



State Medicaid Managed Care Advisory Committee Annual Report

**As Required by
Texas Administrative Code Title 1, Part
15, Chapter 351, Subchapter B, Division
1 Section 351.805(d)(1) and (2)**

**State Medicaid Managed Care Advisory
Committee
December 2024**

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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://www.hhs.texas.gov/about/leadership/advisory-committees/state-medicaid-managed-care-advisory-committee>.

Report Date

December 2024

Contact Information

For more information on this report, please contact:

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Letter from the Chair

Dear Members of the Texas Legislature and 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, 2024, in accordance with Texas Administrative Code Title 1, Part 15, Chapter 351, Subchapter B, Division 1 Section 351.805(d)(2).

On behalf of the SMMCAC, I want to begin by thanking the Texas Legislature, everyone at Health and Human Services Commission (HHSC), everyone with the Medicaid managed care plans, all of the providers throughout the state, and the persons receiving Medicaid services along with their families and advocates. The level of effort and cooperation shown throughout the system demonstrates 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 (MCOs), 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 Section 351.805(b), the purpose of the SMMCAC during the report year 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 Fourteenth Edition, 97 percent of individuals in Medicaid and CHIP in Texas (approximately 4.75 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,

A handwritten signature in blue ink, reading "Jacob Ulczynski". The signature is written in a cursive style with a period at the end.

Jacob Ulczynski
Chair, State Medicaid Managed Care Advisory Committee

Committee Activities

The SMMCAC has continued to see sustained state-wide participation with the availability of conducting subcommittee meetings via virtual, video communication platforms. This has enabled robust discussion and inclusion of voices from various perspectives to be heard before recommendations are made.

The SMMCAC continues to receive updates from other HHSC advisory committees within the Medicaid and CHIP Services division of HHSC in order to enhance collaboration and minimize duplication of effort. Updates from other HHSC advisory committees include:

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

In 2024 the SMMCAC has been able to continue critical collaborations with HHSC to provide a home for the important work and topic discussions of legacy advisory committees which have achieved their sunset. This work continued from 2023 when the STAR Kids Managed Care Advisory Committee (SKMCAC) reached its statutory expiration on December 31, 2024. In response, SMMCAC in coordination with HHSC, created the Children and Youth with Medical, Behavioral, and Developmental Complexity subcommittee to continue conversations on the important work to address the needs of children and youth with medical, behavioral, and developmental complexities. On July 31st, 2024, another committee, the Texas Council on Consumer Direction (TCCD), achieved sunset reaching the end of its authorization in administrative rule. In response SMMCAC, after coordinating with

HHSC, took action to revise the scope of an existing subcommittee in order to memorialize a location for the important continued work around self-direction to live on. In recognition of these efforts the final report for the SKMCAC will be included in this report as Appendix A and the final report for the TCCD will be included as Appendix B.

The SMMCAC would like to extend significant thanks and praise to HHSC on the collaborative nature of the work completed in conjunction with SMMCAC over the course of the biennium, but especially during the 2024 calendar year. This collaboration on projects in development allowed the committee and the public to provide input over the course of the year as HHSC actively carried out legislatively directed initiatives. A result of this collaborative approach was a significant reduction in post-development formal recommendations from the committee. Projects and subject matter actively monitored by the SMMCAC throughout the year, though in no particular order, included:

- Quality Measures and Value-Based Payments
- Alternative Payment Model Performance Frameworks
- MCO internal appeal requirements and processes
- MCO Provider Complaint reporting
- MCO credentialing requirements and processes
- Senate Bill 989, 88th Legislature, Regular Session (2023) – Biomarker Testing
- STAR Kids Screening and Assessment Instrument (SK-SAI)
- STAR Kids program procurement request for proposals
- Medically Dependent Children Program (MDCP) functional eligibility determinations and eligibility process
- Medically Dependent Children Program (MDCP) medical necessity review process and denials
- MCO requirements for youth transitioning from STAR Kids to STAR+PLUS
- MCO network adequacy measures and reporting
- MCO role in STAR Kids to STAR+PLUS transitions
- MCO Service Coordination
- Provider Enrollment and Management System (PEMS)+ project
- In-Lieu of Services implementation

- Teleservices in Medicaid
- Texas Dual Eligible Integrated Care Demonstration
- Consumer Directed Services (CDS)
- Durable medical equipment simplification initiative
- House Bill 12, 88th Legislature, Regular Session, 2023, regarding 12-month post-partum Medicaid coverage
- Senate Bill 760, 84th Legislature, Regular Session (2015) - Appointment availability study
- House Bill 2056, 87th Legislature, Regular Session (2021) - Teledentistry services
- STAR+PLUS Managed Care Services 9/1/24 contract start update (HHS0011062)
- End of continuous Medicaid coverage
- Electronic Visit Verification
- House Bill 2802, 88th Legislature, Regular Session (2023) - communication with Medicaid recipients
- House Bill 1488, 88th Legislature, Regular Session (2023) - sickle cell disease
- Office of the Ombudsman annual report, 2023
- Ombudsman Managed Care Assistance Team (OMCAT) FY24 Data
- Independent Review Organization (IRO) External Medical Review (EMR)
- Texas Healthy Texas Women (HTW) transition to managed care
- House Bill 3286, 88th Legislature, Regular Session (2023) - Vendor Drug Program
- Community First Choice for members with Intellectual and Developmental Disabilities
- Local Intellectual and Developmental Disability Authority (LIDDA) role in Service Coordination
- House Bill 1575, 88th Legislature, Regular Session (2023) - Nonmedical screening of pregnant women
- Money Follows the Person demonstration project
- Medicaid member eligibility and process for enrollment and renewal
- Applied Behavioral Analysis Provider Enrollment

