Texas MCO NMDOH Learning Collaborative In-Person Meeting

DATE
October 10, 2025
9:30AM – 2:00PM

LOCATION
Texas Medical Association
Thompson Auditorium
401 W 15th Street

AGENDA

Registration and Breakfast
9:30am - 10:00pm

Welcome and Introductions
10:00am - 10:15am

Ann Barnes, MD, MPH
CEO, Episcopal Health Foundation

Emily Zalkovsky
Chief Medicaid and CHIP Services Officer, HHSC

HHSC Program and Policy Updates
10:15am - 11:00am

Michelle Alletto
Chief Program and Services Officer, HHSC

Joelle Jung, MPH
Project Manager, HHSC

Potential OBBBA Impacts
11:00am - 11:30am

Cecile Young
Executive Commissioner, HHSC

Michelle Alletto
Chief Program and Services Officer, HHSC

Emily Zalkovsky
Chief Medicaid and CHIP Services Officer, HHSC

Fostering MCO and Health Department Collaboration
11:30am - 11:45am

Sharon Shaw
President, Texas Association of City & County Health Officials

Break | Lunch (Provided)
11:45am - 12:00pm

Learning Collaborative Projects
12:00pm -12:30pm

FQHC CPW Playbook

Shannon Kelley
Principal, Shannon Kelley Consulting

Joshua Fernelius
Director Population Health, Community Health Choice

Palak Jalan
Interim CEO, My Access Health

MCO and Provider Screenings: Data Sharing and Collaborations

Madeleine Richter-Atkinson
Associate, Treaty Oak Strategies

Anna Spencer
Senior Program Officer, Center for Health Care Strategies

Outcome Based Contracting

Zoe Burhop
Associate Director, Social Finance

Matthew Mellon, Director of Impact Advisory, Social Finance

Overview of the All Payor Claims Database
12:30pm - 12:45pm

Lee Spangler
APCD Executive Director, CDHC, UTHealth Houston School of Public Health

MCO Medically Tailored Meal Programs
12:45pm - 1:15pm

Trina Mays, RN, MSN
Clinical Quality Improvement Specialist Quality Management, Dell Children's Health Plan

Jessica Rios
Director, Health Equity, Community First Health Plan

Gabriela Montejano-De La Cruz
Population Health, Disease Management Manager, Community First Health Plan

Elyse Henson, RDN, LDN
Clinical Nutrition Manager, CommunityCare

CBO and MCO Contracting
1:15pm - 1:55pm

Laurie Vanhoose (Facilitator)
Principal, Treaty Oak Strategies

Emily Sentilles
Deputy Associate Commissioner, HHSC

Pathway Community Hub

Olga Rodriguez
Chief of Staff and Associate Vice President, Texas A&M Health Science Center

Elizabeth Lutz
CEO, The Health Collaborative

BCBSTX FARMacy Partnership

Len Roof
Manager of Medicaid Operations, BCBSTX

Bella Kirchner
Vice President of Client Programs & Services, Central Texas Food Bank

Closing Remarks
1:55pm - 2pm

Shao-Chee Sim
Executive Vice President for Health Policy, Research & Strategic Partnerships, Episcopal Health Foundation

The Learning Collaborative is possible thanks to the support of the Episcopal Health Foundation and the Michael and Susan Dell Foundation.

Texas MCO NMDOH Learning Collaborative In-Person Meeting

October 10, 2025

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On October 10, 2025, the Medicaid Managed Care Organization (MCO) Non-Medical Drivers of Health (NMDOH) Learning Collaborative convened to discuss multiple topics. The Learning Collaborative meets in-person twice a year and holds webinars through out the year. This meeting was the Fall in-person for 2025. The Epsicopal Health Foundation (EHF) will continue to fund the project into 2026 – our 7th year of the Learning Collaborative. The meeting included representatives from the parnters listed above, health plans, provider asssociations, philanthropic organizations, FQHCs, community-based organizations and other important stakeholders. HHSC's Executive Commissioner Young also joined the meeting to provide important updates related to federal health care changes outlined in HR 1 or OBBBA.

Welcome/Introductions

Dr. Ann Barnes, CEO and President of EHF, kicked off the meeting welcoming everyone and complimenting the group on the record attendance for the meeting and the work over the past six years. Texas' State Medicaid Director at the Health and Human Services Commission (HHSC), **Emily Zalkovksy**, also provided opening remarks highlighting HHSC's work on the NMDOH Action Plan, implementation of key legislation and noted she has always wanted to attend a Learning Collaborative in-person meeting and was happy her schedule accommodated her to attend this meeting.

HHSC Program and Policy Updates

Joelle Jung and Michelle Alletto provided an overview of implementation of key initiatives including HB 25 which will allow for MCOs to offer medically appropriate, cost effective, evidence based nutrition counseling and instruction services as an ILOS and allows for a pilot of

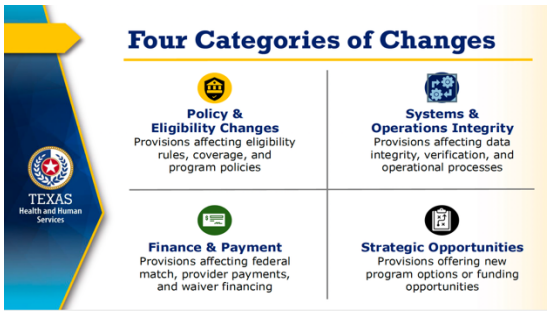
medically tailored meals. HHSC is still working on implementation plans but provided slides with key information about the bill. Joelle also spoke to updates on HB 1575 which implemented a new NMDOH screening tool and process for pregnant women in Medicaid. **Food security and childcare continue to trend as the highest areas of need** – see below and additional information in attached slides.

Non-Medical Needs among Pregnant Members Screened in May 2025		
Non-Medical Need	**Identified Need**	**Want Help***
Food Insecurity	28%	60%
Transportation	10%	75%
Experiencing Homelessness	2%	50%
Housing Insecurity	4%	
Paying Utilities	10%	
Housing Quality	6%	
Child Care	18%	93%

Michelle Alletto spoke to some of her goals for Texas' eligibility system including the need to continue to improve technology and automation. The attendees echoed the need to improve the TIERs system and engaged in conversations with Michelle on ideas for improving these processes and systems and desire to work with HHSC on this issue.

