

Texas MCO DOH Learning Collaborative: Partnerships for Impact In-Person Meeting Takeaways

On October 19, 2022, with support from the Episcopal Health Foundation, the Center for Health Care Strategies (CHCS)—in collaboration with the Texas Association of Health Plans, the Texas Association of Community Health Plans, and Treaty Oak Strategies—convened an in-person meeting of the MCO DOH Learning Collaborative (LC). Meeting attendees included representatives from 15 Texas-based MCOs, the Texas Health and Human Services Commission (HHSC), Texas Association of Community Health Centers, Feeding Texas, Dell Medical School, Prospera Housing Community Services, and the Texas Medical Association. Below is a summary of key content from the meeting and areas of interest for the LC.

I. Welcome and Introductions

Anna Spencer, Senior Program Officer, CHCS

- Opening remarks from Anna Spencer reflected on the past year of learning sessions for the LC, including a focus on health disparities, maternal health and non-medical drivers of health (DOH), and Pathways Community Hubs in Texas. Anna gave a brief overview of the October in-person session, which focuses on partnerships for impacting DOH.

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

- Shao-Chee Sim welcomed the group, and underscored EHF's commitment to this work in Texas.

Kay Ghahremani, President and CEO, Texas Association of Community Health Plans

- Kay Ghahremani reflected on the role of the LC in increasing attention on addressing DOH in Texas. She noted that there has been a lot of progress in making DOH interventions more central in MCO-based efforts and that these pilot projects from MCOs have also influenced HHSC to focus more on innovation related to DOH. Finally, Kay reflected on the promise of tying alternative payment models to DOH interventions to improve health for Medicaid enrollees in Texas.

II. Health and Human Services Commission (HHSC) Welcome

Emily Sentilles, Deputy Associate Commissioner of Quality and Program Improvement, Texas HHSC

- Emily Sentilles reflected on the role of DOH in driving health outcomes, which was highlighted and exacerbated by the COVID pandemic.
- She outlined the work HHSC is undertaking to better address DOH, including: (1) foundational work and (2) current initiatives.
 - **Foundational work:** Texas's participation in DSRIP, which is currently in its final stages, included a focus on DOH. HHSC found that two thirds of participating providers had implemented at least one intervention to address non-medical drivers of health and many of these providers found a positive return-on-investment from their intervention.
 - **Current initiatives:** HHSC has created a recommendation that MCOs screen Medicaid members for non-medical needs. The most recent STAR PLUS RFP released by HHSC includes efforts for plans to identify and address DOH and educate providers on DOH. HHSC has created a DOH workgroup to help track efforts related to DOH across the entire agency. Finally, HHSC's participation in this LC and related efforts has helped push forward innovations on DOH.
 - Emily also explored funding options for work related to DOH that HHSC and plans are actively pursuing, including (1) reimbursement for DOH screening in Texas Health Steps; (2) revamping alternative payment model contractual targets to better reflect models that address DOH; and (3) counting DOH efforts towards quality improvement costs. Texas will also monitor other states' approaches to

sustaining DOH interventions (e.g., see [recent 1115 waiver approvals](#) for [Oregon](#) and [Massachusetts](#); or [California's work](#) around [in lieu of services](#)).

III. Panel: Developing and Evaluating DOH Interventions

Panelists:

Mini Kahlon, Director and Founder, Factor Health, Dell Medical School

Michelle Murdock, Vice President of Operations – Complex Care Program, Superior Health Plan

