



**July Children's Health Coverage  
Coalition Meeting**  
Friday, July 20<sup>th</sup>  
11:00 a.m. – 1:00 p.m.

**Children's Health Coverage Coalition Minutes**  
**Friday, July 20, 2018 @ TMA**

**Present:**

Clayton Travis, Texas Pediatric Society  
Helen Kent Davis, - Texas Medical Association  
Anabella Tarary, NASW-TX  
Alissa Sughrue, NAMI-TX  
Melissa Helber, Refugee Services of Texas/Central TX office for Refugees  
Sebastian Laroche, Methodist Healthcare Ministries  
Alwyn Mathew, Methodist Healthcare Ministries  
Laure Guerra-Cardus, Children's Defense Fund

**On Conference Line:**

Betsy Coats, Maximus  
Jennifer Banda, THA  
Christina Hoppe, CHAT  
Marry Allen, TACHC  
Erika Ramirez, Healthy Futures of Texas, Texas Women's Healthcare Coalition

Meeting Chair: Will Francis, NASW-TX

Meeting Scribe: Arinda Rodriguez, CPPP

**1. Introductions [5-minutes]**

**2. Update on Network Adequacy [Stephanie Stephens, Deputy State Medicaid Director – 45 minutes]**

[Refer to Second Slide]:

**Stephanie Stephens, HHSC**

This slide refers to how HHSC conducts oversight. Utilization Review is being used to make sure people are getting the right amount of service. We are looking to expand that tool to other programs in the future.

[Refer to Third Slide]:

**Stephanie Stephens, HHSC**

Here we are looking at various aspects of the managed care process. We are seeing these on real time and interviewing staff to ensure they understand policies and procedures.



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**Will Francis, NASW-TX**

Question: Why is the network adequacy not part of the overall piece/graph shown of critical indicators?

**Stephanie: Stephens, HHSC**

The question is how we would see network adequacy in that office and context. When we look at what tools are necessary for network adequacy, we see that it's happening, it's just not part of this review.

[Refer to Fourth Slide]

**Stephanie Stephens, HHSC**

When looking at Network Adequacy, we are focused on figuring out how we can link all those tools together. We think the linkage piece is important to our work.

Through these mechanisms we see issues that exist not only on Medicaid. Some of what we see is not different to what we see in the commercial market. There are challenges to providing specialists and other services.

**Helen Kent Davis, TMA**

Absolutely, there is a shortage of physician specialists. But we need to be really careful to avoid equating the commercial market and the Medicaid issues. It is a challenge that we have a shortage on specialists, but lawmakers need to understand that there are challenges in the Medicaid program that differ to those challenges in the private/commercial market.

**Stephanie, Stephens, HHSC**

What I mean is that when looking at the data, we can make comparisons between people who are enrolled in Medicaid program and those that are insured in other ways. There are situations where we do have provider shortages and we have to recognize that in our monitoring.

**Helen Kent Davis, TMA**

Also, one thing that the state should look at is, if there are physicians that don't take Medicaid, there is very little outreach targeted to them.

**Stephanie Stephens, HHSC**

And we do look at the number of providers that take Medicaid. Again, we are trying to link all these components for network adequacy and create a cohesive strategy. Appointment availability studies show there is a significant number of providers that we can't reach.

**Clayton Travis, TPS**

Is there any way that we can see what HHSC has done to address network adequacy?

For example, actual caps are not on the website and need to be requested. We need the caps on the website. I don't think that going to open records every time we want to see them is the best option. We have asked that caps be reported to and published via the state managed care state advisory committee. That could be key function of what that group does given that since its



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creation, it hasn't done much. We want HHSC to become a partner to ensure these networks have adequate providers. Also, could you provide a timeline snapshot on where network study is at?

**Stephanie Stephens, HHSC**

I would need to get a status update. Last time I checked the 2018 results were not done, and there is still some work to be done for 2019. This is a study that is specific to their work, but I can take this request back to the agency and inquire on where we are making public the information on network adequacy.

**Will Francis, NASW-TX**

Also, there are concerns regarding the corrective action plans. Specifically, there is concern that the penalties imposed on the MCOs are very low. Is there concern at HHSC that these are not enough to incentivize compliance?

**Stephanie Stephens, HHSC**

For the first year, the remedy is corrective action plan. The second year, the standard for meeting requirements is higher. And then eventually, there is the potential for liquidated damage. You probably haven't seen those liquidated damages yet.

