State Medicaid Managed Care Advisory Committee (SMMCAC) Recommendation Activities

November 4, 2021

#	Category	SMMCAC Recommendation	Status
1	Administrative Simplification	Adopted March 12, 2020: • Provide relief from the duplicative and burdensome provider enrollment and credentialing process, • Request a more streamlined and tightened sequencing of processes, • Review federal requirements and best practices to streamline the process so the providers can start reimbursement services quicker, and • Allow retro date for service reimbursement to date of enrollment and one enrollment to be completed for approval by all MCOs and TMHP.	• In progress • In progress • In progress • No further action planned. HHSC anticipates implementation of the Provider Enrollment Management System (PEMS) will improve the enrollment process.
2	Clinical Oversight and Benefits	Adopted December 12, 2019: The following list of behavioral health services are approved for HHSC “in lieu of services” consideration: • Cognitive rehabilitation • Collaborate Care Model • Integrated pain management day program • Coordinated Specialty Care • Functional Family Therapy • Treatment foster care • Systemic Therapeutic Assessment Resources and Treatment • Mobile crisis outreach team • Crisis respite • Crisis stabilization units/extended observation units • Partial hospitalization • Intensive outpatient program • Health behavior intervention services • Multisystemic Therapy	In progress
3	Clinical Oversight and Benefits	Originally adopted March 12, 2020, and updated August 26, 2020: HHSC should consider exploring any potential access and	Complete

		quality issues due to potential fees set for durable medical equipment (DME) *and if there is a need for establishing a separate recognition and coverage for Complex Rehab Technology products and the services that incorporates the customized nature of the technology and the broad range of services necessary to meet the unique medical and functional needs of people with significant disabilities and complex medical conditions.* (Note: original recommendation language in plain font, *language added in August in italics*)	
4	Clinical Oversight and Benefits	Adopted March 12, 2020 and updated November 19 2020: HHSC should consider any potential barriers to ensuring people receive treatment with respect to COVID-19*, analyze the impact of existing policy changes on access to care, and determine which temporary policy changes should remain in the Medicaid program following the public health pandemic*.	In progress
5	Clinical Oversight and Benefits	Adopted June 26, 2020: Recommend that HHSC look at: • Services being covered when audio only, • Telehealth/telemedicine coverage extended indefinitely to have increased access to care, and • More services be covered by telehealth/telemedicine in line with national coverage standards (e.g. Medicare)	In progress
6	Clinical Oversight and Benefits	Adopted August 26, 2020: Recommend HHSC work with stakeholders such as TAHP, Meadows Mental Health Policy Institute, and Texas Council during the review of cost effectiveness of proposed in lieu of services in order to ensure appropriate aspects are being considered, including factors that may be unique to Texas.	Complete
7	Clinical Oversight and Benefits	Adopted August 26, 2020: Recommend the committee request HHSC to convene a workgroup of dentists representing dental school faculty, Medicaid practicing dentists, state policy staff, and the dental maintenance organizations to thoroughly	In Progress - HHSC is prioritizing implementation of Rider 26 (87th Legislative Session, 2021), which requires HHSC to develop recommendations

		review and comprehensively update the amount, duration, and scope of the Medicaid dental benefit policies as they impact DMOs.	to improve the Texas Medicaid Provider Procedures Manual to prevent fraud, waste, or abuse within Medicaid dental services. HHSC will coordinate with dental stakeholders including TDA, TAPD, DMOs, dental academia and Medicaid enrolled dental providers. HHSC has begun a comprehensive review of the THSteps Dental Preventive Services policy as a result of previous stakeholder request. The report of recommendations must be submitted to the HHSC Executive Commissioner by December 31, 2021.
8	Network Adequacy and Access to Care	Adopted March 12, 2020: HHSC should: • Develop a list of exceptions to telehealth/telemedicine, and • Ensure fee-for-service alignment with the intent of Senate Bill 670, 86th Texas Legislature, Regular Session.	• In Progress • Complete
9	Network Adequacy and Access to Care	Adopted March 12, 2020: HHSC should ensure all services delivered via telehealth/telemedicine are included in the medical loss ratio (MLR) (medical, not administrative).	No further action planned. Services delivered using these modalities are to be reported to HHSC as part of the medical expenses.
10	Network Adequacy and Access to Care	Adopted March 12, 2020: HHSC is encouraged to conduct environmental scans regarding any administrative barriers that may limit or discourage utilization of telehealth and telemedicine.	Complete
11	Network Adequacy and Access to Care	Adopted March 12, 2020: HHSC should review potential means for including telehealth and telemedicine in network adequacy standards.	In progress
12	Service and Care Coordination	Adopted December 12, 2019: Standardize the service management and service coordination terminology in the managed care contracts to service coordination.	In progress
13	Service and Care Coordination	Adopted June 26, 2020: Recommend amending the necessary service coordination verbiage targeted to be effective no	In progress

