



**HHSC: State Medicaid
Managed Care Advisory
Committee, August
26th, 2020**



The [State Medicaid Managed Care Advisory Committee](#) provides recommendations and ongoing input on the statewide implementation and operation of Medicaid managed care. Members appear below.

<p>David Weden, Chair Community Mental Health and Intellectual Disability Centers Buda, TX</p> <p>Chase Bearden, Vice Chair Consumer Advocate Austin, TX</p> <p>Michael Adams Obstetrical Care Provider Tyler, TX</p> <p>Xavier Bañales Aging and Disability Resource Centers El Paso, TX</p> <p>Henry Chu, DDS Pediatric Healthcare Providers Helotes, TX</p> <p>Blake Daniels Independent Living Centers Tyler, TX</p> <p>Christina Davidson, MD Community-based Organizations Bellaire, TX</p> <p>Laura Deming Family Member Richmond, TX</p> <p>Anne Dunkelberg Consumer Advocate Austin, TX</p> <p>Shauna Glover Medicaid managed care clients or family members who use mental health services Corpus Christi, TX</p> <p>Aron Head Managed Care Organizations Arlington, TX</p>	<p>Mary Klentzman Clients with disabilities Belton, TX</p> <p>David Lam, MD Rural Providers San Antonio, TX</p> <p>Ramsey Longbotham Primary and Specialty Care Providers Cuero, TX</p> <p>Valerie Lopez Hospitals Uvalde, TX</p> <p>Catherine Mitchell Managed Care Organizations Houston, TX</p> <p>Leslie Rosenstein, PhD Non-physician Mental Health Providers Dallas, TX</p> <p>Michelle "Mickey" Schaefer Rural Provider Sonora, TX</p> <p>Patricia "Patsy" Tschudy Long-term Services and Supports Providers Spring, TX</p> <p>Jacob Ulczynski Area Agencies on Aging San Antonio, TX</p> <p>Laurie Vanhooose Managed Care Organizations Austin, TX</p> <p>Alfonso Velarde Community-based Organizations El Paso, TX</p>
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Call to Order. The meeting was convened by David Weden, Chair.

Roll call. A quorum was established.

Adoption of June 26, 2020, minutes. The minutes were approved as written.

Advisory Committee Chair Updates.

Behavioral Health Advisory Committee (Read [Texas Insight's summary.](#))

- Peer services were discussed; Medicaid reimbursement rates were reviewed and determined to be too low to support the service system
- Strong support on the part of the committee but there are only 485 peer specialists across the state
- Organization of the committee was a consideration and officers were elected
- There was strong public comment regarding the lack of appropriate housing, especially for people leaving the state hospitals

Drug Utilization Review Board (Read [Texas Insight's summary.](#))

Issues of Importance. Board members meet quarterly at the DUR Board meeting to make recommendations to the Medicaid Vendor Drug Program (VDP) on the appropriate use of pharmaceuticals, including retrospective and prospective interventions. Retrospective interventions include educational materials to providers to improve prescribing and dispensing practices and effectively improve the quality of drug therapy. Prospective interventions include a clinical prior authorization specific to a drug that is implemented in the claims processing system. The recommendations are based on a review of clinical information from compendium and peer-reviewed medical literature with consideration of public comments or testimony received at the meetings or submitted in writing to Health and Human Service Commission (HHSC). In addition, members recommend drugs for inclusion in the Medicaid preferred drug list (PDL), considering the drug's clinical efficacy, safety, cost-effectiveness, and program benefits.

Background. The Texas Drug Utilization Review (DUR) Board meets quarterly in Austin to make recommendations about outpatient prescription drugs in the Medicaid program. Key Details

A summary of the July 24 DUR board meeting is now available from the Vendor Drug Program website. This includes:

- A recording of this meeting's webcast
- Approved minutes from the May 22, 2020, meeting
- A summary of clinical prior authorization and preferred drug list recommendations
- The preferred drug list class review schedule for the next meeting



The next board meeting is scheduled for Friday, Oct. 23. Meeting dates and instructions for submitting written materials to the board and publicly testifying before the board are available on the Texas Vendor Drug Program website.

e-Health Advisory Committee (Read [Texas Insight's summary](#).)

Committee Charge. The committee advises the Executive Commissioner and Health and Human Services system agencies (HHS agencies) on strategic planning, policy, rules, and services related to the use of health information technology, health information exchange systems, telemedicine, telehealth, and home telemonitoring services.

