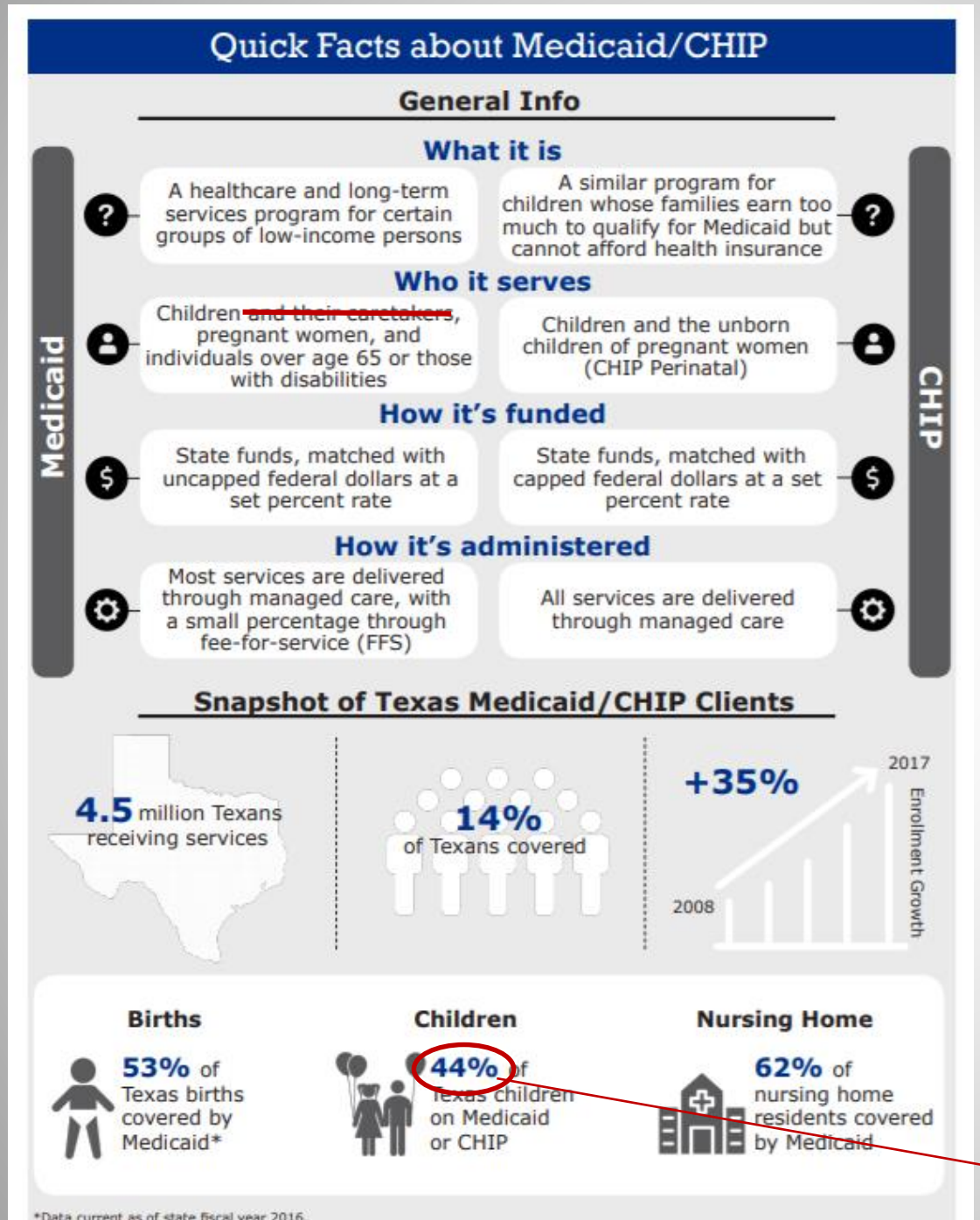
Like K-12 costs shifted to local government, this contributes to higher local property taxes.

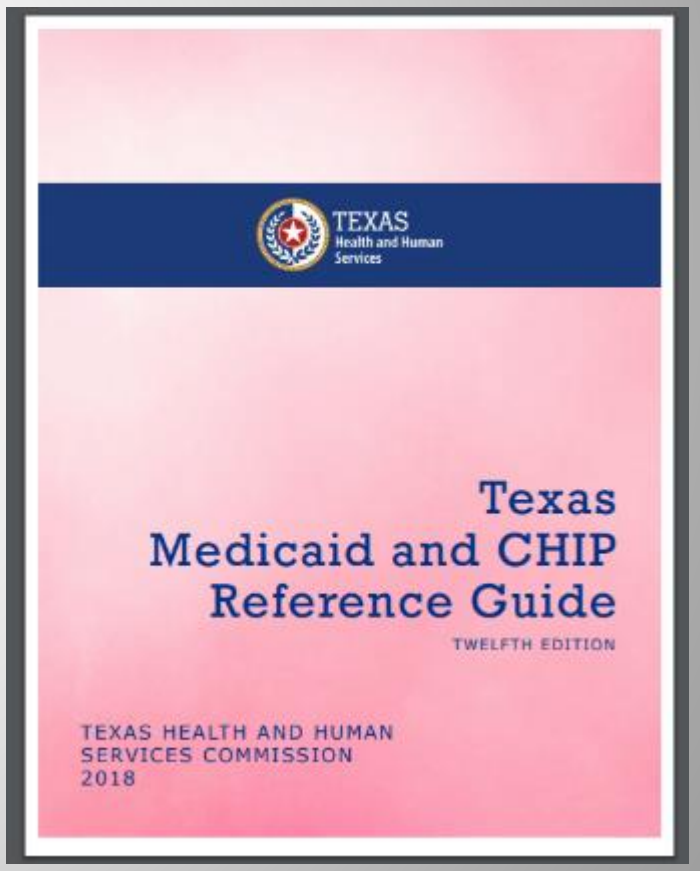
At risk: Not "just" $$, but popular programs e.g., MH, wellness ("1115 waiver").

HHSC Presentation to the House Appropriations Committee, April 4, 2018

The Pink Book;

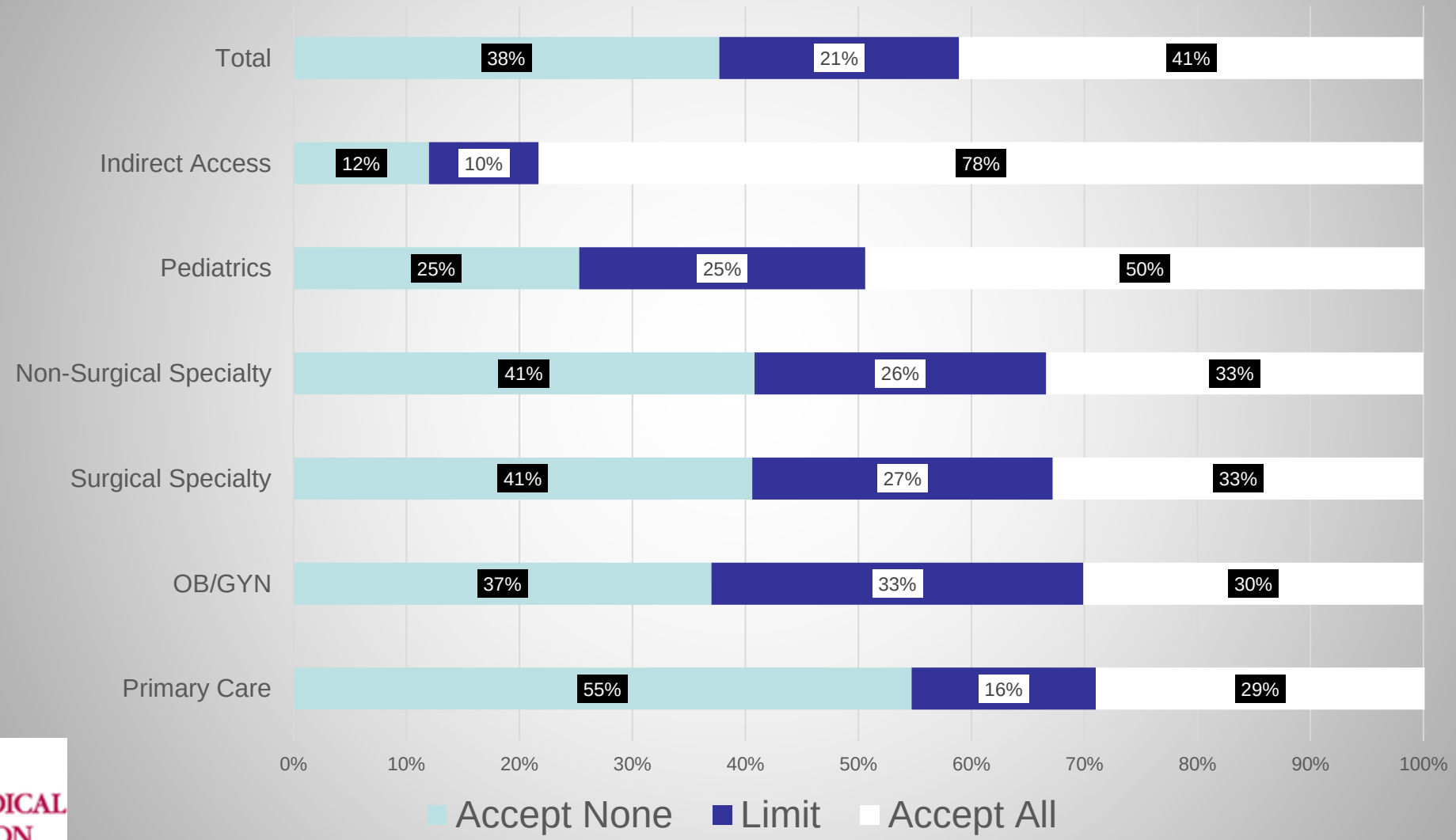
HHSC's Texas Medicaid and CHIP Reference Guide





Without children with disabilities

Acceptance of Medicaid by Specialty



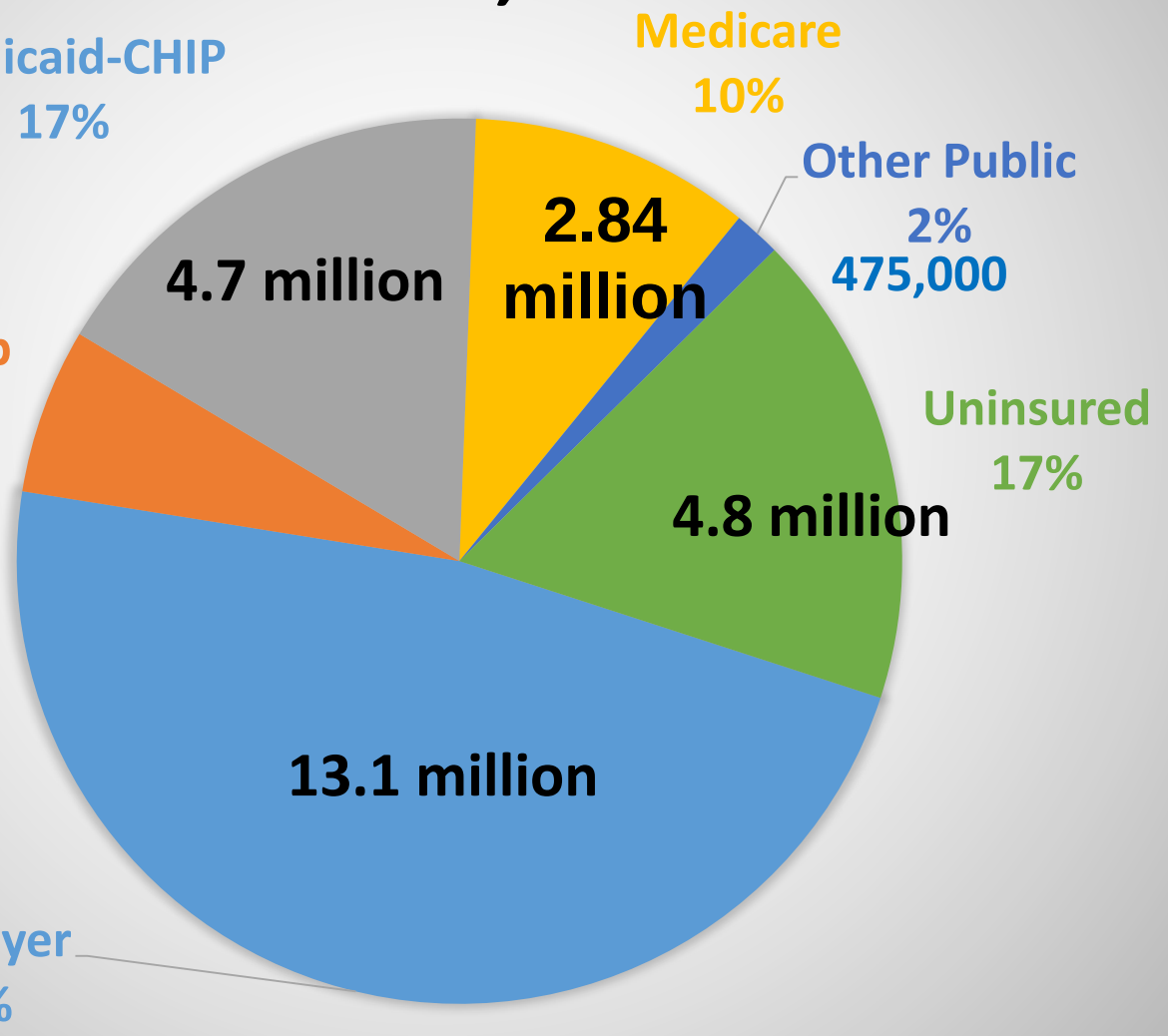
Texas Medical Association
Physicians Caring for Texans

HEALTH INSURANCE COVERAGE OF TEXANS, 2017

Individual Market:
6% of Texans
1.7 Million People

Texans with subsidized marketplace coverage: 852,000

Texans with full-cost non-group insurance: 820,000



Texas has the highest # and % of uninsured, despite historic progress!

