



Notes: MCO NMDOH Learning Collaborative In-Person Meeting February 22, 2023 / 10-2pm

1. Welcome and Introductions

- Dr. Ann Barnes, Episcopal Health Foundation President and CEO, kicked off Year 4 of the Learning Collaborative by opening everyone and reiterated their commitment to supporting this work.
- Jessica Lynch, Director of Policy & Medicaid Operations, TAHP, provided an overview of bills that have been filed so far, this legislative session that are of interest to the LC.
- Dr. Ryan VanRamshorst, Chief Medical Director for Medicaid and CHIP at HHSC also welcomed everyone and applauded the work the LC has completed to date.

2. Overview of Year 4 Topics, Proposed Workgroups and MCO Survey Results – See slides for additional details

- **Year 4 Topics:** Laurie Vanhose – Treaty Oak Strategies, provided an overview of Year 4 which will focus on infrastructure so that NMDOH interventions can be successful and measurable. Year 4 topics include:
 - Screening Practices
 - Referral Platforms
 - Data Sharing
 - Advancing NMDOH APMs
- **Workgroups:** The LC will add workgroups this year to help identify barriers and potential solutions – the workgroups will get more into the details than is possible with the full LC. Topics will include:
 - Data Sharing
 - Addressing Food Insecurities: Food Bank/MCO Partnerships and Food Rx Programs
 - Developing MCO – CBO Relationships
- **MCO Survey:** TOS worked with TAHP, TACHP and EHF to complete a 3rd survey regarding MCO investment in NMDOH and focused on 4 domains: screening, data sharing, current investments and APMs. The full report can be found [here](#). Key findings include:
 - 4 top needs identified by MCOs include: food, housing, utilities, and transportation
 - The survey asked MCOs to provide recommendations to address data sharing - many of the responses related to provider burden, and need for more integrated systems to share information.
 - The survey also focuses on existing MCO and Food Bank relationships.

- Alternative payment models – 7 MCOs indicated they have implemented an APM that incorporates NMDOH and 3 have had to halt implementation.

3. HHSC NMDOH Action Plan – See HHSC slides for additional details

- Emily Sentilles (HHSC Deputy Associate Commissioner, Quality & Program Improvement), Noelle Gaughen (Director of Quality Evaluation) and Joelle Jung (Senior Policy Advisor, Delivery System Quality & Innovation) provided an overview of [HHSC NMDOH Action Plan](#).
 - The action plan includes guiding priorities and strategic goals for Medicaid & CHIP Services (MCS) to coordinate new and ongoing NMDOH activities. Each Goal includes actions that are needed to support the work of MCOs and providers.
 - HHSC created the plan to advance the goals of the Texas Managed Care Quality Strategy.
 - MCOs can get involved by aligning with the priorities in the plan, participate in learning collaborative and share best practices with HHSC. Additionally the [Value Based Payment and Quality Improvement Advisory Committee](#) has a workgroup focused on the NMDOH Action Plan, providing additional opportunities to provide feedback and participate.
 - **Goals:** The plan priorities food insecurity, housing, and transportation and includes 4 Goals and actions associated with each goal. Additionally, HHSC explained potential next steps for each goal.
 - Goal A: Build 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.
 - 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
 - Next Steps: Obtain guidance and best practices on screening best practices, quality measures for screening and referral
 - Goal B: Coordinate services and existing pathways throughout the delivery system
 - Identify and facilitate strategic partnerships and a systematic approach for MCOs, providers, and community-based organizations (CBOs) 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 the HRSNs of Medicaid beneficiaries

- Next steps: A landscape scan of CBO capacity for partnerships, including rural capacity. A report that describes partnership models.
 - Goal C: Develop policies and programs that incentivize MCOs and providers to identify and address health-related social needs while containing costs
 - Propose and develop policies to reimburse Medicaid providers for completing recommended NMDOH screenings and follow-up actions (e.g., referrals or connections to resources) for Medicaid beneficiaries.
 - Develop and implement MCO incentives or requirements for NMDOH into existing initiatives, such as Performance Improvement Projects, recommended Value-Based Payment models, Pay-for-Quality metrics, Quality Improvement costs, and In-Lieu-of Services
 - Incorporate and standardize recommended NMDOH measures and clinical quality measures from A.1 in MCO and provider incentive programs
 - Explore statutory authorities to test health care delivery models for managed care (e.g., accountable care and population health approaches) and financial models (e.g., social risk-adjusted capitation)
 - Next Steps: Guidance on existing opportunities to reimburse or financially reward Medicaid providers. Identify policy barriers to the widespread adoption of NMDOH screening and referral activities
 - Goal D: Foster opportunities for collaboration with key partners
 - Sustain and strengthen an internal workgroup of NMDOH subject matter experts 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, 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
 - Next steps: Leverage the work of existing collaboratives. Identify new opportunities for collaboration.

- 4. Breakouts and Discussion of HHSC NMDOH Action Plan:** The LC broke out into discussion groups and reported back to HHSC on their thoughts about the action plan. EHF will provide detailed notes from each workgroup to HHSC for consideration. There were many common statements made by each group including:
- MCOs need direction/guidance from the Agency to raise the profile of this work internally (at MCOs) to leadership/decision maker levels so that decisions can be made. Direction in the plan should be rigid within the goal and outcomes, but flexible within the work done to get there. Agency should focus on the outcome and allow MCOs the flexibility to work toward the health outcome improvement in a way that works for their process.
 - Approaches may look different based on regional differences.

