

**STAR Kids Managed Care Advisory Committee
FINAL DRAFT Meeting #18 • Meeting Minutes
Wednesday, December 6, 2017
9:32 a.m. – 1:23 p.m.**

**Health and Human Services Commission
Brown-Heatly Building ~ Public Hearing Room
4900 North Lamar Blvd.
Austin, Texas 78751**

Agenda Item 1, 2, and 3: Call to Order, Roll Call, and Welcome and Opening Remarks

Ms. Elizabeth Tucker, Chair of the STAR Kids Managed Care Advisory Committee, called the 18th meeting of the STAR Kids Managed Care Advisory Committee to order at 9:32 a.m. Mr. John Chacon, HHSC Stakeholder Relations Office conducted member roll call and announced the presence of a quorum and meeting logistics. Ms. Tucker, Chair welcomed committee members and provided opening remarks. Table 1 notes committee members' attendance at the meeting.

Table 1: STAR Kids Managed Care Advisory Committee member attendance at the December 6, 2017 meeting

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Berhane, Rahel MD (9:46 am)	X		Smith, Blake	X	
Buck, Ernest MD	X		Sonleitner, Denise	X	
Calleros, Rosalba	X		Trahan, Angela		X
Carlton, Catherine	X		Tucker, Elizabeth	X	
Hines, Jeanne PhD		X	White, Rebecca		X
Hopkins, Tara	X				
Kearns, Diane	X				
Mather, Stacey		X			
Medellin, Glen MD	X				
Munin, Holly	X				
Reimer, David	X				

Yes: Indicates attended the meeting

No: Indicates did not attend the meeting

Agenda Item 4: Adopt Meeting Minutes from September 13, 2017

Ms. Tucker referenced the draft September 13, 2017 meeting minutes and asked members if there were any changes. Asked for a motion.

Motion:

Dr. Ernest Buck made a motion to adopt the minutes as presented.

Ms. Holly Munin seconded the motion. The motion passed via unanimous voice vote.

Agenda Item 5: Open Meetings Act (OMA) review

Ms. Kym Oltrogge provided an overview of the OMA and referenced handout entitled "STAR Kids Managed Care Advisory Committee OMA Overview". Highlights of committee member discussion are as follows:

- Ms. Oltrogge stated that the purpose of the review was to provide committee members a refresher on the OMA as it pertains to advisory committee members.
- Ms. Oltrogge covered the following key points:

- Handguns at meetings
- Meeting requirements
- Notice requirements
- Open portion of meeting
- Closed portion of meeting
- Penalties for violations
- Public Information Act
- Ethical concerns
- Resources

Agenda Item 6 - Discussion and Adoption of Committee Bylaws

Ms. Cassandra Marx led discussion and referenced handout entitled "DRAFT STAR Kids Advisory Committee Bylaws".

Highlights of the discussion included:

- Ms. Marx stated that the Government code referenced in the previous bylaws that were adopted by the advisory committee in the September 13, 2017 meeting was changed.
- Ms. Marx stated that the STAR Kids Advisory Committee will be abolished per HHSC November 1, 2018 and that a report is due to HHSC on October 31, 2018.
- Ms. Marx stated that the committee is comprised of 17 members and that 9 members constitutes a quorum for the committee to take action on agenda items.
- Ms. Michelle Erwin stated that it is important to continue this committee in some advisory capacity and that this could occur perhaps through the policy council for children and families. Ms. Erwin stated that HHSC is discussing how to continue input along the lines of this committee once they are abolished.

Ms. Tucker referenced the draft of the STAR Kids Managed Care Advisory Committee Bylaws and asked members if there were any changes. Asked for a motion.

Motion:

Dr. Rahel Berhane made a motion to adopt the bylaws as presented.

Mr. David Reimer seconded the motion. The motion passed via unanimous voice vote.

Agenda Item 7: Member movement and Medically Dependent Children Program (MDCP) members losing Supplemental Security Income Medicaid eligibility discussion

Ms. Lori Gabbert Charney and Mr. Lino Cardenas led the discussion and referenced the PowerPoint entitled "Medicaid Update". Highlights of committee member discussion are as follows:

- Ms. Elizabeth Tucker asked why HHSC would default someone instead of working with them to choose a plan. HHSC stated that they have not moved forward with this yet and it is still under consideration. Ms. Tucker recommended that HHSC not default and instead let families actively choose.
- Ms. Michelle Erwin stated that a companion plan is basically the same MCO in a different SDA.
- Dr. Ernest Buck stated it seems odd to put people into a fee for services for 45 days and then move to an MCO. He would favor transferring directly.
- Mr. Lino Cardenas stated that if they can get a choice of plan they would take that. Ms. Tucker stated that service coordinators can do the enrollment work with families.
- Ms. Lori Charney stated that HHSC is looking at a way to move into managed care without the 45 day requirement by utilizing expedited enrollment.