EHAC advises HHS agencies on:

- development, implementation, and long-range plans for health care information technology and health information exchange, including the use of:
 - electronic health records, computerized clinical support systems, health information exchange systems for exchanging clinical and other types of health information, and
 - other methods of incorporating health information technology in pursuit of greater cost-effectiveness and better patient outcomes in health care and population health.
- incentives for increasing health care provider adoption and usage of an electronic health record and health information exchange systems;
- development, use, and long-range plans for telemedicine, telehealth, and home telemonitoring services, including consultations, reimbursements, and new benefits for inclusion in Medicaid telemedicine, telehealth, and home telemonitoring programs.

Issues of Importance

- Telemedicine, Telehealth and Telemonitoring
- Disaster Response in Health Information Technology (HIT)
- Interoperability in Texas; standards and impact on data exchange and data accessibility
- Health Information Exchange (HIE) systems/mechanisms
- Practice of health information exchange and quality and accessibility of data exchanged
- Provider connectivity to HIEs; barriers to connectivity
- Patient Unified Lookup system for Emergencies (PULSE)
- Behavioral Health (new subcommittee created to address this topic)

Upcoming Work Updates on the following subject areas:

- Telemedicine, telehealth and telemonitoring rules and implementation

- 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 grant program for rural Texas
- Disaster Response in Health Information Technology (HIT)
- Interoperability in the U.S. – current status and future
- Prescription Drug Monitoring Program (PDMP) – new component allowing electronic medical record integration
- Texas’ Health Information Technology strategic plan and DSRIP transition plan updates
- Health Information Exchange & accessibility to useable data
- Patient and provider identifier and efforts towards standardization
- Annual report development

Medicaid “tele” provider survey and results. The e-health advisory committee met in December 2019 and then again in July 2020. A significant project of the committee, which was presented as a completed project at the July meeting, was a survey of Medicaid providers related to telemedicine, telehealth and telepharmacy services. A few takeaways from the survey included:

- 57% of those surveyed were providing telemedicine services (this was pre-coronavirus)
- The following were the most significant barriers identified by the respondents:
 - Payer reimbursement policies were unclear (57%)
 - Payers did not offer reimbursement for the services (47%)
 - Internal telecommunications infrastructure upgrades were needed (22%)
 - Lack of interoperability with other equipment or EMRs (18%)
 - Volume of telemedicine services did not support costs (16%)
 - Unable to obtain telemedicine equipment (16%)
 - Use of proprietary software or platforms (16%)
- Respondents made the following recommendations to current Medicaid policy:
 - Address funding through increases or paying at the same rates as traditional care
 - Overcome physician reluctance by making payer reimbursement policies clearer, increasing reimbursement based on the variability of care, and creating clear, concise policies with guidance for billing
- Only 12% of the providers surveyed indicated they were participating in home telemonitoring. Recommendations for improvement included:
 - More awareness about the program is needed among providers
 - Providing necessary equipment and technical support
 - Clarification and development of reimbursement categories

- Respondents were also asked if they had heard of or utilized telepharmacy services or remote medication dispensing.
 - Almost half (49%) of the responses indicated no to both questions, with only 6% reporting utilization
 - 63% of the responses agreed that these programs would improve adherence and outcomes
 - 59% of the responses indicated that they treat patients who have challenges or hardships in accessing their pharmacy

Palliative Care Interdisciplinary Advisory Council (Read [Texas Insight's summary.](#))

Committee Charge. The PCIAC assesses the availability of patient-centered and family-focused interdisciplinary-team-based palliative care in Texas for patients and families facing serious illness. The Council works to ensure that relevant, comprehensive, and accurate information and education about palliative care, including complex symptom management, care planning, and coordination needed to address the physical, emotional, social, and spiritual suffering associated with serious illness is available to the public, health care providers, and health care facilities. Issues of Importance Current issues of importance include raising awareness about supportive palliative care (SPC) and hospice care services in Texas, especially by developing evidence to support coverage for supportive palliative care, including through Medicaid; increasing appropriate utilization of telehealth and telemedicine services; improving services and supports for family caregivers; and improving education and awareness of new palliative care developments and trainings.

