

# State Medicaid Managed Care Advisory Committee

DRAFT: Thursday, February 10, 2022

1:00 p.m.

Virtual: Teams Meeting Platform  
In Person Meeting Site: Department of State Health Services  
Robert Bernstein Building  
Room K-100, 1<sup>st</sup> Floor  
1100 west 49<sup>th</sup> Street  
Austin, TX 78756

## Agenda Item 1: Call to order, roll call, and welcoming remarks

Mr. David Weden, Chair, called the twenty-third meeting of the State Managed Care Advisory Committee (SMMCAC) meeting to order at 1:01 p.m.

Ms. Kayla Cates-Brown, Health and Human Services Commission (HHSC) Advisory Committee Coordination Office read the logistical announcements and stated the meeting was being conducted in accordance with the Texas Open Meetings Act. Ms. Cates-Brown conducted the member roll call and announced the presence of quorum.

Mr. Weden welcomed committee members, the public in attendance and offered opening remarks.

**Table 1: The State Medicaid Managed Care Advisory Committee member attendance at the Thursday, February 10, 2022 meeting.**

Member name	Attended	Member name	Attended
Xavier Bañales	Y	Valerie Lopez	N
Anthony Brocato	Y	Beth Rider	Y
Esmeralda Cazares-Baig	N	Leslie Rosenstein, PhD	Y
Henry Chu, DDS (joined late)	N	Karl Serrao, MD	Y

Blake Daniels	N	Patricia Tschudy "Patsy"	Y
Christina Davidson, MD	N	Jacob Ulczynski	N
Anne Dunkelberg	N	Laurie Vanhooose	N
Shauna Glover	Y	Lindsey Vasquez, MD	N
Aron Head	Y	Alfonso Velarde	Y
Mary Klentzman	Y	Jennifer Vincent	Y
David Lam, MD	Y	David Weden (Chair)	Y
Ramsey Longbotham	Y		

## Agenda Item 2: Consideration of November 4, 2021 Minutes

Mr. David Weden, Chair, referred members to the draft minutes emailed by the program liaison and called for a motion to approve the minutes of the November 4, 2021 meeting.

**Motion:** Mr. Aron Head moved to approve the minutes as presented from the November 4, 2021 meeting. Mr. Xavier Bañales seconded the motion. The Committee members unanimously approved the minutes by roll call vote, with fourteen approves, no disapproves and no abstentions.

## Agenda Item 3: Advisory Committee Chair Updates

A PDF handout was distributed to committee members to reference electronically for all Advisory Committees listed below.

**Behavioral Health Advisory Committee (BHAC)** — Ms. Danielle Kailing, Committee liaison, provided the update on behalf of Chair Dianna Strupp.

The BHAC has made recommendations on the following topics:

- Behavioral Health workforce shortages
- Expanded services for students in facilities that provide substance use treatment
- Peer support services
- Family peer support services
- Youth peer recovery
- Housing

- Expansion of Home and Community Based Services – adult mental health
- Recovery Housing
- Boarding home reporting
- Trauma informed care for individuals with IDD
- First episode psychosis

The BHAC met twice (August 6, 2021 and November 15, 2021) and discussed the following topics:

- Received updates on 87th legislative session implementations related to behavioral health.
- Approved their annual report for publication.
- Received presentations from HHSC staff on various updates including:
  - HR133 & ARPA funding plan
  - 9-8-8
  - SB 642 (RTC Project)
  - Forensic Services
- BHAC subcommittees are as follows:
  - Peer Specialist and Family Partner Services
  - Access to Care and Community Engagement
  - Housing
  - Children and Youth Behavioral Health Services
- BHAC is scheduled to meet next on February 11, 2022.

**Drug Utilization Review Board (DURB)** — Mr. Eddy Tinajero, provided the update.

The DURB met twice (November 22, 2021 and January 21, 2022) and discussed the following topics:

- At the November meeting, the Board reviewed a total of 763 drugs in 27 therapeutic drug classes including seven single drug products. The DUR Board recommended changing the status of 37 drugs. A summary of these changes follows:
  - Of the 15 drugs reviewed with no PDL status, six were recommended as preferred and nine were non-preferred.
  - Of the 22 drugs with an existing PDL status, three drugs move from preferred to non-preferred, and 19 drugs move from non-preferred to preferred.