Almost 1 million fewer Texans are uninsured in 2017 than in 2013, due to the Affordable Care Act (ACA).

Kaiser Family Foundation estimates for 2017 coverage using Census Bureau's American Community Survey, CMS 2017 Effectuated Enrollment

Texas has Highest Uninsured Rate for Kids, too

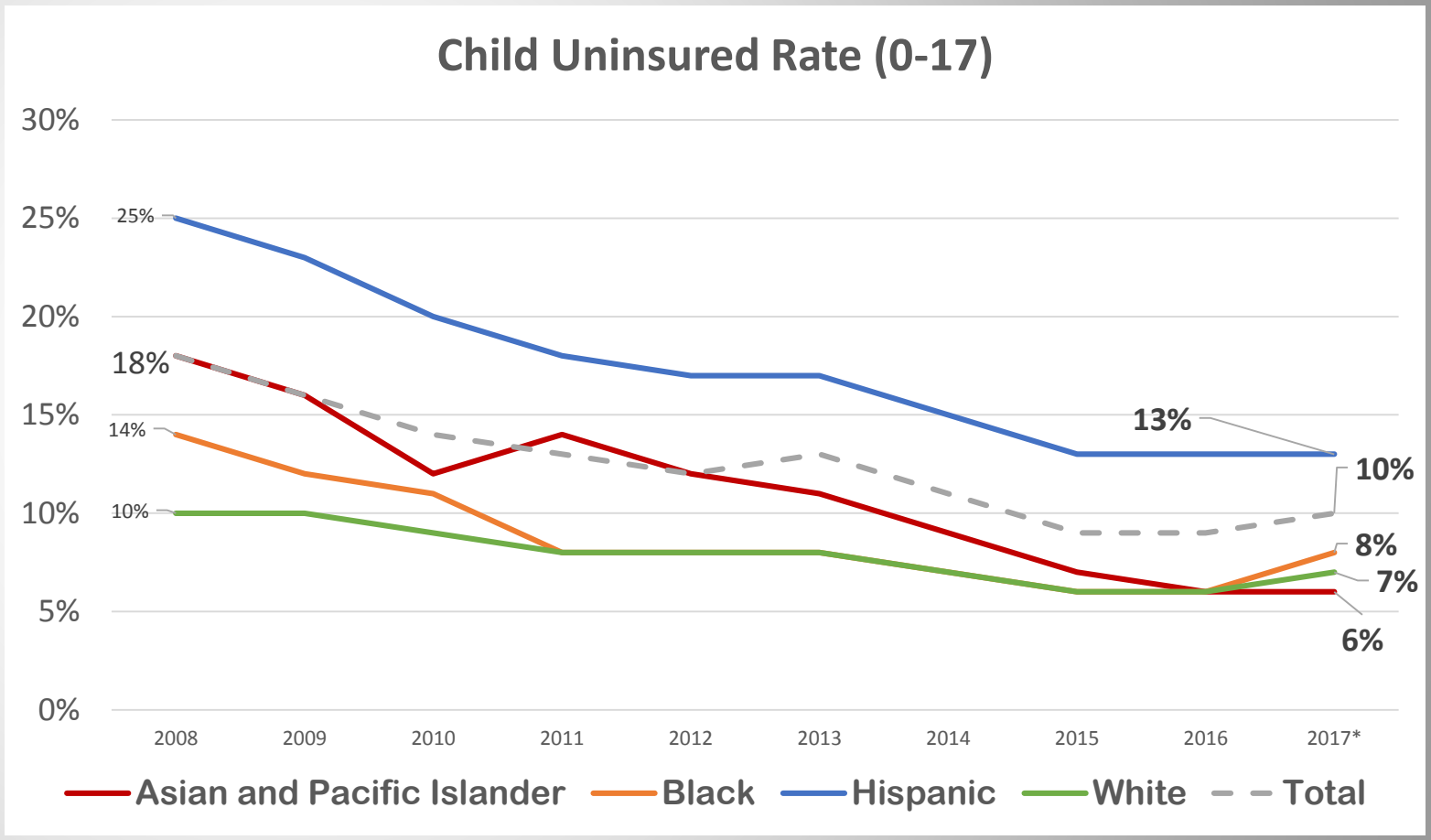
Texas kids are far less likely than adults to be uninsured: **10.7% of children (835,000 children),** versus 23.5% of adults 18-64.

Texas children's uninsured rate is at the bottom of U.S. rankings, and worsened from 2016 to 2017.

462,000 of these uninsured Texas children are in families <200% Poverty.

Of these, roughly 350,000 are eligible for Medicaid or CHIP, but not enrolled.

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.

Funding and Budget Issues

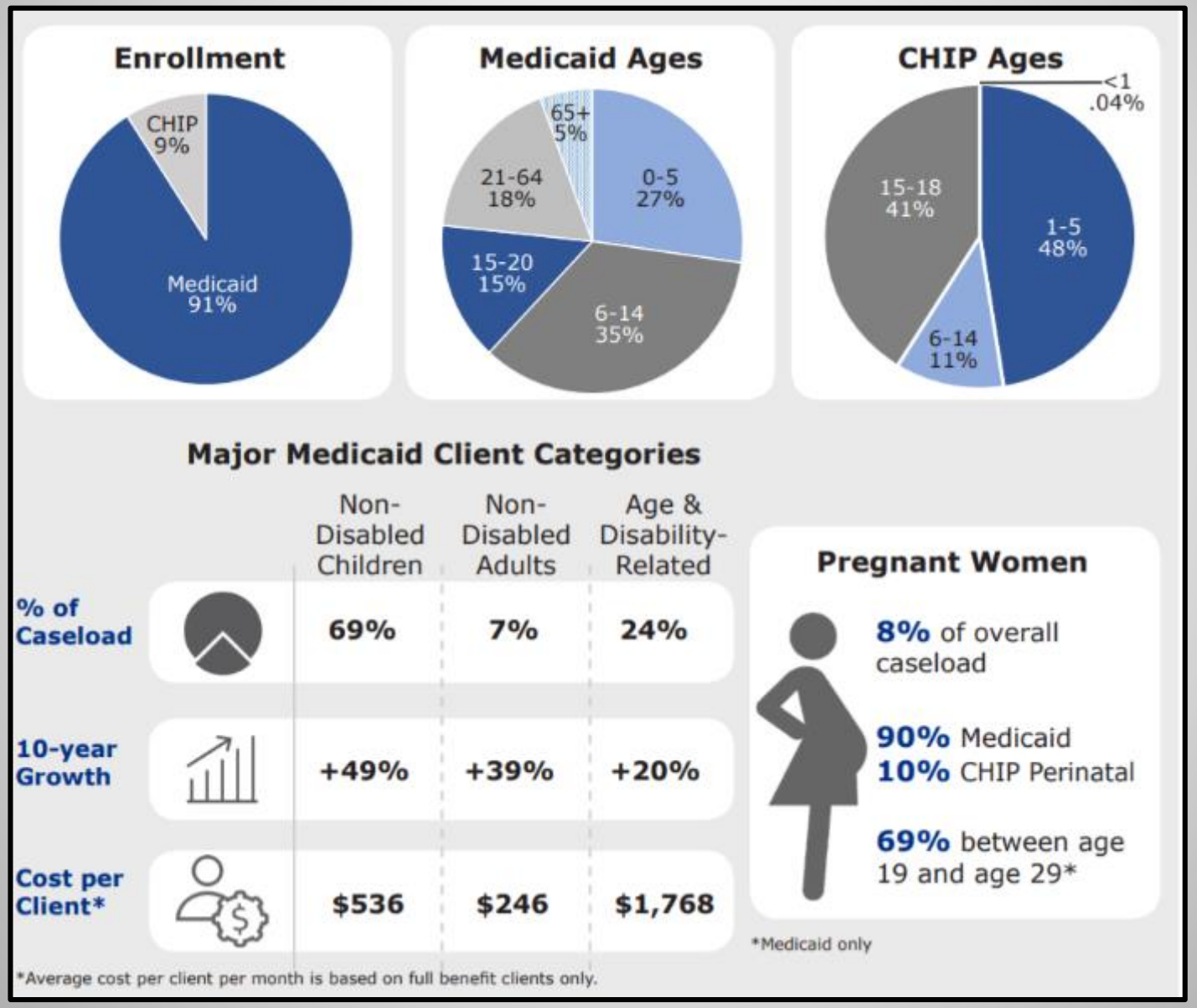
Ensure adequate funding for critical health programs aimed at improving maternal and children's health. This includes preventing reductions in critical health services or payments that would jeopardize access to and quality of care for children and mothers.

Strong investment is needed in **Medicaid, Children's Health Insurance Program, CHIP perinatal**

Stacy Wilson, Children's Hospital Association of Texas

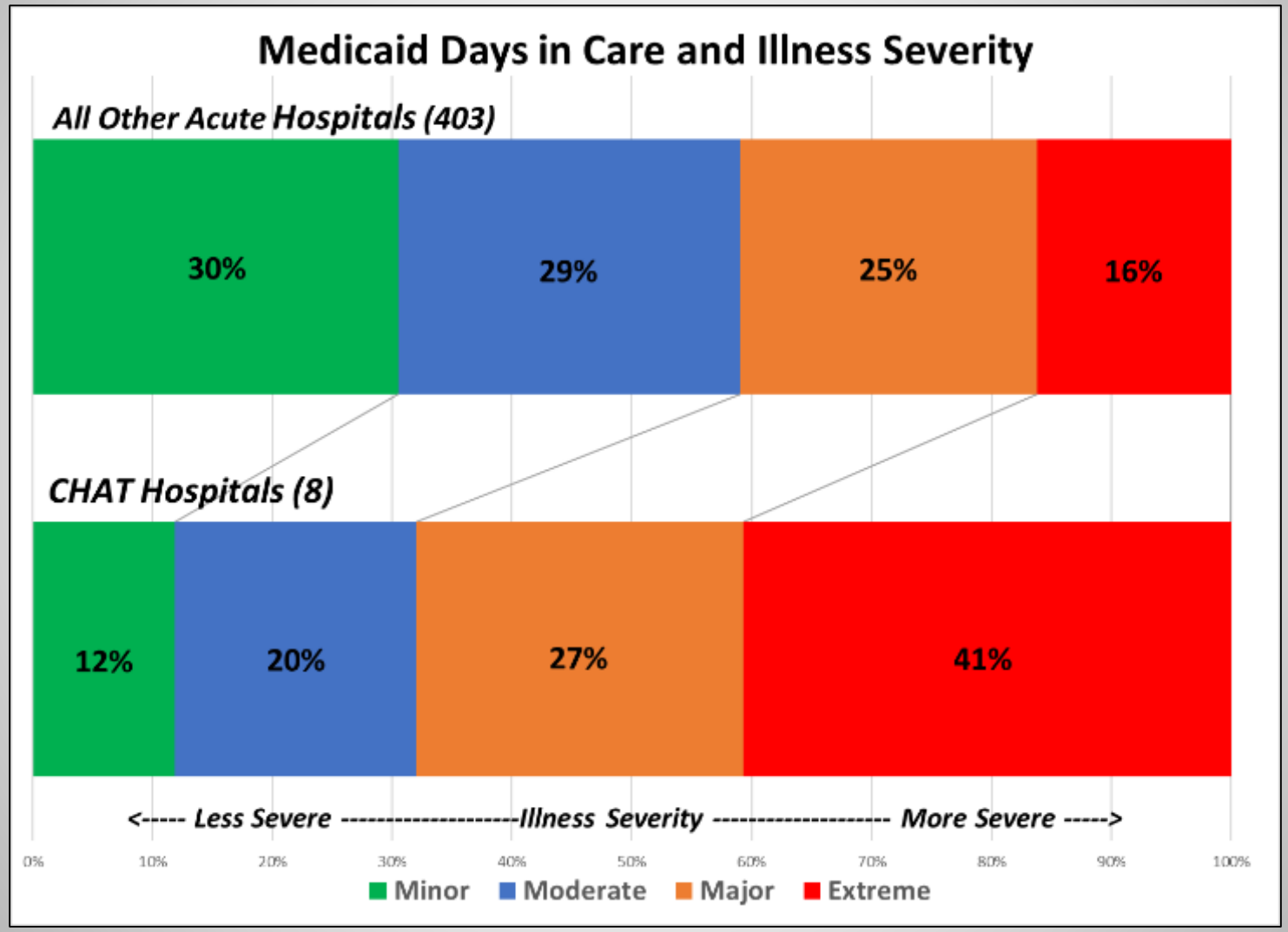
Children's Hospital Association of Texas