- Comprehensive Health Homes for Integrated Care (CHIC) Kids Pilot Program
- Pharmacy Network Adequacy Standards (referenced in Title 1, Texas Administrative Code (TAC), Section 353.915)
- Medicaid State Plan and Medicaid Waiver Therapies

In 2025 SMMCAC anticipates continuing a collaborative partnership with other HHSC advisory committees and HHSC staff; particularly in regard to continuing the great work begun by the STAR Kids Managed Care Advisory Committee and the Texas Council on Consumer Direction. SMMCAC will continue to collaborate with the Department of State Health Services, Sickle Cell Task Force on improving access to services for people with sickle cell disease. In addition, SMMCAC will collaborate with HHSC staff to proactively monitor legislative direction and agency Medicaid managed care projects.

Committee Recommendations

Recommendation 1

Recommend to HHSC to educate Healthy Texas Women (HTW) providers and managed care organizations (MCOs) in a timely manner on the process for HTW providers to contract and credential with MCOs and the expectations for significant traditional providers to ensure an adequate network of HTW providers in managed care.

Recommendation 2

Recommend to HHSC additional focus on network adequacy and access. It is recommended that additional elements be added to the existing Appointment Availability Survey:

- We recommend measuring the networks' ability to accommodate timely access to dental services for all Medicaid members under age 21; and
- We recommend measuring both primary and specialty care for STAR+PLUS and STAR Kids members with particular focus on those with medically complex conditions.

If the above cannot be accommodated within the existing survey, we then recommend a separate and distinct survey be implemented to evaluate dental network access and STAR+PLUS and STAR Kids population's access taking into consideration the membership's unique needs for timely primary and specialty care access.

Recommendation 3

Recommend to HHSC to revise the name and charge of the Service and Care Coordination subcommittee to reflect the addition of service delivery models to the scope of the subcommittee.

This recommendation has been completed and a summary of the implementation can be found on page 10 of this report.

Meeting Dates

Table 1 shows the 2024 meeting dates of the SMMCAC as well as the meeting dates of the subcommittees:

Table 1: 2024 SMMCAC and Subcommittee Meeting Dates

Meetings	Dates
State Medicaid Managed Care Advisory Committee (Full Committee)	February 22, May 16, August 15, and November 21
SMMCAC Clinical Oversight and Administrative Simplification Subcommittee	February 8, May 2, August 1, and November 7
SMMCAC Service and Care Coordination Subcommittee	February 7, May 1, and November 6
SMMCAC Network Adequacy and Access to Care Subcommittee	February 7, May 1, and July 31,
SMMCAC Complaints, Appeals and Fair Hearings Subcommittee	February 8, May 2, and November 7
SMMCAC Children and Youth with Medical, Behavioral, and Developmental Complexity	February 8, May 2, August 1, and November 7

How the Committee Accomplished Tasks

In an effort to maximize the breadth of initiatives that SMMCAC can address, the committee initially utilized five subcommittees that were established on August 13, 2019, each with assigned focus areas. On Nov. 19, 2020, two of the subcommittees — Clinical Oversight and Benefits, and Administrative Simplification — were combined. One new subcommittee — Children and Youth with Medical, Behavioral, and Developmental Complexity — was approved on Nov. 9, 2023, in response to the sunset of the STAR Kids Managed Care Advisory Committee. On Aug. 15, 2024, the scope of the Service and Care Coordination subcommittee was broadened and renamed to be the Service and Care Coordination and Service Delivery Options subcommittee in response to the sunset of the Texas Council on Consumer Direction.

Subcommittees

Clinical Oversight and Administrative Simplification

Seeks to strengthen the oversight of utilization management practices to include prior authorization policies and processes used by MCOs. 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 and HHSC oversight of MCO prior authorization data. Also, the subcommittee 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 and Service Delivery Options

Focuses on improvement related to service and care coordination, and service delivery options, 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 and, advising HHSC on service delivery models, including but not limited to Consumer Directed Services (CDS), Service Responsibility Option (SRO), and Agency option/agency managed option.

