Value-Based Payment Quality Improvement Advisory Committee (VBPQIAC)

Feb. 21, 2023
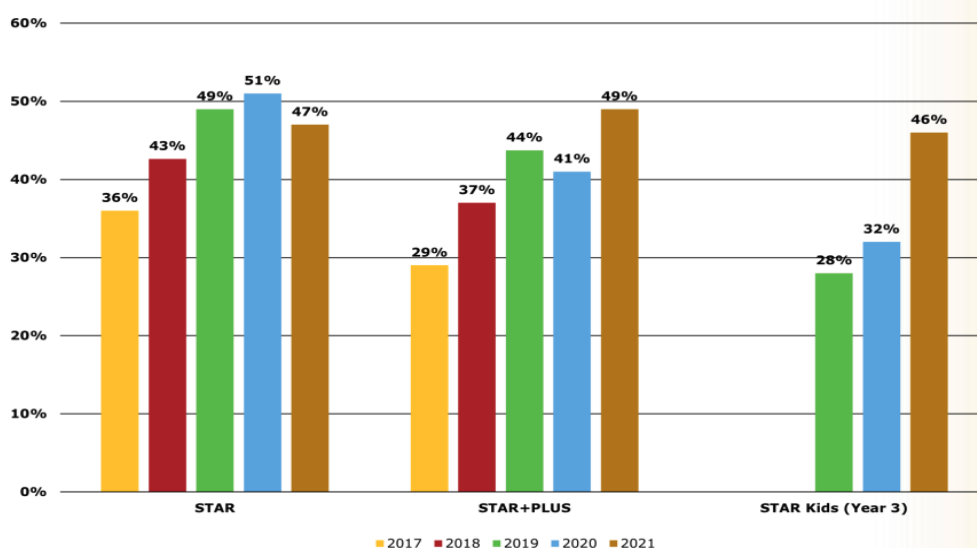
Link to agenda and webcast

Alternative payment models (APM) framework update

- Jimmy Blanton, HHSC
- 2021 data is promising. CHIP dropped for graphic, Jimmy says it doesn't make sense to show on its own. PHE continuous enrollment also had an impact.

- ○
- ○ Lots of improvement in STAR+PLUS and STAR Kids.

TEXAS ASSOCIATION OF HEALTH PLANS

VBPQIAC –Feb. 21, 2023
Jamie Dudensing, CEO

www.tahp.org
(512) 476-2091
jdudensing@tahp.org

- Updated APM Framework
  - Provides flexibility for MCOs to advance value-based strategies and initiatives, while maintaining alignment with the Health Care Payment Learning & Action Network (LAN)
  - Includes APM Frameworks for STAR/CHIP, STAR+PLUS, and STAR Kids programs
- MCOs earn points across five APM Domains over four years:
  - Achievement levels
    - Maintain current APM achievement levels
    - Increase accountable (including risk-based) APMs
    - Increase incentive dollars paid through APMs
  - Quality
    - Based on Rider 20 (2022-23 General Appropriations Act) Benchmarks for MCOs
    - Exceptional or high performance on Quality-of-Care while maintaining at least satisfactory performance in all other domains
  - APM Priorities
    - Rural, community-based providers
    - APMs that address NMDOH
    - Primary and behavioral health integration
    - Pharmacy (incentive dollars & Medication Therapy Management)
    - Home and community-based services
  - APM Pilots/Initiatives
    - Maternal care models
    - STAR PLUS Pilot Innovative Payment Models
    - Community Health Access and Rural Transformation
    - CHIC Kids Pilot
    - Transitions from pediatric to adult services for individuals with complex medical needs
    - Emergency Triage, Treat, and Transport (ET3)
    - Other pilot in collaboration with HHSC and providers to test an innovative payment/care model
  - APM Support
    - Strategic Plan/Roadmap and annual updates

