



**State Medicaid
Managed Care
Advisory Committee
Annual Report to the
Executive
Commissioner**

As Required by

**Texas Administrative Code Title 1,
Part 15, Chapter 351, Subchapter B,
Division 1 Rule 351.805(d)(1)**

**State Medicaid Managed Care
Advisory Committee**

December 2020

About This Report

This report was prepared by members of the State Medicaid Managed Care Advisory Committee. The opinions and recommendations expressed in this report are the members' own and do not reflect the views of the Texas Health and Human Services Commission Executive Council or the Texas Health and Human Services Commission.

The information contained in this document was discussed and voted upon at regularly scheduled meetings in accordance with the Texas Open Meetings Act. Information about these meetings is available at: <https://hhs.texas.gov/about-hhs/leadership/advisory-committees/state-medicaid-managed-care-advisory-committee>

Report Date

December 2020

Contact Information

For more information on this report, please contact:

David A. Weden,
Chair, State Medicaid Managed Care Advisory Committee
Chief Administrative Officer/Chief Financial Officer, Integral Care
Email: david.weden@integralcare.org

Table of Contents

Table of Contents	2
1. Letter from the Chair	4
2. Committee Recommendations	6
Recommendation 1	6
Recommendation 2	6
Recommendation 3	6
Recommendation 4	6
Recommendation 5	6
Recommendation 6	6
Brief Explanation Regarding Recommendations 1 through 6	7
Recommendation 7	8
Brief Explanation Regarding Recommendation 7	8
Recommendation 8	8
Brief Explanation Regarding Recommendation 8	8
Recommendation 9	9
Recommendation 10	9
Recommendation 11	10
Brief Explanation Regarding Recommendations 10 and 11	10
Recommendation 12	10
Brief Explanation Regarding Recommendation 12	10
Recommendation 13	11
Brief Explanation Regarding Recommendation 13	11
Recommendation 14	12
3. Meeting Dates	13
4. How Committee Accomplished Tasks	14
Subcommittees	14
Administrative Simplification	14
Clinical Oversight and Benefits	14
Complaint, Appeals, and Fair Hearings	14
Network Adequacy and Access to Care	14
Service and Care Coordination	15
Open Meetings Act	15
Subcommittee Meeting Procedures	16
Scheduling	16
Agenda Development	17
Day of Meeting	18
Post Meeting Activities	18
Inviting Members of the Public to Subcommittee Meetings	19
Additional Subcommittee Responsibilities	19

2020 Activity and Adjustments Moving into 2021.....	19
Clinical Oversight and Administrative Simplification	20
Complaints, Appeals, and Fair Hearings	20
Network Adequacy and Access to Care	20
Service and Care Coordination	21
5. Members and Attendance	22
6. Estimated Costs Related to the SMMCAC	23
7. Conclusion	24

1. Letter from the Chair

Dear Health and Human Services Executive Commissioner Cecile Young:

The State Medicaid Managed Care Advisory Committee (SMMCAC) is pleased to submit our annual report, due by December 31, 2020 in accordance with Texas Administrative Code Title 1, Part 15, Chapter 351, Subchapter B, Division 1 Rule 351.805(d)(1).

On behalf of the SMMCAC, I want to begin by thanking everyone at Health and Human Services Commission (HHSC), everyone with the Medicaid managed care plans, all of the providers throughout the state, and the individuals receiving Medicaid services along with their families and advocates. The changes that have been made over 2020 to ensure some of the most vulnerable citizens in our state were able to receive critical services while maintaining a safe environment due to COVID-19 are some of the most expansive and swiftest changes we have seen in our system of care. The level of effort and cooperation shown throughout the system demonstrate why it takes all of us working together to meet the needs of our citizens. It speaks to the heart of this SMMCAC. The SMMCAC is comprised of representatives from individuals receiving services and their family members or advocates, representatives of Managed Care Organizations, and representatives of provider organizations. Working together, as a system of care, we gain a greater understanding of challenges and collaborate to find ways to continuously improve our system of care in order to more efficiently and effectively serve Texans through Medicaid Managed Care in Texas.

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.