**Will Francis, NASW-TX**

Our concern is that if it's so small, it's not effective

**Helen Kent Davis, TMA**

Also, we hear from physicians that they are trapped in a circle where they are going back and forth trying to find providers. Making sure the plans' provider staff are there to assist in finding somebody who is in the network is important. It's very time consuming, and it is the plans' obligation to do so, but it is not happening.

**Stephanie Stephens, HHSC**

Complaints is another area of focus. They come in a number of ways to our office. Our focus is making sure we have the right analytics and trending in place to identify systemic issues. We are focused on analyzing the data. We do have a couple of things that are in the works around complaints. We are putting in place a portal to centralize reporting of complaints, and an escalation team to focus on systemic issues. Also, there is a work group focused on creating strategies that aid with complaints reporting.

**Will Francis, NASW-TX**

Do you guys focus on both consumer and provider complaints or just one?

**Stephanie Stephens, HHSC**

Both.



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**Clayton Travis, TPS**

I want to mention that regarding the coordination of complaint processes, there's an outside work group already focused on that, so we can also help and identify issues and provide assistance to the agency.

**Will Francis, NASW-TX**

Yea, there is a lot of frustration on how the complaints process works, if there are any ways that we can help make that process better, we would love to do that.

[Refer to Fifth Slide]

**Stephanie Stephens, HHSC**

The Utilization Review is a core aspect of our clinical oversight. We will be expanding the program to STAR kids and STAR Health. Mainly, we are focusing on the data. We are focused on what data we are looking at and analyzing to ensure there is appropriate utilization.

**Clayton Travis, TPS**

How does fair hearing process fit in here? When there is a fair hearing process situation, the process only focuses on whether the MCO followed process. This is problematic because once a patient feels they've had an unjustly decrease in service, there is no mechanism to say that this process is decreasing my services unjustly.

**Stephanie Stephens, HHSC**

There are instances where fair hearings do result in changes to service levels and eligibility. I'm not sure it's that simple though, it's a focus of the agency, not my division, which is Medicaid, CHIP. But, it is something that HHSC focus does focus on.

**Clayton Travis, TPS**

So, say you get 15 fair hearings where there is an unjust decrease in services, does that escalate to the clinical oversight team?

**Stephanie Stephens, HHSC**

Good question, I don't recall that fair hearings do go that up specifically. There is a process on prioritizing reviews based on risks. I don't remember if fair hearings is a component in utilization reviews.

**Helen Kent Davis, TMA**

It came out in the public hearings that people with medical backgrounds are absent during these fair hearings. You don't have somebody with medical care background present in fair hearings, which is also problematic.

**Stephanie Stephens, HHSC**

It has come up, there are considerations in both sides. Certainly consideration from both sides on whether you could get to that point.



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**Helen Kent Davis, TMA**

We could use the IRO -Mechanism.

**Clayton Travis, TPS**

The problem is that they are only reviewing the process, not whether the child needs the services and is unjustly not receiving them.

**Stephanie Stephens, HHSC**

There is an option to continue benefits and it's at the client's choice. I do hear what you're saying, but I would like to have our legal folks here who have the background on this since they are the experts on the topic of fair hearing.

**Will Francis, NASW-TX**

It sounds like there could be more integration on what is happening on the legal side of your agency and your department, it would be of help.

**Clayton Travis, TPS**

Is prior authorization part of the utilization reviews?

**Stephanie Stephens, HHSC**

The UR (Utilization Review) staff works on operational review that relates to prior authorization for specific services.

**Clayton Travis, TPS**

An idea that we have is to look at prior authorization ten years from now to evaluate if it's effective/needed. Maybe we can get rid of it, go through a process to sunset prior authorization processes.

**Stephanie Stephens, HHSC**

We need to get input from the plans to understand what reviews they are doing, what they are doing today and their review cycles.

**3. Open Discussion [All coalition members – 45 minutes]**

**What are some of the next steps?**

**Will Francis, NASW-TX**

Now that we've heard from HHSC, how can we take this information and continue sending suggestions to HHSC, the legislature, and our network to ensure we have healthy provider networks. I think for future meetings, it would be good to have the woman at complaints come talk to us as well as HHSC's legal team. We need the legal team from HHSC to inform us on how fair hearing looks like.



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**Helen Kent Davis, TMA**

We need data on the corrective action plans, we are not seeing the data that HHSC is seeing on fair hearings, because I do think that on network adequacy, they gloss over these specific issues on Medicaid that are different from commercial and state coverage. Also, there is no nuance discussions around the legislature reviews, which is where HHSC needs to say there is a magnitude in access between Medicaid and commercial programs.

