Center for Health Care Strategies
Better care where it's needed most

Texas MCO Social Determinants of Health Learning Collaborative

Using Community Resource Referral Platforms to Improve Care

August 27, 2021

3:00 pm – 4:30 pm CT

Made possible by the Episcopal Health Foundation

Meet Today's Presenters

Diana Crumley
Senior Program Officer
Center for Health Care Strategies

Shao-Chee Sim
Vice President for Research Innovation and Evaluation
Episcopal Health Foundation

Emily Sentilles
Director, Healthcare Transformation Waiver Programs
Texas Health and Human Services Commission (HHSC)

Jennifer Quereau
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Erine Gray
Founder and CEO
Aunt Bertha

Nathan Hoover
Vice President
Clinical Operations
Superior HealthPlan

Anna Astalas
Manager, Quality Improvement
Blue Cross and Blue Shield of Texas (BCBSTX)

Len Langham Roof
Manager, Texas Medicaid Operations
Blue Cross Blue Shield of Texas (BCBSTX)

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Agenda

- Welcome and Introductions
- HHSC update
  - → DSRIP Transition
  - → Quality Improvement Cost Guidance
- Aunt Bertha in Texas
- Texas MCO Experiences with Aunt Bertha
  - → BCBSTX
  - → Superior HealthPlan
- Wrap up and adjourn

Why Community Resource Referral Platforms?

- Consistent topic of interest among Texas Medicaid MCOs
  - → Eleven Texas Medicaid MCOs use Aunt Bertha (up from 8 MCOs in 2020)
  - → 2-1-1 Texas also used (4 MCOs in 2020)
- Also a national topic of discussion
  - → Frequent pain points when discussing health-related social needs:
    - Connections between health care organizations and community-based organizations
    - Resources and capacity of community-based organizations
    - Closing the loop and monitoring outcomes
  - → Statewide platforms in Arizona, North Carolina, Pennsylvania, & Virginia
  - → Federal bills

Welcome

Shao-Chee Sim, Episcopal Health Foundation (EHF)

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Health and Human Services update

Emily Sentilles, Director, Healthcare Transformation Waiver Programs, HHSC

Jennifer Quereau, Senior Policy Advisor, HHSC

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Delivery System Reform Incentive Payment (DSRIP) Transition

Emily Sentilles, Director, Healthcare Transformation Waiver Program, HHSC

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Health and Human Services

Quality Improvement Cost Guidance

Jennifer Quereau, *Senior Policy Analyst,* Healthcare Transformation Waiver Programs

August 27, 2021

Agenda

- Introduction
- Quality Improvement (QI) Cost definition
- General guidelines for QI Costs
- Q&A from QI Cost Guidance
- Federal and State Guidance links

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Introduction

- Providing QI cost reporting guidance was part of the DSRIP Transition to help sustain successful DSRIP activities
- Many DSRIP activities focused on outcome measurement and improvement, care coordination, and addressing social determinants of health
- The guidance clarifies what and how expenses for certain activities are allowed to be reported so managed care organizations (MCOs) may evaluate how and whether to incorporate those activities

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QI Cost Definition

- Per their contracts with the Health and Human Services Commission (HHSC), MCOs are required to provide certain services, both medical and nonmedical, and conduct certain activities for quality improvement.
- For activities that are not covered medical or dental services, the Code of Federal Regulations (42 CFR § 438.8(e)(3)) allows certain expenses for activities that are designed to improve health care quality to be included in the numerator of the medical loss ratio for MCOs in Medicaid

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QI Cost Definition

- For HHSC to recognize an MCO's expenditures on activities that improve health care quality as QI Costs and include them in the numerator of the medical loss ratio, they must be reported on the Financial Statistical Report (FSR) and must fall into one of the following categories:
  1) An activity to improve quality that meets the requirements in 45 CFR § 158.150(b) and is not excluded under 45 CFR 158.150(c);
  2) An expenditure related to Health Information Technology (HIT) and meaningful use, meeting the requirements in 45 CFR § 158.151, and not considered incurred claims under 42 CFR § 438.8(e)(2);

  and meet other criteria.

