



# CHILDREN'S HEALTH COVERAGE COALITION

## FORMERLY THE CHIP COALITION

### Children's Health Coverage Coalition and OTA Meeting Agenda

Friday, November 20<sup>th</sup>, 2020

11:00 A.M. – 2:00 P.M.

Meeting Location: Zoom Meeting

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

11:00 A.M. – 11:10 A.M.

#### **Introductions**

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11:10 P.M. – 11:30 A.M.

#### **Discuss Elections and ACA Hearing Impact on Legislative Agenda** (Tim Schauer – Government Affairs)

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11:30 A.M. – 11:50 P.M.

#### **Texas' Department of State Health Services and Health and Human Services Commission Legislative Appropriations Requests** (Katie Mitten – Texans Care for Children)

- From Texans Care for Children: [LARS PROVIDE GLIMPSE INTO NEXT TX BUDGET.](#)
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11:50 A.M. – 11:55 A.M.

#### **Update on CHIP Health Services Initiative** (Katie Mitten – Texans Care for Children, Patrick Bresette – Children's Defense Fund TX)

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11:55 A.M. – 12:05 P.M.

#### **Georgia's 1115 and 1332 Waivers** (Stacey Pogue – Every Texan, Anne Dunkelberg – Every Texan)

- From CCF: [What Can We Expect from Biden Administration on Work Requirement Waivers?](#)
    - [Georgia's Medicaid Waiver is Fiscally Foolish and Anti-Family](#)
  - From KFF: [The Landscape of Medicaid Demonstration Waivers Ahead of the 2020 Election.](#)
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# CHILDREN'S HEALTH COVERAGE COALITION

## FORMERLY THE CHIP COALITION

12:05 P.M. – 12:25 P.M.

**Legislative Agenda and Related Advocacy** (Anne Dunkelberg – Every Texan & Laura Guerra-Cardus; Cindy Ji – CDF - Texas)

- [CHCC Lege Doc](#)

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12:25 P.M. – 12:35 P.M.

**Latest on COVID-19 & Medicaid/CHIP/Uninsured** (Helen Kent-Davis – Texas Medical Association, Alison Mohr Boleware – NASW-TX, Melissa McChesney – Every Texan)

- Telehealth Services
- CMS interim final rule on MOE for Medicaid.

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12:35 P.M. – 1:00 P.M.

**Access and Eligibility Services** (Melissa McChesney – Every Texan)

- Immigration status question for non-applicants on YourTexasBenefits.com
- 2-1-1 issue with applications not found
- RSDI of dependents continuing to be incorrectly counted as income for Medicaid
- Reduction in Medicaid applications disposed since the PHE started

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1:00 P.M. – 1:20 P.M.

**Office of the Ombudsman Update**

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1:20 P.M. – 1:45 P.M.

**OTA Items** (Melissa McChesney – Every Texan)

- PHE letter and administrative renewal memo
- Open Enrollment - Local Resources

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1:45 P.M. – 2:00 P.M.

**Announcements**



## **Children's Health Coverage Coalition and OTA Meeting Agenda**

Friday, November 20<sup>th</sup>, 2020

11:00 A.M. – 2:00 P.M.

### **On Video Conference Line**

Clayton Travis  
Maria E Garcia  
Anne Dunkelberg  
Helen Kent Davis  
Katie Mitten  
Laura Guerra-Cardus  
Melissa McChesney  
Betsy Coats  
Tim Schauer  
Alison Mohr Boleware  
Alissa Sughrue  
Amanda Gonzalez  
Audrey Gow  
Christina Hoppe  
Cristal Retana  
Denise Gomez  
Devi Jadeja  
Diane Rhodes  
Erika Ramirez  
Irene del Toro  
Nancy Waler  
Patrick Bresette  
Preston Poole  
Reid Martens  
Stacey Pogue  
M. Tijerina

Meeting Chair: Laura Guerra-Cardus CDF – Tx

Meeting Scribe: Maria Elena Garcia, Every Texan

Meeting Recording: <https://app.box.com/s/8jvjg5vn1nvl7fpy21muxke195iwn1ty>

### **I. Discuss Elections and ACA Hearing Impact on Legislative Agenda (Tim Schauer – Government Affairs)**

**Tim Schauer** – Two big things: the oral arguments in front of the supreme court and the election. First, the ACA. The Texas Attorney General tried to sue the federal government and tried to get the ACA thrown out. We were surprised by the stance on the judges about the non-severability clause. People who listened to that were feeling a little bit better for the outcome of the ACA. Most of us talked to legal scholars and we know that the argument against the ACA has no standing.

**Tim** – Pollsters predicted that the Democrats were going to take Georgia. The 2 Georgia run-offs will likely split to one Democrat and one Republican. I feel optimistic after having a few phone calls with



people in DC about how liked Biden and Harris are in the Senate. I would not be surprised to see a bipartisanship and having a group sit down and go through a corrective bill. Because of the friction between Obama and the Senate the ACA was not able to obtain a corrections bill, which is something we will hopefully get this time. For kids, I think the Biden administration will negotiate with Texas to get coverage and do something about the 1115 waiver. Any questions of what happen at the federal level?

**Tim** – Both Republican and Democrat pollsters have been wrong. There was a 0-net gain in the Texas house. No seats in the house flipped. When they flipped 12 seats, they had 1/8<sup>th</sup> of the finds they count with now. There has been an optimism that the turnout would bring people in and that lost Democratic seats will be regained.

**Tim:** Julia Rathgeber is a policy wonk and led the Senate Research Center and cares about policy issues and how they impact the state. She is one of those hard-working people. And it was an incredible hire from the Speaker. There is some good optimism that the House will be a place where public health issues related to children will get a fair shake and have a good Chairman and committee to help. The very first battle that will determine the state of Texas will be the Senate battle that will rule who is the majority. It will be an interesting Texas Senate. I am fairly optimistic about the Texas Senate and expectant to see if neither has a majority how they will work together. Most of this is because Roland Gutierrez won against Pete Flores.

**Tim** – It is too early to say who is getting chairmanships. Speaker-Elect will make that call. My advice to everyone is to talk to your network between now and session. I don't think any of us can predict what will happen in the Senate because we know how unpredictable Dan Patrick is. Until the rules are adopted we won't know how the Senate will play out. I believe that they will keep the 3/4 rule.

**Tim** – HHSC's commissioner is now a new commissioner, Cecile was a Chief of Staff and now she is the Commissioner. Many people have met with her and she is inheriting an organization with a cultural problem around research. Some of their RFPs have been too politically charged. She has lots of things to fix. The leadership of the HHSC is key to the budget.

**Tim** – the House is likely to have a better solution to COVID-19 than the Senate does because they have been working on it since June. The mechanics of the session that is coming up in January will be interesting to watch. The most recent talk is that they will show up the first day and do what they need and take a recess for 30 days.

## **II. Texas' Department of State Health Services and Health and Human Services Commission Legislative Appropriations Requests (Katie Mitten – Texans Care for Children)**

**Katie Mitten** – We know there is a budget shortfall, but we do have options. There have been recent hearings on the LARS which was likely a formality that did not provide any actual useful information for it. The HHSC LAR is protected for Medicaid. An area of concern is the funding for the ECI. It is a pretty significant cut and we are drawing attention to that on our comments. Another area of concern is the DSHS LAR prevention, assessment, diagnosis, and treatment of child abuse and neglect program funding was completely neglected.

**Anne Dunkelberg** – I haven't looked at the DSHS LAR but did they acknowledge that at all?



**Katie Mitten** – I don't think their comments are as detailed as HHSC. But DSHS did a webinar a month ago when they released theirs and they said that a similar program exists in DFPS and are hoping to roll over the programs for MedCARES over there.

**Clayton Travis** – The MedCARES program was created in 2009 and 2010 to fight child abuse in the welfare system. It offered consultation issues. Many child abuse pediatricians were dumfounded about the decision. We were told that they wanted to reprioritize the Maternal and Child Health Program. We are submitting a letter to defend these cuts especially when we know that domestic violence is on the rise. I have a meeting scheduled with DFPS that has an overlap program with MedCARES that has a hotline which allows people in the welfare system to ask for help. A lot of conversations are yet to be had.

**Katie Mitten** – The last thing I wanted to bring up is that there are cuts to Integrative Eligibility and Enrollment. I am confused if this is the continuation of the proposed 5% cuts for this fiscal year or if it is additional cuts on top of that. I wonder what we can say to Integrative E&E and how this will impact the efficacy of these services. All of the items on that bucket have some significant cuts. I want to know what they mean and what can we say about these cuts.

**Anne Dunkelberg** – Normally by now we would have a presentation from HHSC where they would have these numbers and also information about its impact. There may be measures that will show how it changes. We have a lot less information than we would normally have at this time. I pointed how there wasn't anything to explain the 5% cuts and the current biennium. This reduction is something we can raise issues and concerns about even if we don't fully understand. And I reached out to other advocacy organizations and confirmed that no one else had any numbers on the needs and the 5% cuts. We don't have many supplemental materials outside of the administrative statement. It'll be important to give even the high-level comments.

**Katie Mitten** – on the behavioral health-specific document there was a typo that showed that Children Mental Health Services were cut by 1/3<sup>rd</sup>. And then on another program the budget looked like it increased by ten-fold.

**Alissa Sughrue** – That delays our ability to give feedback without appropriate information. It was in the document where they highlight the spending on behavioral health.

**Helen Kent Davis** – We can flag that as a concern too.

**Anne Dunkelberg** – It'll be helpful to get that in writing and send a correction before the comment period.

**Helen Kent Davis** – Adult mental health services and substance abuse also went down.

**Katie Mitten** – I think you can incorporate this into the legislative agenda and the comments will go to the LBB directly.

**Laura Guerra-Cardus** – If people want to it'll be a fine place to advocate for these issues.

**Helen Kent Davis** – We don't want to get too much in the weeds.



**Melissa McChesney** – This week, the Children’s Health Leadership Network met and one of the things that Joanne said is that anything that involves children’s Medicaid should be closely looked at. They have expectations that Biden will extend the Public Health Emergency if Secretary Azar does not.

**Anne Dunkelberg** – Usually, HHSC has been good about articulating their assumptions and so is LBB. We can make sure to dig through the LAR and reach out to HHSC and e-mail around to let people know.

**Katie Mitten** – In the first part of the LAR there is a letter from the Commissioner, and I will encourage Every Texan to read through because it talks about baseline amounts and for Medicaid it showed a decline. I believe it is because it makes an assumption about PHE ending.

**Anne Dunkelberg** – and enrollment has historically been on the decline.

**III. Update on CHIP Health Services Initiative** (Katie Mitten – Texans Care for Children, Patrick Bresette – Children’s Defense Fund TX)

**Katie Mitten** – Reminder that CHIP HSI gives opportunities to improve health for children in Texas. Texas hasn’t done this before. We started a small work group and met twice. We have connected with some people in HHSC. Wanted to know how much funding we received from HHSC. We want to write a memo that urges the state to make use of these funds.

**Patrick Bresette** – We received a detailed report on the numbers. There are a lot of good resources about this and what the states are doing. As we get closer to the memo we will make sure to share it. We want to make a case for the good match rate.

**Katie Mitten**– Senator Powell’s office is helping us submit a short Stateline amendment. We are trying to draft it so it can easily become a writer if needed.

**IV. Georgia’s 1115 and 1332 Waivers** (Stacey Pogue – Every Texan, Anne Dunkelberg – Every Texan)

**Stacey Pogue**– A 1332 waiver is not much different than the 1115 waiver. There is funding that states can pull down from that waiver if they have an innovative idea. The Trump administration put a new rule for this waiver, and it eroded some opportunities. They were redesigned to be a lot more conservative. I don’t have any reason to believe that the Biden administration won’t get rid of this. Georgia is the only state that has had this 1332 waiver approved. It brings down the cost of marketplace premiums. The Georgia access model is proposing it to start in 2023 and getting rid of healthcare.gov. Instead, they are going to turn it all over to private networks. Georgia says that unleashing the private companies will bring forward improvement. Advocates are concerned about how private brokers don’t let families know when their children are eligible for CHIP or Medicaid. I am not concerned about Texas following their footsteps.

**Anne Dunkelberg** – I want to point out the three links in the agenda for those wanting to take a deeper dive. Georgia’s 1115 was approved back in October. It only goes to a 100% of poverty rate and the state won’t get the 90% match and imposes an 80-hour work requirement. It will only serve 10% of adults who would be eligible under Medicaid expansion. It does not have work exceptions. It eliminates retroactive Medicaid, and non-emergency medical transportation. Both KFF and CCF have confirmed that the new



President will issue new guidance and that in every 1115 waiver either party has the right to withdraw. It will probably not happen overnight, but you will probably see the Biden administration roll out the guidance that the Trump administration set out. Today the Supreme Court will hear the rejection in the federal courts of Arkansas work requirements. If the Supreme Court doesn't look at that, then all those states will continue to have work requirements. The authority to roll out these older administrative rules is there now.

**Clayton Travis** – The Biden administration has the authority to require 12-month continuous eligibility?

**Anne Dunkelberg**– I haven't heard that answered specifically. Something that is much on the radar is the rescission of the public charge guideline.

