MCO NMDOH Learning Collaborative In-Person Meeting Recap

March 1, 2024

On March 1, the Medicaid Managed Care Organization (MCO) Non-Medical Drivers of Health (NMDOH) Learning Collaborative (LC) kicked off year 5 of the project in at an in-person meeting Austin. March 1, 2024, also marked the first day of 12 months Medicaid post-partum coverage in Texas.

Shao-Chee Sim with the Episcopal Health Foundation (EHF); Kay Ghahremani with the Texas Association of Community Health Plans (TACHP); and Emily Sentilles, Deputy Associate Commissioner for Quality and Program and Improvement at the Health and Human Services Commission (HHSC), opened the meeting welcoming everyone to year 5 of the Learning Collaborative. The Collaborative was created following a 2018 MCO NMDOH survey conducted by EHF, TACHP, and the Texas Association of Health Plans and has grown exponentially to include additional foundations, organizations, and HHSC staff.

HHSC UPDATES

The Learning Collaborative has become a place for HHSC to provide updates on various initiatives related to the work of the group.

- Michelle Erwin the Deputy Associate Commissioner for Policy, Medicaid and CHIP Division at HHSC provided an update on implementation of HB 1575, which passed last session. The law will streamline MCO NMDOH screening questions and add doulas and community health workers as reimbursable case managers under the Case Management for Children and Pregnant Women's program (CPW).
- Hilary Davis, Senior Advisor in the Access and Eligibility Services Office at HHSC, provided an update on HB 12, which extends Medicaid coverage for pregnant women for 12 months post-partum.

HB 1575

Michelle shared a high-level timeline (see slides for details) and emphasized that education of providers will be very important and will begin in May of 2024, with Medicaid enrollment opening in Summer-Fall of 2024 with the go-live date sometime in the Winter of 2024-2025. The state plans to use the existing Texas CHW certification for credentialing criteria and for doulas is exploring the adoption of core competencies. Following Michelle's presentation there was conversation by the MCO reps and other participants around the importance of using this first CHW and doula bill to demonstrate improved health outcomes so that these providers can be leveraged for additional populations and services.

HB 12

Hilary provided an overview of how HHSC implemented HB 12. Important items of note include:

- Women who transitioned from Medicaid or CHIP after their pregnancy ended and who are within their 12 months postpartum period will be reinstated to full coverage.
- Women who received services while pregnant in Texas that would have been covered by Medicaid but who apply for Medicaid after their pregnancy ends are eligible for 12 months coverage.
- More information and resources from HHSC can be found here.

MATERNAL HEALTH

The importance of this day was not lost on the audience, and there was much excitement about the possibilities HB 12 opens to improve maternal and children's health in Texas. Representatives from 5 MCOs provided an overview of a new report: Engaging Medicaid Members: Identifying the Non-Medical Needs of Pregnant women.

EHF, Treaty Oak Strategies, the Michael and Susan Dell Foundation, Methodist Health Ministries, and the St. David's Foundation partnered with 5 MCOs (Community Health Choice, Baylor Scott and White Health Plan, Molina Healthcare, Superior and United Healthcare) to establish discussion groups with pregnant Medicaid beneficiaries to directly hear and understand their experiences. The LC held a robust conversation about the findings in the report and how HB 12 provides a greater opportunity to address maternal health. Findings and areas of conversation included:

- Most participants noted they had experienced domestic violence, mental health issues or had experienced some form of trauma.
- Childcare was a major issue.

- These women lacked formal pregnancy education – most knowledge came through word of mouth from family and peers.
- Health plans provided significant non-medical support.
- Most non-medical support came from members' social networks.
- Most participants uncomfortable asking or did not know to ask providers about NMDOH resources and said they would like NMDOH resource information at kiosks in offices so they would not need to ask their doctors for it.
- Most women worried about employment, many had unsafe or unreliable housing, transportation was a huge barrier, and some women worried about access to healthy foods.

Following the presentation, the conversation centered around key areas where we could do better including identifying why women do not understand or use the Medicaid transportation benefit, working to streamline WIC, SNAP, and Medicaid enrollment processes, and better coordination with provider offices.

NATIONAL POLICY LANDSCAPE SUPPORTING NMDOH

During lunch, the Center for Health Care Strategies provided an update on the national landscape of NMDOH intervention adoption and implementation. The slides provide great information about major trends, state activities, and federal authorities that allow coverage of NMDOH interventions. Discussion centered around the following topics:

- More states will cover nutrition and housing supports through Medicaid in response to recent CMS guidance.
- More organizations will screen for social needs in response to new federal Medicare requirements and codes, new CMS measures, new HEDIS measures, and new models from the CMS Innovation Center.
- Major questions remain. How can providers and plans better coordinate their approaches? How can organizations ensure their screening approach is effective and trauma-informed? What infrastructure is needed to support partnerships with community-based organizations?

DATA SHARING

Dell Medical School

The afternoon sessions focused on data and information sharing. In year 4 of the LC, we focused on necessary infrastructure to support successful NMDOH interventions, such as data sharing. The Dell Medical School has participated in the MCO NMDOH LC for many years and in year 4 helped facilitate a data sharing workgroup and shared

findings with the larger group during the March 1 meeting. Over the past year, the workgroup:

- Reviewed the data landscape for what is available with respect to NMDOH in Texas Medicaid.
- Developed an attribution process for MCO assignment of Medicaid enrollees to PCPs and other providers for alternative payment models.
- Learned about the potential of Community and Health Information Exchanges.
- Discussed the importance of incentives.

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Case Study: Oklahoma's Data Sharing Experience

The LC also welcomed Dr. David Kendrick, CEO of MyHealth Access Network (Oklahoma's HIE), to share their experiences and demonstrate the HIE's ability to enhance data collection and sharing across organizations and programs. MyHealth has evolved to support providers, payors, and other entities, and is now working with social needs and early childhood programs, where data can be even more fragmented. Membership in MyHealth now includes more than 600 organizations and provides the infrastructure for improving health, reducing costs, supporting value-based payment models, and has helped reduce provider burden and reduce health IT costs to providers and the state. Dr. Kendrick's slide deck goes into great detail and shares screenshots of the capabilities and the growth of their system.

Panel | Key Texas Activities: Data Sharing

Following Dr.Kendrick's presentation, Lisa Kirsch with UT Dell Medical School facilitated a panel with several Texas-based experts to share with the group work in Texas supporting data sharing infrastructure. Speakers included:

- Lisa Kirschner with the Central Texas Food Bank
    - Using Connect ATX (social care referral platform) to receive inbound referrals form United Way – 211 and community health centers.
    - Using FHIRedAPP, a patient engagement app, to receive referrals and share information with providers, etc.
    - Receiving enrollment data from HHSC but not person-specific data.
- Shreela Sharma with the Center for Health Equity
    - The Health Equity Collective is a greater Houston systems-level collective impact-driven coalition to address NMDOH needs and is supported by the Center for Health Equity as a part of UTHealth's backbone organization role.
    - Established in December 2018 with 200+ organizations and 50+ coalitions.
    - Conducting a FoodRX evaluation for pregnant mothers.

- Eliel Oliviera with Connexus
    - No wrong door approach to data aggregation that provides clinical, CBO and patient decision support.
- Phil Beckett with C3HIE
    - Partners and overview of network architecture in a case study of data sharing for the Texas Homeless Network
    - Discussion of potential for Health Data Utilities