** FSR reporting requirements are available in the Uniform managed Care Manual Chapter 6.1*

QI Cost Definition

Per 45 CFR § 158.150, activities that improve health care quality must meet all the following criteria:

- Be designed to improve health quality;
- Increase the likelihood of desired health outcomes in ways that are capable of being objectively measured and of producing verifiable results and achievements;
- Be directed toward either individuals or segments of enrollee populations, or provide health improvements to the population beyond those enrolled without additional costs for the non-members; and
- Be grounded in evidence-based medicine, widely accepted best clinical practice, or criteria issued by accreditation bodies, recognized professional

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General guidelines for QI Costs

- MCOs must be able to document specific and measurable activities that support their QI costs.
- Covered Medicaid medical services should be claimed under medical spending, not QI.
- Expenses for Value-Added Services (VAS), case-by-case services, or other additional benefits MCOs agree to provide in their contracts should not be claimed as QI.
- QI cost activities can either be conducted directly by the MCO or delegated by contract if the MCO ultimately retains responsibility for the activity and incurs the expense.
- Activities that are primarily designed to control or contain costs are not allowable QI activities.

Q&A from QI Cost Guidance

Are activities addressing social determinants of health (SDOH) allowable QI costs?

- The SDOH activity must be allowed by the MCO contract and meet the federal criteria listed on page 1 of the Quality Improvement Cost Guidance.
- In addition, the SDOH activities must be primarily designed to meet at least one of the following federal criteria:
  - Improve health outcomes compared to a baseline and reduce health disparities among specified populations;
  - Prevent avoidable hospital readmissions through a comprehensive program for hospital discharge;
  - Improve patient safety, reduce medical errors, and lower infection and mortality rates; or
  - Implement, promote and increase wellness and health activities.

Q&A from QI Cost Guidance

Examples of allowable QI activities for SDOH

- Screening clients for needs related to SDOH
- Connecting patients with community resources (including obtaining authorization for coverage of services if applicable and helping to set up an appointment to receive the services); may include Service Coordination and Service Management costs if they are not allocated as medical spending
- Following up on the results of any additional services provided through referrals or by the MCO and communicating those results to a patient's medical provider

Q&A from QI Cost Guidance

What types of expenses for deploying tele-healthcare technology to Medicaid enrollees or providers can be reported as a QI cost?

- MCOs may count as a QI cost the provision of "technological infrastructure to enhance current quality improvement or make new quality improvement initiatives possible..." (per 45 CFR §158.151(a)).
- Example: an intervention involving direct interaction between an MCO, providers, and enrollees through "face-to-face, telephonic, web-based interactions or other means of communication" when the activities are part of a documented program to improve quality and outcomes or reduce disparities (per 45 CFR § 158.150(b)(2)(A)).
- Technology used for service coordination can be a QI cost when structured as part of a documented program to improve quality and outcomes or reduce disparities.
  - Service coordination costs that can be allocated as medical spending should not be counted as QI costs.

Q&A from QI Cost Guidance

Are VAS such as member wellness events/health fairs, smoking cessation programs, obesity prevention, pest control, blood pressure kits, home exercise kits, incentives for preventative-related medical services such as flu shots, etc. allowable on the FSRs as QI expenses?

- If the MCO has an approved VAS template, expenses for those VAS may not be included as QI on the FSRs. However, if an approved VAS was designed primarily to improve health quality as supported by the appropriate evidence, the administration of the VAS could be claimed as a QI cost. Allowable administration of the VAS would be direct and indirect costs of QI programs maintained by the MCO.
- Example: the cost of outreach, distribution, and monitoring the impact of pest control services or blood pressure kits provided under an approved VAS template may be claimed as a QI cost, while the cost of the VAS pest control service or blood pressure kit itself may not.

Federal and State Guidance

Federal Rules

- 45 C.F.R. §§ 158.150 and 151.