Medicaid, CHIP, and CHIP Perinatal



Source: Texas Medicaid and CHIP Reference Guide, 12th Edition, HHSC 2018

CHAT Hospitals Treat the Most Severe Conditions



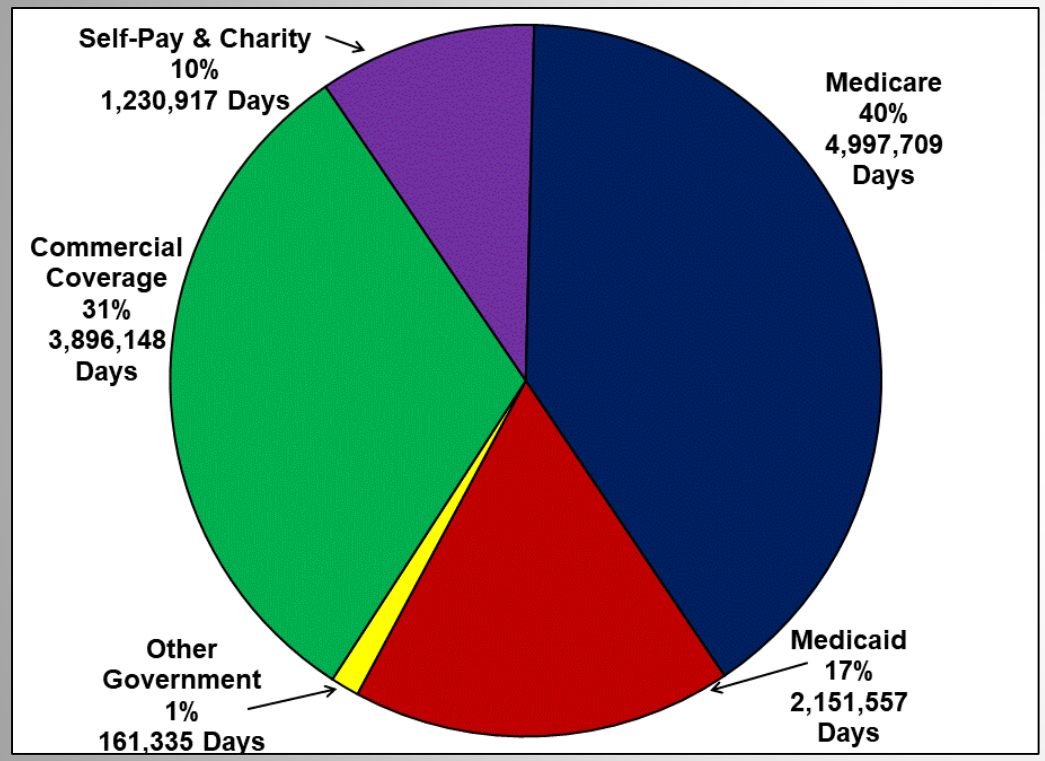
Source: Texas Hospital Inpatient Discharge Public Use Data File, 2016; Center for Health Statistics, DSHS.

Medicaid and CHIP

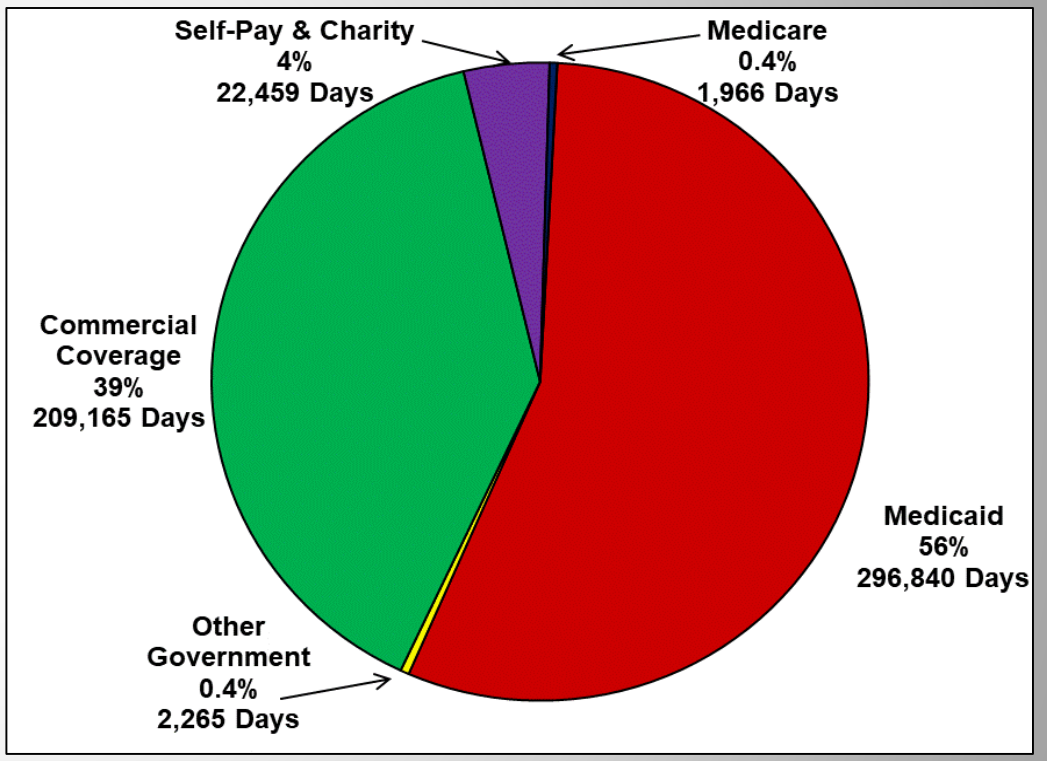
- About 3.4 million—one-half of all the children living in Texas—are enrolled in Medicaid or CHIP.

- Last year, Congress passed a 10-year CHIP extension. This extension provides stability for more than 400,000 Texas children.

Children Depend on Medicaid



All Other Texas Hospitals
No. of Hospitals = 403
Total Patient Days = 12.44 Million



CHAT Hospitals
No. of Hospitals = 8
Total Patient Days = 532,695

Source: Texas Hospital Inpatient Discharge Public Use Data File, 2016; Center for Health Statistics, DSHS.

Medicaid Funding

- Medicaid funding doesn’t cover costs.
- Providers have to fight every year to keep the Medicaid reimbursement they receive.
- Because of the number of children on Medicaid and CHIP, pediatric providers are heavily depending on Medicaid funding.

Medicaid Funding

- Children on Medicaid have:
  - Better attendance in school.
  - Higher educational achievements
  - Improved long-term health
  - Better long-term economic gains.
- Need a robust provider network so children have access to care.

Funding and Budget Issues

Ensure adequate funding for critical health programs aimed at improving maternal and children's health. This includes preventing reductions in critical health services or payments that would jeopardize access to and quality of care for children and mothers.

Strong investment is needed in: **Early Childhood Intervention (ECI), and DSHS programs and initiatives designed to improve maternal health**

Adriana Kohler, Texans Care For Children

Early Childhood Intervention (ECI) Program

- ECI is a highly effective program that contracts with community organizations to provide life-changing therapies to children under age three with disabilities and developmental delays
- ECI offers services in the home and community to help children learn to walk, communicate with their families, get ready for school, and meet other goals
- By intervening early in a child's life, ECI reduces the academic, social, and behavioral challenges that a child faces when starting school – and reduces the need for special education

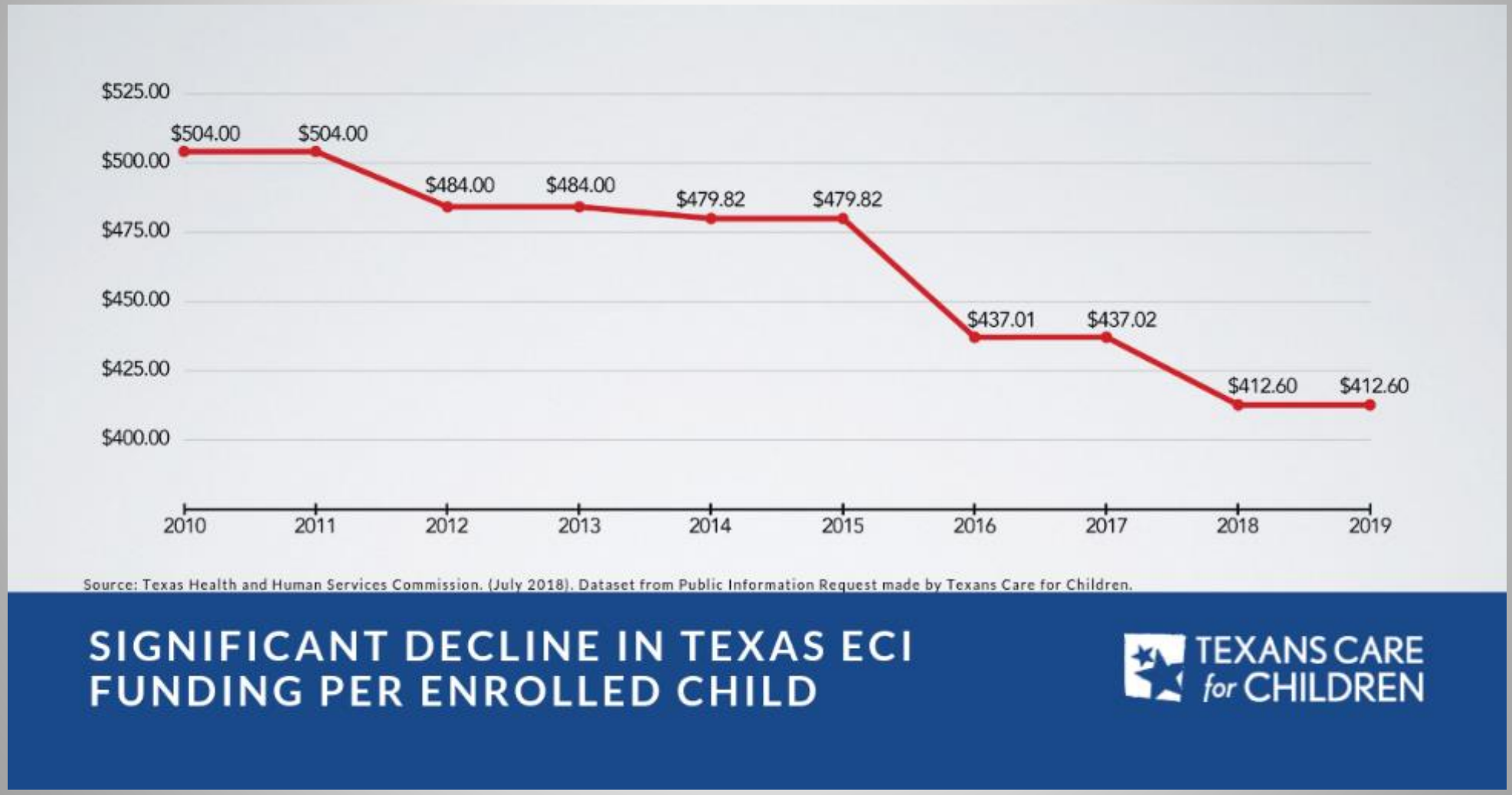
Examples of ECI services:

- **Speech therapy**
- **Specialized skills training**
- **Nutritional instruction; help with feeding and swallowing**
- **Physical therapy**
- **Parent education and counseling**