Scott Ackerson, Executive Vice President, Prospera Housing Community Services

Karl Serrao, Chief Medical Officer, Driscoll Health Plan

- Each panelist introduced their work related to DOH.
 - **Factor Health** focuses on evaluating the impact of DOH interventions. Factor Health frames evaluations by looking for DOH interventions that have a measurable health impact within 1 year and a financial return-on-investment within 1-2 years, knowing that these factors help develop a case for widespread scale of a program. They typically run randomized control trials for these evaluation efforts.
 - **Driscoll Health Plan** is currently partnering with Factor Health to develop, implement, and evaluate a nutritional support program focused on pregnant people at risk for gestational diabetes. The intervention includes provision of grocery store gift cards, nutritional education and coaching, and transportation assistance for grocery shopping.
 - **Superior Health Plan** and **Prospera Housing Community Services** are currently partnering to better coordinate care and services for members who are enrolled in Superior and receive supportive housing services through Prospera. This effort includes coordinating on home care visits for members, identifying members at risk of acute health crises, and providing trauma-informed services. They are partnering with the [Center for Health Care Data](#) to evaluate this effort.
- Panelists discussed the need to measure impacts of DOH interventions with an understanding of what will resonate with health plans, patients, and other stakeholders, including policymakers. For Factor Health, this includes using a rigorous framework and including a control group to ensure impacts are clear and can be shared broadly. Other partners or health plans might evaluate their interventions differently.
- Panelists discussed how they will evaluate success for their models.
 - Superior and Prospera are interested in assessing changes in utilization and spending – particularly for acute care such as emergency department and inpatient utilization. Driscoll is interested in improving maternal and child health outcomes.
 - Panelists also discussed plans to incorporate patient-centered metrics into their evaluation plans. While most evaluation efforts will be based on claims, both health plans will implement member feedback mechanisms to get a sense of how members experience these interventions.
- Panelists highlighted the challenges they faced in developing these interventions and evaluation partnerships.
 - Michelle Murdock noted that about half of Superior's members who are part of this intervention are dual eligible, requiring Medicare data to fully assess the impact of their intervention.
 - Michelle and Scott Ackerson also noted that patient participation relied heavily on the patient's relationship with Prospera and its care team – outreach from Superior was not as well received.
 - Karl Serrao noted that in addition to needing to develop a strong member relationship, Driscoll also needed to ensure that their evaluation plans were aligned with Factor Health's goals and process.
 - Mini Kahlon reflected on the difficulty getting people to move from discussing DOH efforts to actually designing, implementing, and evaluating them. To address these challenges, Factor Health has created a non-binding Accountability Agreement that outlines expectations and roles for their partnerships upfront.
- Panelists responded to an audience question around how their programs are working to build credibility and earn trust with community members. All panelists agreed that they had to consistently work to earn trust from their members by developing close partnerships with frontline workers, who often have existing relationships with community members; showing consistency and keeping their promises; and hosting social and other events that help build relationships.

IV. Value-Based Payment and Quality Improvement Advisory Committee (VBPQIAC) Update

Carol Huber, Executive Director of Strategic Initiatives, Community First Health Plans and Chair of the VBPQIAC

- Carol Huber provided updates on the VBPQIAC's legislative recommendations for 2022. The role of the [VBPQIAC](#) is to promote public-private collaborative to support quality improvement and value-based payment efforts in Medicaid by studying problems and making recommendations to HHSC and the legislature. The committee recently finalized their [2022 recommendations](#) and will be publishing them throughout the next few months. This set of recommendations focuses on aligning activities, sharing data, and developing reimbursement methods that encourage long-term investment in health.
- **Alternative payment models:** This recommendation encourages HHSC to adopt a new way of measuring and requiring alternative payment model adoption in MCO contracts, using more expansive definitions and focusing on innovative models and models that have been shown to improve outcomes.
- **DOH:** This recommendation encourages HHSC to approve at least one DOH intervention as an *in lieu of* service and develop an incentive program to reward MCOs who partner with others to build capacity to delivery these interventions.
- **Other recommendations:** Other recommendations from the VBPQIAC focus on supporting home health care services, increasing the role and accountability of pharmacists in delivery care, and developing better data infrastructure and sharing practices.

