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

Texas MCO SDOH Learning Collaborative: Partnerships for Impact

In-Person Meeting

October 19, 2022

10:00 AM – 2:00 PM CDT

Texas Medical Association, Thompson Auditorium

Made possible by Episcopal Health Foundation

Housekeeping

- Please check-in at the welcome table outside of the auditorium
  - → Light breakfast items can be found next to the welcome table
- Lunch will be provided around 12:00 PM
  - → If you identified dietary restrictions, your lunch be held for you at the welcome table
- There will be no formal restroom breaks – please feel free to get up whenever you need to. Restrooms can be found down the hall and to the left.

Agenda

- *10:00* **Welcome and Introductions**
- *10:35* **HHSC Welcome**
- *10:50* **Panel: Developing and Evaluating SDOH Interventions**
- *12:00* **Lunch and Networking**
- *12:30* **VBP and Quality Improvement Advisory Committee Update**
- *12:50* **CHART Model**
- *1:15* **Sustainable Funding for SDOH Interventions**
- *1:45* **MCO SDOH Learning Collaborative: Phase Four Goals**

2022 Texas MCO SDOH Learning Collaborative Sessions

- **Broader Learning Opportunities**
  - → Introduction to Health Equity (February 11, 2022)
  - → In-Person Meeting #1: Reconnecting in 2022 (April 1, 2022)
  - → Federal Perspective: Dr. Dora Hughes of the CMS Innovation Center (May 20, 2022)
  - → Introduction to the Pathway Community HUB Institute© Model (August 23, 2022)
  - → In-Person Meeting #2: Partnerships for Impact (October 19, 2022)
- **Spotlight on Maternal Health**
  - → Maternal Health Care Delivery and VBP Models (July 28, 2022)
  - → Community Health Workers & Maternal Health (September 9, 2022)
  - → Non-Medical Drivers of Health Interventions & Maternal Health (October 7, 2022)
- You can find all materials from prior learning collaborative sessions on the Episcopal Health Foundation website

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Opening Remarks

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

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

HHSC Welcome

Emily Sentilles, Deputy Associate Commissioner of Quality & Program Improvement, HHSC

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Questions?

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Panel: Developing and Evaluating SDOH Interventions

Moderator: **Anna Spencer,** CHCS

Panelists:

Mini Kahlon, Director & Founder, Factor Health

Michelle Murdock, Vice President for Operations and Service Coordination, Superior Health Plan

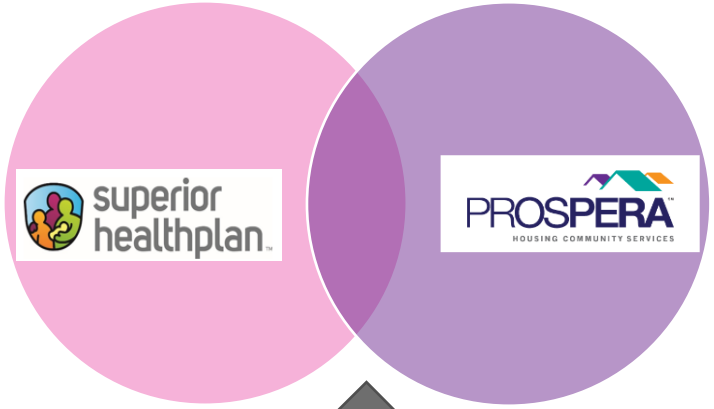
Scott Ackerson, Executive Vice President, Prospera Housing Community Services

Karl Serrao, Chief Medical Officer, Driscoll Health Plan

Start-by-Starting

The Vision

The Opportunity and the Relationship



The Study

Outcomes	PRE				POST			
	Control	Target	Difference	p-value	Control	Target	Difference	p-value
Average ED Visit	0.42	0.40	0.02	0.369	0.56	0.24	0.32	0.040

Driscoll Health Plan
Nurture Program

The University of Texas at Austin
Dell Medical School

Factor Health

Goals

- Motivate moms to eat healthily
- Build knowledge/skills that can enable healthy eating

Target Population

- Pregnant mothers at risk for Gestational DM

Benefit of Intervention

- ↓ weight gain
- ↓pre-term births
- ↓# infants with BW > 4 kg
- GDM related ED visits & hospitalization

Non-Clinical Intervention

- Monthly HEB Card Incentive
- Nutrition Consult
- Monthly “Brighter Bites” Tip Sheet
- Recipes of the Month
- Nutrition in Pregnancy FAQ
- Transportation assistance

Lunch

Please re-join us in this room at 12:30

If you requested a meal with dietary restrictions, your meal is being held at the welcome table

Center for Health Care Strategies

Value-based Payment and Quality Improvement Advisory Committee Update

Carol Huber, Executive Director, Strategic Initiatives, Community First Health Plans

Center for Health Care Strategies

Value-Based Payment & Quality Improvement Advisory Committee Update

October 19, 2022

Carol Huber DrPH, MBA
Committee Chair

Authority and Purpose

The Committee:

- Established in accordance with Texas Government Code §531.012, 1 Texas Administrative Code §351.821, and governed by Texas Government Code Chapter 2110 (State Agency Advisory Committees).
- Provides a forum to promote public-private, multistakeholder collaboration in support of quality improvement and value-based payment initiatives for Medicaid, other publicly funded health services, and the wider health care system.

