



Improve Outreach and Enrollment to Help Eligible Children and Pregnant Women Get and Stay Covered

No child or pregnant woman in Texas should be without care. This bears repeating—no child or pregnant woman in Texas should be without care in Texas. Texas has either affordable health coverage today or temporary maternity care, for nearly every child or pregnant woman. Yet numerous barriers keep many Texans who qualify from enrolling, and our state’s uninsured rates are the highest in the nation. The Texas Legislature should remove these barriers to coverage and be an active partner in connecting eligible kids and pregnant women to coverage by investing in needed staff, increased outreach, and streamlined systems that reduce burdens on state eligibility staff and families.

The state’s outreach efforts aimed at reaching eligible uninsured children and pregnant women are not as robust as they once were, and Texas’ enrollment systems are not nearly strong enough to meet the heightened need during the unwinding of the Public Health Emergency (PHE). When the Public Health Emergency ends 3.7 million Texans, most of them children, will be at risk of losing coverage, testing our outreach efforts and enrollment systems like never before. Before the end of the PHE, Texas should commit to urgently taking the steps needed to keep eligible children enrolled, and once the PHE-unwinding period ends, Texas should commit to continuing successful outreach and enrollment strategies.

The Children’s Health Coverage Coalition makes the following recommendations to reduce the number of children in Texas who are eligible for Medicaid or CHIP but not enrolled:

1. Revitalize the state’s outreach and application assistance efforts to connect more eligible children and moms to health coverage.

In order to enroll the most hard-to-reach populations, and connect with community-level stakeholders to reach historically uninsured children, the legislature should fund outreach, including outreach and application assistance performed by community-based organizations by no less than \$15 million per biennium. Funding for Medicaid and CHIP outreach has been cut back since 2009, and funding to Community Partner organizations that perform outreach and enrollment assistance activities at the community level was completely eliminated. Community Partners not only help clients, they also help relieve burdens on both state eligibility workers and the 2-1-1 option 2 call center (HHSC program contracted to Maximus). Texas should also ensure

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that innovative outreach approaches implemented due to the public health emergency are permanently incorporated into Medicaid.

Increased funding should be used to:

- A.** Reinvigorate the Texas Health and Human Service Commission’s Community Partner Program with increased agency staff support and increased case management capabilities.
- B.** Provide funding to Community Partner organizations to perform outreach and application assistance. Funding can be used to help target specific communities with outreach and enrollment assistance, including Community Partners that will:
 - Promote partnerships with schools and child care centers to systematically identify uninsured children and connect them with enrollment assistance;
 - Work with businesses that don’t traditionally offer health insurance, to help enroll the children of working parents in Medicaid or CHIP; and/or
 - Partner with churches and faith-based organizations.
- C.** Conduct a robust outreach campaign to mixed-immigration-status families to reach children who are eligible but not enrolled in Medicaid or CHIP. One in four Texas children has a parent who is not a U.S. Citizen (of any immigration status).
- D.** Strengthen messaging and marketing to pregnant women on availability of Medicaid and CHIP Perinatal, in order to increase on-time prenatal care in Texas and improve birth outcomes.

In addition, HHSC should be directed to:

- E.** Maximize client outreach via direct text from the state as well as through approved partners, such as managed care organizations and Community Partners.
- F.** Leverage federal flexibilities to ensure Community Partners can provide client-centered application assistance to Texans via phone, including to Texans in rural areas.
- G.** Leverage 2-1-1 (both local/regional Information and Referral and HHSC Option 2) to reach unenrolled children. Train staff to identify households with uninsured children and encourage them to apply, and use the hold message to encourage enrollment.

2. Remove barriers in state enrollment systems that keep eligible Texans from getting or staying covered.

Texas cannot meaningfully reduce its eligible yet uninsured population without first addressing artificial barriers that discourage or prevent enrollment or renewal of eligible kids. Outreach alone is not sufficient to keep families from struggling to get or keep coverage. When the PHE ends, the Texas eligibility and enrollment system will face a task that is unprecedented in scale while grappling with substantial workforce constraints. Given this, Texas should work now to streamline systems and leverage flexibilities to mitigate the loss of coverage by *eligible* children at the end of the Public Health Emergency:

- A.** Direct HHSC through a budget rider to increase use of efficient, data-driven renewals, with a goal of completing 50% of renewals utilizing reliable, third-party data.
- B.** Ensure HHSC has access to and fully leverages reliable, third-party income data sources in every month.
- C.** Adopt the “Express Lane Eligibility” option to use eligibility information – like income and household size – already verified by HHSC through SNAP or other programs to help enroll and renew eligible kids in Medicaid and CHIP. This successful strategy for enrolling eligible yet uninsured children also reduces the number of eligibility staff needed to process paperwork, producing administrative savings for states.
- D.** Remove barriers in client-facing systems to ensure that individuals can easily complete simple and critical tasks such as electronically updating their contact information, resetting their password, and getting full access to their case on the web portal and mobile app.
- E.** Leverage reliable third-party data sources to more efficiently update client contact information, including the U.S. Postal Service National Change of Address database and data from managed care organizations.

3. Adequately fund the state’s eligibility and enrollment systems to prevent harmful delays in coverage now and to prevent a large loss of coverage among eligible kids at the end of the Public Health Emergency.

Like many employers, HHSC is facing significant staffing challenges for eligibility workers in this tight labor market. HHSC has already taken numerous steps to improve retention and recruitment of its eligibility workforce and likely has few additional levers to improve staffing levels without legislative action. Staffing shortages have already caused Texans to face long delays for critical benefits and mandatory overtime for workers. In addition, hold time for contractors at 2-1-1 option 2 are often an hour or more. The end of the public health emergency will greatly increase workloads and exacerbate challenges for Texans and agency staff. Without adequate staffing of and training for critical positions like call center staff and eligibility workers, it will not be possible to successfully resume normal, orderly renewal operations without reimaging the agency’s current work plan.

- A.** Rebuild eligibility systems’ staff numbers, sufficient to eliminate harmful delays that can harm Texans seeking health care, food and other basic needs assistance.
- B.** Ensure sufficient 2-1-1 option 2 vendor capacity to significantly reduce hold times and call abandonment rates.
- C.** Increase the number and capacity of outstationed eligibility workers at FQHCs and hospitals, and pilot innovations in the program that increase access, including in rural areas.

4. Support interagency partnerships to identify additional outreach and enrollment opportunities

Provide staffing and funds necessary for Texas HHS to actively work with other agencies or programs to identify individuals who would benefit outreach and enrollment into Medicaid or CHIP or a referral to the Health Insurance Marketplace, including working with the following:

- A.** Families receiving services through DFPS Prevention and Early Intervention program.
- B.** Families receiving Pandemic EBT or free or reduced-price lunch at child care centers, public schools, and private schools in collaboration with TEA.
- C.** People receiving workforce or child care services from the Texas Workforce Commission.
- D.** People receiving services through local public health departments in collaboration with DSHS.

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