



May 12, 2020

Phil Wilson
Acting Executive Commissioner
Texas Health and Human Services Commission
4900 N. Lamar Blvd.
Austin, TX 78751-2316
Delivered via Email

Dear Commissioner Wilson,

The undersigned Children's Health Coverage Coalition (CHCC) includes over 20 Texas organizations that work each day to ensure infants, toddlers, and children have healthy beginnings that set them on a path for success in school and beyond. We commend the state's response to the COVID-19 outbreak in Texas. We are grateful for the tireless efforts of agency staff at the Health and Human Services Commission (HHSC), the Early Childhood Intervention (ECI) division, and the Department of State Health Services (DSHS).

Currently, primary care physicians are facing unprecedented challenges providing uninterrupted health services to children and families during this crisis due to state and federal regulations and lost revenue. If physicians who care for children are not able to serve children during this time, this means immunizations are missed, safety information is not shared, developmental concerns go undetected, and referrals to ECI services to address disabilities and delays don't occur.

Likewise, ECI providers are seeing large decreases in referrals to ECI services and are facing historic financial challenges. The strength of the ECI referral network is critical, physicians rely on them as the primary referral source for children who need additional support due to developmental delays and disabilities.

Missed services can have devastating impacts on a child's health, growth, and long term development. Texas must take steps to ensure stability and flexibility among pediatric, family medicine, and ECI providers during and after the COVID-19 pandemic to make sure our children get the services they need to be healthy and succeed in school.

We ask that HHSC and DSHS take the following actions to ensure our youngest Texans get off to a healthy start and all children stay healthy and well.

Ensure Kids Have Access to Health Care

Suspend copayments and enrollment fees for the Children's Health Insurance Program (CHIP).

We appreciate the steps HHSC has taken to cover COVID-19 testing for CHIP clients with no prior authorization, and to waive CHIP copayments for office visits and services delivered via telehealth or telemedicine through May 31, 2020.¹ We urge HHSC to extend the waiver another 6 months as well as to waive all CHIP enrollment fees and copayments – just as Texas did during Hurricane Harvey, where HHSC waived cost sharing for all CHIP-covered services.² A 2012 Alabama study looking at children in CHIP found that even small copay increases of \$3 to \$5 were linked to a significant decrease in use of health services, including inpatient care, physician visits, medications, and emergency department visits.³ COVID-19 is an unprecedented crisis disrupting the lives of millions of Texans. Children enrolled in CHIP will need access to much more than office visits and telehealth, such as x-rays, radiology, laboratory services, and inpatient care and families – many of whom now have one or more parent out of work – should not have to worry about finding the money to cover copayments during this time.

Extend the temporary amendment to Medicaid policy that allows health providers to conduct Texas Health Steps (THSteps) visits via telemedicine for children over 24 months of age and allow for retroactive payments for qualifying visits.

We are grateful to HHSC for allowing telemedicine for THSteps visits for children over 24 months of age and for specifying that add on codes for services such as developmental screenings and mental health screenings are allowed. This is critical to ensure children see their doctors and receive appropriate development screening, parents receive safety tips and anticipatory guidance, and families are referred to additional resources such as ECI for further evaluation if needed. We ask that this amendment be extended beyond May 31st, for another 6 months. With no clear treatment or vaccination for COVID-19, families and providers need the option for telemedicine well-checks for their children over 24 months of age. Additionally, we ask that these payments be retroactive to March 13th, the beginning of the national emergency, as many health providers began providing telemedicine services at that time in order to promote public health.

Provide clear guidance to the Medicaid managed care organizations (MCOs) to support financial relief for physicians and providers who care for children.

Texas needs a strong network of providers who will be available to care for children enrolled in Medicaid during and following the pandemic. HHSC should seek federal and state resources to help physicians and providers across the state maintain their financial stability now. We are aware the Centers for Medicare and Medicaid Services may soon release grant dollars to select Medicaid providers, but more must be done. HHSC should provide clear guidance to the Medicaid managed care organizations (MCOs) to explore programs that provide for physicians' immediate financial security, ranging from federal programs to potential business agreements such as advanced payments; risk-adjusted, prospective payment plans; and retainer fees.