TEXAS ASSOCIATION OF HEALTH PLANS

VBPQIAC –Feb. 21, 2023
Jamie Dudensing, CEO

www.tahp.org
(512) 476-2091
jdudensing@tahp.org

- - ■ Evaluations
    - ■ Learning and awareness with providers
    - ■ Performance reports to providers
    - ■ Data sharing with providers
- Timeline
  - ○ March/April 2023: Incorporate performance framework into the UMCM, HHSC will send to MCOs for formal comment
  - ○ July 2023: MCOs report 2022 APM information
  - ○ Summer 2024: MCOs report 2023 APM information
- [Draft APM Framework 2023 -STAR CHIP](#)
- [Draft APM Framework 2023 -STAR PLUS](#)
- [Draft APM Framework 2023 -STAR Kids](#)
- Review attachments (draft APM framework) and give HHSC feedback.
- Questions
  - ○ Blanton: Historically DPPs have been excluded from APMs? I'm open to making changes to that. It may be easier to keep these things apart.

Non-medical drivers of health (NMDOH) action plan

- Noelle Gaughen, Director of Quality Evaluation (HHSC) and Joelle Jung, Senior Policy Advisor (HHSC)
- NMDOH Action Plan created to:
  - ○ Advance the goals and objectives of the Texas Managed Care Quality Strategy
  - ○ Potential cost savings from improved population health management and reduced use of health care
  - ○ Respond to requests from MCOs and providers for state guidance
- **Goal A**: Build Medicaid NMDOH data infrastructure for statewide quality measurement and evaluation
  - ○ Recommend a set of food insecurity measures and clinical quality measures for HHS, MCOs, and providers to use for quality programs and evaluation purposes. Include measure specifications, screening questions/ tools, target population, demographic stratifications, and other data elements.

TEXAS ASSOCIATION OF HEALTH PLANS   www.tahp.org
VBPQIAC –Feb. 21, 2023   (512) 476-2091
Jamie Dudensing, CEO   jdudensing@tahp.org

- Identify and implement a strategy for collecting Medicaid member-level food insecurity data. May leverage existing HHS or MCO processes to screen members for food insecurity.
- Evaluate statewide trends on the impact of addressing food insecurity on clinical quality measures and progress on promoting health equity among beneficiaries.
- Potential Next Steps for MCS
  - Guidance on screening and follow-up best practices
  - Consensus sets of screening tools and quality measures for screening and referral
- **Goal B**: Coordinate services and existing pathways throughout the delivery system to address food insecurity, housing, and transportation for Texas Medicaid beneficiaries
  - Identify and facilitate strategic partnerships and a systematic approach for MCOs, providers, and community-based organizations to coordinate their service delivery models and referral systems to address identified food insecurity among Medicaid beneficiaries.
  - Identify options to assess and enhance the impact of SNAP benefits and WIC resources to address identified food insecurity among Medicaid beneficiaries.
  - Assess and enhance the impact of the 2-1-1 system on HRSNs of Medicaid members.
  - Potential Next Steps for MCS
    - A landscape scan of CBO capacity for partnerships, including rural capacity
    - A report that describes partnership models
- **Goal C**: Develop policies and/or programs to incentivize MCOs and providers to identify and address food insecurity, housing, and transportation for Medicaid beneficiaries while demonstrating cost containment
  - Propose and develop policies to reimburse Medicaid providers for completing recommended NMDOH screenings and follow-up actions (eg referrals or connections to resources) for Medicaid beneficiaries.
  - Develop and implement MCO incentives or requirements for NMDOH into existing initiatives, such as Performance Improvement Project,