V. Community Healthcare Access and Rural Transformation (CHART) Model

April Ferrino, Director of Fiscal Program Coordination and Special Projects, HHSC

- April Ferrino presented on Texas's participation in the [CHART model](#), a 7-year partnership with the [CMS Innovation Center](#) to test care transformation and alternative payment models in rural hospitals.
- Participating hospitals will receive capitated payments, additional cooperative funding (for some participants), and operational flexibilities. In exchange, hospitals must create a care delivery transformation plan and a telemedicine model with a focus on health equity and DOH. HHSC's goals for the transformation plan are to advance awareness of strategies to identify and address health disparities and DOH in Medicaid managed care through collaborative learning opportunities with participating hospitals and Medicaid MCOs. The CHART model is based in Medicare, but Texas Medicaid will align with the model; participating hospitals will need to meet a set (and growing) percentage per year of their Medicaid revenue under a capitated payment arrangement.
- The CHART model will begin in January 2023, with Medicaid alignment requirements starting in 2024; many hospitals across the state have shown interest in participation and will formally sign on in November 2022. HHSC is working with Medicaid MCOs to help build aligned alternative payment models that will move rural hospitals towards more advanced alternative payment models.
- April also shared that CHART implementation is being supported by transformation grants to hospitals to help change care delivery, technical assistance delivery to hospitals, and a process evaluation for CHART model implementation.

VI. Sustainable Funding for MCO Interventions

Darin Muse, Principal and Consulting Actuary, Milliman

- Darin Muse presented on a Milliman project, in partnership with Treaty Oak Strategies and funded by the Episcopal Health Foundation, to understand how Medicaid managed care organizations are using rate setting tools to incentivize investment in services addressing DOH. The project has two phases: (1) to explore and identify programs that will be studied and (2) the actuarial analysis that will define benefits, feasibility, program structure, funding, and baseline metrics for these programs.
- Phase I of the project found that the most common categories of social needs addressed across the country include food, supportive housing, transportation, and employment. Based on these findings, Phase II of the report will focus on specific services delivered in Texas: home delivered meals for high-risk pregnancy, transition housing for members with serious mental illness, and non-medical transportation for foster families.
- The upcoming report will share full results and will likely be publicly published in November.

Rachel Koay, Chief Impact and Equity Officer, Feeding Texas and Stephanie Muth, Consultant

- Rachel Koay and Stephanie Muth presented on their work together to assess how food banks and MCOs across Texas can partner to better address food insecurity. The project has three phases: (1) engagement – bringing food banks and MCOs together to think about opportunities for partnership; (2) data collection – collecting qualitative data from all parties to understand their goals and vision; and (3) pilot design/matchmaking – connecting interested partners and helping them develop relationships and projects together.
- Through this project, they have identified a continuum of partnership opportunities, from lower commitment community-wide activities (e.g., sponsoring food drives) to higher commitment individually-targeted food interventions (e.g., medically tailored meal delivery for individuals with diabetes). MCOs and food banks are looking to engage at all levels of this continuum and are also starting to consider how alternative payment models can be used to support partnership.
- Stephanie and Rachel shared that each burgeoning partnership is very unique, reflecting the specific expertise of each food bank and MCO willingness to support food banks in whatever activities they do best.
- Angie Hochhalter, from Aetna, shared their experience partnering with a food bank in Bexar County. Aetna is in the early stages of developing their partnership and would be interested in connecting with other MCOs that are interesting in participating in the project.

VII. MCO DOH Learning Collaborative: Phase Four Goals

Ryan Van Ramshorst, Chief Medical Director for Medicaid and CHIP Services, HHSC

- Ryan Van Ramshorst shared three key reflections on the meeting and the work on the LC. First, Medicaid can't address DOH alone – there is a need to partner across sectors and a need to continue letting MCOs innovate and lead the way. Second, there is a need across stakeholders to share data. Third, HHSC is excited to continue working on DOH and appreciates the push from the LC and other stakeholders to innovate.
- He also shared three key clinical priorities for HHSC: (1) preventative care; (2) mental health; and (3) prevention and early intervention, especially ensuring child welfare.

Laurie Vanhooose, Principal, Treaty Oak Strategies

- Laurie Vanhooose announced that Treaty Oak Strategies will partner with CHCS and the Episcopal Health Foundation to run the next year of the LC. Proposed topics for Year 4 of the LC includes a focus on DOH and payment infrastructure, data sharing, and understanding/recapping legislative activities.
- An MCO survey will be forthcoming in November to help assess areas of interest in advance of the legislative session.