



June 21, 2021

Texas Health and Human Services Commission
Attention: Basundhara Raychaudhuri, Waiver Coordinator
Policy Development Support
PO Box 13247
Mail Code H-600
Austin, Texas 78711-3247

Submitted via email to [TX Medicaid Waivers@hhsc.state.tx.us](mailto:TX_Medicaid_Waivers@hhsc.state.tx.us)

Re: Comments on the Progress of the Healthy Texas Women (HTW) Waiver for the HHSC Post Award Forum and Public Hearing

Dear Ms. Raychaudhuri:

On behalf of Texans Care for Children, thank you for the opportunity to provide feedback on the Health and Human Services Commission's (HHSC) implementation of the Healthy Texas Women (HTW) 1115 waiver. We appreciate your ongoing commitment to strong women's health programs that help eligible Texans get the preventive care and family planning services they need, which, in turn, improves health and positively impacts the wellbeing of kids and families.

HTW is a vital part of the health care safety-net -- a program that is proven to improve health outcomes, reduce unintended pregnancies, save state dollars, and reduce the number of preterm deliveries and low-birth-weight infants funded through Medicaid. HTW offers essential 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 a lower risk of prematurity and low birth weight and mothers experience healthier outcomes too. Preventive care such as managing diabetes *before* pregnancy drastically reduces the risk of birth defects (e.g. congenital heart defects), which are expensive to repair, result in long neonatal hospital stays, and can lead to lifelong disabilities for children.

We are concerned that the HTW 1115 Demonstration Waiver implementation has included the **removal** of three critical HTW components:

Texans Care for Children is a statewide, non-profit, non-partisan, multi-issue children's policy organization. We drive policy change to improve the lives of Texas children today for a stronger Texas tomorrow. We envision a Texas in which all children grow up to be healthy, safe, successful, and on a path to fulfill their promise.

- (1) **Auto-enrollment** of new mothers from Pregnant Women’s Medicaid into HTW;
- (2) **Adjunctive eligibility** for women applying for HTW that are already enrolled in WIC, have a child in Medicaid, or in a household that receives SNAP or TANF; and
- (3) the **Simplified HTW Application Form** (Form H1867).

The policies above have been very popular and have helped boost client enrollment in HTW over the last several years – thereby reducing unintended pregnancies, improving health, and reducing costs to the state. In fact, in fiscal year 2019 alone, over 80,000 new mothers were auto-enrolled into HTW.¹ Now, with the removal of these three critical policies as part of the HTW 1115 waiver, we are concerned that the goals of HTW -- including connecting women to health care and encouraging HTW provider participation -- will be undermined. Ultimately, eliminating the above three policies could drastically decrease enrollment in HTW and access to women’s preventive care, which presents a serious risk to Texas’s ability to achieve the budget neutrality expenditure targets included in the Standard Terms and Conditions of the approved waiver and could risk continued federal funding.²

We understand that HHSC must make certain eligibility changes to meet federal waiver requirements, such as converting HTW’s Federal Poverty Level threshold to a MAGI equivalent. However, there are clear policy steps possible under the HTW waiver to ease the transition of new mothers from Medicaid to HTW, maintain continuity of care, maximize state cost savings, and minimize burdens on women, health clinics, and the state.

We respectfully urge 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. Below is a summary of potential solutions.

Steps to continue Texas’ progress in enrolling new eligible clients in HTW

1. **HHSC could request a waiver to continue adjunctive eligibility. Federal Centers for Medicare and Medicaid Services (CMS) has allowed adjunctive eligibility for certain MAGI-based eligibility groups, such as express lane eligibility for children’s Medicaid when they are enrolled in SNAP or WIC.** Since 2007, HHSC has used adjunctive eligibility

¹ Texas Health and Human Services. Women’s Health Programs Report Fiscal Year 2019 . May 2020.

² If at any time during the demonstration approval period CMS determines that the demonstration is on course to exceed its budget neutrality expenditure limit, CMS will require the state to submit a corrective action plan for CMS review and approval. If at the end of the demonstration approval period the budget neutrality limit has been exceeded, the excess federal funds will be returned to CMS. See Special Terms and Conditions 50-53. Centers for Medicare and Medicaid Services. Healthy Texas Women Approved Application. January 2020.

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 as part of the 1115 waiver -- an unexpected departure from historical program norms. We ask HHSC to explore in conversation with CMS ways to streamline the eligibility process and get eligible women connected to HTW.

Steps to make the transition from Medicaid for Pregnant Women to HTW more efficient

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.

1. HHSC should take steps to comply with the [December 2020 Centers for Medicare and Medicaid Services \(CMS\) guidance](#), which seeks to increase efficiencies in enrollment processes. Specifically, to comply with CMS guidance, Texas should:
 - **Make transitions more efficient by treating the end of pregnancy and aging out of Children's Medicaid as a change in circumstance (rather than requiring a burdensome renewal).** Under the CMS guidance, states may not require a full renewal or require a woman to re-verify income at the end of the 60-day postpartum

- period unless the agency has information that her income has changed and that she would be ineligible for other programs;
- **Provide clients 30 days to submit verification information when HHSC is acting on changes in circumstance, including two scenarios: the end of pregnancy and aging out of Children’s Medicaid.** HHSC’s current policy of 10 days for clients to provide verification of a change in circumstance does not align with CMS’ expectation of 30 days. A reasonable time frame is especially important for a mother with a newborn who may need to verify a change or submit information at the end of the 60-day postpartum period.
2. **HHSC should consider post-enrollment verification for women transitioning from Medicaid for Pregnant Women to Healthy Texas Women.** Post-enrollment verification would not require a waiver from CMS and is already used for pregnant female applicants to Texas Medicaid for Pregnant Women.
 3. **HHSC should use self-attestation as verification for certain eligibility criteria – such as self-attestation of residency – in order to enable a better transition for new moms.** Medicaid and CHIP regulations allow for the use of self-attestation as verification for all eligibility criteria except income, citizenship/immigration status, and SSNs. This does not require a waiver from CMS.

Thank you for your consideration, and all your work on women’s preventive healthcare. If you have any questions or if we can provide further information, please contact me at 512-473-2274 or akohler@txchildren.org.

Respectfully submitted,

Adriana Kohler
Policy Director
Texans Care for Children