Respectfully,

David A. Weden
Chair, State Medicaid Managed Care Advisory Committee

2. Committee Recommendations

Recommendation 1

HHSC should develop a list of exceptions to telehealth/telemedicine and ensure fee for service align with the intent of Senate Bill 670 (86th Texas Legislature, Regular Session).

Recommendation 2

HHSC should ensure all telehealth and telemedicine is included in the medical portion of the Medical Loss Ratio.

Recommendation 3

HHSC is encouraged to conduct an environmental scan regarding any barriers administratively that may limit or discourage utilization of telehealth and telemedicine.

Recommendation 4

HHSC should review potential means for including telehealth and telemedicine in network adequacy standards.

Recommendation 5

Recommend HHSC consider covering audio only, telehealth/telemedicine services and extending indefinitely the modalities to have increased access to care, and more services be covered by telehealth/telemedicine in line with national coverage standards (e.g. Medicare).

Recommendation 6

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 member's choice, and is technologically and physically feasible for the member; in order to reduce costs, improve access to service coordination, and improve efficiency.

Brief Explanation Regarding Recommendations 1 through 6

Recommendations 1 through 6 deal with availability of telemedicine and telehealth for various services throughout the Medicaid managed care system. As allowances have been made during the public health emergency related to COVID-19, the managed care system has pivoted to have available virtual and telephonic services, helping ensure the safety and care of Texans with Medicaid coverage. As we move forward, the committee believes it is imperative that we retain appropriate flexibility in service delivery models to help ensure individuals receive appropriate services in a manner that is clinically appropriate as well as convenient to the individual receiving services. Video as well as telephonic contacts are being encouraged to be considered for continuation as individuals at high risk for COVID-19 need to maintain as much isolation as possible and not all individuals have direct access to video technology or appropriate broadband for video services. In addition, maintaining the various modalities can help address availability of services within Health Professional Shortage Areas.

In reviewing the interactive maps of Health Professional Shortage Areas (HPSA) at <https://dshs.texas.gov/tpco/HPSADesignation/>, the following HPSAs are noted:

Primary Care HPSA Designations – 199 Full Counties and 14 partial counties

Mental Health HPSA Designations – 206 Full Counties and 4 partial counties

Dental HPSA Designations – 80 Full Counties and 3 partial counties

Maintaining telehealth and telephonic services as clinically appropriate would help make services more readily available for individuals with Medicaid coverage. The service delivery options would help remove some challenges with transportation or time needed to travel for services, thereby encouraging individuals to reach out for more appropriate access to routine services instead of waiting until a more critical need arose before reaching out for service.

In addition, the Centers for Medicare & Medicaid Services (CMS) recently passed new rules that encourage the utilization of telehealth as well as flexibility within Medicare to count telehealth providers in certain specialty areas toward meeting CMS network adequacy standards. With the number of HPSAs across the state, the committee also believes consideration of similar means to include telehealth and telemedicine in Medicaid Managed Care network adequacy standards should be considered.

Recommendation 7

Recommend review for relief from the duplicative and burdensome (provider) enrollment and credentialing process, request a more streamlined and tighter sequencing of processes, review federal requirements and best practices to streamline the process so that providers can start providing services more quickly, and to allow retro date for service reimbursement to date of enrollment and allow one enrollment to be completed for approval by all MCOs and TMHP.

Brief Explanation Regarding Recommendation 7

Positive changes in the provider enrollment process have been accomplished in the recent past, such as the credentialing verification for MCO applications. There continues, however, to be a burdensome and delayed enrollment with TMHP and then a provider must credential with MCOs. Providers are asking for consideration of steps or progress that can be taken toward a single application for enrollment and credentialing that is required for reimbursement. In addition, a review should be completed regarding the possibility for reimbursement back to the application or enrollment date of the provider who provided treatment to Medicaid Managed Care patients.

Recommendation 8

Recommend HHSC consider and explore any potential access and quality issues due to issues resulting from reimbursement rates 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 incorporate 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.

