

December 31, 2018

Dr. Courtney N. Phillips  
Executive Commissioner  
Texas Health and Human Services Commission  
4900 North Lamar Blvd.  
Austin, TX 78751

Dear Commissioner Phillips:

The State Medicaid Managed Care Advisory Committee (SMMCAC) is pleased to submit our annual report and recommendations. Our recommendations focus on the goals outlined in the report previously submitted last year and attached for your convenience. These goals were developed to align with HHSC's goals for 2018. The members of the committee appreciate the opportunity the Commission has provided us to contribute to the improvement of services received by the states most vulnerable populations.

The committee's charge, to advise and provide recommendations on Medicaid managed care, is extremely broad. HHS has expanded the population served under managed care to approximately 93 percent of the total Medicaid population. Since the beginning of Medicaid in Texas, 50 years ago, the program has evolved to serve 1 in 7 Texans and has expenditures of \$38 billion during fiscal year 2017. The work of the committee becomes even more important as Texas serves an increasing population with ever decreasing resources along with uncertainty of future federal funding. The committee believes it is more essential now than ever to ensure optimal stewardship of taxpayer dollars while balancing the needs of the individuals and families served by HHS.

The committee has been meeting since September 2016 and we believe we have developed some actionable recommendations for your consideration.

We look forward to accomplishing the goals in the plan and providing you with future updates.

Sincerely,

Sandy Klein, Chair  
SMMCAC

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# The State Medicaid Managed Care Advisory Committee Report to the HHSC Executive Commissioner

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December 31, 2018

## **Introduction**

The State Medicaid Managed Care Advisory Committee (SMMCAC) was reformed and has been meeting regularly since September of 2016. A roster of the committee members is attached as Appendix A. The SMMCAC has developed and adopted a strategic plan aligned to HHS goals to provide direction and recommendations regarding the operation of Medicaid managed care programs. The committee narrowed their broad charge by identifying three specific goals on which they would focus over the next two years:

- Provide HHS 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.
- 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.
- Advise HHS on activities related to ensuring clients/members are receiving timely care coordination for all medically and functionally necessary services across all Medicaid managed care programs. This will include recommendations for continuous collaborative communication between HHS, MCOs, members, and providers, as well as for the rapid resolution of eligibility issues.

After the prioritization process was complete, committee members formed subcommittees to address the goals. Each subcommittee was assigned HHS staff to facilitate, provide subject matter expertise, and take notes. The subcommittees were charged with developing strategies and action items designed to achieve their respective goals.

To provide historical background, attached for your convenience, as Appendix B is the Report to the Executive Commissioner in 2017.

## **SMMCAC Meetings**

The SMMCAC met 4 times in 2018 on March 14, 2018; June 18, 2018; September 12, 2018 and December 12, 2018. In between the regularly called committee meetings, the subcommittees met and developed recommendations to present to the committee of the whole. The cost for travel for 2018 is estimated to be approximately \$5,152.00.

## **Recommendations from the SMMCAC**

**Recommendation #1:** Specific HHSC public committees which have a similar charge to the SMMCAC should report into the SMMCAC; the SMMCAC would report to the HHSC Executive Council. Potential duplication of effort will be eliminated by having SMMCAC

be the overarching committee which receives recommendations from other committees as well as opportunities to consolidate committees will be more easily identified to streamline the committee structure. Committees for consideration for this new reporting structure are identified in Appendix C.

Recommendation #2: Recommend that Health and Human Services to conduct a review of the appropriateness and reasonableness of existing Network Adequacy Standards for specific specialties including telemedicine. Determine if the information utilized is accurate or if there were network reporting issues that are causing a higher percentage of counties to show as not having an Medicaid MCO that meets the required threshold; Review if the network adequacy standard is appropriate or should be adjusted for the particular provider type and county type; Consider if the particular provider type and county type combination is a critical service, and, if so, if the current rates can attract and retain providers in those areas or if special incentive programs need to be considered for additional funding to help attract and retain the critical service.

