



CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

Children's Health Coverage Coalition Meeting Agenda

Friday, August 18th, 2023

11:00 A.M. - 1:00 P.M. CST

Meeting Location: Zoom Meeting

Meeting Chair: Diane Rhodes from Texas Dental Association

CHCC Agenda

11:00 A.M. - 11:05 A.M.	Welcome & Introductions
11:05 A.M – 11: 10 A.M	Introduction from HHSC Dental Director <ul style="list-style-type: none">• Dr. Ensy Atarod
11:10 A. M – 11:25 A.M	Raises for Pediatricians <ul style="list-style-type: none">• Clayton Travis (Texas Pediatric Society)
11:25 A. M – 11:40 A.M	Child Health Issues in Legislative Rules and Budget <ul style="list-style-type: none">• Helen Kent Davis (Texas Medical Association)
11:40 A. M – 12:10 P.M	Medicaid Unwinding <ul style="list-style-type: none">• Karla Martinez (Every Texan)



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Meeting Chair: Diana Rhodes – Texas Dental Association

Meeting Scribe: Isabel Agbassi - Every Texan

CHCC AGENDA

I. Introduction from HHSC Dental Director

- **Dr. Ebay Atarod:** I have been the dental director at HHSC for about two months now. I was with St. David's foundation as a mobile dental dentist, a public health dentist, for about 16 years. And just like the work that you guys do every day on the ground, I saw that there were opportunities that we could help the children that we serve each and every day. I had this opportunity to take over as the Medicaid dental director, and I thought that I could pursue my passion in a different manner. I'm here to listen. I'm here to learn. One of my key goals is collaboration. I want to make sure that I'm listening to the people who are doing the work out there. I'm no longer a practicing dentist, but I still have passion about the kids that I serve.

II. Raises for Pediatricians

- **Clayton Travis:** We worked hard both last legislative session and this legislative session to get some Medicaid rate increase for physicians in the program. Medicaid pays in Texas, depending on the code and the service, on average 70% to anywhere from 65% to 80% of what Medicare pays for the exact same service. So for example, grandma's physician is getting 100% and grandkids physician is getting 70%. It isn't the best way to incentivize physicians coming into the Medicaid physician networks, especially those who don't have any kind of other funding arrangement with the ability to have a solo pediatric practice taking care of only Medicaid patients. Instead you have to either join with a large employer group where either you are helped financed by a hospital, for instance, or you have to take a large number, probably higher than 50% of commercially insured patients to even out the caseload of the money coming into your practice to make it work. A lot of pediatricians out there find taking care of low income kids to be a calling and want to do that as much as possible, but unfortunately, it doesn't work that way in the finances of their independent practice. It's been a goal for ours ever since to get an increase in rates. The only time that's really happened for pediatricians has been as a result of a lawsuit against the state alleging access to care. Part of HB Rider 31 created a rate increase for physicians. It came out to about \$125,000,000. All funds over the biennium that would go to all



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ENM codes for children's services, zero to 20 going forward. In addition, it did have a birth and women's related surgeries line item in there as well, for about 15 million all funds. This equates to about a 6% increase across all eligible codes. Those codes have been announced, and they're basically all ENM codes, evaluation and management codes for services, for pediatric services, zero to 20.. We did ask that they kind of timely communicate these increases to MCOs so that they could get those rates increased by the September 1 implementation date, as the budget says, and require MCOs to notify contracted. We really would like to see a report on implementation, whether it's done or not, by the MCOs by November 1. The rider said that these rate increases need to be funneled directly through MCOs to physician offices. There was a required report which would evaluate together with interests and stakeholders, whether there are distinctions in the level of access to care available to clients ages 0-4 as compared to children ages five to 20 and to report its findings to the governor by September 1 of next year. Our members are very appreciative of the first rate increase we've

