

Value-Based Payment and Quality Improvement Advisory Committee (VBPQIAC) February 10, 2024



Summary

[Agenda and Posting](#)

The [Value-Based Payment and Quality Improvement Advisory Committee](#), chaired by Carol Huber, focused on significant topics shaping the future of Texas Medicaid. Discussions revolved around the Alternative Payment Model (APM) Framework, the Annual Report on Quality Measures and Value-Based Payments, Digital Quality Measurement, and a Stakeholder Presentation on Medicaid Pharmacy. The committee welcomed new members, acknowledged the contributions of departing members, and delved into strategic initiatives for enhancing healthcare quality and efficiency through value-based payments.

Key Takeaways:

- Introduction of a new APM performance framework aims to enhance care quality through innovative payment models.
- The annual report highlights Texas Medicaid's progress in implementing value-based payments and quality improvement measures.
- Transition to digital quality measurement is set to improve data accuracy and healthcare outcomes, aligning with national trends towards electronic health record utilization.
- Stakeholder presentation on Medicaid Pharmacy highlights opportunities for improving Texans' health and access to care.



- Subcommittee updates provided insights into ongoing efforts and draft recommendations for enhancing Medicaid through value-based initiatives and quality improvement measures.

Alternative Payment Model (APM) Framework

[Presentation](#)

Jimmy Blanton provided a comprehensive overview of the new APM performance framework, a pivotal shift towards more accountable care models within Texas Medicaid. This framework, inspired by committee recommendations, is designed to align payment models with HHSC priorities, enhance reporting mechanisms, foster collaboration among stakeholders, and incorporate quality and value-based metrics into payment structures. It introduces five domains with point levels for MCOs to meet over a four-year period, emphasizing a test year for data collection to kick off in the summer. This approach maintains achievement levels, introduces accountable models, and focuses on the total dollars paid out in incentive payments, nudging up the incentive payments over the next few years.

Blanton detailed the framework's objectives, including facilitating accountable APMs, enhancing data reporting, and addressing areas lagging in value-based payment adoption. The initiative encourages MCOs to address specific areas or participate in pilot opportunities, fostering collaboration and support between MCOs and providers. It aligns with the Health Care Payment Learning and Action Network's accountable care curve, incorporating quality data, multi-stakeholder alignment, and a focus on reducing health disparities and addressing non-medical drivers of health.

Annual Report on Quality Measures and Value-Based Payments as required by Texas Government Code Section 536.008

[Presentation](#)

The committee reviewed the Annual Report on Quality Measures and Value-Based Payments, as required by Texas Government Code Section 536.008. This report provides a



thorough overview of Texas Medicaid's efforts in implementing value-based payments and enhancing quality improvement measures across its programs. It includes sections on directed payment programs, potentially preventable events, performance indicators, maternal health, and quality monitoring programs. The report demonstrates the state's dedication to improving healthcare service delivery and outcomes through innovative payment and quality improvement initiatives, guiding future strategies for embedding quality and efficiency in healthcare services for Texas Medicaid beneficiaries.

Digital Quality Measurement

[Presentation](#)

Insights were provided to CMS's transition towards digital quality measurement, emphasizing the transition's potential to leverage electronic health record data for more accurate and timely quality measurement. This shift aims to support improved care delivery and quality improvement efforts, aligning with CMS and NCQA's vision for a fully digital quality measurement landscape by 2030. Challenges such as achieving interoperability and adopting electronic health records were discussed, alongside opportunities this transition presents for enhancing healthcare outcomes. The committee considered the implications of this shift for Texas Medicaid, recognizing the need for strategic planning and stakeholder engagement to navigate the transition effectively.

Stakeholder Presentation: Medicaid Pharmacy in Focus:

Opportunities to Improve Texans' Health and Access to Care

[Presentation](#)

Laurie Vanhooose and Andy Vasquez presented their findings on the role of community pharmacies in Medicaid, highlighting the potential to leverage pharmacists to improve Texans' health and access to care through value-based care. The presentation highlighted the significance of community pharmacies within Medicaid programs and emphasized their potential in closing care gaps, particularly in rural communities. The presentation covered the complexities of Medicaid pharmacy financing, the potential for accountable



pharmacy organizations (APOs), and the importance of pharmacists in addressing healthcare workforce shortages and improving immunization rates. Recommendations included developing action plans to utilize pharmacists more effectively, expanding their prescribing authority, and exploring alternative payment models to compensate pharmacists for non-dispensing services.

Subcommittee Updates:

Non-Medical Drivers of Health (NMDOH)

[Presentation](#)

Dr. Shao-Chee Sim provided an update on the Non-Medical Drivers of Health subcommittee's discussions regarding draft recommendations from a 2022 report. The committee expressed interest in supporting advocacy efforts related to implementing HB 1575 as well as exploring how other state Medicaid agencies are financing support for community health workers through Medicaid.

APMs in Texas Medicaid

[Presentation](#)

HHSC should work to align next steps for its APM program with the Centers for Medicare and Medicaid Services (CMS) Innovation Center's strategy refresh released in October 2021, including working to increase the number of Medicaid beneficiaries in a care relationship with provider accountability for quality and total cost of care by endorsing standardized elements of such models, conveying Texas Medicaid priorities, and rewarding multi-payer collaboration.

Timely and Actionable Data

[Presentation](#)



Lisa Kirsch discussed three drafted recommendations related to timely and actionable data necessary for the effective implementation of alternative payment models. These recommendations focused on improving digital quality measurement capabilities in the state through enhanced health information exchange and data interoperability leveraged by Medicaid.

Value-Based Care in Rural Texas

[Presentation](#)

Shayna Spurlin presented three recommendations being worked on by the subcommittee. These included gathering information related to accountable pharmacy organizations and their interaction with value-based payment arrangements, reimbursement methods for pharmacists by MCOs, and alternative certification methods for community health workers in rural areas.