



Medicaid Monday: Legislative Update

Description

June 7, 2021

One week ago today, the 87th Texas Legislature completed the regular session. This Medicaid Monday we're looking at some of the changes Texas made to Medicaid and how they will build on the success of the managed care model.

While both HB 133 and HB 2658 have passed the Legislature, neither has been finally approved by the Governor. Gov. Abbott has through June 20 to sign, veto or let this legislation become law without his signature.

6 Months Postpartum Coverage

Medicaid is the largest single payer of maternity care in the US, covering [43%](#) of all births in 2017. The Texas Medicaid program only covers women for 60 days past delivery, and research shows the majority of maternal deaths in Texas occur after a mother loses her Medicaid coverage. Recognizing the importance of addressing maternal mortality, the Legislature passed [HB 133](#), which will

provide pregnant women in Medicaid six months of postpartum coverage. This extension will help make sure new mothers have the care they need at a time when they are especially at risk.

Healthy Texas Women's Program

Twenty-five states, including Texas, established programs that use Medicaid funds to cover the costs of family planning services for low-income, uninsured women. In Texas, this program is called Healthy Texas Women (HTW). HTW provides important family planning services for women and, due to legislation passed last session, includes some limited enhanced postpartum services (including treatment for physical health, mental health, and substance use disorder services). The program is delivered through fee-for-service, making it difficult for these women to find doctors that can deliver the enhanced services. HB 133 will make the Medicaid health plans responsible for administering the program. This means women will have help navigating a complex system and will be able to seamlessly transition from program to program—keeping their existing Medicaid managed care plan, insurance card, and doctors.

Continuous Eligibility

HB 2658, the Medicaid omnibus bill, included provisions to provide 12 months of continuous eligibility for children in the Medicaid program. Many of these children were losing coverage not because they did not qualify but because it was challenging to submit paperwork in tight timeframes. This bill gives clients two consecutive periods of eligibility and authorizes HHSC to conduct an eligibility review only once during the child's two consecutive periods of eligibility.

Adult Dental Coverage

[HB 2658](#) also directs HHSC to allow at least one preventive dental care visit per year for an adult recipient with a disability and enrolled in the STAR+PLUS Medicaid managed care program. There have been studies that show the offset in long-term costs by providing preventive dental services due to avoidable ER visits and the fact that untreated dental care can result in exacerbations of more chronic conditions.

Managed care plans make Texans healthier and save taxpayer money by prioritizing preventive care and coordinating pharmacy and health care for Texans on Medicaid and CHIP. These four changes to Medicaid this session will help make managed care even more effective and Texas a healthier state.

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