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- I want to sign on as a supporter of the CTN 2015 legislative agenda
- I want to sign on as a supporter of the CTN 2015 legislative agenda, **AND** be listed as a CTN member organization (coalition members will be listed on the CTN website as members)

Organization Name: _____

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2015 Legislative Agenda

Toward the goal of expanding health coverage to more Texans, the Cover Texas Now Coalition supports the following policy strategies and initiatives:

- 1.** Improve the health and well-being of Texans by ensuring access to affordable health care coverage.
 - Leverage federal healthcare funds to ensure low-wage Texans have options for affordable healthcare coverage.
 - Implement 12-month eligibility for children on Medicaid.
 - Eliminate CHIP waiting periods.

- 2.** Ensure that all Texans have ready access to the robust information, application/enrollment systems, and consumer assistance they need to gain, use and maintain quality health insurance.
 - Verify Texas has a diverse, stable, sufficient corps of paid and volunteer assisters to maximize Texans’ participation in available health insurance programs.
 - Verify that the Health and Human Services Commission (HHSC) eligibility system is fully interoperable with the Health Insurance Marketplace and able to provide “No Wrong Door” access for Texans.
 - Encourage HHSC, the Texas Department of Insurance (TDI) and other state agencies to increase access and maximize resources by building consumer assistance partnerships with local communities and community-based organizations.
 - Enhance HHSC’s capability to provide consumer assistance and ombudsmen services to the increasing share of the Medicaid population receiving services through managed care.

- 3.** Strengthen health coverage consumer protections by improving access to needed information on health plan features, ensuring adequate networks, and stopping surprise medical bills.

- Verify that provider networks in Medicaid, CHIP and private insurance are adequate to meet the needs of Texans
- Verify that consumers can readily get needed information upfront to make informed choices when they shop for and use health insurance.
- Stop surprise medical bills stemming from care that, unbeknown to the consumer, is from a provider not covered by their insurance.

1. Improve the health and well-being of Texans by expanding access to affordable health care coverage

- a) Accept federal healthcare funds to ensure low-wage Texans have options for affordable healthcare coverage.

Cover Texas Now supports expanding coverage to ensure that low-income Texans have access to affordable healthcare coverage. Currently, there are more than one million Texans who are in the Texas "Coverage Gap." They do not qualify for the current Medicaid option for adults which provides coverage only to parents up to 19% of the FPL (\$313 a month for a family of 3) and make too little to receive financial assistance in the Marketplace. Texans in the Coverage Gap include 66,000 veterans and their spouses, Texans living with a mental illness or disability, as well as those working retail, construction, child care, hospitality, health care, or food service.

The Coverage Gap hurts working families most since the federal poverty level for a family is calculated using family size. A working mom with one child may be under the poverty level and in the Gap, while her single co-worker who makes the same income, gets substantial financial assistance in attaining coverage through the Marketplace.

The coalition supports closing the Coverage Gap, which can be done through a variety of methods. The Coverage Gap can be closed by expanding traditional Medicaid. It can also be closed by negotiating with the federal government to develop a custom-built, private-coverage solution for our state, something that many conservative states have successfully negotiated.

Whatever path Texas chooses, the federal government will pay 90 percent or more of the cost of closing the Gap. Former state demographer Billy Hamilton and leading economist Ray Perryman have modeled that closing the Coverage Gap will pay for itself due to the significant federal match, off-setting the cost of current healthcare programs that would no longer be needed, and through the increased revenue generated from taxes on healthcare premiums. Additional benefits to closing the coverage gap include the creation of 200,000 - 300,000 jobs over the next the next 10 years; reducing property tax pressure and lowering insurance premiums for businesses and taxpayers. Because of the Coverage Gap, an estimated 9,000 Texans are expected to die prematurely each year; more employers will pay a federal penalty for failure to provide insurance to their employees, which could reach \$399 million per year; and Texas cities and counties will pay over \$4 billion in annual cost for uncompensated care.

Those wishing to close the Gap include supporters and opponents of the Affordable Care Act. The Texas Association of Business, local chambers of commerce, economists, hospitals, doctors, county officials, churches, state legislators, and taxpayers all support closing the gap.

- b) Implement 12 -month eligibility for children on Medicaid.

The coalition supports implementing 12 months of continuous eligibility for children in Medicaid, as we have for CHIP and most other state programs. This recognized national best practice is the single most effective step our state can take to reach the more than 500,000 remaining uninsured children who are eligible for Medicaid and CHIP but, not yet enrolled. Children continue to fall through the cracks with six month eligibility and workload is doubled for the state. Twenty three states have adopted 12 month continuous eligibility since it has been well document in significantly reducing the number of uninsured children. In 2009, HHSC estimated that 12-month continuous coverage could have cut Texas' child uninsured rate by half.

c) Eliminate CHIP Waiting Periods.

In a world where children at all income levels have access to healthcare coverage it no longer makes sense to maintain the CHIP waiting period. Waiting periods were originally developed to help prevent individuals dropping their employer-based healthcare coverage to get their children onto CHIP. If a child today was subject to the 90 day CHIP waiting period, they would be eligible for Marketplace coverage for those 90 days and then be transferred back to CHIP, likely experiencing gaps in coverage along the way. This creates an added level of coordination between the Marketplace and CHIP and is not an efficient use of state and federal resources. Additionally, any gap in coverage created by a waiting period or the administrative process to transfer children between different coverage options can be harmful to child health and development, particularly for very young children. Given the complexity of transitioning children between coverage options, it is virtually impossible to ensure that they will not face a gap in coverage.

