

Phil Wilson
Executive Commissioner
Texas Health and Human Services Commission
4900 North Lamar Blvd.
Austin, TX 78751

Dear Commissioner Wilson:

The State Medicaid Managed Care Advisory Committee (SMMCAC) is pleased to provide this annual report regarding activities during calendar year 2019 in accordance with Texas Administrative Code Title 1, Part 15, Chapter 351, Subchapter B, Division 1 Rule 351.805(d)(1).

At the end of 2018, a round table discussion organized by Representative Richard Raymond was convened that discussed a series of recommendations around improving coordination between providers, the managed care plans, and Health and Human Services Commission (HHSC). One of the themes expressed during the round table was a need for ongoing and regular dialogue to include participation from providers, recipients and their families, and managed care organizations (MCOs) to discuss issues and options for improvement. As a result of the round table, the structure and format of the SMMCAC was redefined during the 2019 calendar year.

During 2019, the SMMCAC was increased from 15 to 23 members, with the final cohort of members being appointed October 1, 2019. The new members include the following representation: 5 providers, 1 advocate/family, and 2 MCOs bringing the overall committee representation to 5 advocate/family, 14 providers, and 4 MCOs. With the revitalization of the SMMCAC, processes have also been put in place to:

1. allow for broader participation and input at subcommittee meetings, thus allowing increased input from members of the public, providers, and managed care organizations,
2. increase communication and coordination with other advisory committees which also deal with issues impacting the managed care delivery system, and
3. identify appropriate HHSC Subject Matter Experts (SMEs) to be available for each of the subcommittees.

As per the Texas Administrative Code Rule 351.805(b), the purpose of the SMMCAC is as follows:

1. The SMMCAC 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 Executive Commissioner
2. The SMMCAC assists HHSC with Medicaid managed care issues
3. The SMMCAC disseminates Medicaid managed care best practice information as appropriate.

According to the Texas Medicaid and CHIP Reference Guide Twelfth Edition, 92% of individuals in Medicaid and CHIP in Texas, approximately 4.1 million individuals, receive services through managed care. As members of the SMMCAC, it is our honor and privilege to serve these Texans by working together and making recommendations for continued improvement of the managed care service delivery system.

Thank you for this opportunity to serve. The following report includes reporting of SMMCAC activities as well as recommendations of the committee.

Sincerely,

A handwritten signature in blue ink, appearing to read "David A. Weden".

David A. Weden, Chair
SMMCAC

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Committee Recommendations

Following are the recommendations adopted by the State Medicaid Managed Care Advisory Committee (SMMCAC) during 2019. The recommendations are limited this year, as the majority of the year was spent restructuring the committee, so a broader and greater volume of work could be achieved moving forward.

Recommendation #1

The SMMCAC recommends standardizing the service management and service coordination terminology in the managed care contracts to service coordination.

Background and Discussion for Recommendation #1

The 2018-19 General Appropriations Act, Senate Bill 1, 85th Legislature, Regular Session, 2017 (Article II, Special Provisions Relating to All Health and Human Service Agencies, Section 25) required HHSC, in collaboration with Department of Family and Protective Services (DFPS), Department of State Health Services (DSHS), and Medicaid and CHIP managed care organizations (MCOs) to review and report opportunities to streamline case management services. In May 2018, HHSC published the Health and Human Services System and Managed Care Report in response to this requirement. Recommendations stemming from this report include:

1. Further assess service coordination and service management in the context of managed care, taking into account different service coordination and service management structures.
2. Align the use of case management terms that are easily misunderstood or sound duplicative (such as service coordination and service management) to ensure greater understanding of the services.

Recommendation #1 seeks to increase clarity of terminology used in managed care for care-coordination-related functions which aligns with item 2 above. This recommendation would simplify and standardize the terminology used for similar functions. The recommendation is not intended to alter the current definitions and scope of work surrounding the existing terms. Rather, the implementation of this recommendation would create levels of service/stratification within the new terminology.

The recommendation could be implemented with contracting cycles beginning on or after September 1, 2020. The committee believes the recommendation will help consumers/clients and providers by simplifying existing terminology that can be

misunderstood or confusing. During discussions, some concerns were raised regarding potential costs of implementing the recommendation in relation to staff training and publication of materials for MCOs. It is believed that these costs could be minimized based on administrative procedures established by the Health and Human Services Commission (HHSC) regarding implementation of the recommendation. Such administrative procedures could include items such as utilizing current stock of materials but requiring any materials printed after a specific date to align with the new terminology.

Recommendation #2

The SMMCAC approved the list of the following in lieu of behavioral health services for HHSC consideration.

