

**State Medicaid Managed Care Advisory Committee
FINAL DRAFT February 25, 2019
1:04 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 tenth meeting of the State Managed Care Advisory Committee (SMMCAC) meeting at 1:04 p.m. Ms. Klein welcomed committee members and the public.

Agenda Item 2: Roll Call

Ms. Sallie Allen, HHSC Advisory Committee Coordination Office, conducted a member roll call and announced that a quorum was not present as of 1:09 pm.

Ms. Sallie Allen, HHSC Advisory Committee Coordination Office, 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 Monday, February 25, 2019 meeting.

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Abraham, Deanna		X	Gore, John		X
Adams, Michael		X	Fagen, Janice @ 1:35 pm	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	P	
Deming, Laura		X	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 5: Proposal to utilize the SMMCAC as a forum for ongoing stakeholder engagement with Texas Medicaid Part I

- a. Recommendation to increase SMMCAC membership to a total of 23
- b. Recommendation to establish new SMMCAC subcommittees aligned with managed care initiative focus areas

Ms. Juliet Charron and Ms. Dee Budgewater provided an update on the progress HHSC has made regarding the recommendation to expand the SMMCAC Committee to 23 members, and the recommendation to establish new subcommittees to align with the managed care initiative focus areas and referenced PowerPoints entitled "Managed Care Oversight Initiatives" and "SMMCAC Recommendations Presentation". The subcommittees are: administrative simplification, benefits and eligibility, complaints and appeals, network adequacy, and service and care coordination. Highlights of the update and member discussion include:

- Regarding service and care coordination, committee member asked if there was a timeline and Ms. Charron responded that HHSC would follow-up.
- Regarding strengthening clinical oversight, committee member made a comment that not everything will show in the data and there are plans that expect a clinician on the phone and then they keep them on the phone taking services away from patients. Committee member also stated that utilization review has varying definitions and we have to be sure we are all talking about the same thing.
- Committee member made a comment regarding wanting to see what complaints process/ombudsman will look like under new structure.

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

Ms. Klein noted that a quorum of the committee was present at 1:35 pm and called for a motion to approve the minutes of the December 12, 2018 meeting minutes.

Motion:

Mr. David Weden moved to approve the minutes from the September 12, 2018 meeting as presented. Ms. Michelle Schaefer seconded the motion. The Committee members unanimously approved the minutes by voice vote, with eight Yea's, no nays and no abstentions.

Agenda Item 5: Proposal to utilize the SMMCAC as a forum for ongoing stakeholder engagement with Texas Medicaid Part II

- a. Recommendation to increase SMMCAC membership to a total of 23
- b. Recommendation to establish new SMMCAC subcommittees aligned with managed care initiative focus areas

Ms. Juliet Charron and Ms. Dee Budgewater provided an update on the progress HHSC has made regarding the recommendation to expand the SMMCAC Committee to 23 members, and the recommendation to establish new subcommittees to align with the managed care initiative focus areas and referenced PowerPoints entitled "Managed Care Oversight Initiatives" and "SMMCAC Recommendations Presentation". Highlights of the update and member discussion include:

- Regarding committee expansion, committee member inquired about the possibility of looking at the applications of those who rolled off recently. Ms. Dee Budgewater responded that HHSC accepted membership applications until January 2019 to serve a two-year term and/or complete the term of a current vacancy, and that 100 applications were received. HHSC Leadership workgroup was formed to make initial reviews, followed by the State Medicaid Director review, and finally the Executive Commissioner making the appointments.
- Committee member stated that the proposed subcommittee categories appear to be broad and suggested the categories be fleshed out in more detail.
- Committee members commented on accessibility of the public at subcommittees and Ms. Budgewater stated that HHSC is working in laying out the structure and will report back to the Committee when it is developed.
- Regarding increased staff support, committee member inquired about how this would address Medicaid re-enrollment issues, as it had been required that providers re-enroll in Medicaid. Ms. Budgewater responded that hopefully this is being recognized and coordination is paramount. She stated that HHSC is building a tracking system such that when issues arise, they can be tracked and make sure the issues go to the right places and people to be addressed. Communication/reporting out is part of this new process as well.