- A summary of the November meeting can be found at - <https://www.txvendordrug.com/about/news/2021/november-2021-drug-utilization-review-board-meeting-summary>
- The January meeting updates will be provided at the next SMMCAC meeting.
- PDL recommendations approved by the Executive Commissioner from the July and November 2021 meetings have been implemented on January 27, 2022, and are available on the Texas Vendor Drug Program website - <https://www.txvendordrug.com/resources/drug-utilization-review-board/dur-board-meetings>
- DURB is scheduled to meet next on April 22, 2022.

**eHealth Advisory Committee** – Ms. Mari Robinson, provided the update. The committee met on December 6, 2021 and discussed the following topics:

- New Chair and Vice Chair elected:
  - Chair: Mari Robinson, JD
  - Vice-Chair: Phil Beckett, PhD
- Continued to discuss implementation of SB 670 (86th Legislature, Regular Session, 2019), HB 1063 (86th Legislature, Regular Session, 2019), SB 922 (85th Legislature, 2017, Regular Session), and HB 1697 (85th Legislature, Regular Session, 2017)/Rider 94 (86th Legislature, Regular Session, 2019) – Pediatric Telemedicine Resource program for rural Texas, SB 640 (87th Legislature, Regular Session), and HB 4 (87th Legislature, Regular Session). Telemedicine and telehealth continue to be significant components of the response to COVID-19.
- The eHAC’s Behavioral Health (BH) Subcommittee:
  - Collaborated with the Office of e-Health Coordination (OeHC) in the implementation of SB 640 which requires HHSC conduct an assessment of the interoperability needs and technology readiness of behavioral health providers in Texas. Two BH Subcommittee members represent the full Subcommittee on the SB 640 Workgroup and have been instrumental in the development of the survey tool and in collaborating with other BH-related committees within the agency, as well as the Social Determinants of Health Workgroup.
- eHAC’s Telemedicine, Telehealth and Telemonitoring Subcommittee provided input to the agency’s telemedicine program in the implementation of HB 4.
- eHAC also provided input to the agency on HIT planning and is scheduled to provide input on the biennial interoperability report.
- eHAC currently has eight member vacancies and is working with the Advisory Committee Coordination Office to post the appointment solicitations.
- Disaster Response in Health Information Technology (HIT)
- Health Information Exchange Connectivity Project

- DSHS interoperability and data activities
- HHS Integration and Data Exchange Capabilities Center of Excellence (iCoE)
- Annual ethics training with new appointees
- Submitted proposed rules amendment to move from annual report to biennial report
- eHAC is scheduled to meet next on March 7, 2022.

**Palliative Care Interdisciplinary Advisory Committee (PCIAC)** – Ms. Viral Khakkar, Committee Liaison, provided the committee update.

PCIAC met twice (November 5, 2021 and February 1, 2022) and discussed the following topics:

- In the process of holding scheduled workgroup meetings for the following workgroups -
  - **Pediatric palliative care subcommittee** - working on researching how other states provide palliative care to their pediatric population, what service gaps exist in Texas and how Texas can improve utilization of pediatric palliative care.
  - **Senate Bill 916 study workgroup** - HHSC staff are working with the external quality review organization and the SB 916 study workgroup to analyze data on Medicaid decedents in order to assess potential improvements of supportive palliative care (SPC) on health quality, health outcomes, and savings from the availability of SPC services in Medicaid as per the mandate from SB 916 which will require this data to be developed into a report. This workgroup is providing input on additional data variables to consider for the analysis and will provide input on the content of the report that is currently being drafted.
- The 2022 legislative report will contain six recommendations on various palliative care-related policy issues:
  - Pediatric supportive palliative care
  - Home health licensing regulations
  - Proposed benefit: advanced care planning
  - Medical cannabis in the hospital setting
  - Reimbursement for Child-Life Specialists
  - Promoting Education and Awareness of SPC
- PCIAC is schedule to meet next on April 12, 2022.