1. Cognitive Rehabilitation
2. Collaborative Care Model
3. Integrated Pain Management Day Program
4. Coordinated Specialty Care (CSC)
5. Functional Family Therapy (FFT)
6. Treatment Foster Care
7. Systemic Therapeutic Assessment Resources and Treatment (START)
8. Mobile Crisis Outreach Team
9. Crisis Respite
10. Crisis Stabilization Units/Extended Observation Units
11. Partial Hospitalization
12. Intensive Outpatient Program
13. Health Behavior Intervention Services
14. Multisystemic Therapy (MST)

Background and Discussion for Recommendation #2

Senate Bill 1177, 86th Texas Legislature, Regular Session, 2019 amended Section 533.005, Government Code by adding Subsection (g) to read as follows:

(g) In addition to the requirements specified by Subsection (a), a contract described by that subsection must contain language permitting a managed care organization to offer medically appropriate, cost-effective, evidence-based services from a list approved by the state Medicaid managed care advisory committee and included in the contract in lieu of mental health or substance use disorder services specified in the state Medicaid plan. A recipient is not required to use a service from the list included in the contract in lieu of another mental

health or substance use disorder service specified in the state Medicaid plan. The commission shall:

- (1) prepare and submit an annual report to the legislature on the number of times during the preceding year a service from the list included in the contract is used; and
- (2) take into consideration the actual cost and use of any services from the list included in the contract that are offered by a managed care organization when setting the capitation rates for that organization under the contract.

This recommendation provides an initial list approved by SMMCAC for consideration by HHSC in managed care contracts. Documentation regarding the evidence behind each service on the list is being provided by various stakeholders to appropriate HHSC staff for review, and the Clinical Oversight and Benefits Subcommittee of SMMCAC intends to discuss the recommended in lieu of services further in anticipation of helping prioritize potential availability. It is hoped that some of the in lieu of services on the list can be fully vetted with Center for Medicare and Medicaid Services and made available with the contract cycle beginning September 2021 at the latest.

Analysis of potential financial impact will be reviewed for each service in conjunction with HHSC staff. It is anticipated that most, if not all, of the in lieu of services on the list will show a net savings as they are available in lieu of potentially costlier services.

How Committee Accomplished Tasks

In an effort to maximize the breadth of initiatives that SMMCAC can address, the committee established five subcommittees on August 13, 2019, each with assigned focus areas. These subcommittees include:

Subcommittee	Charge/Focus	Members of Subcommittee as of December 31, 2019
Administrative Simplification	Focus on reducing Medicaid provider burden through administrative improvements in four areas: claims payments, eligibility information, provider enrollment processes, and prior authorization submissions. Prior authorization discussions will focus on provider process issues.	Michelle "Mickey" Schaefer (chair) Michael Adams Valerie Lopez Catherine Mitchell
Clinical Oversight and Benefits	Seeks to strengthen the oversight of utilization management practices to include prior authorization policies and processes used by MCOs. Prior authorization discussions will focus on HHSC oversight of MCO prior authorization data. Also discusses specific Medicaid medical benefits as needed.	Leslie Rosenstein, PhD (chair) Chase Bearden Patricia "Patsy" Tschudy Laurie Vanhooose Alfonso Velarde

Subcommittee	Charge/Focus	Members of Subcommittee as of December 31, 2019
Complaints, Appeals, and Fair Hearings	Focuses on more effectively leveraging complaints data to identify potential problems in the Medicaid program, opportunities for improved MCO contract oversight and increasing program transparency. Also focuses on appeals and fair hearings processes, including implementation of an independent external medical reviewer.	Anne Dunkelberg (chair) Henry Chu, DDS Blake Daniels Janice Fagen
Network Adequacy and Access to Care	Supports a comprehensive monitoring strategy to ensure members have timely access to the services they need. Objectives include accuracy of provider directories, incentivizing use of telehealth, telemedicine and telemonitoring services, reducing administrative burden related to network adequacy reporting and monitoring and integrating network adequacy reporting to include additional measures.	Ramsey Longbotham (chair) Aron Head Mary Klentzman David Lam, MD

Subcommittee	Charge/Focus	Members of Subcommittee as of December 31, 2019
Service and Care Coordination	Focuses on improvements related to service and care coordination within managed care. Objectives include assessing best practices for care coordination, addressing state-level barriers hindering MCO delivery of care coordination services, clarifying terminology and definitions of service coordination and service management activities, and identifying possible improvements to ensure service coordination and service management are consistent within HHSC contract requirements.	Jacob Ulczynski (chair) Xavier Bañales Christina Davidson, MD Shauna Glover Laura Deming

Subcommittee assignments were based on preferences of members and each subcommittee also has assigned HHSC Subject Matter Experts (SMEs) as a resource to assist the subcommittee with a knowledge base on initiatives as they advance their work. In addition, HHSC also worked with the SMMCAC for appropriate SMMCAC Subcommittee Procedures that would allow for a broader base of public participation, the ability for more meaningful public input, and the ability to discuss additional topics as long as they are within the scope of the subcommittee. A copy of the SMMCAC Subcommittee Procedures is included as Attachment A. The first meetings of the subcommittees were productive and included participation of 76 to 101 individuals participating in each meeting either in person or via webinar.