- Dr. Rahel Berhane asked when the 45 days starts. Mr. Cardenas stated that as soon as a child is eligible for Medicaid then a packet is made available and the cut off dates apply. He stated that children can still be in a Neonatal Intensive Care Unit (ICU) when they become eligible.
- Dr. Buck inquired about the manual extension and Mr. Cardenas stated it is a brief extension because of loss due to income change.
- Ms. Tucker stated that she looks forward to the automated system and appreciates the work that has been done on this and that children on a Medicaid waiver should continue Medicaid. She asked if the service coordinator is helping filling out the forms and if there is training on this. She stated that it would be helpful for service coordinators to know how to fill out the H-1200. HHSC stated they will reach out to the MCOs to make sure they understand this issue.
- Ms. Denise Sonleitner stated that she would argue that the service coordinator is crucial. She stated that there needs to be a hand off between service coordinators when a member changes MCOs. Ms. Holly Munin stated that HHSC looks at those processes.
- Mr. David Reimer inquired about the timeline and Ms. Munin stated that it is real time so if a doctor gets a file that a member is moving to a different health plan the service coordinators reach out to each other. She stated that the connections are established per each health plans established work flow.
- A question was asked by a committee member about the timeline before denial occurs and Mr. Cardenas stated that it is a month.
- Ms. Erwin clarified that it is for under 18 years of age for the SSI piece but not the service delivery piece.
- Ms. Tucker stated with a pediatric population it may be possible to have two parents in different households in different service delivery areas. She wondered how that was handled. She brought that up for consideration. Ms. Munin stated that does not happen frequently and members do not have to change health plans when out of area providers are used.
- Ms. Tucker suggested that an information piece for the website for families related to the H-1200 be placed on the STAR Kids website.

Agenda Item 8: HHSC updates and committee member discussion

Ms. Elizabeth Tucker provided an update on the subcommittees and referenced the Draft subcommittee instructions handout. Ms. Kari Brock, Ms. Allison Moss, and Mr. Eric Stratton provided an update on the MDCP and referenced PowerPoint entitled "MDCP Eligibility". Mr. Matthew Ferrera provided an update on Rider 215 and referenced handout entitled "Rider 215 Overview". Mr. Mike Osborn provided an update on MCO, Ombudsman, and HHSC complaint data and referenced handout entitled "STAR Kids Weekly Operational Dashboard". Ms. Tucker led discussion on interim charges and referenced handout entitled "House Interim Charges, Senate Interim Charges Pt. 1 and Pt 2." Mr. Eric Stratton provided an update on Private Duty Nursing (PDN). Highlights of updates, interim charges discussion and committee member discussion are as follows:

- **Regarding Subcommittee updates:** Ms. Elizabeth Tucker stated that there had been discussion about the different subcommittees needed for developing recommendations for the report:
 - Health Homes and Quality Measures
 - Screening and Assessment (Medical necessity, etc.)
 - IDD Waivers Rolling into STAR Kids
 - Transition Issues (primarily network issues)

