



# Stakeholder Engagement Webinar

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December 5, 2018



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# Stakeholder Engagement Webinar

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## Agenda

- HHSC Goals
- Existing HHSC Advisory Committees and Workgroups
- Improvements to Existing Forums and Processes
- Request for Stakeholder Input



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## HHSC Goals

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### **Transparent, manageable, and effective stakeholder engagement.**

- Includes all stakeholder groups.
- Efficiently uses HHSC and stakeholder time and resources.
- Prioritizes issues for action.
- Tracks and reports on issues through resolution.



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# Advisory Committees & Workgroups

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- HHSC currently supports many stakeholder advisory committees and workgroups, including:
  - STAR Kids Advisory Committee, Subcommittees, and Workgroup
  - Nursing Facility Provider Workgroup and Other Ad Hoc Workgroups
  - Intellectual and Developmental Disability System Redesign Advisory Committee and Subcommittees
  - Quality Improvement and Value-Based Payment Advisory Committee
  - Medical Care Advisory Committee
- HHSC will continue to leverage these forums to address program issues within their scopes.



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# SMMCAC

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## **Authority for State Medicaid Managed Care Advisory Committee.**

- Government Code, Sec. 531.012
  - Requires HHSC to maintain an advisory committee relating to Medicaid and CHIP managed care.
  - To consider issues and solicit public input.
- Texas Administrative Code (TAC), Sec. 351.805
  - Establishes purpose and membership.



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# SMMCAC

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## TAC Purpose

- Advises HHSC on the statewide operation of Medicaid managed care, including:
  - program design and benefits,
  - systemic concerns from consumers and providers,
  - efficiency and quality of services,
  - contract requirements,
  - provider network adequacy,
  - trends in claims processing, and
  - other issues as requested by the EC.
- Assists HHSC with Medicaid managed care issues.
- Disseminates Medicaid managed care best practice information as appropriate.



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# SMMCAC

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## Membership

- Under TAC, must consist of an odd number of up to 23 members.
- Currently, 15 members, including recipients, parents, advocates, managed care organizations, community-based organizations, and providers.



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## Potential SMMCAC Changes

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- Implement new subcommittees.
- Expand membership to include additional stakeholders. May include additional provider types, managed care organizations, and/or recipients.
- Incorporate HHSC updates and reporting on streams of work and other priority initiatives.
- Enhance HHSC staff support of the SMMCAC.





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# Other Improvements

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## **HHSC is improving existing forums and processes to achieve identified goals.**

- Expanding quality meetings to include broader stakeholder groups.
- Improving HHSC coordination of stakeholder engagement.
- Strengthening HHSC governance of program issues identified through stakeholder forums.
- Enhancing public reporting on HHSC progress addressing prioritized issues.

# HHSC Forums for Stakeholder Engagement

## Managed Care Transitions & Improvements

### STAR Kids (SK)

- Assessments/Reassessments
- Appeals and Fair Hearings
- Service Coordination
- Quality



### Nursing Facility (NF) Carve-In

- Claims Payment/Adjustments
- Administrative Simplification (single portal)
- HHSC Rate Setting Authority
- Service Authorization System File Discrepancies



### Carve-In for Individuals with Intellectual & Developmental Disabilities (IDD)

- Timeline and plan for IDD carve-in



### Quality & Value Based Payments (VBP)



### Managed Care Operations & Oversight

HHSC Work Streams

1. Administrative Simplification
2. Claims Payment
3. Network Adequacy
4. Complaints
5. Outcomes-Based Performance Management
6. Service & Care Coordination
7. Clinical Oversight



## HHSC Stakeholder Advisory Committees & Workgroups

- SK Advisory Committee & Subcommittees
- SK Workgroup

- NF Provider Workgroup
- Ad Hoc Workgroups

- IDD System Redesign Advisory Committee (SRAC) & Subcommittees

- VBP & Quality Improvement Advisory Committee
- Quarterly Quality Meetings
- Annual Quality Forum