Also, in an effort to coordinate better with other advisory committees which address issues that also impact Medicaid managed care, summaries of the following advisory committees are shared with the SMMCAC:

- Behavioral Health Advisory Committee
- Drug Utilization Review Board
- eHealth Advisory Committee
- Hospital Payment Advisory Committee
- Intellectual and Developmental Disability System Redesign Advisory Committee
- Medical Care Advisory Committee
- Palliative Care Interdisciplinary Advisory Committee
- Perinatal Advisory Committee
- Policy Council for Children and Families
- STAR Kids Managed Care Advisory Committee
- Texas Council on Consumer Direction
- Value-Based Payment and Quality Improvement Advisory Committee

Besides sharing written summaries of committee activities, half of the above advisory committees present at each SMMCAC meeting in order to give the opportunity for some open dialogue and clarification of initiatives. In addition, each of the above advisory committees has been encouraged to have a representative participate at each of the subcommittee meetings of the SMMCAC.

The SMMCAC also receives reports from HHSC staff on current initiatives with Medicaid managed care as ongoing education and helping ensure that initiatives addressed by the SMMCAC and HHSC align without being duplicative. Costs related to the committee, including the cost of HHSC staff time spent supporting the committee's activities along with the source of funds used to support the committee's activities may be found in Attachment B.

Status of Prior SMMCAC Recommendations to HHSC

Following is a listing of prior year recommendations along with HHSC comments and status of the recommendations.

#	Category	SMMCAC Recommendation	Status
1	Advisory Committee Operations	<p>Specific HHSC public committees which have a similar charge to the SMMCAC should report into the SMMCAC; the SMMCAC would report to the HHSC Executive Council. Potential duplication of effort will be eliminated by having SMMCAC be the overarching committee which receives recommendations from other committees, and opportunities to consolidate committees will be more easily identified to streamline the committee structure. Committees for consideration for this new reporting structure are identified in Appendix C:</p> <ul style="list-style-type: none"> • Aging Texas Well Advisory Committee • Behavioral Health Advisory Committee • The e-Health Advisory Committee (eHAC) • Early Childhood Intervention Advisory Committee • Intellectual and Developmental Disability • System Redesign Advisory Committee (IDD-SRAC) • Interagency Obesity Council • Maternal Mortality and Morbidity Task Force • Medical Care Advisory Committee • Palliative Care Interdisciplinary Advisory Council • Perinatal Advisory Council • Policy Council for Children and Families • STAR Kids Managed Care Advisory Committee • State Independent Living Council • Statewide Advisory • Addressing Disproportionality and Disparities • Texas Autism Council • Texas Brain Injury Advisory Council • Texas Council on Alzheimer’s Disease and Related Disorders • Texas Council on Consumer Direction • Texas Diabetes Council • Texas HIV Medication Advisory Council • Texas Respite Advisory Committee • Value-Based Payment and Quality Improvement Advisory Committee 	<p>Complete. Collaboration between advisory committees has been put in place through updates at the SMMCAC meetings and through inviting each of the advisory committees to have a representative participate in the subcommittee meetings of the SMMCAC</p>

#	Category	SMMCAC Recommendation	Status
2	Network Adequacy	Recommend that HHSC conduct a review of the appropriateness and reasonableness of existing Network Adequacy Standards for specific specialties, including telemedicine; Determine if the information utilized is accurate or if there were network reporting issues causing a higher percentage of counties to show as not having a Medicaid MCO that meets the required threshold; Review if the network adequacy standard is appropriate or should be adjusted for the particular provider type and county type; Consider if the particular provider type and county type combination is a critical service, and, if so, if the current rates can attract and retain providers in those areas, or if special incentive programs need to be considered for additional funding to help attract and retain the critical service.	HHSC has developed a network adequacy initiative, and staff working on this initiative will work in collaboration with the SMMCAC and its Network Adequacy Subcommittee to address recommendations. In Process – External Quality Review Organization researching if and how other states count telemedicine. Complete - MCO contract terms strengthened as of September 1, 2019. In Process – Reviewing appropriateness of standards No Further Action Planned
3	Medicare and Third-Party Insurance	Recommend that HHSC (HHSC) develop best practices and any necessary rules or contract language regarding efficiencies for coordinating (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).	In Process – Senate Bill 1207 (86th Legislature, Regular Session, 2019) includes requirements related to coordination of benefits
4	Network Adequacy	Recommend that HHSC develop a network adequacy standard for Child Psychiatry.	No Further Action Planned - most psychiatrists do not make this distinction at enrollment
5	Quality; Network Adequacy	Require that Pay for Performance Programs are aligned amongst the MCOs working in a service area that improve efficiencies for providers. Ensure that Pay for Performance is aligned between providers and MCOs and that providers are not solely penalized or accountable if the members are non-compliant. If lack of compliance on the patient's part is not taken into consideration it will likely force providers to withdraw from managed care or to refuse to see certain clients, causing a larger gap in network adequacy.	Related Work in Process through Value-Based Payment Quality Improvement Advisory Committee
6	Managed Care Operations	Recoupment on claims for authorized services to be limited to one year from paid date. Providers are experiencing recoupments as far back as 5 years.	No Further Action Planned