Policy Changes and Funding Reductions Have Placed a Significant Strain on ECI

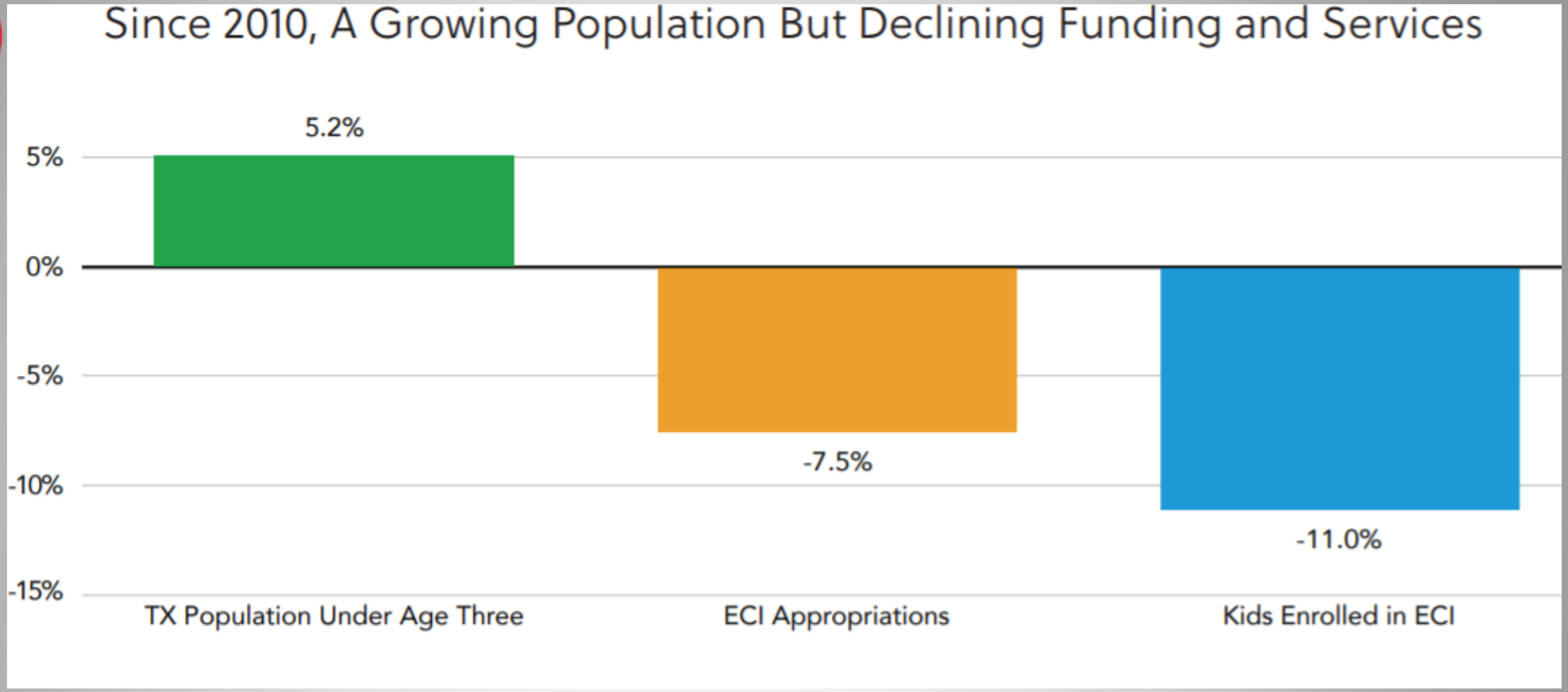
- Direct state appropriations for ECI have decreased 11 percent from $166 million in FY 2011 to $148 million in FY 2018
- In the 2017 session, lawmakers increased ECI funding for 2018-2019, but did not fully fund anticipated caseload growth
- In 2011, the Legislature also reduced eligibility for ECI, resulting in missed opportunities for intervention among children with more moderate delays

One Result of these Changes: Per-Child ECI Funding Has Fallen Dramatically



Significant Strain on ECI has Real Impacts on Texas Babies and Toddles

- Number of ECI contractors in Texas has declined from 58 in 2010 to 42 in 2018
- While the population of young children in Texas is growing, ECI enrollment has fallen 11 percent since 2010
- When children *do access ECI*, Texas has a strong outcomes-based program that is surpassing national averages on several measures. But Texas *is not identifying and serving enough kids*



**Graph uses most recent data available: Population data is from 2016. Appropriations data is from FY 2019. Enrollment data is for average monthly enrollment in 2017.

Sources: Texas Demographic Center. (2018) Estimates of the Total Population of Counties in Texas by Age, Sex and Race/Ethnicity [2010 and 2016 datasets]. Retrieved from http:/osd.texas.gov/Data/TPEPP/Estimates/. T.X. Legis. Assemb. Reg. Sess. 2. (2009). General Appropriations Act for the 2010-11 Biennium. (Used for 2010-2011 data). T.X. Legis. Assemb. Reg. Sess. 2. (2017). General Appropriations Act for the 2018-19 Biennium. (Used for 2019 data). Texas Health and Human Services Commission. (October 2018). Dataset from Public Information Request made by Texans Care for Children.

HHSC Warns About Need to Boost State ECI Funding

HHSC's Legislative Appropriations Request (LAR) asks for an additional $71 million in an Exceptional Item for ECI, explaining:

"In the past eight years, 18 providers have left the program due to inadequate per child funding. As such, the burden of covering larger, and often more rural, areas can shift to the remaining contractors and the costs associated with serving new counties may not be covered by that provider's contract. The contractors assuming these risks and challenges often do so knowing they will lose money when starting out, but make this commitment due to their dedication to the children and families they serve. Additionally, children and families feel the effects of contractor transitions as they develop close relationships with providers which can be lost when contractors exit the program. The time needed to re-establish this relationship once a new contractor is fully operational can translative to negative consequences for families. As ECI only serves children from birth to age three, providers have a short time to make a difference; every day can impact a child and family's future."

Source: HHSC Legislative Appropriations Request for 2020-2021, 4A Exceptional Item Request Schedule, page 10 of 154 (August 2018)

Ensure Adequate Funding for ECI in 2020-2021 Budget

- House and Senate base budgets: $293.6 million All Funds, including $60.2 million GR for biennium. This is increase of $4.2 million federal funds
- HHSC estimates $71 million increase needed to adequately fund current children in ECI and caseload growth
- **Ensure Stronger ECI System by Fully Funding HHSC Exceptional Item Request for $71 million (All Funds) for ECI in 2020-2021 budget**

Support Investments in DSHS Initiatives Designed to Improve Maternal Health

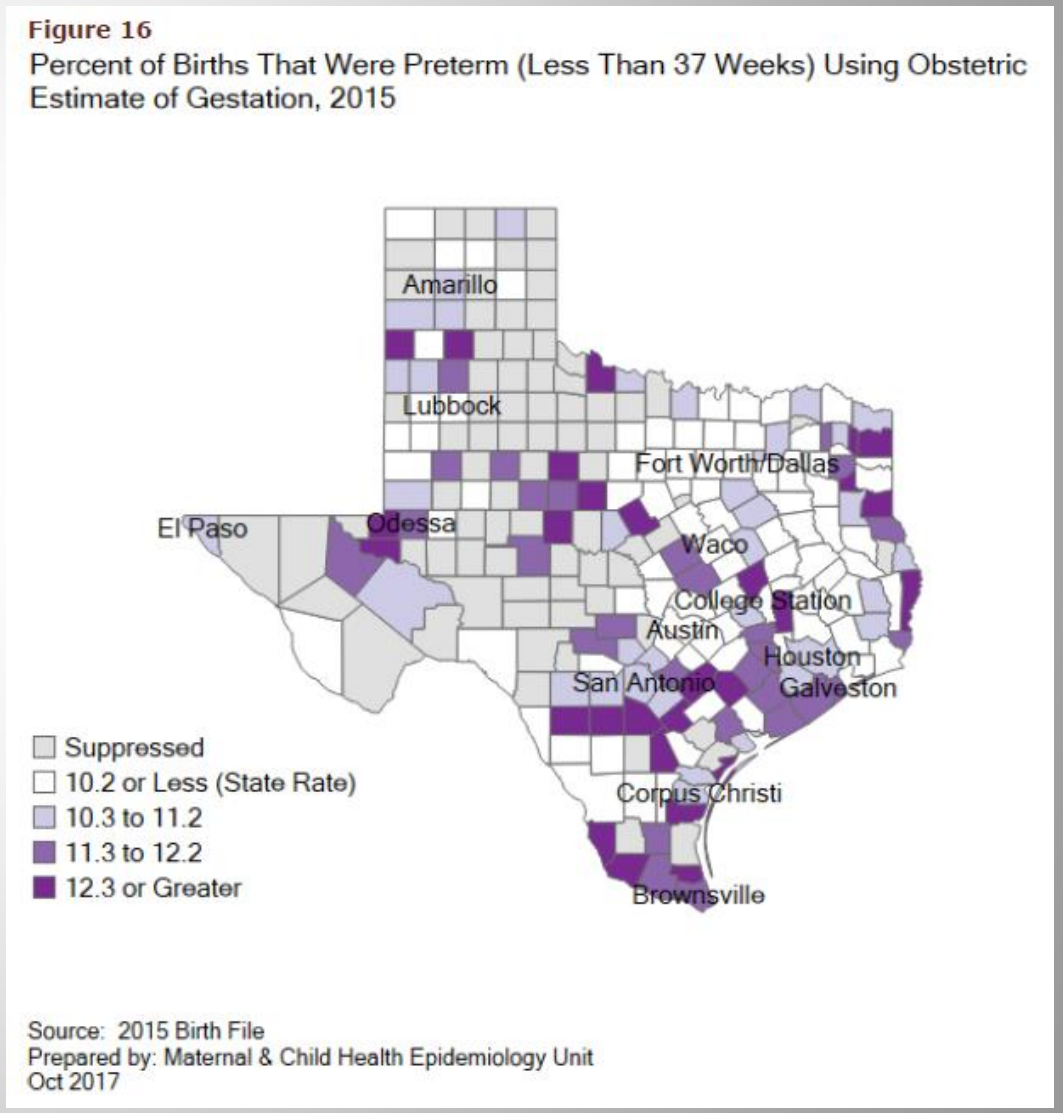
- In recent years, hundreds of Texas women have died during pregnancy, childbirth, or the year after delivery
  - The Texas Maternal Mortality & Morbidity Task Force found that most of the maternal deaths it reviewed were *preventable*
  - Black mothers bear the greatest risk for maternal death or serious pregnancy-related complications compared to other Texas moms

- Maternal mortality is just the tip of the iceberg
  - Severe pregnancy complications (like hemorrhage, critically high blood pressure, and eclampsia) are about 50 times more common than maternal death and can be very damaging to mother and infant

Strong programs to improve maternal health will save lives and promote children's health and development

- Babies born too early or too small may face long term health issues like hearing loss, asthma, or disabilities that can affect their ability to be healthy and successful in school and beyond

- Both preterm birth and low birth weight births can be prevented and influenced by the health of a woman before and during pregnancy



DSHS, Healthy Texas Babies Data Book, Nov. 2017.

Enhance Texas' Efforts to Improve Maternal Health by Fully Funding HHSC's Exceptional Item Request for $7 million in 2020-2021 Budget

EI 3: Combat Maternal Mortality and Morbidity

- **Implement Maternal Safety Initiatives Statewide, $2.7 M**: Promote and scale up implementation of new TexasAIM maternal safety bundles statewide.
- **Implement Care Coordination Pilot, $1.0 M**: Create and implement training for Community Health Workers to identify women with high risk factors, provide education on preventive measures, and make appropriate referrals to care.
- **Develop and Train Providers on Use of Risk Assessment Tools, $1.3 M**: Create and promote risk assessment tools for identification of maternal risk factors during routine prenatal care, such as chronic disease, obesity, and substance abuse.
- **Increase Public Awareness and Prevention Activities, $2.0 M**: Enhance provider and community understanding about maternal risk factors and related preventive measures.