Recommendation#3: Recommend that HHSC develop best practices and any necessary rules or contract language regarding efficiencies for coordinating benefits (wrapping benefits) between insurance plans when an individual has dual or tri coverage that includes a Medicaid Managed Care Plan (e.g. Medicaid, Medicare, Private Insurance).

Recommendation #4: Recommend that the Health and Human Services Commission develop a network adequacy standard for Child Psychiatry.

Recommendation #5: Require that Pay for Performance Programs are aligned amongst the MCOs working in a service area to improve efficiencies for providers.

Ensure that Pay for Performance is aligned between providers and managed care organizations and that providers are not solely penalized or accountable if the members are non-compliant. If lack of compliance on the patient's part is not taken into consideration it will likely force providers to withdraw from managed care or to refuse to see certain clients, causing a larger gap in network adequacy.

Recommendation #6: Recoupments on claims for authorized services to be limited to one-year from paid date. Providers are experiencing recoupments as far back as 5 years.

Recommendation #7: Reduce complexity for providers by keeping the number of MCOs per service area as low as possible considering size and needs of the population and number of products to be offered while preserving adequate member choice and competition as well as driving as much standardization among the MCOs operating in a service area as possible.

Recommendation #8: Inclusion of a requirement in the Uniform Managed Care Manual (UMCM) critical elements in the MCO Member Handbook of plain language information on how to make the most of a doctor visit. Examples of topics to be covered:

- Take insurance card with you to the appointment
- If first visit, plan to arrive early to complete paperwork at the doctor's office
- Take a moment to think about major medical issues in your family's medical history and write them down to help with completing paperwork at the doctor's office
- Have emergency contact information with you for completion of paperwork in doctor's office
- Write down the signs you have noticed of how you are not feeling well
- Write down the medications you are currently taking including name of medication and dosage
- Write down questions you have for the doctor and take them with you to the appointment
- Take a pen and paper with you to write down instructions the doctor gives you
- If you are not sure if something is important, be safe and give the information to the doctor so the doctor can make a fully informed decision on treatment

Recommendation #9: Recommend the addition of a 'flag' to the Network Adequacy reports for plans and counties where Telemedicine was utilized based on patient location.

Thank you for the opportunity to present our recommendations to you and HHSC. We would welcome the opportunity to discuss them in further detail during one of our regularly scheduled meetings in 2019 or off cycle at your convenience.

## Appendix A

### Committee Members, Affiliations and Terms.

#### SMMCAC Members - Background

NAME	CATEGORY REPRESENTATION	Term Expiration
Deanna Abraham	Parent Representing: Recipients with Disabilities Including Recipients with an Intellectual or Developmental Disability or with Physical Disabilities, or Consumer Advocates Representing Those Recipients	12/31/2018
Michael Adams	Obstetrical care providers-resigned May 2018	12/31/2019
John Asbury, M.D.	Primary care providers and specialty care providers.	12/31/2018
Chase Bearden	Advocates for adults and children with special healthcare needs.	12/31/2019
Fabian Borrego	Hospitals	12/31/2018
Troy Carter	Parents of children who are recipients.	12/31/2018
Laura Deming	Parents of children who are recipients.	12/31/2019
Anne Dunkelberg	Low income recipients or consumer advocates representing low income recipients.	12/31/2019
Johnny Gore, M.D.	Managed care organizations and participating health care providers.	12/31/2019
Janice Fagen-Chair, Report Sub-Committee	Managed care organizations and participating health care providers.	12/31/2019
Sandy Klein, Chair SMMCAC	Long-term services and supports providers including nursing facility providers and direct service workers.	12/31/2018
Soad Michelsen, M.D.	Community based organizations serving low income children and their families.	12/31/2019
Paula Robinson	Representing: Recipients with Disabilities Including Recipients with an Intellectual or Developmental Disability or with Physical	12/31/2018

	Disabilities, or Consumer Advocates Representing Those Recipients	
Michelle Schaefer-Chair, Sub-Committee	Rural providers	12/31/2019
David Weden-Chair, Sub-Committee	Entities with responsibilities for the delivery of long term services and supports, behavioral health/substance abuse and other Medicaid service delivery.	12/31/2018

## **Appendix B**

2017 SMMCAC Report to the Executive Commissioner

{Include 2017 Report to EC Smith}

## Appendix C HHSC Committees

[Aging Texas Well Advisory Committee](#) advises the department and makes recommendations to state leadership on implementation of the Aging Texas Well Initiative.