Authority and Purpose

Committee Tasks:

1. Studies and makes recommendations regarding:
    a. Value-based payment and quality improvement initiatives to promote better care, better outcomes, and lower costs for publicly funded health care services;
    b. Core metrics and a data analytics framework to support value-based purchasing and quality improvement in Medicaid/CHIP;
    c. HHSC and managed care organization incentive and disincentive programs based on value; and
    d. The strategic direction for Medicaid/CHIP value-based programs
2. Pursues other deliverables consistent with its purpose to improve quality and efficiency in state health care services as requested by the Executive Commissioner or adopted into the work plan or bylaws of the committee.

Committee Membership

The Committee is composed of 19 voting members appointed by the Executive Commissioner. HHSC solicits voting members from the following categories:

- Medicaid managed care organizations
- Regional Healthcare Partnerships
- Hospitals
- Physicians
- Nurses
- Pharmacies
- Providers of long-term services and supports
- Academic systems
- Members from other disciplines or organizations with expertise in health care finance, delivery, or quality improvement.

2022 Legislative Report

Recommendations

- Culmination of rich discussion and learning
- Unanimously approved by the Committee August 17, 2021, and July 26, 2022
- Final Report approved October 6, 2022, will be published by December 1, 2022
- Meetings held in accordance with the Texas Open Meetings Act
- The opinions and recommendations expressed in this report are the members' own and do not reflect the views of the Texas Health and Human Services Commission Executive Council or the Texas Health and Human Services Commission.

2022 Legislative Report

Continuation of Several Themes from Previous Reports

- Greater awareness and alignment among stakeholders are necessary to advance value-based initiatives.
- Access to timely shared data is critical to the successful implementation of value-based care.
- Reimbursement methods in Texas Medicaid must encourage long-term investment in payment and care models to adequately recognize and reward improved health.

2022 Legislative Report

Focus on Four Key Areas

- Strengthening the home health and pharmacy infrastructure to support value-based payment (VBP) models.
- Leveraging available mechanisms within the Medicaid program to address non-medical drivers of health (NDOH).
- Advancing and improving the alignment of APM contractual requirements for Medicaid managed care organizations (MCO).
- Enhancing opportunities for secure and timely data sharing to support value-based care.

Workgroups

2022… and beyond?

- **Value-Based Payment for Home Health, Pharmacy, and Other Areas**

  Co-leads: Mr. Joe Ramon and Dr. Ben McNabb

- **Non-Medical Drivers of Health (NDOH)**

  Lead: Dr. Janet Hurley

- **Alternative Payment Models and Value-based Payment Contract Language**

  Lead: Ms. Lisa Kirsch

- **Timely and Actionable Data**

  Co-leads: Ms. Lisa Kirsch and Dr. Andy Keller

Recommendations:

Alternative Payment Models in Texas Medicaid (1)

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.
- Revise the current APM reporting tool to collect only needed data in as streamlined a format as possible.

Current APM Framework

HHSC will require that MCOs increase their total APM and risk based APM ratios according to the following schedule*.		
Period	Minimum **Overall** APM Ratio	Minimum **Risk-Based** APM Ratio
Measurement Year 1	≥ 25%	≥ 10%
Measurement Year 2	Year 1 Overall APM Ratio +25%	Year 1 Risk-Based APM Ratio +25%
Measurement Year 3	Year 2 Overall APM % + 25%	Year 2 Risk-Based APM % + 25%
Measurement Years 4 and 5	≥ 50%	≥ 25%

* A Measurement Year (MY), is a 12-month period from January 1 to December 31. Measurement Year 1 is calculated starting January 1 after the respective MCO enters into a new Medicaid or CHIP Program.
Note: The percentage targets could be lower for an MCO based on exceptions, such as achieving a higher-than-expected level of performance on both potentially preventable hospital admissions and emergency department visits (PPAs and PPVs) as defined in the contract.

Recommendations:
Alternative Payment Models in Texas Medicaid (2)

Proposed Menu

- Maintaining or improving on current APM benchmarks
- Meeting APM targets for challenging circumstances, e.g., APMs in rural areas
- Improving APM rates for priority sectors with low APM participation, e.g., home-health or behavioral health
- Credit to MCOs that increase the amount of dollars providers earn or can earn through APMs
- Monitoring provider satisfaction or establishing other formal provider outreach mechanisms related to APMs OR processes for provider engagement
- Data sharing with providers through HIE or claims
- Sharing performance reports and best practices with providers
- Improving on quality measures or documenting processes that describe outcomes achieved and improvements that can be made in future years
- **Developing innovative approaches to address SDOH:**
  - **Leveraging VBP to incentivize the reduction of health disparities**
  - **Addressing SDOH as part of an APM**
- Developing a formal strategic plan for advancing APMs
- Collaborating with other MCOs within a service area (region) on standard measures and APM models
- Establishing formal APM evaluation criteria and reporting on evaluation results for key APMs

Recommendations:

Alternative Payment Models in Texas Medicaid (3)

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 accountability for quality and total cost of care.

- For Texas to work toward this goal, it would be beneficial for HHSC to endorse a standard primary care health home model that MCOs may adopt for some providers, possibly starting with alignment with the CMS Primary Care First model, a pregnancy medical home model, and/or key Texas Health Steps (THSteps) measures.
- In addition, HHSC should consider a more formal structure for dissemination of best practices of VBP models.