Method of Finance	FY 2020	FY 2021	Biennium
General Revenue	$3.5 M	$3.5 M	$7.0 M
All Funds	$3.5 M	$3.5 M	$7.0 M

FTEs	8

Program Data	
Potential Birthing Hospital Partners for TexasAIM	238
Confirmed Maternal Deaths, 2012-2015	382

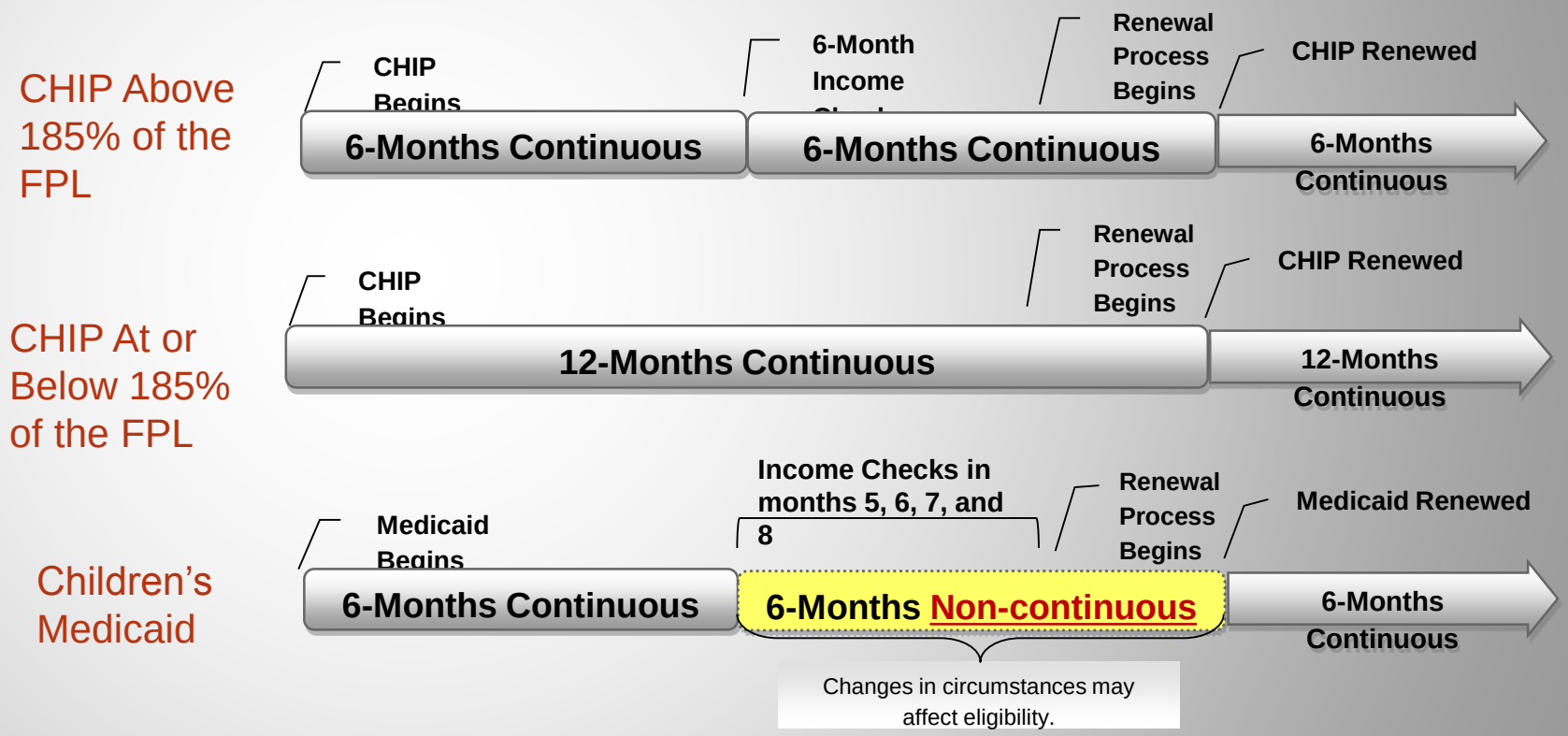
Improve Continuity of Coverage

Prevent youth and adults from losing coverage and falling through the cracks by **ensuring children receive 12 months of continuous eligibility in Medicaid, like Texas does with the Children's Health Insurance Program.**

Kay Ghahremani, CEO Texas Association of Community Health Plans
Former Texas Medicaid Director

Certification Periods for Kids Undermine Continuity of Care and Value-based efforts

- The ACA requires Medicaid and CHIP to have certification periods of 12 months. Before the ACA, Texas only had 12 month certification periods for CHIP, and 6 months for children's Medicaid.
- In 2014, HHSC rolled back children's Medicaid from 2 six-month segments of continuous eligibility per year, to just one per year.
- HHSC now checks income sources in months 5, 6, 7, 8, and 10 to evaluate if a change in income that would effect eligibility may have occurred.
- **Result:** During the second six months of the year, a change in family circumstances—or a failure to reply promptly--can impact a child's eligibility.



The State of Maternal Health in Texas and a Road Map to Reform

- Support initiatives to ensure women of reproductive age receive 12 months continuous coverage for preventive, primary, and specialty care before, during, and after pregnancy.
- Establish auto-enrollment for 19-year-olds who age out of CHIP and Children's Medicaid, to seamlessly access care via the Healthy Texas Women program

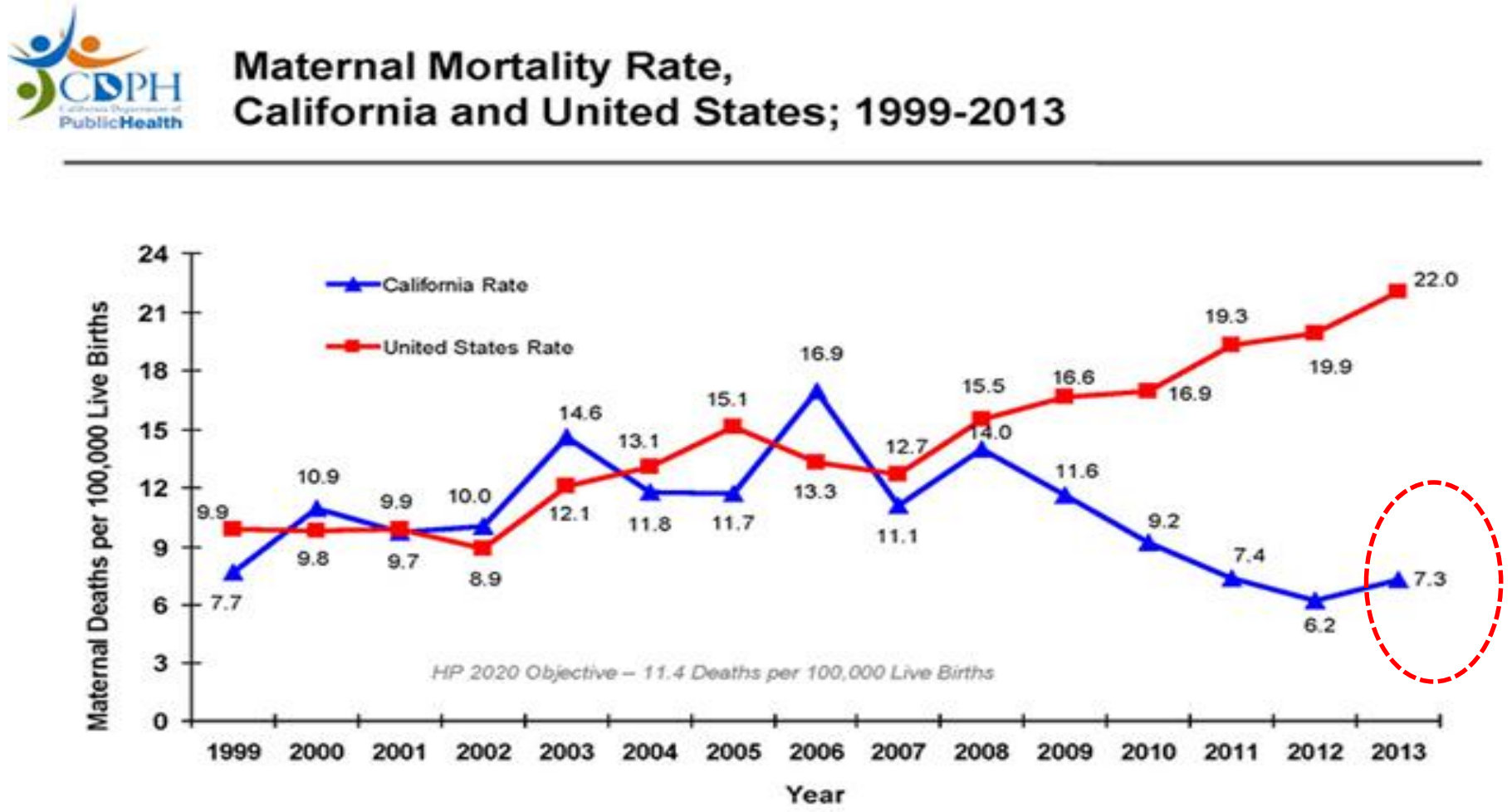
Dr. Emily Briggs, MD, MPH, FAAFP

Chair, Texas Medical Association Committee on Reproductive, Women's, and Perinatal Health, Member, Texas Academy of Family Physicians' Board of Directors

Maternal Health in Texas

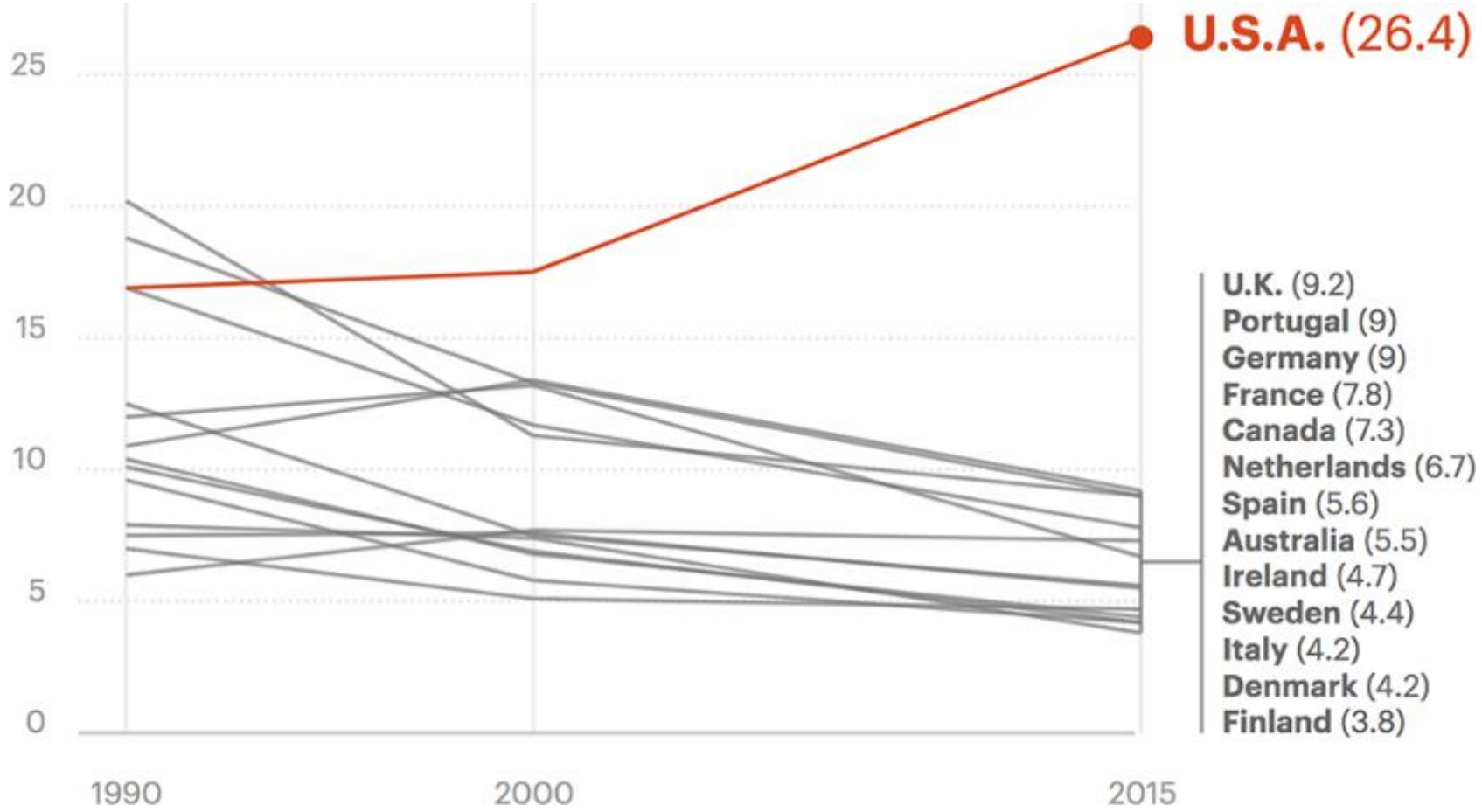
- Childbirth, one of life's greatest joys, can turn into tragedy when the infant's mother dies.
- Pregnancy-related complications also interfere with a new mother's ability to care for her baby and may influence the child's development.
- The coalition supports initiatives to save lives and improve birth outcomes.