[Behavioral Health Advisory Committee](#) provides customer/consumer and stakeholder input by making recommendations regarding the allocation and adequacy of behavioral health services and programs within the state of Texas.

[The e-Health Advisory Committee \(eHAC\)](#) advises the HHS executive commissioner and HHS agencies on strategic planning, policy, rules and services related to the use of health information technology, health information exchange systems, telemedicine, telehealth and home telemonitoring services.

[Early Childhood Intervention Advisory Committee](#) advises the HHSC Division for Early Childhood Intervention Services on development and implementation of policies that constitute the statewide ECI system.

[Intellectual and Developmental Disability System Redesign Advisory Committee](#) advises on the implementation of the acute care services and long-term services and supports system redesign for individuals with intellectual and developmental disabilities.

[Interagency Obesity Council](#) monitors and evaluates obesity prevention efforts in the state of Texas for children and adults.

[Maternal Mortality and Morbidity Task Force](#) studies maternal mortality and morbidity by studying and reviewing cases of pregnancy-related deaths and trends in severe maternal morbidity, determining the feasibility of the task force studying cases of severe maternal morbidity, and recommending ways to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity in Texas.

[Medical Care Advisory Committee](#) is a federally mandated committee that reviews and makes recommendations to the state Medicaid director on proposed rules that involve Medicaid policy or affect Medicaid-funded programs.

[Palliative Care Interdisciplinary Advisory Council](#) consults with and advises on matters related to the establishment, maintenance, operation and outcome evaluation of the statewide palliative care consumer and professional information and education program.

[Perinatal Advisory Council](#)

[Policy Council for Children and Families](#) works to improve the coordination, quality, efficiency, and outcomes of services provided to children with disabilities and their families through the state's health, education, and human services systems.

[STAR Kids Managed Care Advisory Committee](#) advises on the establishment and implementation of the STAR Kids Medicaid managed care program which provide services for children with disabilities who have Medicaid coverage to improve coordination and customization of care, access to care, health outcomes, cost containment and quality of care.

[State Independent Living Council](#) leads, promotes, and advances the independent living philosophy and advocates for the rights of people with disabilities.

[Statewide Advisory Coalition for Addressing Disproportionality and Disparities](#) address disproportionality and disparities in Texas by addressing racial disproportionality and disparities.

[Texas Autism Council](#) advises and makes recommendations to state agencies and the state Legislature to ensure that the needs of persons of all ages with autism and other pervasive developmental disorders and their families are addressed and that all available resources are coordinated to meet those needs.

[Texas Brain Injury Advisory Council](#) address strategic planning, policy, rules, and services related to the prevention of brain injury, rehabilitation and the provision of long term services and supports for persons who have survived brain injuries to improve their quality of life and ability to function independently in the home and community.

[Texas Council on Alzheimer's Disease and Related Disorders](#)

[Texas Council on Consumer Direction](#) advises on the development, implementation, expansion, and delivery of services through consumer direction, in all programs offering long-term services and supports that enhance a consumer's ability to have freedom and exercise control and authority over the consumer's choices, regardless of age or disability.

[Texas Diabetes Council](#) addresses issues affecting people with diabetes in Texas and advises the Texas Legislature on legislation that is needed to develop and maintain a

statewide system of quality education services for all people with diabetes and health care professionals who offer diabetes treatment and education.

[Texas HIV Medication Advisory Council](#)

[Texas Respite Advisory Committee](#) helps develop strategies to reduce barriers to access respite services, improves the quality of respite services, and provides training, education and support to family caregivers.

[Value-Based Payment and Quality Improvement Advisory Committee](#) provides a forum to promote public-private, multi-stakeholder collaboration in support of quality improvement and value-based payment initiatives for Medicaid, other publicly funded health services and the wider health care system.