TEXAS
Health and Human Services

Managed Care Oversight Initiatives

Juliet Charron, Director of Results Management, Medicaid and CHIP Services

April 25, 2019

Managed Care Oversight Initiatives

Six oversight initiatives have been established

- Network Adequacy
- Complaints Data Trending and Analysis
- Service and Care Coordination
- Strengthening Clinical Oversight
- Outcomes Focused Performance Management
- Administrative Simplification

TEXAS
Health and Human Services

Network Adequacy

Goals	Activities
Improve accuracy of provider directories	Changes include bolstering reporting requirements for the annual Provider Directory Verification Survey. (Q1 FY 2020) MCOs are now required to validate error files from the Appointment Availability study. (Q2 FY 2019)
Increase the use of telemedicine	Drafting an Agency Position Statement to use when new telemedicine benefits are under consideration. (Q3-Q4 FY 2019)
Reduce administrative burden	Developing an MOU with TDI regarding streamlining reporting between agencies when possible. (Q3-Q4 FY 2019)
Integrate network adequacy data into single dashboard	Developing proof of concept for network adequacy performance dashboard. (Q3 FY 2019)

TEXAS
Health and Human Services

Complaints

Goals	Activities
Streamline the process	Documented the current member managed care complaint process and entry points. (Q1 FY 2019) Directing complaints to the Ombudsman through a “no wrong door” approach to provide consistency in how complaints are recorded and resolved. (Q1 FY 2020) Complete implementation of communications plan to convey new process to clients, stakeholders, and staff. (Q1 FY 2020)
Standardizing data	Implementing contract changes regarding relevant definitions. (Q1 FY 2020) Revising complaint data categories to create consistency across HHSC and MCO self-reported data. (Q1 FY 2020)
Increase data trending and transparency	Creating a data analysis plan to utilize enhanced data in contract oversight and early issue detection. (Q4 FY 2019) Identifying opportunities to share complaints data publicly. (Q3 FY 2019)

TEXAS Health and Human Services

Service and Care Coordination

Goals	Activities
Terminology Alignment	Clarify Service Coordination and Service Management activities for providers/members and better align terminology in managed care contracts. (Q1 FY 2021)
Identify Opportunities to Improve	Identify other state best practices and incorporate into Texas' managed care programs.
Enhance Oversight	Develop and implement Operational Review for Service and Care Coordination within all programs (Q1 FY 2020). Improve coordination between case management functions within fee-for-service programs (e.g. IDD Waivers, YES Waiver) and MCO Service and Care Coordination functions. Develop enhanced reporting and monitoring framework for Service and Care Coordination. (Q1 FY 2021)

TEXAS
Health and Human Services

Clinical Oversight

Goals	Activities
Develop Prior Authorization (PA) deliverable	Implementing aggregated data deliverable – Effective SFY 2020. (Q1 FY 2020) Establishing final requirements for Member- Level PA data collection tool. (Q4 FY2019) Looking to implement member-level data deliverable (pending funding). (estimated Q4 FY 2020)
Implement planned efforts to strengthen oversight	Developed proposals for increased sample size and services reviewed for Acute Care Unit Review and Long Term Services & Support.
Service Utilization Oversight	Integrating service utilization monitoring into other oversight coordination functions/venues. (estimated Q4 FY 2020)

TEXAS
Health and Human Services

Outcome Focused Performance Management

TEXAS Health and Human Services

Goals	Activities
Enhance current Operational Reviews (OR)	Expanding to include additional areas. Compliance to be assessed onsite or via desk review. (Q4 FY 2019) Developing new onsite review module that will trace a members path of care. (Q4 FY 2019)
Strengthen communication related ORs	Planning training for MCOs on enhancements to new OR process. (Q4 FY 2019) Creating comprehensive final report template to streamline onsite review results – including a revised scoring system to grade overall MCO performance. (Q4 FY 2019)
Streamline MCO deliverables	Assessing each deliverable for usefulness of information, identifying needed revisions, or opportunities to streamline. (Q4 FY 2019)

Administrative Simplification

The Administrative Simplification initiative will reduce Medicaid provider burden through key areas of administrative improvements

- Claims payment
- Prior authorization submissions
- Eligibility information
- Enrollment processes

TEXAS
Health and Human Services

TEXAS
Health and Human Services

Complaints Improvements

Claire Middleton, *Senior Policy Advisor*

Medicaid and CHIP Services Department

Complaints

- Opportunities
- Current Complaint Process
- Complaint Journey
- Data
- Timeline