2. Ensure that all Texans have ready access to the robust information, application/enrollment systems, and consumer assistance they need to gain, use and maintain quality health insurance.

a) Ensure Texas has a diverse, stable, sufficient corps of paid and volunteer assisters to maximize Texans' participation in available health insurance programs.

Research indicates that a majority of Americans, including Texans, prefer or require in-person assistance to apply for and enroll in health insurance. Types of assisters include licensed health insurance agents, public employees, health and social service professionals, community-based volunteers, community-based social workers and others. Lawmakers should affirm the important role assisters play in our state's health insurance system, and ensure that all assisters receive the support they need to perform their work.

b) Verify that the Health and Human Services Commission (HHSC) eligibility system is fully interoperable with the Health Insurance Marketplace and able to provide "No Wrong Door" access for Texans.

As Texas families apply for health care coverage through two different portals – HHSC and the federal Marketplace – we must ensure that they encounter user-friendly eligibility systems that are accurate and timely in the determination of coverage for various family members. This will require effective information exchanges and communication between the state's Health and Human Services Commission, which administers CHIP and Medicaid, and the federal Marketplace, which administers private coverage for 734,000 Texans. Often families will have children on Medicaid and CHIP and parents in the Marketplace, making the interaction between HHSC and the Marketplace important to Texas families.

- c) Encourage HHSC, the Texas Department of Insurance (TDI) and other state agencies to increase access and maximize resources by building consumer information and assistance partnerships with local communities and community-based organizations.

Getting all 26 million Texans the health insurance information and assistance they need is a big job! State agencies can extend their reach and make sure messages are appropriately tailored for a variety of audiences by partnering with local nonprofits and communities. For example, HHSC's Community Partner Program provides access to application assistance through local faith and community-based Community Partners. TDI can build on past work with community-based organizations to educate more Texans on how insurance works. Lawmakers can encourage state agencies to develop networks of partners to ensure information and assistance are accessible statewide.

- d) Enhance HHSC's capability to provide consumer assistance and ombudsmen services to the increasing share of the Medicaid population receiving services through managed care.

Over the last 20 years enrollment in Texas Medicaid managed care has expanded from serving less than 3% of Medicaid clients in state fiscal year 1994, to serving about 85% of Medicaid clients in 2014, and planned future managed care expansions will increase that share. HHSC's Medicaid Managed Care Helpline and ombudsmen have been instrumental in assisting individuals with navigating the health care system, understanding Medicaid coverage and resolving problems with access to care. However, the number of staff serving in this capacity has not increased commensurate with the expanded population in managed care.

In order to ensure Texas Medicaid managed care enrollees have access to the full array of entitled services and fully understand their benefit they must have sufficient support from an independent public advocate. The coalition supports implementing Medicaid managed care ombudsman best practices with localized assistance, adequate staffing, independence, and consistency in reporting and analysis of complaint data.

3. Strengthen health coverage consumer protections by improving access to needed information on health plan features, ensuring adequate networks, and stopping surprise medical bills.

- a) Verify that provider networks in Medicaid, CHIP and private insurance are adequate to meet the needs of Texans.

The coalition supports ensuring the adequacy of networks so they meet the needs of Texans who are healthy, as well as those who require highly specialized care, by:

- Ensuring that HHSC and TDI can adequately review and enforce network adequacy standards, and
- Strengthening standards for inclusion of "essential community providers" with expertise in serving low-income and underserved populations.

- b) Verify that consumers can readily get needed information upfront to make informed choices when they shop for and use health insurance.

Consumers report difficulty getting accurate information on which providers are in network, and in some cases, choosing a plan based on network information that turns out to be inaccurate. Insurers and providers are both parties to network contracts, and it is reasonable to expect that they can accurately relay information about network status to consumers, including participation in plans sold in the Health Insurance Marketplace. Consumers are not party to network contracts, yet they are the ones who ultimately suffer financial or health harm when they receive misinformation about a provider's network status with an insurer.

Insurers commonly offer multiple provider networks, formularies, and cost-sharing levels. It should be clear from marketing materials and insurer websites which provider network, formulary, and cost-sharing levels apply to specific plans, so consumers are not in a position where they could guess incorrectly or misinterpret information causing them to choose plans that do not meet their needs.

- c) Stop surprise medical bills stemming from care that, unbeknown to a consumer, is from a provider not covered by their insurance.

Even diligent consumers who ask all of the right questions can unexpectedly end up getting care outside of their insurer's network, which can cost a consumer hundreds or thousands of dollars more than in-network benefits. This can happen, for example, in an emergency and other scenarios when consumers have no reasonable choice in which providers treat them. Unexpected out-of-network care can lead to large, surprise medical bills, often called "balance bills," because the consumer is asked to pay the balance of what insurance doesn't pay.

Texas should stop unexpected balance bills and ensure consumers aren't the ones who pay the price when insurance companies and out-of-network providers can't agree on fair rates. We can do this by directing providers and insurers to take their billing disputes to mediation and removing the consumer from the endless billing tug-of-war.