Upcoming Work

1. In the process of writing recommendations and developing information for the 2020 legislative report
2. Provides professional and stakeholder input for the state's Palliative Care Information and Awareness program
3. Consults with HHSC on a pilot study as per the mandate from Senate Bill 916 to assess potential improvements of SPC on health quality, health outcomes, and cost savings from the availability of SPC services in Medicaid
4. In the process of developing the 2020 Advancing Palliative Care in Texas continuing education event being hosted on November 5th from 1 to 4pm

The committee's upcoming legislative report will include recommendations addressing the following issues:

- 1) Enhancing support for family caregivers
- 2) Adopting a supportive palliative care benefit for Texas Medicaid
- 3) Using telemedicine/telehealth to provide supportive palliative care
- 4) Allowing earlier access to low-THC cannabis for cancer patients
- 5) Addressing impacts of COVID-19 on palliative care

Texas Council on Consumer Direction.

Committee Charge. The Texas Council on Consumer Direction (TCCD) advises HHSC on the development, implementation, expansion, and delivery of long-term services and supports through the Consumer Directed Services (CDS) option. The Council is composed of CDS employers, representatives from Financial Management Service Agencies (FMSAs), representatives from managed care organizations (MCOs) and advocates for children and older adults using the CDS option.

TCCD is established in accordance with Texas Government Code § 531.012 and governed by Texas Administrative Code § 351.817 and Texas Government Code Chapter 2110.

Issues of Importance

- Electronic Visit Verification (EVV): EVV is a computer-based system that will be implemented to replace paper-based attendant timesheets. Currently, EVV is optional for individuals using the CDS option, but the federal 21st Century Cures Act requires that EVV be implemented in CDS beginning January 1, 2021.
- Increasing the percentage of individuals receiving Medicaid long-term services and supports who use the CDS option, including through efforts to increase and improve educational resources.
- Improving service authorization and renewal processes for people using CDS, including through improved information technology systems, increasing person-centered practices, and increasing training opportunities for service coordinators and case managers.

Upcoming Work. Upcoming projects and initiatives to begin in TCCD subcommittees:

- Quality Assessment and Performance Improvement Subcommittee:
- Oversight of Financial Management Services Agencies (FMSAs) in Medicaid managed care programs
- Process & Expansion Subcommittee:
- Expanding the CDS option to additional program services
- Training & Outreach Subcommittee:
- Revising and updating informational/educational materials about the CDS option
- Revising and updating resources available for CDS employers, including employer manual

New Members

- Ellen Bauman
- Nathan Coleman
- Dr. Lucinda Harmon
- Carol Sloan

Value-Based Payment and Quality Improvement Advisory Committee.

Committee Membership after Recent Appointments

<ul style="list-style-type: none"> • Mary Dale Peterson (Chair), MD, Driscoll Health System • Dana Danaher, Children's Hospital Association of Texas • Frank Dominguez, El Paso Health • Cliff Fullerton, Baylor Scott & White Quality Alliance • Adam Garrett, Stonegate Senior Living Center • Beverly Hardy-Decuir, DNP, Parkland Health and Hospital System • Carol Huber, University Health System in San Antonio • Janet Hurley, MD, Christus Trinity Clinic 	<ul style="list-style-type: none"> • Andy Keller, PhD, Meadows Mental Health Policy Institute • Kathy Lee, Coryell Memorial Healthcare System • Melissa Matlock, Northwest Texas Healthcare System • Benjamin McNabb, PharmD, Love Oak Pharmacy • Rachana Patwa, UnitedHealthcare Community Plan of Texas • Alejandra Posada, Mental Health America of Greater Houston • Vincent Sowell, Otto Kaiser Memorial Hospital • Michael Stanley, MD, Pediatrix, Mednax
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Ex-Officio Members

- Lisa Kirsch (Vice Chair), Dell Medical School at UT Austin
- Mark Chassay, MD, University of North Texas Health Sciences Center
- Daverick Issac, FirstCare Health Plans
- Binita Patel, MD, Texas Children's Hospital
- Joseph Ramon, RPh, Health Care Unlimited
- Shayna Spurlin, Texas A&M Rural & Community Health Institute

Recommendation Topics under Review for Report due December 2020

1. Maternal and newborn health

- Standardize performance measures.
- Establish a statewide de-identified registry linking mothers and babies.

2. Social determinants of health

- Landscape assessment of SDOH assessment and referral platforms to determine best approach(es) for Texas Medicaid.
- Explore how to address SDOH through APMs, including ICD-10 Z codes, accountability metrics related to SDOH/health equity, and pilots.

