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Promote Healthy Mothers & Babies By Connecting Women with Healthy Texas Women (HTW)

Testimony to the House Committee on Human Services In Support of Senate Bill 1149 with Recommendations to Enhance its Impact

Healthy Texas Women (HTW) offers vital services to Texas women, including well-woman exams, contraception, breast and cervical cancer screenings, and some screening and treatment for postpartum depression, diabetes, and cardiovascular conditions. When women are able to plan and space their pregnancies, babies have lower risk of prematurity and low birth weight and mothers experience healthier outcomes too. The ability to treat and manage diabetes *before* pregnancy drastically decreases the risk of birth defects (e.g. congenital heart defects), which are expensive to repair, result in long NICU stays, and can lead to lifelong disabilities for children.

We support SB 1149's goal to improve women's health by leveraging efficiencies of the managed care model and by better connecting women to essential health services in HTW. Delivering HTW services through managed care can have many benefits, including care coordination for postpartum mothers and a chance to expand the provider network. **We offer three recommendations that we believe will help women get essential services as HTW transitions to a managed care model**:

1. Ensure HHSC consults with the State Medicaid Managed Care Advisory Committee (SMMCAC) to enable vital stakeholder input as HTW moves to managed care;
2. Provide legislative direction to Health and Human Services Commission (HHSC) to identify options and seek steps to reduce enrollment gaps that will occur as a result of ending auto-enrollment of women from Medicaid to Pregnant to HTW and by ending adjunctive eligibility; and
3. Ensure current HTW and Family Planning Program (FPP) providers are considered Significant Traditional Providers in the course of implementation, which will ensure providers with a long history of serving women through HTW and FPP will be supported and continue to participate in the managed care version of HTW.

1. **Ensure HHSC consults with the State Medicaid Managed Care Advisory Committee – an existing and successful advisory committee at HHSC – as HTW transitions to managed care. This step ensures vital opportunity for public and provider input.**

   SB 750 from the 86th legislative session directed HHSC to assess the feasibility and cost-effectiveness of providing HTW through managed care and the potential impact on the change in delivery model to women receiving HTW services. HHSC surveyed stakeholders in September 2020 but did not complete the feasibility analysis as a result of the pandemic.

   There are numerous examples where the Legislature directed HHSC to consult with a Medicaid advisory committee within HHSC in the process of making significant policy and programmatic changes to the Medicaid program.[1] Health providers are key to continued success of HTW because they serve women and provide essential health services. The Medicaid Managed Care Advisory Committee already exists and already includes health providers, so adding this recommendation into SB 1149 would not add a new entity or group.

2. **Provide legislative direction to HHSC to identify options and seek steps to reduce enrollment gaps that will occur as a result of ending auto-enrollment of women from Medicaid for Pregnant Women to HTW and by ending adjunctive eligibility.**

   We support SB 1149's goal to improve care coordination and access to essential health care. SB 1149 has an opportunity to mitigate a significant enrollment obstacle that was recently created by federal Centers for Medicare and Medicaid Services (CMS). As part of the 1115 HTW waiver implementation, in March 2021 Texas ended auto-enrollment of new mothers from Medicaid for Pregnant Women into HTW and ended adjunctive eligibility for HTW enrollment. These two policies have boosted client enrollment over the last several years – thereby reducing unintended pregnancies, improving health, and reducing costs to the state. While managed care health plans can help coordinate care after a woman is found eligible for and enters into HTW, SB 1149 does not address the eligibility and enrollment obstacles at HHSC and health plans cannot avoid these requirements.

   With legislative direction, HHSC could identify options to mitigate the effects of ending adjunctive eligibility so women continue to be connected to HTW. Since 2007, HHSC has used adjunctive eligibility to accurately confirm whether a woman's income makes her eligible for HTW while minimizing burdens on women, clinics, and agency employees. At application or renewal, a woman is not required to prove her income again for HTW if she is enrolled in the Women's Infants and Children's Program (WIC), has a child enrolled in Medicaid, or is in a household that receives SNAP or TANF. HHSC recently eliminated adjunctive eligibility -- an unexpected departure from historical program norms. There are opportunities Texas HHSC

could explore in conversation with CMS to streamline the eligibility process and get eligible women connected to HTW. For instance, CMS has allowed adjunctive eligibility for other eligibility groups, such as express lane eligibility for children's Medicaid when they are enrolled in SNAP or WIC.