III. **Child Health Issues in Legislative Rules and Budget (POSTPONED)**

- **Clayton Travis:** Immunization bill, HB 44, passed during the last legislative session. This bill disallows a physician to dismiss a patient based on vaccination status from their practice. The bill was amended. One of the amendments is that it can't be solely based on vaccination status. A physician could document in the record that patient non-compliance that could be documented for dismissal from practice. It is best practice to hand off to another physician who might be able to take care of him, whether that's an FQHC who doesn't have these policies or another practice out there who maybe has less vulnerable patients in their waiting room, etc. A provision was put in that they can have a policy like this as long as they allow for oral and written exemptions related to conscientious exemptions, medical and religious. We are advising our physicians to seek out their legal counsel on how to stay in compliance with the government code.
- **Betsy Coats:** Does this only apply to Medicaid providers or all providers in Texas?
 - **CT:** Only Medicaid and CHIP.
- **Diana Forester:** For the Early Childhood Intervention Program (ECI) operated by the HHSC to provide therapies for kids 0-3, there was funding allocated during the session, but one provider (Opportunities Inc.) dropped out, leaving 40 for the whole state. The last time a provider was lost was in 2019. We are hoping for minimal gaps in coverage.

IV. **Medicaid Unwinding**

[SEE ATTACHED SLIDES]

Questions/Comments:

- **Denise Gomez:** If someone no longer qualifies for Medicaid because their income has increased significantly, what does the referral process look like? Is that done through the agency or does the family have to take ownership to navigate that space?



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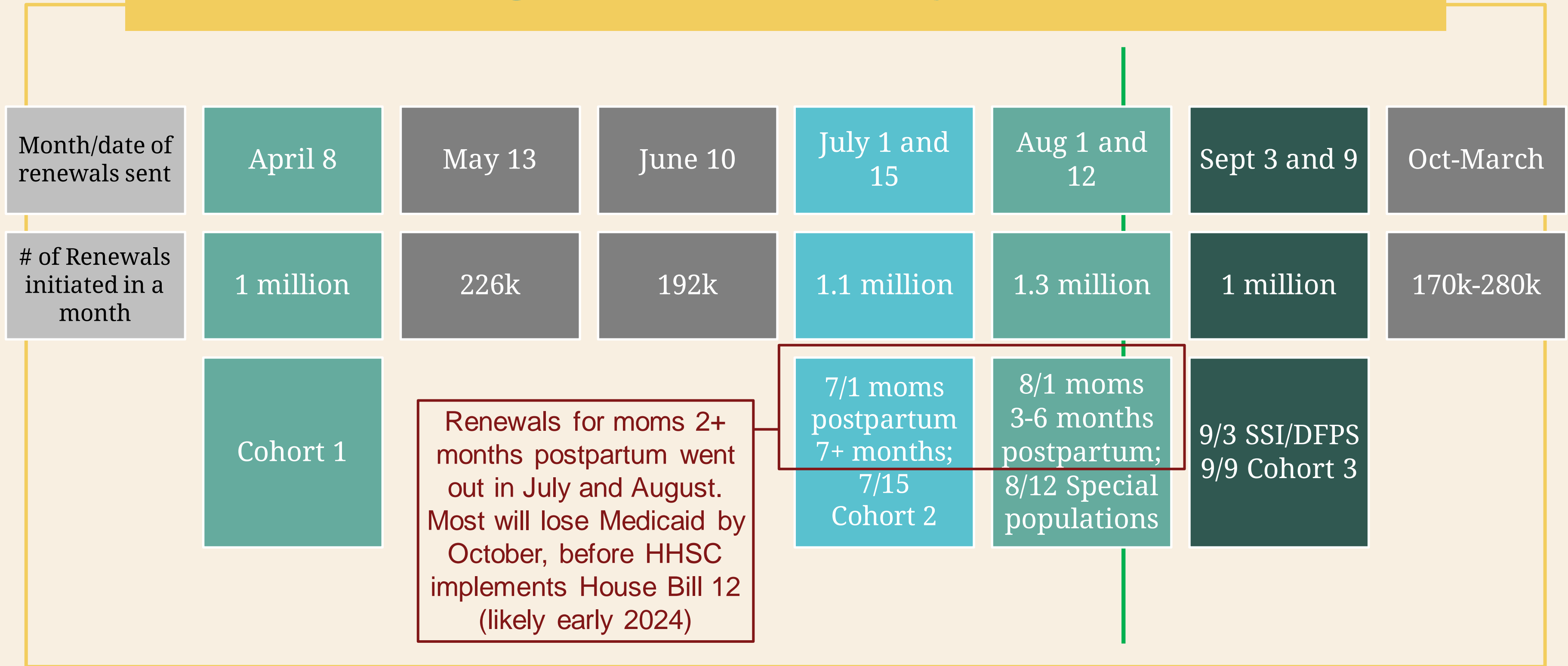
