



# **State Medicaid Managed Care Advisory Committee Annual Report**

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**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 2021**



**TEXAS**  
Health and Human  
Services

## 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 2021

## Contact Information

For more information on this report, please contact:

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# 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, 2021, 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 and continued throughout 2021 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 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 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 Thirteenth Edition, 94 percent 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 improve coordination between MCOs and fee for service (FFS) case management programs, reduce duplication of terminology, and minimize confusion for all stakeholders by replacing the term “service coordination” with the term “case management” or more person-centered terminology in Medicaid FFS case management programs that use the term “service coordination.” Implementation is recommended by March 1, 2022.

### **Recommendation 2**

HHSC should enhance Medicaid MCOs’ participation in long-term services and supports (LTSS) service planning for their members by establishing rules facilitating an MCO representative’s voluntary participation in a member’s LTSS service planning meeting with the individual/member or legally authorized representative’s consent. HHSC should also require Medicaid LTSS case management entities, inclusive of Community Living Assistance Supports and Services (CLASS), Deaf-Blind with Multiple Disabilities (DBMD), Home and Community-based Services (HCS), and Texas Home Living (TxHmL) case management entities, to communicate the: A) date, B) time, C) location, and D) telephone call-in or remote log-in information of an MCO member’s LTSS service planning meeting to facilitate the MCO’s voluntary participation in the meeting, if the individual or legally authorized representative consents to such participation. HHSC should also establish uniform communication and emphasize patient privacy expectations to facilitate the process.

### **Recommendation 3**

HHSC is encouraged to collect validated, standardized data from providers on the frequency of prior authorization, the time to process prior authorizations, and the time between initial submission and final approval. In determining feasibility of the project, HHSC should take into consideration the provider burden of submitting the data.

## **Recommendation 4**

The SMMCAC recommendation and action log should be made available to all SMMCAC members, representatives from other advisory committees, and to the public via online posting.

## **Recommendation 5**

Recommend HHSC require all participating Medicaid providers to submit their credentialing application through the Council for Affordable Quality Healthcare (CAQH) portal for practitioners or Availity for facility providers to reduce administrative burden, increase data accuracy, and minimize outreach required by health plans and the credentialing verification organization (CVO).

## **Recommendation 6**

Recommend that HHSC create and implement a centralized dentist provider information portal housing information needed for directories and network adequacy. Dentist providers will use the portal to provide initial information, including contact information and taxonomy code, change information, and re-attest information. Information from the centralized portal will be shared with Texas dental maintenance organizations (DMOs). There will be consistent data file formats and data entry requirements for the provider's first name, middle name, last name, and physical address. HHSC would verify the accuracy of the information. Furthermore, the DMOs would be authorized to update dentist provider information in the portal. HHSC staff should be trained to provide consistently correct information to dentist providers calling for help using the portal.

## **Recommendation 7**

Recommend that HHSC assign the topic of implementation of the transition of Healthy Texas Women (HTW) and the Case Management for Children and Pregnant Women into managed care under House Bill 133, 87th Legislature, Regular Session, 2021, to the existing Network Adequacy and Access to Care and Service and Care Coordination SMMCAC subcommittees.

### 3. Meeting Dates

Following are the 2021 meeting dates of the SMMCAC as well as the meeting dates of the subcommittees:

**Table 1: 2021 SMMCAC and Subcommittee Meeting Dates**

<b>Meetings</b>	<b>Dates</b>
State Medicaid Managed Care Advisory Committee (Full Committee)	February 25, May 27, August 11, and November 4
SMMCAC Clinical Oversight and Administrative Simplification Subcommittee	February 25, May 27, August 11, and November 4
SMMCAC Service and Care Coordination Subcommittee	February 24, May 26, August 10, and November 3
SMMCAC Network Adequacy Subcommittee	February 24, May 26, August 10, and November 3
SMMCAC Complaints, Appeals and Fair Hearings Subcommittee	February 25, May 27, August 11, and November 4



## **4. How the 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.

### **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**

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 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 webpage and sent out to the GovDelivery distribution 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, 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 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 will meet quarterly in person the day before or morning of 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.