Brief Explanation Regarding Recommendation 8

The Durable Medical Equipment (DME) benefit was created over forty years ago to address the medical equipment needs of older individuals. Over the years, available technology has advanced and now includes complex rehab power wheelchairs, highly configurable manual wheelchairs, adaptive seating and positioning systems, and other specialized equipment, such as standing frames and gait trainers.

This technology, called Complex Rehab Technology (CRT), is prescribed and customized to meet the specific medical and functional needs of individuals with disabilities and medical conditions such as, but not limited to, Cerebral Palsy, Muscular Dystrophy, Multiple Sclerosis, Spinal Cord Injury, Amyotrophic Lateral Sclerosis (Lou Gehrig's disease), and Spina Bifida. Suppliers who furnish this highly specialize technology provide products and services which are unique and different than standard DME.

CRT requires a broader range of services and more specialized personnel than what are required for standard DME. The provision of CRT is done through an interdisciplinary team consisting of, at a minimum, a Physician, a Physical Therapist or Occupational Therapist, and a Rehab Technology Professional. Devices in this category require a technology assessment completed by a certified Rehab Technology Professional employed by a Complex Rehab Technology Company. This involves matching the medical and functional needs of the individual with the appropriate products. Simulations or equipment trials are often used to ensure that the items are appropriate and meet the person's identified needs. Because the equipment is complex and becomes an extension of the person, fitting, training, and education requires more time than standard DME items.

At a federal level, Congress has acknowledged CRT products are unique and more specialized than standard DME. In 2008 Congress passed legislation exempting complex rehab power wheelchairs from inclusion in the Medicare DME competitive bidding program recognizing that such inclusion would jeopardize access to this customized technology. It is our understanding that a topic nomination form has been submitted to HHSC for consideration.

Recommendation 9

HHSC should consider any potential barriers to ensuring people receive appropriate 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.

Recommendation 10

Recommendation that HHSC move to extend the SMMCAC member terms from two years to three years.

Recommendation 11

Recommend that HHSC review the composition of the SMMCAC for more balance between the three primary groups of SMMCAC membership, and ensure representation of the adult Medicaid population.

Brief Explanation Regarding Recommendations 10 and 11

The recommendations address the need for a more balanced approach between patients and advocates, providers, and MCOs in order to ensure a balance in discussions and proposed changes regarding the managed care system in Texas. It is currently challenging to ensure a balanced representation in the work groups that have discussion and bring recommendations to the full committee. In addition, it has been noted that it takes new members a good year to get up to speed on the managed care system and to begin to feel comfortable with their overall understanding of the system and making recommendations. As such, it is being recommended that three-year terms be considered for the committee members. HHSC currently has draft rules out for public comment that address these recommendations.

Recommendation 12

Recommend amending the necessary service coordination verbiage (utilizing service coordination for what is currently service coordination and service management) targeted to be effective March 1, 2022 to reflect HHSC's standardization of phrases and terminology as previously recommended in 2019.

Brief Explanation Regarding Recommendation 12

SMMCAC previously made recommendation to HHSC to "standardize the service management and service coordination terminology in the managed care plans to "service coordination". HHSC provided an update on 6/25/2020 to the Service and Care Coordination subcommittee regarding the contract terminology change that was initially planned for implementation with the previous re-procurement expected to go into effect September 2020, which has subsequently been cancelled. HHSC staff provided 2 options: 1. To amend the current contract to incorporate the terminology change to be effective no sooner than 9/1/2021; or 2. To delay incorporation of the terminology change to a new procurement, which has yet to be announced at this time. The Service and Care Coordination subcommittee discussed these options and heard feedback that managed care plans would struggle to meet

a timeline of 9/1/2021. The subcommittee is proposing a timeline of 3/1/2022 to incorporate the terminology change in order to allow plans sufficient time to make necessary changes to their systems and to reduce cost associated with implementation of changes.

Recommendation 13

Recommend HHSC work with stakeholders such as Texas Association of Health Plans (TAHP), Meadows Mental Health Policy Institute, and Texas Council of Community Centers 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.