Children and Youth with Medical, Behavioral, and Developmental Complexity

Focuses on improvements in the care of children and youth with medical, behavioral, or developmental complexity within Medicaid managed care. Objectives include, but are not limited to, advising HHSC on topics related to the ongoing operation and review of the STAR Kids Medicaid managed care and other managed care programs, assessing best practices for providing care for children and youth with complex needs, customization of and access to specialized care, transitions of care, and improving health outcomes and quality of services. Also collaborates with other SMMCAC subcommittees when a topic pursuant to children and youth with medical, behavioral, and/or developmental complexity within Medicaid managed care falls within another subcommittee's charge.

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 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).

We assume the OMA also applies to subcommittee meetings, specifically 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 webpage and sent out to the GovDelivery distribution list at least seven calendar days before the date of the meeting.
- 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 and subject matter experts may be invited to add context to 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, 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.
- SMMCAC subcommittees may 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 any 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 will meet quarterly, or more often as needed, in a live and virtual format prior to the SMMCAC full committee meetings. Assigned HHSC subject matter experts 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 subject matter experts 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. HHSC staff will review room and webinar availability and confirm one date and 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 subject matter experts or a different HHSC staff person is most appropriate to represent the agency at the off-cycle subcommittee meetings.

Virtual 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 subject matter experts 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 committee liaisons will send the agenda through the approval process, ensure the documents are accessible, and request distribution via 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 subject matter experts 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.

Additionally, subcommittees are encouraged to engage in the following post meeting activities; however, the actual processes used can vary at discretion of the subcommittee chair. The subcommittee scribe will provide notes to HHSC subject matter experts, 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 timeframe – 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 and CHIP Services 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 share subcommittee agendas via 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 or subject matter expert to talk on an agenda item. SMMCAC recognizes the value of subject matter experts (SMEs) to provide information to the Committee and subcommittees as it develops recommendations and initiatives relative to its charge(s). The primary role of a SME is to provide objective, independent

information and analysis to be considered by the Committee. SME participation will be subject to the request of voting Committee members. SMMCAC subcommittee members are welcome to invite SMEs to Committee and subcommittee meetings, at the discretion of the subcommittee chair and HHSC staff, and are asked to alert HHSC staff in advance 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.

Members and Attendance

Table 2 shows a list of members of the SMMCAC including the group they represent as well as attendance for SMMCAC full committee meetings during 2024.

Table 2: Members and 2024 Attendance (X indicates participated in meeting)

Name	Area Represented	Feb.	May	Aug.	Nov.
Xavier Bañales	Aging and Disability Resource Centers		X		X
Anthony Brocato	Rural Providers		X	X	
Esmeralda Cazares-Baig	Managed Care Organizations	X	X	X	X
Jane Concha	Pediatric Providers	X	X	X	X
Michelle Lynn Evans	Long-term services and supports providers				
Shauna Glover	Medicaid managed care clients or family members who use mental health services				
Yulanda Haynes-Mims	Community Mental Health Centers	X	X	X	X
Aron Head	Managed Care Organizations	X	X	X	X
Tyra Hinton	Clients with disabilities	X	X	X	
David Lam, MD	Rural Providers	X	X	X	X
Ramsey Longbotham	Primary and Specialty Care Providers	X	X	X	X
Samantha Moreno	Advocate for Medicaid managed care clients 65 or older	X			
Shahid Rahman, MD	Hospitals				
Beth Rider	Family Member		X	X	X
Karl Serrao, MD	Managed Care Organizations	X		X	X
Jacob Ulczynski	Community Mental Health and Intellectual Disability Centers	X	X	X	X
Lindsey Vasquez	Obstetrical Care Providers		X	X	X
Alfonso Velarde	Community-based Organizations		X	X	X
Jennifer Vincent	Advocates for children with special healthcare needs				
Vacant	Managed Care Organizations				
Vacant	Community-based Organizations				

Vacant	Long-term services and supports providers				
Vacant	Member Advocate				
Vacant	Independent Living Centers				

Costs Related to SMMCAC

Table 3 shows the estimated SMMCAC-related costs to HHSC.

Table 3: 2024 SMMCAC Costs

Cost Category	Estimated Amount
Travel	\$500
Other Expenses (supplies, etc.)	\$500
Total Staff Resources	\$114,535
Medicaid Federal Match	\$57,768
Medicaid General Revenue at 50% Administrative Match Rate	\$57,768
Total	\$115,535

Information provided by HHSC Medicaid and CHIP Services.

List of Acronyms

Acronym	Full Name
CDS	Consumer Directed Services
HHSC	Health and Human Services Commission
HTW	Healthy Texas Women
MCO	Managed Care Organization
OMA	Open Meetings Act
SKMCAC	STAR Kids Managed Care Advisory Committee
SMMCAC	State Medicaid Managed Care Advisory Committee
SMEs	Subject Matter Experts
TCCD	Texas Council on Consumer Direction

Appendix A. SKMCAC Final Report

[STAR Kids Managed Care Advisory Committee Report](#) – Annual Report 2023

Appendix B. TCCD Final Report

[2023 Texas Council on Consumer Direction Annual Report](#)