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- **Karla Martinez:** If a family completes their Medicaid renewal, they send in their information that HHSC asked for, and HHSC processes that information and goes through their tiers of what people are still eligible for, including CHIP or other HHSC programs. They do that because they already have that family's information. If the family is found or the kids are found to no longer be eligible for any HHSC program, they do submit a referral to the marketplace. When they send that referral, it does trigger a letter from HHSC to the family saying you're no longer eligible for Medicaid and that they send your information over to healthcare.gov. On the healthcare.gov side, they also reach out to the family and notify them that they might be eligible for healthcare.gov. Families can go ahead and apply for healthcare.gov if they know that they're not eligible. I would encourage them to go ahead and do that on their own or with an enrollment assister because there's no need in waiting. They don't need to wait for like a special code or anything. They can go ahead and initiate an application on healthcare.gov. The quicker that they do that, hopefully we can minimize any gaps in coverage. There is a special enrollment period on healthcare.gov, so anybody that loses Medicaid because of the Unwinding can go ahead and sign up as a special enrollment period. That transfer only works if HHSC has completed a determination that somebody is no longer eligible for Medicaid. That does not include any procedural denials. So people that don't submit information, didn't get a renewal packet, or can't complete a renewal and HHSC doesn't have information on them, that transfer does not happen. The majority of the denials in Texas right now are procedural. So we don't know if the majority of people that are losing Medicaid are eligible for Medicaid or healthcare.gov or anything because their information doesn't get transferred.

