

State Medicaid Managed Care Advisory Committee
FINAL DRAFT December 12, 2018
1:00 p.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 1:00 p.m. Ms. Klein announced that agenda item #4b would be struck out due to Subcommittee on Goal 2 not meeting during the interim from the September 12, 2018 SMMCAC meeting to the present. 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, December 12, 2018 meeting.

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Abraham, Deanna		X	Gore, John	X	
Adams, Michael	P		Fagen, Janice	X	
Asbury, John M.D.	X		Klein, Sandy (Chair)	X	
Bearden, Chase (Vice-Chair)	P		Michelsen, Soad MD		X
Borrego, Fabian @ 1:15 pm	P		Robinson, Paula		X
Carter, Troy	X		Schaefer, Michelle	X	
Deming, Laura @ 1:30 pm	P		Weden, David	X	
Dunkelberg, Anne		X			

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

No: Indicates did not attend the meeting

Agenda Item 3: Adoption of September 12, 2018 meeting minutes

Ms. Klein called for a motion to approve the minutes of the September 12, 2018 meeting minutes.

Motion:

Mr. David Weden moved to approve the minutes from the September 12, 2018 meeting with edits noted by Mr. John Chacon and Mr. Michael Adams. Ms. Janice Fagen 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 and 5: Subcommittee reports and Vote on committee recommendations:

- 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)

Mr. David Weden provided an update on subcommittee on Goal 1 and introduced 3 additional recommendations subsequent to the last meeting. Mr. Weden referenced a handout entitled "State Medicaid Managed Care Advisory Committee (SMMCAC) Goal 1 Subcommittee - Proposed Recommendation 1, 2, and 3. Ms. Klein noted that these recommendations were included in the draft committee report to the HHSC Commissioner but would require for the committee to vote and approve the recommendations. Highlights of updates member discussion include:

- **Proposed Recommendation 1:**
Recommend to the State Medicaid Managed Care Advisory Committee the inclusion in the next report to the Executive Commissioner the recommendation that the Health and Human Services Commission work to 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).

Ms. Klein called for a motion to approve Proposed Recommendation 1.

Motion:

Dr. John Asbury moved to approve Recommendation 1 as presented by Mr. David Weden. Ms. Michelle Schaefer seconded the motion. The Committee members unanimously approved the motion by voice vote, with nine Yea's, no nays and no abstentions.

- **Proposed Recommendation 2:**
Recommend to the State Medicaid Managed Care Advisory Committee the inclusion in the next report to the Executive Commissioner a recommendation that the Health and Human Services Commission develop a network adequacy standard for Child Psychiatry.

Ms. Klein called for a motion to approve Proposed Recommendation 2.

Motion:

Dr. John Asbury moved to approve Recommendation 2 as presented by Mr. David Weden. Ms. Janice Fagen seconded the motion. The Committee members unanimously approved the motion by voice vote, with ten Yea's, no nays and no abstentions.

- **Proposed Recommendation 3:**
Recommend to the State Medicaid Managed Care Advisory Committee the inclusion in the next report to the Executive Commissioner the recommendation to have Health and Human Services review the appropriateness and reasonableness of Network Adequacy Standards for provider type, metro, micro or rural, and standard.

Ms. Klein called for a motion to approve Proposed Recommendation 3.

Motion:

Ms. Michelle Schaefer moved to approve Recommendation 3 as presented by Mr. David Weden. Mr. Michael Adams seconded the motion. The Committee members unanimously approved the motion by voice vote, with ten Yea's, no nays and no abstentions.

Agenda Item 6: Vote on committee report to the HHSC Commissioner

Ms. Sandy Klein led review of committee report to the HHSC Commissioner and referenced handout entitled "2018 SMMCAC final draft report to the Executive Commissioner and Cover Letter". Highlights of the review and member discussion include:

- Corrections on committee membership list were recommended to reflect all active members.
- Committee member stated that recoupment statement should be clarified including the timeframes on recoupments.
- Comment was made by a committee member that providers have 95 days to file a claim and 150 days to file an amendment. HMOs have a year. This is a deterrent to providing care by Medicaid providers.
- Committee member made a suggestion that HHSC should review recoupments in excess of two years.
- Comment was made by a committee member that the second sentence on recommendation 6 "Providers are experiencing recoupments as far back as 5 years" should edited to read "HHSC review recoupments that have happened over two years".

Ms. Klein called for a motion to approve the first sentence on Recommendation 6.

Motion:

Ms. Sandy Klein moved to approve the first sentence in Recommendation 6 as stated in the report. Ms. Michelle Schaefer seconded the motion. The Committee members unanimously approved the motion by voice vote, with eleven Yea's, no nays and no abstentions.

Ms. Klein called for a motion to approve the language recommended for the second sentence on Recommendation 6.