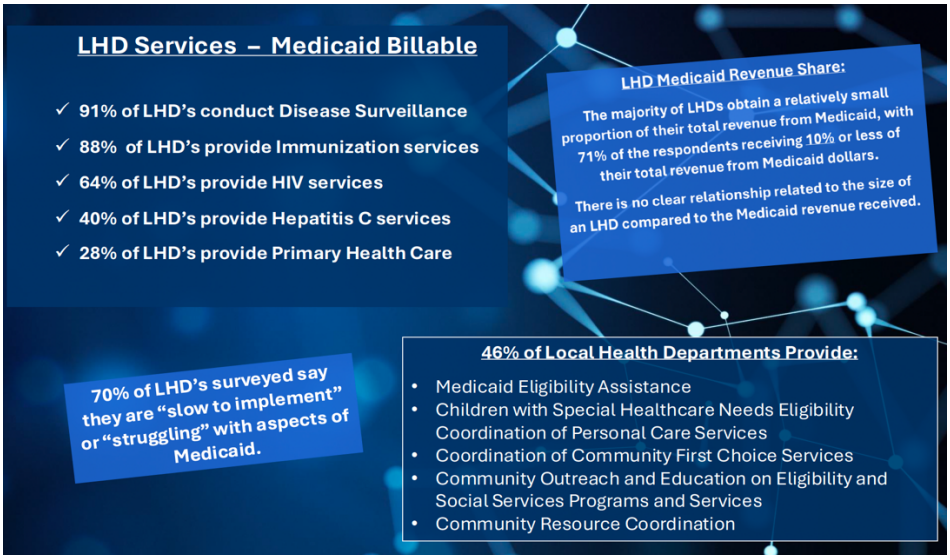
HR 1: Impacts to HHSC Programs
Commissioner Young, Michelle Alletto and Emily Zalkovsky provided the first external overview of the potential impacts of the federal legislation - HR1 (OBBBA) – on Texas HHSC programs. **Commissioner Young started the conversation with an overview of the $50billion allocated for rural health transformation and encouraged everyone to provide testimony at the public hearing on Monday.** HHSC is working on the federal application due later this month and is seeking input to finalize their response.

HHSC is still expecting additional guidance from CMS before they can implement several provisions but did provide details of changes and effective dates (see slides) and explained that the law triggers 4 major categories of change.



Health Plan and Health Department Collaboration

Before the Collaborative broke for lunch **Sharon Shaw with Texas Association of City & County Health Officials provided an update of work her association is doing to build stronger relationships with MCOs. Texas public health lost an estimated $800 million as a result of federal funding cuts.** This emphasizes the need for health departments to help MCOs understand their work, work on ensuring they can bill for the services they provide, and to build stronger relationships with payors. Today health departments are only contracted with 9 of the 16 MCOs and are interested in expanding their contracts and encouraged health plans to reach out to her at sshaw@taccho.org.



Learning Collaborative Updates

Learning Collaborative reps provided updates on several projects:

1. **A playbook for FQHCs on the Case Management for Pregnant Women and Children's program** CHW enrollment, credentialing, contracting and billing. Any health plan that

has experience adding CHWs – billing issues, contracting, best practices, policy issues please reach out to shannon@shannonkelleyconsulting.com.

2. **MCO and Provider Screenings Data Sharing and Collaboration**: The Learning Collaborative team is currently interviewing providers, MCOs and CBOs to identify best practices, barriers, recommendations around sharing data. They are looking for entities who are available to be interviewed and are looking for case studies to highlight over the next year. Contact Madeleine Richter Atkinson: Madeleine@treatyoakstrategies.com if you would like to participate.
3. **Outcome Based Contracting**: Social Finance is working with the Michael and Susan Dell Foundation on a project in Texas to identify needs around outcome based contracting. Their goal is to interview health plans and other stakeholders this fall to help inform a landscape analysis of who, what, were related to outcome based contracting in Texas.

Overview of the All Payor Claims Database

In September 2021, House Bill (HB) 2090, a health cost transparency law passed in the 87th Legislative session, established the Texas All-Payor Claims Database (TX-APCD) within The University of Texas Health Science Center at Houston (UTHealth Houston) and UTHealth Houston School of Public Health Center for Health Care Data. **The TX-APCD includes medical, pharmacy, and dental claims, as well as eligibility and provider files, collected from private and public payors.** It will contain administrative claims information on approximately 60% of all covered Texans, representing nearly 100% of medical claims regulated by the state.

Medically Tailored Meals and Value-Added Services

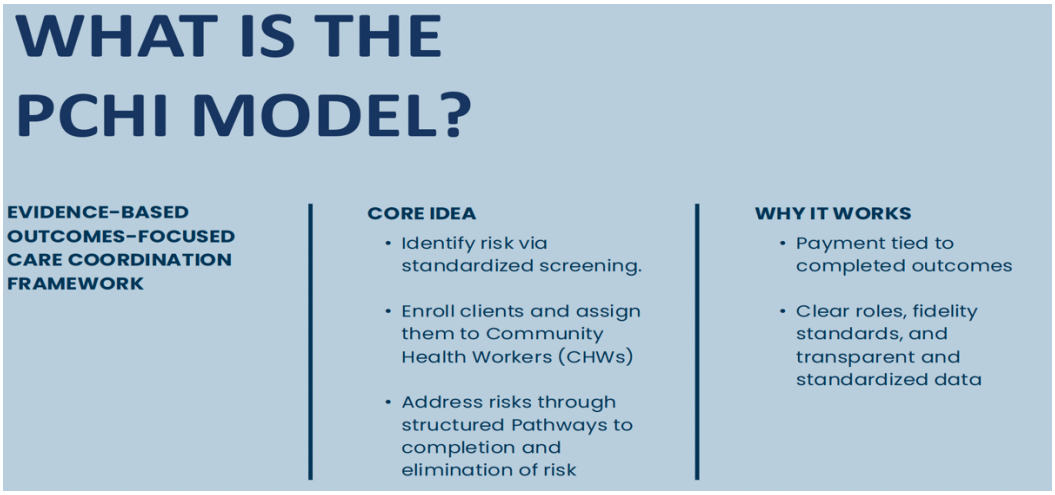
Many health plans offer meals as a value-added service and existing programs can provide a place to start as HHSC determines how to move forward with the medically tailored meals pilot authorized under HB 26.

Dell Children's and Community First Health Plan both presented on their programs – design, population, limitations. Dell Children's identified the fact that utilization was low but CFHP has had good uptake – we plan to dig deeper into how CFHP is educating members about the benefit as a best practice. **Elyse Hensen with Community Care** talked about their FQHC's program to advance medically tailored meals and highlighted the need for Texas to ensure a comprehensive approach that includes dieticians and education.

CBO and MCO Contracting

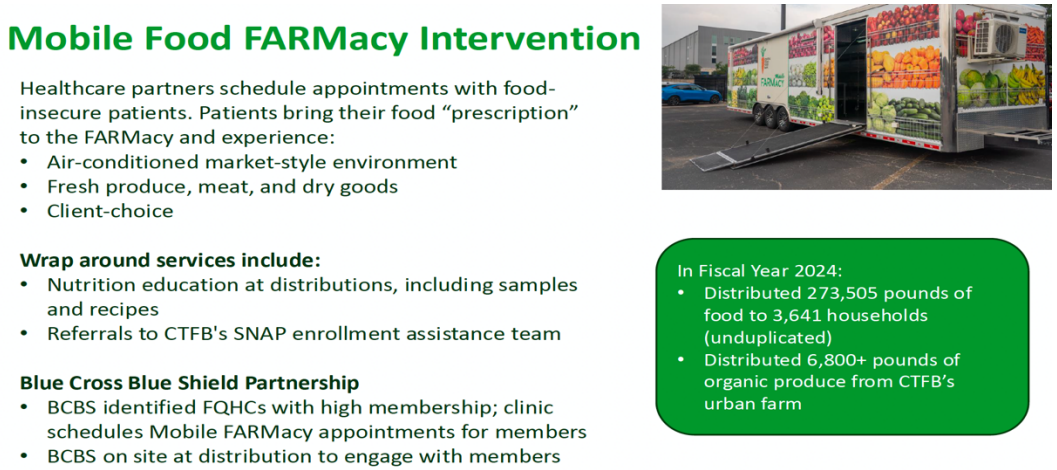
MCOs and CBOs often struggle to **develop contracting arrangements and the reasons vary**. The Learning Collaborative would like to continue to discuss this topic during the next year of the LC so asked several entities to participate on a panel to discuss their successes, barriers, etc. **Emily**

Sentilles with HHSC started the conversation with a high-level overview of the work they are doing related to encouraging MCOs to contract with CBOs including adding it as a priority in the APM framework. Emily also highlighted the work of the Pathway Community HUB and that an MCO has categorized their contract with the Pathway Community Hub as an APM.