- Providers need clear guidance, flexibility, TA, and resources to establish and maintain an efficient workflow resulting in closed-loop referral. Everyone concerned about putting too much burden on providers.
- Data sharing is a huge obstacle. Different screening tools and different levels of adoption with EHR create barriers to implementation across providers.

5. The Texas Consortium for Research, Policy, and Practice on the Nonmedical Drivers of Health – see slides for additional details and handout. Elena Marks, Senior Fellow of Health Policy, Baker Institute for Public Policy, Rice University, presented to the LC about a new project she is working on to develop a user friendly, searchable hub that documents the programs in Texas that are integrating nonmedical interventions into the health care system. MCOs interested in participating in the Consortium are encouraged to reach out to her at emm4@rice.edu.

6. Introduction to Topic - Screening Medicaid Members: The afternoon sessions focused on a discussion about screening practices from both the MCO and the provider perspective.

- **State Trends:** Laurie Vanhose presented on findings from the MCO survey including:
 - All 14 responding MCOs indicated they survey for NMDOH either during the initial health risk assessment and/or during service coordination activities.
 - All are using different screening tools.
 - 3 MCOs do require providers to screen and share data either through APMs or pilots.
 - Provider burden listed as the main reason plans do not require providers to share data.
- **National Trends:** Diana Crumley with the Center for Health Care Strategies provided national trends related to screening including:
 - More organizations will screen for social needs due to shifting norms and new state and federal requirements
 - There is a new Social Needs Screening and Intervention (SNS-E) [quality metric for HEDIS](#) for 2023.
 - CMS building screening into Special Needs Plan Health Risk Assessment
 - [The Joint Commission Standards](#) effective January 2023
 - There are new CMS measures:
 - Hospital Inpatient Quality Reporting Program (mandatory reporting starting in 2024)
 - 2023 MIPS (voluntary)
 - New data standards will make it easier to document information about social needs
 - The Gravity Project - Established and maintains current value sets representing screening assessments across domains, including food, housing, and transportation.
 - The United States Core Data for Interoperability version 3 (USCDI v3) includes SDOH Assessments as a data element.
 - Healthcare organizations continue to fine tune their approach to screening, and partnerships

- California will create a Population Health Management Service with pre-populated fields, with data sourced from the state, health plan, and provider. State is clarifying that initial health risk assessments can be delegated to a provider.
- Accountable Health Communities in Texas have a wealth of best practices.
- States and federal partners are increasingly thinking about infrastructure to support this work – e.g., workforce, technology, community resources

7. Provider and MCO Panel on Best Practices for Screening Clients/Members for NMDOH – see slides for additional information

- Blanca Gaytan, Manager of Community Health at El Centro de Corazon explained how her FQHC has worked to integrate NMDOH screening into their clinic – they are using the PREPARE tool and use Unite Us to help make close looped referrals.
- Jessica Rios, Director, Health Equity, Community First Health Plan discussed their health plans approach to screening clients. She also mentioned that it would be easier to streamline our work if the LC developed a recommendation around streamlining screening tools or questions.
- Emily Larson, Director of Health Equity and Cultural Competency, Molina Health Plan provided insight into their work and mentioned that after reviewing Z-codes they identified that they can be misleading. She also explained how screening must be followed up on – for example a client may indicate in a screening that they do not have employment, but that does not necessarily mean they are seeking employment (could be a retired individual for example).
- Dr. Scranton, TMA. Dr. Scranton explained how her clinic screens for NDMOH but it is very difficult to connect clients to services and ensure they follow-up with those referrals. She wants a better way to connect with Service Coordination at the health plans so that she can do warm handoffs. She also doesn't know if it is Medicaid's role to be taking on NMDOH – it is a huge undertaking.

8. Facilitated Conversation: Where do we go from here? Laurie and Diana helped facilitate a conversation with the participants around screening tools.

- There were no objections when we discussed standardizing tools or questions – the plans and participating providers all indicated it would be important to at a minimum have a standardized set of questions to be included in all screenings to ensure we can implement solutions. Plans and providers could ask additional questions but need to ensure there are some standard questions across the system to help with data and tracking metrics.
- It is important that NMDOH questions are asked by member-facing health plan staff. There is trust and it allows those individuals to confirm responses and understand other caveats or the individual solution.
- Everyone appreciated hearing the provider perspective and would like to have more meetings that allow MCOs and providers to explore barriers and solutions together.

9. Recap of Day, Next Steps and Next Meeting – see slides with additional information. Shao-Chee, Vice-President for Research, Innovation and Evaluation, EHF, closed out the day with an

overview of the work they are doing with MCOs and encourage MCOs that want to work with EHF to reach out. Examples include:

- [Approaches for addressing nonmedical health drivers through Medicaid managed care.](#)
- [Moving Upstream: How Medicaid in Texas Could Use In-Lieu of Services to Address Non-Medical Drivers of Health](#)

10. Adjourn: The next meeting will be a webinar in March to present recent EHF studies and findings. Stay tuned for additional information.