TEXAS UNWINDING UPDATES

Karla Martinez kmartinez@everytexan.org
Stacey Pogue pogue@everytexan.org

TEXAS UNWINDING TIMELINE



April – July data from HHSC Unwinding reports to CMS, August - March numbers are HHSC estimates; renewal totals are sum of cohort and "regular" renewals for months that include both.

DATA ON TEXAS OUTCOMES

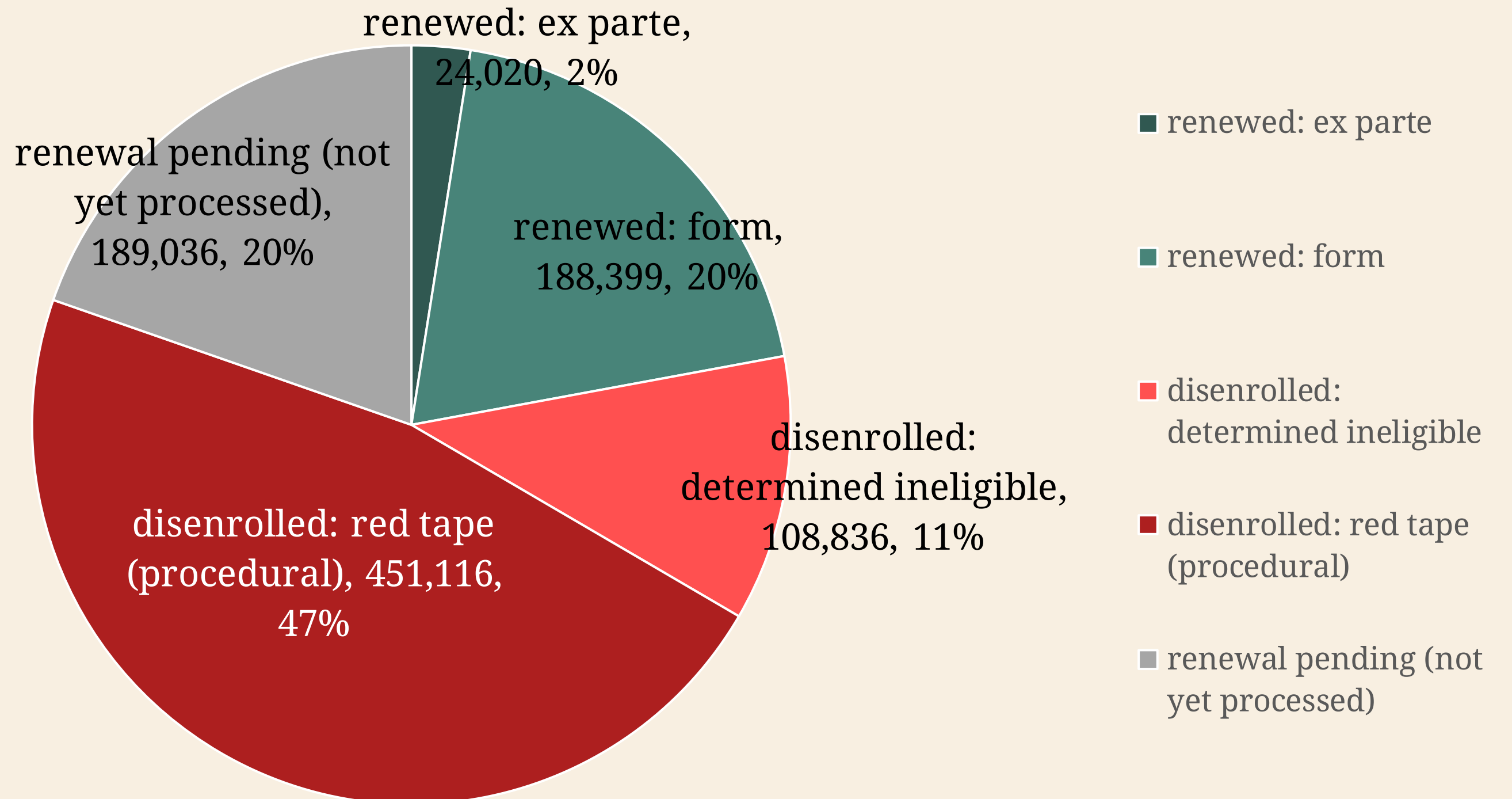
- HHSC posts its monthly unwinding reports to CMS.
 - So far, unwinding outcome data are available for the ~1 million renewals initiated in April.
 - The report due to CMS on Sept 8 should contain outcomes on another ~1 million renewals.
- CMS is posting state call center and application processing timeliness data

DATA ON TEXAS OUTCOMES

Using data available as of August 17:

- 212K Texans renewed/retained in Medicaid
- 560K Texans lost Medicaid
- 450K procedural denials (no eligibility determination)
- Texas has a high procedural denial rate
 - 47% of all renewals to date have resulted in a procedural denial
 - 4 in 5 Texans who've lost Medicaid had a procedural denial; only 1 in 5 were determined ineligible.
- Texas has a very low “ex parte” or data-driven renewal rate: 2.5%