Motion:

Mr. David Weden moved to accept language on second sentence of recommendation 6 to read "HHSC review recoupments that have happened over two years". Dr. John Asbury seconded the motion. The Committee members approved the motion by voice vote, with ten Yea's, one nay and no abstentions.

Ms. Klein called for a motion to approve the committee report to the HHSC Commissioner.

Motion:

Mr. David Weden moved to approve the committee report to the HHSC Commissioner with edits noted by Ms. Janice Fagen, Dr. John Asbury, and Dr. Johnny Gore. Mr. Troy Carter seconded the motion. The Committee members unanimously approved the motion by voice vote, with eleven Yea's, no nays and no abstentions.

Agenda Item 7: SMMCAC role in future planning for managed care rule, policy and operational changes

Ms. Kim Bazan, Deputy Director of Strategic Business Operations, HHSC provided an overview regarding establishing an HHSC Forum for Ongoing Provider/MCO engagement and referenced a PowerPoint entitled "Establishing an HHSC Forum for Ongoing Provider/MCO Engagement". Ms. Juliet Charron, Project Advisory and Coordination, HHSC provided an update on managed care oversight initiatives and referenced a PowerPoint entitled "Managed Care Oversight Initiatives". Highlights of overview and update and member discussion include:

- **Regarding the HHSC Forum for Ongoing Provider/MCO engagement**, Ms. Bazan stated that there was a webinar held on December 5th with several participants. She stated that 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
- Ms. Bazan stated that HHSC will continue to leverage these forums to address program issues within their scopes
- Comment was made by a committee member that getting the issues related to prior authorization process has never been put on the agenda and that the SMMCAC should prioritize the biggest issues for them to address as a committee.
- Committee member stated that the tactics used by managed care was insulting and as a committee they do not get to discuss issues anymore.
- Committee member made a comment that is what HHSC is trying to do by revamping this committee process and that the committee might have to have longer meetings.
- **Regarding Managed Care Oversight Initiatives**, a committee member made a comment that some providers are Medicaid providers but they are not accepting new clients and this should be addressed.
- Question was asked by a committee member if there will be a timeframe for resolution of complaints and Ms. Charron stated that the health plans already have a 30 day requirement for resolution of complaints. Complaints to the office of the ombudsman are resolved within ten days unless they are an emergency then they are resolved within 24 hours.
- Mr. Troy Carter indicated that 30 days seems excessive to allow MCOs to resolve the complaints they have received. HHSC staff stated that a complaint can be escalated and go through the Ombudsman. The appeal process addresses services that were denied or reduced and these allow for a thirty day period for resolution.
- Ms. Charron stated that provider payments and administrative simplification will be the focus of a new work stream and that this can be presented at the next meeting.

Agenda Item 8: Value Based Purchasing Initiative

Mr. Matt Ferrara, HHSC Quality and Program Improvement provided an update on the Value Based Purchasing Initiative and referenced a PowerPoint entitled "Creating Partnerships Based on Value". Highlights of update and member discussion include:

- Question was asked by a committee member if HHSC looks at CMS and see what they are measuring and coordinate the measures and Mr. Ferrara responded that HHSC uses standardized measures and there is some overlap. Targets are both risk based and not. The hospital program is included in the targets. There are other softer contract provisions for MCOs also.
- A comment was made by a committee member that if a patient is noncompliant then neither the provider nor the MCO should be held accountable. Mr. Ferrara referenced the Value Based Payment Road Map. He stated that the hospital program reducing readmissions could be a place where patient compliance becomes a factor addressed.
- A committee member stated that the issue is often not readmissions, but admissions to the ER and ER usage.

Agenda Item 9: Timeline for expiring member terms

Ms. Rebecca Alejandro, HHSC led the discussion on expiring committee member terms. Highlights of member discussion include:

- Ms. Alejandro stated that there have been questions about the process and that she had reached out to the Advisory Committee Coordination Office (ACCO). She stated that the bylaws state that members would continue serving and attend meetings until there is a replacement.
- Ms. Alejandro stated that in her discussion with ACCO, it was the intent of HHSC to post the solicitation by December 28th and will remain on line for 21 days. Posting will close on January 18th. Once the posting closes, a review process will take place and then an action memo will go to the Executive Commissioner. She stated its HHSCs hope to have people appointed before the next committee meeting. She also stated that current members can reapply.

Agenda Item 10: Public comment

No public comment was offered.

Agenda Item 12: Adjournment

- Ms. Sandy Klein, Chair announced that the next meeting of the full advisory committee is scheduled for February 25, 2019.
- Ms. Sandy Klein, Chair thanked the committee members whose terms will expire on December of 2018 and thanked the committee members that will stay on for their continual commitment to the SMMCAC.
- Ms. Sandy Klein, Chair adjourned the meeting at 2:55 p.m.

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

<https://texashhsc.swagit.com/play/12122018-1544>