Two of the four **Pathway Community Hubs** in Texas provided an overview of the model and discussed their current pain points and experiences contracting with MCOs. **Hubs are currently in Brazos, Williamson, Harris and Bexar counties** and are interested in contracting with MCOs – see slides for details about each site, the model, their goals, etc. The representatives stressed that the goal of the program is to only receive reimbursement for closed pathways – they are only paid once the client receives the services to address the identified need. The main pain points for contracting include trying to navigate the MCO and identify the right person and contracting requirements that may not be relevant or easy for a CBO (for example liability insurance.

BCBSTX and the Austin Area Food Bank provided an overview of their FARMacy program:



Closing Remarks

Shao-Chee Sim with EHF provided closing remarks including the fact that this was the largest attendance for an in-person meeting, complimented all the work that is taking place around the state, and noted that there will be a webinar on Diabetes Prevention on October 27th.

Texas MCO NMDOH Learning Collaborative **In-Person Meeting**

October 10, 2025

Made possible thanks to the support of the Episcopal Health Foundation and the Michael and Susan Dell Foundation

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

EPISCOPAL HEALTH FOUNDATION

TACHP Texas Association of Community Health Plans

TREATY OAK STRATEGIES

The University of Texas at Austin Dell Medical School

Michael & Susan Dell FOUNDATION

TAHP The Texas Association of Health Plans

TEXAS Health and Human Services

Welcome & Introductions

Ann Barnes
Episcopal Health Foundation

Emily Zalkovsky
Health and Human Services Commission

HHSC Program & Policy Updates

Michelle Alletto
Health and Human Services Commission

Joelle Jung, MPH
Health and Human Services Commission

HHSC Updates related to NMDOH: H.B 1575 (88th) and H.B. 26 (89th)

Joelle Jung, *Manager*
Delivery System Quality & Innovation (DSQI),
Medicaid & CHIP Services (MCS),
Texas Health & Human Services Commission (HHSC)

Agenda

1. **H.B. 1575: Update on MCO-reported Data "Non-Medical Needs Screening Report"**
2. **H.B. 26: Overview of Nutrition ILOS**
3. **Questions**

Agenda

1. **H.B. 1575: Update on MCO-reported Data "Non-Medical Needs Screening Report"**
2. **H.B. 26: Overview of Nutrition ILOS**
3. **Questions**

H.B. 1575 Summary (88th TX Leg.)

- Medicaid managed care organizations (MCOs) and Thriving Texas Families (TTF) screen pregnant women for non-medical health-related needs and coordinate services
- Pregnant women must opt-in

- MCOs and TTF share results with HHSC

- Community Health Workers (CHW) and Doulas as new providers of Medicaid case management for Children and Pregnant Women (CPW) case management services
- Revised provider training for CPW services

- Report sent to the Legislature every two years

TEXAS Health and Human Services

H.B. 1575: First Legislative Report (Dec 2024)

Non-Medical Health-Related Needs of Certain Pregnant Women Report

As Required by
House Bill 1575, 88th Legislature,
Regular Session, 2023

Texas Health and Human Services
December 2024

https://www.hhs.texas.gov/sites/default/files/documents/non-medical-health-related-needs-certain-pregnant-women-2024.pdf

TEXAS Health and Human Services

MCO Responsibilities

Complete the Screening

For all consenting pregnant members within 30 days of the member's enrollment or after the MCO identifies a pregnant member

Use the Results

Determine if the member requires:

- Covered services, like CPW
- Service coordination
- Value-added services
- Referrals to community resources

Report Data

First report due Jan. 30, 2025, must include data from Sept. 1, 2024, through Dec. 31, 2024

Subsequent reports will be submitted monthly

TEXAS Health and Human Services

Non-Medical Needs Screening Report: Updates (1 of 2)

TEXAS Health and Human Services

Highlights

- Each month, 100% of the expected total deliverables have been submitted on time by the MCOs
- As of today, MCOs have submitted data for 12 total reporting months (Sept 2024 – Aug 2025)
- Provisional data trends suggest the prevalence of non-medical needs are similar to the trends seen in MCO pilot data from Summer 2024

Data Limitations

- Reporting total pregnant population
- Reporting skip pattern errors, implausible values, and outliers

Next Steps

- HHSC is providing technical assistance to MCOs to:
  - Improve accuracy of reported data
  - Help share member outreach and screening best practices

Non-Medical Needs Screening Report: Updates (2 of 2)

TEXAS Health and Human Services

Non-Medical Needs among Pregnant Members Screened in May 2025		
Non-Medical Need	**Identified Need**	**Want Help***
Food Insecurity	28%	60%
Transportation	10%	75%
Experiencing Homelessness	2%	50%
Housing Insecurity	4%	
Paying Utilities	10%	
Housing Quality	6%	
Child Care	18%	93%

Questions about H.B. 1575 non-medical needs screening:
DSQI@hhs.texas.gov

Questions about H.B. 1575 doula and CHW requirements for CPW case management:

askcm@hhs.texas.gov

Agenda

1. **H.B. 1575: Update on MCO-reported Data "Non-Medical Needs Screening Report"**
2. **H.B. 26: Overview of Nutrition ILOS**
3. **Questions**

H.B. 26 Summary (89th TX Leg.)