#	Category	SMMCAC Recommendation	Status
7	Managed Care Operations	Reduce complexity for providers by keeping the number of MCOs per service area as low as possible, considering size and needs of the population and number of products to be offered while preserving adequate member choice and competition as well as driving as much standardization among the MCOs operating in a service area as possible.	No Further Action Planned
8	Managed Care Operations	<p>Inclusion of a requirement in the UMCM critical elements in the MCO Member Handbook of plain language information on how to make the most of a doctor visit. Examples of topics to be covered:</p> <ul style="list-style-type: none"> • Take insurance card with you to the appointment • If first visit, plan to arrive early to complete paperwork at the doctor's office • Take a moment to think about major medical issues in your family's medical history and write them down to help with completing paperwork at the doctor's office • Have emergency contact information with you for completion of paperwork in doctor's office • Write down the signs you have noticed of how you are not feeling well • Write down the medications you are currently taking including name of medication and dosage • Write down questions you have for the doctor and take them with you to the appointment • Take a pen and paper with you to write down instructions the doctor gives you. • If you are not sure if something is important, be safe and give the information to the doctor so the doctor can make a fully informed decision on treatment 	In Process – HHSC has begun drafting a new UMCM chapter that will incorporate information suggested in this recommendation.
9	Network	Recommend the addition of a "flag" to the Network Adequacy reports for plans and counties where telemedicine was utilized based on patient location.	In Process, HHSC has developed a network adequacy initiative, and staff working on this initiative will work in collaboration with the SMMCAC and its Network Adequacy Subcommittee to address recommendations.

Anticipated Activities Fiscal Year 2020

The following tables breakout the anticipated activities for state fiscal year 2020 by those items that are being addressed by the full committee and by each of the subcommittees. Please note that this list will continue to expand as the year progresses and is not meant to be a full and complete list of potential initiatives and that planned dates of engagement are subject to change.

State Medicaid Managed Care Advisory Committee (SMMCAC)

Planned date of engagement	Type of project	Topic	Additional information
August 2019	Legislative implementation	Rider 32: Intensive Behavioral Intervention (IBI)	Completed: Presentation on implementation of IBI
December 2019	Legislative implementation	SB 1177: Evidence Based In Lieu of Services	Completed: Presentation to full SMMCAC and receipt of recommended in lieu of services
December 2019	Legislative implementation	SB 1207: Prior Authorization Timelines and Reconsiderations	Completed: Presentation to full SMMCAC and receipt of recommendations

SMMCAC Service & Care Coordination Subcommittee

Planned date of engagement	Type of project	Topic	Additional information
November 2019	Managed care oversight improvement initiative	Uniform terminology across programs	Presentation to and recommendation from Subcommittee on Service and Care Coordination
December 2019	Managed care oversight improvement initiative	Key areas for improved oversight of service and care coordination	Presentation to and recommendation from Subcommittee on Service and Care Coordination
March 2020	Managed care oversight improvement initiative	Where to align requirements and expectations for service and care coordination across programs	Presentation to Subcommittee on Service and Care Coordination
To Be Determined	Managed care oversight improvement initiative	Identify specific areas for improved coordination between Medicaid/CHIP health plans and other case management entities	Presentation to and recommendation from Subcommittee on Service and Care Coordination

SMMCAC Network Adequacy Subcommittee

Planned date of engagement	Type of project	Topic	Additional information
November 2019	Managed care oversight improvement initiative	Proposed network adequacy measures for personal attendant services and substance use disorder	Presentation to and feedback from Subcommittee on Network Adequacy and Access to Care
January/February 2020	Managed care oversight improvement initiative	Options for improving provider directory accuracy	Presentation to Subcommittee on Network Adequacy and Access to Care
March 2020	Managed care oversight improvement initiative	Health teleservices policy, benefits, and monitoring changes	Presentation to Subcommittee on Network Adequacy and Access to Care
To be determined	Durable Medical Equipment	Durable Medical Equipment Rates and impact on network adequacy	N/A

SMMCAC Complaints Appeals and Fair Hearings

Planned date of engagement	Type of project	Topic	Additional information
November 2019	Legislative implementation; Managed care oversight improvement initiative	<ol style="list-style-type: none"> 1) Overview of HB 4533 and HHSC's complaints initiative 2) Provider managed care complaints 3) Complaints that relate to systemic issues 	Presentations to Subcommittee on Complaints, Appeals, and Fair Hearings - will review Complaints Redesign workgroup activities in line with HB 4533 requirements
December 2019	Managed care oversight improvement initiative	<ol style="list-style-type: none"> 1) Independent review organization update 2) Fair hearings and appeals updates 	Presentations to Subcommittee on Complaints, Appeals, and Fair Hearings
March 2020	Legislative implementation	SB 1207: Notifications Regarding Denial of Coverage or Prior Authorization	Presentation and feedback to Subcommittee on Complaints, Appeals, and Fair Hearings and potentially full SMMCAC
June 2020	Managed care oversight improvement initiatives	Complaints data	Presentations to Subcommittee on Complaints, Appeals, and Fair Hearings