		sooner than March 1, 2022 to reflect HHSC's standardization of phrases and terminology as previously recommended.	
14	Service and Care Coordination	Adopted November 19, 2020: Recommend that HHSC permanently allow service coordination assessments and face-to-face visits to occur by way of a telehealth modality if medically appropriate, is the members choice, and is technologically and physically feasible for the member; in order to reduce costs, improve access to service coordination, and improve efficiency.	In progress
15	Service and Care Coordination	Adopted February 25, 2021: Recommend that effective March 1, 2022 HHSC improve coordination between MCOs and FFS Case Management programs, reduce duplication of terminology, and minimize confusion for all stakeholders by replacing the term "Service Coordination" with the term "Case Management" or more person-centered terminology in Medicaid FFS Case Management programs that use the term "Service Coordination."	Under Consideration
16	Service and Care Coordination	Adopted February 25, 2021: Recommend that HHSC enhance Medicaid MCOs' participation in LTSS service planning for their members by establishing rules facilitating an MCO representative's voluntary participation in a member's LTSS service planning meeting with the individual/member or Legally Authorized Representative's consent. Recommend HHSC require Medicaid long-term services and supports (LTSS) case management entities, inclusive of Community Living Assistance Supports and Services (CLASS), Deaf-Blind Multiple Disabilities (DBMD), Home and Community-based Services (HCS), and Texas Home Living (TxHmL) case management entities, to communicate the: a) date, b) time, c) location, and	Under Consideration

		d) telephone call-in or remote log-in information of an MCO member's LTSS service planning meeting to facilitate the MCO's voluntary participation in the meeting, if the individual/Legally Authorized Representative consents to such participation. Recommend HHSC establish uniform communication and emphasize patient privacy expectations to facilitate this process.	
17	Network Adequacy and Access to Care	Adopted May 27, 2021: Recommend that HHSC require all participating Medicaid providers to submit their credentialing application through the Council for Affordable Quality Healthcare (CAQH) portal for practitioners or Availity for facility providers to reduce administrative burden, increase data accuracy and minimize outreach required by health plans and the Credentialing Verification Organization (CVO).	No further action is planned on requiring Medicaid providers to submit their credentialing application through the CAQH portal or Availity. SB 8 passed in the third special session requires HHSC to collect credentialing information.
18	Network Adequacy and Access to Care	Adopted May 27, 2021: Recommends that HHSC create and implement a centralized, single source of truth, dentist provider information portal housing information needed for directories and network adequacy. Dentist providers will use the portal to provide initial information, including contact information and taxonomy code, change information, and re-attest information. Information from the centralized portal will be shared with Texas Medicaid Healthcare Partnership (TMHP), MAXIMUS, and the dental maintenance organizations (DMOs). There will be consistent data file formats and data entry requirements for the provider's first name, middle name, last name, and physical address. HHSC will verify the accuracy of the information. Furthermore, the DMOs will be authorized to update dentist provider information in the portal. HHSC staff will be trained to provide consistently correct information to dentist providers calling for help using the portal.	Under Consideration

19	Complaints, Appeals, and Fair Hearings	Adopted May 27, 2021: Recommend that the SMMCAC recommendation and action log be made available to all SMMCAC members, representatives from other advisory committees, and to the public via online posting. We request that HHSC staff bring any concerns or requested modifications about this in detail to the May full SMMCAC meeting, so that the full committee can vote on this recommendation at that meeting, avoiding a delay until the following meeting.	In progress
20	Clinical Oversight and Administrative Simplification	Adopted May 27, 2021: Recommend that HHSC consider collecting validated data, standardized data from providers on the frequency of prior authorizations, time to process PAs and time between initial submission and final approval. As HHSC is determining the feasibility of this project they must take into consideration provider burden submitting the data.	Under Consideration
21	Complaints, Appeals, and Fair Hearings	Adopted August 11, 2021: The CAFH subcommittee's recommendation is to assign the topic of implementation of the transition of Healthy Texas Women (HTW) and Case Management for Children and Pregnant Women (CPW) into managed care under HB 133 to existing Network Adequacy and Access to Care & Service and Care Coordination SMMCAC subcommittees.	Complete