Recommendations:
Non-Medical Drivers of Health (NDOH) (1)

Expert Resource

- With support from Episcopal Health Foundation, the Center for Health Care Strategies (CHCS) provided technical assistance and learning opportunities to the Value-Based Payment & Quality Improvement Advisory Committee from December 2021 to June 2022
- Upcoming Report: ***Using In Lieu of Services Authority in Texas: Three Potential Interventions to Address Non-Medical Drivers of Health and Related Evidence***

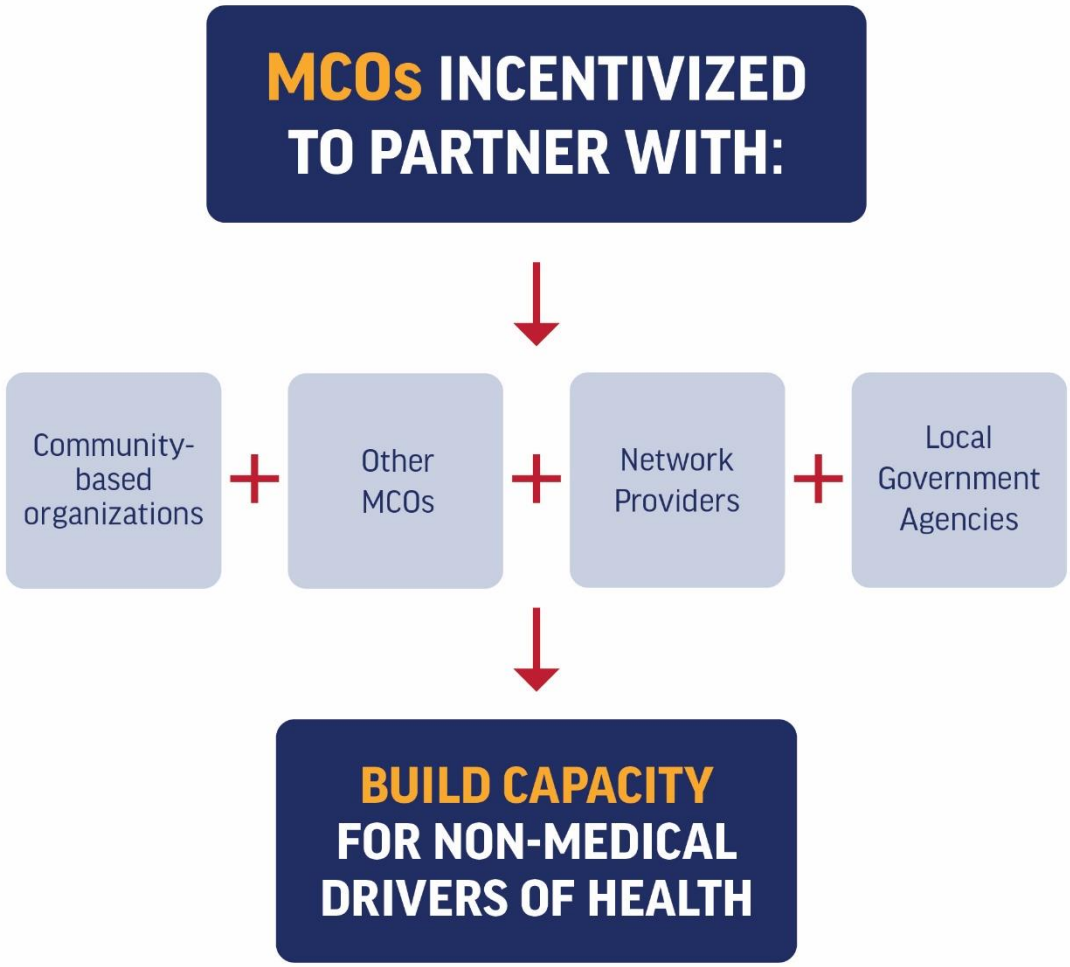
Recommendations:

Non-Medical Drivers of Health (NDOH) (2)

The Legislature should direct HHSC to approve at least one service that addresses NDOH as an in-lieu-of service (ILOS) under 42 C.F.R. § 438.3(e)(2). HHSC should consider at a minimum the following services as potential ILOS:

- Asthma remediation
- Food is Medicine interventions
- Services designed to support existing housing programs

Recommendations:
Non-Medical Drivers of Health (NDOH) (3)



The Legislature should direct HHSC to create an incentive arrangement that rewards MCOs that partner with community-based organizations, other MCOs, network providers, and local government agencies to offer ILOS that address NDOH and build related capacity.

The Legislature should authorize HHSC to use a portion of amounts received by the state under Texas Government Code § 533.014 (i.e., "experience rebates") for this purpose.

Recommendations:
Home Health

HHSC should work with MCOs, home health agencies, and stakeholders to:

- Define, measure, and publicly report quality, experience, and cost-efficiency for Medicaid providers of in-home care/attendant services.
- Identify new or expanded training and reporting requirements for home care attendants to improve the care experience and health outcomes for the Medicaid population.
- Analyze enrollee movement between home health agencies to identify patterns, trends, and opportunities for improvement.
- Identify and develop value-based payment models specific to community-based long-term services and supports (LTSS) delivered through the STAR+PLUS and STAR Kids programs. These models should reward high performing attendants and offer creative solutions to help address workforce shortages to provide needed home-based care for enrollees in these programs.

Recommendations:
Pharmacy (1)

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.