TEXAS ASSOCIATION OF HEALTH PLANS

VBPQIAC –Feb. 21, 2023
Jamie Dudensing, CEO

www.tahp.org
(512) 476-2091
jdudensing@tahp.org

recommended Value-Based Payment models, Pay-for-Quality metrics, Quality Improvement costs, and ILOS.
- ○ Explore statutory authorities to test health care delivery models for managed care (eg accountable care and population health approaches) and financial models (eg social risk-adjusted capitation)
- ○ Potential Next Steps for MCS
  - ■ Guidance on existing opportunities to reimburse or financially reward Medicaid providers
  - ■ Identify policy barriers to the widespread adoption of NMDOH screening and referral activities
  - ■ Actions may be driven by legislative direction
- **Goal D**: Foster opportunities for collaboration with partners internal and external to Health & Human Services
  - ○ Sustain and strengthen an internal workgroup of NMDOH SMEs across the HHS agency to share best practices and collaborate.
  - ○ Sustain and expand external workgroups or learning collaboratives with key stakeholders (including MCOs, providers, CBOs, or other state Medicaid agencies, and CMS) to share best practices and collaborate.
  - ○ Strengthen or establish a stakeholder engagement process with Medicaid beneficiaries to solicit feedback and inform NMDOH policy and program development with an understanding of the needs and experiences of the people served by MCS.
  - ○ Potential Next Steps for MCS
    - ■ Leverage the work of existing collaboratives (Internal HHS workgroup, MCO Learning Collaborative)
    - ■ Identify new opportunities for collaboration
- How can MCOs get involved?
  - ○ Voluntarily align with MCS priorities
  - ○ Collaborate with MCS and other stakeholders to accomplish goals
  - ○ Participate in learning collaboratives
  - ○ Identify and share best practices
- Contact: MCS Delivery System Quality and Innovation: DSQI@hhs.texas.gov
- Questions:

TEXAS ASSOCIATION OF HEALTH PLANS
VBPQIAC –Feb. 21, 2023
Jamie Dudensing, CEO

www.tahp.org
(512) 476-2091
jdudensing@tahp.org

- ○ David Wheaton: as you start to get data in, it may be good to look for a target subgroup so we can do what Massachusetts, Oregon did in their waivers where they would pay for 6m of rent or food. Encouraging to think about that as we move forward.
- ○ Dr. Hurley: goal B identifying resources. I think your idea of connecting to SNAP and WIC are very helpful. Imagine a member no longer qualifying for those benefits who used to qualify. It'd be nice to plug them in somehow and potentially address that in a way that transitions them safely. Same w WIC.
  - ■ HHSC: Our area doesn't operate WIC, but know that's within the agency at large. I want to better understand how we can coordinate those services and pathways. Could be a missed opportunity. We should figure out if we can address barriers.
- ○ Shao-Chee Sim: I think it's wonderful to have this plan. How do you define short-term success? In terms of operationalizing and fine-tuning?
  - ■ HHSC: We'd love to work together, think about how to figure that out. We welcome help.
- ○ Shayna Spurlin: I wanted to echo what's been said so far. Re. communication component, with rural communities and specialists and funders that could be helpful. This sort of coordination has been a challenge for rural communities. The screening can be done, but if no action to show what's out there and available. Folks who have been screened sometimes don't know what to do next. I like how you account for that.
- ○ Frank Dominguez: On goal B, I like how you included the member's perspective. A lot of MCOs have member advisory groups which can be used to get feedback from members. It's a big state, dift regions. Using partners like MCOs and advisory groups to get feedback is a good source to get valuable information.
- ○ Melissa Matlock: Goal B. you wanted to know what we need to address the coordination and operationalize these benefits. For us in Amarillo, we're trying to set up infrastructure for NMDOH program and are really needing technology infrastructure. You spoke to needing a standardized database, that's something providers all over the state are needing. We're finding the tech databases are very expensive. For a provider to go into the marketplace

TEXAS ASSOCIATION OF HEALTH PLANS
VBPQIAC –Feb. 21, 2023
Jamie Dudensing, CEO

www.tahp.org
(512) 476-2091
jdudensing@tahp.org

and find a resource to do closed-loop referrals within the community it's very expensive. We support something standardized and statewide.

- ■ HHSC: it'll be interesting as we get more feedback on what current experience is, barriers like cost in areas, that'll be helpful.