3. Leverage multi-payer data

- Continue to encourage cross-agency collaboration in the use of healthcare data building on Special Provision 10.06 from the FY 20-21 budget.

- Continue to work to better leverage the Texas Healthcare Learning Collaborative portal (and other tools as appropriate) to increase and improve the data available to health plans, providers, and policy makers for core metrics, analytics, and care coordination to support value-based purchasing and quality improvement.

4. Advance alternative payment models

- Conduct a landscape assessment to determine the barriers and opportunities to advancing APMs. Convene stakeholders to share the results of the assessment along with promising practices.
- Leverage learnings from DSRIP to identify key outcomes and effective interventions.
- Encourage MCOs to adjust APM requirements for providers in light of COVID.

5. Lessons learned from COVID-19

- Evaluate which Medicaid telehealth waivers put in place during the public health emergency should continue.
- Incentivize creative practices that improve health based on the experience during COVID-19, such as prospective payments for primary care providers.
- Align VBP measures and incentives as much as possible within each region of Texas to reduce provider administrative burden.

Upcoming Meetings

- August 25, 2020
- November 10, 2020

Questions/Answers/Comments

Are you looking at the MCQA measures? The Committee has not looked at that but Ms. Kirsch, Vice Chair, said that she will take this back to the committee for discussion.

State Medicaid Managed Care Advisory Committee (SMMCAC) subcommittee updates.

Administrative Simplification. The Provider Management and Enrollment System (PMES) was discussed at the meeting yesterday. They are taking it from a Texas Provider Identifier (TPI) to a National Provider Identifier (NPI) system that will streamline credentialing to the MCOs. They also reviewed managed care prior authorization. They want to be certain that the criteria is consistent and that the decisions are made by physicians under the director of a medical director. HHSC will monitor MCOs for use of PAs and utilization reviews. A member's history must also be part of the process. The next meeting is November the 8th.

Clinical oversight and benefits. There are three recommendations. They received an update on SB 1177.

Recommendations include:

1. (Summarized) HHSC work with stakeholders (Texas Council, Meadows Foundation, and one other) during the review of cost effectiveness regarding “in lieu of services.”

MOTION: *approve the recommendation - prevailed.*

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

MOTION: *approve the recommendation - prevailed.*

3. Recommendation to amend language of previously adopted durable medical equipment recommendation:

Recommend HHSC consider and explore any potential access and quality issues due to potential fees set of DMEs *and if there is a need for establishing a separate recognition and coverage for Complex Rehab Technology products and the services that incorporates the customized nature of the technology and the broad range of services necessary to meet the unique medical and functional needs of people with significant disabilities and complex medical conditions.*

MOTION: *approve the recommendation - prevailed.*

Complaints, Appeals, and Fair Hearings. The subcommittee met that morning and they were looking at development of a structure, process, and timeline for the new external medical review, and a deeper look at the content of the notices that are being sent out. There were two presentations:

- Timeframes for appeals of denials
- External medical review (IRO)

In March, there was a presentation on the overlapping processes. They still do not have a full picture of the processes, but they are hopeful that they will get there soon. The dates on notices have been an issue that can be impacted by the US mail slowdown.

They also discussed the different timelines for the different waiver services. At this point, the HHSC open enrollment for independent review organizations has not received any applications. The MCOs will have a role in developing the external medical review process.

Network Adequacy and Access to Care. The subcommittee met yesterday and there are no recommendations for the full committee today. They were introduced to the subject matter expert for the group. They discussed telemedicine and telehealth flexibilities related to COVID-19. They are watching the feds and the state. The FQHCs can be reimbursed for telehealth distant site providers. The same for rural health clinics. Speech, OT, and PT can be reimbursed for telehealth. The elderly often only have limited computer access and have to use telephone-only for telehealth. The end of October is the timeframe for flexibilities to end unless extended. The next meeting is November 18th.

Service and care Coordination. The subcommittee met yesterday and received information from HHSC on the Service and Care Coordination Survey: respondents stated that they are rarely invited to discharge planning meetings; there is miscommunication that should be managed between MCOs and health providers; there is a need for training on service availability.

There was also a presentation on the COVID-19 response and the different flexibilities afforded the service delivery system. There was discussion about the flexibilities that should continue post COVID-19.

There was an LBB report related to managed care service coordination.

There are no recommendations for the full committee today. The next meeting is November 18th.

HHSC Updates.

