TX MCO NMDOH LC Meeting Notes 9.21

- **Welcome and Introductions –** 10am
    - Anne Barnes, President and CEO, Episcopal Health Foundation
    - Kay Ghahremani, President and CEO, Texas Association of Community Health Plans
- **HHSC Updates**
    - **NMDOH Action Plan** – Joelle Jung, Senior Policy Advisor, Delivery System Quality and Innovation, Health and Human Services Commission
        - **Upcoming activities:**
            - HB1575 Screening Pregnant Woman for non-medical needs:
                - Require MCOs and Thriving TX Families (new name for Alternative 2 Abortions) Organizations to screen, coordinate and connect pregnant women to services, as well as collect data to send back to HHSC
                - Timeline: Complete screening questions by Dec 2023, implement requirements in MCOs and data reports back to HHSC by Dec 2024.
            - State Directed Payment Programs
                - CHIRP, RAPPS, DPP BHS providers will receive incentives for NMDOH screening
            - STAR+PLUS Social Needs Screening Requirements
                - Effective Sept 2024 - MCO screening for HRSN, working on provider training on HRSN screenings and community-based resources
        - **Audience Questions/Reactions**
            - Q: Updates on other CHW/Doula work related to HB1575 – provider type development, CPW policy changes?
                - A: Working on technical side of systems change to recognize CHW/Doulas as provider types - will provide timeline updates in future meetings.
            - Q: How are you developing these screening tools?
                - A: Developing the screening tool in TX based on existing tools- HHSC would like external input to understand what questions are more commonly used and what gaps exist in their tools - will be seeking input from health plan associations, advocacy groups for women's health, MCOs.
                - HHSC knows/acknowledges that MCOs will need to coordinate workflows with providers to avoid duplicative services as these screenings become mandatory.

- **MCO APM Framework** - Jimmy Blanton, Director, Office of Value Based Initiatives, Medicaid and CHIP Services, Health and Human Services Commission
    - Took emphasis off achievement target levels, and developed new APM-Performance Framework Principles
        - Promote options and flexibility that align with HHSC priorities
        - Increase adoption of Accountable APMs
        - Provide credit for collaboration
        - Broaden activities included in APMs, will offer a menu of options
        - Foster MCO and provider relations for successful APMs- ie more information in the public domain
    - MCOs earn points across five APM Domains over four years
        - APM Achievement Level (quantitative)
        - Quality Performance- based on performance indicator dashboard (quantitative)
        - APM Priorities
        - Measurement track definitions
            - Payment reform, quality, health equity, and advancements, data and infrastructure, multi-stakeholder alignment, and design
    - Some major decision points to consider:
        - Definition of accountable care, APM contracts with CBOs, structure of data collection tool, STAR and CHIP reporting (separate or together?), point requirements
    - **Audience Questions/Reactions**
        - Q: Timeline for rollout?
            - A: Any day now
- **Introduction to Texas-based CINs**
    - **FQHC Clinically Integrated Network** - Franchella Jennett, Clinically Integrated Network Executive Director, TACHC
        - Strategic mission around Value Based Care, goal to further support Community Health Centers with value-based care and setting up compatible data systems
        - 48 onboarded participants (out of ~70 eligible health centers)
            - Tiered health plans into 2 tiers- most in tier 1 (higher quality performers)
        - TACHE CIN Strategy- Leverages existing infrastructure in health centers, successful pilots demonstrating improved health outcomes, open to delegation or infrastructure investment
            - Helps existing systems be formalized and structured

        - 2024 Value Based Care Goals
            - Establish a standard quality measure set, deploy standard screening questions and Z code initiative (*could be good place to coordinate with HHSC*)
        - Goal to better manage total cost of care
        - **Audience Questions/Reactions**
            - Q: What are the entities you are looking to work with (in addition to FQHCs)?
                - A: Still lots of opportunity for partnerships to leverage collective lives and the efforts of health centers to deliver new care models- open to working directly with the state
            - Q: Would you be a contracting entity for FQHCs regarding value-based care?
                - A: Yes
    - **Rural Hospital Clinically Integrated Network** - John Henderson, CEO/President, TORCH
        - Doing similar work as TACHC and developed an integrated network to help ensure access in rural areas
        - "Stronger together" sentiment
    - **Community Pharmacy Enhanced Services Network** - Ben McNabb, Pharm.D, Owner & Pharmacist, Love Oak Pharmacy
        - Specialize in: adherence packaging, accredited diabetes prevention and care programs
        - Own a restaurant and fitness facility in the pharmacy- whole person care
        - Introducing Community Pharmacy Enhanced Services Networks- can help pharmacies with medical credentialing services- can enhance value-based services
        - First accountable pharmacy organization in the US- clinically integrated
        - Local trusted relationships- see patients ~35x/ year because they are located where they get their prescriptions
        - Pharmacies with home delivery services attract patients with SDOH concerns- great for getting folks needed care
        - Provided a great real case scenario of all the work they are doing to help Medicaid clients from ensuring access to pharamcy services to enhancing service coordination and helping identify and make referrals related to NMDOH
- **Facilitated MCO Discussion** – Kay Ghahremani and Laurie Vanhoose
    - Do you currently have any APMs that include some type of intervention to address NMDOH?
        - Yes we have an assessment tool for NMDOH- simple assessment using PRAPARE, asking providers to bill appropriate NMDOH diagnoses and