V. **Legislative Agenda and Related Advocacy** (Anne Dunkelberg – Every Texan & Laura Guerra-Cardus; Cindy Ji – CDF - Texas)

**Anne Dunkelberg:** We have cleaned up and condensed our legislative agenda document:

Protect health care from budget cuts during the pandemic.

Promote Telehealth Innovations

Coverage for Kids, Moms, and Families

Improve outreach and supports to help Texans get and stay enrolled.

Address urgent unmet needs for Texas' COVID response.

Put your comments into this document if you think anything is missing. I will encourage everyone to add some comments into this agenda. We are focusing on the coverage items in the legislative visit. We will also have conversations on eligibility.

**Cindy Ji** – We are having a postcard writing campaign and will reach out with more info down the line. Also, we are having a car caravan event from San Antonio, Dallas, and Houston and meeting up in Austin. Our goal is to have our car caravan event circle the capital.

**Laura Guerra-Cardus**– For the postcard campaign, the goal is to flood the mailboxes at the capitol with at least 50 postcards per member. The other item we want to mention is CDF and all other partners need stories to make a great advocacy tool. Have stories set up to speak to coverage expansion, 12-month continuous eligibility. Cindy will put on the chat the regions where we definitely want expansion and eligibility stories. If we could get these stories together, we could have a supplementary piece to our agenda full of stories. We think a coalition branded piece will be powerful. Please e-mail me if you like the idea and want to work with us to make it happen. Do we want to think about shaping our legislative agenda with our legislature? We might have to set up a meeting with Julia's staff. Feels like a good go-to meeting for our agenda.

**Clayton Travis**– There are two hearings scheduled: One for December 7<sup>th</sup> and December 8<sup>th</sup> on COVID-19 and public health. Pediatricians were asked to testify on the delayed medical care component.





**VI. Latest on COVID-19 & Medicaid/CHIP/Uninsured** (Helen Kent-Davis – Texas Medical Association, Alison Mohr Boleware – NASW-TX, Melissa McChesney – Every Texan)

**Alison Mohr Boleware** – Mental health stakeholders will submit a joint letter asking HHSC to extend telehealth and telemedicine flexibilities again. Right now, those are set to expire the 30<sup>th</sup>. There will be some type of comprehensive Medicaid telehealth and telemedicine bill that we have heard floating around groups.

**Helen Kent Davis** – Flexibilities that extend 30 days at a time have been difficult for providers. TMA and TPS will send out a letter and focus on well-child visits and have those extended for 3 months.

**Katie Mitten** – ECI also has a letter and I linked it in the chat.

**Melissa McChesney** – I've gotten questions about the interim final rule. Given where we are in Texas, we have less concerns about the impacts of these rule. There has been some concern without a COVID-19 relief with an increase in FMAP. At the beginning of the pandemic, CMS interpreted the HEROES act as to no movement in enrollment of services and everyone had to stay where they are. The guardrails that CMS put is that you cannot move someone from a limited benefit package to a lesser benefit. You cannot move people around in tier 3 at all, and also you can't deny anyone. In Texas, we don't have anywhere to put kids who age out or women who just gave birth, since we don't anywhere to move them here in Texas it wouldn't be much of an issue. In general, I was not too concerned about this rule as you might be if you were in a different state.

**VII. Access and Eligibility Services** (Melissa McChesney – Every Texan; Hilary Davis and Wayne Salter from HHSC)

***Immigration status question for non-applicants on YourTexasBenefits.com***

**Hillary Davis** – We are not required to collect that information on nonapplicants.

**Wayne Salter** – From a good customer service stand point we will make that change.

**Melissa McChesney** – It was my understanding that it needed to be smart enough to know who an applicant is and who is a nonapplicant. When I went in there I was applying for healthcare for children. There might be an opportunity to make it clear who is an applicant and who is not an applicant. If yourtexasbenefits.com doesn't know how to differentiate applicants from nonapplicants it can be problematic.

**Laura Guerra-Cardus** – What Melissa just said would be ideal. Asking more questions and especially the ones that can have an impact of separating families or having a fear of separating families when it is not necessarily has negative consequence, so does our ability to get eligible children enrolled. It might be a perspective that people who don't work on the ground necessarily don't have.

**Patrick Bresette** – We have clients calling their case representatives in fear of why they're asking that. They are alarmed that it is even there. That question pops up to them and they want to stop because they are worried about their green card and other status.





**Melissa McChesney** – We will go back and see the expectations of the logic. I appreciate what you are doing especially with all the applications that are coming in online.

***2-1-1 issue with applications not found.***

**Melissa McChesney** – We saw a lot of this concern. Someone applies and they call 2-1-1 and they cannot find the application. I got clarification as to why this started is an operational change. It was delaying the process. 2-1-1 cannot see the application unless it is app-registered, and it was creating these issues where someone would call and couldn't find their application. We wanted to see where you all are on this. We also anticipate that a lot of applications coming your way.

**Wayne Salter** – We made that change in 2014, but in 2019 we had a huge backlog of cases and we had to cut off overtime because of budget restraints. We were grossly behind in those alerts because we cut our overtime and we have made some changes. I want to make sure this wasn't a recent change; it was heightened because we were far behind in 2019.

**Hilary Davis** – There are changes now to what the representatives can see when they call 2-1-1 with the social security without need for the application to be app-registered. If we got an application that has a social or another type of identifying information, they can find it. And this goes to any application.

**Melissa McChesney** – That is fantastic news, thank you!

**Wayne Salter** – We tracked the body of work by day. We are currently processing all the applications that came in November 13. That is a stark difference from where we were last year. We also have been able to keep our workers and the workload under control.

**Melissa McChesney** – We have been advocating for your resources to support your workers and continue to do the work you are doing. Any questions from the group?

***RSDI of dependents continuing to be incorrectly counted as income for Medicaid.***

**Melissa McChesney** – You have been tracking this population for about 6 years. I thought tiers were updated. Did we actually get the changes implemented into Tiers and stop a worker from miscoding a client? These are often children who lose grandparents or are living with any other kinship care.

**Hilary Davis** – We looked at a couple of these cases. The change went in in 2018 and it is complicated. There is room for worker error because they have to designate statuses manually. We are having IT check it because this income shouldn't be counting. It appears everything was done correctly but Tiers was not accepting the income. Previous errors were worker error, and we try to make it as simple as possible now. We have to look at taxpayer status and income and how the composition looks like. IT staffers are wrapped up into a lot of things right now. We will dig more but we confirmed that Tiers has the correct rules. We can look at how we can make it fool-proof for staff.

**Melissa McChesney** – I am glad that our cases are helpful in identifying pieces of help. If anyone on the line has a case, they need clarity on send it to me. Thank you, Hilary, for the update.



***Reduction in Medicaid applications disposed since the PHE started.***

**Melissa McChesney** – I have seen since the pandemic is a huge decrease in application. We understand that without churn happening we wouldn't necessarily see huge numbers. For October, we are at a 175,000 which is close to 200,000 fewer applications than we had this time last year.

**Hilary Davis**– We took a look and pull the comparisons. We aren't seeing many applications this year, but we agree that it might be because we are keeping everybody on, but we are not seeing the increase in application update like we are on the SNAP side. The other thing is that for a period between March and October we weren't doing interviews at all for any programs. We are assuming that the number of interviewers for SNAP might have also been used for Medicaid. Our October numbers decreased about 4%. We are waiting to see what happens in November.

**Melissa McChesney** – One of the concerns I have is to how to get the message out to folks. We are trying to think of what more can be done to get the message out there. Folks are applying to SNAP and they are likely to be eligible for CHIP and Medicaid. We are waiting for the numbers for November to see if the interviews helped a little.

**Melissa McChesney** – Around where house agencies can and cannot move between eligibility groups. We want to ask you to make sure to communicate to clients and advocates what the impact in Texas would be.

**Hilary Davis** – Sure. We have been taking a look at this. What the new guidance clarified is defined who is validly enrolled. The clarification they gave us that if we accidentally gave benefits to someone, we can deny them benefits if they were never supposed to get Medicaid in the first place. Also, if there was fraudulent action, we can deny them Medicaid coverage. Before, we only kept them all but now we can go ahead and deny coverage. The other thing is that if someone has coverage in another state, we can go ahead and deny them coverage. The big takeaway is to not move people who already have been certified. CMS clarified that to the extent possible we have to put them in their appropriate group with the exception that we couldn't move anyone to HTW (because it is lower tier) and also community attendant services.

**VIII. Office of the Ombudsman Update**

**Refer to Slides Titled “HHS Office of the Ombudsman Update”.**

**IX. OTA Items (Melissa McChesney – Every Texan)**

**Patrick Bresette** – The numbers on public charge and the fear are startling. There is a whole set of recommendations on the ground while trying to address the chilling effect. It is troubling but there are tremendous organizations that are working hard.

***PHE letter and administrative renewal memo***

**Melissa McChesney** – Malé sent the letter around and I encourage you all to take a look at this. We are urging the agency right now to take a look and do something about this. Additionally, there is the rolling of HTW+ but like Hilary stated no one can move down to it but it gives the agency to broaden the



provider network for it. There is a memo written by Every Texas on administrative renewals it is long and detailed but it is good in ways that we can encourage the agency in improving the renewal process. The more we can do that, the better chance we have of keeping people in Medicaid.

***Open Enrollment - Local Resources***

**Melissa McChesney** – Open enrollment is going on right now. We have trouble in giving people the best resource, so I sent our blogpost for CTN that has resources by metropolitan area. Sometimes the best resource is specific depending on where you are. I will get clarification whether HHSC is doing admin renewals for October.

Any other questions?

X. Meeting adjourned 1:42



**EVERY TEXAN**

Formerly Center for Public Policy Priorities

**TO: Executive Commissioner, Cecile Young**  
**Chief Program & Services Officer, Michelle Alletto**  
**Acting Chief Operating Officer/Chief Policy and Regulatory Officer, Victoria Ford**  
**Texas Health and Human Services**

**COPY:** Stephanie Stephens, Wayne Salter, Suling Homsy, Michael Ghasemi, Allison Morris,  
Hilary Davis, Bill D'Aiuto

**FROM:** Anne Dunkelberg, Melissa McChesney, Stacey Pogue – Every Texan (formerly Center for  
Public Policy Priorities)

**Re: Improving Renewals for Medicaid and the Children's Health Insurance Program (CHIP)**

**Date: November 16, 2020**

### **Executive Summary**

The need for programs administered by Texas HHS such as Medicaid, CHIP, and SNAP has grown substantially during the COVID-19 pandemic as household incomes drop and people lose access to insurance. Since the beginning of the pandemic, nearly 3.7 million Texans have filed for unemployment<sup>1</sup>. SNAP enrollment grew by over 716,000 Texans between February and September<sup>2</sup> and continues to rise. Many who lost jobs with employer-sponsored insurance either already lost coverage, or risk losing it in the future when a temporary lay-off with benefits becomes a permanent termination. Researchers have estimated that nearly 660,000 Texans have already lost their job-based coverage in 2020<sup>3</sup>, and estimates for 2021 are even higher. Many of these individuals, especially children, will be eligible for health coverage through Medicaid or CHIP.

In addition to the increased demand for services created by the pandemic, Texas HHS has proposed reducing the number of staff that process applications for benefits. While advocates and providers hope to eliminate or mitigate those cuts, we believe that Texas HHS must prioritize opportunities for efficiency to meet the increased demand for services created by the pandemic regardless. A clear and attainable option to improve efficiencies and reduce burden

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<sup>1</sup> Texas Tribune (2020, October 17) *Texans have filed nearly 3.7 million unemployment claims during coronavirus pandemic*  
<https://apps.texastribune.org/features/2020/texas-unemployment/>

<sup>2</sup> Texas Health and Human Service (HHS), SNAP Statistics, *Monthly SNAP cases and Eligible Individuals Statewide*.  
<https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/supplemental-nutritional-assistance-program-snap-statistics>

<sup>3</sup> National Center for Coverage Innovation at Families USA. (2020, July 17). *The COVID-19 Pandemic and Resulting Economic Crash Have Caused the Greatest Health Insurance Losses in American History*.  
<https://www.familiesusa.org/resources/the-covid-19-pandemic-and-resulting-economic-crash-have-caused-the-greatest-health-insurance-losses-in-american-history/>

on clients is leveraging the Medicaid administrative renewal process, to reduce the number of renewals that eligibility staff must process manually.

The top three recommendations to improve administrative renewals are as follows:

1. HHSC should allow the use of TWC quarterly wage data from the **two quarters prior** to the current quarter.
2. Stop using New Hire Report data during the automated administrative renewal process.
3. Continuously evaluate the administrative renewal process to identify and correct additional barriers.

Additional recommendations for improvement to the administrative renewal process are made below.

In addition to improving efficiency and reducing administrative burden on clients, a more streamlined renewal process would help to address the client confusion that has resulted from Texas HHS attempting to renew Medicaid coverage during the Public Health Emergency, despite the guarantee of coverage through the end of the PHE. Finally, substantial improvements to the administrative renewal process will be imperative to mitigate the impact of eliminating auto-enrollment from Medicaid for pregnant women into Healthy Texas Women (HTW) under the 1115 Waiver. Increased barriers to HTW enrollment for postpartum mothers will render the new HTW Plus benefits directed by Senate Bill 750 less effective. Now that the Public Health Emergency has been extended until January 20, 2020, Texas HHS should use the additional time and the flexibility to make much-needed process improvements.

