Managed Care Oversight Initiatives

Update Presented to the State Medicaid Managed Care Advisory Committee

February 25, 2019

Managed Care Oversight Initiatives Alignment

Proposed SMMCAC subcommittees to align with current managed care oversight initiatives

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

Network Adequacy

Building a comprehensive strategy to strengthen accountability, reduce administrative burden and streamline processes to ensure adequate provider networks. Current activities include the following:

- Improving accuracy of provider directories through more focused reporting, stronger MCO contract requirements and improved validation processes
- Reviewing opportunities to support telemedicine and identifying services that may be approved for telemedicine delivery
- Working with other regulatory agencies to reduce MCO administrative burden by aligning MCOs' network adequacy reporting requirements
- Building an integrated network adequacy dashboard to include wait time for appointments, targeted encounter data, and comparisons of the Medicaid network to the statewide pool of licensed providers
- Exploring options for automating the calculation of time and distance metrics

Complaints Data Trending and Analysis

Utilizing complaints data to more efficiently identify potential problems in the Medicaid program and opportunities for improved MCO contract oversight. A future phase of the project will address provider complaints. Current activities include the following:

- Standardizing the complaint categories and definitions used within HHSC and MCOs. This includes first call resolution data

- Streamlining complaint process ensuring consistency in complaint documentation and resolution. A "no wrong door" approach to complaint submission; and funneling complaints through to the Ombudsman for resolution

- Effectively communicating the process for clients, stakeholders, and staff

- Second phase to include provider complaints

Service and Care Coordination

Focused on improvements to Service and Care Coordination within managed care

- Terminology alignment to better articulate service coordination and service management, including requirements of service coordination levels for Medicaid and CHIP managed care members and providers

- Review of other state best practices

- Improving coordination with non-capitated services, such as 1915(c) waiver case management

- Several initiatives to improve Service and Care Coordination are already underway
  - Development of operational review tool for service and care coordination,
  - UR efforts related to service coordination within the Medically Dependent Children's Program (MDCP)
  - External Quality Review Organization (EQRO) analysis on Service Coordinator encounters, satisfaction, and turn-over rates

Strengthening Clinical Oversight

Focused on bolstering oversight of Utilization Management (UM) practices currently employed by MCOs.

- Prioritizing development of a prior authorization (PA) deliverable
  - Includes TMHP data storage solution (part of exceptional item)
- Enhancing review of service utilization

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

Outcome Focused Performance Management

This initiative is established to strengthen MCO partnerships through transparency and accountability. Current activities include the following:

- Enhancing the Operational Review process
  - Including new modules and areas of review
- Assessing MCO deliverables for opportunities for streamlining

SMMCAC Recommendations Presentation

February 25, 2019

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

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

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.

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.
  - <u>Liaisons</u>—responsible for committee logistics
    - Scheduling, agenda development, issues tracking, etc.
  - <u>SMEs</u>—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

o 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.

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

Thank you

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