State Guidance

- Uniform Managed Care Manual Chapter 6.1 Cost Principles for Expenses
- Quality Improvement Cost Guidance

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Thank you

Jennifer Quereau

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Using Aunt Bertha in Texas

Erine Gray, Founder and CEO, Aunt Bertha

[Slides distributed to meeting participants]

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Texas MCO Experiences with Aunt Bertha

Anna Astalas, Manager, Quality Improvement, Blue Cross Blue Shield of Texas (BCBSTX)

Len Langham Roof, Manager, Texas Medicaid Operations, BCBSTX

Nathan Hoover, Vice President, Behavioral Health Services, Superior HealthPlan

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SDoH Learning Collaborative

BCBSTX Medicaid & Aunt Bertha

August 27, 2021

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CHIP

TEXAS STAR Your Health Plan ★ Your Choice

TEXAS STAR Kids Your Health Plan ★ Your Choice

Presenters from
Blue Cross and Blue Shield of Texas

Anna Astalas, RN, MPA, CPHQ

Quality Manager

Len Langham Roof, MSHA, MBA, CST

Manager, Texas Medicaid Operations

Agenda

- BCBSTX history and experience with Aunt Bertha
- How it is used by our teams
- How we tie our referrals to SDOH analysis
- Ongoing improvement opportunities