SMMCAC Clinical Oversight & Benefits Subcommittee

Planned date of engagement	Type of project	Topic	Additional information
August 2019	Legislative implementation	SB 1177: Evidence Based In Lieu of Services	Completed: Initial presentation to Subcommittee on Clinical Oversight and Benefits
November 2019	Legislative implementation	SB 1177: Evidence Based In Lieu of Services	Presentation and discussion at Subcommittee on Clinical Oversight and Benefits
November 2019	Managed care oversight improvement initiative	Quarterly update on clinical oversight project progress	Presentation to Subcommittee on Clinical Oversight and Benefits
December 2019	Managed care oversight improvement initiative	Quarterly update on clinical oversight project progress	Presentation to Subcommittee on Clinical Oversight and Benefits
March 2020	Managed care oversight improvement initiative	Quarterly update on clinical oversight project progress	Presentation to Subcommittee on Clinical Oversight and Benefits
June 2020	Managed care oversight improvement initiative	Quarterly update on clinical oversight project progress	Presentation to Subcommittee on Clinical Oversight and Benefits
September 2020	Managed care oversight improvement initiative	Quarterly update on clinical oversight project progress	Presentation to Subcommittee on Clinical Oversight and Benefits
November 2020	Managed care oversight improvement initiative	Quarterly update on clinical oversight project progress	Presentation to Subcommittee on Clinical Oversight and Benefits
To be Determined	Durable Medical Equipment	Prior authorization parameters and extensions	N/A

SMMCAC Administrative Simplification Subcommittee

Planned date of engagement	Type of project	Topic	Additional information
November 2019	Legislative implementation	SB 1207: Prior Authorization Timelines and Reconsiderations	Presentation to Subcommittee on Administrative Simplification
March 2020	Managed care oversight improvement initiative	1) Provider training modules 2) Claims process improvements (other than removing the 30-day prompt pay act in statute)	Presentation to Subcommittee on Administrative Simplification
To be Determined	Legislative implementation	SB 1207: Coordination of Benefits	Presentation to Subcommittee on Administrative Simplification
To be Determined	Durable Medical Equipment	Extending prior authorization when there has been no change in condition	N/A

State Medicaid Managed Care Advisory Committee Membership & Attendance 2019*

Name	Currently Serving 1st or 2nd Term	Current Term Expiration	Areas Represented by Current SMMCAC Members	2/25/19	6/24/19	8/13/19	11/21/19	12/12/19
Deanna Abraham	N/A	N/A	N/A	Not present	Not present	Not member	Not member	Not member
Michael Adams	1st	12/31/19	Obstetrical Care Provider	Not present				
John Asbury M.D.	N/A	N/A	N/A	Present	Present	Not member	Not member	Not member
Xavier Banales	1st	12/31/21	Aging and Disability Resource Centers	Not member	Not member	Not member	Present	Present
Chase Bearden (Vice Chair)	1st	12/31/19	Consumer Advocate	Present	Present	Present	Present	Present
Fabian Borrego	N/A	N/A	N/A	Not present	Not present	Not member	Not member	Not member
Troy Carter	N/A	N/A	N/A	Present	Present	Not member	Not member	Not member
Henry Chu, DDS	1st	12/31/20	Pediatric Healthcare Providers	Not member	Not member	Present	Not present	Not present
Blake Daniels	1st	12/31/21	Independent Living Centers	Not member	Not member	Not member	Present	Present
Christina Davidson MD	1st	12/31/21	Community-based Organizations	Not member	Not member	Not member	Present	Not present
Laura Deming	1st	12/31/19	Family Member	Not present	Not present	Not present	Present	Present

Name	Currently Serving 1st or 2nd Term	Current Term Expiration	Areas Represented by Current SMMCAC Members	2/25/19	6/24/19	8/13/19	11/21/19	12/12/19
Anne Dunkelberg	1st	12/31/19	Consumer Advocate	Present	Present	Present	Present	Present
Janice Fagen	1st	12/31/19	Managed Care Organizations	Present	Present	Present	Present	Present
Shauna Glover	1st	12/31/21	Medicaid managed care clients or family members who use mental health services	Not member	Not member	Not member	Present	Present
John Gore	N/A	N/A	N/A	Not present	Not present	Not present	Not member	Not member
Aron Head	1st	12/31/21	Managed Care Organizations	Not member	Not member	Not member	Present	Present
Sandy Klein	N/A	N/A	N/A	Present	Present	Not member	Not member	Not member
Mary Klentzman	1st	12/31/20	Clients with disabilities	Not member	Not member	Present	Present	Present
David Lam, MD	1st	12/31/21	Rural Providers	Not member	Not member	Not member	Present	Present
Catherine Mitchell	1st	12/31/21	Managed Care Organizations	Not member	Not member	Not member	Present	Present
Ramsey Longbotham	1st	12/31/20	Primary and Specialty Care Providers	Not member	Not member	Present	Present	Present
Valerie Lopez	1st	12/31/20	Hospitals	Not member	Not member	Present	Present	Present
Soad Michelsen MD	N/A	N/A	N/A	Not present	Not present	Not member	Not member	Not member
Catherine Mitchell	1st	12/31/21	Managed Care Organizations	Not member	Not member	Not member	Present	Present
Paula Robinson	N/A	N/A	N/A	Not present	Not present	Not member	Not member	Not member