TEXAS UNWINDING OUTCOMES



Renewals with reported outcomes to date: 961,407

From HHSC unwinding reports to CMS as of August 10, 2023

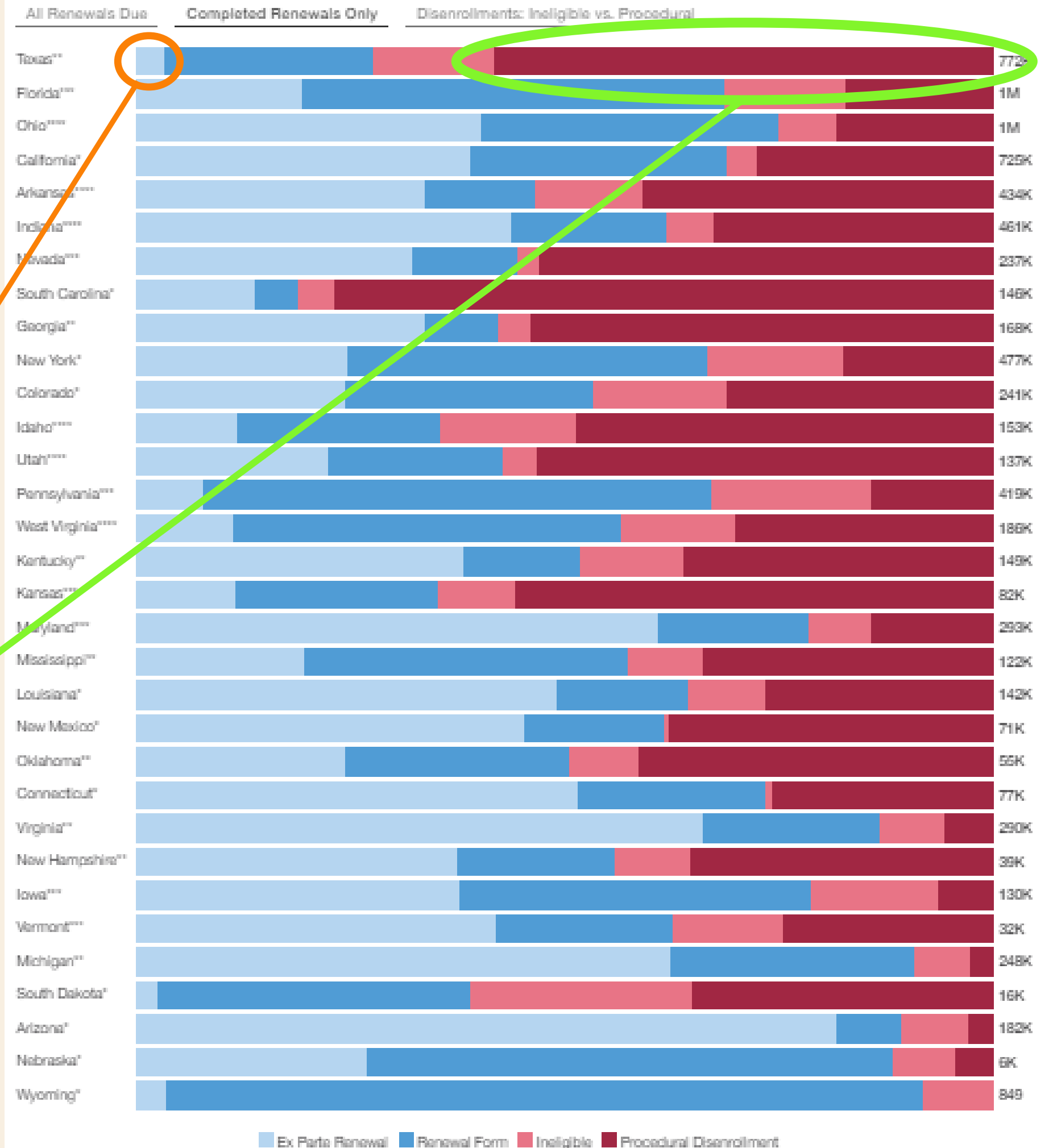
HOW DOES TEXAS COMPARE?

Texas' bad outcomes really stand out.

Georgetown University CCF State Unwinding Renewal Tracker as of August 15, 2023. Showing completed renewal (renewals pending processing excluded)

- Texas has one of the lowest ex parte renewal rates (light blue bar)
- Texas has one of the highest procedural denial rate (dark red bar)

What's Happening with Medicaid Renewals?