- She stated that the committee does not have enough numbers to break into four subcommittees so it was decided that Screening and Assessment combine with IDD rolling into STAR Kids. She stated that the chairs of the subcommittees will be called upon to help write the recommendations and report. She stated that the committee has the ability to bring in subject matter experts who can also include families.
- **Regarding Medically Dependent Children Program update:** Ms. Kari Brock stated that the denials were updated from June but the data will be made available down the road but not today. She stated that the information being presented was from August of this past year. She stated that Stephanie Muth, new Medicaid Director, is not able to attend this meeting and Ms. Muth would like to attend the next meeting.
- Ms. Brock noted that the data being presented was from March to August for 2016 and 2017 and involves all MDCP cases including those that came off of an interest list and those that were up for renewal assessment.
- Mr. David Reimer inquired what the population of MDCP included and HHSC responded that the population was comparable but did not have the specifics for the meeting. HHSC stated that the fluctuation seemed to be about 600-700. Dr. Glen Medellin stated that the MDCP population has been fairly level due to there being a set number of slots and there are some outside those slots and that it stays relatively level between 5,000 and 6,000. Mr. Reimer asked if staff looked at withdrawn vs dismissed to see if those are about the same (statistically significant). HHSC stated that they have not looked at that.
- Ms. Elizabeth Tucker inquired about the choice of time frames and if HHSC was looking only at the reassessments in May, June and July and not the previous year which were March, April, May, June and July. She stated that one would have to discount the March and April assessment data to compare apples to apples. HHSC stated that when data was aggregated data for March and April there were zero fair hearing for March and it picked up more in the May numbers and beyond.
- Ms. Denise Sonleitner stated that this denial issue has been around a long time. It looks like we are trying to figure out who is right. All of the people, right or wrong, you have families who do not have access to skilled nursing. So where do we go with these medically fragile children? What do we do to make sure children have access to services they need? That requires discussion.
- Ms. Diane Kearns stated that she sees comments from families across the state and people are sharing information. We have to be able to communicate with families the next steps if they are dropped from the program. "If you don't have MDCP and your children have needs then here is what you can do." Is what is needed. Dr. Glenn stated that all the physicians who are doing the medical necessity determinations are pediatricians. The guidelines are in the Texas Administrative Code for medical necessity. The TAC addresses the nursing facility criteria related waiver. There are two waivers, one for adults and one for children but they both waiver off of the same criteria.
- Ms. Tucker stated that the nursing facility criteria has not changed and that is very troubling and that the only thing that has changed is the assessment. Ms. Kearns asked what we can do to change this. Ms. Tucker stated that in previous years' denials were 1-3 percent over the last few years and that 16 percent is significantly different and that is what is happening now. Ms. Tucker asked if HHSC could make a commitment to going back to look at those earlier in the process as there is so much needs to be done to protect the children from ending up in facilities. Ms. Michelle Erwin stated that they have not acted on May, June, and July and HHSC would take those suggestions to leadership.

- Ms. Kearns stated that the only program that had diversion slots was HCS that guidance needs to be provided for families. Ms. Erwin stated that some of the issues are outside the decisions that HHSC can make. Ms. Erwin state that HHSC is addressing the issues for reader friendly approach for families and not just provide the administrative code. Ms. Tucker stated that Medical Necessity for Nursing Facility Care is different from some of the other programs. Mr. Eric Stratton stated that early on case reviews from a policy perspective HHSC saw there were individuals with comorbid conditions but had IDD so they were denied for medical necessity but had another condition that had somewhat improved to the point where they could not participate in MDCP, but could participate in other waivers.
- Ms. Kearns asked if families stated why they declined a fair hearing. HHSC stated that they did not ask why they were not asking for a hearing but instead given information to contact HHSC. HHSC stated they could get the reasons for declining the hearing. Ms. Tucker asked about looking at the possibility of holding the entry date onto the MDCP waiver slot harmless if they lose eligibility, that way if a person loses service they can be placed on a waiver waiting list assuming the same date when they requested MDCP. HHSC stated they will look at that and the waiver language to see if this can be done. Ms. Sonleitner concurred.
- Ms. Tucker summarized her requests by stating that if HHSC is seeing a trend down then HHSC should look back at May and June people and put them at the top of the MDCP interest list, place them at the top of the other waiver lists, and switch the money from MDCP with the person to another waiver.
- Dr. Buck stated he wants to see the interest lists disappear and that he would like to see a list of the remaining waiting lists and reductions which is on the HHSC website. Dr. Medellin stated that MDCP is solely for children and the other interest lists are for everyone so there will not be as great a reduction.
- Ms. Kearns stated that information on the buy in program should be included for information to families.
Regarding Rider 215 update: Matt Ferrera stated that the rider directs HHSC to do what is happening now with some expansion to address collection of data and utilization of services and requires reporting. He stated that the data is collected weekly from MCOs and internally. He stated that the data collection tool was revised and circulated to trade groups and MCOs. He stated that HHSC continually reaches out to the access points to make a process where complaints are not duplicated in the reporting. He stated that the data will be put together with utilization date from claims and encounters to see if there are trends. He stated that the new tool was available last Friday but can be changed.
- Mr. Ferrera stated that there were very few access to care complaints related to therapies and that there was a dip in utilization initially but that has climbed back up. He stated that there is an internal workgroup that meets monthly to address the data. He stated that provider determinations had a dip related to the affordable care act and that HHSC will continue to reach out to MCOs and keep close tabs on the information.
- Ms. Elizabeth Tucker inquired if it would be possible to track individual therapists who left a clinic practice and Mr. Ferrarer stated that there is a complex workbook for addressing the data and he would be happy to share that as there is a worksheet for that and the data might be available.
- Ms. Diane Kearns inquired what a parent needs to do if they lost a provider and Mr. Ferrera stated they collect data from numerous sources. Ms. Holly Munin stated they should call their MCO. Ms. Kearns stated that parents don't seem to know where to go. Ms. Munin stated that the definition of wait list is important. Ms. Michelle Erwin

stated that HHSC could prepare a one pager but they will have to figure out where to put it.