**Texas Council of Consumer Direction (TCCD)** – Mr. Rodger DeLeon, provided the update.

TCCD met December 16, 2021 and discussed the following topics:

- TCCD finalized and submitted its annual report to the Executive Commissioner.
- The Council received a report regarding Texas' plan to use the funds from the American Rescue Plan Act. HHSC has submitted its initial spending plan and is waiting to receive approval from CMS. The Council reviewed the quarterly utilization report on the number of Medicaid participants utilizing the CDS service delivery option. The number has dropped from the totals in 2020, and the Council plans to discuss ways to encourage more participants to choose consumer direction.
- The Council received a report on the STAR+PLUS Pilot Program. The Council was updated on the status of electronic visit verification (EVV), with specific emphasis on compliance and the requirements for CDS employers and financial management services agencies.
- The Training and Outreach Subcommittee and the Processes and Expansion Subcommittee are planning for Disability Awareness Week which is in April. They are also reviewing the CDS Employer Manual which has not been updated for several years, and specifically needs to have EVV requirements added.
- TCCD is scheduled to meet next on March 24, 2022.

### **Value Based Payment and Quality Improvement Advisory Committee**

**(VBPQIAC)** – Members were provided a handout with the committee updates.

The committee met on November 9, 2021 and discussed the following topics:

- The Committee is preparing its legislative report for 2022.
- The Committee has four Workgroups organized around the following issues:
  - **Alternate Payment models and MCO contract language workgroup** - current MCO contracts establish targets through 2021.
  - The workgroup approved recommendations for year 2022 and beyond.
    - HHSC should adopt a more comprehensive contractual APM framework to assess MCO achievement
    - Move away from a specific focus on meeting APM targets
    - Provide a menu of approaches to give MCOs credit for a broader range of work promoting value-based care. A brainstorming survey was conducted to identify top priority approaches.
  - Revise the current APM reporting tool to collect only needed data in as streamlined a format as possible
  - **Social Drivers Social Drivers of Health (SDOH) workgroup** - looking into the following areas:
    - Ways which in-lieu of services can cover social drivers of health
    - Administrative simplification for addressing social needs.

- Reviewing baseline data by region to identify the priority area to address social needs.
- Exploring opportunities to pay for programs that address social drivers of health including asthma home remediation, respite care, medically tailored meals, and housing.
- Alternate way to receive certification by Community Health Worker (CHW) to increase workforce. The current requirement includes at least 1000 cumulative hours of community health work services within the most recent three years.
- **Home Health workgroup** - proposed recommendations that may help HHSC and MCOs understand barriers and expand meaningful value-based healthcare for Community Long Term Services Support (LTSS).
- **Timely actionable data workgroup**
  - Looking at opportunities to leverage ADT data
  - Looking at opportunities to leverage various database such as All Payer Claim Database (APCD), Texas Healthcare Learning Collaborative Portal, etc.
  - Exploring data issues for health equity, rural areas, and interoperability.
- VBPQIAC is scheduled to meet next on February 15, 2022.

## **Agenda Item 4: State Medicaid Managed Care Advisory Committee (SMMCAC) subcommittee updates**

Highlights of the updates on each of the four subcommittees include:

**A. Clinical Oversight and Administrative Simplification Subcommittee** – Dr. Leslie Rosenstein, Chair, provided the update.

- Subcommittee members discussed the new approval to implement telehealth in dentistry and also discussed updating the provider manual and timeline.
- In lieu of Services and subsequent delays will be discussed at the next meeting.
- The 911 Triage System, a new service including telehealth services and referral, will be discussed at the next meeting.

**B. Complaints, Appeals, and fair Hearings (CAFH) Subcommittee** – Dr. Karl Serrao provided the update.

- Subcommittee members discussed SB 1207 – Independent Review Organization. Requires HHSC to contract with an independent review organization (IRO) to conduct external medical reviews.
- Two IROs have been put under contract.
- Subsequent training was discussed about the IRO process.

**C. Network Adequacy and Access to Care Subcommittee** - Mr. Aron Head, Chair, provided the update.

- Member discussion focused on how the network has stretched to meet the needs under the medical emergency.
  - Presentation on Telehealth services (HB 4) - fewer cancellations and increased flexibility at home were benefits of the telehealth approach. Overall therapies were successful under telehealth for many children and that this should remain a permanent approach.
  - Presentation on Applied Behavioral Analysis provider enrollment - 158 providers presently enrolled.
  - Presentation on HB133 and the carve in of Healthy Texas Women program into managed care – transition will be included in the STAR and CHIP RFP. Significant Traditional Providers have been pushing back regarding barriers to the program. Contract enforcement was also discussed.

