



Health and Human Services

SMMCAC Network Adequacy and Access to Care Subcommittee

November 5, 2025

This summary contains supplemental information from reliable sources where that information provides clarity to the issues being discussed. Power Point tables used in the presentations may also be used in this summary. Names of individuals may be misspelled but every attempt has been made to ensure accuracy. Tables and Text have been used from executive and legislative agencies and departments' presentations and publications.





The Network Adequacy and Access to Care Subcommittee 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.

Members present: Yulanda Haynes-Mims, Neal Neel Naik, Lindsey Vasquez

1. Call to order, introductions and roll call. The meeting was convened by Yulanda Haynes-Mims. A quorum was present.

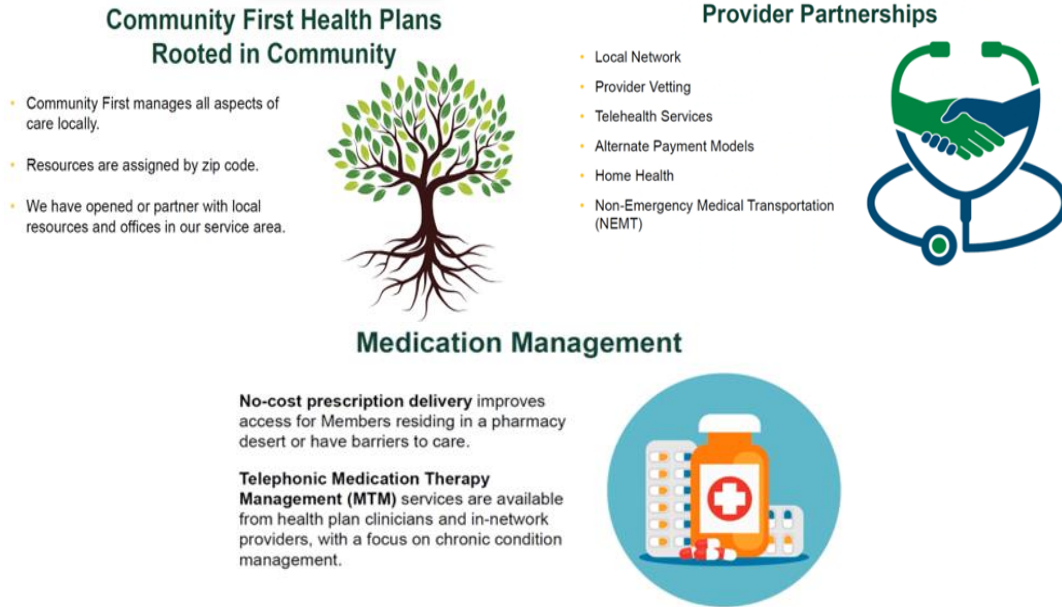
2. Consideration of August 6, 2025, draft meeting minutes. The minutes were approved as drafted.

3. Managed care organization best practices to address long term services and supports in rural counties. McKinsey Johnson made the presentation.

In Summary: Emphasized local integration: staff live in the service area, zip-code-based service coordinators. Community resources include: outreach offices, food pantries, partnerships addressing utilities, clothing, and housing. The provider network is comprised of vetted local LTSS providers, telehealth options, alternative payment models, expanded home-health appointment times, and coordinated ambulance services. Regarding medical management, there is a no-cost prescription mailing, and a telephonic medication-therapy management system with a chronic-condition focus.

Product offerings include Star, Star Kids, Star Plus. Like other service providers face challenges in private-duty nursing in rural areas with a reliance on alternative payment models and family-provided attendant services.

Presentation



Discussion.

What products do you offer? The speaker stated they have Star, STAR Kids and Star Plus

Are there issues finding private duty nursing? The speaker stated that they do see PDN shortages and manage this with alternative payment models.

4. Discussion on the SMMCAC 2025 annual report and possible integration of various recommendations from the former STAR Kids Managed Care Advisory Committee 2023 report.

There was a handout and even though this was requested to be made public, the subcommittee chose not to do so.

In Summary: The subcommittee reviewed SMAC 2025 annual report and STAR Kids Managed Care Advisory Committee 2023 recommendations.

Key recommendations discussed were:

- Allow families in bordering regions to select providers from neighboring regions.
- Ensure continuity of care for at least 90 days during insurance transitions.



- Incentivize development of comprehensive services within FQHCs and large primary-care practices.
- Sponsor state-wide or national pilot projects to identify best practices.
- Include adult-clinician transition metrics in performance reports.

Members noted problems with existing single-case agreement mechanisms and barriers to accessing them. Concerns were raised about lack of advance handouts for SMEs; request to provide materials earlier. **(It appears no one got the handouts)** There was discussion on legislative direction for certain recommendations and the feasibility of adoption.

Presentation/Discussion

The following items from the handout were highlighted for future consideration

Assessing	Consider allowing families who live on bordering regions to select the neighboring region if most of their health care providers are in that region.	If a member wants to receive a service from a provider who is out-of-network with the member's MCO, the member can ask their MCO to do a single-case agreement with the provider. See STAR Kids contract section 8.1.23.4, <i>Single Case Agreements with Out-of-Network Specialty Providers</i> .
Assessing	Ensure the continuity of care provision is a minimum of 90 days.	See STAR Kids contract sections 8.1.13.1, <i>Identification</i> , regarding continuity of care communication and 8.1.23.2, <i>Requirements for Individuals who become Members after the Operational Start Date</i> , regarding prior authorization transfers.
Assessing	HHSC should promote evidence generation as to the best approach to service delivery by sponsoring and incentivizing statewide and national pilot projects to identify best practices.	

Assessing	Add additional HCT contract requirements for both STAR Kids and STAR+PLUS plans, consistent with the 2018 AAP/AAFP/ACP Clinical Report and the Six Core Elements of HCT and include the elements in MCO performance reports. These include: *maintaining up-to-date listings of adult clinicians available to care for young adults with medically complex conditions, *ensuring coordination between pediatric and adult providers regarding transfer to adult care and timely exchange of transfer package with a current plan of care and medical summary/emergency care plan, *welcoming and orienting new members to adult practices and tracking completion of initial visits, *conducting periodic transition readiness/self-care skills assessments and creating a plan for addressing prioritized self-care skill needs, and *helping members identify adult public program services they are eligible for and facilitating connections.	See STAR Kids contract section 8.1.38.8, <i>Adult Transition Planning</i> , and the STAR Kids Handbook.
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Further discussion.

The population gets nowhere with single case agreements. None of the recommendations from 2023 have moved forward. There are major barriers to use of single case agreements,

The highlighted items will be brought back to the subcommittee at the next subcommittee meeting.

5. Public comment.

Paige Trahan (Sentido Health, enteral nutrition provider) raised concern that proposed rate cuts for enteral nutrition codes (primarily adult formulas) would drastically reduce access for children, who comprise 80 % of users. She highlighted potential catastrophic impact on pediatric patients and urged the committee to consider network adequacy implications. [Sentido Health](#)

6. Review of action items and agenda items for next meeting.

Review STAR Kids 2023 (*mystery*) report.

7. Adjourn. Wednesday February 11 is the next meeting. There being no further business, the meeting was adjourned.



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