- **Regarding Managed care Organization, Ombudsman, and HHSC complaint data update:** Mr. Mike Osborne stated that complaint data was being combined from the Ombudsman and MCOs. He stated that the table presented reflects data from each entity, the contact reason, the count by member and by provider, and the total. He stated that the Managed Care Compliance and Operations use this for reporting, trends and best practices. He stated that there were oversight inspections conducted by staff with MCOs related to access and other issues and these involved desk reviews, suggestions for corrective plans, and face to face meetings with HHSC, complainants and MCOs. He stated that enrollment issues involved point of sale prescription problems and that the measures taken included reviewing internal processes for eligibility and the complaints were expedited to access to care status which speeds up the resolution time and the information that is sent to MCOs.
- Ms. Diane Kearns asked how the complaints were received. Mr. Osborne stated that complaints come from in-box but also through regular mail and fax. Ms. Kearns asked how you know a complaint is resolved. Mr. Osborne stated there are 12 techs who receive an assignment and send out an acknowledgement letter and a notification letter goes to the MCO. That letter has a due date for a response. Three day turn around for legislative issues and ten days for others though, technically they have 30 days to resolve a complaint. He stated that the Ombudsman use the different resources to ensure resolution and go to the complainant to verify resolution by letter and/or phone call.
- Ms. Kearns asked about prescriptions and Mr. Osborne stated they are a point of sale benefit directly to the PBM and if a denial comes back then that triggers the pharmacy calling the PBM or the member contacting an entity on the dashboard. He stated that the disconnect could be between the MCO and the PBM. He stated that in coordination of benefits, Medicaid is the payer of last resort. He stated that if the commercial payer pays a 90 day supply then the MCO should pay 90 days as well and the MCO should pick up the difference between what is paid by the commercial side and what is required. If there is an example, Mr. Osborne stated that he will look at it. Ms. Catherine Carlton stated that she has this problem every month and it involves co-pays she should not have to pay and that the pharmacy gets very frustrated as does she.
- Ms. Sonleitner stated that it appears the majority come to the state. Mr. Osborne stated that ideally the complaint would go to the MCO first. A committee member stated that Superior will get a complaint at the same time as HHSC and so there are duplication in the numbers. Ms. Elizabeth Tucker stated that there is duplication but there is also under-reporting.
- Ms. Tucker asked if appeals and fair hearings get counted as complaints and Mr. Osborne stated that they do not. Ms. Tucker stated this data should also be on the dashboard. She added that availability and accessibility seems so broad it would be hard to draw conclusions from the data. She stated that the different appeals should be included in the data. Ms. Holly Munin stated that HHSC specifies the different buckets the data falls into and that if the data was considerable then a specific bucket will be created.
- Dr. Ernest Buck stated the data would have more meaning if the denominator was presented on how many total served compared to the number complaining.
- Mr. David Reimer asked if there were any trends in access to care (providers) and Mr. Osborne stated it is across the board.

Regarding Private Duty Nursing update:

Eric Stratton, MSN, RN provided a brief update on the minor language and coding updates coming to the PDN policy in the TMPPM. In January 2018 the prior authorization language will be clarified to provide a listing of additional documentation that may be requested for initial requests as well as recertifications and revisions. Such documentation may include, but is not limited to nurse notes, medication administration records, seizure logs, and ventilators logs. SHARS-PDN policy guidance regarding prior authorization and claims provided to MCOs on August 4, 2017 will also be added to the policy to clarify documentation requirements involving school districts. Finally, other minor language updates will be made, including adding references to MCOs as authorizing entities for PDN services to reflect the policy's application to managed care (references to TMHP will remain).

In April 2018, billing codes in the policy will be aligned to reflect both the STAR Kids billing matrix and current practice by eliminating T1002 and T1003 which are under-utilized, and T1004 which is not used, thus consolidating all PDN billing under T1000 with appropriate modifiers. Since this proposed change involves billing codes, the issue will go before the February rate hearing.