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 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 subject matter experts will provide the agenda to HHSC committee liaisons, who 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.

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/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 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 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 by HHSC's Advisory Committee Coordination Office, which will be shared with the full committee and agency staff.

## 5. 2021 Activity and Adjustments Moving into 2022

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. As the waiver of certain OMA rules came to an end, beginning in November 2021, a live and virtual meeting format will be utilized moving forward. As the SMMCAC moves into 2022, some of the upcoming focus of the subcommittees will include:

### **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.

There will also be a focus on Medicaid quality measures and the potential of Intellectual and Developmental Disability Peer Support.

### **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 continued 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.

There will also be a focus on the network adequacy for HTW.

## **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.

There will also be a focus on monitoring the roll out of Case Management for Children and Pregnant Women.



## 6. Members and Attendance

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 2021.

**Table 2: Members and 2021 Attendance (X indicates participated in meeting)**

Name	Area Represented	Feb.	May	Aug.	Nov.
Xavier Banales	Aging and Disability Resource Centers	X		X	X
Anthony Brocato	Rural Providers	X			X
Esmeralda Cazares-Baig	Managed Care Organizations	X	X	X	X
Henry Chu	Pediatric Healthcare Providers				
Blake Daniels	Independent Living Centers				
Christina Davidson	Community-based Organizations			X	X
Anne Dunkelberg	Consumer Advocate	X	X	X	
Shauna Glover	Medicaid managed care clients or family members who use mental health services		X		X
Aron Head	Managed Care Organizations	X	X		X
Mary Klentzman	Clients with disabilities	X	X	X	X
David Lam	Rural Providers	X	X	X	X
Ramsey Longbotham (Vice-Chair)	Primary and Specialty Care Providers	X	X	X	X
Valerie Lopez	Hospitals	X	X		X
Beth Rider	Family Member	X	X	X	X
Leslie Rosenstein	Non-physician Mental Health Providers	X	X	X	X
Karl Serrao	Managed Care Organizations	X	X	X	X
Patricia "Patsy" Tschudy	Long-term Services and Support Providers	X	X	X	X
Jacob Ulczynski	Area Agencies on Aging	X	X		X
Laurie Vanhoose	Managed Care Organizations	X	X	X	X
Lindsey Vasquez	Obstetrical Care Providers	X	X	X	X
Alfonso Velarde	Community-based Organizations	X	X	X	
Jennifer Vincent	Advocates for children with special healthcare needs	X	X	X	X
David Weden (Chair)	Community Mental Health and Intellectual Disability Centers	X	X	X	X
Xavier Banales	Aging and Disability Resource Centers	X		X	X

## 7. Costs Related to the SMMCAC

**Table 3: 2021 SMMCAC Costs**

<b>Cost Category</b>	<b>Estimated Amount</b>
<b>Travel</b>	<b>\$0</b>
<b>Other Expenses (supplies, etc.)</b>	<b>\$400.00</b>
<b>Total Staff Resources</b>	<b>\$74,279.26</b>
Medicaid Federal Match	\$37,139.63
Medicaid General Revenue at 50% Administrative Match Rate	\$37,139.63
<b>Total</b>	<b>\$74,679.26</b>

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

## List of Acronyms

<b>Acronym</b>	<b>Full Name</b>
CLASS	Community Living Assistance Supports and Services
CAQH	Council for Affordable Quality Healthcare
CVO	Credentialing verification organization
DBMD	Deaf-Blind with Multiple Disabilities
DMO	Dental maintenance organization
FFS	Fee-for-service
HHSC	Health and Human Services Commission
HCS	Home and Community-based Services
LTSS	Long-term services and supports
MCO	Managed care organization
SMMCAC	State Medicaid Managed Care Advisory Committee
TxHmL	Texas Home Living