Maternal Health in Texas



Source: Texas Task Force on Maternal Mortality and Morbidity, September 2018 report

- US Versus International Maternal Mortality Rates



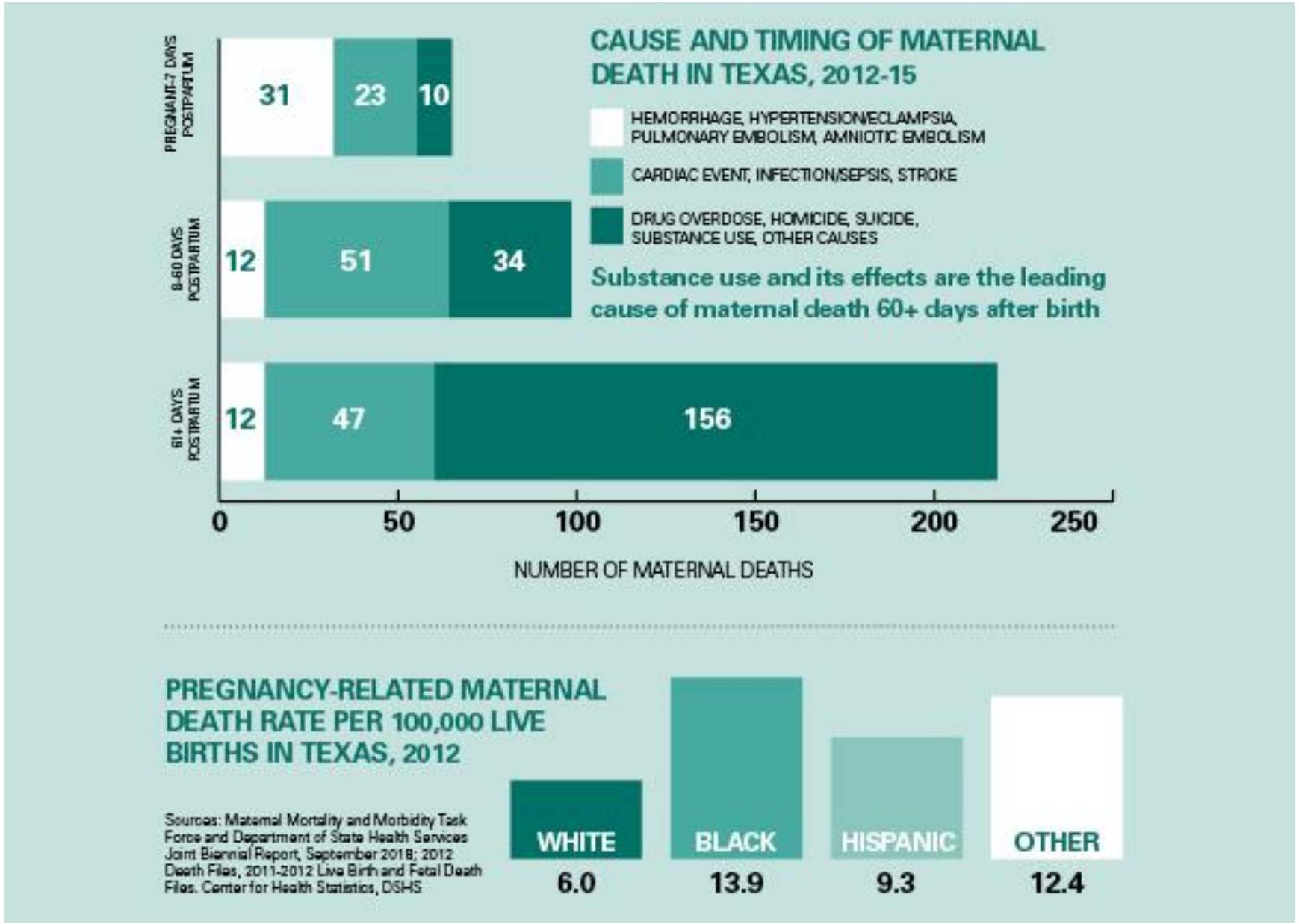
Source: "Focus On Infants During Childbirth Leaves U.S. Moms In Danger," NPR, May 12, 2017; *The Lancet*

Maternal Health in Texas

- Lawmakers and HHSC also share the coalition's goals.
  - In 2013, the Texas Legislature established a Task Force on Maternal Mortality and Morbidity to determine the causes of and contributing factors to pregnancy-related death and preventability.
  - In 2017, lawmakers enacted Senate Bill 17, instructing the Health and Human Services Commission (HHSC) and the Department of State Health Services (DSHS) to evaluate options for reducing pregnancy-related mortality and morbidity and lowering Medicaid costs while improving quality outcomes.
  - In December, HHSC published its report, *State Efforts to Address Maternal Mortality and Morbidity*, providing an overview of current activities.

Maternal Health in Texas

- **But more must be done.** Any maternal death is one too many!
- Between 2012-15, the task force identified 382 maternal deaths:
  - 64 maternal drug overdoses
    - 76% (49) occurred 61+ days postpartum
  - 55 deaths attributable to cardiac event
    - 49% (27) occurred 61+ days postpartum
  - 33 deaths attributable to suicide
    - 84% (28) occurred 61+ days postpartum


CAUSE AND TIMING OF MATERNAL DEATH IN TEXAS, 2012-15
HEMORRHAGE, HYPERTENSION/ECLAMPSIA, PULMONARY EMBOLISM, AMNIOTIC EMBOLISM
CARDIAC EVENT, INFECTION/SEPSIS, STROKE
DRUG OVERDOSE, HOMICIDE, SUICIDE, SUBSTANCE USE, OTHER CAUSES
PREGNANT-7 DAYS POSTPARTUM
8-60 DAYS POSTPARTUM
61+ DAYS POSTPARTUM
31
23
10
12
51
34
12
47
156
0
50
100
150
200
250
NUMBER OF MATERNAL DEATHS
Substance use and its effects are the leading cause of maternal death 60+ days after birth
PREGNANCY-RELATED MATERNAL DEATH RATE PER 100,000 LIVE BIRTHS IN TEXAS, 2012
Sources: Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report, September 2018; 2012 Death Files, 2011-2012 Live Birth and Fetal Death Files. Center for Health Statistics, DSHS
WHITE
6.0
BLACK
13.9
HISPANIC
9.3
OTHER
12.4

Texas Maternal Health by the Numbers

- Medicaid covers 54% of all births each year.
  - 68.5% of mothers who died in 2012 were enrolled in Medicaid at time of *delivery*. The task force was not able to determine the insurance status at the time of death based upon the data available.
- Hemorrhage and cardiac event were the 2 most common causes of death while pregnant or within 7 days postpartum.
- Drug overdoses are the top cause for maternal death from delivery to 365 days postpartum.

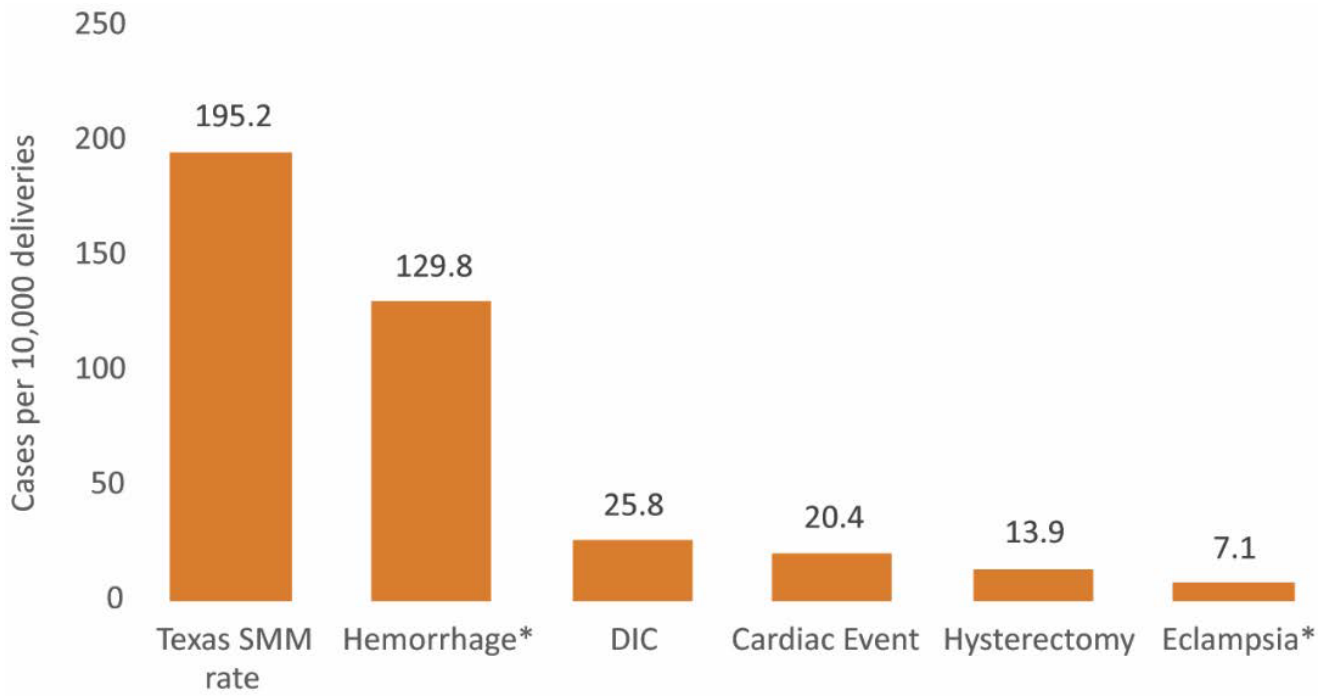
Texas Maternal Health by the Numbers

- In 2018, DSHS partnered with birthing hospitals, physicians, and nurses to implement TexasAIM — a collection of best practices designed to end preventable maternal deaths and severe maternal morbidity.
  - For example: improving readiness, recognition, response, and reporting on maternal hemorrhage.
- More than 200 hospitals have registered to participate.
- More information on TexasAIM is on the DSHS website.

Texas Maternal Health by the Numbers

- *Maternal deaths are only one part of the story.* For every 1 maternal death, 50 to 100 women suffer a severe illness or complication.

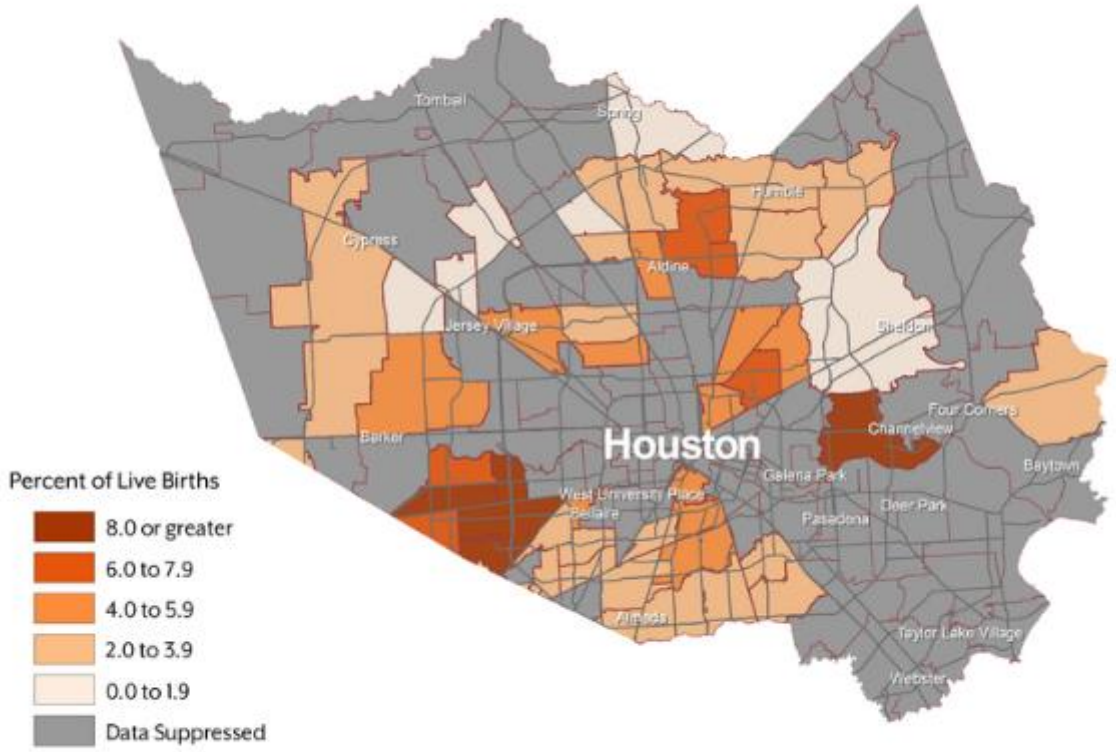
Overall and leading causes of severe maternal morbidity cases per 10,000 delivery hospitalizations, Texas 2014



Texas Maternal Health by the Numbers

- Risk factors for maternal mortality and morbidity:
  - Smoking during pregnancy
  - Prepregnancy obesity
  - Presence of diabetes, hypertension, or other underlying chronic condition(s)
  - Delivery by cesarean section
  - Late entry or no prenatal care
- Significant variation across Texas in obtaining prenatal care, smoking while pregnant, and prepregnancy obesity

Percent of Live Births to Black Mothers With No Reported Prenatal Care: Harris County, Texas (2015)



Source: [Maternal Health Risk Factors in Communities Across Texas](), Population Health, The University of Texas System.