**D. Service and Care Coordination Subcommittee** – Ms. Shauna Glover, Chair, provided the update.

- Member met February 9, 2022 and received three presentations.
  - Utilization Review and Service Coordination – expanded to include STAR Kids and STAR Health.
  - Learning collaborative website - increase accountability and transparency. Service coordination is not included at this time. HHSC is seeking feedback for service coordination to be added in the future.
  - HB133 case management for children and pregnant women carve in. This is slated to go into effect September 1, 2022.

## **Agenda Item 5: HHSC updates**

Highlights of the updates include:

- a. Status on 1115 Waiver Extension, Transition, and Implementation** – Ms. Brittani Bilsle, Director of the 1115 Waiver Transition, HHSC, provided the waiver extension, transition, and implementation update.



- The January 15, 2021 approved Special Terms and Conditions are in effect as ordered by the court. Texas Medicaid has a mature 1115 waiver.
- The Public Health Emergency continues to impact the 1115 Waiver, as the total enrollment growth since the beginning has grown more than 30% and is now over 1 million beneficiaries. Texas is above the national numbers being reported.
- Total expenditures under the waiver are approximately \$35 billion annually. In order to continue to serve the Texas Medicaid population well, HHSC is working to implement the programs contemplated and designed under the waiver to have a stable program and network.
- Major programs and initiatives include:
  - Home and Community Based Services - HHSC is coming into compliance with new reporting requirements that are more reflective of 1915(c) waivers. A new annual report will be provided to CMS in March 2022.
  - State directed payment programs – four new programs related to the DSRIP transition.
  - Public health provider charity care program (PHPCCP) – related to the operation of the program, HHSC is working on the first year of implementation while also turning focus and work toward the approval of the changes required for the program starting October 1, 2022.
  - Uncompensated charity care - waiver set forward a resizing exercise for the Uncompensated Care program in FY 22. This work has started with CMS and will take effect in FY 23
  - Applied Behavioral Analysis (ABA) amendment - HHSC filed an amendment related to the implementation of ABA services. The amendment was withdrawn based on guidance from CMS deeming it unnecessary. The program took effect this month and teams are working to ensure a successful implementation.
  - Rebasing - 1115 Waiver will undergo a rebasing exercising in FY 23. This will be based on fiscal year 2022 expenditures and the terms set forward in the waiver related to budget neutrality and rebasing. This is a new policy initiative and requirement set forward by CMS and incorporated into the waiver terms.
- On November 15, 2021, the Centers for Medicare and Medicaid Services (CMS) approved the Directed Payment Program for Behavioral Health Services (DPP BHS) related to DSRIP transition and also the Quality Improvement Payment Program (QIPP) which is long standing program.
- HHSC continues to work with CMS toward final approval of the three other new proposed state Directed Payment Programs (DPPs):
  - Comprehensive Hospital Increased Reimbursement Program (CHIRP)

- Texas Incentives for Physician and Provider Services (TIPPS)
  - Rural Access to Primary and Preventive Services (RAPPS)
- HHSC and CMS continue to meet weekly to discuss modifications requested by CMS and work toward final approval. HHSC recognizes that the uncertainty around timing of reporting is challenging and providers need to allocate resources to prepare. To help providers plan for DPP reporting, for each program, please be aware that HHSC will open the reporting portal for the first semi-annual reporting period 35 calendar days after final CMS approval of the program. HHSC will also collect the 2nd round of IGT around 21 days after final approval.
- Member question: Will the UC resizing take into consideration the COVID-19 impacts on Medicaid? HHSC response: CMS and Texas are using 2019 to avoid any impact to data caused by the public health emergency that was in effect in 2020 and after.

**b. Provider Enrollment and Management System (PEMS) – Ms. Angie Hutchinson, HHSC, provide the PEMS update.**

- PEMS went live on 12/13/21, and as of 01/24/22 there have been 1143 enrollment submissions successfully entered.
- Accenture continues to work on updates from provider feedback and PEMS stabilization.
- The training help pages have been updated - <https://www.tmhp.com/topics/provider-enrollment/provider-enrollment-help>
- TMHP site - <https://www.tmhp.com/> or TMHP Contact Center at 800-925-9126.

**c. Status of Proposed in Lieu of Services – Ms. Erica Brown, Director, Office of Policy Management, HHSC, provided the update on proposed in Lieu of Services in Medicaid.**

- HHSC is operationalizing in lieu of services in three phases.
- Phase one services are to include:
  - Coordinated specialty care
  - Crisis respite
  - Crisis stabilization units
  - Extended observation units
  - Partial hospitalization
  - Intensive outpatient program
  - Extended observation services.