Agenda Item 9: Discuss subcommittee processes and member assignment

Mr. Charles Bredwell and Ms. Tucker led the discussion. Highlights of discussion are as follows:

- Mr. Bredwell stated that HHSC has determined that subcommittees will not be held to the same open meeting and public records requirements imposed on the full committee.
- Meetings. Subcommittee members can discuss issues before the subcommittee without being in a formal meeting. If the subcommittee wants a posted (public) meeting HHSC staff will provide the necessary support. It is suggested that subcommittees do their fact finding as well as some coordination in between the scheduled full committee meetings, and hold subcommittee meetings on the same day a full committee meeting is scheduled either before or after the full committee meeting. Members may develop recommendations to the full committee without a public meeting as long as the full committee hears the recommendations at a public meeting and a quorum of the committee is not present. Additionally, HHSC recommended holding monthly subcommittee chair calls to discuss ongoing subcommittee progress. HHSC will schedule these with each subcommittee chair.
- Membership. It is highly suggested that each subcommittee identify and invite private sector subject matter experts to join the subcommittee as resources, but not as voting members. As always, HHSC will provide any necessary support. As mentioned in a previous email, subcommittees will meet quarterly on the day of the full committee meeting. We hope that you will have investigated your issues as well as have identified subject matter experts that could provide relevant and supportive information to the subcommittee. HHSC will help with invitations and scheduling.
- The immediate action items for each subcommittee are:
 1. Identify non-committee members who could join the subcommittee as a resource.
 2. Identify subject matter experts the subcommittee feels could provide relevant and supportive information at the August subcommittee meetings.

3. Identify any information needs that HHSC can provide (don't forget to check the Pink Book for information first).
 4. Prepare a first report for the full committee.
- Mr. Bredwell stated that there had been mention of subject matter experts being family members of children in STAR Kids but that is not necessarily what HHSC means by only family members being subject matter experts. Mr. Bredwell stated that a member of the subcommittee will have to take notes/minutes and get them back to HHSC STAR Kids program staff. Mr. Bredwell noted that there will be a subcommittee chairs call to ensure groups are staying on target and no mission creep. Mr. Bredwell also noted that subcommittees should begin the process of identifying subject matter experts immediately.
 - Ms. Tucker stated that the recommendations should be complete by the June meeting. Mr. Bredwell stated that they should begin identifying the data they need from HHSC. He also stated that at each full committee meeting there should be a report from each subcommittee.
 - HHSC stated that the dashboard is phasing out and they should keep that in mind.

Agenda Item 10 - Public Comment

Ms. Tucker opened the meeting to public comment. Highlights of public comment were as follows:

JR Topp, Texas Association for Home Care and Hospice stated that they have been hearing that some MCOs are using software for making determinations for how much private duty nursing can be authorized and that physicians are being given a short period of time to respond and lack of a response is considered concurrence with the decision for reduction. He stated that a physician to be given at least 24 hours. Ms. Erwin stated she would like to have the names of the MCOs so HHSC can respond. Mr. Stratton stated they are looking into the one incident they have received so far. (It was noted that the requirement is for a response from a physician within 16 business hours).

Gabriel Dihn, Kids Development Therapy talked about the rate cuts they have experienced. He stated that their complaints do not seem to be represented on the operational dashboard and the call center data was not included. He stated that complainants were asked to request tracking numbers. The Ombudsman stated that they do not take complaints related to rates. It was noted that the 41 tracked complaints were not on the dashboard. Ms. Tucker asked that HHSC follow-up with Mr. Dihn. Mr. Dihn stated they are required to file a complaint with the MCO before they go to HHSC.

Vicki Gilani, Kids Developmental Clinic provided public comment related to a recording she had made during an ombudsman office interchange. She stated that she was told that her complaints should have been tracked. A recording she played talked about how the new rates do not appear to restore the 25% rate restoration. Ombudsman stated that the complaint should be sent in writing. Ms. Gilani stated that she wanted to be sure the complaints were being tracked and that her complaint was not recorded in the dashboard. Ms. Gilani stated that she made other calls including to then Commissioner Jessee and none of them are recorded. Ms. Tucker stated there has to be follow-up from HHSC.

Crystal Brown, MDCP Mom commented about the workgroup meetings and that they should meet monthly. She stated that now the workgroup will be going on two to three

months without meeting. She stated she was contacted by a home health company and read the PDN denial letter and it was short and the parents were not contacted. She stated it went from the MCO to the provider and that the provider did not know what to do.