Brief Explanation Regarding Recommendation 13

SB1177, 86th Texas Legislature, Regular Session, included a requirement that the SMMCAC provide a list of potential in-lieu of services for HHSC to consider incorporating into Medicaid Managed Care. A listing of services for consideration was provided by the SMMCAC in 2019. Of the recommended services, the following services in-lieu-of inpatient hospitalization are under consideration for incorporation into Managed Care in Texas beginning March 1, 2021:

- Coordinated Specialty Care (CSC)
- Crisis Respite
- Crisis Stabilization Units
- Extended Observation Units
- Partial Hospitalization
- Intensive Outpatient Program

In addition, the following services are under review for consideration by HHSC as Phase 2 services in-lieu-of outpatient services with cost-effectiveness analysis to be completed by September 1, 2022:

- Cognitive Rehabilitation
- Multi-systemic Therapy (MST)
- Functional Family Therapy (FFT)

And the following are in a category that requires further consideration:

- Collaborative Care Model
- Integrated Pain Management Day Program
- Health & Behavior Assessment & Intervention
- Systemic, Therapeutic, Assessment, Resources, and Treatment (START)
- Treatment/Therapeutic Foster Care
- Mobile Crisis Outreach Team (MCOT)

As consideration is made of Phase 2 services as well as services needing further I consideration, the SMMCAC encourages HHSC to coordinate with the recommended resources to ensure all potential aspects of cost-savings are considered as Texas may have unique circumstances from other states.

Recommendation 14

Recommend HHSC to convene a workgroup of dentists representing dental school faculty, Medicaid practicing dentists, state policy staff, and the dental maintenance organizations to thoroughly review and comprehensively update the amount, duration, and scope of the Medicaid dental benefit policies as they impact DMOs.

3. Meeting Dates

Following are the 2020 meeting dates of the State Medicaid Managed Care Advisory Committee as well as the meeting dates of the subcommittees:

State Medicaid Managed Care Advisory Committee (Full Committee)

- March 12, June 26, August 26, and November 19

SMMCAC Clinical Oversight & Benefits Subcommittee

- February 3, March 12, June 26, August 26, and November 19

SMMCAC Service & Care Coordination Subcommittee

- March 11, June 25, August 25, and November 18

SMMCAC Network Adequacy Subcommittee

- March 11, June 25, August 25, and November 18

SMMCAC Administrative Simplification Subcommittee

- March 11, June 18, August 25, and November 18

SMMCAC Complaints, Appeals & Fair Hearings Subcommittee

- March 12, June 26, August 26, and November 19

4. How Committee Accomplished Tasks

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

Subcommittees

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 (MOCs). 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.

Complaint, 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 hearing 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 improvement 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, certain OMA requirements are being applied to subcommittees in an effort to provide transparency and opportunities for public participation. OMA requirements and their applicability to SMMCAC subcommittees are described below:

- SMMCAC subcommittee agendas will include date of meeting, hour of meeting and place at which meeting will be held.
- SMMCAC subcommittees may discuss topics not posted on the agenda as long as the topic is relevant to the subcommittee charge.

- 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 but subcommittee meetings will not be posted to the Secretary of State’s website.
- Subcommittee members will be informed of their subcommittee’s meetings as soon as the meeting is confirmed, no later than three weeks in advance.
- 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.
- SMMCAC subcommittees will keep meeting minutes. Minutes may be brief in nature but must include the subject of deliberation and outcomes such as votes, order, 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.
- SMMCAC subcommittees may meet or have discussion outside of public subcommittee meetings. Subcommittee members, however, may only take final action, make decisions, or vote at public subcommittee meetings. SMMCAC subcommittees are asked to include an agenda topic at each public subcommittee meeting to summarize conversations between public subcommittee meetings.

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 strive to 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 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 2 hours. The subcommittee chair or designated member will then email HHSC staff with the options. HHSC staff 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

subject matter experts, if applicable, to confirm availability before finalizing the agenda. If a needed agency subject matter expert 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 the HHSC committee liaisons, 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 to fill out a form required HHSC's Advisory Committee Coordination Office, which will be shared with the full committee and agency staff.