- HHSC is still working with CMS to secure approval of these services. Pending approval, HHSC requested that CMS allow certain services to proceed while discussion is continuing:
  - Partial hospitalization
  - Intensive outpatient program
  - Coordinated specialty care
- Phase two services are to include:
  - Cognitive rehabilitation
  - Multisystemic therapy
  - Functional family therapy
- All these services have been determined to be evidence based. Multisystemic Therapy was nominated as a potential Medicaid benefit topic nomination.
- Phase three additional in lieu of services that will require analysis by HHSC:
  - Collaborative care model
  - Integrated Pain Management Day Program
  - Health and behavior assessment and intervention (HBAI)
  - Systemic, therapeutic, assessment, resources, and treatment
  - Treatment/therapeutic foster care
  - Mobile crisis outreach team (MCOT)
- Member question: Are there plans for altering strategies with CMS to expedite approval of the phases? HHSC responded they have received information on the types of information they will need for approval and use a staggered approach within phases if phase two and three services are analyzed and complete.

**d. HB 4, 87<sup>th</sup> Legislature, Regular Session, 2021, Telehealth Services – Ms. Erica Brown, HHSC, provided the HB 4 Teleservices update.**

- Phase I: Analysis - Winter 2021
  - HHSC will release guidance about certain services that are approved for telemedicine, telehealth, and audio-only delivery methods on an ongoing basis.
  - HHSC will begin releasing draft rules and other policy updates.
- Phase II: Analysis - Spring 2022
  - HHSC will ask stakeholders for input about additional services that were available for remote delivery during the PHE to help determine whether permanent telemedicine, telehealth, and audio-only delivery methods would be cost-effective and clinically appropriate.
  - HHSC will release guidance about additional services that are approved for telemedicine, telehealth, and audio-only delivery methods.

- Phase III: Rulemaking - Summer 2022
  - Rules required by legislation will be posted for public comment.
- Phase IV: Finalizing Policy - Fall 2022
  - HHSC expects to finalize formal policy changes after providing an opportunity for stakeholder input on posted rules and policies.
- Managed Care Assessments and Service Coordination Draft Policy:
  - HHSC may, on a case by case basis, require a MCO to discontinue service coordination or assessments by telecommunication if HHSC determines discontinuation is in the best interest of the member (HB 4, Section 6(f)).
  - No changes to pre COVID telephonic service coordination contacts.
  - Audio only in place of in person visits allowed only in an emergency or state of disaster.
  - Information technology, such as text or email, can supplement service coordination, but cannot be the sole means of conducting service coordination.
- HHSC is implementing HB4 in phases and continues to seek stakeholder input (mailbox for input) - [HHSC MCS HOUSE BILL 4@hhs.texas.gov](mailto:HHSC_MCS_HOUSE_BILL_4@hhs.texas.gov)
- Member questions:
  - Are you looking at the new 911 requirements? HHSC stated they will have to get back with the committee on this.
  - There is one service coordination per year. Does the MCO determine which contact is in person? HHSC stated that the SKSAI has to happen in person and that would satisfy the in person visit.
  - Was it considered doing the SKSAI remotely after the first assessment for lower acuity members? HHSC stated that it was determined that the SKSAI has to be in person to establish the most accurate picture.

**e. Plan, as it Impact's Manage Care for when COVID flexibilities expire –**

Ms. Erica Brown, HHSC, provided the interest list questionnaire update.

- Many Medicaid and CHIP flexibilities are extended through February 28, 2022, unless the federal Public Health Emergency ends sooner.
- Certain flexibilities are extended through April 30, 2022 to allow for further analysis of clinical appropriateness and cost effectiveness in accordance with HB 4.
- Flexibilities ended Jan. 31, 2022 because services were transferred to ongoing policy:
  - Guidance for Consumer Directed Services Option - effective Feb. 1, 2022 , FMSAs can permanently conduct new employer orientation audio visual or in person (phone not allowed).