Recommendations:
Pharmacy (2)

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.
- 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.

Recommendations:
Timely and Actionable Data (1)

HHSC should educate key Texas Medicaid staff and stakeholders about the admit, discharge, and transfer (ADT) and Consolidated Clinical Document Architecture (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 the Medicaid program in light of evolving operational needs.

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 APMs and identify strategies to support providers' use of that data.

HHSC should conduct a six-month review of the Clinical Management for Behavioral Health Services (CMBHS) system to determine how the system can share data with all Medicaid Mental Health Targeted Case Management, rehabilitative service providers, and MCOs and how aggregate data can be easily shared with the public. The review workgroup must include members from the Committee, the Texas Council for Community Centers, MCOs, providers and other stakeholders.

Recommendations:
Timely and Actionable Data (2)

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. The infrastructure could be developed through several initiatives:

- 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.
- Create linkages between vital records/mortality data and other public health and health care databases maintained by the Department of State Health Services (DSHS), such as the Texas Health Care Information Collection (THCIC).

Upcoming Committee Meetings

2023

- Tuesday, February 21st
- Tuesday, May 23rd
- Thursday, August 10th

Thank you

Carol Huber DrPH, MBA

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Questions?

Center for Health Care Strategies

Community Healthcare Access and Rural Transformation (CHART) Model

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

Center for Health Care Strategies

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Community Health Access and Rural Transformation (CHART) Model Update

October 19, 2022

April Ferrino, Director of Fiscal Program Coordination and Special Projects, Office of the Chief Financial Officer, HHSC

CHART Model in Texas Overview

- CHART Model Tracks
  - The Community Transformation Track (HHSC awarded in 2021)
  - The Accountable Care Organization (ACO) track – Removed
- The Community Transformation Track

  7-year federal funding opportunity through CMS for eligible rural hospitals to voluntarily participate to test health care transformation supported by payment reform through alternative payment models (APMs) in Medicare and Medicaid.
- Project period is October 1, 2021 to December 31, 2028.

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CHART Model Status Update

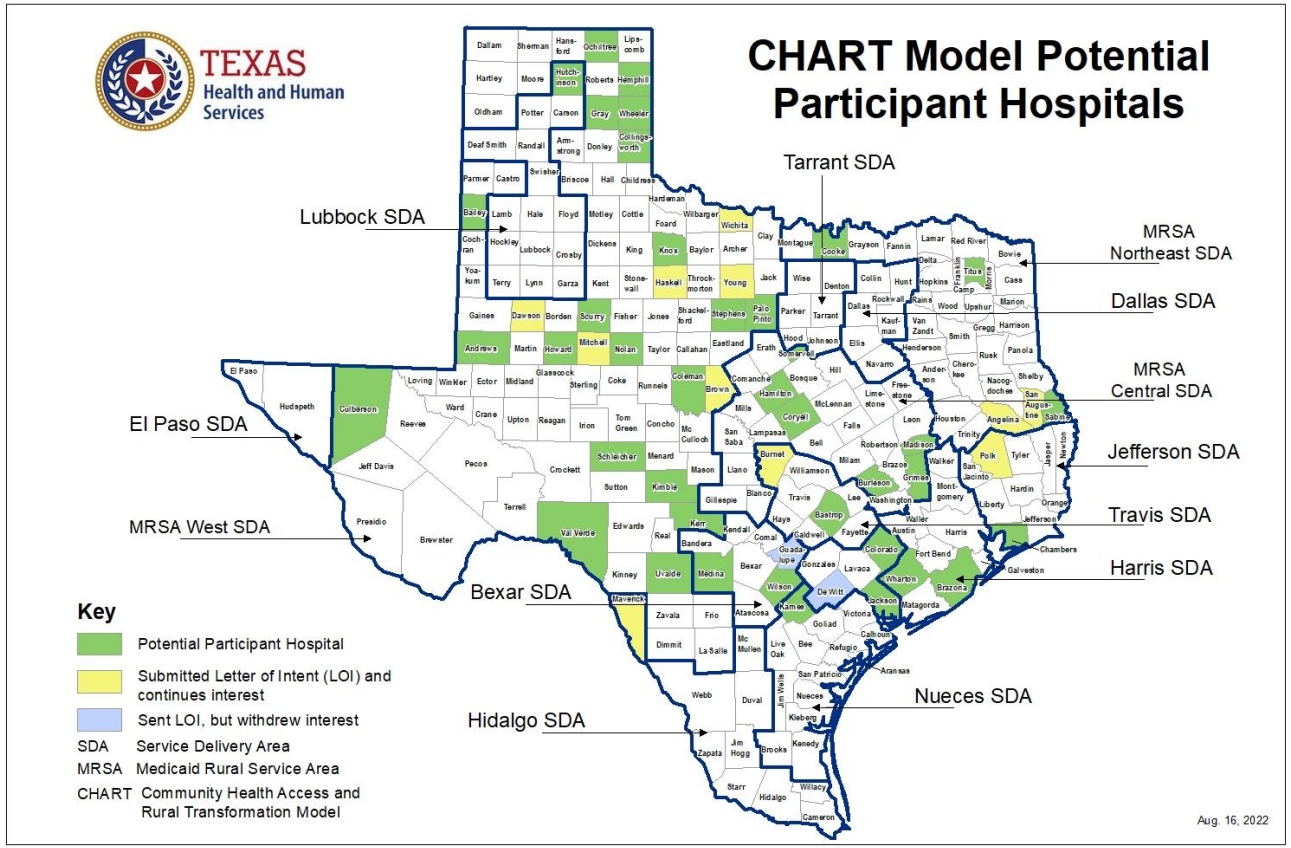

CHART Model in Texas Overview

CHART Model is a very timely project because…

- CMS expects that ALL Medicare FFS beneficiaries will be in a care relationship with accountability for quality and total cost of care by 2030
  Source: CMS Centers for Medicare and Medicaid Innovation 2021 Strategy Refresh (link)

- CMS plans to work to incorporate multi-payer alignment with new value-based care models.