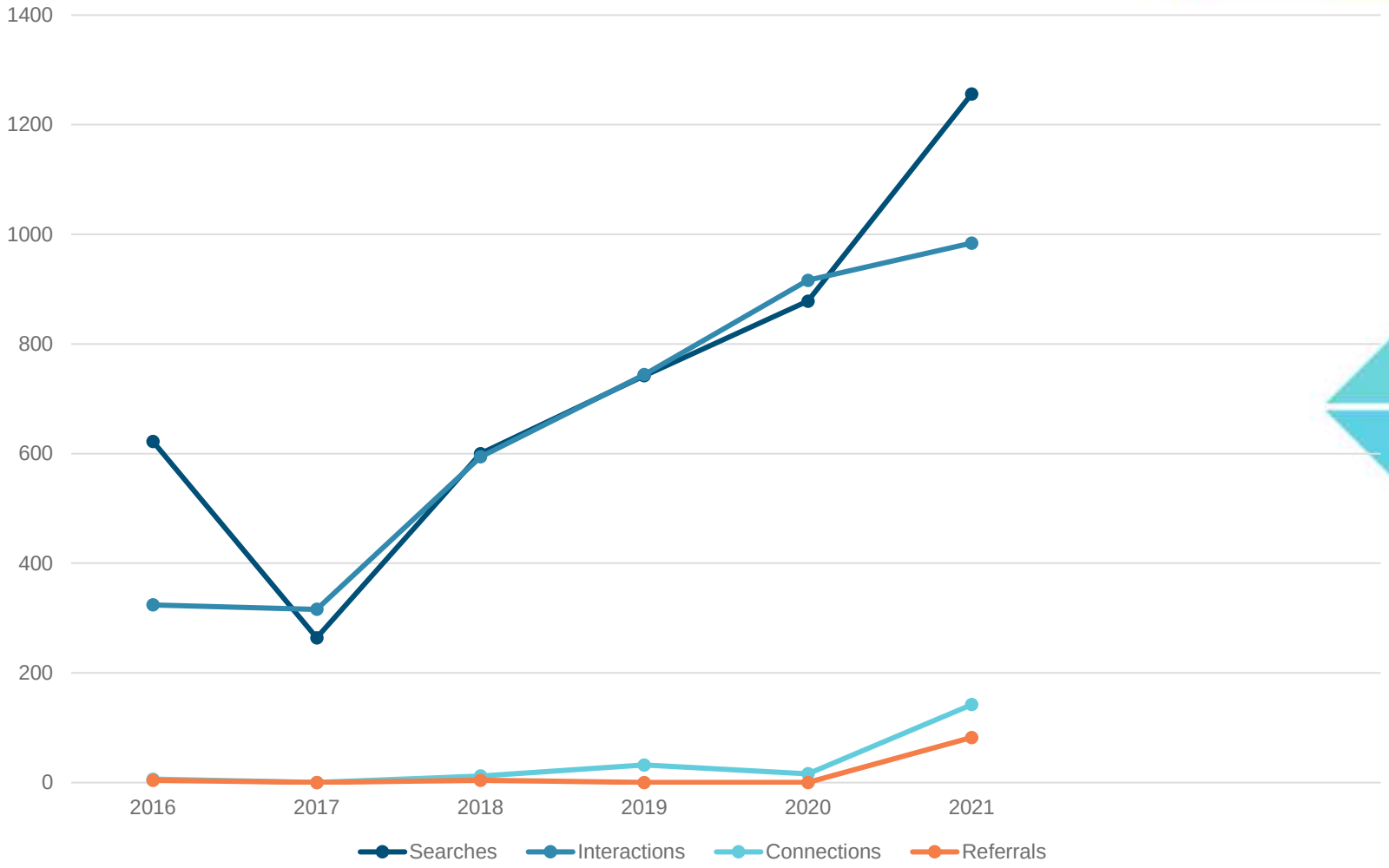
BCBSTX SDOH Platform

- BCBSTX began using Aunt Bertha (AB) in 2016, with a dedicated link and log in for staff and members to identify community-based resources based on members needs.

- In late 2020 we implemented the platform referral process to allow clinical services staff and outreach/advocate staff to directly refer members to the resources needed in the member's community. Members are also able to self-refer and are sent an AB link.

- Data collected from Aunt Bertha allows us to identify the resources needed by members based on locations within the SDA locations.

Growth in Searches 2016-2021

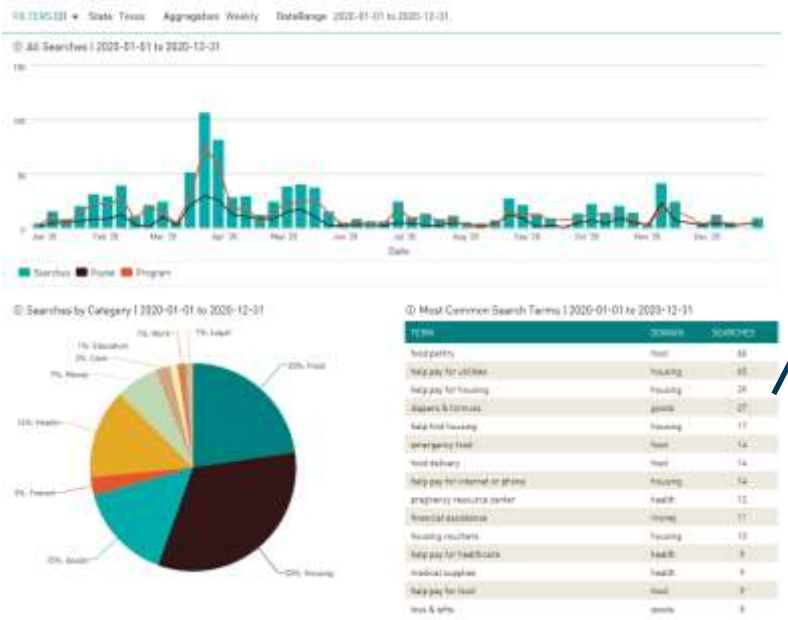


Referral Process

- Members can request SDOH services through multiple touchpoint contacts and are referred to Advocates or their Clinical Services for services.
- Through discussion with the member the specific needs are identified and referral through the system is made.
- Members can also log in and complete their own referral.
- If the direct referral option is available for the organization needed, the Member Advocate or Clinical Services staff will click on “Refer” and enter member details on the Aunt Bertha site. This will send a referral to the Community Based Organization and member is contacted by the Community Based Organization to apply for assistance.

Uses: Reporting and Analytics

- Population Health Management: Annual Population Assessment for NCQA Accreditation. *One component* of analysis used.