Name	Currently Serving 1st or 2nd Term	Current Term Expiration	Areas Represented by Current SMMCAC Members	2019				
				2/25/19	6/24/19	8/13/19	11/21/19	12/12/19
Dr. Leslie Rosenstein, PhD	1st	12/31/20	Non-physician Mental Health Providers	Not present	Not present	Present	Present	Present
Michelle Schaefer	1st	12/31/19	Rural Provider	Present	Not present	Present	Present	Present
Patricia "Patsy" Tschudy	1st	12/31/20	Long-term Services and Support Providers	Not member	Not member	Present	Present	Present
Jacob Ulczynski	1st	12/31/20	Area Agencies on Aging	Not member	Not member	Present	Present	Present
Laurie Vanhose	1st	12/31/21	Managed Care Organizations	Not member	Not member	Not member	Present	Present
Alfonso Velarde	1st	12/31/21	Community-based organizations serving low-income children and their families	Not member	Not member	Not member	Present	Present
David Weden (Chair)	2nd	12/31/20	Community Mental Health and Intellectual Disability Centers	Present	Present	Present	Present	Present
Members Present	N/A	N/A	N/A	8 of 15	7 of 15	12 of 15	21 of 23	20 of 23

*Present - Present

Not member - Not member of SMMCAC on meeting date
Not present - Not present at meeting

Appendix A. State Medicaid Managed Care Advisory Committee (SMMCAC) Subcommittee Procedures

Subcommittee Overview

The SMMCAC established five subcommittees on August 13, 2019.

Administrative Simplification

Focuses on reducing Medicaid provider burden through administrative improvements in four areas: claims payments, eligibility information, provider enrollment processes, and prior authorization submissions. Prior authorization discussions will focus on provider process issues.

Clinical Oversight and Benefits

Seeks to strengthen oversight of utilization management practices to include prior authorization policies and processes used by managed care organizations (MCOs). Prior authorization discussions will focus on Health and Human Services Commission (HHSC) oversight of MCO prior authorization data. Also discusses specific Medicaid medical benefits as needed.

Complaints, Appeals, and Fair Hearings

Focuses on more effectively leveraging complaints data to identify potential problems in the Medicaid program, opportunities for improved MCO contract oversight, and increasing program transparency. Also focuses on appeals and fair hearings processes, including implementation of an independent external medical reviewer.

Network Adequacy and Access to Care

Supports a comprehensive monitoring strategy to ensure members have timely access to the services they need. Objectives include accuracy of provider directories, incentivizing use of telehealth, telemedicine, and telemonitoring services, reducing administrative burden related to network adequacy reporting and monitoring, and integrating network adequacy reporting to include additional measures.

Service and Care Coordination

Focuses on improvements related to service and care coordination within managed care. Objectives include assessing best practices for care coordination, addressing state-level barriers hindering MCO delivery of care coordination services, clarifying terminology and definitions of service coordination and service management activities, and identifying possible improvements to ensure service coordination and service management are consistent within HHSC contract requirements.

Open Meetings Act

Texas Government Code Chapter 551 (the Open Meetings Act or OMA) requires governmental bodies to hold all meetings in public, in an accessible location. As an advisory committee that the HHSC established under Texas Government Code section 531.012, the SMMCAC is subject to the OMA as if it were a governmental body because of Health and Human Services System policy, as articulated in rule, 1 Texas Administrative Code §351.801(c).

Assuming that less than a quorum of SMMCAC members will be present at an SMMCAC subcommittee meeting (either as subcommittee members or observers), the OMA does not apply to subcommittee meetings. The OMA does not apply to gatherings of less than a quorum of a governmental body, and SMMCAC subcommittees do not have enough members to constitute a quorum. If enough SMMCAC members who are not subcommittee members are present at the subcommittee meeting to constitute a quorum of the full committee, HHSC staff may ask non-subcommittee members to leave the meeting.

Although we assume the OMA does not apply to subcommittee meetings, will apply certain OMA requirements to subcommittees in an effort to provide transparency and opportunities for public participation. OMA requirements and their applicability to SMMCAC subcommittees is described in the table below.