- Committee member made a comment that there is declining attendance and the subcommittee functions worked inconsistently. There is also an increased frequency of meetings that are also longer. Committee member stated that staffing is needed because members were having to do outside work without the resources or data.
- Ms. Rebecca Alejandro stated that what was being presented were recommendations and did not require a formal vote from the committee. Committee members present informally agreed with the recommendations to increase the membership and align the subcommittees.

Agenda Item 4: 2018 State Medicaid Managed Care Advisory Committee (SMCAC) annual report to the Executive Commissioner

Ms. Rebecca Alejandro, HHSC Program Advisor, stated that "The State Medicaid Managed Care Advisory Committee Report to the HHSC Executive Commissioner - December 31, 2018" report would be sent to the Executive Commissioner after going through internal routing.

- Committee member requested that an electronic copy of the report be sent to all committee members.

Agenda Item 6: Prior Authorization overview

Dr. Lisa B. Glenn, M.D., HHSC Senior Associate Medical Director, provided an overview of the prior authorization topic and oversight by HHSC regarding what is Prior Authorization (PA) – policy as outlined in Texas Medicaid Provider Procedure Manual (TMPPM) and oversight of PA – HHSC Office of Medical Director – Acute Care Utilization Review Unit, and referenced PowerPoint entitled "Texas Medicaid Managed Care: Prior Authorization".

Highlights of the overview and member discussion include:

- Question was asked by a committee member if HHSC monitors the behavioral health services as well and Dr. Lisa Glenn responded that HHSC oversees how the managed care organization (MCO) oversees their subcontracts with Behavioral Health Organizations.
- Question was asked regarding setting priorities and Dr. Lisa Glenn stated that the services that were the most prior authorized were reviewed first. Follow-up question was asked about attendant care and Dr. Glenn responded that is presently not part of the scope of the reviews but could be considered.
- Committee member made a comment that payment is still the biggest concern, and that more data is needed on prior authorizations, such as the total number of prior authorizations and the percent denied or approved.
- Committee member asked if the criteria for PAs is available to the public and if there are any diagnoses that do not require prior authorization. Dr. Glenn stated this is something the subcommittees can look at and that HHSC is working to get that data from the MCOs.
- Regarding the timeliness standards requiring three days to review a prior authorization request, committee member stated that there really is not the option for the third day if the peer to peer occurs on the second day because they will not meet the timeliness standards.
- Question was asked by a committee member regarding what the biggest issues have been discovered and Dr. Glenn responded that it is hard to make a general statement and it depends on which MCO is being reviewed.
- Question was asked by a committee member if the reviews will be put on the website and Dr. Glenn responded that HHSC will look at that.
- Question was asked by a committee member that many times Texas Department of Insurance (TDI) regulations prohibit changes HHSC may want and what coordination

exist. Dr. Glenn responded that there is coordination on the timeliness standards and that HHSC works regularly with TDI.

- Question was asked by a committee member if there is a similar process for the CHIP line of business and Dr. Glenn stated that CHIP is a different line of business and is regulated by TDI, but that many MCOs use the same processes for CHIP and Medicaid.
- Committee members noted that they want to know what data is available about prior authorizations and to see that data, and if available, they would like to see a matrix that outlines which TDI regulations apply to managed care and which do not.

Agenda Item 7: Public comment

Dr. John Asbury, committee member, offered three recommendations/comments:

- Have the Committee look at the Medicaid manual.
- Credentialing process review should occur to make it friendlier.
- Value based payment concerns. It is supposed to be revenue neutral and how will MCOs find the money to make the payment enhancement. He stated that the committee needs to know where the money will be coming from.

Craig Parks, Signature Health Care (Behavioral Health Hospital provider), stated there are many Medicaid patients and they lose money every time someone enters the ER. They have suggestions because there is a crisis in behavioral health. For some of the authorizations and the denials they have found the MCOs in Texas are very difficult to work with. Denials have cost them up to \$10 million. He stated that HHSC should consider implementing a carve out of behavioral health services from Medicaid MCOs.

Agenda Item 8: Adjournment

- Ms. Sandy Klein, Chair, announced that the next meeting of the full advisory committee is scheduled for Wednesday, May 15, 2019.
- Ms. Sandy Klein, Chair, adjourned the meeting at 2:49 p.m.

Below is the link to the archived video of the February 25, 2019, State Medicaid Managed Care Advisory Committee meeting

<https://texashhsc.swagit.com/play/02252019-1601>