

January 30, 2020

Dee Budgewater Deputy Executive Commissioner Health Development and Independent Services Texas Health and Human Services Commission 4900 N. Lamar Blvd. Austin, TX 78751

Dear Deputy Executive Commissioner Budgewater,

The Texas Women's Healthcare Coalition (TWHC) and its 87 healthcare, faith, and community- based member organizations are dedicated to improving the health and well-being of Texas women, babies, and families by ensuring access to preventive healthcare for all Texas women.

Access to preventive and preconception care – including health screenings and contraception – means healthy, planned pregnancies and the early detection of cancers and other treatable conditions. The state's women's health programs, Healthy Texas Women (HTW) and the Family Planning Program (FPP), provide these services to those without access to other forms of healthcare coverage. As these programs are crucial to providing women access to preventive health, it is essential that women are aware of their enrollment or potential eligibility for HTW or FPP.

TWHC is interested in the implementation of Senate Bill 2132, which seeks to improve the information provided to women who are auto-enrolled into the state- administered HTW program after their Medicaid for Pregnant Women coverage ends. The auto-enrollment process has proven to be an important aspect of the HTW program; however, the process could benefit from additional client education, including clear guidance on how eligible clients can find an HTW provider and access HTW services.

Senate Bill 2132 directs the Health and Human Services Commission (HHSC) to consult with the Maternal Mortality and Morbidity Review Committee (MMMRC) to improve the process for providing women auto-enrolled into HTW with information about HTW, the services she can access, and providers in her area. At the December 6, 2019 MMMRC meeting, HHSC staff presented draft language for the updated TF0001W and H1872 notices. MMMRC members provided useful feedback and recommendations and raised questions to the HHSC presenters that would be helpful in providing clarification. TWHC supports the below recommendations MMMRC members provided and echoes the key questions MMMRC members posed and raise a few of our own, all of which are also laid out below.

## Questions

- Is the TF0001W used only for the Healthy Texas Women's Program? If so, what is the language flexibility in HTW-related notices compared to other TIERS-generated notices?
  - If state and/or federal regulations govern the content in HTW notices, please give us those regulation citations.
- Is the separate letter with the HTW card sent before or after the TF0001W? What other information, if any, is in that mailing? Does that separate mailing provide an opportunity for

improved communications?

- Is the formatting, content, and timing standards set only by the state, allowing more flexibility in this letter compared to the TF0001W?
- We understood that improvements to existing notices or adding additional notices will generate costs that would be covered by HTW appropriations. To understand the tradeoffs, it would be helpful to know the approximate costs of alternatives discussed in the meeting.
  - What is the cost going to be for updating the TF0001W language?
  - What would the cost be for improving the separate mailing that includes the HTW card and the carrier letter?
  - What would the cost be to add another mailout to go out later about HTW?
- Could HHSC move up the eligibility determination for HTW auto-enrollment and still ensure it happens after the eligibility determination for parent and caretaker Medicaid, so that very poor new mothers who are eligible can remain on Medicaid, not receive notices related to HTW?
  - Why does the eligibility determination have to be done at the end of a certification period of Medicaid?
- How does the timing of HTW-autoenrollment notices intersect with communications from the managed care plan, if any, about the importance of the 6-week post-partum check-up?
- Can HHSC do the consumer testing needed to see whether improved notices and different notice timing would affect utilization of both full-coverage, post-partum Medicaid, including for the 6-week check-up, and limited-scope HTW benefits after autoenrollment?

## **Recommendations:**

- Adjust the language so it is less intimidating including:
  - Changing "Notice of Case Action" language to clarify that the notice is concerning eligibility for a health program, citing concerns that the current language sounds like a notice concerning legal action; and
  - Adding welcome language to the notice to help women better understand why they are receiving the notice;
- Print the notice on colored paper to make it stand out and, if feasible, include the pink HTW card in this correspondence instead of subsequent correspondence;
- Explore the feasibility of adjusting the timing of the HTW eligibility determination to provide women more time to find an HTW provider, citing that currently women only have 30 days from when they are notified of their HTW eligibility and when their Medicaid for Pregnant Women coverage is terminated which does not adequately promote continuity of care;
- Improve the accuracy of the HTW provider lookup if it is HHSC's intent to direct women to the HTW provider lookup in lieu of providing a list of HTW providers in a woman's service delivery area; and
- Seek input from HTW clients to better inform how to address current gaps in program awareness and client education.

HHSC staff stated that they would review the feedback provided and provide a response to the MMMRC on whether recommendations could be implemented at this time.

TWHC submits its support for the above recommendations provided by the MMMRC and also requests that HHSC's response to the MMMRC also be shared with stakeholders. TWHC also requests responses to the questions raised by MMMRC and echoed above to provide additional insight as to why certain recommendations may not be implemented at this time.

Continuity of care during postpartum and interconception periods is vital to the health and well-being of Texas women, babies, and families. While HTW only provides a limited array of benefits, it is often the only means through which women can access the healthcare system. TWHC looks forward to working with HHSC and other stakeholders to connect women with the healthcare services they need. Thank you for your consideration. If you have any questions and/or wish to discuss further, please contact Evelyn Delgado at EDelgado@TexasWHC.org.

Respectfully,

Evelyn Delgado

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Chair, Texas Women's Healthcare Coalition

## Texas Women's Healthcare Coalition Steering Committee Members

Texas Medical Association District XI (Texas) American College of Obstetricians and Gynecologists Texas Academy of Family Physicians Texas Association of Community Health Centers Methodist Healthcare Ministries Teaching Hospitals of Texas Women's Health and Family Planning Association of Texas Texans Care for Children Center for Public Policy Priorities *Chair - Healthy Futures of Texas* 

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