- Requires HHSC to permit Medicaid managed care organizations (MCOs) to offer medically appropriate, cost effective, evidence-based **nutrition counseling and instruction services** in lieu of services specified in the Medicaid state plan

- Allows HHSC to establish a pilot that permits MCOs to offer the following in lieu of services (ILOS) to certain pregnant women through August 31, 2030:
  - **nutrition counseling and instruction services**
  - **medically tailored meals**, in combination with nutrition counseling and instruction services
  - **other evidence-based nutrition support services**

- Requires HHSC to submit to the Texas Legislature:
  - Annual report on all Medicaid ILOS
  - One-time report on pilot ILOS

https://capitol.texas.gov/tlodocs/89R/billtext/pdf/HB00026F.pdf#navpanes=0

TEXAS Health and Human Services

Questions about H.B. 26 nutrition ILOS:
DSQI@hhs.texas.gov

Potential OBBBA Impacts

Cecile Young
Health and Human Services Commission

Michelle Alletto
Health and Human Services Commission

Emily Zalkovsky
Health and Human Services Commission

TEXAS
Health and Human
Services

HR1: Impacts to HHSC Programs

October 10, 2025

Four Categories of Changes

Policy & Eligibility Changes

Provisions affecting eligibility rules, coverage, and program policies

Systems & Operations Integrity

Provisions affecting data integrity, verification, and operational processes

Finance & Payment

Provisions affecting federal match, provider payments, and waiver financing

Strategic Opportunities

Provisions offering new program options or funding opportunities

TEXAS Health and Human Services

TEXAS
Health and Human
Services

Medicaid & CHIP

Emily Zalkovsky, *Chief Medicaid and CHIP Services Officer*

Policy & Eligibility Changes

Federal Requirement Summary	Effective Date
Delay of Medicare Savings Program Rule	
Delays new Medicare Savings Programs (MSP) eligibility and enrollment rules - includes expanded family size for eligibility and using Low-Income Subsidy (LIS) data as an application.	October 1, 2034
Delay of Certain Medicaid and CHIP Eligibility & Enrollment Rules	
Delays streamlined Medicaid and CHIP rules. Provisions include items such as: Predictable expense projections for Medically Needy; Aligning renewal requirements for Modified Adjusted Gross Income (MAGI) and non-MAGI groups; Timeliness standards; Returned mail handling.	Varies Based on Effective Date
Change to Immigration Criteria for Medicaid & CHIP	
Limits eligibility to lawful permanent residents, certain Cuban or Haitian immigrants, and persons admitted under Compacts of Free Association (COFA).	October 1, 2026

TEXAS Health and Human Services

Sections 71101, 71102, 71109

Policy & Eligibility Changes

Federal Requirement Summary	Effective Date
Change to Coverage Periods	
Reduces prior-month Medicaid coverage from three to two months. Adds a state option to provide a two-month prior coverage period for CHIP.	January 1, 2027
Delay of Federal Nursing Facility Minimum Staffing Ratios	
Delays enforcement of the federal minimum staffing ratios for nursing facilities. Compensation reporting for direct care and support staff still applies.	October 1, 2034
Medicaid Work Requirements	
Requires states to implement work or community engagement requirements for certain adults. *Note: Work requirements do not apply to Texas Medicaid.*	January 1, 2027 *Notify individuals by October 1, 2026*

TEXAS Health and Human Services

Sections 71112, 71111. 71119

Systems & Operations Integrity

Federal Requirement Summary	Effective Date
Address Updates & Duplicate Participation Checks	
States must obtain updated addresses from USPS, National Change of Address (NCOA), and Managed Care Organizations (MCOs).	January 1, 2027
States must submit Social Security Numbers (SSNs) and other identifiers monthly to CMS for duplicate participation checks. The Public Assistance Reporting Information System (PARIS) will no longer be required.	October 1, 2029
Deceased Individual & Provider Verification	
Recipients: Quarterly Social Security Administration (SSA) Death Master File (DMF) check.	January 1, 2027
Providers: Death Master File (DMF) check before and during enrollment.	January 1, 2028
Payment Reduction for Erroneous Excess Payments	
Expands the definition of "erroneous excess payment," to include payments where insufficient information is available to confirm eligibility and puts new limits on the amounts of penalties the Secretary may waive through good faith effort.	October 1, 2029

Sections 71103, 71104, 71105, 71106

Finance & Payment Provisions

Federal Requirement Summary	Effective Date
Limits on State Directed Payments	
Cap at 110% of Medicare for non-expansion states.	Immediately
10% reduction for grandfathered programs.	January 1, 2028
Section 1115 Waiver Budget Neutrality	
New or renewed Section 1115 waivers must be certified budget-neutral by the CMS Chief Actuary.	January 1, 2027

TEXAS Health and Human Services

Sections 71110, 71116, 71118

Strategic Opportunities

Federal Requirement Summary	Effective Date
Rural Health Transformation Program	
$10 billion per year for federal fiscal years 2026–2030. 10% may be used for administration.	Applications Due: December 31, 2025
New Waiver	
States may create new Home and Community-Based Services (HCBS) waiver for individuals not meeting institutional level of care.	July 1, 2028

TEXAS Health and Human Services

Sections 71404, 71121

TEXAS
Health and Human
Services

SNAP

Michelle Alletto, *Chief Program and Services Officer*

Policy & Eligibility Changes

Federal Requirement Summary	Effective Date
Work Requirements for Able-Bodied Adults Without Dependents	
Modifies the age range and certain criteria for individuals subject to SNAP federal time limits.	Immediately
Removes the exceptions implemented with the Fiscal Responsibility Act for individuals who are homeless, veterans or former foster youth under age 24.	Immediately
Limits exceptions to ABAWD work requirements to households with dependent children under 14.	Immediately
Change to Immigration Criteria for SNAP	
Limits eligibility to lawful permanent residents, certain Cuban immigrants, and persons admitted under Compacts of Free Association (COFA).	Immediately

Sections 10102, 10108

Finance & Payment Provisions

Federal Requirement Summary	Effective Date
Cost Sharing Changes	
Requires states to pay a percentage of the costs incurred for SNAP benefits if the state's SNAP payment error rate exceeds 6%.	October 1, 2027
Increases the state share for SNAP administrative costs from 50% to 75%	October 1, 2026
SNAP Education Funding Elimination	
Rescinds the federal funding for the entire SNAP Nutrition Education (SNAP-Ed) program effective the end of Fiscal Year 2025.	September 30, 2025