Asterisks correspond to states reporting one month (*), two months (**), or three months (***) of data. Cumulative numbers are shown for states reporting multiple months. Some states may include revised reports. Number of months included in state totals depends upon when the state began redeterminations and whether the state reports data publicly.

Source: Georgetown University Center for Children and Families analysis of monthly unwinding data reports states are required to submit to CMS. These charts do not include other sources such as unwinding-specific data reports or state dashboards. • [Embed](#) • [Download image](#)

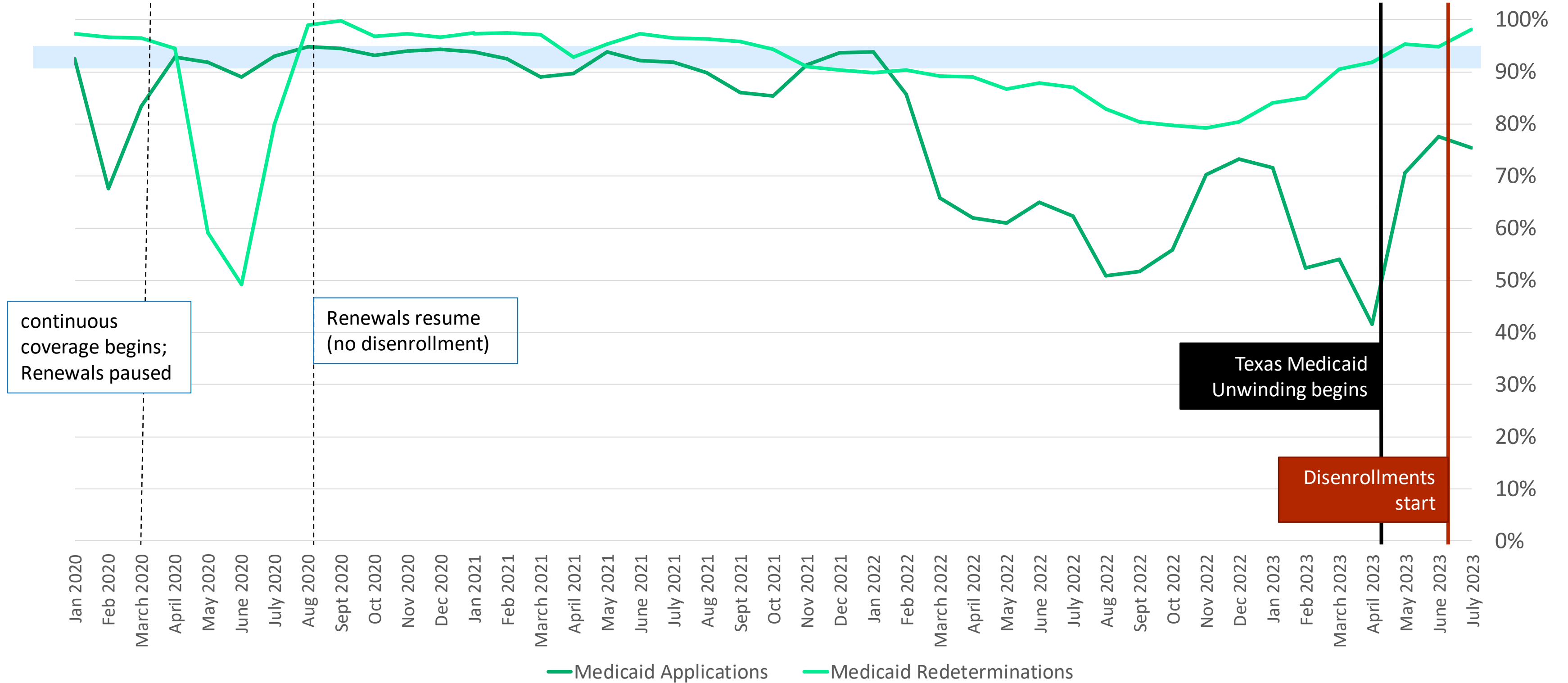


2-1-1 CALL CENTER PERFORMANCE

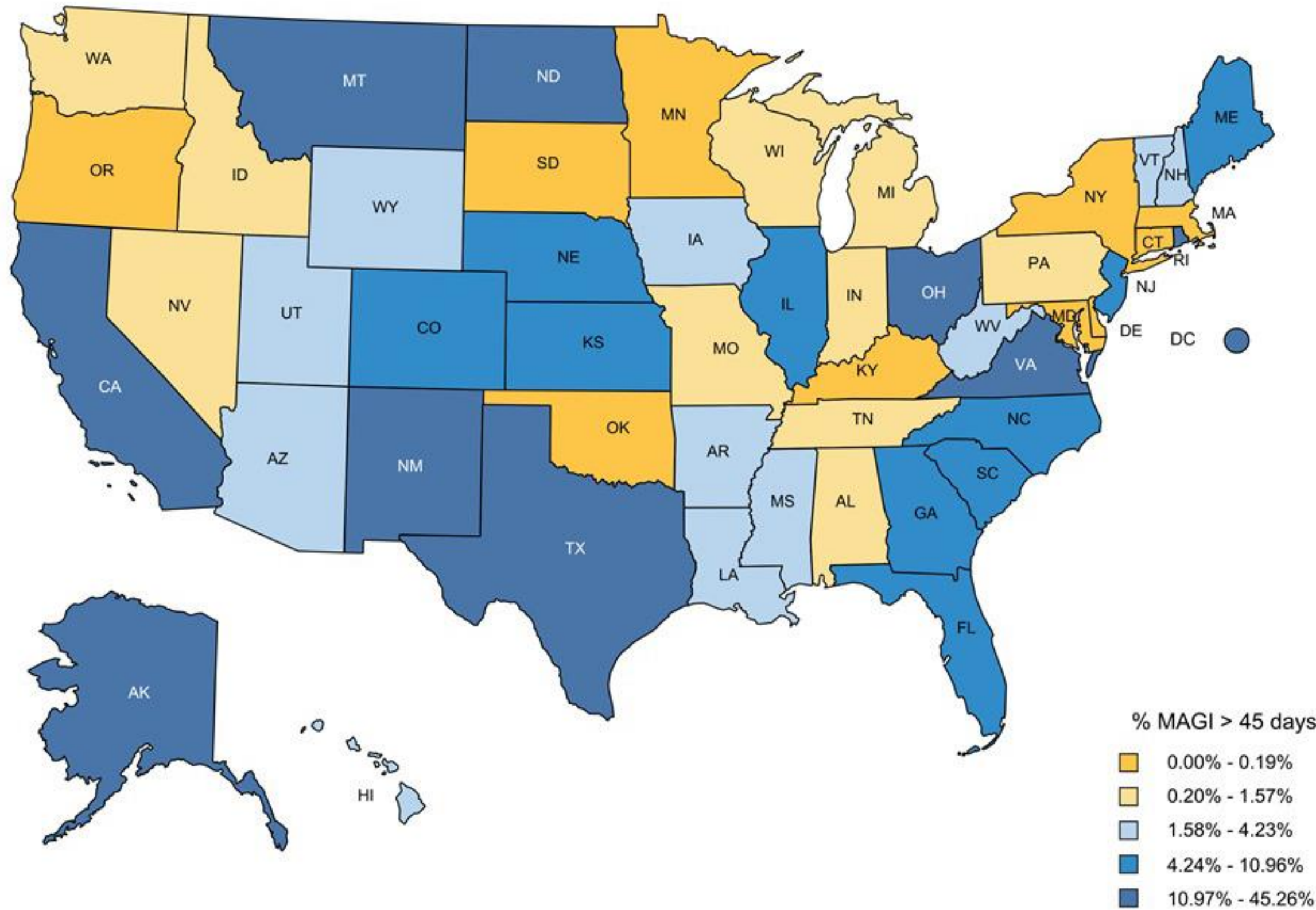
In May:

- 8 minute average wait time
- 16% call abandonment rate

Percentage of Medicaid Applications and Redeterminations Disposed Timely January 2020 to July 2023



Percentage of MAGI determinations at application processed in over 45 days, April 2023



In Texas in April, 39% of applications were not processed timely. Only two states did worse (AK and NM)

Source: Medicaid and CHIP Eligibility and Enrollment Performance Indicator Data, preliminary data submitted by June 13, 2023, with data through April 2023.