Medicaid budget—Kim Bazan made the presentation. She stated that they have been responding to the demands of state leadership related to budget recommendations including the following points:

State Comptroller revised the revenue estimate— \$110.19 Billion total revenue available for general purpose spending for the current biennium, down \$11.57 billion or 9.5% from the previous estimate. That equates to a \$4.58 billion projected deficit for fiscal year 2021. The estimates carry an unprecedented amount of uncertainty.

Texas Comptroller Glenn Hegar Projects a Fiscal 2021 Ending Shortfall of \$4.6 Billion in Revised Revenue Estimate. Texas Comptroller Glenn Hegar revised the Certification Revenue Estimate (CRE) and now projects a fiscal 2021 ending shortfall of \$4.58 billion. The shortfall, which Hegar attributed to the COVID-19 pandemic and recent

volatility in oil prices, is a decrease from the \$2.89 billion positive year-end balance originally projected in the October 2019 CRE.

In a July 20 letter to state leadership, Hegar said the state will have \$110.19 billion in General Revenue-related (GR-R) funds available for general-purpose spending for the 2020-21 biennium, down from a projected \$121.76 billion in the October 2019 CRE.

The ending balance does not include the impact of instructions from state leadership directing most agencies to reduce their spending by 5 percent of 2020-21 GR-R appropriations. Any of these savings will reduce the projected shortfall. Similarly, the balance also does not assume any further financial assistance from the federal government as both the prospect and nature of such assistance remain uncertain.

The pandemic hit tax revenues hard across the board, particularly hotel, motor vehicle sales, severance and mixed beverage taxes. The state's sales tax, its largest source of tax revenue, has held up better than some taxes, but still has fallen significantly. Fiscal 2020's sales tax revenues, buoyed by strong collections in the first half of the year, are expected to finish about 1 percent below fiscal 2019 totals, followed by a drop of more than 4 percent in fiscal 2021.

The Economic Stabilization Fund (ESF, or the state's "Rainy Day Fund") and the State Highway Fund (SHF) both receive funding from oil and natural gas severance taxes. In fiscal 2021, the ESF and SHF each will receive \$1.1 billion in transfers from the General Revenue Fund for severance taxes collected in fiscal 2020. Severance tax collections in fiscal 2021 are expected to drop significantly from fiscal 2020, resulting in smaller fiscal 2022 transfers to the ESF and SHF of about \$620 million each.

After accounting for appropriations and investment and interest earnings, this estimate projects an ESF fiscal 2021 ending balance of \$8.79 billion.

Proposition 7, an amendment to the Texas Constitution approved by Texas voters in 2015, requires the first \$2.5 billion in sales tax collections exceeding \$28 billion in any fiscal year to be deposited to the SHF. The SHF will receive \$2.5 billion from sales taxes collected in each year of the biennium, although the final transfer from fiscal 2021 collections will not occur until September 2021, the first month of fiscal 2022.

There are substantial risks to this forecast on both the upside and downside. If the spread of the virus slows or stops sooner than anticipated, if consumers and businesses return to pre-pandemic levels of economic activity more readily than assumed or if the federal government provides more aid, Texas may finish the 2020-21 biennium with more revenue than projected today. On the other hand, if COVID-19 case counts continue to increase or accelerate, if there is a substantial new wave of infections nationally or in Texas in the fall

or winter or if consumers and businesses are slower to resume economic activity than assumed, revenue collected this biennium could fall short, perhaps far short, of this updated forecast.

Visit our online resources for a [downloadable, easy-to-understand primer](#) on the data points that drive the CRE.

Please note that the Comptroller also recently released [totals for fiscal 2020 state revenues](#):

- General Revenue-related revenue for fiscal 2020 totaled \$56.98 billion, down 1.5 percent from fiscal 2019.
- All Funds tax collections were \$57.38 billion, down 3.4 percent from fiscal 2019.
- Sales tax revenue was \$34.10 billion, up 0.2 percent over fiscal 2019.
- Motor vehicle sales and rental tax revenue was \$4.8 billion, down 3.9 percent from fiscal 2019.
- Franchise tax revenue was \$4.42 billion, up 4.8 percent over fiscal 2019.
- Oil production tax revenue was \$3.23 billion, down 16.9 percent from fiscal 2019.
- Natural gas production tax revenue was \$925 million, down 45.1 percent from fiscal 2019.
- All Funds revenue was \$141.58 billion, up 10.7 percent over fiscal 2019, primarily due to substantial increases in federal funding for pandemic-related assistance.