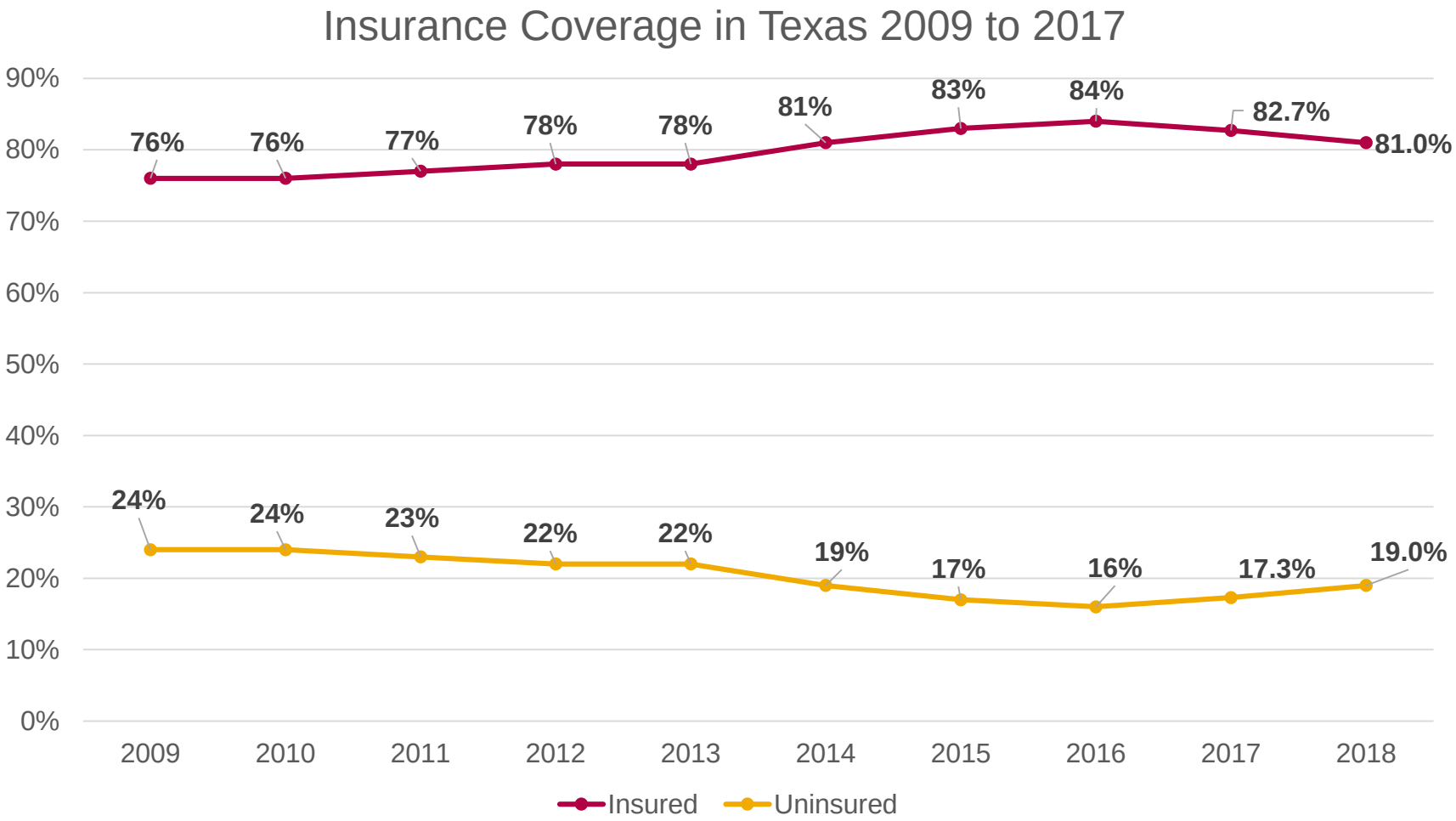
Maternal Health in Texas

- Healthy pregnancies do not begin at conception but in the years prior.
- According to the task force's 2018 report, women's **lack of access to regular and coordinated preventive, primary, and specialty care before and after pregnancy contributes to Texas' high rates of poor maternal health outcomes.**

Texas Maternal Health by the Numbers

- Multiple factors contribute to poor maternal health outcomes: quality of care provided, health inequities, genetics, family, and community life.
- **But the vast majority of pregnancy-related deaths are potentially preventable**.

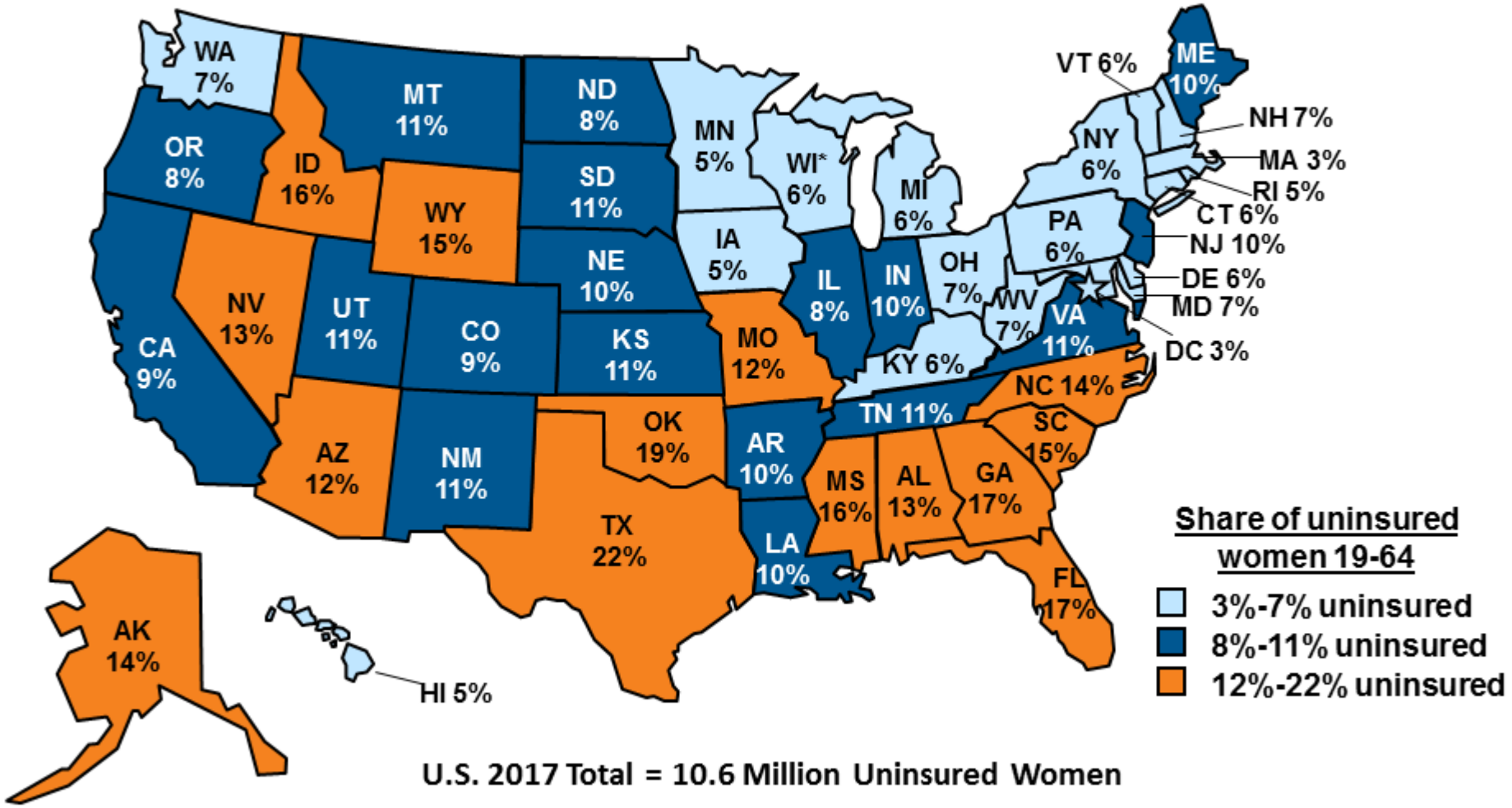
Texas Coverage Trends



Source: United States Census Bureau

Figure 4

Uninsured Rates Among Nonelderly Women, by State, 2017

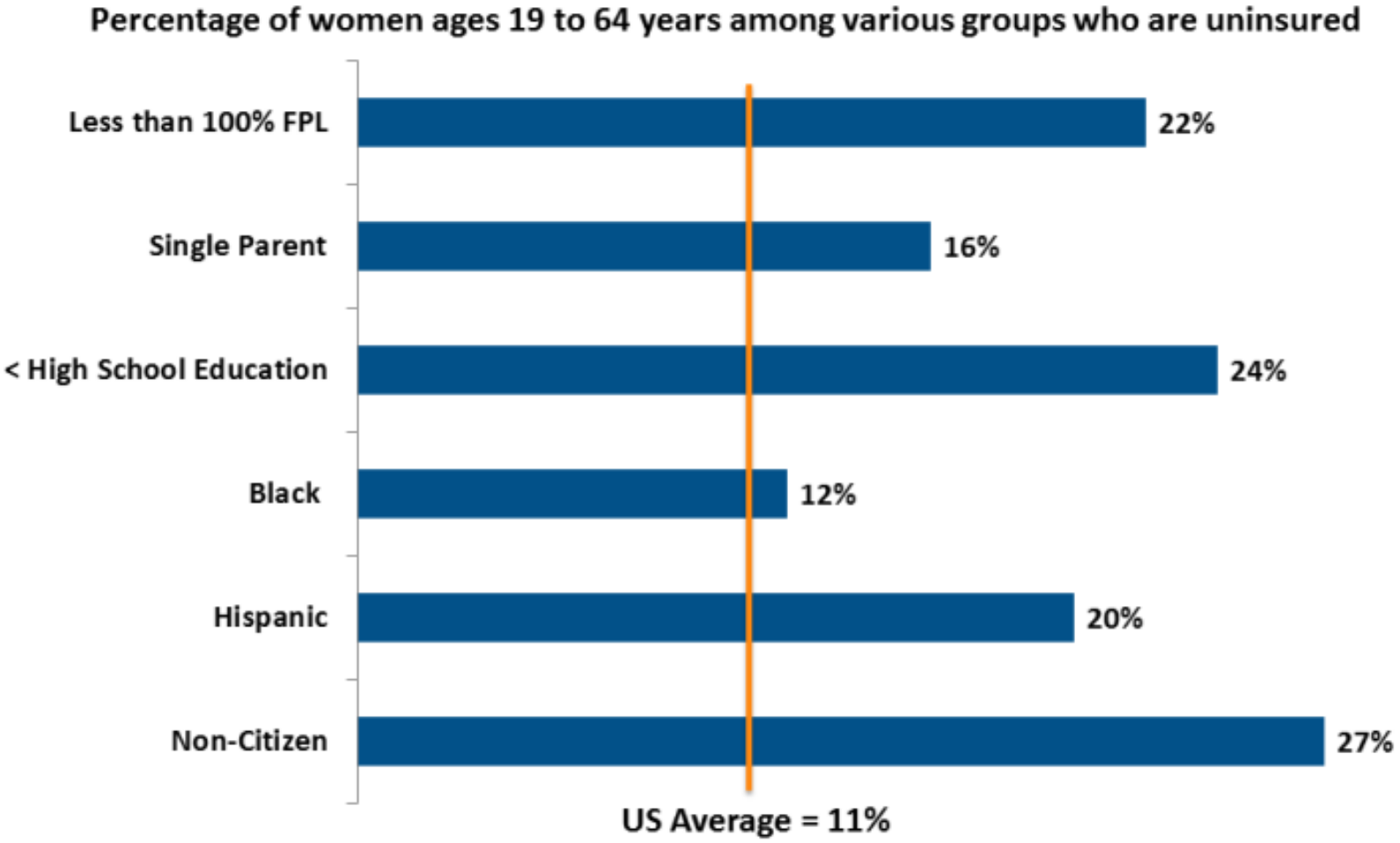


NOTE: Uninsured rates among women ages 19-64. * Wisconsin covers adults up to 100% FPL in Medicaid under a waiver, but did not adopt the ACA Expansion.
SOURCE: Kaiser Family Foundation estimates based on 2017 Census Bureau's American Community Survey

KFF
HENRY J KAISER FAMILY FOUNDATION

Figure 3

Women at Greatest Risk for Being Uninsured, 2016



Note: The Federal Poverty Level (FPL) in 2016 was $12,486 for an individual under 65 years old.
SOURCE: Kaiser Family Foundation analysis of 2017 ASEC Supplement to the Current Population Survey, U.S. Census Bureau.