**Will Francis, NASW-TX**

We need to look at what happens when providers and consumers try to make a case for themselves because they have lack of help, lack of expertise, and a system that is setting them up for failure. Also, even if we know what the sanction is, we don't know what specifically leads to corrective action plan. We don't know anything about their own decision making or whether that was valid. And the legislature would have trouble deciding whether HHSC complied in upholding it. Regarding physician enrollment, we could also reach out to these physicians to entice them to enroll in Medicaid program.

**Christina Hoppe, CHAT**

In terms of next steps for the coalition, I am wondering if we could get to a point where we have these conversations where everyone agrees we need transparency. Like having an ASK and having them [HHSC] share something they already have, and specifically requesting, "could we get this on your website?"

**Clayton Travis, TPS**

Well I emailed a list of data and recommendations that could be sent to the Medicaid State Advisory Committee to Stephanie.

**Christina Hoppe, CHAT**

Yes, if we could have an ask that they can be more transparent, it could be a good win.

**Clayton Travis, TPS**

I will follow up to verify where that email with recommendations I sent Stephanie ended up before our next meeting. Also, I don't mind testifying on behalf of the coalition on the Medicaid managed care committee hearings.

**Helen Kent Davis, TMA**

We have the work group under the HHSC commission that looks at administrative requirements, maybe that's another area that needs to be rebooted.

**Christina Hoppe, CHAT**

On another note, I believe the Trump administration is in the process of setting up a pilot to do provider enrollment for Medicaid, and it's based on Medicare stuff, has anyone heard about that or had thoughts about that?



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**Will Francis, NASW-TX**

Are you talking about outreach?

**Christina Hoppe, CHAT**

Well, part of their transparency improvement was considering doing a pilot to help with enrollment in states

**Helen Kent Davis, TMA**

There have been efforts to share data like that in the past, but not all physicians enroll. Also, we've ask the state to work with Medicare to get that data.

**Will Francis, NASW-TX**

Maybe we can look into that and see if there any information about it. Any updates on public charge?

**Melissa Helber, Refugee Services of TX/Central TX Office for Refugees**

Last time I heard, there wouldn't be changes to refugees being exempted on public charge.

**Helen Kent Davis, TMA**

From conversations with physicians, I've heard that immigrant children are not coming for care, they are not seeking services,

**Will Francis, NASW-TX**

By immigrant children you mean children in immigrant families.

**Helen Kent Davis, TMA**

Yes. On another note, the administration had a document that came out that goes back to the issue of having work requirements. In a way, it was trying to say instead of having work requirements to help reduce poverty, you should work because there is no poverty.

**Will Francis, NASW-TX**

They claim the war on poverty is over.

**Helen Kent Davis, TMA**

We can talk about implications for redefining poverty. Also, CMS is looking at Medicaid cliff in states like Texas where they are having people work as a requirement but once they work they are no longer eligible. Mississippi dealt with this.

**Melissa Helber, Refugee Services of TX/Central TX Office for Refugees**

Any update on the potential for the funding for the ACA marketplace navigator being threatened?



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**Clayton Travis, TPS**

This has already happened; navigator funding has dropped by 86%. It has been cut.

**Melissa Helber, Refugee Services of TX/Central TX Office for Refugees**

This is going to affect enrollment.

**Laura Guerra-Cardus, Children's Defense Fund**

The concern is that the navigators will get enough money to have the program and that the contract might end up going to a broker type group that works across states with a platform that provides an online and phone service. It's a big blow. Austin has never gotten a lot of funding for navigators. Communities need to consider replicating a massive volunteer program. Along those same lines, the CPPP and [Inaudible name] are hosting an enrollment conference in 2019 where these cuts to the navigator program can be addressed.

Also, in regard to public charge, embassies already have updates in their manuals (Foreign Affairs Manual), and there's already something happening with public charge in consulates. I'm not really sure how we can comfort families to enroll or continue enrollment. We can just tell them that it has not been released so there's no need to drop enrollment.

**Clayton Travis, TPS**

I'll check in with AAP to see if they have any guidance on what they're telling families.

**Laura Guerra-Cardus, Children's Defense Fund**

The message we are giving is that it won't be retroactive, there's no need to drop benefits now. The best thing we can do is try to stop this. We are trying to get 100,000 comments to try to stop the public charge publication. If it does come out we need to make sure we understand it and deal with it. Informing parents about the policy and outweighing the risks and benefits of continued enrollment. Also, the most proactive thing we can do is mobilize around the comments. The HHSC is required to review and respond to each comment. That way we can slow it down enough towards elections and gain time to slow it down and stop it. We can also encourage meeting with the agency now as a means to slowing it down.

