



August 9, 2021

Texas Health and Human Services Commission

Attention: Pramila Nepal

Via Email: OPP_SMMCAC@hhsc.state.tx.us

Re: Comments on HTW into Managed Care for the August 11 State Medicaid Managed Care Advisory Committee Meeting

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 early detection of cancers and other treatable conditions.

On behalf of the Texas Women's Healthcare Coalition, thank you for this opportunity to provide public comment to the State Medicaid Managed Care Advisory Committee on the Health and Human Services Commission's (HHSC) implementation of House Bill 133, 87th Legislative Session (HB 133).

TWHC recognizes there could be benefits to delivering Healthy Texas Women (HTW) services through a managed care model (i.e., network management, service coordination, or case management for postpartum women); however, there are concerns about the role of traditional providers of core family planning services, including impacts on the close coordination between HTW and the Family Planning Program (FPP).

Based on discussions with members, including some current HTW participating family planning providers, we offer up the following recommendations for the State Medicaid Managed Care Advisory Committee to consider throughout the HB 133 implementation process.

Transitioning Healthy Texas Women into Managed Care

- **SMMCAC Subcommittee on HB 133:** *We recommend a subcommittee focused specifically on HB 133 implementation and transitioning HTW into managed care.* Women's health in Texas has a long history of programmatic and administrative



changes. These past experiences have taught us how critical it is to have significant stakeholder engagement—specifically those that represent providers participating in HTW and traditional HTW providers themselves — to design a managed care model that does not disrupt the current provider network nor access to care for Texas women. Given the level of specificity and vastness of this task, having a SMMCAC subcommittee solely focused on women’s health and HB 133 implementation would greatly help solicit the needed expertise and stakeholder engagement.

- **Member Outreach efforts:** *We recommend considering the different populations impacted by the change and target outreach efforts based on familiarity with managed care models.*

It is important to keep in mind that this transition does not only impact pregnant and postpartum women, but multiple populations, including young women aging out of the Children’s Health Insurance Program (CHIP) and Children’s Medicaid; childless women and those with no medical touchpoints; and older women who have lost insurance. What might be beneficial for one population may not work for another, so all client populations should be considered when creating new contracts and policies.

- **Provider Education:** *We recommend identifying historical HTW providers that are not in managed care networks and provide additional education and support.*

In general, many traditional family planning providers that have historically participated in Healthy Texas Women and previous iterations of the program are accustomed to a fee for service model and have little experience with a managed care delivery model. It would be beneficial to educate traditional family planning providers with an overview of how participation in HTW will change for traditional family planning providers once the program is moved into Managed Care. From that base point, traditional family planning providers will be able to assess impacts to their practice and provide feedback.

- **Same Day Access to Services:** *We recommend safeguards to help ensure women continue to access same day services available under the program today.*

Other questions that have arisen include whether health plan policies will impact same day access for women seeking family planning services. Concerns stem from possible pre-approval policies for HTW benefits as well as how program enrollment will change. Currently, many clinics provide application assistance and get women in for same day service. There are questions on how this process will change and if there will be delays once women are directed to enroll through a health plan before being able to get an appointment at a clinic in a managed care model.

- **Network Adequacy and Access:** *We recommend ongoing oversight of managed care networks to ensure providers are not dropped due to patient volume.*

Ensuring that traditional family planning providers participating in HTW will continue to be able to serve their communities under a managed care model is paramount to a



smooth curve in and to avoiding disruptions in care for women across the state. While HB 133 directs current HTW providers to be designated significant traditional providers for at least three years, there are concerns from traditional family planning providers that have been removed from MCO provider lists in the past if they do not meet a threshold of clients seen. This is especially relevant in rural areas of the state.

- **Billing and Reimbursement:** *We recommend streamlining policies and ensuring technical assistance available for HTW providers.*

Current HTW providers have expressed concerns around billing and reimbursement from MCOs. If policies differ from one plan to another that could impact a clinic's capacity to process and submit billing.

Transitioning Case Management for Children and Pregnant Women into Managed Care

- **Provider Education:** *We recommend identifying historical DSHS case management providers that are not in managed care networks and provide additional education and support.*

Case Management for Children and Pregnant Women is a state plan benefit that is currently rendered by providers contracted with DSHS. Under the fiscal note for HB 133, it is assumed MCOs will provide services through contracted providers.

Extending Medicaid Postpartum Coverage to 6 Months

- We recommend working quickly to secure federal funds and making sure moms get 6 months coverage as soon as possible.

Thank you for your consideration. If you have any questions or if we can provide further information, please contact me at (210) 223-4589 or EDelgado@TexasWHC.org.

Respectfully submitted,

Evelyn Delgado
Chair, Texas Women's Healthcare Coalition