Get and Keep Kids Enrolled in Health Coverage

Suspend CHIP 6-month income checks that occur for CHIP households at 185 percent of the federal poverty level (FPL) or higher.

We are grateful that HHSC has suspended mid-year income checks for Medicaid families during the emergency period. HHSC should do the same for CHIP families at or above 185 FPL. Suspension of CHIP income checks at 6

months for families at 185 percent of FPL or higher would reduce extra paperwork and workload for state staff and families, particularly when state staff are likely to see an increase in new applications and families are experiencing fluctuating work hours and wages.

Suspend Medicaid income checks beyond the federal emergency declaration.

Even when the federal emergency declaration comes to an end, state staff will likely continue to see an increase in new applications. For the foreseeable future, many families will struggle with fluctuating work hours and wages as the economy gets back on track. HHSC should continue the suspension of mid-year income checks beyond the federal emergency declaration to allow the agency time to determine a process for checking eligibility that does not lead to eligible children losing coverage or cycling on and off Medicaid. Texas has a thorough, effective system for reviewing children’s eligibility for Medicaid and CHIP during initial applications and in the annual renewal process. However, the system for mid-year reviews of children’s Medicaid eligibility — at 5, 6, 7, and 8 months after approving initial applications — takes shortcuts and makes mistakes. The result is too many eligible kids are automatically kicked off Medicaid without staff review or income verification. As this crisis comes to an end, doing away with mid-year income checks and keeping the current, accurate annual reviews would help save state resources and maintain coverage for eligible kids.⁴

Suspend the 90-day waiting period for children applying for or enrolled in CHIP.

Texas is one of only 13 states that still have waiting periods that require children to be uninsured for a certain length of time before being eligible for CHIP.⁵ Waiting periods can cause gaps in access to healthcare that can be harmful to children's healthy development, particularly for the very young.⁶ We recognize that the 90-day waiting period only applies to Texas children who were covered by private health insurance at any time during the three months before the date of application for CHIP. With many parents losing their jobs, it is likely that many children will also lose their private health coverage. The waiting period for CHIP enrollment may be waived if the household claims one of the good cause exemptions.⁷ But filing a good cause exemption means more burdensome paperwork and confusion during a time when children need access to health coverage now. Waiving the 90-day waiting period for all children applying for or enrolled in CHIP will ensure children can access healthcare they need.

Remove barriers to enrollment or renewal, specifically address challenges and wait times when calling 2-1-1.

The tremendous loss of jobs—with Texas unemployment applications approaching 2 million—and reduced work hours among Texans are clearly making many more families and individuals eligible for SNAP and many more children for Medicaid and CHIP. To meet this increased need for services, HHSC must ensure sufficient staffing levels to process applications. HHSC experienced a significant backlog and delay in Medicaid and SNAP processing from November 2019 to March 2020. We appreciate the steps HHSC has made to adjust to current constraints and to improve application processing times in recent weeks. HHSC data on application “timeliness” for March (83% timely) and April (93% timely), show significant improvement compared to February (67% timely). However, we continue to hear reports from the ground that the wait times for 2-1-1, Option 2 exceed 90 minutes. Under current circumstances and social distancing, applicants have fewer options for submitting applications. With the expected increase in applications as more than 2 million Texans have applied for Unemployment relief, ensuring manageable wait times for phone applications is essential in order to serve clients who are less comfortable with using the online application or who do not have access to a computer or Internet.

Texas HHSC has taken the positive step of allowing households to self-attest to their income if the normal verification methods like paystubs or contacting employers are unavailable. However, HHSC should further minimize paperwork required from applicants by relying on the client's statement and electronic data sources for all eligibility criteria (for example, residency, age, and relationships) as allowed under federal Medicaid law.