Directed Payment Program

- Noelle Gaughen, HHSC
- In SFY22, HHSC got payment for:
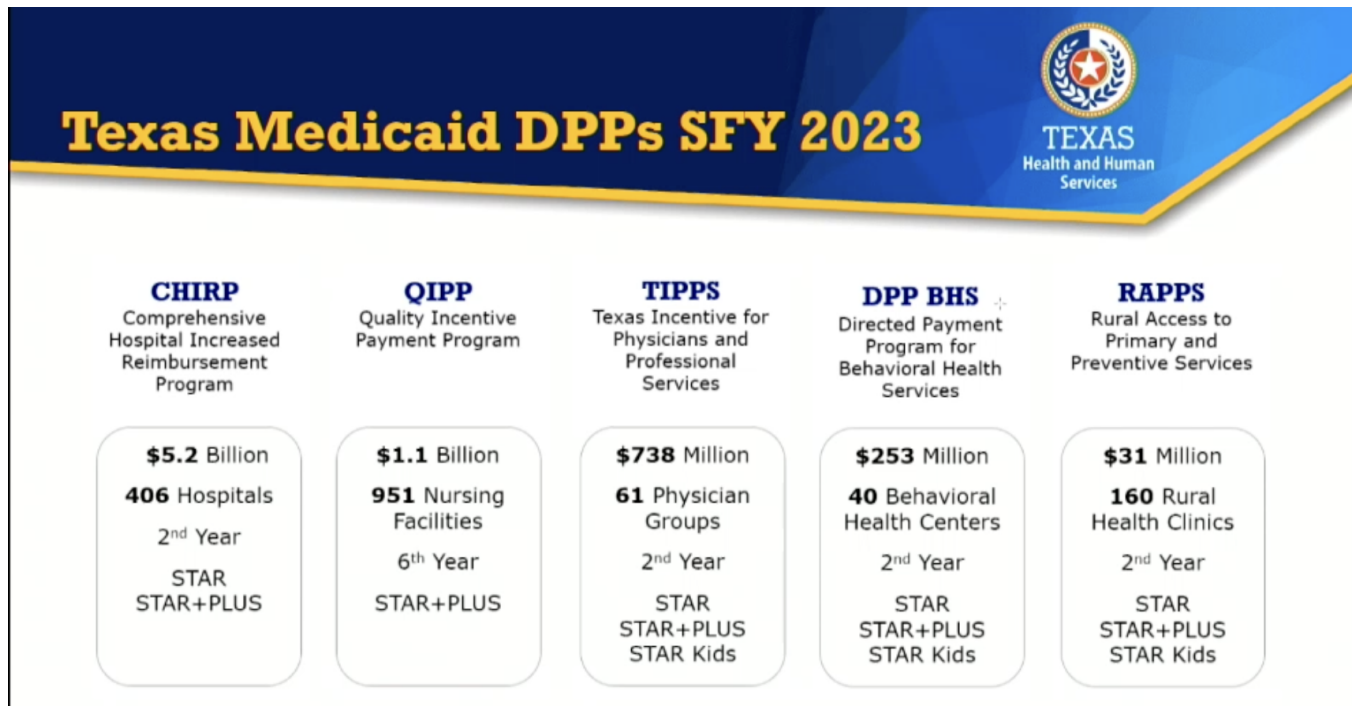
-
- Program changes: CMS Quality Requirements
  - ○ HHSC submits an application (preprint) to CMS for approval of a directed payment program.
  - ○ The application shows how the program aligns with the Medicaid Managed Care Quality Strategy AND CMS quality priorities.
- Program changes in SFY2024
  - ○ Stakeholder workgroups
    - ■ HHSC worked with stakeholders starting in November 2022 to review progress, prioritize focus areas, and explore potential changes

TEXAS ASSOCIATION OF HEALTH PLANS

VBPQIAC –Feb. 21, 2023
Jamie Dudensing, CEO

www.tahp.org
(512) 476-2091
jdudensing@tahp.org

- - - Workgroups included providers and MCOs
  - Program changes
    - Reducing the number of measures reported by providers
    - Increasing the number of measures tracked by the EQRO
    - Health Information Exchange and NMDOH reporting across programs

# DPPs and the Quality Strategy SFY2024

Quality Strategy Goal	CHIRP	QIPP	TIPPS	DPP BHS	RAPPS
Promoting optimal health for Texans	✓		✓	✓	✓
Providing the right care in the right place at the right time	✓		✓	✓	✓
Keeping patients free from harm	✓	✓			
Promoting effective practices for people with chronic, complex, and serious conditions	✓	✓	✓	✓	✓
Attracting and retaining high-performing Medicaid providers to participate in team based, collaborative, and coordinated care	✓	✓	✓	✓	✓

