

**State Medicaid Managed Care Advisory Committee  
FINAL DRAFT September 12, 2018  
10:00 a.m.**

**Health and Human Services Commission  
Brown-Heatly Building  
Public Hearing Room  
4900 N. Lamar Blvd  
Austin, TX 78751**

**Agenda Item 1: Call to order**

Ms. Sandy Klein, Chair called the eighth meeting of the State Managed Care Advisory Committee (SMMCAC) meeting at 10:06 a.m. Ms. Klein welcomed committee members and the public.

**Agenda Item 2: Roll Call**

Mr. John Chacón, HHSC Stakeholder Relations, conducted a member roll call and announced the presence of a quorum.

Mr. John Chacón, HHSC Stakeholder Relations, announced that the meeting was being conducted in accordance with the Texas Open Meetings Act and that today's meeting was being webcasted. Table 1 denotes committee member attendance.

Table 1: The State Medicaid Managed Care Advisory Committee member attendance at the Wednesday, September 12, 2018 meeting.

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Abraham, Deanna		X	Gore, John	X	
Adams, Michael	P		Fagen, Janice (10:29 am)	P	
Asbury, John M.D.	X		Klein, Sandy (Chair)	X	
Bearden, Chase (Vice-Chair)		X	Michelsen, Soad MD		X
Borrego, Fabian	X		Robinson, Paula		X
Carter, Troy		X	Schaefer, Michelle	X	
Deming, Laura	P		Weden, David	X	
Dunkelberg, Anne	P				

Yes: Indicates attended the meeting  
P: Indicates attended via phone

No: Indicates did not attend the meeting

**Agenda Item 3: Adoption of June 18, 2018 meeting minutes**

Ms. Klein called for a motion to approve the minutes of the June 18, 2018 meeting minutes.

**Motion:**

Mr. David Weden moved to approve the minutes from the June 18, 2018 meeting as presented. Mr. Fabian Borrego seconded the motion. The Committee members unanimously approved the minutes by voice vote, with nine Yea's, no nays and no abstentions.

#### **Agenda Item 4: Re-adoption of Committee Bylaws**

Ms. Cassandra Marx reviewed the draft of the SMMCAC bylaws and referenced handouts entitled "State Medicaid Managed Care Advisory Committee Bylaws" and "State Medicaid Managed Care Advisory Committee Bylaws Comparison with edits". Highlights of review and member discussion include:

- Ms. Marx stated that in general the bylaws were updated to a new standard format. Many of the changes were conforming and non-substantive correcting capitalization, readability and grammar. It also reflects changes to conform to the committee's enabling rule. The rule change is being considered presently that would extend the terms from two years to three years.

Ms. Klein called for a motion to approve the SMMCAC Bylaws.

#### **Motion:**

Mr. David Weden moved to approve the SMMCAC Bylaws with the changes of date and term dates being changed according to the proposed rule. Ms. Janice Fagen seconded the motion. The Committee members unanimously approved the minutes by 2/3 of membership via voice vote, with ten Yea's, no nays and no abstentions.

#### **Agenda Item 5: Health and Human Service Commission (HHSC) procurement process**

Ms. Kay Molina, Director, HHSC provided an overview of HHSCs procurement process and referenced PowerPoint entitled "Compliance and Quality Control". Highlights of overview and member discussion include:

- Question was asked by a committee member regarding if MCO scoring is completely objective and Ms. Molina responded that it is a little of both, but mostly objective. Ms. Charron stated that the way the score sheets are set up, they are specific to the requirements. HHSC use the best subject matter experts to look at the proposal responses.
- Question was asked by a committee member regarding there was mention if additional resources needed. The LAR stated that the managed care oversight number of additional staff was left open and wanted to know where HHSC was on those positions. Ms. Molina responded that the LBB gave HHSC an additional 100 positions related to oversight and they are working on the Rider 61 report. HHSC is about 30% down on PCS at this point. She stated that they really need to get fully staffed.
- Question was asked by a committee member regarding that the subcommittees discussed pay for performance so how does HHSC decide what to do when the patient has a bad outcome. There are numerous factors that can impact performance and outcome. Ms. Charron stated that Mr. Andy Vasquez would be a good resource for this. Ms. Erwin stated that they can ask Mr. Vasquez to come present to the committee.
- Ms. Sandy Klein, Chair stated the committee wants to know how the results get into the procurement process. HHSC stated that the value based approach is relatively new and it would be good for Mr. Vasquez come to talk with the committee.
- Comment was made by a committee member that committee members are now down in the weeds trying to find out where there are issues with network adequacy.

### **Agenda Item 6: Managed care oversight initiatives**

Ms. Juliet Charron, Director of MCS Results Management, HHSC provided an update on managed care oversight initiatives and referenced a PowerPoint entitled "Managed Care Oversight Initiatives FY2019". Highlights of update and member discussion include:

- Question was asked by a committee member regarding if HHSC is looking at this as a whole or at separate MCOs and Ms. Charron responded that both are looked at. For instance there are certain workforce issues throughout the state but also some unique local issues. We look at individual MCOs and products and see what problems exist.
- Question was asked by a committee member regarding if HHSC was going to look at different groups and see how the services are working and Ms. Charron responded that the focus is on service coordination and making sure the services required are provided.
- Question was asked by a committee member regarding if the modules for service coordination are addressing dual eligible and third party insurance and Ms. Charron responded that there are contract requirements that include duals and third party resources. This also comes out more in the contract and utilization reviews. More product specific elements for service coordination requirements, for example, third party private insurance is seen most frequently in the STAR Kids program, will be looked at.
- Ms. Michelle Erwin stated that she checked on the patient noncompliance issue related to value based purchasing, and holding both parties harmless. The requirements presently do not speak to that issue. She stated that conversations should occur so it is clear how non-compliance can be managed in the process.