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CHART Model in Texas Overview

CHART Model Path to Transformation

1. **Regular Medicare payments**
   Based on a hospital's fee-for-service income (a.k.a. capitated payment amount).
2. **Cooperative Agreement Funding**
   HHSC will disperse up to $2.7 million in cooperative agreement funding over 7 years to up to 14 hospitals to establish a telemedicine project.
3. **Operational Flexibilities** – CMS will allow certain operational flexibilities to expand HHSC's ability to implement health care delivery system redesign and promote participating hospitals' capacity to manage patient care.

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Hospitals will:

1. Create a Telemedicine Project
   a) Choose a Telemedicine Model
   b) Health Equity
   c) Select Social Determinant(s) of Health
   d) Improve treatment and prevention of chronic conditions like diabetes, cardiovascular disease and congestive heart failure
2. Report on selected quality measures
3. Select Medicare Beneficiary Enhancements to participate in
4. Select Medicare Incentives to participate in
5. Participate in Medicaid Alternate Payment Model (APM)
6. Meet Medicaid Participation Targets – percentage of each Hospital's Medicaid revenue under a Capitated Payment Arrangement

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Medicaid Alignment

To achieve alignment, the CHART Model requires hospitals meet certain **Medicaid Participation Targets** starting in 2024.

Lead organizations can help hospitals meet these targets through fee-for-service, managed care or both.

CHART Model Medicaid Fact Sheet (link)

Medicaid Alignment Target *(% of each Participant Hospital's Medicaid revenue under a Capitated Payment Arrangement)*	
Performance Period 1	0%
Performance Period 2	50%
Performance Period 3	60%
Performance Period 4	75%
Performance Period 5	75%
Performance Period 6	75%

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Medicaid Alignment

Managed Care Organization (MCO) Collaboration

- HHSC staff met with 4 Medicaid MCOs in the Community.
- MCO representatives expressed interest in supporting rural communities and provided insight on expanding APMs for rural hospitals, including:
  - APMs in rural areas are currently limited.
  - Recommend being conservative when moving any provider from FFS to risk-based arrangement.
  - Implementation of new APMs specifically with rural hospitals may require system updates for a small number of providers, complex navigation of payment regulations, and establishing relationships and negotiations.

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Medicaid Alignment

Phase I (Performance Periods 1-3)

- Medicaid APM planning and discussion among MCOs and hospitals – January to December 2023.
- Medicaid APM implementation starts in January 2024.
- HHSC plans to work collaboratively with Medicaid MCOs and participating hospitals to help facilitate an APM agreement(s) promoting CHART goal(s).
- HHSC considering expanding reporting for CHART Participant Hospitals for the Hospital Quality-Based Payment Program.

Phase II (Performance Periods 4-6)

- HHSC is considering implementing a statewide Enhanced Ambulatory Patient Group (EAPG) APM as proposed in its application to achieve alignment in Performance Periods 4-6.

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CHART Model Status Update

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Transformation Plan

- HHSC's Transformation Plan is the **rural healthcare redesign strategy** for the Community, developed in collaboration with their Advisory Council, potential Participant Hospitals, and CMS. It will be updated annually.

Strategic Priorities	
Chronic Disease Management and Prevention	Improve chronic disease management, its prevention, and certain health care services through the implementation of a locally designed telemedicine project at each Participant Hospital that fits its population's needs.
Financial Sustainability	Promote adoption of Alternative Payment Models (APMs) by rural hospital providers by facilitating APM agreements between Medicaid managed care organizations (MCOs) and Participant Hospitals.
	Support hospital financial sustainability by providing technical assistance that will result in hospitals' ability to maximize the operational flexibilities, beneficiary incentives, and cooperation agreement funding.
Social Determinants of Health (SDOH)	Advance awareness of strategies to identify and address health disparities and SDOH in Medicaid managed care through collaborative learning opportunities with Participant Hospitals and Medicaid MCOs.