-
- Next steps in 2023
  - Feb: providers apply to participate in SFY24
  - March: HHSC publishes SFY22 and part of SFY23 evaluation, and submits 2024 preprint to CMS
  - April, May: providers report final data for SFY23
  - Summer: CMS approves SFY24 preprint
- Contact: DPPQuality@hhs.texas.gov

TEXAS ASSOCIATION OF HEALTH PLANS

VBPQIAC –Feb. 21, 2023
Jamie Dudensing, CEO

www.tahp.org
(512) 476-2091
jdudensing@tahp.org

Stakeholder presentation on NMDOH by Episcopal Health Foundation

- Ann Barnes, M.D., M.P.H., President and Chief Executive Officer and Shao-Chee Sim, Ph.D., Vice President for Research, Innovation and Evaluation with Episcopal health Foundation
- EHF covers about 15m Texans across 80 counties.
- Impact investing: looking to invest in strategies to see how it'll assist with grants, research, community engagement.
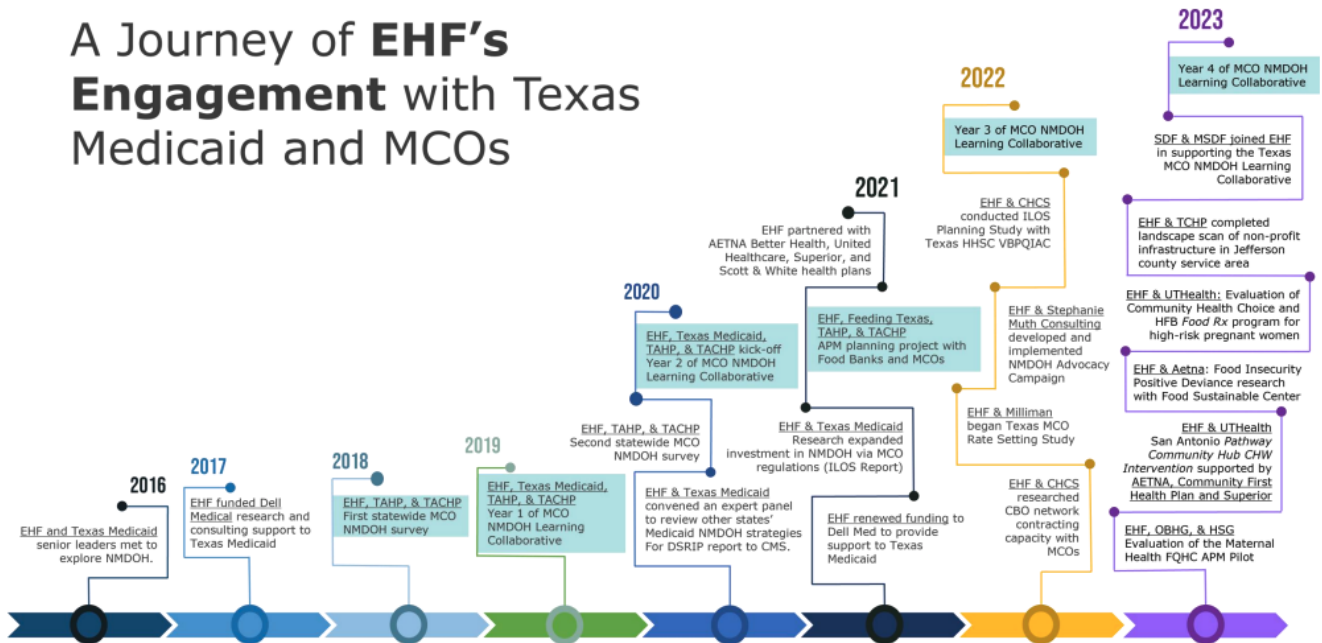
-
- NMDOH Learning Collaborative
  - To help MCOs learn about effective strategies for addressing Medicaid beneficiaries' social needs and support the implementation of NMDOH Interventions.
  - Discussion topics
    - Social needs screening tools in Texas and national models

