



Texas Health and Human Services Commission Application for Advisory Committee Membership

If you wish to apply to be a member of the **State Medicaid Managed Care Advisory Committee**, please fill out this application. The committee advises HHS 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.

If a question does not apply to you, enter "N/A."

If you would like to attach a resumé, please attach using the "attach file" button below.

HHSC will use the information you put on this application (and resumé) to decide if you are eligible to serve on this committee.

Important note: Committee members who are recipients of Medicaid services or the relatives of individuals receiving Medicaid services may be reimbursed for their travel to and from meetings if funds are available. Other members are responsible for their own expenses.

HHSC won't consider an application received or postmarked after 11:59 pm, Jan. 12, 2018.

SECTION 1 - Personal Information

Name:

Home Address:

City: State: TX ZIP:

Phone: Fax: Email:

Employment Information

Business/Organization:

Address:

City: State: ZIP:

Phone: Fax: Email:

Current Position Title:

Check where you would like to receive further communications:

Work Email Home Email Work Address Home Address

Application

New/Initial Application

Renewal Application

Gender

Male

Female

Race/Ethnicity

American Indian/Alaskan Native

Asian/Pacific Islander

Black

Hispanic

White

Other

SECTION 2 (Recipients/Family Applicants Only)

A person who receives Medicaid services may apply to be on this committee. We call this person a "recipient." A family member of a current or former recipient may apply to be on this committee. A "family member" may be the parent, spouse, guardian, grandparent, or adult sibling of the current or former recipient.

Please complete SECTION 2 only if you are a recipient or a family member.

Please tell us about your direct experience with the Texas Medicaid Program.

Please tell us why you want to serve on this committee.

SECTION 3 (Professional Applicants Only)

A professional may apply to be on this committee. Professional applicants include: providers; professional associations; non-profit organizations; managed care organizations and other subject matter experts.

Please complete SECTION 3 only if you are a professional applicant. You may attach a resumé or certification if desired.

Describe your direct knowledge of Medicaid, including Medicaid managed care programs:

Explain why you are interested in serving on this committee.

List your relevant personal and professional achievements, including current licensures and activities that address contributions you could make to the committee:

Have you ever been disciplined by any licensing board/professional or civic organization, including the HHSC Inspector General?

No Yes

If yes, please explain:

SECTION 4 (ALL applicants must complete this section.)

The HHSC Executive Commissioner will appoint one member to the Committee to serve a term expiring December 31, 2018. The new member must:

- **represent low income recipients or consumer advocates representing low income recipients; and,**
- **be a recipient with an intellectual or developmental disability or with a physical disability, or a consumer advocate representing those recipients.**

I affirm that I meet the above requirements.

Member Participation

Every member appointed to committee must attend regularly and must participate in subcommittee activities.

- Regular committee meetings are held once every three months. The presiding officer also may call a special committee meeting. Members must travel to Austin for these meetings. Each meeting may last several hours.
- Subcommittee meetings may meet at other times. Members may travel to Austin or participate by phone. Each meeting may last several hours.
- Sometimes, members participate in other activities in their home communities. These activities might include town hall meetings or presentations.
- Please note: Committee members who are recipients of Medicaid services or the relatives of individuals receiving Medicaid services may be reimbursed for their travel to and from meetings if funds are available. Other members are responsible for their own expenses.

Do you believe you will be able to regularly participate in Committee activities, if you are appointed?

Yes No

If no, please explain:

Miscellaneous Information

Do you have a personal or private interest in a matter pending before HHSC? ("Personal or private interest" means you have a direct monetary interest in the matter or owe your loyalty to an entity involved, but does not include the member's engagement in a profession, trade, or occupation when the member's interest is the same as all others similarly engaged in the profession, trade, or occupation.)

Yes No

Have you ever been convicted of a felony or misdemeanor (excluding traffic violations)?

No Yes

If yes, please explain:

References

Please provide the names and contact information for two people who can tell us more about your qualifications to serve on the advisory committee. References can include employers, clients, religious leaders, community leaders, advocates, friends, or others who know about your interest in and/or involvement with service delivery through Medicaid.

Reference #1

Name:

Address:

City: State: ZIP:

Daytime Phone:

Email:

Relationship (how this person knows you):

Reference #2

Name:

Address:

City: State: ZIP:

Daytime Phone:

Email:

Relationship (how this person knows you):

All the information contained in this application is true and correct. I understand that the advisory committee will meet in Austin at least quarterly. If selected, I will make every effort to attend all advisory committee meetings.

Signature (typed name is acceptable)

Date

While it is preferred that you submit your application electronically, using the SUBMIT button, you may submit the application by email, mail, or fax. Here are the addresses:

Email: charles.bredwell@hhsc.state.tx.us

*Mail: Texas Health and Human Services Commission
P.O. Box 13247, Mail Code H600
Austin, Texas 78711
Attn: Charles Bredwell*

*Fax: 512-487-3403
Attn: Charles Bredwell*

If you have any questions about the application or the SMMCAC, please contact Charles Bredwell at 512-462-6337 or by email at charles.bredwell@hhsc.state.tx.us.

You will receive confirmation that your application has been received within two business days of receipt. If you do not receive this confirmation, please contact Charles Bredwell at charles.bredwell@hhsc.state.tx.us.