### **Agenda Item 7: Subcommittee reports:**

- a. Subcommittee on Goal 1 (Provide HHSC leadership with an accurate and balanced view of both challenges and opportunities identified in the Medicaid managed care delivery system, and offer innovative and operationally practical solutions)
- b. Subcommittee on Goal 2 (Develop sound recommendations that directly affect Medicaid managed care clients by prioritizing quality health outcomes, patient safety, and fiscal responsibility in the delivery of programs and services)
- c. Subcommittee on Goal 3 (Advise Health and Human Services on activities related to ensuring clients or members are receiving timely care coordination for medically and functionally necessary services across all Medicaid managed care programs. This will include recommendations for continuous collaborative communication between Health and Human Services, managed care organizations, members, and providers, as well as for the rapid resolution of eligibility and enrollment issues)

Mr. David Weden and Ms. Michelle Schaefer provided an update on subcommittee on Goal 1 and 2 respectively, and no report was given for Goal 3. Highlights of updates member discussion include:

- Ms. Sandy Klein, Chair stated that there was a third committee but that group has not brought recommendations to the committee at this time.
- Ms. Ann Dunkelberg stated that she has concerns with the limitation on the number of MCOs per region. She stated that multiple choices can be beneficial for consumers.

- Ms. Michelle Schaefer stated that when a provider sees clients for care, it can be difficult to keep track of which MCO they are with.
- Mr. David Weden stated that perhaps the report can take into account several variables like population density, efficient utilization of resources, and other factors in determining an appropriate maximum number of MCOs per region.
- Ms. Dunkelberg stated that she believes that data already is available. She stated that there are some providers who see multiple patients from different service areas.
- Mr. Weden stated that one of the issues develops when the RFPs go out for bid, and a local MCO contracts for new business, for which providers are automatically included.
- Ms. Janice Fagen stated that the reason there can be multiple MCOs in a region is that there are multiple products and not every MCO bids on all those products. That can lead to complexity. She stated that if HHSC required all the plans to bid on all the products that could potentially solve the problem.
- Ms. Dunkelberg stated that she could support reducing the complexity, but that it is important to keep those not-for-profits in the mix. More attention has to be paid to the barriers created and the hassle factor on providers.
- Mr. Weden stated that his comments would address the concern of the non-profits.
- A comment was made by a committee member that the concern may be more complex than what was presented here.
- Ms. Klein, Chair stated that the committee use Mr. Weden’s language but add narrative that clarifies the intent of the workgroup.

**Agenda Item 8: Vote on committee recommendations to the HHSC Executive Commissioner**

Ms. Sandy Klein led the discussion on the committee recommendations to the HHSC Executive Commissioner and entertained for a motion to vote and approve each of the recommendations.

Ms. Klein called for a motion to approve the recommendations presented for Goals #1 and #2.

**MOTION:** Ms. Janice Fagen made a motion to approve the recommendations for Goal #1 and #2 (as amended by Mr. David Weden’s language). Dr. John Asbury seconded the motion. The Committee members approved the recommendations by voice vote, with eight Yea’s, two nays and no abstentions.

**Agenda Item 9: Expiring member terms**

Ms. Sandy Klein led the discussion on expiring committee member terms. Highlights of member discussion include:

<b>Member:</b>	<b>Term Expires:</b>
Deanna Abraham	12/31/18
Michael Adams	12/31/2018 Resigned 5/2018
John Asbury, M.D.	12/31/18
Chase Bearden	12/31/19
Fabian Borrego	12/31/18
Troy Carter	12/31/18
Laura Deming	12/31/19
Anne Dunkelberg	12/31/19
Johnny Gore	12/31/19

Fagen, Janice	12/31/19
Sandy Klein	12/31/18
Soad Michelsen, M.D.	12/31/19
Paula Robinson	12/31/18
Michelle Schaefer	12/31/19
David Weden	12/31/18

- HHSC stated that the new rule may change the dates of expiration.

## **Agenda Item 10: Committee report to the HHSC Executive Commissioner**

### **a. Report content**

### **b. Timeline**

Ms. Sandy Klein led the discussion on the committee report process to the HHSC Executive Commissioner. Highlights of member discussion include:

- The committee talked about the timelines below for the committee report.

#### **Timeline:**

August 1, 2018	Notify Committee point of contact for subcommittee
August 2-25	Subcommittees meet to develop and vote on recommendations
September 1	Final Recommendations due HHSC
September 12	Committee discusses and votes on recommendations
December 12	Committee discusses and approves report

## **Agenda Item 11: Public comment**

No public comment was offered.

## **Agenda Item 12: Adjournment**

- A comment was made from a committee member about Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and the requirement for postpartum depression screenings. The concern was that following the screening, if the mother is no longer eligible for Medicaid, there is no place to refer the mother to. HHSC clarified that the law allows payment for screening but does not require screening, and that the mother can be referred to the Healthy Texas Women's Program if no longer eligible for Medicaid.
- Ms. Sandy Klein, Chair stated that the next meeting will be December 12, 2018.
- Ms. Sandy Klein, Chair adjourned the meeting at 11:57 a.m.

Below is the link to the archived video of the September 12, 2018 State Medicaid Managed Care Advisory Committee meeting

<https://texashhsc.swagit.com/play/09122018-874>