### **Background on Administrative Renewals for Medicaid and CHIP**

Since 2014, federal rules have required state Medicaid agencies to first attempt to renew Medicaid eligibility using available electronic data before requiring the client to provide updated information (42 CFR §435.916). Texas' current policies and systems for performing administrative renewals for MAGI-based eligibility groups result in one of the least effective systems in the country, with fewer than 9% of clients renewed administratively. According to [a 50-state survey](#) from the Kaiser Family Foundation, **Texas is one of only eight states with an administrative renewal rate of less than 25%<sup>4</sup>.**

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<sup>4</sup> Brooks T, Roygardner L, Artiga S, Pham O, Dolan R. (2020, March) *Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2020: Findings from a 50-State Survey*. Kaiser Family Foundation Report. <https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-and-cost-sharing-policies-as-of-january-2020-findings-from-a-50-state-survey/>

| Percentage of Renewals that are Automated<br>(Completed without Enrollee Action) <sup>2</sup> |         |         |         |      |
|---|---------|---------|---------|------|
| <25%  | 25%-50% | 50%-75% | 75%-90% | ≥90% |
| 8   | 13      | 13      | 9       | 0    |

HHSC should prioritize improving the administrative renewal process so that it can be utilized to more effectively renew coverage for eligible clients. An accurate and effective administrative renewal process reduces administrative burden on clients, state agency staff, and managed care programs. Furthermore, increasing the number of eligible clients who successfully renew coverage on time reduces churn and improves continuity of care for the Medicaid and CHIP population.

### **Recommendations to improve administrative renewals:**

- 1. Texas HHS should allow the use of TWC quarterly wage data from the two quarters prior to the current quarter.** HHSC has stated that the largest constraint on the current administrative renewal process is that the system will not allow the use of any financial information that is more than 60 days old to verify income. This “policy” is simply part of the system’s Texas HHS-generated design. It is not required by Centers for Medicaid and Medicare Services (CMS) and is not documented in the State Plan, the Texas Administrative Code, the Texas Works Handbook, or Texas’ MAGI Verification Plan. It is therefore well within the agency's power to change this system design.

#### *Background on TWC Wage Data and the 60-day restriction during an Administrative Renewal*

- Effective January 1, 2014, Medicaid regulations were overhauled and states were required to use available electronic data *before* requesting information from clients (42 CFR §435.952). Available electronic data includes the use of any data source the state identifies as useful in its Verification Plan. Texas HHS’ Medicaid Verification Plan identifies TWC Quarterly Wage data as useful, and does not mention a limitation to only use data less than 60 days old.
- In the preamble to the final rule where these federal changes were codified, CMS makes clear that states cannot require individuals to provide paper documentation solely because of the inherent age of quarterly wage data. The preamble states, “The time lag in the availability of quarterly wage data would not justify a State concluding that such

data is not useful to verifying income eligibility and routinely relying instead on documentation provided by the individual.”<sup>5</sup>

- TWC Quarterly Wage Data is a core component of the administrative renewal process because it is now the only electronic data source used for *earned* income. [HHSC stopped](#) using paycheck data from the Equifax Work Number system (also known as TALX) in October 2019.
- Under the current system design for the administrative renewals, HHSC will be unable to verify earned income using TWC in *at least* 8 months out of the year. We provide an example using Quarter 2 (Q2):
  - Q2 ends June 30, employers have until July 31 to submit wage reports to TWC.
  - At best, Texas HHS has access to this data the first week of August.
  - Any renewals processed in August could make use of the TWC wage data for Q2.
  - Any admin renewals processed in September and October will not be able to use Q2 TWC wage data, because more than 60 days will have passed since the quarter has ended.
  - **This means most people with earned income will fail the administrative renewal process in these months.** (The only exception would be if a person recently directly verified their income with Texas HHS, for example during their SNAP renewal.)
  - New wage data for Q3 will be available at the earliest in the first week of November.
- Months during which TWC wage data can/cannot be used given the 60-day age constraint:
  - ~~January~~
  - February - Can use Q4
  - ~~March~~
  - ~~April~~
  - May - Can use Q1
  - ~~June~~
  - ~~July~~
  - August - Can use Q2
  - ~~Sept~~
  - ~~October~~
  - November - Can use Q3

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<sup>5</sup> Medicaid Program; Eligibility Changes Under the Affordable Care Act of 2010, 77 Fed. Reg. 17,175 (March 23, 2012). Available at <https://www.federalregister.gov/d/2012-6560/p-412>.



- Texas HHS staff have identified that agency policy defines “current monthly income” as income received in the last 60 days. However, a citation for this policy is not documented formally in Texas HHS policy, including in the Texas Works Handbook. (As noted above, the requirement for data to be less than 60 days old is also not reflected in CMS federal policy, the Texas Medicaid State Plan, the Texas Administrative Code, or Texas’ MAGI Verification Plan.) Significantly, current Texas HHS policy for the use of TWC Quarterly Wage data by an eligibility worker when they *manually* process an application or renewal for Medicaid and CHIP allows for the use of the most recent available quarter with no restriction on the use of TWC data if it is more than 60 days old ([TWH Section A—1355.2](#)).
- The standards governing acceptable sources of verifying earned income (established by the FNS at USDA) are more restrictive for SNAP, however, the administrative renewal process is only used for Medicaid and CHIP.
- Texas HHS staff have pointed to Finding 08-12 of the Federal Portion of the Statewide Single Audit Report for the Fiscal Year Ended August 31, 2007 as the catalyst for defining current income as income received in the last 60 days.
  - o The audit noted that several reviewed cases lacked third-party verification of income. As a result it included the following recommendation:

*“The State’s policies of what is “required” documentation to support the eligibility determinations should be refined and documented in a manner that will increase the efficiency of the case workers and provide concise, consistent guidance.”*
  - o The agency's response was as follows:

*“HHSC staff is conducting a review of verification and documentation requirements to ensure sufficient evidence exists to fully support Medicaid, TANF, and Food Stamp eligibility determinations. For example, agency policy requires that case workers obtain verification of residency, citizenship, and income, where applicable. Although there is no federal requirement regarding the specific evidence that must be retained, HHSC will review current processes and system documentation requirements to ensure that eligibility determinations are supported with sufficient documentation.”*

- o **There is no mention of the definition of “current monthly income” or a 60-day requirement for age of income data in either the audit recommendation or the agency’s response.** The audit did include the following statement:

*“The Federal Income, Eligibility, and Verification System (IEVS) is used to verify applicant’s income information from the Social Security Administration, Internal Revenue Service, and the State of Texas Workforce Commission. Through IEVS, applicants’ social security numbers are matched to respective agencies’ records to verify earned and unearned sources of income. Use of IEVS is required for Medicaid by 42 CFR 435.940 and TANF by the State Plan. IEVS is optional for Food Stamps (7 CFR 272.8).”*

- o It would be inconsistent for the auditors to acknowledge that the use of TWC Quarterly Wage data is required by federal Medicaid regulations, but also propose the agency make a policy that would restrict the use of that data to only 4 months out of the year.
- o Finally, this audit was performed in 2007 and therefore, did not reflect the paradigm shift and changes to federal Medicaid law ushered in by the passing of the ACA in 2010 (as described above).

## **2. Stop using New Hire Report data during the automated administrative renewal process.**

The process used to evaluate a new hire report during an administrative renewal is problematic and redundant. According to the [original Texas HHS bulletin](#) posted on administrative renewals, the system will request paper verification from a client due to a New Hire Report any time that the employer name and start date in the report do not match *exactly* with the employer name and date included in TIERS. These automated matches of employer names could be fraught with errors. Misspellings or uses of parent company names and “DBAs” could easily cause a mismatch. Lastly, the evaluation of the new hire report at renewal is unnecessary and redundant. The agency receives New Hire Report data through a monthly batch process and acts on these reports upon receipt.

## **3. Continuously evaluate the administrative renewal process to identify and correct additional barriers.** We urge the state to continuously evaluate samples of cases to identify instances where the administrative renewal was unsuccessful and yet the client is likely eligible. Using this analysis, the agency should continue to improve this process and to identify additional system barriers.

4. **Use self-attestation for non-financial eligibility criteria to the extent possible; specifically residency.** If the client has not reported a change in their residency, they should not be required to reverify with paper documentation that they still live in Texas. This is already done by HHSC for children's Medicaid and should be extended to more eligibility groups, including former foster care children (FFCC). This is a low-risk policy solution because Texas HHS will already be able to act on [returned mail](#), in the event the renewal packet is returned as undeliverable.
5. **Eliminate system count of the number of employers, as it does not align with federal regulation.** The process for determining whether the client's statement of income is considered "reasonably compatible" with electronic data is problematic. According to the [original Texas HHS bulletin](#), one scenario where a client's statement of income may be determined not reasonably compatible with electronic data is if the, "Applicant or client has provided more income sources than are available from electronic data." However, if both the client's statement of income (at renewal this is what is included in the TIERS system) and electronic data on income show the client's income to be below the Medicaid income limit, the income should be considered verified as required by federal regulation ([42 CFR § 435.952\(c\)\(1\)](#)). This system logic appears to violate this regulation. Additionally, because multiple employers and frequent job changes for low-income workers are typical, not rare, systems designed for this income group should take care to accommodate this reality.
6. **Reinstate the use of the Work Number System** data (ended by HHSC October 2019) to improve the quality of available electronic data on earned income . This was the most detailed data available to verify income electronically without reaching out to the client.

### **Processing Renewals During the Public Health Emergency**

Between March 2020 and August 2020 Texas HHS did not process renewals for Medicaid clients, instead focusing resources on more immediate concerns related to the pandemic. In early August, Texas began processing renewals for the approximately 879,000 clients who had their renewals extended since March. The agency has communicated that they did attempt to adjust the administrative renewal process to make it more effective at renewing eligibility for clients without either client action, or the need for outreach by Texas HHS and Medicaid managed care plans. Unfortunately, Texas HHS has communicated that this was a one-time change to the process and that all subsequent renewals would be done under the prior process, maintaining none of the temporary improvements. Texas HHS then processed renewals for September without attempting to renew any of the clients administratively, and instead

directed all clients due for renewal to complete a renewal packet. As noted above, state Medicaid agencies are required by federal law to attempt to renew a client administratively, using available electronic verification of eligibility.

Since renewals were resumed in August, community-based organizations, providers, and health plan staff have continued to report mass confusion from clients. Examples include:

- Notices with what clients read as contradictory information, such as a Medicaid end date in 2021, but the need for clients to submit a renewal packet now.
- Notices also do not address the confusing reality that clients are being asked to renew coverage even though they cannot be denied during the Public Health Emergency.
- Notices appear in a significant number of cases to conflict with information provided by 2-1-1 staff.
- The Texas HHS website functionality is confusing and doesn't support the directive given to clients (in the March-August renewal cohort) to renew online at Your Texas Benefits ; notices for the first batch of renewals provided incorrect information about how to renew coverage online. (Notices since have been sent to direct clients to a work-around.)
- Notices stating coverage would end in November, which is no longer true now that the public health emergency has been extended into 2021.

CMS COVID-19 FAQs make clear that states have flexibility in meeting the timeliness standards for renewing Medicaid eligibility during this public health emergency, and the public health emergency has been extended until January 20th, 2020. We urge Texas HHS to take advantage of the flexibility available to the agency to first improve the renewal process, client notices, and the online website functionality before continuing to process Medicaid renewal during the public health emergency.

### **Reduction in eligibility operations positions as part of Texas HHS' Five Percent Reduction Plan for the current biennium**

Texas HHS is proposing reduced or delayed hiring for 742 eligibility and enrollment staff positions as a cost-savings measure to meet Governor Abbott's call for a 5% budget reduction. Texas HHS notes in their proposal that these cuts may create delays in processing applications for all programs, including Medicaid and CHIP. While advocates and providers hope to eliminate or mitigate these proposed cuts, the agency should be identifying new ways to automate and streamline operations regardless due to the increase in need for assistance programs resulting from the pandemic. Administrative renewals for Medicaid and CHIP allow the state to renew more eligible families without worker intervention. Texas HHS should prioritize improvements

to this process to improve efficiency. This would allow eligibility workers to focus on new applications and other processes that cannot be automated.

### **Impact to Transition of Women after Birth to Healthy Texas Women (HTW) under the 1115 Waiver**

As part of the new federal HTW waiver, Texas Health and Human Services is planning to end auto-enrollment of new moms transitioning off of Medicaid for Pregnant Women 60 days after childbirth and instead use HHS's problematic administrative renewal process.