Provide Accurate Information to Families on Health Services

Incorporate messaging around the importance of well-child checks, especially for young children, into public service announcements related to COVID-19 and encourage managed care organizations (MCOs) to incorporate into communications with families.

Families need to receive a strong, quick message from HHSC and DSHS on the importance of making sure infants, toddlers and children continue to receive well-checks, timely vaccinations, and developmental screenings from their medical home. Recent samplings from nationwide electronic health records have shown massive decreases in vaccination rates.⁸ It will be too costly of a burden on our state and children to experience a measles or whooping cough outbreak in the middle of the pandemic.

Communicate to families and primary care physicians that ECI is available via telehealth.

Families with children under 3 years of age need to know that if they have concerns about their child's development ECI is available to provide evaluations via telehealth and is available to provide therapies and resources to children with disabilities and developmental delays. HHSC and DSHS should incorporate this important message into existing or new public service announcements and encourage MCOs to inform their physician networks.

Provide a clear message to families that their benefits are extended until further notice due to the pandemic.

Currently on YourTexasBenefits.com it states that *"SNAP, Medicaid and Healthy Texas Women benefit renewals that are due during the pandemic will be renewed automatically. We will notify you by mail when it is time to renew again."* We have heard that using the term "renewals" is causing confusion for outreach workers and families who may think that they will have benefits for another year. For clarity and accuracy we recommend changing the messaging to *"SNAP, Medicaid and Healthy Texas Women benefit renewals that are due during the pandemic will be **automatically extended until further notice**. We will contact you by mail when it is time to renew."*

Provide families with a strong clear message that children who are U.S. citizens or legal immigrants can receive benefits with no impact on the public charge of others in the household.

It is also important that Texas provides accurate information that reaches everyone, including those whose primary language may not be English. Families with mixed citizenship status are fearful that accessing benefits of any kind will negatively impact future efforts of anyone in the household to change their citizenship or residency status. Census data show that 1 in 4 children in Texas live in households with at least one parent who is not a U.S. citizen, and therefore may be fearful of accessing benefits.

The most widely used HHSC application (Form H1010) includes good clear language on public charge. HHSC should build on this language with updates reflecting the new 2020 Public Charge regulation and create additional public-facing materials that also inform families that the US Citizen and Immigration Services has

declared that use of public benefits related to the COVID-19 crisis will not be subject to Public Charge. Information for families and applicants should clearly highlight and elevate the message that children who are U.S. citizens or legal immigrants are eligible regardless of the status of parents, guardians, or others in their household. Additionally, HHSC should provide eligibility workers with a bulletin reiterating that they may not require information not pertinent to the individual's eligibility, including immigration status or SSNs of non-applicant household members.

Ensure Pandemic EBT benefits are administered to reach families with mixed-immigration status and those who have never used SNAP.

Pandemic EBT (P-EBT) benefits will be available to many families who currently participate in SNAP, but also to families who do not receive SNAP and may have no history with the HHSC eligibility processes. The application process for P-EBT must make clear—as historically HHSC applications have—that parents or caretakers without their own SSN can still apply for benefits for their family members who do have SSNs. Beyond that, because long-established federal law makes school meals available to students without regard to citizenship or immigration status, HHSC's P-EBT application must make clear that parents or caretakers without their own SSN can also apply for the EBT benefit for family members who do not have an SSN.

It will be especially critical that HHSC's process make clear to parents that they will NOT be denied the benefit for their children if they do not provide an SSN. Clear and updated training for eligibility staff on this will be key.