CHART Model Status Update

Community Partner Update

- Transformation Grants to Hospitals
- Technical Assistance to help hospitals "Connect the Dots"
- Process Evaluation of CHART Model Implementation

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Next Steps

October

- Hospitals reviewing Final Medicare CPA and Participation Agreement
- HHSC and CMS hosting final Q&A

November

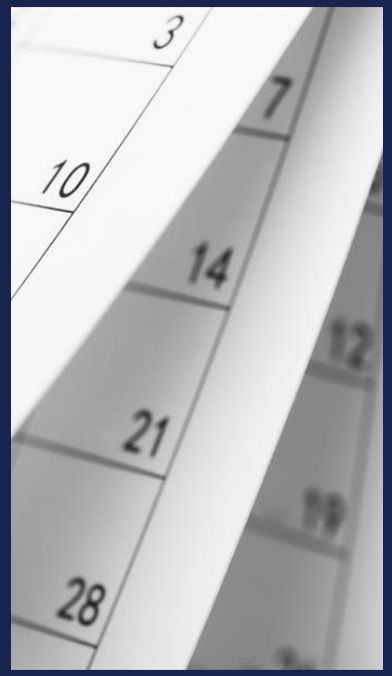
- Potential Participant Hospitals Sign Participation Agreements by 11/1

December

- CHART Advisory Council meeting

January

- Performance Period 1 & Medicare CPA Payments begin



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Key CHART Resources

- CHART Model Transformation Plan (PDF)
- CHART Model Transformation Plan Workbook (PDF)
- CHART Model Transformation Plan Fact Sheet for Texas (PDF)
- CHART Model Participation Community Track Financial Specifications – Revised September 2022 (PDF)

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Questions about the CHART Model?

HHSC_CHART@hhsc.state.tx.us

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Thank You!

HHSC_CHART@hhsc.state.tx.us

Questions?

Center for Health Care Strategies

Sustainable Funding for SDOH Interventions

Darin Muse, Principal and Consulting Actuary, Milliman

Stephanie Muth, Consultant

Rachel Koay, Chief Impact & Equity Officer, Feeding Texas

Center for Health Care Strategies

Actuarial Analysis Overview

Research update for the Episcopal Health Foundation

Darin Muse, ASA, MAAA

Principal and Consulting Actuary

OCTOBER 19, 2022

Milliman

Caveats and limitations

Episcopal Health Foundation has engaged Milliman to conduct a study on state policy options related to Medicaid managed care rate setting tools to incentivize investment in non-medical services to address health-related social needs. These materials were produced as part of this engagement and are shared with Episcopal Health Foundation's consent. This information reflects a work-in-progress, and some information may be subject to change as additional information may become available over the course of this engagement. Other uses may be inappropriate.

This information may not be redistributed without prior written consent from Milliman. Milliman does not intend to benefit or create a legal duty to any other recipients of its work.

These materials were prepared under the Consulting Services Agreement between Milliman and Episcopal Health Foundation dated July 14, 2022.

Agenda

Project Overview	▪ What are we studying? ▪ Who has been involved?	
Phase 1 Recap	▪ Governance ▪ Policy levers ▪ Level of intervention	▪ Social health needs addressed ▪ Intended beneficiaries
Proposed Benefits	▪ Home-delivered meals for high-risk pregnancies ▪ Supportive housing for members with SPMI ▪ Non-medical transportation assistance for foster families	
Phase 2 Update	▪ Discuss our actuarial analysis	

Project Overview – What are we studying?

Overall Goal	To research policy options related to utilizing Medicaid managed care rate setting tools & adjustments to incentivize investment in non-medical services to address social health needs
Phase 1	Exploration and Program Identification To clearly identify programs/platforms that EHF wants to propose during the 2023 Texas legislative session by researching the nationwide landscape
Phase 2	Quantitative Study and Publish Report Define benefits, feasibility, funding/program structure, and determine baseline metrics

Project Team – Milliman and Committee

Milliman	▪ Darin Muse, ASA, MAAA, Principal and Consulting Actuary ▪ Justin Birrell, FSA, MAAA, Principal and Consulting Actuary ▪ Stoddard Davenport, MPH, Healthcare Management Consultant
Committee	▪ Kay Ghahremani – President and CEO, TACHP; Former Medicaid Director, HHSC ▪ Lisa Kirsch – Sr. Policy Director, Dell Medical School ▪ Jessica Lynch – Policy Director, TAHP ▪ Sarah Mills – Principal, Treaty Oak Strategies ▪ Shao-Chee Sim – VP Research, Innovation, and Evaluation, EHF ▪ Stephanie Muth – Consultant; Former Medicaid Director, HHSC ▪ Erica Stick – Consultant; Former Chief of Staff, HHSC ▪ Laurie Vanhoose – Principal, Treaty Oak Strategies; Former Policy Director, TAHP

Project Team – MCOs Supporting Analysis

Health Plans	MCOs in the Jefferson and Harris SDAs ▪ Anthem/Elevance ▪ Community Health Choice ▪ Molina Healthcare ▪ Superior Health Plan ▪ Texas Children's Health Plan ▪ United Healthcare

Phase 1 Recap - Program design considerations

Governance	▪ Rules vary between states regarding what Medicaid policy changes require executive action vs. legislative action.[1] ▪ State legislatures have directed Medicaid agencies to seek 1115 waivers, authorized funding, defined payment and delivery system goals, authorized changes in eligibility, etc.[2]
Policy levers	▪ Section 1115 waivers have been the dominant avenue used to address SDOH needs by state Medicaid programs. ▪ States can also direct MCOs to prioritize SDOH needs through MCO contract requirements in a variety of ways.
Level of intervention	▪ Most states that address SDOH have screening, data collection, and reporting processes in place.[3] ▪ MCO care management programs are increasingly being required to coordinate with community-based organizations and provide referrals to social services.[4] ▪ Programs that directly fund or build capacity for social services are less common.[3]
Social health needs addressed	▪ Screening, coordination, and referral programs tend to cover a broad range of social health needs. ▪ Programs that provide or fund specific services tend to be more targeted.
Intended beneficiaries	▪ Today, most state programs target high-risk populations, such as those with significant behavioral health needs, multiple comorbidities, children with complex needs, etc.[3] ▪ Resource constraints have generally limited reach to broader populations.[3]