TEXAS Health and Human Services

Sections 10105, 10106, 10107

Fostering MCO and Health Department Collaboration

Sharon Shaw
Texas Association of City & County Health Officials

TACCHO

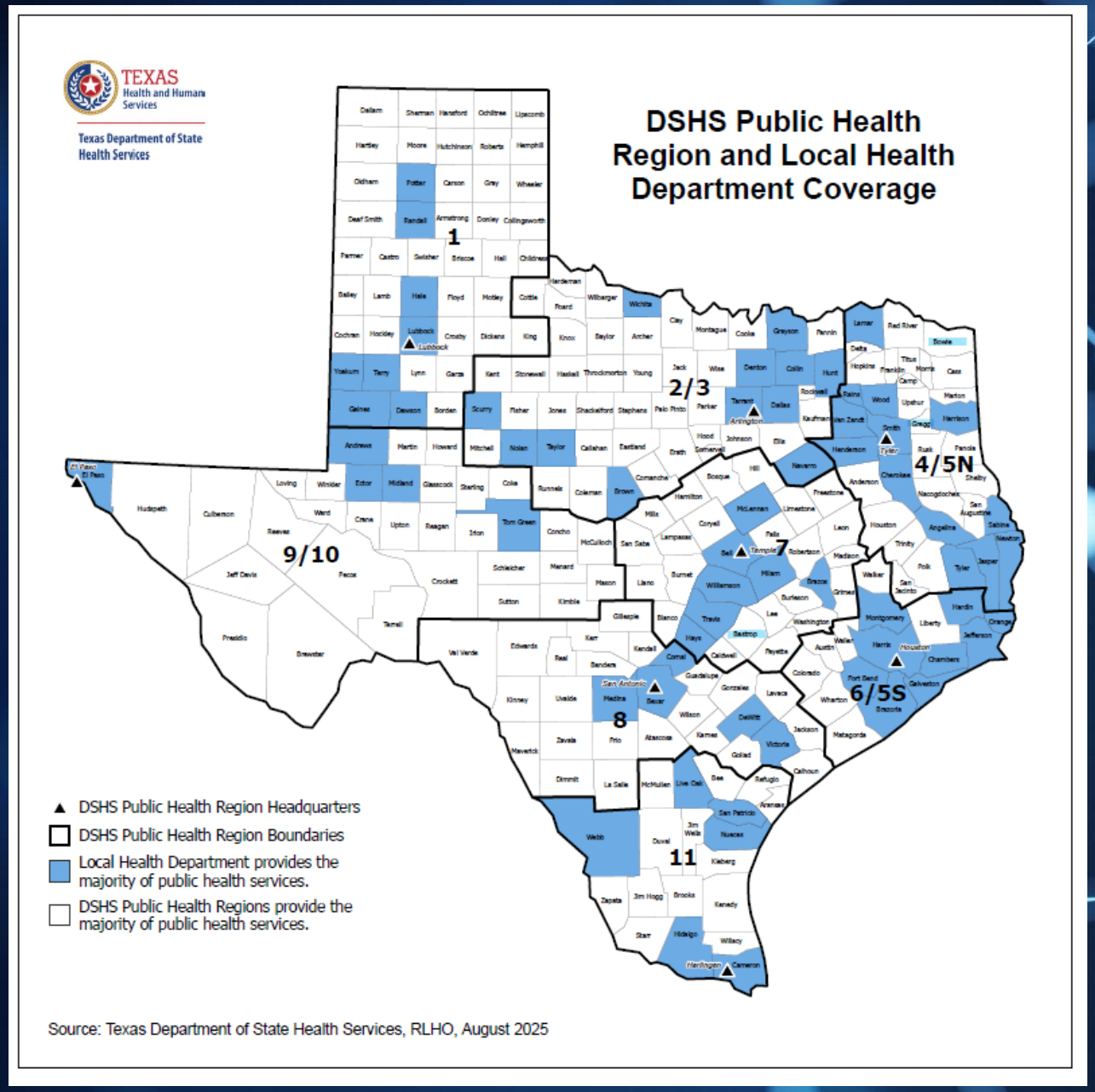
Texas Association of City & County Health Officials

*LEADERSHIP*EDUCATION*ADVOCACY*DEVELOPMENT*

Supporting Texas Local Public Health Infrastructure

Texas MCO NMDOH Learning Collaborative

October 10, 2025



Snapshot:

Texas Public Health

- 254 Counties
- 50+ Local Health Departments
- DSHS
  - Central Office - Austin
  - 8 Public Health Regional Offices

DON'T MESS WITH TEXAS PUBLIC HEALTH

How Do Federal Funding Cuts Affect Texans?

Critical Public Health Programs at Risk

Disease response, including investigations of notifiable conditions and public health follow-up for potential measles, congenital syphilis, Ebola, polio, plague, rabies, lead poisoning, and other diseases. These delays could impact hospital systems, schools, prisons, and communities.

Vaccination clinics, which seek to improve vaccination rates and protective coverage against potentially severe and life-threatening vaccine-preventable diseases – one of which is measles – as Texas continues to fight a growing measles outbreak that has already claimed the lives of two children.

Food safety inspections, which aim to ensure the safety of food offered to the public and prevent foodborne illnesses.

Wastewater surveillance, for early detection of H5N1 and other pathogens, lead, controlled substances, and other toxic contaminants.

Public health data collection and reporting, which contribute to preventing outbreaks, analyzing disease trends, reducing costs, and informing public health policy.

Health-for-all efforts, which seek to improve access to care and provide supportive services to Texas' most underserved communities.

What Do These Funding Cuts Mean?

Public health has historically been underfunded, and these substantial funding cuts will chip away at Texas' essential public health infrastructure.

In 2025, Texas Public Health lost an estimated $800 million dollars as a result of Federal funding cuts.

Public Health Workforce

Texas Vaccines for Children (TVFC)

Epidemiology and Laboratory Capacity (ELC)

LHD Services – Medicaid Billable

- ✓ 91% of LHD's conduct Disease Surveillance
- ✓ 88% of LHD's provide Immunization services
- ✓ 64% of LHD's provide HIV services
- ✓ 40% of LHD's provide Hepatitis C services
- ✓ 28% of LHD's provide Primary Health Care

LHD Medicaid Revenue Share:

The majority of LHDs obtain a relatively small proportion of their total revenue from Medicaid, with 71% of the respondents receiving 10% or less of their total revenue from Medicaid dollars.

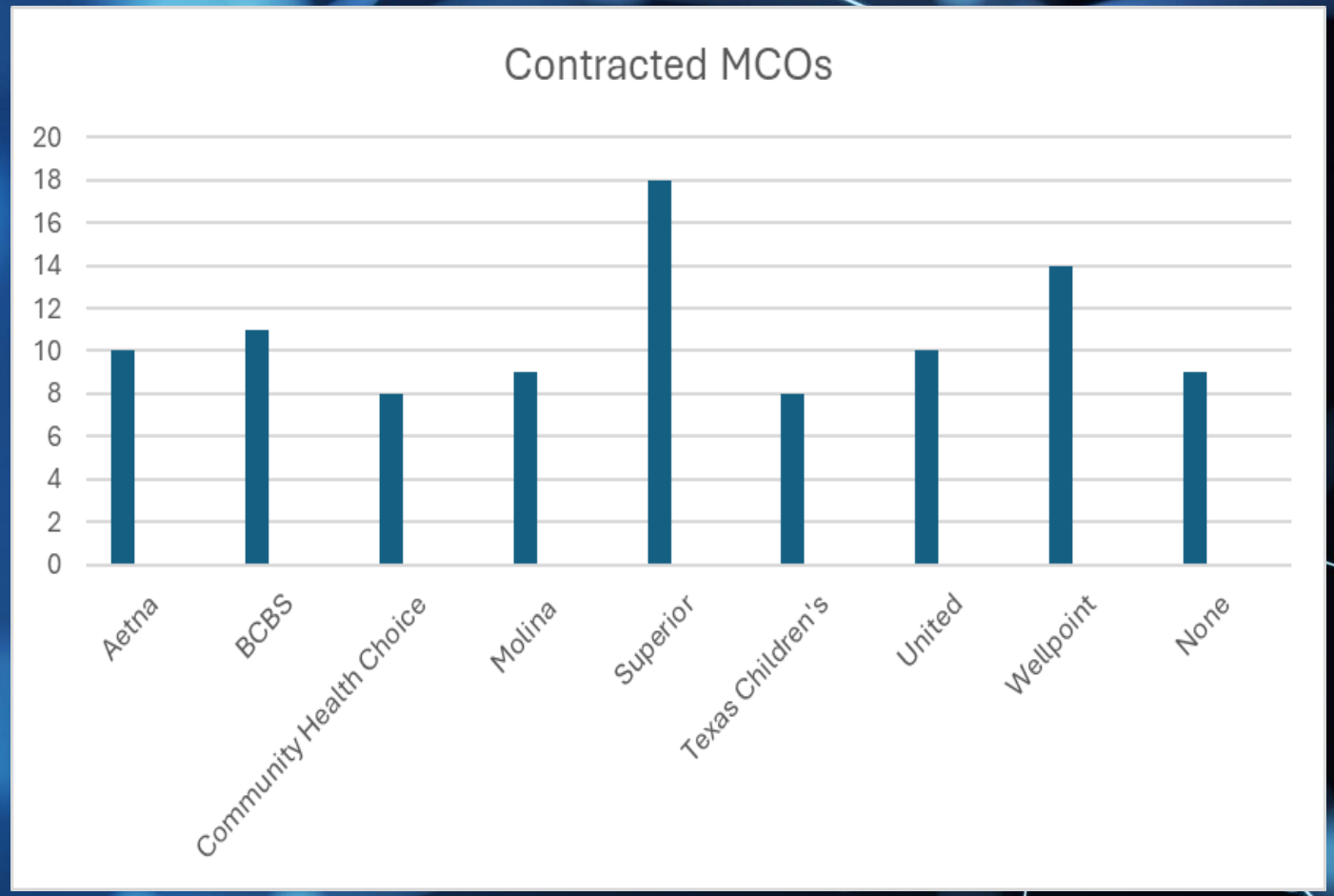
There is no clear relationship related to the size of an LHD compared to the Medicaid revenue received.

