State Medicaid Managed Care Committee

Aug. 17, 2023

HHSC advisory committee chair updates

Texas Council on Consumer Direction

- Has been without a quorum for a year, that has now been addressed.
- Working on a "matchmaker service" between caretakers and families to connect employers/employees and families. Working with the Texas Workforce Commission.
- About to start their work plan and reconstitute committees

Behavioral Health Advisory Committee

- Passed a recommendation related to communication and outreach regarding the Medicaid unwinding
- Has received presentations on initiatives to address justice-involved youth, non-medical drivers of health action plan, alternative payment model framework, statewide opioid coordination, and peer services

Drug Utilization Review Board

- Reviewed 1,495 in 67 classes in their two prior-July meetings. Changed the PDL status of 86 drugs. Went into effect July 27.
- They are soliciting for 5 positions on the board
- (Note: No legislative updates/comments)

eHealth Advisory Committee

- Have 20 new appointees
- Working on putting on a workshop Oct. 17 aimed at HHSC employees legislative staff, and committee appointees who want to learn more about how the digital health world works in conjunction with laws and rules

Palliative Care Interdisciplinary Advisory Committee

- Conducting workgroups on: continuing education on palliative care webinar (Nov. 9), working to develop a supportive palliative care alternative payment model, and updating the state's palliative care webpage

Value Based Payment and Quality Improvement Advisory Committee

- Work on 4 main areas: alternative payment models, non-medical drivers of health, timely and actionable data, and value-based care in rural Texas

SMMCAC subcommittee updates

Clinical Oversight and Administrative Simplification

- Today, discussed SB 8 (87R), to consolidate processes for providers enrolled in TMHP to not have to go through credentialing through MCOs (Note, this is a reference to PEMS+
- Review the presentation

Complaints, Appeals and Fair Hearings

- Today, received an overview of the current fair hearing process. The state also presented data on provider complaints.
- Q: *What type of consequences do the MCOs have when they receive complaints*? A lot depends on patterns. The state can seek contractual damages with corrective action plans when that occurs. But the first goal is resolving the complaint.
- See our recap

Network Adequacy and Access to Care

- Yesterday, received presentation so the status of Health Texas Women implementation, COVID-19 vaccination commercial and RSV immunization, and the implementation of HB 3550 on Prescribed Pediatric Care Centers
- Next meeting will include a presentation from DMOs

- Q: *Did PPECCs talk about barriers*? Cost of the facilities. They haven't been around long and they need a supportive foundation to be feasible and successful.
- Q: Did they talk about Florida? Yes, it's successful over there and they are going to meet with HHSC to do a comparison of those regulations
- See our recap

Service and Care Coordination

- HHSC has set a transition date for the dual transition by Dec. 31, 2025
- The Comprehensive Health Homes for Integrated Care (CHIC) Kids Pilot now has 900 members participating
- See our recap
- Q from Jacob Ulensky: *The CHIC Pilot seemed to overlap some with PPECCs. I wonder if we need to look at this.*
    - A from Aron Head: I don't necessarily think there's an overlap, but I think there's an opportunity for providers to help coordinate for medically complex kids.
    - Consensus from other committee members to Aron's response

HHSC updates

Medicaid waivers 101

Presentation by Kate Layman, Director, MCO Office of Policy, HHSC

- Waivers allow states to waive parts of the required aspects of Medicaid. If someone has a medical need for a service, they must be able to receive that service.
    - But a waiver can add a service or a collection of services that are limited to a population. For example, residential services are reserved for individuals with an intellectual disability. The individual has to be in that waiver program to receive that service.
    - Waivers can also limit a geographic area
    - Allow allows states to test different models for delivering services
    - There are also waivers around the freedom of choice for providers. Managed care is an example of that
    - States can also waive institutional services for community based services
- There are three different types of waivers. The state has all three:

  - 1115 Demonstration waivers
  - 1915(b) waivers
  - 1915(c) waivers
- The 1115 waiver is the state's largest waiver program:
  - The Texas Healthcare Transformation and Quality Improvement Program (THTQIP), also known as the demonstration waiver, is the state's managed care program
  - The other waiver is Healthy Texas Women (HTW)
- 1915(b) waivers allow states to operate programs that impact the delivery system of some or all of the individuals eligible for Medicaid in a state.
  - (b)(1) Freedom of Choice -restricts Medicaid enrollees from receiving services within the managed care network.
  - (b)(2) Enrollment Broker -utilizes a "central broker".
  - (b)(3) Non-Medicaid Services Waiver uses cost savings to provide additional services to beneficiaries.
  - (b)(4) is what Texas has and limits providers that HHSC will contract with to provide a specific service. Community First Choice, specialized add-on services (known as PASRR), and non-emergency medical transportation are waiver examples.
- Texas has 6 traditional 1915(c) waivers and an additional modified waiver. These waivers allow states to provide long-term care in homes and communities instead of institutions. These include CLASS, DMBD, TxHmL, HCS, MDCP, SP HCBS (this is also 1115), and YES
- Waiver programs are not entitlement and thus we have interest lists. HHSC has planned interest list improvements, and that will be completed this summer as part of HB 3720. Individuals will also soon be able to update their interest list information on an online portal instead of calling.
- Local Intellectual and Developmental Disability Authorities (LIDDAs) conduct some activities for the 1915(c) waivers, like providing initial information about what services are available, place folks on the interests lists, and in some programs are the providers of service coordination.
- Q: *When will HTW be carved into managed care*? We'll get back to you.