Dennis Hosley, Pediatric Home Healthcare stated that they understand the STAR Kids was a monster to roll out but complaints are still not being tracked. The issues re-occur as they wait for the MCOs to respond, but without HHSC they do not happen. This was supposed to be no additional burden to providers but that is far from the case. Ms. Tucker stated that going to the MCO first is important but to use that as a delaying mechanism is problematic.

Rosalba Calleros on behalf of Jenny Jennings, Mother of Foster Children read Ms. Jennings letter where she states that her children transferred to managed care and that they have issues accessing care due to denial and examples were read by Ms. Calleros describing the difficulties they experienced. Ms. Tucker stated that these concerns need to be submitted as a complaint.

Doug McLean, Parent stated that it is easy to get on the interest list (211, etc.). There should be one 211 complaint list where it is triaged to the right department. He stated he doubts the interest list for MDCP has gone down 10% because the interest list interaction is very complicated. He stated that people are trapped in their individual states because of lack of reciprocity for other states and that impact on waiting lists. He stated that fair hearings and denials interaction is troubling to families and often when fair hearings are engaged the MCO grants the service. He stated that his fair hearing process took two years and that his child "could be dead by then." He stated that mental health gets lost when private duty nursing is discussed and yet should not be because of parity.

Hannah Mehta, Parent (Protect Texas Fragile Kids) provide public comment on a few items. She stated that the last time they discussed this, MDCP families had not seen an increase in crisis in the need for placements in institutions and she assumed that had not changed. Ms. Tucker stated that there may not have been admissions but she did not know for certain, but she knows families are in crisis. Ms. Mehta stated that "we have yet to see a meaningful solution to this problem", and making calls does not always result in a meaningful solution. In regards to the complaint process she wanted to point out that she understands the duplication issue around complaints and providers are being told they have to wait 30 days before going to HHSC and this creates a service crisis for children and families. She stated that if the MCO is not addressing the issue there should be recourse for families. She commented on primary and secondary coverage with prescription medication and the issues raised previously in the meeting is very widespread. She stated that families are experiencing ongoing red tape, delays in obtaining life sustaining medications due to clinical edits or additional administrative requirements (barriers), and the failure to fill prescriptions timely. She stated that this was exacerbated during Hurricane Harvey where families tried to obtain prescriptions in advance of the storm. She stated that five families had difficulty obtaining medication that was only available from mail order pharmacies and so they had to connect families to other families who had the medication and were willing to share their supply of medication but in one case they had to work with the Cajun Navy and the Army to use a helicopter to pick up the medication in another part of the state and air drop it to a family who was surrounded by water and had no way out... and despite numerous attempts to obtain an additional supply of the medication they were not able to do so. She stated that these are ongoing issues and that the state has to make sure these do not happen again. With regard to nursing hours, she stated that they get cut at alarming levels with the excuse being that the patient is stable and that the family can provide the service or with unskilled care. She stated that these are all violations of the TEC

and the Alberto N. Agreement. She stated that CHIP has been reducing hours across the board even though they were in the middle of an authorization. She stated that a child's hours were cut in from 84 hours to 23 and when they were asked why, they were told that it was a cost containment measure as the company was under fire to explain why they are not breaking even. She stated that there has also been times when family's PCPs, even when they are in the child's proprietary system, are being pressured to deny or reduce services because of cost savings measures versus what is medically necessary and in the best interests of the patient. She stated that in light of all those things she was concerned about the workgroup change from monthly to bi-monthly because we are not even addressing these issues in the time the work group presently has.

Ms. Tucker stated that something has to happen for the vendor drug issue raised.

Bonnie Gustafson, RN Option Care stated that they are facing obstacles as are families facing in accessing necessary treatment. She stated that there are therapies in the pipeline that will also be impacted in the future. She stated they are grateful for HHSC acknowledging that home infusion is important for families. She stated that they also considered the reimbursement with a new benefit that comes to market (miscellaneous J code). She stated that the service cannot be under cost and that MCOs are not acknowledging the state position that the service can be covered under J3490 and there is no process for a review. She stated that this is a medical benefit not covered under the pharmacy side, but under most MCOs they are told they have to go to the PBM and noted that this has been submitted to the complaints department.

Agenda Item 11: Adjourn

The next full committee meeting is scheduled March of 2018. There being no further business, the meeting was adjourned by Ms. Tucker at 1:23 pm.

Below is the link to the archived video of the September 13, 2017 STAR Kids AC meeting

<https://texashhsc.swagit.com/play/12062017-726>