Example of Phase 1 Output: Social health needs addressed

Most common categories

Food/Nutrition

- Home delivered meals
- Nutritional consultation

36 states

- Expansion: AK, AZ, CA, CO, CT, DE, HI, IL, IN, IA, KY, LA, MA, MD, ME, MI, MN, MT, ND, NH, NJ, NY, NV, PA, OK, OR, UT, VA
- Non-Expansion: FL, NC, SC, SD, TN, TX, WI, WY

Supportive Housing

- Rental assistance
- Home modifications
- Provide housing to unhoused people
- Provide housing as an alternative to LTC facilities

38 states

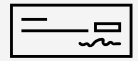
- Expansion: AK, AZ, CA, CO, CT, DC, DE, HI, IA, IL, IN, KY, LA, ME, MD, MA, MI, ND, NH, NJ, NV, OK, OR, PA, UT, VT, WA, WV
- Non-Expansion: AL, FL, NC, OH, SC, SD, TN, TX, WI, WY

Transportation

- Provide transportation for medical / non-medical services
- Vehicle modification for improved accessibility

38 states

- Expansion: AK, AZ, CA, CO, CT, DE, HI, IA, ID, IL, IN, KY, LA, ME, MA, MD, MI, MO, MT, ND, NE, NH, NM, NV, OK, OR, PA, UT, WV
- Non-Expansion: AL, FL, GA, MS, NC, OH, SC, WI, WY



Employment

- Job trainings
- Job search assistance

37 states

- Expansion: CA, CO, CT, DC, DE, HI, IA, IL, IN, MA, MD, ME, MI, MT, ND, NV, NH, NJ, NV, NY, OK, OR, PA, UT, VT, WA, WV
- Non-Expansion: AL, FL, KS, NC, OH, SC, SD, TX, WI, WY

Phase 2 - Proposed Benefits

- **Home-delivered meals for high-risk pregnant women in STAR**
  - High risk pregnancies are those for pregnant women meeting one or more of the following conditions:
    - Age 15 or younger or 35 or older
    - With preeclampsia, high blood pressure, or diabetes
    - With mental health or substance use disorder diagnoses
    - With a previous pre-term birth, as identified on the perinatal risk report
- **Transitional housing services for individuals with SPMI in STAR+PLUS**
  - Individuals with SPMI are identified as those with a diagnosis for one or more of the following conditions:
    - Major depression
    - Bipolar disorder
    - Schizophrenia
- **Non-medical transportation for foster families**
  - E.g., rides to get groceries

Phase 2 - Actuarial Analysis

- **High-risk pregnancies**
  - Prevalence of high-risk pregnancies
  - Cost and utilization comparisons with non-high-risk pregnancies by ER, NICU, and other broad service categories to highlight cost drivers

- **Individuals with SPMI in STAR+PLUS**
  - Prevalence of individuals with SPMI in STAR+PLUS
  - Cost and utilization comparisons to non-SPMI members by broad service categories to highlight cost drivers

- **Foster children**
  - Compare costs and utilization to members in CHIP
  - Show cost drivers for these members

Milliman

Thank you

Darin Muse

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Endnotes

1. https://files.kff.org/attachment/fact-sheet-an-overview-of-actions-taken-by-state-lawmakers-regarding-the-medicaid-expansion
2. https://www.ncsl.org/Portals/1/Documents/Health/Medicaid_Waivers_State_31797.pdf
3. https://publichealth.gwu.edu/sites/default/files/RWJF%20MMC%20SDoH%20Contract%20Review%201213.pdf
4. https://assets.togetherforbettermedicaid.org/media/tbm_hma_strategies-for-addressing-sdoh-and-health-equity-brief_december-2021.pdf

Accelerating Food Insecurity Initiatives between MCOs and Food Banks

Stephanie Muth, Consultant

Rachel Koay, Chief Equity & Impact Officer, Feeding Texas

FEEDING TEXAS™

Project Scope

Phase 1: Engagement	Food Insecurity Working Group	Deliverable: Meeting Summaries and partnership models	5 Meetings 3 Emerging Partnership Models
Phase 2: Data Collection	Qualitative Data Collection to understand MCO interest, food bank capacity, and feasible partnerships	Deliverable: Assessment tool, Final report	1 Final Report Completed
Phase 3: Pilot Design	Partnership pilots	Deliverable: Outline and comprehensive design of 2 pilots	In Progress: 4 pairs showing potential 4 pairs needing time 1 pair not ready

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A Conceptual Framework: Cycle of Food Insecurity & Chronic Disease

IDENTIFYING & ADDRESSING FOOD INSECURITY AT A HEALTHCARE SITE

Continuum of Partnership Opportunities

Community Food Interventions

Managed Care Referrals

Targeted Food Interventions

Bundled Payment for food and wrap-around services

Targeted food distributions In schools, zip codes, and populations	SNAP Applications + Nutrition Education	**Medically Tailored Meals**

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Lessons Learned

MCOs

- Come to the table very flexible with what they want to fund
- Constrained by time, attention, and capacity to investigate food bank partnerships
- Limited knowledge around APM possibilities with food banks; corporate giving for existing food bank activities may be first step to engage

Food Banks

- New distribution models may take significant planning and infrastructure growth; utilizing existing models may be promising first steps
- Food banks are experts on client needs and preferences on distribution methods
- Food banks are defining partnership expectations, future growth, and flexibility in operations
- Successful partnership with food banks requires on-going investment and flexibility

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What is needed to drive change?