**Alissa Sughrue, NAMI-TX**

Also, going back to Christina's comment on the CMS pilot program, this pilot would help providers get a single credential. The downside is that they are doing a lot of more targeting on anti-front.

**Will Francis, NASW-TX**

Any other comments or questions?

**Meeting adjourned at 12:30.**



# **Texas Health and Human Services Commission**

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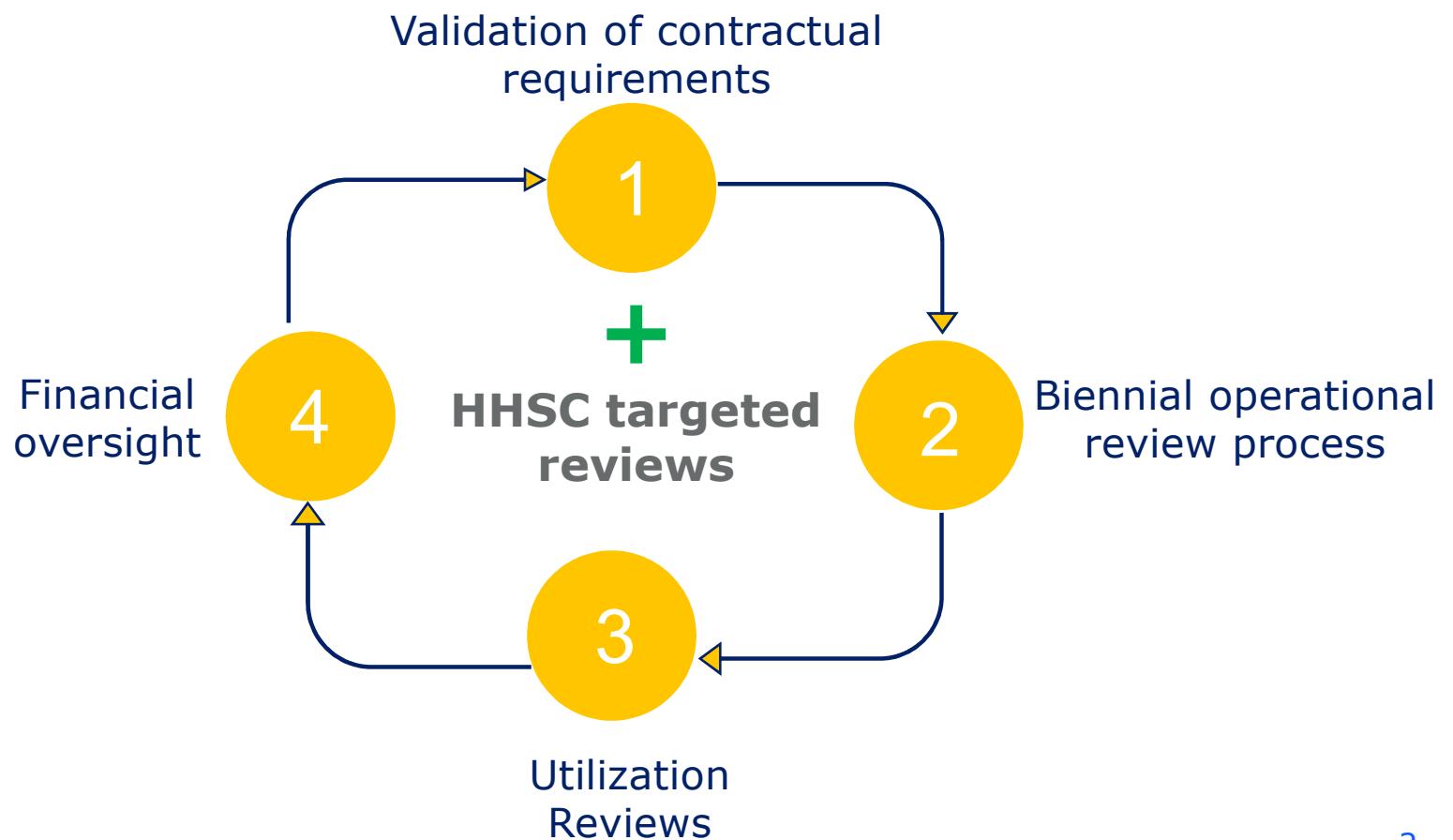
**Stephanie Stephens**  
**Deputy Medicaid Director**



# Contract oversight tools

## Span a multitude of areas

Administered by various expertise across the organization.