OMA Requirement	Does this Requirement Apply to SMMCAC Subcommittees
<p>Agenda elements:</p> <ul style="list-style-type: none"> • Date of meeting • Hour of meeting • Place at which meeting will be held 	<p>Yes. All three required agenda elements will be included in SMMCAC subcommittee agendas.</p>
<p>Agenda topics:</p> <ul style="list-style-type: none"> • Subject(s) to be discussed at the meeting must be included on the agenda. If not on the agenda, the subject(s) may not be discussed. 	<p>No. SMMCAC subcommittees may discuss topics not posted on the agenda as long as the topic is relevant to the subcommittee charge.</p>
<p>Notice of agenda time frame:</p> <ul style="list-style-type: none"> • Notice must be posted on the Secretary of State’s website at least seven calendar days before the date of the meeting. 	<p>Partially. SMMCAC subcommittee meeting agendas will be posted on the HHSC Public Meetings and Events GovDelivery list at least seven calendar days before the date of the meeting. SMMCAC subcommittee meeting agendas will not be posted to the Secretary of State’s website.</p>
<p>Notice of meeting to committee members:</p> <ul style="list-style-type: none"> • Committee members must be informed of a meeting at least five working days before the meeting is to occur. 	<p>Yes. SMMCAC subcommittee members will be informed of their subcommittee’s meetings as soon as the meeting is confirmed, no later than three weeks in advance.</p>
<p>Actions, decisions, and votes:</p> <ul style="list-style-type: none"> • Any action, decision, or vote must be in the open. 	<p>Yes. SMMCAC subcommittees may meet or have discussions outside of public subcommittee meetings, but may not take actions, make decisions, or vote except at public subcommittee meetings.</p>
<p>Public comment:</p> <ul style="list-style-type: none"> • The committee may not restrict public comment on discriminatory grounds. 	<p>Yes. SMMCAC subcommittees will allow public comment and will not restrict public comment on discriminatory grounds. At the discretion of the SMMCAC subcommittee chair, a public comment period may be included in the meeting or the public may actively participate in the conversation. Individuals who are not members of the SMMCAC subcommittee may not vote.</p>
<p>Meeting minutes:</p> <ul style="list-style-type: none"> • Minutes must be kept or a recording must be made. • Minutes must note the subject of each deliberation and note each vote, order, decision, or action taken. • Minutes or recording are subject to release under the Public Information Act. 	<p>Yes. SMMCAC Subcommittees will keep meeting minutes. Minutes may be brief in nature but must include the subject of deliberation and outcomes such as votes, orders, decisions, or actions taken. Minutes must also include action items and responsible parties. SMMCAC subcommittee meetings will be recorded using webinar capability provided by HHSC.</p>

OMA Requirement	Does this Requirement Apply to SMMCAC Subcommittees
<p>Closed meetings:</p> <ul style="list-style-type: none"> • The committee may meet in a closed meeting only if expressly authorized by statute. Examples are: • Attorney-client consultation • Deliberation of a real estate transaction, value of real estate, gift, or donation if open discussion would harm the committee’s position in negotiations • Discussion of personal matters • Deliberation of medical or psychiatric records of an applicant for benefits by a benefits appeals committee • Members present must convene and close in the open so that the public can see who is in the meeting. • No final actions, decisions, or votes may be taken. 	<p>Partially.</p> <p>SMMCAC subcommittees may meet or have discussions outside of public subcommittee meetings. However, subcommittee members may only take final action, make decisions, or vote at public subcommittee meetings.</p> <p>SMMCAC subcommittees are asked to include an agenda topic at each public subcommittee meeting to summarize conversations between public subcommittee meetings.</p>

Subcommittee Meeting Procedures

SMMCAC subcommittees will meet at a date, time, and location agreed upon by subcommittee members and HHSC staff, per availability of all parties.

Scheduling

Subcommittees will meet quarterly in person the day before or morning of SMMCAC full committee meetings. Assigned HHSC SMEs will be present for each quarterly meeting.

Subcommittees may wish to hold public meetings in between quarterly meetings, called “off-cycle subcommittee meetings”. HHSC requests that subcommittees develop a schedule for the calendar year each January, to include quarterly meetings and, if necessary, off-cycle subcommittee meetings. If an additional off-cycle subcommittee meeting, not included on the annual calendar, is requested by the subcommittee, HHSC will strive to accommodate the request based on the availability of staff to support the off-cycle subcommittee meeting. In this situation, subcommittee chairs should work with their assigned HHSC SMEs, Sarah Melecki, and Maria Acuna to schedule meetings at least one month in advance of the meeting date.

To schedule an off-cycle subcommittee meeting that is not included on the annual calendar, the subcommittee chair should work with other subcommittee members to identify three to five possible dates/times for subcommittee meetings.

Subcommittee meetings should last between one and two hours. The subcommittee chair or designated member will then email HHSC staff with the options. Sarah Melecki and Maria Acuna will review room and webinar availability and confirm one date/time location within five business days of receipt of request. HHSC staff will also review agenda items and availability to determine whether the assigned HHSC SMEs or a different HHSC staff person is most appropriate to represent the agency at the off-cycle subcommittee meetings.

Webinar capability will be used to record all public subcommittee meetings, even if the meeting is conducted over the phone.

HHSC understands that subcommittees may need to have discussions outside of quarterly public subcommittee meeting dates and times. At times, HHSC may also request a discussion or email chain with subcommittee members between quarterly meetings, when stakeholder feedback is required expeditiously. These discussions are allowable. However, subcommittee members may only take final action, make decisions, or vote at public subcommittee meetings. SMMCAC subcommittees are also asked to include an agenda topic at each public subcommittee meeting to summarize conversations had between public subcommittee meetings.