"Yearly revenues were slightly ahead of our projections in the revised [Certification Revenue Estimate](#) (CRE) released in July," Hegar said. "This was, in part, due to surprisingly strong July sales tax collections as Texans' spending for home improvement projects increased while they spent more time at home both for teleworking and staycations, in lieu of leisure travel.

"Those July gains, however, were largely reversed in August, bringing actual collections closer to, but still ahead of, our estimate."

The Economic Stabilization Fund (ESF) and State Highway Fund (SHF) both receive funding from oil and natural gas severance taxes. In November, the Comptroller's office will deposit \$1.13 billion in each of those funds, down from the \$1.67 billion deposited in each fund in November 2019.

State agencies were asked to determine a 5 percent biennial reduction to 20-21. Medicaid and CHIP client services were exempted but Medicaid support was included. HHSC has been looking at areas of reduction that would not impact client services.

LAR base funding amount 20-21— base from the 5% reduction. Anything outside the baseline reduction will be an exceptional item. The LAR is due October 9th, 2020.

Questions/Answers/Comments

Are any of the reductions looking at ECI respite (which are being removed from contracts)? ECI is unfortunately outside Medicaid and CHIP.

The \$4 billion deficit does not account for the enhanced FMAP. HHSC stated that that is true and they will update the committee as this progresses.

Regarding ABA, will that be budgeted into the Medicaid program? HHSC stated they would get that information for the committee. It can be added to the next agenda.

We exempted client services, but HHSC was looking at cutting 800 eligibility staff positions. CPPP has a concern about that. There can be a spike in application for benefits from the COVID-19 issues.

HHSC progress on SMMCAC recommendations.

Committee Operations	Administrative Simplification
<p>Recommendation 1:</p> <ul style="list-style-type: none"> • Establish the following subcommittees: • Administrative simplification • Clinical oversight and benefits • Complaints, appeals, and fair hearings • Network adequacy and access to care • Service and care coordination • Ensure representation from other advisory committees and the public. • Adopted August 13, 2019 • Status: Complete <p>Recommendation 2:</p> <ul style="list-style-type: none"> • Change the length of member terms from 2 to 3 years, • Review the composition between the three primary groups of SMMCAC membership and ensure representation of the adult Medicaid population. • Adopted March 12, 2020 • Status: In progress 	<p>Recommendation 3:</p> <ul style="list-style-type: none"> • Provide relief from the duplicative and burdensome provider enrollment and credentialing process, • Request a more streamlined and tightened sequencing of processes, • Review federal requirements and best practices to streamline the process so the providers can start reimbursement services quicker, and • Allow retro date for service reimbursement to date of enrollment to be completed for approval by all MCOs and TMHP. • Adopted March 12, 2020 • Status: In progress; in progress; in progress; under review

Clinical Oversight and Benefits	Clinical Oversight and Benefits Cont'd
<p>Recommendation 4:</p> <ul style="list-style-type: none"> • Per S.B. 1177, 86th Texas Legislature, Regular Session, the following list of behavioral health services are approved for HHSC “in lieu of services” consideration • Cognitive rehabilitation • Collaborative Care Model • Integrated pain management day program • Coordinated Specialty Care • Functional Family Therapy • Treatment foster care Clinical Oversight and Benefits (2 of 6) • Systemic Therapeutic Assessment Resources and Treatment • Mobile crisis outreach team • Crisis respite • Crisis stabilization units/extended observation units • Partial hospitalization • Intensive outpatient program • Health behavior intervention services • Multisystemic therapy Clinical Oversight and Benefits (3 of 6) • Adopted December 12, 2019 • Status: In progress 	<p>Recommendation 5:</p> <ul style="list-style-type: none"> • HHSC should consider exploring any potential access and quality issues due to potential fees set for durable medical equipment. • Adopted March 12, 2020 • Status: In progress <p>Recommendation 6:</p> <ul style="list-style-type: none"> • HHSC should consider any potential barriers to ensuring people receive treatment with respect to COVID-19. • Adopted March 12, 2020 • Status: In progress <p>Recommendation 7:</p> <ul style="list-style-type: none"> • Recommend that HHSC look at: • Services being covered when audio only, • Telehealth/telemedicine coverage extended indefinitely to have increased access to care, and • More services be covered by telehealth/telemedicine in line with national coverage standards (e.g. Medicare). • Adopted June 26, 2020 • Status: No further action planned