70% of LHD's surveyed say they are "slow to implement" or "struggling" with aspects of Medicaid.

46% of Local Health Departments Provide:

- Medicaid Eligibility Assistance
- Children with Special Healthcare Needs Eligibility Coordination of Personal Care Services
- Coordination of Community First Choice Services
- Community Outreach and Education on Eligibility and Social Services Programs and Services
- Community Resource Coordination

Medicaid Managed Care Organizations that LHD's are currently contracted with…



Other MCOs:

- First Care
- Cigna
- Cook Children's
- Community First
- First Care Star Medicaid
- Right Care (S&W)
- Driscoll Children's Health Plan
- Ambetter

Opportunities !

TACCHO – Supporting The Public Health Future of Texas

Explore strategies for modernizing local public health systems that:

- *focus on enhancing billing infrastructure*
- *identify sustainable models for public health to participate in, and be reimbursed through, the broader healthcare system*

Medicaid MCO's – LHD Collaboration

LHD Challenges: Medicaid Provider Type/Contracting

MCO Credentialling

Billing Practices

Enhancing Billable Services

Looking Forward To Future

MCO – LHD Collaborations

Let's Talk !

Sharon Shaw

Texas Association of City & County Health Officials

sshaw@taccho.org

Lunch Break
Return at 12:00

Learning Collaborative Projects: FQHC CPW Playbook

Shannon Kelley
Shannon Kelley Consulting

Joshua Fernalius
Community Health Choice

Palak Jalan
My Health Access

IMPLEMENTATION OF CPW BILLING WITH FQHCS

- AccessHealth identified the need for a playbook for a Federally Qualified Health Center (FQHC) to bill for Case Management for Children and Pregnant Women (CPW) services.
- Community Health Choice agreed to help identify the steps for the playbook.
- The project team agreed to submit questions to and seek policy clarification from HHSC. We plan to share playbook with other MCOs and seek insput to assist FQHCs with billing statewide.
- Have other MCOs received and successfully processed CPW claims for FQHCs?

THANK YOU

Shannon Kelley
Shannon Kelley Consulting
(512) 784-7496
shannon@shannonkelleyconsulting.com

Learning Collaborative Projects: MCO and Provider Screenings Data Sharing and Collaboration

Madeleine Richter-Atkinson
Treaty Oak Strategies

Anna Spencer
Center for Health Care Strategies

NMDOH Data Sharing and Collaboration: Initial Findings

October 9, 2025

TREATY OAK
STRATEGIES

Exploring NMDOH Screening Best Practices

OBJECTIVE

- Identify regulatory processes and barriers to NMDOH data sharing
- Develop case study/ recommendations report

PROCESS

Key informant interviews

- General landscape of data sharing — ideal conditions, barriers, current practices
- Present NMDOH data landscape — unique difficulties, opportunities, observed best practices

Process

Identify present state and ideal scenario for NMDOH screening data sharing

Report outlining barriers and recommendations to improve coordination

MCO-Provider data sharing project as a case study

Comprehensive evaluation of best practices & final recommendations

Process

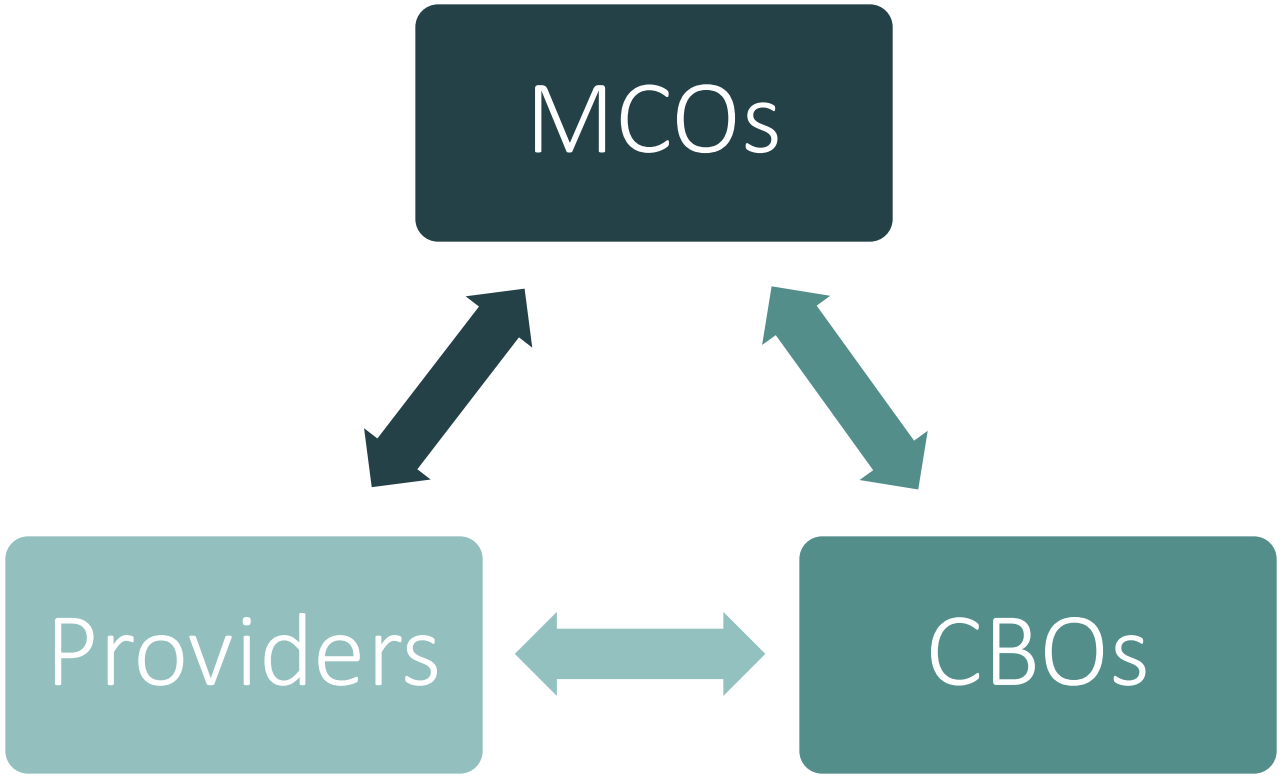
Identify present state and ideal scenario for NMDOH screening data sharing