Agenda Development

Agenda topics should be requested no later than three weeks before a subcommittee meeting.

HHSC SMEs may recommend agenda topics to subcommittee chairs as staff need stakeholder feedback for an issue relevant to the subcommittee's charge.

In addition to topics recommended by HHSC staff, subcommittee chairs may request topics for the agenda. Topics must be requested at least three weeks in advance of the subcommittee meeting. HHSC staff will reach out to needed agency SMEs, if applicable, to confirm availability before finalizing the agenda. If a needed agency SME is not available, the topic will be tabled until the next subcommittee meeting.

Once the subcommittee agenda is finalized, HHSC SMEs will provide the agenda to Sarah Melecki and Maria Acuna, who will send the agenda through the approval process, ensure the documents are accessible, and request posting on GovDelivery. The agenda should be posted no later than seven calendar days before the meeting.

Day of Meeting

The subcommittee chair will facilitate the meeting. Of importance, the subcommittee chair is tasked with keeping discussions on track within the subcommittee's charge,

ensuring that the public has an opportunity to participate either through a public comment period or through participation in the discussion, and moving the agenda along.

The subcommittee scribe will keep notes to include topics of discussion, action items and responsible parties, and decisions made. Scribe notes will serve as subcommittee meeting minutes and will also be used by the subcommittee chair to update the full SMMCAC at SMMCAC public meetings.

HHSC SMEs will be present to answer questions or gather questions to take back to the agency for further review. HHSC staff will set up the meeting room, run the webinar, and escort subcommittee members and members of the public to the meeting room.

Post Meeting Activities

The subcommittee chair will provide an update to the full SMMCAC at the next SMMCAC public meeting.

The subcommittee scribe will provide notes to HHSC SMEs, who will provide a post-meeting email to subcommittee members within one week of the meeting. The post-meeting email will include topics of discussion, action items and responsible parties, and decisions made.

Responsible parties will work to complete their action items within the required time frame – ideally before the next subcommittee meeting unless the action item requires work that will take longer than the time between subcommittee meetings.

Inviting Members of the Public to Subcommittee Meetings

HHSC is in contact with chairs of all Medicaid/CHIP supported advisory committees and will send public subcommittee meeting agendas to each chair. Some advisory committees will name a member to serve as a representative from that advisory committee at each subcommittee meeting. Other advisory committees will review each agenda and determine whether a representative should participate in each individual meeting. Representatives of other advisory committees may participate in the subcommittee conversation and provide relevant input.

HHSC will post subcommittee agendas on GovDelivery through the *HHSC Public Meetings and Events* list. Members of the public are encouraged to sign up for this list.

SMMCAC subcommittee members are welcome to invite members of the public to subcommittee meetings.

In some instances, members may wish to invite a special guest to talk on an agenda item. SMMCAC subcommittee members are welcome to do this, at the discretion of the subcommittee chair, and are asked to alert HHSC staff so that the agenda can be developed accordingly.

SMMCAC subcommittee members may also forward the public agenda to members of the public or relevant list serves. This is most easily done by forwarding the GovDelivery posting in which the meeting agenda is sent.

Additional Subcommittee Responsibilities

Subcommittees are tasked with providing feedback to HHSC and developing draft recommendations that can be taken to the full SMMCAC for consideration in the committee's annual report to the Executive Commissioner. For each draft recommendation, subcommittees are required by HHSC's Advisory Committee Coordination Office to fill out the advisory committee recommendation template form , which will be shared with the full committee and agency staff.

Appendix B. Costs related to the SMMCAC

Costs related to the SMMCAC, including the cost of HHSC staff time spent supporting the committee’s activities and the source of funds used to support the committee’s activities are summarized below:

Staff Resource*	Amount
PS I – 10% based on midpoint salary of \$47,688	\$4,768.80
PS IV – 20% based on midpoint salary of \$59,473	\$11,894.60
PSVII – 60% based on midpoint salary of \$83,298	\$49,978.80
PS VII – 60% based on midpoint salary of \$83,298	\$49,978.80
PS VII – 5 % based on midpoint salary of \$83,298	\$4,164.90
PS VII – 5% based on midpoint salary of \$83,298	\$4,164.90
D II – 5% based on midpoint salary of \$102,747	\$5,137.35
PM IV – 10% based on midpoint salary of \$93,406	\$9,340.60
Total Staff Resources	\$139,428.75

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- * PS – Program Specialist
 - * D – Director
 - * PM – Program Manager

Cost Category	Amount
Travel	\$113.91
Total Staff Resources	\$139,428.75
Other Expenses (supplies, etc.)	\$400.00
Total	\$139,942.66

Cost Description	Source of Funds	Amount
Travel and Other Expenses	General Revenue	\$513.91
Staff Resources	Medicaid Federal Match	\$69,714.37
Staff Resources	Medicaid General Revenue at 50% Administrative Match Rate	\$69,714.38
Total		\$139,942.66

Information provided by Sarah Melecki, Committee Subject Matter Expert.