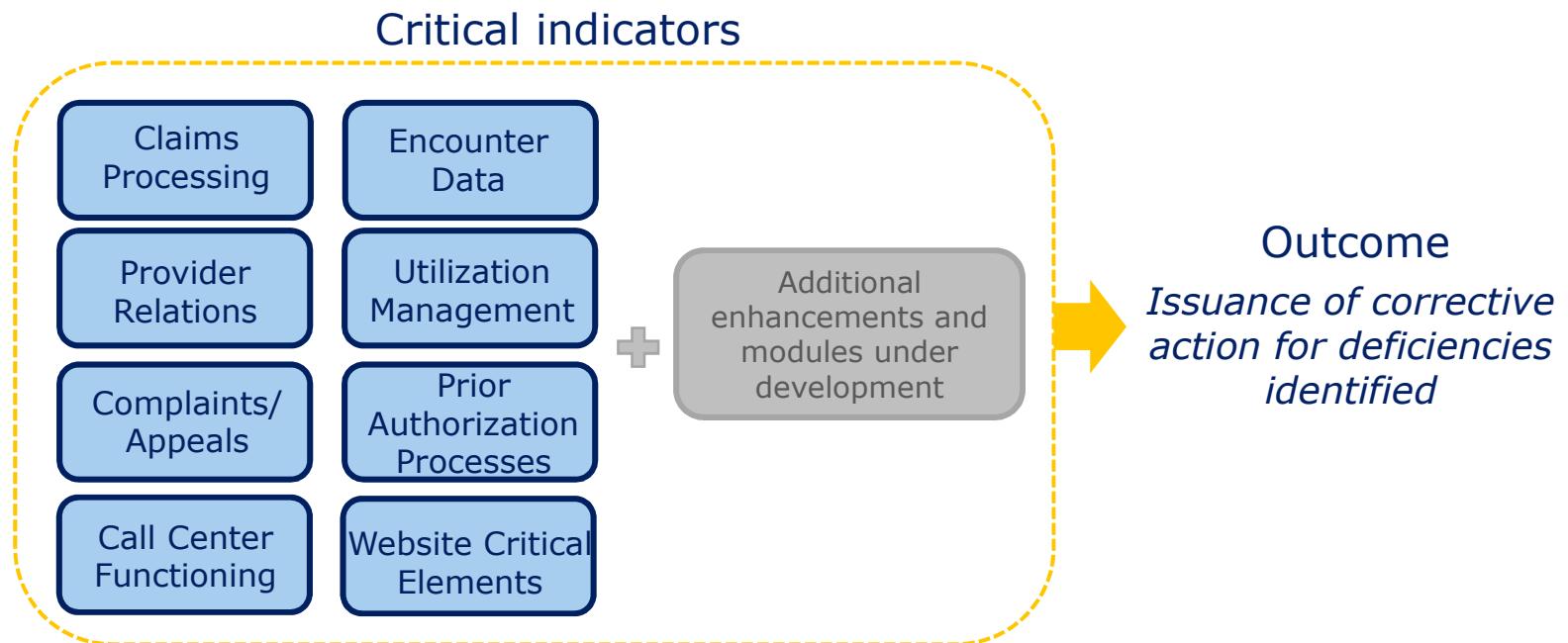




# Strengthening Operational Oversight

## Operational Reviews

Onsite operational reviews evaluate MCO performance across a series of critical indicators.





## **Strengthen Operational Oversight Additional Opportunities**

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### **Network Adequacy**

- Quarterly time and distance monitoring
- Appointment availability
- Provider directories
- Healthcare workforce issues

### **Complaints**

- Standardize and improve data collection
- Complaints dashboard and trend review
- Examine needed policy and guidance changes



# Strengthening Clinical Oversight Utilization Reviews

Utilization Reviews (UR) are conducted by nurses and overseen by the Office of the Medical Director.

## Overall purpose

- 1 To ensure MCOs are correctly enrolling members in HCBS through assessment and justification of service need
- 2 To ensure MCOs are providing services according to their assessment of service needs

## UR components

- MCO on-site visit
- Records request
- Desk reviews
- Client home visits
- Complaint referrals
- Reporting of results

## Findings inform

- Needed policy and contract clarifications
- MCO consultation or training topics
- Internal process improvements
- Necessary MCO remedies