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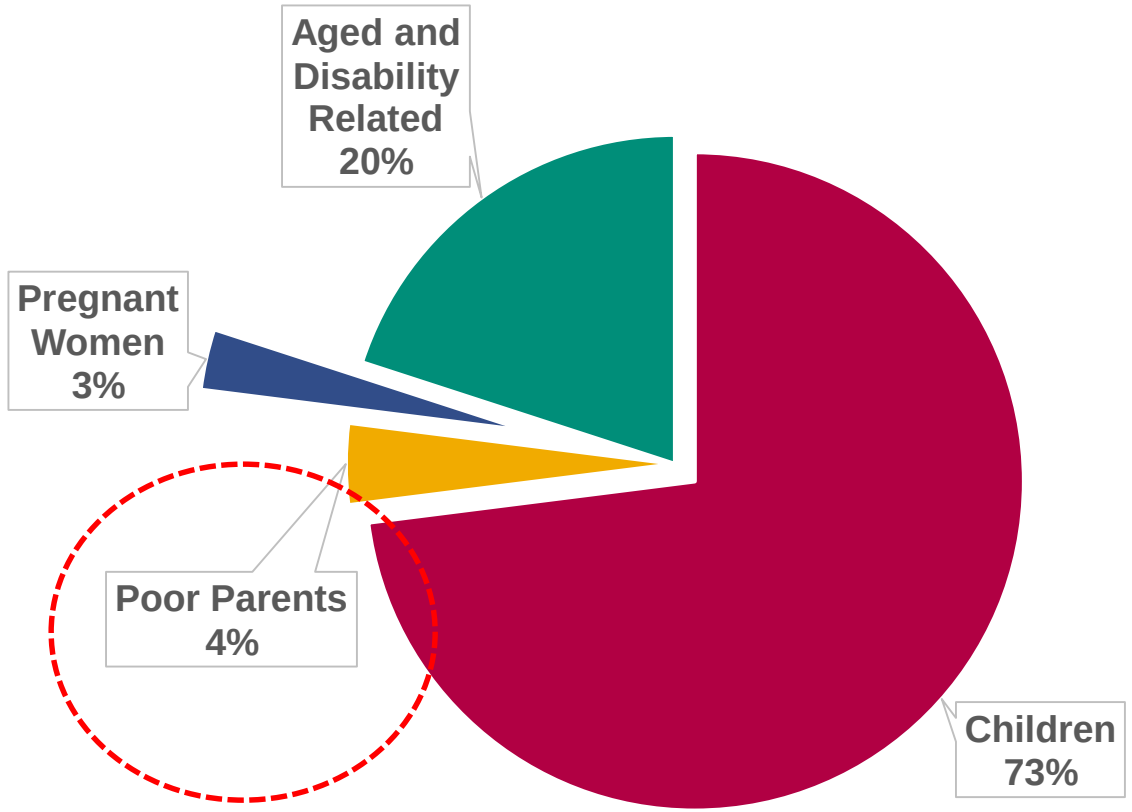
Who Is Covered by Texas Medicaid



Source: Texas Medicaid and CHIP Monthly Full Benefit Caseload by Risk Group, December 2018

Health Coverage for Texas Women

- Medicaid is not available to all poor or low-income women:
  - Must have limited income *and* qualify categorically
    - Nonpregnant women earning more than $230 per month (14 percent of poverty) do not qualify for Medicaid unless they qualify based on disability.
  - Pregnant women lose Medicaid 60 days postpartum unless they qualify for Medicaid based on income.
- Texas' two family planning programs — Healthy Texas Women and Family Planning Program — provide important preventive services for women before and after pregnancy, but no specialty care for women with complex needs.

Roadmap to Reform

To make dramatic gains in maternal health outcomes, Texas must ensure women have access to preventive, primary, and specialty care before, during, and after pregnancy.

- Implement comprehensive 12 months' preconception and postpartum coverage
- Establish auto-enrollment into Healthy Texas Women for young adult women aging out of children's Medicaid or CHIP.
- Connect women losing CHIP-Perinatal to the Family Planning Program to avoid gaps in preventive health care.
- Implement initiatives to improve early-entry prenatal care.

Appendix: Women's Health Programs

	Medicaid for Women of Childbearing Age	CHIP-Perinatal
Eligibility	✓ Pregnant women with incomes ≤ 198% of federal poverty level (FPL);* coverage extends 60 days postpartum unless the woman qualifies via another Medicaid eligibility pathway, including: • Women with disabilities with incomes ≤ 75% FPL • Parents with incomes ≤ 15% FPL ✓ U.S. citizen** Note: Adult women are enrolled automatically in Healthy Texas Women when Medicaid postpartum coverage ends.	✓ Uninsured pregnant women with incomes ≤ 202% FPL who do not qualify for Medicaid because of income or immigration status ✓ Texas resident
Benefits	✓ Comprehensive benefits, including substance use disorder and behavioral health treatment	✓ Up to 20 prenatal visits ✓ Prescription vitamins, immunizations, labor and delivery, 2 postpartum visits ✓ Inpatient and outpatient services unrelated to the delivery, e.g., treatment for a heart condition or behavioral health disorder, are not covered.

Appendix: Women's Health Programs

	Healthy Texas Women	Family Planning
Eligibility	✓ Nonpregnant women with incomes ≤ 200% FPL* ✓ Ages 15-44 ✓ U.S. citizen or legal immigrant	✓ Women and men with incomes ≤ 250% FPL ✓ 64 years old and younger ✓ Texas resident
Benefits	✓ Limited-benefit program funded with state dollars ✓ Annual well-woman exam, contraception, including long acting reversible contraceptives (LARCs), ✓ Screening and limited treatment for diabetes, hypertension, postpartum depression, and cholesterol if provided *within primary care setting* ✓ Breast and cervical cancer screening, including diagnostic services, immunizations ✓ Specialty care not covered	✓ Annual well-woman exam ✓ Contraception, including LARCs ✓ Permanent sterilization ✓ Screening for common chronic conditions (treatment not covered) ✓ Breast and cervical cancer screening, including diagnostic services ✓ Immunizations ✓ Limited prenatal care

*The federal poverty level for a family of four is $25,750.
**Medicaid will pay for emergency services for legal and undocumented immigrant women who otherwise would have qualified for Medicaid if not for their immigration status.

Appendix: Maternal Health in Texas

Maternal mortality numbers reported two ways:

- Maternal mortality rate (MMR) (42 days from delivery): per 100,000 live births
  - Used by the Centers for Disease Control National Center for Health Statistics in establishing an MMR for each state
- 365 day count: number of deaths occurring within 365 days after pregnancy
  - Used by the task force for its review of maternal deaths for determining pregnancy-relatedness and preventability

Make Improvements to the Medicaid Managed Care System

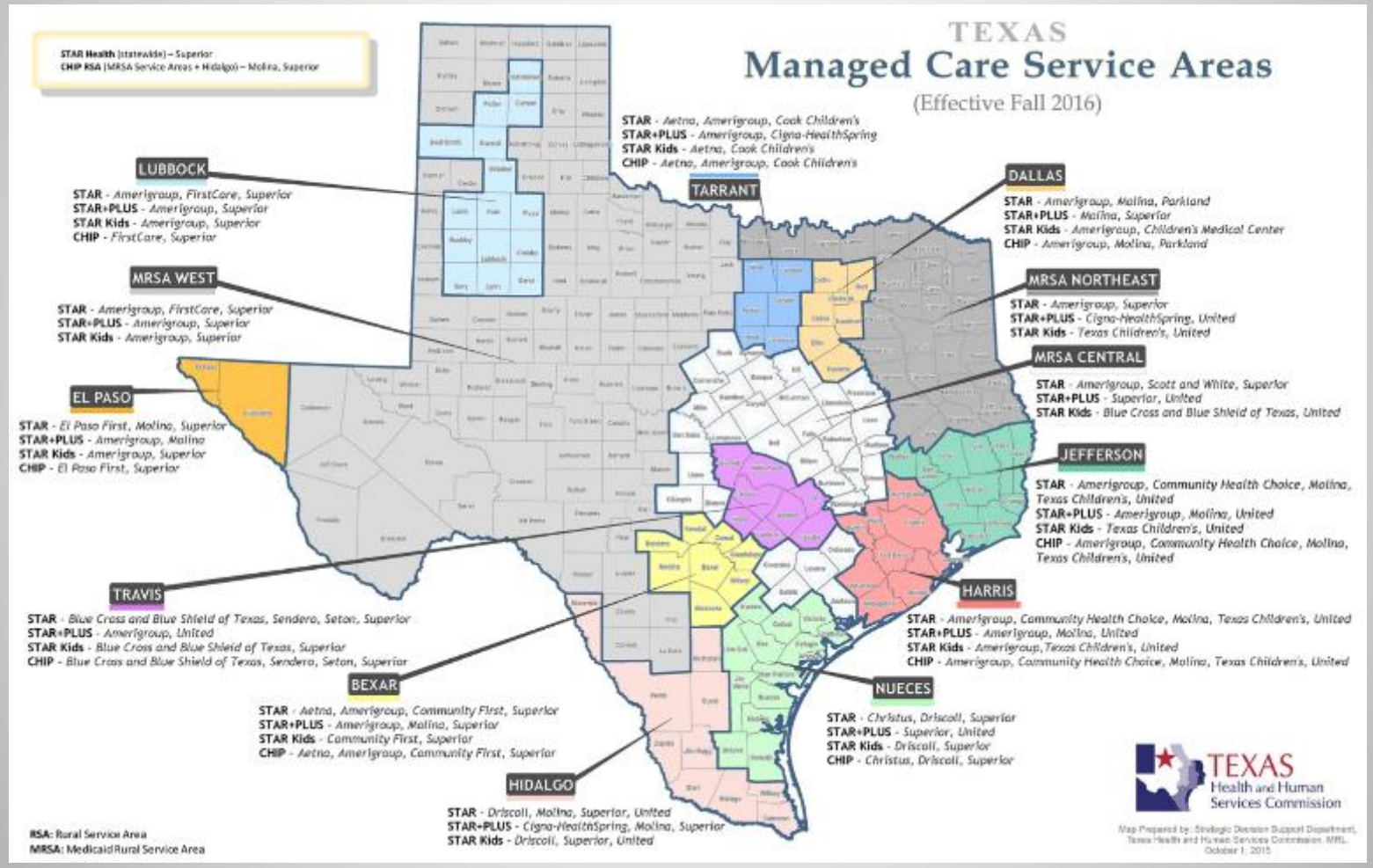
Dr. Ryan D. Van Ramshorst, MD, MPH, FAAP

Texas Pediatric Society Executive Board of Directors, and Texas Medical Association Select Committee Chair on Medicaid, CHIP and the Uninsured

Medicaid Managed Care 101

- Medicaid managed care has existed for over 2 decades
- Nearly 95% of Medicaid beneficiaries are enrolled in managed care plan
- There are 4 distinct Medicaid managed care programs:
  - STAR: mostly children and pregnant women
  - STAR Health: children in foster care
  - STAR Kids: children with disabilities/special needs
  - STAR +Plus: adults with disabilities

Medicaid Managed Care 101 (cont'd.)



Opportunities within Medicaid Managed Care

- Improve case management/care coordination
- Ensure adequate provider networks/network adequacy
- Streamline complaints and appeals process
- Strengthen protections for families navigating the appeals process
- Increase clinical oversight of managed care organizations
- Decrease administrative burden on providers
- Implement value-based purchasing strategies