---

TEXAS ASSOCIATION OF HEALTH PLANS   www.tahp.org
VBPQIAC –Feb. 21, 2023   (512) 476-2091
Jamie Dudensing, CEO   jdudensing@tahp.org

- Data-sharing perspectives of MCOs and providers
- Data and APMs
- Legislative recap
- Food insecurity strategies
- Non-profit capacity building
  - No questions

88th Legislative Session update on filed bills relevant to VBPQIAC, and value-based payment and quality improvement initiatives (as necessary)

- Lisa Kirsch: update on Session re. VBPQIAC impacts
- No slides, a lot is still early in play with session. Throwing out initial thoughts.
- There's a lot of early activity around issues this committee has been interested in.
- Base budget in House and Senate have an emphasis on healthcare workforce, MH, nursing, graduate education. Increase in funding for children's mental health: school telehealth and psych consults. There are a lot of bills being introduced that relate to issue of MH providers and also schools.
- Special provision rider related to cross-agency data analysis in UT school of public health in Houston- 10.06 in Article 9 is in there again. Relates to APCD, also housed in that data center.
- Telehealth
- Maternal health and mortality
- Administrative simplification: single portal for Medicaid providers. For providers to do APMs we need to keep an eye ton administrative simplification.
- Step-down services to add to BH continuum in Medicaid, including IOP and partial hospitalization. Part of ILOS discussion, but this is actually adding as a Medicaid benefit to take it a step further.
- NMDOH- acknowledging community health workers, supportive housing pilot bill. Expects we'll see more around this.
- HCBS and pharmacy have been areas of interest as well, re. How we pull those providers into value-based conversation.
- Bills around dift types of Medicaid expansion opportunities, including leveraging more of private sector for an expansion of the program.

TEXAS ASSOCIATION OF HEALTH PLANS

VBPQIAC –Feb. 21, 2023
Jamie Dudensing, CEO

www.tahp.org
(512) 476-2091
jdudensing@tahp.org

- Opened up floor to committee members.
  - Andy Keller: wanted to add there's a lot of BH, including building new hospital facilities that'll come online in the next few years. Most concerned about, while there have reen increasing in funding at HHSC in certain areas, haven't been raises in LMHAs. A lot of those are having a difficult time keeping up with current rates. Would be nice to stem losses and avoid future workforce losses. We need to be raising both of those. Something that hasn't been done yet but needs to, we have a lot of concerns.
  - Dr. Peterson: There's some interest in putting dollars into NMDOH. Met with Dr. Olliverson. Episopal health foundation and Driscoll, targeting high-risk pregnant women. Especially for access to higher quality food and education. He was going after childhood obesity, but I explained it starts in pregnancy. Something they're interested in.
    - Huber: please let us know if you're having conversations with legislators so we can track that.

Workgroup selection and planning discussion

[NMDOH](link)

- Shao-Chi Sim
  - Workgroup accomplished a lot last year under Dr. Hurley.
  - Recommendations
    - Address non-medical drivers of health (NMDOH) as an in lieu of service (ILOS) under 42 C.F.R. § 438.3(e)(2).
      - Asthma remediation,
      - Food is Medicine interventions,
      - Services designed to support existing housing programs.
    - Create an incentive arrangement that rewards MCOs that partner with community-based organizations, other MCOs, and network providers to offer ILOS that address NMDOH and build related capacity. Use a portion of amounts received by the state under Tex. Gov't Code § 533.014 (i.e., "experience rebates") for this purpose.