PARTNERSHIP
support & facilitation

Capture **LEARNING**
and progress

IMPLEMENTATION
of pilots

SCALE and
cultivate new efforts

Questions?

Center for Health Care Strategies

MCO SDOH Learning Collaborative: Phase Four Goals

Laurie Vanhoose, Principal, Treaty Oak Strategies

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

Center for Health Care Strategies

Year 4 SDOH MCO Learning Collaborative

- EHF will support a 4th Year of the Learning Collaborative
- Treaty Oak Strategies (TOS) and the Center for Health Care Strategies will support HHSC, EHF and the MCOs in Year 4
- TOS will work with TAHP and TACHP to conduct an MCO survey in November 2022 to gather information that may be helpful for the upcoming legislative session and to support discussions in Year 4

Year 3 Recap

- The Learning Collaborative has focused the third year on advancing health equity, including through:
  - strategies for collecting race, ethnicity, language, and disability data
  - addressing maternal health disparities and health disparities and health care access in rural areas
  - discussions related to the Pathway Community HUB model
  - developing evidence to support greater investment to address non-medical drivers of health
    - CHCS In-Lieu of Report
    - Milliman Texas Based NDOH Study
    - Food Bank Pilot Project

Year 4 Proposed Topics/Agenda Items

Identify APM and SDOH Infrastructure Needs

- **Meeting 1: Screening Tools**
  - Discussion regarding screening tools and data platforms used by both MCOs and providers in Texas and at the national level
- **Meeting 2: Data Sharing**
  - Discussion on data sharing from both a MCO and provider perspective
- **Meeting 3: Encounter Data and APMs**
  - Discussion on issues MCOs face when designing APMs that include non-covered Medicaid services or services that do not have HCPCs codes
- **Meeting 4: Legislative Recap**
  - Recap of legislation filed and passed related to previous or future work of the Learning Collaborative
- **Additional meetings based on feedback from TAHP, TACHP, MCOs, HHSC, and EHF**

Questions?

Center for Health Care Strategies

Visit CHCS.org to…

- **Download practical resources** to improve health care for people served by Medicaid.
- **Learn about cutting-edge efforts** from peers across the nation to enhance policy, financing, and care delivery.
- **Subscribe to CHCS e-mail updates**, to learn about new resources, webinars, and more.
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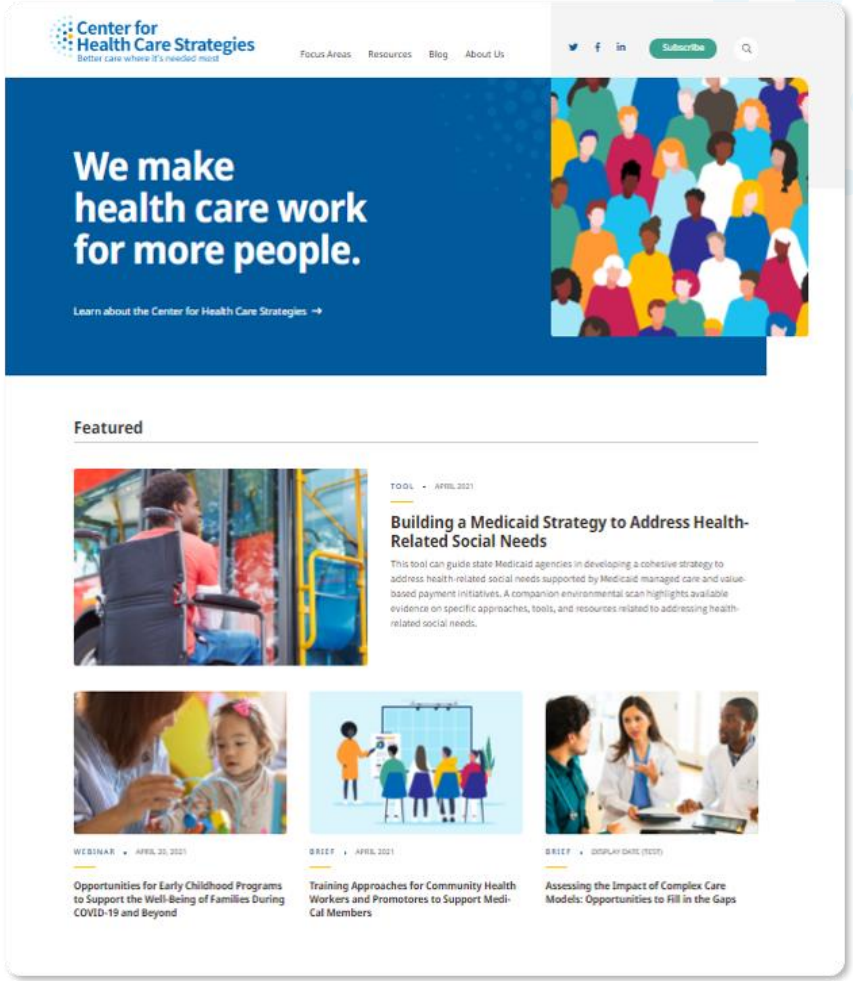

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