Report outlining barriers and recommendations to improve coordination

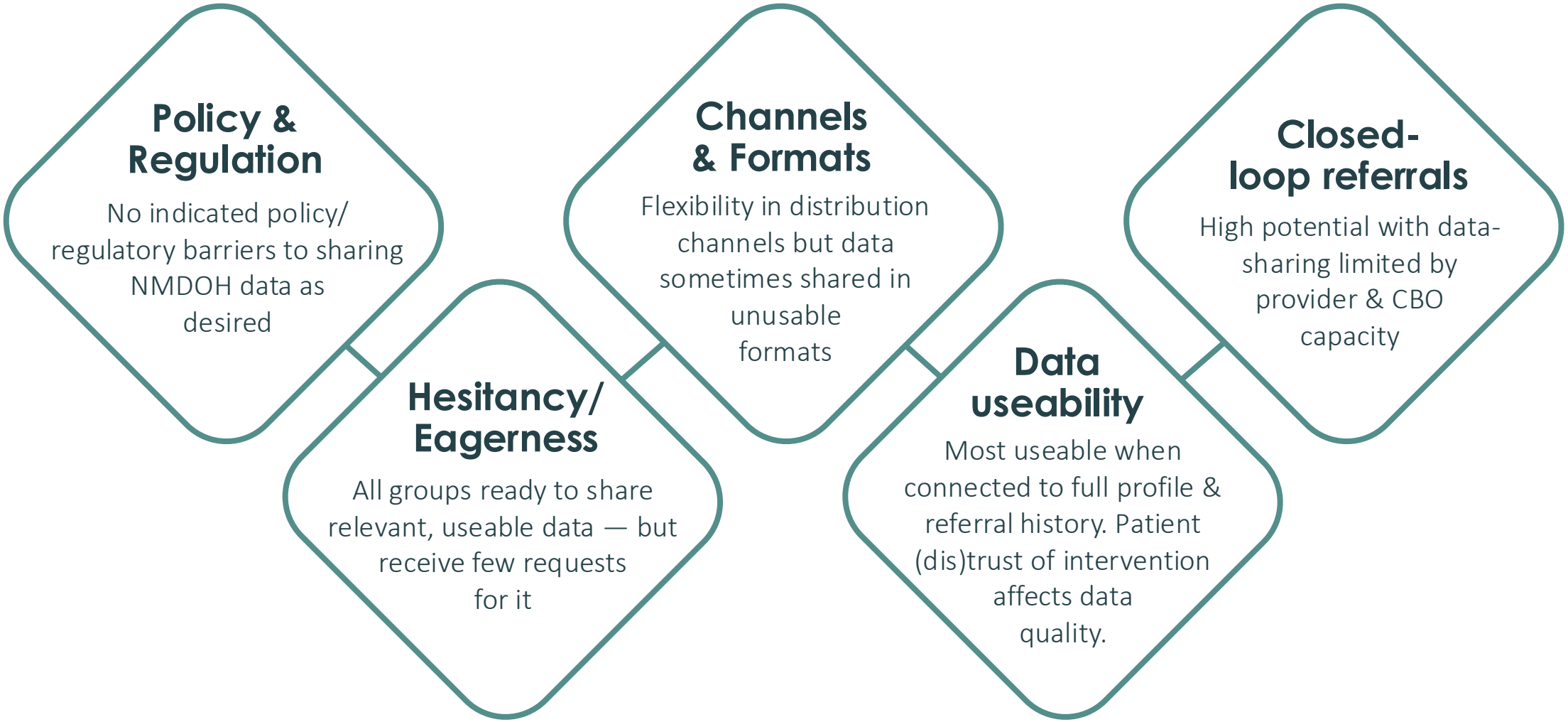
MCO-Provider data sharing project as a case study

Comprehensive evaluation of best practices & final recommendations

Interview Participants



Interview Findings



Learning Collaborative Projects: Outcome Based Contracting

Zoe Burhop
Social Finance

Matthew Mellon
Social Finance

Overview of the All Payor Claims Database

Lee Spangler
UTHealth Houston School of Public Health

Medically Tailored Meals and VAS

Trina Mays
Dell Children's Health Plan

Jessica Rios
Community First Health Plan

Gabriela Montejano-De La Cruz
Community First Health Plan

Elyse Hensen
CommunityCare


COMMUNITY FIRST
HEALTH PLANS
Medically Tailored Meals

Medically Tailored Meals

Value Added Service

Healthy Expectations Maternity Program

Eligible STAR members who complete a Community First postpartum assessment within 30 days of delivery will receive one home-delivered package containing 10 prepared meals.

Referral Process

- A Health Educator contacts the member 7 days after their due date, or when the member calls to report that their postpartum visit has been completed.
- Postpartum assessment is completed during the outreach.
- Member must agree to receive the home-delivered meals.
- The health educator completes the referral form, which includes:
    - Preferred menu type such as:
    - Low sodium/Heart-friendly
    - Vegetarian
    - Diabestes-friendly
    - Gluten free
    - Allergen information, if applicable.
- The completed referral form is emailed to the meal vendor.
- The Health Educator creates an authorization in the medical management system for claim payment.
- A confirmation email is received from the vendor, indicating that meals will be delivered within 1 to 3 business days.
- If the vendor is unable to contact the member, they will reach out to the Health Educator for assistance in coordinating delivery.

Value of Home Delivered Meals

- Providing home-delivered meals during the postpartum period offers essential nutritional support that promotes healing after childbirth.
- These meals ensure adequate intake of key nutrients, which is especially important for those who are breastfeeding. By reducing the need to cook or shop, they help prevent skipped meals or poor dietary choices caused by exhaustion and time constraints.
- Most importantly, home-delivered meals can reduce food insecurity during a time when household income may be reduced, and expenses are often higher.

CBO and MCO Contracting

Laurie Vanhoose
Treaty Oak Strategies

Emily Sentilles
Health and Human Services Commission

Olga Rodriguez
Texas A&M Health Science Center

Elizabeth Lutz
The Health Collaborative

Len Roof
Blue Cross and Blue Shield of Texas

Bella Kirchner
Central Texas Food Bank

PATHWAYS COMMUNITY HUB INSTITUTE MODEL

Texas Network Overview

Presented by

Elizabeth "Liz" Lutz | Health Collaborative | October 10, 2025

WHAT IS THE PCHI MODEL?