Auto-enrollment of new mothers was included in the design and launch of HTW in 2016 and is one reason why HTW enrollment has been increasing since then. In 2019, [more than 83,000](#) new mothers were auto-enrolled into HTW, which represents [30% of the 2019 average monthly](#) enrollment in HTW. Auto-enrollment streamlines enrollment into HTW and reduces burdens on women, clinic staff, and state eligibility workers and helps improve continuity of care for new mothers. It also contributes to the GR savings that HTW produces by increasing access to family planning services. In 2019, HTW generated a \$13 million GR savings to the state by helping women avoid unintended pregnancies, reducing state Medicaid spending related to pregnancy and newborn health<sup>6</sup>. GR savings from HTW services will increase in 2020 and beyond with the introduction of a 90% federal match on family planning services under the HTW waiver.

As noted above, less than 9 percent of Medicaid and CHIP clients have their coverage administratively renewed by Texas HHS at the end of their certification period. When this process is applied to women losing Medicaid for Pregnant Women, a postpartum mom with a month-old newborn is very likely to be asked to submit proof of income or other documentation to enroll in HTW. This seems certain to lead to a significant decrease in enrollment of postpartum women in HTW, which will in turn undermine the goal of Senate Bill 750 as "HTW Plus" is being rolled out. HTW Plus, created by SB 750, makes limited postpartum benefits available to postpartum women enrolled in HTW. Making it harder for new moms to get enrolled in HTW will disrupt continuity of care and render HTW Plus far less effective.

To mitigate the impact on enrollment in HTW and help improve maternal health through HTW Plus, Texas HHS must fix the administrative renewal process, *before* eliminating the auto-enrollment process for HTW.

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<sup>6</sup> Texas Health and Human Services. Women's Health Programs Saving and Performance Report Fiscal Year 2019. May 2020, <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/tx-womens-health-programs-report-fy-2019.pdf>

## Closing

Thanks for your attention to these pressing issues. We appreciate the wide range of issues HHSC is managing in the COVID-19 crisis, and hope that attention to these policies that impact so many Texans at a time of great need can also be elevated and addressed soon. We would welcome an opportunity to discuss them further with HHSC staff. You may reach us at [dunkelberg@everytexan.org](mailto:dunkelberg@everytexan.org) and [mcchesney@everytexan.org](mailto:mcchesney@everytexan.org), or via telephone at the numbers below.

Sincerely,

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Senior Policy Analyst  
C 512-663-7173



EVERY TEXAN

Formerly Center for Public Policy Priorities

# Georgia's approved 1332 waiver

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November 20, 2020

Stacey Pogue, senior policy analyst

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Cell (512) 663-7173



# ACA 1332 Waivers

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**Purpose:** Allow states to undertake different approaches on ACA health coverage in line with ACA's core goals

**Funding:** if states policies create savings in federal subsidies, it can be returned to the state

**Trump guidance:** weakened 1332 “guardrails.” Allows waivers to increase costs or decrease benefits for some as long as affordable and comprehensive coverage is still technically available. \*Biden admin can withdraw or replace this guidance

# GA 1332 Waiver

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Approved by CMS on November 1. It has 2 parts:

## Reinsurance

- In 15 of 16 state 1332 waivers
- Effective 2022
- GA expects premiums for full-cost individual market coverage to drop by 10%

## Georgia Access Model

- Effective 2023
- Ends use of HealthCare.Gov and navigators
- All shopping and enrollment will be done through private web-brokers, agents, and insurers
- State will do eligibility determinations w/ Medicaid/SNAP system
- GA predicts enrollment grows 7%. Advocates estimate tens of thousands will lose coverage
- Issues with referrals to Medicaid by private websites and pushing sub-par short-term plans

For more info: <https://www.healthaffairs.org/doi/10.1377/hblog20201102.488/full/>



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# **Impact of COVID-19 on Children in Medicaid**

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**State Medicaid Managed Care Advisory Committee**

**November 19, 2020**

**Ryan D. Van Ramshorst, MD, MPH, *Chief Medical Director***

**Susana Peñate, MPH, *STAR Policy Specialist***

# Contents

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- CMS report highlights: All states
- CMS report highlights: Texas specific data
- DSHS and HHSC Data: Texas trends and future data
- Current efforts
- Q&A





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# **CMS Report: “Service Use Among Medicaid and CHIP Beneficiaries age 18 and Under During COVID-19, Preliminary Medicaid and CHIP Data Snapshot”**

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**Highlights: National Trends and Texas Specific Data**

# September 23, 2020

## CMS Call to Action

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- CMS released preliminary data from all states Medicaid and CHIP programs to raise awareness of the impact of COVID-19 on vital services Medicaid and CHIP provides to children.
- Call for stakeholders to take action to avoid adverse long-term health outcomes.



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# CMS Report Highlights: All States

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**Between March through May 2020, compared to March through May 2019, there were:**

- ~ 22% fewer (1.7 million) vaccinations for children up to age 2
- ~ 44% fewer (3.2 million) child screening services



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# CMS Report Highlights:

## All States (cont.)

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**Between March through May 2020, compared to March through May 2019, there were:**

- ~ 69% fewer (7.6 million) **dental services**
- ~44% fewer (6.9 million) **outpatient mental health services**, accounting for telehealth visits



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# CMS Report Highlights:

## All States (cont.)

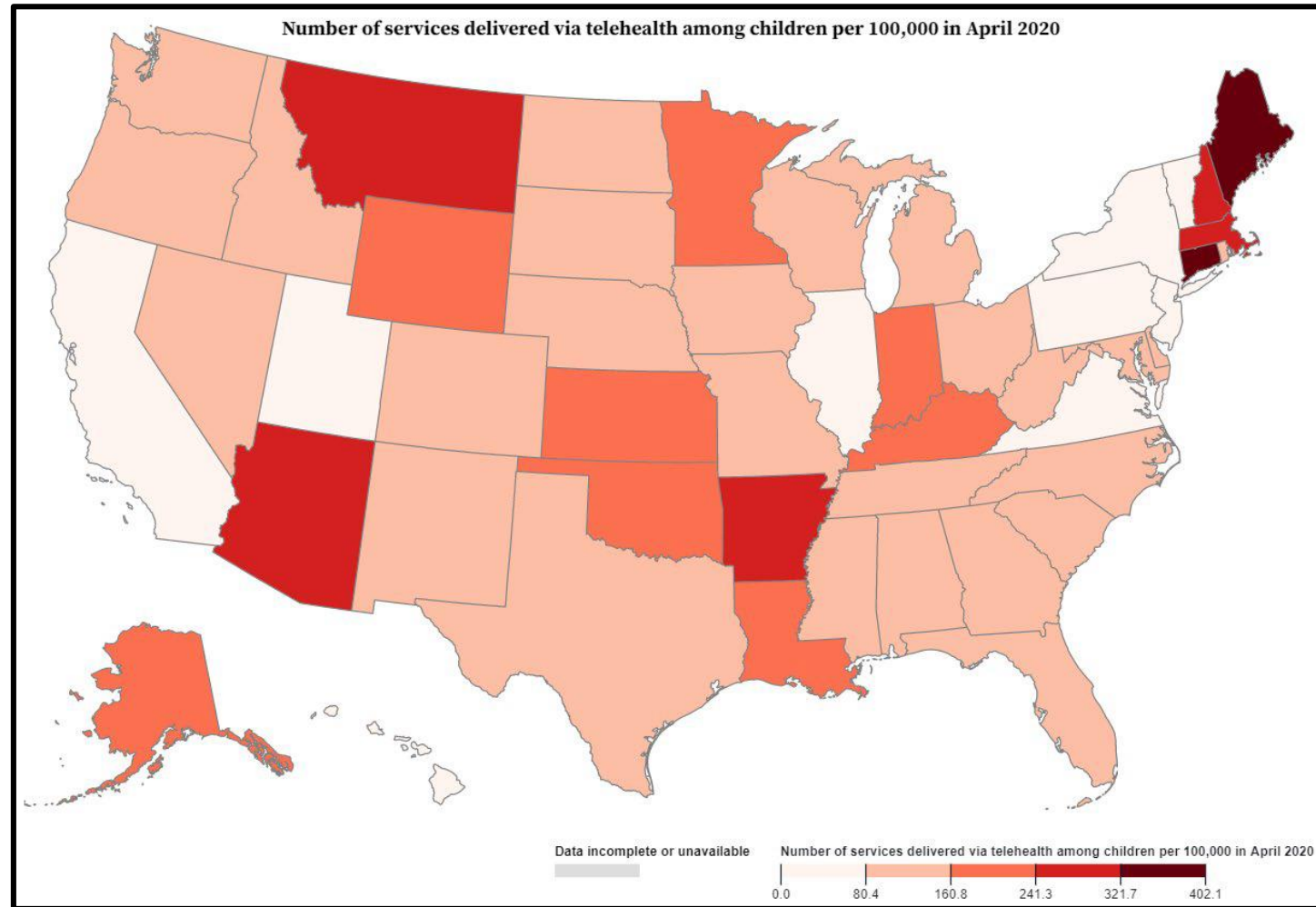
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### Preliminary data shows:

- Increase in mental health services delivered through telehealth
- Increase in the delivery of any services via telehealth
  - +2,500% from February to April 2020
  - Increase in April, and decrease in May



# Number of services delivered via telehealth among children per 100,000 in April 2020



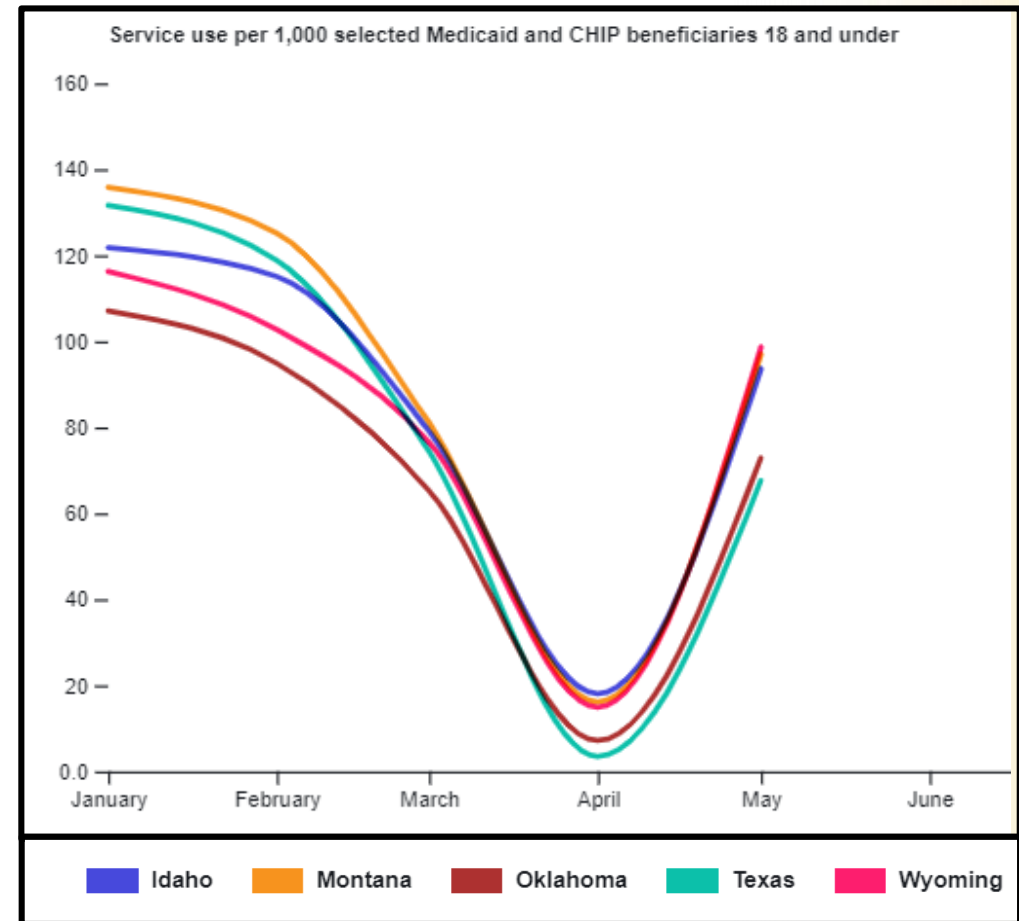
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# CMS Report: Texas Specific Data

In Texas, dental services rates declined in April 2020 and started to rise in May 2020.