### State Medicaid Managed Care Advisory Committee (SMMCAC)

with potential changes:

- Purpose
- Membership
- Subcommittees
- Meeting Frequency



### HHSC Stakeholder Engagement Opportunities:

- Existing HHSC Stakeholder Advisory Committees & Workgroups
- HHSC Work Streams
- SMMCAC Full Committee
- SMMCAC Subcommittees (TBD)

### SMMCAC Subcommittees (TBD):

- Administrative Simplification (1)
- Provider Relations/Satisfaction (2,4)
- Member Relations/Satisfaction (4,6)
- Access to Care (3,6,7)
- Eligibility & Enrollment



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# Stakeholder Input

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## HHSC requests stakeholder input by Friday, December 14.

- Proposed changes to SMMCAC, including:
  - Purpose
  - Membership
  - Subcommittees
  - Meeting Frequency
- Improvements to other existing stakeholder forums and processes.
- Submit input by email to Kim Bazan – [kim.bazan@hhsc.state.tx.us](mailto:kim.bazan@hhsc.state.tx.us).



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# **Managed Care Oversight Initiatives**

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**December 12, 2018**

# Network Adequacy-Status Update on Workgroup Projects

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## **Improve accuracy of provider directories**

- Contract changes are under review by Legal and Policy. Changes include simplifying reporting requirements for the annual Provider Directory Verification Survey.
- Template for responding to HHSC when validating the Appointment Availability study data will be sent to MCOs for review.

## **Increase the use of telemedicine**

Medicaid is drafting an Agency Position Statement to use when new telemedicine benefits are under consideration.



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# Network Adequacy-Status Update on Workgroup Projects

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## Reduce administrative burden

- Discussions have started with TDI regarding streamlining reporting between agencies when possible.

## Integrate network adequacy data into one dashboard

- A list of elements to be included in the network adequacy dashboard will be circulated to MCOs for review.



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# Complaints

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**HHSC has identified opportunities to improve the managed care complaints process and data collection.**

- These include:
  - 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.



# Complaints

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- Current activities include:
  - Documenting the current complaint process and identifying an improved process.
  - Contract changes regarding the definition of complaint.
  - Standardization of complaint data categories.



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# Complaints: Workgroup Solutions

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## Three workgroups:

- Data and definitions
- Automation
- Current and ideal client journey



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# Service and Care Coordination

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- HHSC kick-off meeting held
- Significant oversight improvements underway:
  - Operational Review for Service/Care Coordination
  - Utilization Review efforts
  - EQRO Analysis on Service Coordinator encounters and turn-over
- Future efforts may include:
  - Terminology alignment
  - Enhancing oversight and reporting activities
  - Improving coordination with non-capitated services
- HHSC will coordinate with MCOs as part of this process.



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# Outcome Focused Performance Management

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## Enhancing current Operational Reviews (ORs)

- ORs will include additional MCS areas.
  - Compliance assessed onsite or via desk review.
- Developing new onsite review module that will trace a members path of care.
  - Review will include a detailed overview of several elements.



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# Outcome Focused Performance Management

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## Enhance OR Communication

- MCO training to occur to ensure awareness of enhancements to new OR process.
- Working to create comprehensive final report template to streamline all onsite review results.
  - Will include revised scoring system to grade overall MCO performance.



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# Outcome Focused Performance Management

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## Streamline MCO Deliverables

- Completing deep dive sessions to ensure current deliverables capture useful information.
- Assessing the need for each deliverable and determining if revisions are needed.
- HHSC is recommending streamlining deliverables where it is possible.



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# Strengthening Clinical Oversight

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- Development of prior authorization deliverable.
  - Analyzing options related to self-reporting
    - Aggregated vs. raw data approach to Prior Authorization data collection for MCOs
- Identified high priority services by program for additional trending and oversight



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# New Work Stream

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- Provider Payments and Administrative Simplification



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