2020 Activity and Adjustments Moving into 2021

The above format coupled with the availability of conducting the meetings via video communication platforms has increased participation to averaging over 100 individuals per subcommittee meeting. This has enabled robust discussion that

enables voices from various perspectives to be heard before recommendations are made. During the year, it was noted that there were varying issues that tended to cross both the Administrative Simplification Subcommittee and the Clinical Oversight and Benefits Subcommittee, especially as it pertains to prior authorization procedures and oversight. As the SMMCAC moves into 2021, the subcommittees will be restructured into four subcommittees with specific scopes as follows:

Clinical Oversight and Administrative Simplification

This subcommittee will focus on:

- Reducing Medicaid provider burden through administrative improvements in four areas: claim payments, eligibility information, provider enrollment processes, and prior authorization submission;
- Strengthening the oversight of utilization management practices to include prior authorization policies and processes used by MCOs; and
- Reviewing managed care administration of covered benefits, as well as providing input on services specific to managed care such as in-lieu-of or value-added services.

Complaints, Appeals, and Fair Hearings

This subcommittee will focus on:

- More effectively leveraging complaints data to identify potential problems in the Medicaid program;
- Opportunities for improved MCO contract oversight;
- External Medical Review; and
- Increasing program transparency.

There will also be a focus on appeals and fair hearings processes.

Network Adequacy and Access to Care

This subcommittee will focus on supporting 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

This subcommittee will focus 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 is consistent within HHSC contract requirements.

5. Members and Attendance

The following is a list of members of the SMMCAC including the group they represent as well as attendance percentage for SMMCAC full committee meetings during 2020. (X indicates participated in meeting)

Name	Area Represented	2020 Attendance			
		Mar.	June	Aug.	Nov.
Michael Adams	Obstetrical Care Provider				
Xavier Banales	Aging and Disability Resource Centers	X	X	X	
Chase Bearden (Vice-Chair)	Consumer Advocate		X	X	X
Henry Chu	Pediatric Healthcare Providers			X	
Blake Daniels	Independent Living Centers	X	X		X
Christina Davidson	Community-based Organizations	X		X	X
Laura Deming	Family Member				
Anne Dunkelberg	Consumer Advocate	X	X	X	X
Shauna Glover	Medicaid managed care clients or family members who use mental health services	X	X	X	X
Aron Head	Managed Care Organizations	X	X	X	X
Mary Klentzman	Clients with disabilities	X	X	X	X
David Lam	Rural Providers		X	X	X
Ramsey Longbotham	Primary and Specialty Care Providers	X	X	X	X
Valerie Lopez	Hospitals	X	X	X	X
Catherine Mitchell	Managed Care Organizations	X	X	X	
Leslie Rosenstein	Non-physician Mental Health Providers	X	X	X	X
Michelle Schaefer	Rural Provider	X		X	X
Patricia "Patsy" Tschudy	Long-term Services and Support Providers	X	X		X
Jacob Ulczynski	Area Agencies on Aging	X	X	X	X
Laurie Vanhooose	Managed Care Organizations	X	X	X	X
Alfonso Velarde	Community-based Organizations	X	X	X	X
David Weden (Chair)	Community Mental Health and Intellectual Disability Centers	X	X	X	X
Vacant	Managed Care Organizations				

6. Estimated Costs Related to the SMMCAC

Cost Category	Estimated Amount
Travel	\$72.43
Total Staff Resources	\$74,279.26
Other Expenses (supplies, etc.)	\$400.00
Total	\$74,751.69

Cost Description	Source of Funds	Estimated Amount
Travel and Other Expenses	General Revenue	\$472.43
Total Staff Resources	Medicaid Federal Match	\$37,139.63
Other Expenses (supplies, etc.)	Medicaid General Revenue at 50% Administrative Match Rate	\$37,139.63
Total		\$74,751.69

Information provided by HHSC Medicaid and CHIP Services, Policy and Program.

7. Conclusion

The funds utilized to support the work of the SMMCAC are a valuable investment of the state to help ensure a broad range of voices are heard and collaborate together to advise 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 they may arise. Thank you to the SMMCAC members and to HHSC for their ongoing work, cooperation and support in striving to continue advancing the quality of Medicaid managed care for eligible Texans.