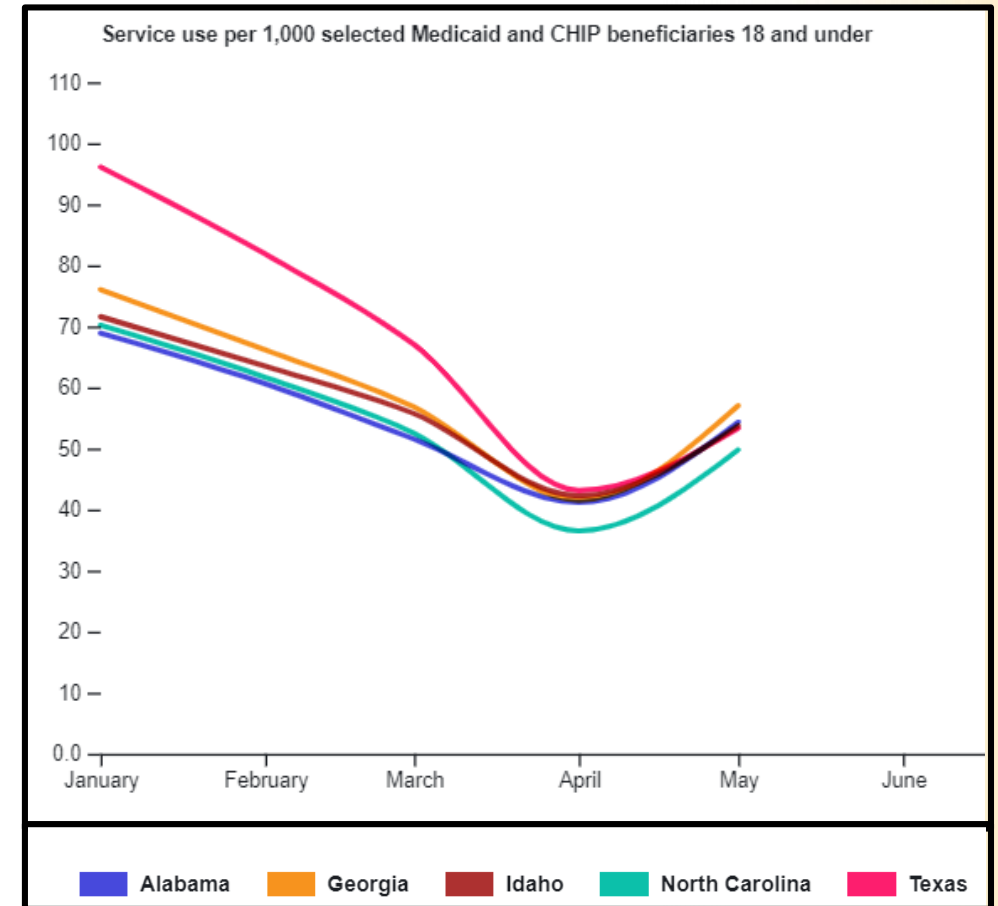
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ID, MT, OK, TX, and WY had the highest dental service rates as of May 2020 (data incomplete)

# CMS Report: Texas Specific Data

In Texas, child screening rates declined in April 2020 and started to rise in May 2020, but still below January 2020 levels.



AL, GA, ID, NC, and TX had the highest screening rates as of May 2020 (data incomplete)



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# DSHS and HHSC Data

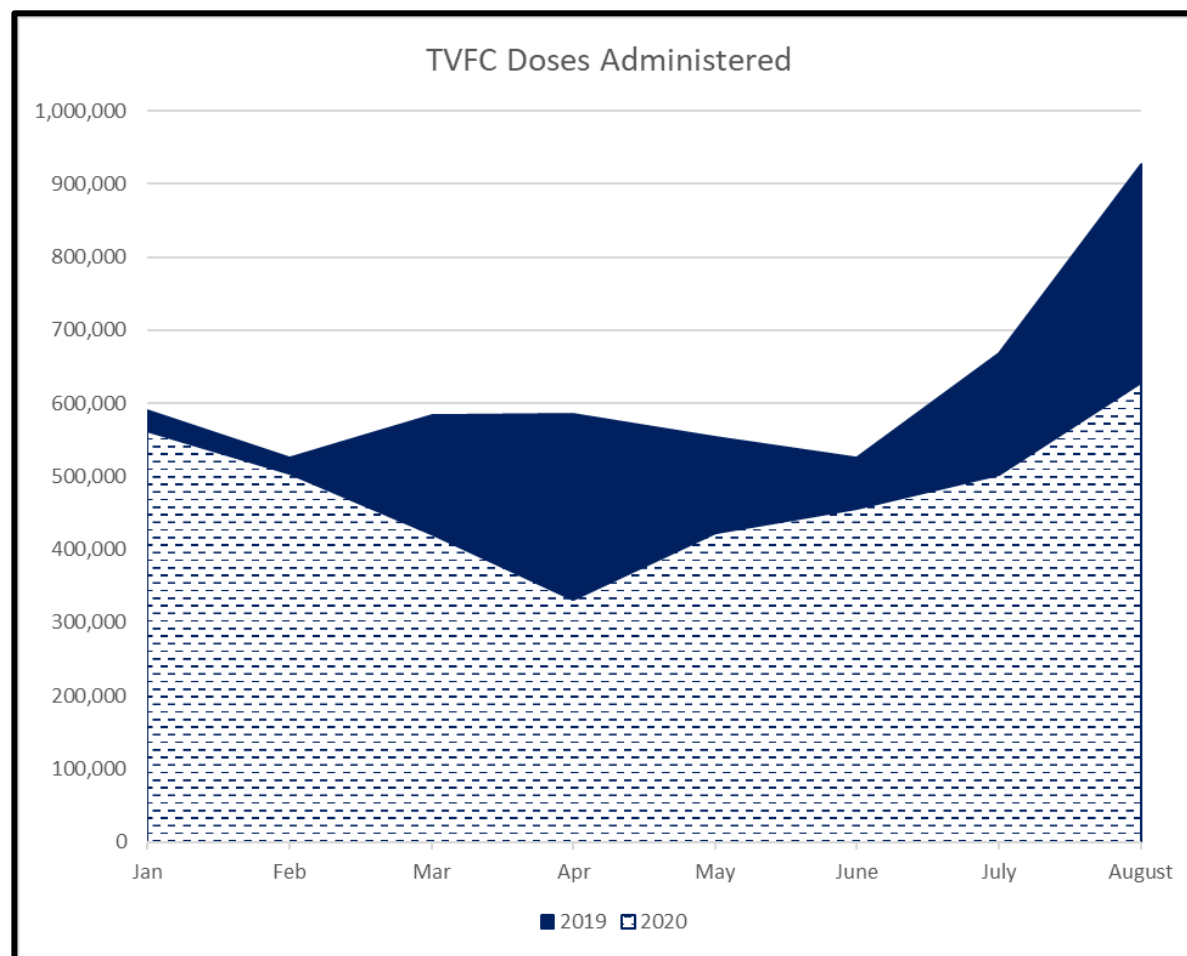
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## Texas Trends



# Texas TVFC Preliminary Data

Number of TVFC Doses Administered by Month, 2019 and 2020.



Includes all non-influenza vaccines that the Advisory Committee on Immunization Practices (ACIP) recommends for children.

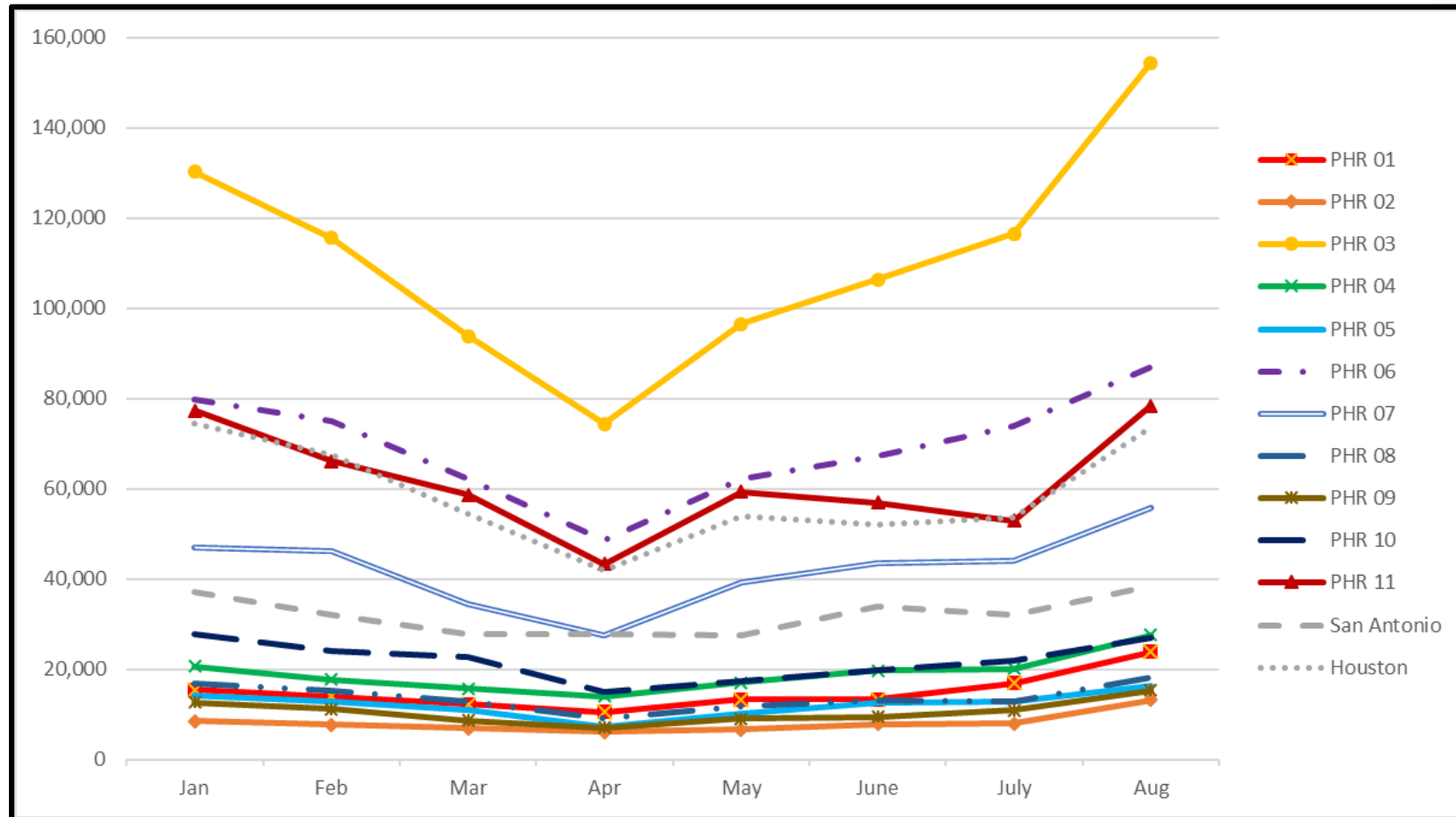


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# Texas TVFC Preliminary Data

TVFC Doses Administered by Month and Region, January through August 2020.



Includes all non-influenza vaccines that the Advisory Committee on Immunization Practices (ACIP) recommends for children.



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# Looking Ahead at Future Data

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## **Clinical Resource Expertise Group**

- HHSC is gathering and analyzing data from HHSC programs, DSHS, and other appropriate data sources to examine the impact of COVID-19 on vulnerable Texans.
- The first report is anticipated to be released before the end of the year.

## **Texas Health Steps CMS-416 Annual EPSDT Participation Report**

- The FFY2020 report is anticipated to be submitted by April 1, 2021.



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# DSHS and HHSC Initiatives

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## Current Efforts

- DSHS publishing positive public health messaging and guidance
- THSteps Online Provider Education added Case Study [Maintaining childhood immunization during COVID-19](#)
- Continue to measure quality indicators for immunization completion rates and check-ups



# MCO Initiatives

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## Current Efforts

- Incentivize providers to expand availability of well-child visits
- Provide technical assistance to providers to “level-up” telemedicine capabilities and develop “drive-thru” immunization option
- Incentivize families to keep kids “up do date” with immunizations and check-ups
- Outreach to families who are behind on well-child visits



# Resources

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- **Center for Medicare and Medicaid Services.** (September 2020). CMS Bulletin "CMS Issues Urgent Call to Action Following Drastic Decline in Care for Children in Medicaid and Children's Health Insurance Program Due to COVID-1 Pandemic. Retrieved from <https://content.govdelivery.com/accounts/USCMSMEDICAID/bulletins/2a2288d>
- **Center for Medicare and Medicaid Services.** (May 2020). Service use among Medicaid and CHIP beneficiaries age 18 and under during COVID-19, Preliminary Medicaid and CHIP Data Snapshot. Retrieved from <https://www.medicaid.gov/resources-for-states/downloads/medicaid-chip-beneficiaries-18-under-COVID-19-snapshot-data.pdf>
- **Texas Department of State Health Services.** (2020). Preliminary Report on the Texas Vaccines for Children (TVFB) Program, Impacts of COVID-19 on the TVFC Vaccine Administration. Retrieved from <https://www.dshs.texas.gov/immunize/docs/COVID19impactTVFC.pdf>



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# Questions?

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# Thank you

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**Ryan.VanRamshorst@hhs.texas.gov**  
**Susana.Penate@hhs.texas.gov**

November 16, 2020

**Cecile Young, Executive Commissioner**  
**Michelle Alletto, Chief Program & Services Officer**  
**Victoria Ford, Chief Policy and Regulatory Officer**  
**Texas Health and Human Services Commission**

**Re: Making strategic improvements during the extended Public Health Emergency to better serve clients and reduce administrative costs.**

The undersigned organizations represent three major statewide health advocacy coalitions: Children's Health Coverage Coalition, Texas Women's Healthcare Coalition, and Cover Texas Now. As organizations dedicated to improving access to health care for all Texans, we are grateful for the tireless efforts of the Texas Health and Human Services Commission (HHSC) staff during the pandemic. **Now that the federal Public Health Emergency (PHE) has been extended until January 20, 2021 (with opportunity for further extension), we call on HHSC to use the additional time and flexibility to make strategic improvements in the following areas, to better serve clients when the PHE ends:**

1. Make much-needed fixes to the administrative renewal process for Medicaid and CHIP to ensure that more children and families receive the health care they need during the pandemic and beyond.
2. Improve instructions sent to clients about renewing during and after the PHE, to reduce confusion.
3. Build the provider network for new Healthy Texas Women (HTW) Plus benefits, to ensure services are available when new moms are transitioned to HTW after the PHE.