TEXAS
Health and Human Services

Complaints

- The Health and Human Services Commission (HHSC) has identified opportunities to improve the managed care complaints process and data collection
  - Activities align with Deloitte recommendations in the Rider 61 (b) report
- An HHSC workgroup is focused on the following:
  - Streamlining the complaint process
  - Providing consistency in how complaints are routed, collected, and recorded
  - Aggregating data to identify trends and early warning signs
  - Increasing transparency around data

TEXAS
Health and Human Services

Current Process

- Managed Care complaints may be submitted through a variety of channels some of which have independent processes including:
  - Managed Care Organization (MCO)
  - HHSC Ombudsman's Office
  - HHSC Medicaid CHIP Services (MCS)
  - Department of Family and Protective Services (DFPS)
  - 2-1-1, Option 2
  - MAXIMUS
  - Texas Medicaid and Healthcare Partnership (TMHP)

TEXAS
Health and Human Services

Complaints Journey

- Improving the HHSC complaints process for clients includes:
  - No wrong door for complaints
  - Standardizing complaint resolution and recording
    - All managed care complaints will be funneled to the Ombudsman's Office
    - New process is implementing in phases
  - Educating clients and staff on process
    - Complaint journey infographics
    - Website updates
    - Updating manuals and handbooks

TEXAS Health and Human Services

Complaints Data

- Data Improvements include:
  - Standardization of complaint data submitted by MCOs
    - Aligning HHSC and MCO complaint categories and definitions
    - Improving data analysis to promote early issue resolution
  - Use of data in contract oversight
  - Improving data transparency

TEXAS Health and Human Services

Timeline

December 2018

- Documented current Complaint Journey
- Identified improved Complaint Journey

January 2019

- Deployed new Complaint Journey Phase I

April 2019

- Continue deployment of Complaint Journey

Before June 2019

- Post quarterly Ombudsman complaints report to website

September 2019

- Execute contract and manual changes regarding complaints definitions and reporting standardization
- Implement communications plan for new process

TEXAS
Health and Human Services

TEXAS
Health and Human
Services

Questions

TEXAS
Health and Human Services

Thank you

Claire.Middleton@hhsc.state.tx.us

SMMCAC Recommendations Presentation

April 25, 2019

TEXAS
Health and Human Services

SMMCAC Recommendations

TEXAS Health and Human Services

Committee Expansion

- Expand SMMCAC Membership to a Total of 23 Members
  - Adding 8 New Members
  - Key Areas of Consideration for New Members
    - Members with more managed care expertise
    - Members with intellectual and developmental disabilities expertise
    - Providers not currently represented (NFs and therapists)
  - With SSMCAC approval, recruitment efforts begin March 2019

SMMCAC Recommendations

Committee Expansion

- Application Process
  - HHSC accepted membership applications until January 2019 to serve a two-year term and/or complete the term of a current vacancy
  - 100 applications were received
- Review Process
  - HHSC Leadership workgroup formed to make initial reviews
  - State Medicaid Director Review
- Selection Process
  - Executive Commissioner Appointment

SMMCAC Recommendations

TEXAS Health and Human Services

Establish Temporary Subcommittees

- Proposed subcommittees
  - Complaints, Appeals and Fair Hearings
  - Network Adequacy/Access to Care
  - Service and Care Coordination
  - Benefits and Eligibility
  - Administrative Simplification
    - Claims payments issues
    - Broad prior authorization issues
    - Other issues that cause provider burden
- Timeline
  - If approved, subcommittees will begin convening and may be phased in based on prioritization of issues.

SMMCAC Recommendations

Increased Staff Support

- Committee/Subcommittee Support
  - Dedicated HHSC staff assigned as liaisons and subject matter experts (SMEs) to support overall advisory committee structure and issue resolution.
  - Liaisons—responsible for committee logistics
    - Scheduling, agenda development, issues tracking, etc.
  - SMEs—provide policy guidance, research, data, and program information relative to a specific Medicaid program, benefit/service or area.
- Support Staff Contacts
  - A list of committee liaisons, with their contact information, is being disseminated to committees

Other Stakeholder Engagement Enhancements

- HHSC staff are developing a system to track any issues that are brought to the committees and/or workgroups, and will mitigate as needed to ensure groups are informed and minimize duplication of efforts.

- Quarterly reporting to stakeholders on issue resolution status.
  - HHSC anticipates quarterly reporting to begin by June 2019

Thank you

Sarah Melecki

Sarah.Melecki@hhsc.state.tx.us

(512) 424-6532