- MCO COVID 19 Guidance: Telehealth for Physical, Occupational and Speech Therapies - replaced with interim guidance under HB4.
- Claims for Telephone (Audio Only) Behavioral Health Services – replace with interim guidance under HB4.
- Flexibilities Ending Feb. 28, 2022:
  - Provider Enrollment Revalidation Extensions – postpone all revalidation actions (including VDP pharmacy provider revalidation); and continue to allow postponement of revalidation screening including fingerprint based criminal background checks, disclosures, site visits, and application fees.
  - In order to resume provider revalidation on March 1, 2022, HHSC began issuing 120 day advanced notice to providers on November 1, 2021. On a rolling basis, providers will receive notices 120 days in advance of their revalidation date.

**f. Status update of Health and Human Services Coordinated Strategic Plan on progress on 2021-2025 to any initiatives addressing managed care in proposed 2023-2027 plan that is out for public comment – Ms. Laura Lucinda, provided the update.**

- Goal 1: Improve health outcomes and well-being.
  - Objective 1.1: Enhance quality of direct care and value of services.
  - Objective 1.2: Prevent illness and promote wellness through public and population health strategies.
  - Objective 1.3: Encourage self-sufficiency and long-term independence.
- Goal 2: Ensure efficient access to appropriate services.
  - Objective 2.1: Empower Texans to identify and apply for services.
  - Objective 2.2: Provide seamless access to services for which clients are eligible.
  - Objective 2.3: Ensure people receive services and supports in the most appropriate, least restrictive settings based on individual needs.
  - Objective 2.4: Strengthen consumers’ access to information, education, and support.
- Goal 3: Protect the health and safety of vulnerable Texans.
  - Objective 3.1: Optimize preparation for and response to disasters, disease threats, and outbreaks.
  - Objective 3.2: Prevent and reduce harm through improved education, monitoring, inspection, and investigation.
- Goal 4: Continuously enhance efficiency and accountability.

- Objective 4.1: Promote and protect the financial and programmatic integrity of HHS. Objective 4.2: Strengthen, sustain, and support a high-functioning, efficient workforce.
- Objective 4.3: Continuously improve business strategies with optimized technology and a culture of data-driven decision-making.
- Member questions:
  - Can you comment on how accomplishment of objectives will be determined? HHSC stated that will depend on the action items that come in from the program areas. Accomplishment of objectives will focus on high level and forward thinking.
  - Will there be public input for the evaluation process? HHSC stated that there is input every two years for the coordinated strategic plan. Comments about accomplishment and measuring can be accomplished through that process. The strategic plan and the annual business plan are synchronized.

## **Agenda Item 6: Public comment**

Ms. Cates-Brown, ACCO Facilitator, read the public comment announcements and coordinated with the ACCO production team requests from stakeholders who registered or were on-site to provide public comment. Committee liaison, Elewechi Ndukwe, provided members with the written public comment that was submitted to the committee email box.

### **Oral registered public comment –**

- Jessica Boston – Texas Association of Home Care and Hospice; withdrew request to provide oral public comment.
- Leah Joiner – Texas Women’s Healthcare Coalition (TWHC); provided testimony on behalf of the THWC regarding Healthy Texas Women’s (HTW) transition to managed care. Recommendations for a successful transition included use of evidenced based family based services with appropriate payment to establish a strong network of providers; consider the non-postpartum clients who may need assistance navigating the system; consider the family planning providers and the percentage of women these providers serve; and health plans develop strategies to respond to concerns of enrollment and other issues.

## **Agenda Item 7: Review of action items and agenda items for next meeting**

- Mr. Weden, Chair, announced the next SMMCAC meeting is scheduled for Thursday, May 6, 2022 at 1:00pm.
- The following were action items and agenda items for consideration at the next meeting:
  - Strategic plan and action items for Medicaid Managed Care
  - Eligibility impacts related to public health emergency
  - Update on the Gold Card legislation – exclusion of Medicaid
  - 911 triage telehealth services update
  - EVV 2022 survey results and policy (universal credentialing report)
  - Update on PEMS and impact on providers
  - Election of Chair
  - New members choose subcommittees they wish to serve on

## **Agenda Item 8: Adjournment**

- Mr. David Weden, Chair, thanked members of the public and committee members for their attendance, and adjourned the meeting at 2:49 p.m.

Below is the link to the archived video recording of the February 10, 2022, State Medicaid Managed Care Advisory Committee meeting to view and listen for approximately, two years from date meeting is posted and in accordance with the HHSC records retention schedule.

[State Medicaid Managed Care Advisory Committee](#)