Electronic Visit Verification (EVV) update

Presented by James Brady, Oversight Manager of EVV at HHSC

- The new EVV Director is Patrick Kampman
- Accenture is the new vendor management, with HHAeXchange providing the EVV service. There was a tight time frame: the contract was signed in May and goes live in Oct.
- There is a compliance grace period from July 1-Dec-31, 2023.
- Training starts in late Aug and there will be webinars and in-person trainings
- Stakeholders have expressed concerns with data transfers. HHSC is transferring 1 year of EVV data.
- Claims denials will begin Jan. 1, 2024

Post - 88th legislative session update pertaining to Medicaid managed care

Presented by Jenni Costilow, Director, Program Policy in Medicaid/CHIP Services (MCS), HHSC

- Over 900 Medicaid-related bills were filed this session; 64 MCS bills passed
- Provider requirements.
  - HB 44 - Relating to provider discrimination against a Medicaid recipient or child health plan program enrollee based on immunization status. MCOs are going to be asked to help coordinate the process to providers.
  - HB 1009 - Requires a provider to suspend a residential caregiver found to have abused, neglected or exploited a person receiving services while the individual exhausts any appeals processes, and requires HHSC to disenroll any Medicaid providers who violates these provisions, and addresses background check requirements. Regulatory Services will be implementing this one.
- Long-Term Services and Supports
  - HB 3550 - Addresses prescribed pediatric extended care center (PPECC) services, including issues related to PPECC transportation. Allows responsible adult signatures on one consent document. Will require TAC changes and Medicaid Program Policy implementation, amending the state plan, and UMCC changes
  - HB 54 - Increases the personal needs allowance for certain Medicaid recipients who are residents of long-term care facilities
- Women's Health

- HB 12 - Extends Medicaid for pregnant women to 12-months postpartum in accordance with Section 1902(e)(16), Social Security Act
- SB 989 - Expands existing biomarker testing benefit in Medicaid and CHIP. 12 genetic tests meet the requirements of the bill and will be determined which will be added as benefits.
- HB 1575 - Requires HHSC to develop a non-medical health screening tool and collect related data; the standardized screening questions must be used by Medicaid MCOs; requires new Case Management for Children and Pregnant Women (CPW) training and adds doulas and community health workers as CPW provider types

- New or amended services
  - HB 2727 - Adds Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) as home telemonitoring providers; allows home telemonitoring services if they are cost effective and clinically effective; changes eligibility for home telemonitoring services. Providers have to establish a plan of care and share it with the patient's doctor.
  - HB 1488 - Relating to sickle cell disease health care improvement and the sickle cell task force. HHSC has to collaborate with the Task Force and MCO to ensure care meets national standards.
- Pharmacy/Prescription drugs
  - HB 1283 - Relating to prescription drug formularies applicable to the Medicaidmanaged care program; 10-year extension
  - HB 3286 - Relating to certain prescription drug benefits under the Medicaid managed care program; new provisional formulary status while the certificate of information is under review, elaborates on the existing PDL exceptions and adds new exceptions; makes MCOs voting members on the Drug Board; creates a temporary non-preferred status on new drugs
  - HB 4990 - Relating to the creation, management, and administration of the Texas Pharmaceutical Initiative; not Medicaid-specific, but HHSC will be participating in the advisory council and work with the board to provide information on Medicaid/CHIP for the business plan that's required
- MCO Contract Requirements
  - HB 1696 - Requires additional provisions in a managed care plan's relationship and contract with optometrists, therapeutic optometrists, or ophthalmologists. Will require CHIP MCOs to give optometrist or therapeutic

optometrist at least 90 days' notice for a contract change; HHSC is still trying to determine what needs to happen on this one
    - HB 2802 - Requires HHSC to ensure MCOs may communicate with enrolled Medicaid recipients through electronic means, which now includes telephone, in addition to text message and email, regarding eligibility,enrollment and other health care matters when the member provides their contact information to the MCO outside of the Medicaid application process; requires changes to eligibility and application changes; opens up communications more
- Q: *Ramsey Longbotham: General commentary, to let everyone know there was a lot of commentary this morning at the Executive Council meeting today that the attendant wage increases only applies to a 40-hour workweek, and not OT*.

Public Comments

None