<p>Network Adequacy</p> <p>Recommendation 8:</p> <ul style="list-style-type: none"> • HHSC should develop a list of exceptions to telehealth/telemedicine and ensure fee-for-service alignment with the intent of Senate Bill 670, 86th Texas Legislature, Regular Session. • Adopted March 12, 2020 • Status: No further action planned <p>Recommendation 9:</p> <ul style="list-style-type: none"> • HHSC should ensure all services delivered via telehealth/telemedicine are included in the medical loss ration (MLR) (medical, not administrative). • Adopted March 12, 2020 • Status: No further action planned as this is a current practice 	<p>Network Adequacy continued</p> <p>Recommendation 10:</p> <ul style="list-style-type: none"> • HHSC is encouraged to conduct environmental scans regarding any administrative barriers that may limit or discourage utilization of telehealth and telemedicine. • Adopted March 12, 2020 • Status: In progress <p>Recommendation 11:</p> <ul style="list-style-type: none"> • HHSC should review potential means for including telehealth and telemedicine in network adequacy standards. • Adopted March 12, 2020 • Status: In progress
<p>Service and Care Coordination</p> <p>Recommendation 12:</p> <ul style="list-style-type: none"> • Standardize the service management and service coordination terminology in the managed care contracts to service coordination. • Adopted December 12, 2019 • Status: In progress 	<p>Service and Care Coordination</p> <p>Recommendation 13:</p> <ul style="list-style-type: none"> • Recommend amending the necessary service coordination verbiage targeted to be effective March 1, 2022 to reflect HHSC's standardization of phrases and terminology as previously recommended. • Adopted June 26, 2020 • Status: In progress

Prior Authorization and Provider Burden Discussion. (Tabled at June meeting—open discussion). The comments/questions/concerns are summarized below.

- Has this been assigned as a recommendation? It came up to the full committee because it crosses subcommittees.
- The legislation required the creation of inventories of PA requirements, but I have not seen a presentation on this with a timeline.
- HHSC sought clarification on the term "inventory." HHSC is in the process of putting together guidelines and details that would be expected.

- Since this was in multiple subcommittees, does the state recommend a certain subcommittee in the event that local communities want to reach out for discussion? HHSC stated that this could be reviewed during the next meeting.

SMMCAC Annual Report to the Executive Commissioner and Legislature. The Chair stated that they have two reports to write by the end of the year. The first is the annual report to the Executive Commissioner and the second will have the policy recommendations that will go to the legislature. This will require an action item at the next meeting.

Public Comment.

Written comment was sent in and read by Mr. Chacon. In summary:

Clarity Child Guidance Center commented on SB 1177. There was an inventory of services in the SASH area, and the community option for children and youth was found lacking. The “in lieu of” option was one way to add EPBs to Texas Medicaid. However, no EPB will be available until 2022. The intent of SB 1177 was to expand community services for youth and children. We have to wait another contract cycle because of delays.

Adrienne Trigg, Apple HMS and a parent, commented on SB 1207. She had a five-part question/comment:

- Continuity of care with MDCP—parents have had to travel with COVID-19.
- Will the new language be included in the new MCO contracts?
- What impact does the LBB Audit have?
- Who makes the decisions related to implementation?
- Why hasn’t it been promulgated and when will it be?

Linda Litzinger, Texas Parent to Parent, also commented on SB 1207 and the coordination of benefits, crossing managed care boundaries with greater ease. ABA therapy has not been funded yet and respite for ECI is being cancelled. Medicaid appeal information is not sent out timely and arrives after the time to appeal has passed.

Review of action items and agenda items for future meeting.

- Discussion: coordination of benefits
- Draft report for the Executive Commissioner and the legislative report
- Reduction impact
- ABA
- Look at committee structure

Adjourn. There being no further business, the meeting was adjourned.

This summary contains supplemental information from third-party sources where that information provides clarity to the issues being discussed. Not every comment or statement from the speakers in these summaries is an exact transcription. For the purpose of brevity, their statements are often paraphrased. These documents should not be viewed as a word-for-word account of every meeting or hearing, but a summary. Every effort has been made to ensure the accuracy of these summaries. The information contained in this publication is the property of the organization and is considered confidential and may contain proprietary information. It is meant solely for the intended recipient. Access to this published information by anyone else is unauthorized unless the organization grants permission. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted in reliance on this is prohibited. The views expressed in this publication are, unless otherwise stated, those of the author and not those of the organization or its management.