The need for programs administered by HHSC such as Medicaid, CHIP, and SNAP has grown substantially during the COVID-19 pandemic. Household incomes have dropped and an estimated 660,000 Texans became uninsured due to job loss between February and May 2020.<sup>1</sup> Many of these individuals, especially children, have become eligible for health coverage through Medicaid or CHIP. Since the beginning of the pandemic, nearly 3.7 million Texans have

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<sup>1</sup> National Center for Coverage Innovation at Families USA. (2020, July 17). *The COVID-19 Pandemic and Resulting Economic Crash Have Caused the Greatest Health Insurance Losses in American History*. <https://www.familiesusa.org/resources/the-covid-19-pandemic-and-resulting-economic-crash-have-caused-the-greatest-health-insurance-losses-in-american-history/>



filed for unemployment.<sup>2</sup> Between February and September,<sup>3</sup> SNAP enrollment grew by over 716,000 Texans, a number that continues to rise.

Unfortunately, as you know, just as the need for services has grown, state leaders have instructed HHSC to identify potential spending cuts in the current fiscal year. In response, the agency proposed reducing the number of staff that process applications. As advocates, physicians and providers we oppose these proposed cuts because they will create delays in processing applications for all programs, including Medicaid, CHIP, and Healthy Texas Women.

We call on HHSC to use the extension of the PHE as an opportunity to identify new ways to automate and streamline operations, improvements that will benefit the agency, HHSC staff, and its clients well beyond the pandemic. In particular, we urge HHSC to focus on the following strategic improvements.

### ***Improve the Administrative Renewal Process***

Federal rules and regulations allow states to implement administrative renewals such that eligible families can be enrolled in Medicaid and other programs without HHSC staff intervention. However, Texas' current system of administrative renewal is not effective. According to HHSC, fewer than 9% of Medicaid and CHIP clients have their coverage automatically renewed by HHSC at the end of their certification period. This low rate of administrative renewals means HHSC staff must spend time processing the applications manually.

Texas HHSC should prioritize improvements to the Medicaid administrative renewal process to create a more efficient and effective renewal process that would allow eligibility workers to focus on new applications and other processes that cannot be automated. We endorse and urge you to act on the following three specific steps to improve administrative renewals, recommendations also shared with HHSC in a [separate memo](#):

1. HHSC should allow the use of TWC quarterly wage data from the two quarters prior to the current quarter.
2. Stop using New Hire Report data during the automated administrative renewal process.
3. Continuously evaluate the administrative renewal process to identify and correct additional barriers.

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<sup>2</sup> Texas Tribune (2020, October 17) *Texans have filed nearly 3.7 million unemployment claims during coronavirus pandemic* <https://apps.texastribune.org/features/2020/texas-unemployment/>

<sup>3</sup> Texas Health and Human Service (HHS), SNAP Statistics, *Monthly SNAP cases and Eligible Individuals Statewide*. <https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/supplemental-nutritional-assistance-program-snap-statistics>  
Rosenbaum D. (2020, July 118). *Boost SNAP to Capitalize on Program's Effectiveness and Ability to Respond to Need*. <https://www.cbpp.org/research/food-assistance/boost-snap-to-capitalize-on-programs-effectiveness-and-ability-to-respond>

Increasing the number of eligible clients who successfully renew coverage on time will reduce churn and improve continuity of care for the Medicaid and CHIP population in addition to improving accuracy of the system and saving staff time.

Furthermore, improving the administrative renewal process now will help the recently-launched HTW Plus program as established by Senate Bill 750 (86th legislative session) improve continuity of care for new mothers, thus contributing to better postpartum health outcomes. As part of the new Healthy Texas Women (HTW) waiver, HHSC will end auto-enrollment of new moms transitioning from Medicaid for Pregnant Women to HTW 60 days after childbirth and replace it with the problematic administrative renewal process. This change—happening at the same time HHSC is rolling out new HTW Plus benefits—will increase burdens on postpartum women, clinic staff, and state eligibility workers, undermining the goals of HTW Plus. In 2019, over 83,000 new mothers were auto-enrolled into HTW. However, as mentioned above, Texas' current process for Medicaid administrative renewals is only successful in 9% of cases. If only 9% of the HTW clients successfully transition through the administrative renewal process, that means over 75,000 clients will face obstacles to transfer to HTW, causing delayed or no access to vital postpartum services. For example, a new mom with a four-week-old baby is very likely to be asked to submit proof of income or other documentation within a short timeframe to be transferred into HTW and access HTW Plus benefits. **To mitigate the impact on enrollment in HTW Plus, Texas HHSC must fix the administrative renewal process for all Medicaid enrollees to which it is applied, *before* eliminating the auto-enrollment process for HTW.**

***Improve instructions sent to clients about renewing coverage during and after the PHE***

HHSC's attempt to renew Medicaid coverage during the PHE, despite the guarantee of coverage through the end of the PHE, has created significant confusion among clients, providers, health plans, and advocates. Since renewals resumed in August, community-based organizations, providers, and health plan staff have reported the following examples of confusion:

- Notices stating coverage would end in November, despite the PHE extension to January 2021 (with opportunity for extension).
- Notices with contradictory information, such as a Medicaid end date in 2021, but the need for clients to submit a renewal packet now.
- Notices do not address the confusing reality that clients are being asked to renew coverage even though they cannot be denied during the PHE.
- Notices appear in a significant number of cases to conflict with information provided to clients by 2-1-1 staff.
- The Texas HHS website functionality is confusing despite notices sent to direct clients to a work-around.

Federal CMS COVID-19 FAQs make clear that states have flexibility in meeting the timeliness standards for renewing Medicaid eligibility during the PHE, which has been extended until January 20th, 2020. We urge Texas HHS to take advantage of the flexibility available to the agency to improve the renewal process, client notices, and the online website functionality before continuing to process Medicaid renewal during the PHE.

***Build the physician and provider network for new Healthy Texas Women (HTW) Plus benefits***

As mentioned above, working under both tight legislative timelines and the pandemic, in September, HHSC staff launched HTW Plus, a limited, enhanced postpartum benefit package created by SB 750. Because of the PHE, women are not currently being transitioned into HTW Plus. Right now, only a small cohort of postpartum mothers --women who delivered within the past year but prior to the initiation of federal maintenance of effort requirements and were transitioned into HTW-- are able to access HTW Plus benefits. This gives HHSC more time to ensure there is a physician and provider network in place to provide the additional benefits, including cardiologists for the cardiovascular benefits, and psychotherapists or other mental health professionals for the postpartum depression and mental health benefits. We recommend HHSC:

- Increase outreach and recruitment to potential new HTW Plus participating physicians and providers;
- Help new physicians and providers obtain HTW certification;
- Educate current HTW physicians and providers about HTW Plus, including how to verify patient eligibility, obtain detailed information on enhanced benefits and any limitations, and process for referring eligible women for specialty and behavioral health services;
- Create a client communication plan prior to women needing to access HTW Plus benefits.

Medicaid MCOs are required to educate providers and Medicaid recipients about primary and family services available through the Texas Healthy Women's program, and our understanding is that HHSC plans to work closely with MCOs to recruit the new subspecialty physician and provider network needed for HTW Plus. However, a successful recruitment strategy will need to be more robust and include partnering with physician and provider associations.

Additionally, HHSC must communicate more frequently and clearly to existing HTW providers, many of whom still have questions about the HTW Plus roll out, despite the very helpful HTW Plus webinar and forthcoming FAQs.

While it is essential that HHSC prioritize building an HTW Plus physician and provider network in order to ensure eligible women can get the care they need, we ask that HHSC simultaneously

work collaboratively with stakeholders to develop its client communication and outreach plan in order to amplify and spread awareness.

Thank you for your attention to these pressing issues. We appreciate the wide range of issues HHSC is managing in the COVID-19 crisis, and hope that attention to these policies that impact so many Texans at a time of great need can also be elevated and addressed soon. We would welcome an opportunity to discuss them further with HHSC staff. You may reach us at [dunkelberg@everytexan.org](mailto:dunkelberg@everytexan.org), [akohler@txchildren.org](mailto:akohler@txchildren.org), [eramirez@hf-tx.org](mailto:eramirez@hf-tx.org) and [helen.davis@texmed.org](mailto:helen.davis@texmed.org).

Sincerely,

Access Esperanza Clinics Inc.

Centering Healthcare Institute

Children's Defense Fund - Texas

Circle Up United Methodist Women for Moms

City of San Antonio Metropolitan Health District

Coalition of Texans with Disabilities

Doctors for America, Texas State Chapter

El Buen Samaritano

Every Body Texas

Every Texan

Fort Worth Region Nurse Practitioner

Healthy Futures of Texas

League of Women Voters of Texas

Legacy Community Health

March of Dimes

Mental Health America of Greater Dallas

Mental Health America of Greater Houston

National Association of Nurse Practitioners in Women's Health

National Association of Social Workers - Texas Chapter

National Latina Institute for Reproductive Justice

Ntarupt

Pasadena Health Center

PediPlace

Pregnancy and Postpartum Health Alliance of Tx

Proyecto Azteca/RGV Equal Voice Health Committee

South Texas Family Planning & Health Corporation

Susan Wolfe and Associates, LLC

Teaching Hospitals of Texas  
Texans Care for Children  
Texas Academy of Family Physicians  
Texas Association of Community Health Centers  
Texas Association of Community Health Plans  
Texas Campaign to Prevent Teen Pregnancy  
Texas Medical Association  
Texas Nurses Association  
Texas Pediatric Society  
Texas Women's Foundation  
The SAFE Alliance  
Women's and Men's Health Services of the Coastal Bend, Inc.  
Young Invincibles

**COPY:** Stephanie Stephens, Wayne Salter, Suling Homsy, Michael Ghasemi, Allison Morris,  
Hilary Davis, Bill D'Aiuto

# HHS Office of the Ombudsman Update

Presented to  
CHC Coalition  
November 20, 2020



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# Total Ombudsman Contacts for September and October 2020

- ◆ Complaints – 5,111
- ◆ Inquiries – 9,489

# Contact Volumes and Top Three Reasons for Contact by Program Type September and October 2020

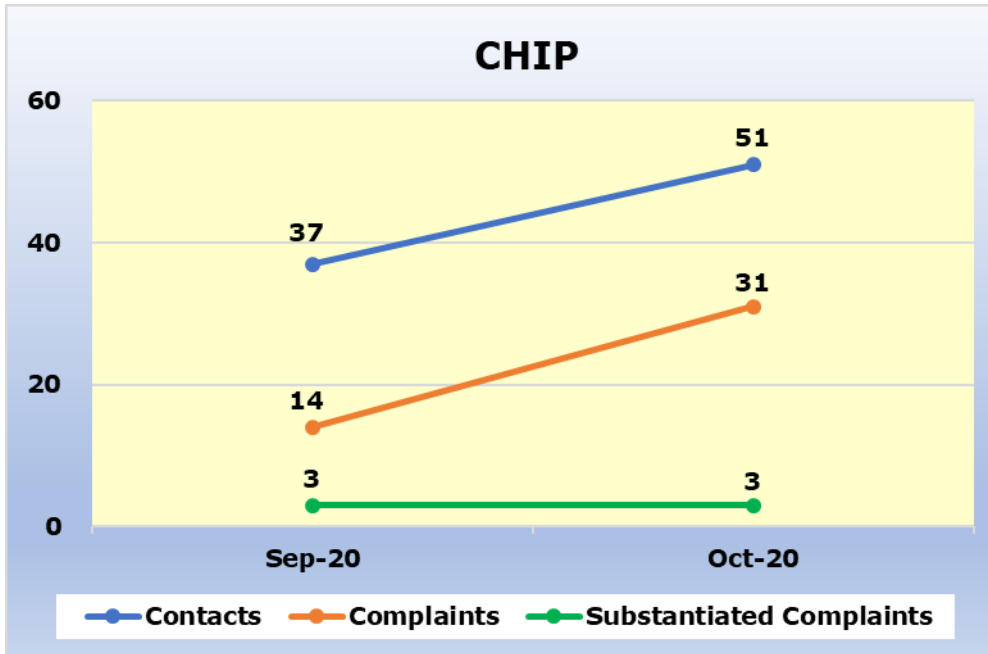


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# Contact Volumes by Program Type