TEXAS ASSOCIATION OF HEALTH PLANS

VBPQIAC –Feb. 21, 2023
Jamie Dudensing, CEO

www.tahp.org
(512) 476-2091
jdudensing@tahp.org

- ○ Steps to implement ILOS
  - ■ Report posted
    - ● Educate legislative offices
    - ● Consider in person educational activities for legislative staff
    - ● Media releases from Episcopal Health Foundation and other stakeholders
  - ■ Seek and negotiate CMS approval for ILOS
    - ● Identify community partners
    - ● Direct request from Stephanie Stephens and Gov. Abbott (send letter)
    - ● Legislation approved instructing HHSC to seek approval (draft model legislation and find a sponsor)
  - ■ Update UMCM
    - ● Make accommodations for ILOS activities
    - ● Update data collection tool and other elements
    - ● Update MCO contracts, manual, rates
  - ■ MCO engagement
    - ● Encourage/ support MCO adoption of ILOS and NMDOH activities
    - ● Identify best practices
    - ● Identify and develop community partnerships
- ○ Action items for implementation
  - ■ Better align/complement its work to HHSC NMDOH action plan as well as the MCO NMDOH Learning Collaborative.
  - ■ Identify learning opportunities about MCO-supported NMDOH projects related to food insecurity, housing support, and transportation areas in Texas as well as other promising NMDOH policies, strategies and interventions targeting Medicaid populations outside of Texas.

APMs in Texas Medicaid

- ● Lisa Kirsch
- ● Recommendations

TEXAS ASSOCIATION OF HEALTH PLANS

VBPQIAC –Feb. 21, 2023
Jamie Dudensing, CEO

www.tahp.org
(512) 476-2091
jdudensing@tahp.org

- - HHSC should adopt a more comprehensive contractual APM framework to assess MCO achievement.
    - Move away from a specific focus on meeting APM percentage targets.
    - Provide a menu of approaches to give MCOs credit for a broader range of work promoting value-based care. (e.g., sharing more data with providers, reporting on evaluation results for APMs, addressing non-medical drivers of health, collaborating with another MCO on standard measures/models).
    - Revise the current APM reporting tool to collect only needed data in as streamlined a format as possible.
  - HHSC should work to align next steps for its APM program with the CMS Innovation Center's strategy refresh released in October 2021, including working to increase the number of Medicaid beneficiaries in a care relationship with accountability for quality and total cost of care.
- Action items for consideration
  - Build on ILOS for behavioral health (BH) and BH integration
  - Consider adding FQHCs and RHCs as priority area
  - Continue to focus on ways to reduce administrative complexity of APMs for providers
  - Reviewing waivers that have been implemented in other states. What data is available to support improvement?
  - Maternal mortality:
    - OB provider shortages, retirements, and workforce challenges
    - Impact of COVID
    - Extending postpartum care

Timely and Actionable Data

- Lisa Kirsch, Dr. Andy Keller
- Recommendations
  - HHSC should educate key Texas Medicaid staff and stakeholders about the admit, discharge, and transfer (ADT) and clinical (C-CDA) data it receives from the Texas Health Services Authority and establish an annual process to prioritize implementation of new use cases to leverage the data to improve

TEXAS ASSOCIATION OF HEALTH PLANS
VBPQIAC –Feb. 21, 2023
Jamie Dudensing, CEO

www.tahp.org
(512) 476-2091
jdudensing@tahp.org

the Medicaid program in light of evolving operational needs and implementation of new projects.

- ○ HHSC should assess options for how to securely share additional data with Medicaid providers about their patients to help inform their participation in more advanced alternative payment models and identify strategies to support providers' use of that data.
- ○ HHSC should conduct a six-month review of the CMBHS system to determine how the system can share data with all Medicaid Mental Health Targeted Case Management and Rehabilitative Service providers, MCOs, and how aggregate data can be easily shared with the public.
  - ■ The review workgroup must include members from the VBPQI Advisory Committee, the Texas Council for Community Centers, MCOs, providers and other stakeholders.
- ○ HHSC should help support the development of a modernized data system at the county level that would permit rapid access to data related to suicide for researchers and the public while protecting individual privacy.
  - ■ All Texas counties create a publicly available suicide data system in which data are derived directly from the medical examiner or justice of the peace electronic records.
  - ■ This would be modeled after the Tarrant County system with identifying information redacted.
  - ■ All Texas counties feed suicide data (including provisional data) into a state-level system that is updated more frequently than the federal data systems and publicly available; and concurrently,
  - ■ Create linkages between vital records/mortality data and other public health and health care databases maintained by DSHS, such as the Texas Health Care Information Collection (THCIC).
- ● Potential presentations
  - ○ Status update about May 2022 State Medicaid Health IT Plan to work on use cases related to the ADT and clinical data it receives from HIETexas.
  - ○ TMA or TACHC re: how to securely share additional data with Medicaid providers about their patients to help inform their participation in more advanced alternative payment models.