With legislative direction, HHSC could seek ways to mitigate the effects of ending auto-enrollment and ensure new mothers get seamlessly connected to HTW. Since 2016, new mothers have automatically transitioned into HTW when their coverage ends under the Medicaid for Pregnant Women program – a popular policy that has improved maternal health and helped moms get connected to HTW. The auto-enrollment policy did not require new mothers to submit another application or additional documentation during the process. As part of the 1115 HTW waiver, CMS decided Texas must end automatic enrollment. In March 2021, HHSC replaced automatic enrollment with an "administrative renewal" process where HHSC first checks internal databases to verify income eligibility and then requires new moms to submit documents to confirm eligibility for HTW within a 10-day time frame.

According to HHSC, using the administrative renewal process, fewer than 9% of Medicaid and CHIP clients have their coverage automatically renewed successfully at the end of their Medicaid certification period. This means 9 out of 10 moms with a two-month-old newborn must submit several documents to HHSC within a 10-day time frame to enroll in HTW after Medicaid ends. Once the COVID-19 Public Health Emergency ends, this policy change will undoubtedly result in women not being connected to HTW, undermining postpartum health and cost savings.[2]

There are opportunities Texas HHSC could explore to streamline the process and get eligible mothers connected to HTW after Medicaid ends. HHSC could give clients more time to submit verification paperwork (30 days instead of 10 days). Also, with the passage of the American Rescue Plan Act – which allows states to extend postpartum coverage without extra paperwork for new moms – we believe CMS may be more open to allowing a more seamless transition of mothers from Medicaid to HTW.

Providing HHSC with legislative direction to identify options and take needed steps would ensure success of HTW as it transitions to managed care, reduce gaps in care for women, and maximize cost savings for the state.

3. Ensure current HTW and FPP Providers are considered Significant Traditional Providers in the course of managed care implementation.

FPP contractors have generally provided the lion's share of services in HTW.[3] These traditional providers of core family planning services are often not in Medicaid managed care networks

and not familiar with managed care. If HHSC and health plans do not help them transition to the new managed care world, the harm will be felt in both FPP and HTW. One way to ensure the family planning network remains intact during the transition to managed care is to designate HTW providers as Significant Traditional Providers (STPs). STPs are defined as primary care providers, long term services and support providers, and pharmacy providers identified by HHSC as having provided a significant level of care to Medicaid or CHIP clients. The HHSC Uniform Managed Care Contract requires managed care plans to give STPs the opportunity to participate in its network. We believe clearly articulating this designation for Healthy Texas Women providers in SB 1149 will help ensure traditional providers of core family planning services that have a long history of serving women through HTW and FPP will be supported, continue to participate in HTW, and ensure a successful HTW carve-in to managed care.[4]

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[1] SB 7 (83R) by Sen. Nelson required HHSC to work with the STAR Kids Managed Care Advisory Committee when transitioning STAR Kids to managed care. SB 2028 (87R) by Sen. Kolkhorst directs HHSC to work in consultation with the STAR Kids Managed Care Advisory Committee to design and implement several pilot programs for kids with disabilities.
[2] Texas ended autoenrollment in March 2021. However, new mothers are staying in Medicaid during the COVID-19 Public Health Emergency (PHE), so we will not see the impact of this policy change until at least the end of calendar year 2021.
[3] According to the latest Women's Health Programs Savings and Performance report, 50 contractors participate in the Family Planning Program. All of these contractors are also HTW providers. In addition to the FPP services they provide, these 50 contractors also saw over one-third of the total clients served in HTW.
[4] There is precedent for STP designation in statute. SB 7 by Sen. Nelson (83R), which moved STAR Kids to managed care, includes a section on acute care services for kids with disabilities. The bill states that providers that participate in the home and community-based services (HCS) waiver program, the Texas home living (TxHmL) waiver program, or the community living assistance and support services (CLASS) waiver program must be considered Significant Traditional Providers as part of transitioning service delivery to the managed care model.