making referral to CBOs, using FindHelp Platform, closed loop system- relying on providers- provide incentive payments to engage providers beginning to end
        - Also, have a couple APMs - providers asked to send in Z-codes related to NMDOH - providers could do this easily and build into existing workflow- address race/ethnicity/language/social barriers
    - Do you have any best practices to share or consider when implementing APMs that address NDMOH?
        - Engaging subject matter experts that understand the program, getting providers who are willing to participate in this program, spending time with the patient to understand the program, constant communication with providers
    - What are the biggest barriers to developing and implementing NMDOH related APMs? What keeps you from implementing this type of APM if you haven't already?
        - Documentation of referrals, reporting capability with providers in multiple markets- "try to paint a win/win/win for provider/patient/MCO," but it doesn't always work out
        - Limited capacity among providers to help with screening, and nervousness among providers to take on screening because they are then responsible for connection to CBOs
    - Is there additional flexibilities or guidance the plans need from HHSC to be more successful in implementing NMDOH related APMs?
        - Need definitive clear guidance from HHSC on how to categorize APM if engage a CBO per the new APM framework
    - Are there any resources or topics that the Learning Collaborative could provide to help the plans be more successful in this area?
        - LC could help with APM accreditation
        - UPDATE
- **Financing NMDOH Activities through Medicaid: A National Perspective**
    - Anna Spencer, Senior Program Officer, Center for Health Care Strategies
    - Diana Crumley, Associate Director of Delivery System Reform, CHCS
    - CHCS will provide an overview of new Medicaid approaches to cover nutrition and housing support services, incent social risk factor screening, and require NMDOH-related quality improvement activities. This session will highlight examples from several states advancing NMDOH activities through value-based payment and Medicaid managed care, including Arizona, New York, North Carolina, and Ohio.
    - Federal Action
        - Screening for social risk factor
        - MCP model- intentionally a multi-payer model

        - Formal ILOS guidance
    - State trends
        - Tons of pilots and promising approaches- need standardization and coordination to scale these approaches/partnerships
        - Rates are not binding- acknowledging that things are fluid, standardization cannot trump all
        - Time and resources needed, phase implementation
        - Growing collaboratively with other MCOs to help maximize reach/impact, especially in similar areas
        - STANDARDIZE, STREAMLINE, COLLABORATE
        - ROI- can consider in terms of evaluation- Ex: not always looking for immediate ROI children's health, but important for long term quality
            - As it relates to children and families- most CBOs should to be place based
            - OH Medicaid collaboration- multiple MCOs in a region supporting local CBOs to support adoption of services, Collaboration requirement for quality withhold- doing research and collaborating with MCOs to show they're thinking about HRSN

→ ***LC interested in hearing more about work in OH***

- **Learning Collaborative Workgroup Updates**
    - Data Sharing - Lisa Kirsch, Senior Policy Director, Dell Medical School and Ardas Laurel, Dell Medical School
        - See slides for full update
        - Need to share data to avoid duplication of efforts
        - Need to be creative partnering with Medicaid
        - The workgroup will be focusing on how to improve data and data sharing around attribution which is necessary for any successful APM
        - Planning a full data LC meeting early next year
    - Addressing Food Insecurity – Barb Maxwell, Contract Consultant for Treaty Oak Strategies
        - Food banks have shared concern about a standardized referral process
        - The other major area of focus will be on developing measures for measuring food insecurity interventions for individuals engaged in Food RX models and to assist with HHSC action plan
    - CHW/HB 1575 Implementation - Laurie Vanhoose, Principal, Treaty Oak Strategies
        - MCOs met to develop recommendations related to implementation of HB 1575 – see slides for list of recommendations
        - Upcoming meetings will be open to larger group – CHWs, other providers, HHSC, etc.
        - Q: Any standardized mental health risk questions?

            - A: not related to NMDOH- Probably, within initial health risk screening
        - Q: What are questions asked around informed consent?
            - TOS will inquire from MCOs
- **Debrief and Next Steps**
    - Shao-Chee Sim, Vice President for Research, Innovation and Evaluation, Episcopal Health Foundation
        - So important to provide space for conversation across MCOs- trust-building and relationship building and collaboration
        - Appreciative of HHSC as thought/learning partner
        - CIN model very promising