## September and October 2020



### Top 3 Contacts – CHIP

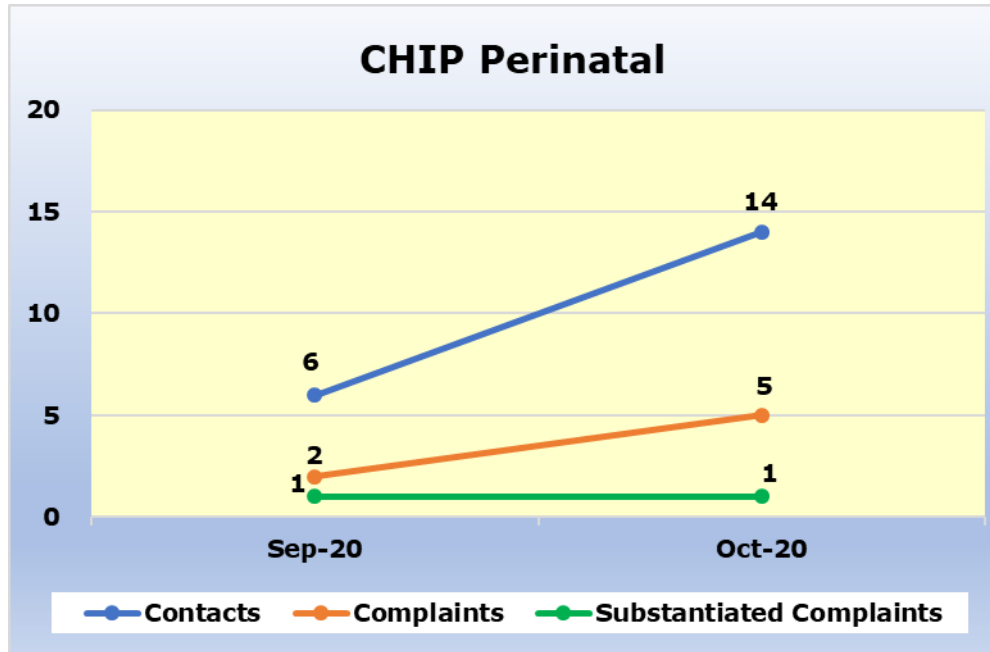
- Application/Case Denied
- Check Status
- Client Notice



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# Contact Volumes by Program Type

## September and October 2020



### Top 3 Contacts – CHIP Perinatal

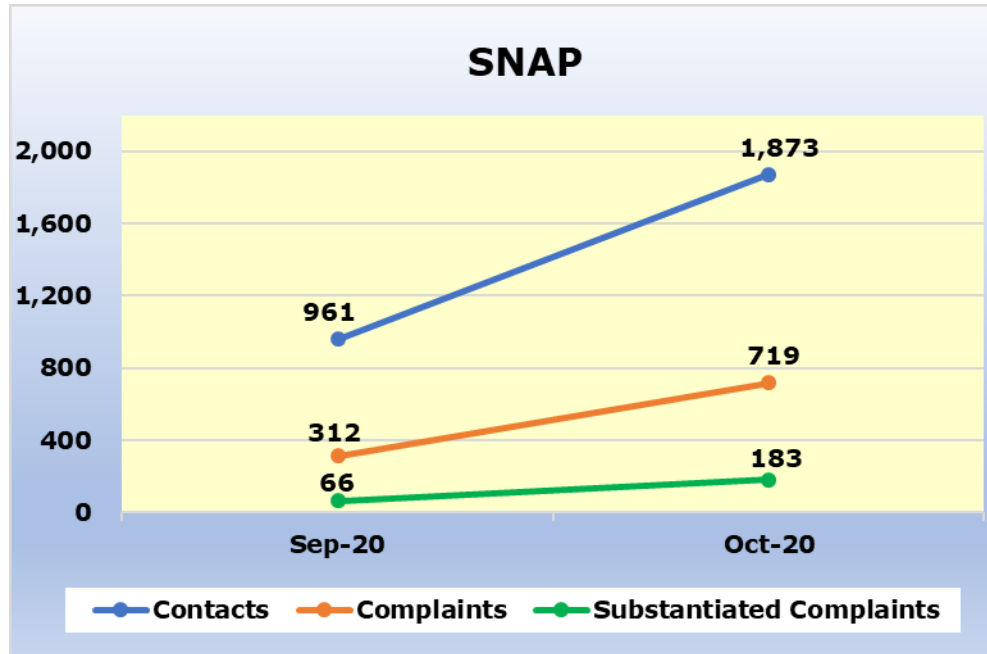
- Check Status
- Application/Case Denied
- Other/NA



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# Contact Volumes by Program Type

## September and October 2020



### Top 3 Contacts – SNAP

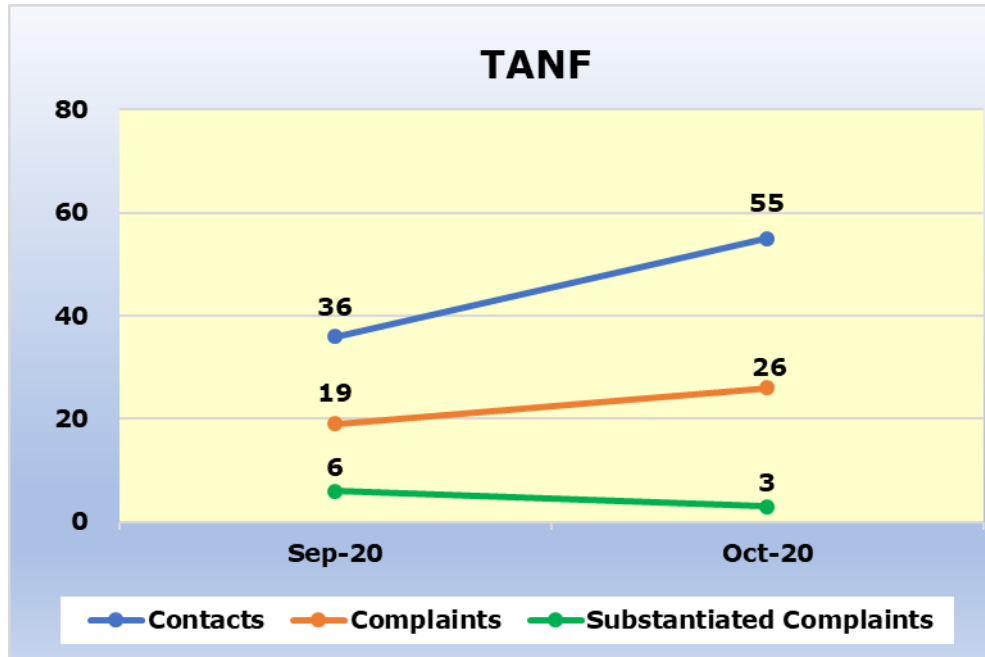
- Application/Case Denied
- Application Not Completed
- Check Status



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# Contact Volumes by Program Type

## September and October 2020



### Top 3 Contacts – TANF

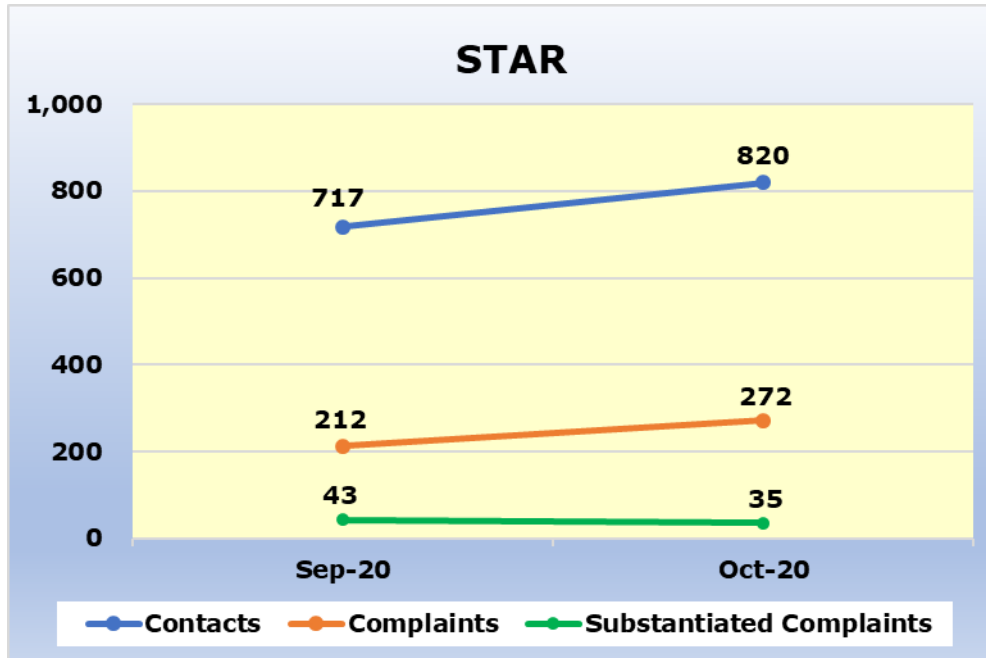
- Application/Case Denied
- Application Not Completed
- Benefits Not Issued/Not Received



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# Contact Volumes by Program Type

## September and October 2020



### Top 3 Contacts – STAR

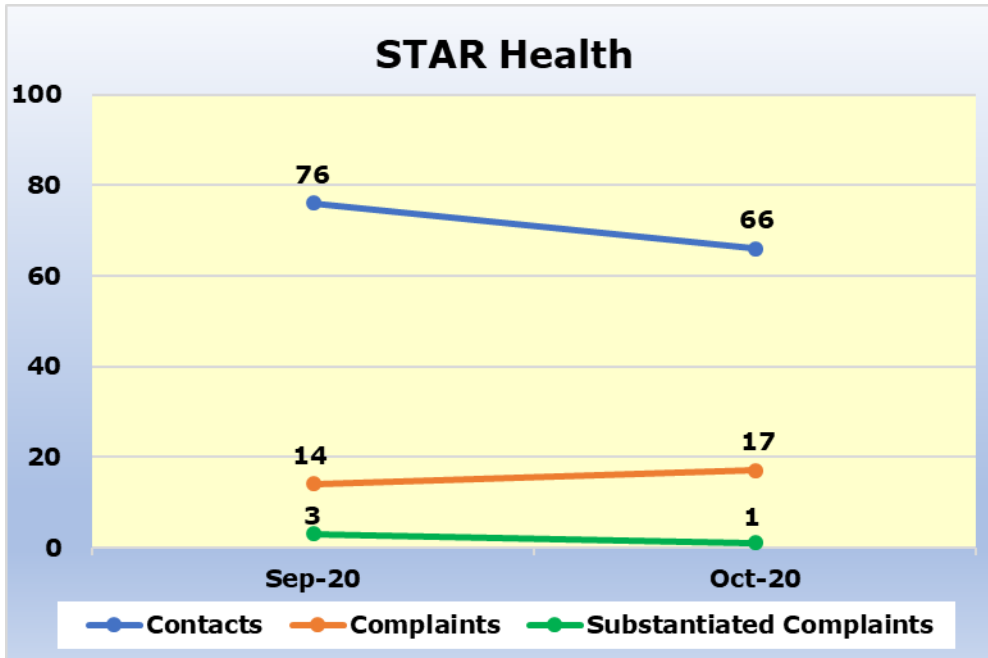
- Access to PCP/Change PCP
- Reporting Change
- Access to Prescriptions



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# Contact Volumes by Program Type

## September and October 2020



### Top 3 Contacts – STAR Health

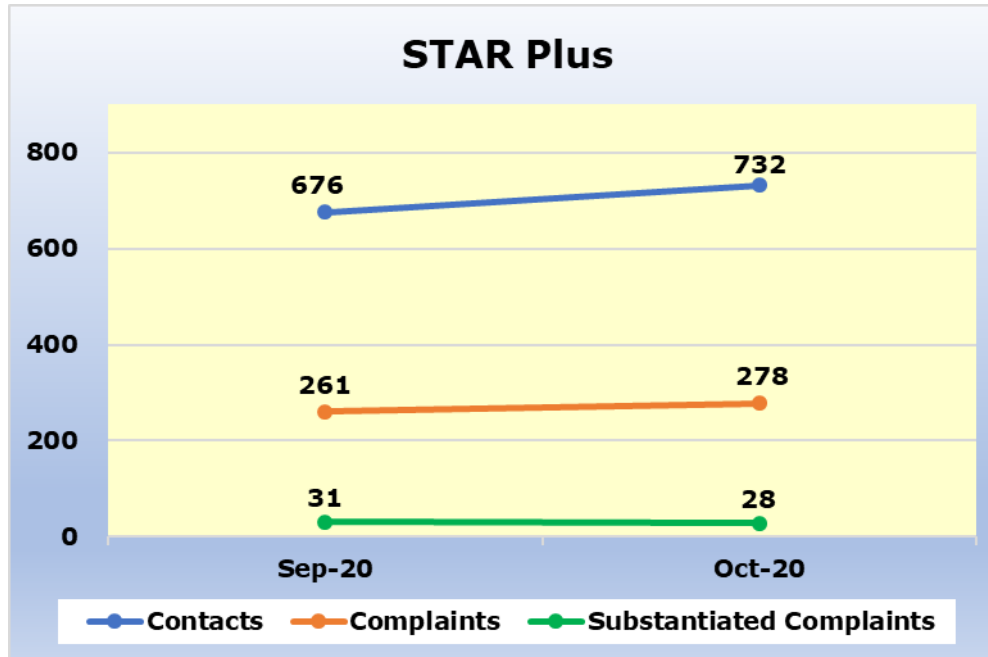
- Access to PCP/Change PCP
- COVID-19
- Verify Health Coverage