As noted above, to be optimally successful, the HHSC web and other materials related to P-EBT **should also prominently clarify that the Public Charge rule does not apply to P-EBT benefits.** Here are examples from:

- Massachusetts Q&A and public information site: <https://www.mass.gov/info-details/pandemic-ebt-p-ebt>; <https://www.map-ebt.org/>
- Michigan Q&A: https://www.michigan.gov/documents/mde/COVID-19_P-EBT_FAQs_688075_7.pdf

The Children's Health Coverage Coalition (CHCC) appreciates your attention to these critical issues during the COVID-19 crisis and beyond. If you have any questions, please contact Stephanie Rubin, CEO of Texans Care for Children at srubin@txchildren.org and Katie Mitten, Texans Care for Children at kmitten@txchildren.org. We look forward to hearing from you.

CC: DSHS Commissioner Dr. John Hellerstedt
HHSC Chief Program and Services Officer Michelle Alletto
HHSC Deputy Executive Commissioner for Access and Eligibility Services Wayne Salter
HHSC Medicaid Director Stephanie Stephens
HHSC Chief Policy & Regulatory Officer Victoria Ford
HHSC Executive Commissioner of Health, Developmental, and Independence Services Dee Adams
Budgewater
Director of Policy and Budget, Office of the Governor Sarah Hicks
Policy Advisor, Office of the Governor Heather Fleming
Lt. Gov. Dan Patrick
House Speaker Dennis Bonnen

Children’s Health Coverage Coalition (CHCC) includes the following organizations:

Center for Public Policy Priorities
Center for Civic & Public Policy Improvement
Children's Defense Fund - Texas
Children's Hospital Association of Texas
Coalition of Texans with Disabilities
Community Health Choice
Easterseals Central Texas
EveryChild, Inc.
Harris Health System
League of Women Voters of Texas
March of Dimes
Methodist Healthcare Ministries
National Alliance on Mental Illness (NAMI) Texas
National Association of Social Workers Texas
Texans Care for Children
Texas Academy of Family Physicians
Texas Association of Community Health Centers
Texas Association of Community Health Plans
Texas Association of Obstetricians and Gynecologists
Texas District of the American College of Obstetricians and Gynecologists—District XI
Texas Hospital Association
Texas Impact
Texas Medical Association
Texas Occupational Therapy Association
Texas Parent to Parent
Texas Pediatric Society
UNIDOS US
United Way of Metropolitan Dallas
United Ways of Texas
Young Invincibles

Endnotes

1. <https://hhs.texas.gov/services/health/coronavirus-covid-19/medicaid-chip-services-information-providers>
2. See CMS letter to HHSC (Aug. 31, 2017). See HHSC Hurricane Harvey Medicaid and CHIP FAQ. Question #10. Available at <https://apps.hhs.texas.gov/documents/hurricane-harvey-faq.pdf> (" HHSC is waiving copayments for CHIP covered services, including pharmacy, for CHIP members with a permanent address in one of the Hurricane Harvey FEMA-declared disaster counties. Co-payments are waived for services provided Aug. 25 through Nov. 30, 2017.")
3. Bisakha Sen, et. al., "Did Copayment Changes Reduce Health Service Utilization among CHIP Enrollees? Evidence from Alabama," Health Services Research 47, 4 (September 2012):1303-1620.
4. <http://txchildren.org/posts/2020/4/22/clean-up-txs-inaccurate-system-for-reviewing-kids-medicaid-eligibility-mid-year>
5. <https://ccf.georgetown.edu/wp-content/uploads/2020/04/Waiting-Periods-2013-2020-Compare.pdf>
6. For example, see A. Cassidy, G. Fairbrother, & P. Newacheck, "The Impact of Insurance Instability on Children’s Access, Utilization, and Satisfaction with Health Care," Ambulatory Pediatrics, 8(5): 321-328 (September-October 2008); and J. DeVoe, et al., "‘Mind the Gap’ in Children’s Health Insurance Coverage: Does the Length of a Child’s Coverage Gap Matter?," Ambulatory Pediatrics, 8(2): 129-134 (March 2008).
7. See [D-1723.6](#), Good Cause Exemptions for Children Subject to the 90-day Waiting Period.
8. <https://www.nytimes.com/2020/04/23/health/coronavirus-measles-vaccines.html>