TEXAS ASSOCIATION OF HEALTH PLANS

VBPQIAC –Feb. 21, 2023
Jamie Dudensing, CEO

www.tahp.org
(512) 476-2091
jdudensing@tahp.org

- A representative from CMBHS could present to the Committee on the current functionalities of the system and how CMBHS interfaces with Medicaid MCOs and providers.
- DSHS could present to the Committee on the current state-wide data system and ways to improve how data could be shared that is on par with how quickly some Texas counties currently publicly report this data, while ensuring that individual privacy is protected.
- HHSC E-Health Advisory Committee update
- Collaborative Care Model Services uptake
- ROI on integrated care – housing services for 90 days for people with SMI
- HHSC Interoperability Center of Excellence (iCoE)

Value-Based Care in Rural Texas

- Shayna Spurlin and Kathy Lee
- Legislative report recommendations
  - HHSC should establish standards and a working definition for an Accountable Pharmacy Organization (APO), and work with stakeholders to increase engagement with APOs.
    - Defining an APO provides clarity when discussing the types of pharmacy organizations involved in VBP contracting. The concept of an APO is distinct from other pharmacy contracting entities (i.e., pharmacy services administrative organization or PSAO).
    - Increasing VBP arrangements with APOs should improve patient outcomes. Pharmacists will be incentivized to longitudinally engage patients when paid to produce outcomes and lower costs.
  - HHSC should develop guidance for MCOs to reimburse pharmacists for services within a pharmacist's scope of practice.
    - It would be helpful if HHSC could provide additional clarity and guidance to MCOs for paying pharmacists for services under the medical benefit like all other providers. While MCOs could pay pharmacists today, low utilization may indicate a lack of knowledge about these payment options.

TEXAS ASSOCIATION OF HEALTH PLANS
VBPQIAC –Feb. 21, 2023
Jamie Dudensing, CEO

www.tahp.org
(512) 476-2091
jdudensing@tahp.org

- It would be helpful for HHSC to provide a list of services that fall within a pharmacist's scope which may be reimbursable by MCOs.
- Proposed recommendation: Medicaid payors offer Community Health Worker (CHW) training programs to provide broader services in rural communities.
- Future Presentations
  - Success/opportunities for expanded use of Community Health Workers (possible cross-over with non-medical drivers of health workgroup)
    - Aetna's CHW training program.
    - Challenges and successes to APMs in rural areas. Differences between APMs in urban vs. rural areas.
  - Rural Advanced Community Paramedicine (ACP)
    - Washington County EMS (first in Texas; operating successfully over a decade)
  - Texas Vendor Drug Program
  - CMS Emergency Triage, Treat and Transport (ET3) model
  - Various Accountable Pharmacy Organizations (APOs)
  - Pharmacy Quality Solutions (PQS)
- Questions
  - Huber: have yall talked about telehealth as a strategy to consider?
    - Spurlin: Rural Texas and telehealth is a hot topic. It's not something we discussed initially. Initial WG was last week, we can/will add telehealth as part of that.

Public comment

- No public comment.

Action items for staff and member follow-up

- Jen Hamilton: sending link to NMDOH action plan. Reminder there's an open solicitation for committee members that closes March 6. Please share the link to those you think would be a good fit.
- Next meeting May 21

TEXAS ASSOCIATION OF HEALTH PLANS
VBPQIAC –Feb. 21, 2023
Jamie Dudensing, CEO

www.tahp.org
(512) 476-2091
jdudensing@tahp.org

TEXAS ASSOCIATION OF HEALTH PLANS

VBPQIAC –Feb. 21, 2023

Jamie Dudensing, CEO

www.tahp.org

(512) 476-2091

jdudensing@tahp.org