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# Contact Volumes by Program Type

## September and October 2020



### Top 3 Contacts – STAR Plus

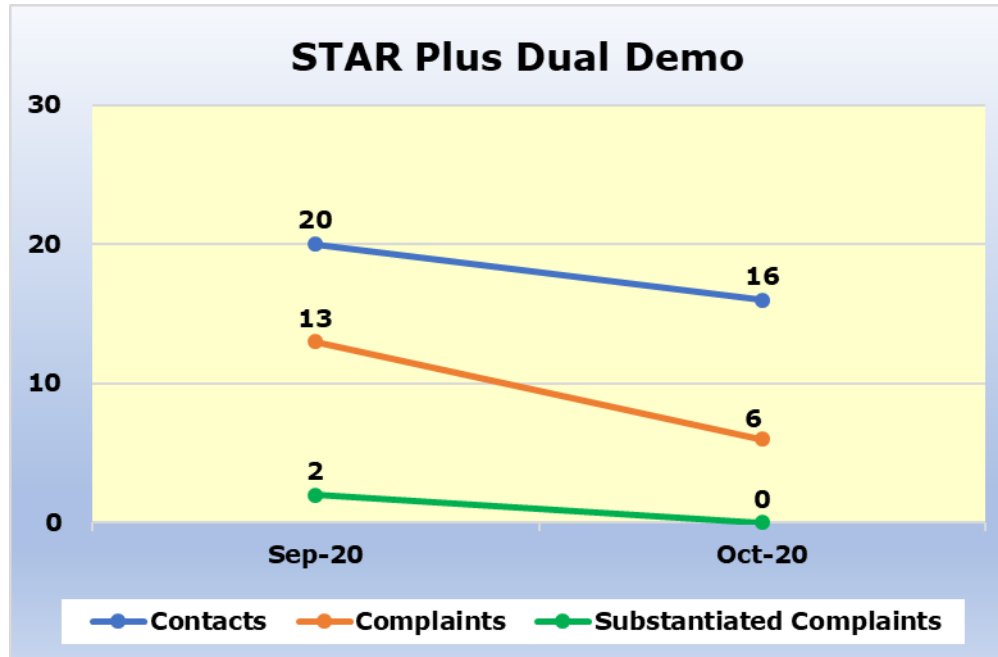
- Home Health
- Access to Prescriptions
- Access to DME



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# Contact Volumes by Program Type

## September and October 2020



### Top 3 Contacts – STAR Plus Dual Demo

- Home Health
- Verify Health Coverage
- Access to Prescriptions

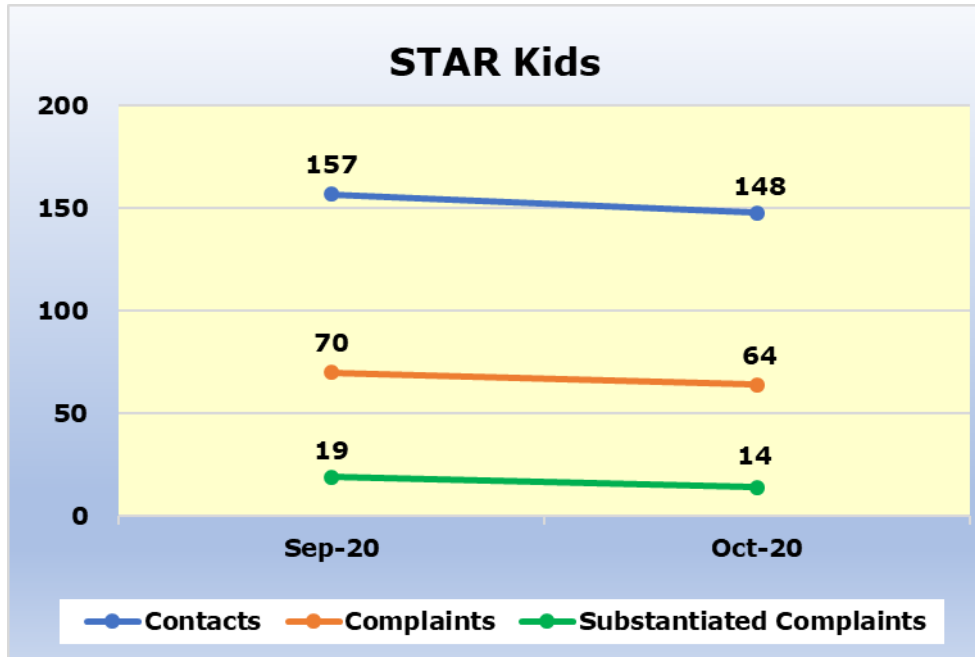


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# Contact Volumes by Program Type

## September and October 2020



### Top 3 Contacts – STAR Kids

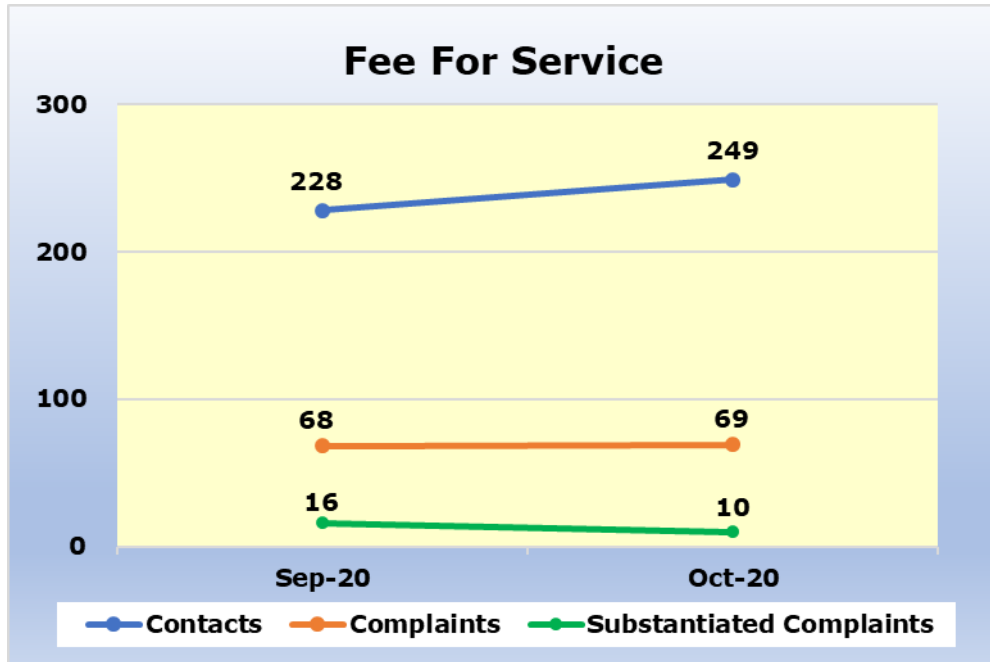
- Access to Prescriptions
- Access to PCP/Change PCP
- Access to DME



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# Contact Volumes by Program Type

## September and October 2020



### Top 3 Contacts – Fee For Service

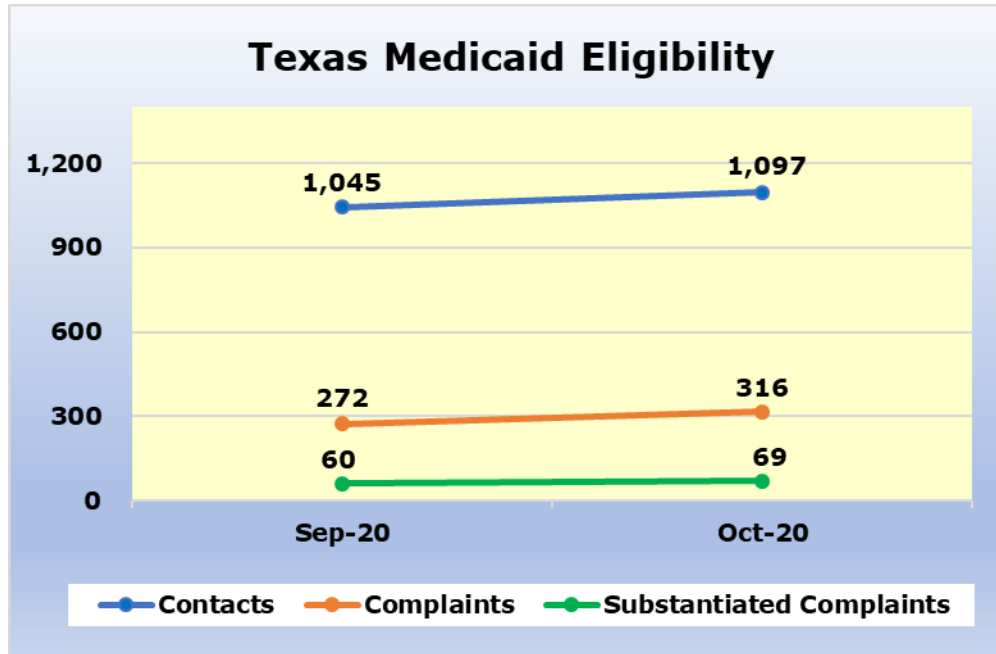
- Access to Prescriptions
- Verify Health Coverage
- Enroll in Managed Care



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# Contact Volumes by Program Type

## September and October 2020



### Top 3 Contacts – Texas Medicaid Eligibility

- Client Notice
- Application/Case Denied
- How To Apply



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# OMBUDSMAN FOR BEHAVIORAL HEALTH



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## Ombudsman for Behavioral Health Program September and October 2020

| Contact Volume                |          |
|-------------------------------|----------|
| Complaints                    | 92 (48%) |
| Substantiated Complaints      | 1 (0%)   |
| Inquiries                     | 98 (52%) |
| Total Contacts                | 190      |
| Top Three Reasons for Contact |          |
| Referrals                     |          |
| Other                         |          |
| Rights                        |          |

**Information Shared**

# FOSTER CARE OMBUDSMAN



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## Foster Care Ombudsman Program September and October 2020

| Contact Volume   |          |
|--|----------|
| Foster Care Youth Contacts                               | 31 (20%) |
| Total Foster Care Youth Complaints                       | 34       |
| Total Foster Care Youth Substantiated Complaint Reasons* | 3        |
| Total Contacts   | 153      |

| Top Three Reasons for Contact               |
|---|
| Rights of Children and Youth in Foster Care |
| Case Recording                              |
| Placement Process                           |

\*Foster Care Youth may have multiple complaint reasons for a single complaint contact which may make the number of complaint contacts fewer than the number of complaint reasons.



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# INDIVIDUAL WITH INTELLECTUAL or DEVELOPMENTAL DISABILITIES OMBUDSMAN



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## Individual with Intellectual or Developmental Disabilities Ombudsman Program September and October 2020

| Contact Volume                |             |
|-------------------------------|-------------|
| Complaints                    | 1,060 (68%) |
| Inquiries                     | 494 (32%)   |
| Total Contacts                | 1,554       |
| Top Three Reasons for Contact |             |
| Abuse/Neglect/Exploitation    |             |
| Rights                        |             |
| Services                      |             |

**Information Shared**



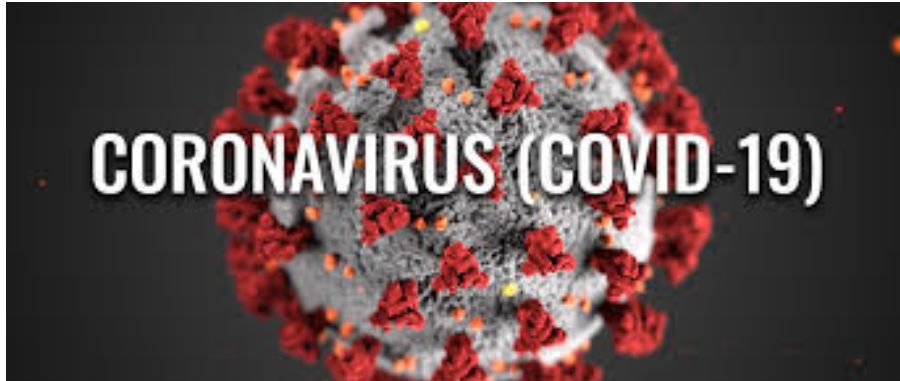
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# Ombudsman Managed Care Assistance Team

## UPDATE

- Problem Trends
- Projects

# Office of the Ombudsman COVID-19 Update



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## September and October 2020 Covid Complaints

- Ombudsman staff worked 84 complaints
- Trends noted
  - Access to home health & DME
  - Waiver interest lists
  - Access to dental services
  - Medicaid eligibility
  - THSteps
  - Access to in-network providers

# Contact us

## Phone (Toll-free)

Main Line: 877-787-8999

Managed Care Help: 866-566-8989

Foster Care Help: 844-286-0769

Behavioral Health: 800-252-8154

IDD: 800-252-8154

Relay Texas: 7-1-1

## Online

<https://hhs.texas.gov/omcat>

## Fax (Toll-free)

888-780-8099

## Mail

HHS Ombudsman

P. O. Box 13247

Austin, Texas 78711-3247



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