Notes: This analysis includes preliminary Performance Indicator data from 50 states and the District of Columbia. Volume of applications received include applications received by any state agency with the authority to make Medicaid or CHIP eligibility determinations, including the Medicaid agency, a separate CHIP agency, or a state-based marketplace. This count is not used to determine the percentage of MAGI determinations at application processed in over 45 days. Data notes can be found in the Appendix and state-specific data quality notes can be found in the Medicaid and CHIP CAA Reporting Metrics.

HHSC STAFF LETTER

Anonymous letter from HHSC eligibility staff to the Executive Commissioner on 7/25 alleges:

- 80K lost Medicaid in April due to system errors
- Lack of IT resources to fix issues
- Areas where Texas is out of compliance with federal guidelines

HHSC says:

- coverage has been restored for nearly all individuals and remaining will be restored soon
- Issues not expected to affect upcoming renewals

kxan

Concerned state employees say internal errors put thousands at risk of losing Medicaid coverage

by: [Ryan Chandler](#)

Posted: Jul 31, 2023 / 04:35 PM CDT

Updated: Jul 31, 2023 / 06:00 PM CDT

JOINT ADVOCATE LETTER TO HHSC

- 15 Texas organizations wrote to HHSC in August to “respectfully urge the agency to proactively implement additional strategies to reduce unnecessary loss of coverage.”
- Top recommendation: delay procedural terminations for 30 days. Fully leverage managed care organizations (MCOs) and Community Partners in that period to conduct targeted outreach and renewal assistance



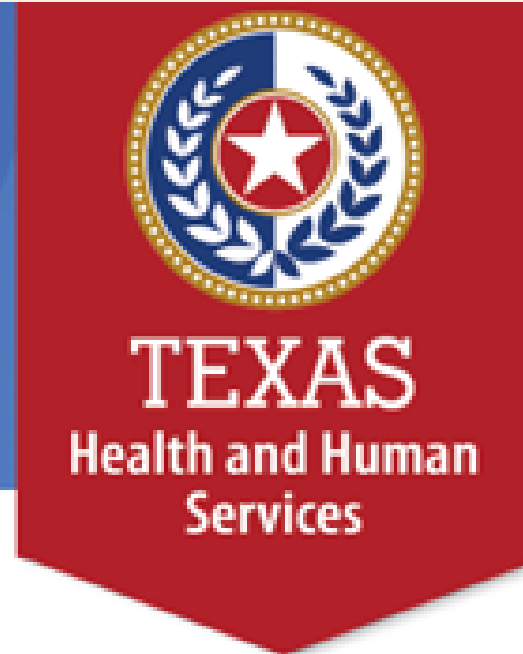
CMS LETTERS TO STATES

- On August 9, CMS sent letters to all states that reviewed renewal-related outcomes from May:
 - call center wait times,
 - call abandonment rate,
 - disenrollments for procedural reasons, and
 - application processing times above the 45-day standard applicable to most enrollees
- Texas' letter noted CMS' concern with our procedural denial rate and delays in application processing
- CBPP: “the letters underscore that CMS is prepared to take more forceful action if states do not voluntarily improve deficiencies.”



NEW HHSC OUTREACH MATERIALS

Other Outreach



WOMEN

Updating the HHSC's End of Continuous Coverage webpage to spotlight women's health services

OLDER ADULTS

Created a postcard targeted towards older adults

- Available now on the Ambassador Toolkit

FAMILIES & CHILDREN

Developing a Communication Plan regarding outreach to schools during August and September

- New outreach targeting specific populations includes social media, printed postcards and events.