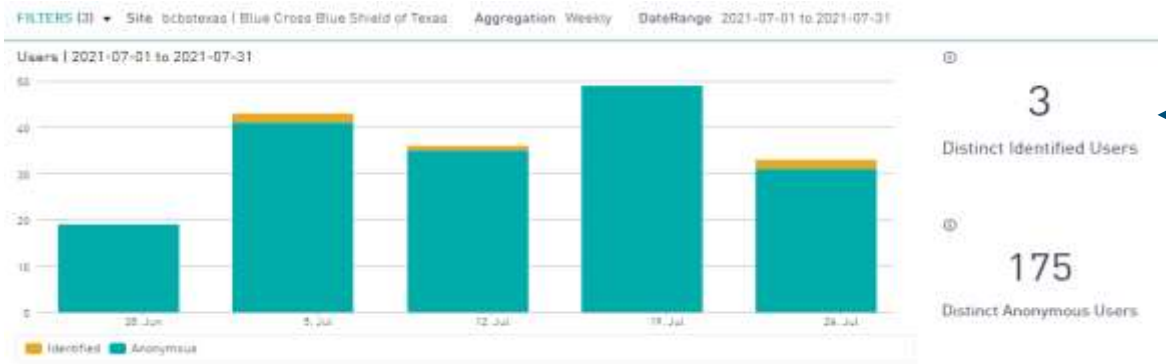


Top Search Terms
1. Food Pantry
2. Help with utilities
3. Help pay for housing

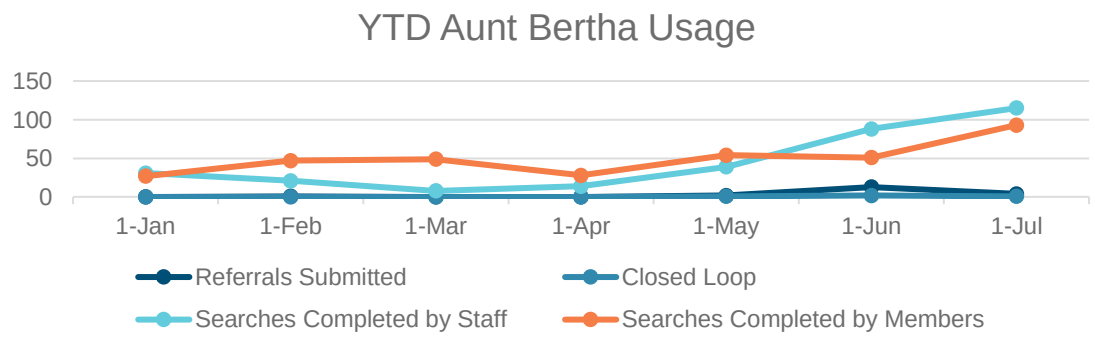
- Categorizes by domains: food, housing, goods, health, money
- Of 15 total search terms, 5 (33.3%) were housing-related, 4 (26.6%) were food-related, 3 (20%) health-related

Reporting Usage

- Monthly and YTD reporting
- Example: Staff and Member Usage (July 2021)
  - Staff: 13 Distinct Users
  - Members: 3 Distinct Identified Users, 175 Distinct Anonymous Users



Member Searches



YTD Most Searched Terms

YTD Most Searched Terms

STAFF

ⓘ Most Common Search Terms | 2021-01-01 to 2021-07-31

TERM	DOMAIN	SEARCHES
help pay for housing	housing	13
help pay for utilities	housing	11
food pantry	food	9
food delivery	food	7
daytime care	care	6
help pay for healthcare	health	6
understand government programs	money	6
baby clothes	goods	5
medical supplies	health	5
occupational therapy	health	5
supplies for school	goods	5
emergency food	food	4
childcare	care	4
guardianship	legal	4
bus passes	transit	4

MEMBER

ⓘ Most Common Search Terms | 2021-01-01 to 2021-07-31

TERM	DOMAIN	SEARCHES
help pay for utilities	housing	17
temporary shelter	housing	9
emergency food	food	9
clothing	goods	7
food pantry	food	6
transportation	transit	5
government food benefits	food	5
health insurance	health	5
representation	legal	5
community gardens	food	4
housing vouchers	housing	4
personal safety	goods	4
help pay for internet or phone	housing	4
help pay for food	food	3
help find housing	housing	3

YTD as of July 2021, top searched term domains remain - Housing and Food.

Member

1. Help Pay for Utilities
2. Temporary Shelter
3. Emergency Food

Staff

1. Help Pay for Housing
2. Help Pay for Utilities
3. Food Pantry

Aunt Bertha Challenges

- Encouraging staff to log into the portal through our link has been a developing process.
  - Searches and referrals are still low but growing
- Not all CBOs have referral options
- Identifying the full outcomes from the referral is not fully captured in the Aunt Bertha platform.

Q&A

thank you!

Texas MCO Experiences with Aunt Bertha

Nathan Hoover, Vice President, Behavioral Health Services,
Superior HealthPlan

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Question & Answer

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