EVIDENCE-BASED OUTCOMES-FOCUSED CARE COORDINATION FRAMEWORK

CORE IDEA

- Identify risk via standardized screening.
- Enroll clients and assign them to Community Health Workers (CHWs)
- Address risks through structured Pathways to completion and elimination of risk

WHY IT WORKS

- Payment tied to completed outcomes
- Clear roles, fidelity standards, and transparent and standardized data

COMPONENTS & ROLES OF PATHWAYS COMMUNITY HUBS

PCH Organization

Contracts, quality/fidelity, data/reporting, training

Network leadership and partner engagement

CHW Agencies

Employ CHWs, deliver evidence-based Pathways, and document in the platform.

Community Referral Network

Warm handoffs across clinical, social, and faith partners and other providers

Measurement & Payment

Standard 21 Pathways

Payment for completed outcomes

FIDELITY & CERTIFICATION

PCHI

Fidelity Essentials

- Standardized screening and enrollment
- Pathway definitions, documentation, and closure criteria
- Supervision, QA, and ongoing training

Certification Benefits

- Convert pilots to multi-year contracts (payer/hospital)
- Validated PCHI Model fidelity and credibility with payers
- Comparable data and outcomes reporting across sites

TEXAS HUB HISTORY & MILESTONES

2018
The Health Collaborative launches first Texas HUB

2020
The Health Collaborative achieves PCHI certification, which remains active today

2023 - 2025
Texas network grows Harris County, Brazos County, Williamson County join

nbhp
NETWORK OF BEHAVIORAL HEALTH PROVIDERS

TEXAS PCH NETWORK

Value Proposition

For Payers

ED diversion, readmission reduction, maternal/diabetes outcomes

Performance-based payments linked to Pathway completions

For Counties & Communities

Scalable CHW workforce pipeline (RA + State Certification)

Shared standards, shared data, localized delivery

For Agencies & Partners

Clear roles, consistent training, referral reciprocity

CONTRACTING PROCESS

An Overview

1.

Discovery & Scope

- Define population, geography
- Align on outcomes, attribution, and data-sharing

2.

Pricing & Terms

- OBU/pricing per Pathway completion
  - quality and reporting expectations
- HIPAA/BAA and partner MOUs as applicable

3.

Operational Readiness

- CHW staffing plan, training, supervision, and platform onboarding
- Referral network setup and warm transfer protocols

CONTRACT REQUIREMENTS

MINIMUMS

- **Model fidelity & compliance**
  - Adherence to PCHI Model Standards, QA, and supervision
  - HIPAA/HITRUST-compliant data handling
  - Complete and meet Risk Assessment requirements

- **Data & Reporting**
  - Timely encounter documentation; shared metrics and dashboards
  - Member attribution roster and outcomes reconciliation

- **Workforce Training**
  - CHW certification/RA participation; ongoing CE/mentorship

- **Financial & Legal**
  - –Execution of PCH agreement, BAAs/MOUs; invoicing and settlement cadence

TIMELINE TO CONTRACT EXECUTION & LAUNCH

- Define population, outcomes
- Draft pricing schedule (OBUs) and data-sharing framework

WEEKS 0–4

- Finalize agreement, BAAs/MOUs; align reporting templates
- Recruit/confirm CHW agencies; training calendar

WEEKS 5–8

- Platform configuration, user access, documentation standards
- Referral partner onboarding; warm transfer scripts

WEEKS 9–12

- Soft launch with early cohorts; QA checks and rapid-cycle improvement
- Quarterly outcomes review and reconciliation

GO-LIVE (WEEK 12+)

IMPLEMENTATION SUPPORTS

Standard operating guides and Pathway toolkits

Data dashboards and fidelity audits

Training academy
RA + State Certification alignment

Peer learning across Texas PCHI Model network

CLOSING & NEXT STEPS

Ready to explore a contract?

- Identify target population and desired outcomes
- Schedule a scoping session (2 hours) to map Pathways and OBUs
- Align on 12-week launch timeline

Health Collaborative
Bexar County's Community Health Leadership

Contact Elizabeth "Liz" Lutz

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Website www.healthcollaborative.net

MCO NMDOH Learning Collaborative

BCBSTX Food As Medicine

BCBSTX Food as Medicine Initiative Overview

National Prescence, Local Care

MISSION:

Transforming healthcare from Sick-Care to Well-Care:

BCBSTX is committed to driving whole person health, fostering preventative wellness and creating food access opportunities for our members and communities through Food as Medicine Initiatives. We will work at the local level to improve access to resources, empower our members with healthy options, and innovate care delivery models.

GUIDING PRINCIPLES:

- Empowering whole person health with compassion and innovation
- Addressing NMDOH Food Insecurity
- Serving Culturally Sensitive, Population relevant
- Collaborating in Community to Close Gaps in Care
- Delivering Health Literacy Education & Tools for Permanent Change
- Prevention led multimodal experience

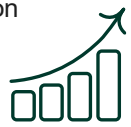
VALUE COMPACT:

Growth

Improve Effectiveness

Quality, Outcomes & HEDIS:

- Reduce HbA1c
- Reduce Stage 1 Hypertension
- Control Blood Pressure
- Improve Lipid Levels
- Sustain Weight Loss



Affordability

Improve Efficiency

Medical Cost Reduction

- Hospitalizations/Readmits
- Chronic Condition Mgmt
- Prescription Mgmt.
- Outpatient UM

Operating Model

Improve Experience

Stakeholder Experience

- Improve Provider Experience
- Improve Member Access
- Address non-medical drivers e.g. Food Security

Mobile Farmacy Collaborative Program Goals

- Goals of the Program:
  - Address NMDOH (Food Insecurity)
  - Address members with Open Care Gaps
  - Address members With Chronic Conditions
  - Provide additional needed resources/education
    - SNAP Benefit Counseling
    - Nutrition team support – recipes and health cooking tips

Pilot Overview

Scope – BCBSTX partnered with 2 FQHC's (Lone Star Circle of Care & People's Community Clinic) to outreach members with open HEDIS Gaps and administer NMDOH assessments. Those who screened positive for NMDOH were enrolled into the food insecurity pilot program.

BCBSTX Population Health Responsibilities

- Identify Members with the following HEDIS GAPS
  - Diabetes – HBD, EED, KED, SPD, SSD, BPD,
  - High Blood Pressure – CBP, SPC
  - Screenings – BCS, CCS, COL, AAP, CIS, WCV, WCC
- Perform outreach to Texas Medicaid members to secure appointments for HEDIS gap closures and schedule members for Mobil Farmacy appointments,
- Provide BCBSTX support to assist with the Mobile Farmacy shopping experience

FQHC/Provider Responsibilities

- Scheduling all appointments
  - For HEDIS Gap Closure
  - For Food Distribution
  - Providing outcome results
  - Staffing support during events
  - Open communication with CTFB & BCBSTX

CTXFB Responsibilities

- Provision of Mobile FARMacy onsite at FQHC
- Providing outcome results
- Open communication with FQHC & BCBSTX

Member Outcomes

- HEDIS Gap Closure, improved dietary behaviors, better chronic disease management (A1C, blood glucose, bp-control, weight loss) connections to long-term resources and increased engagement in care.

CENTRAL TEXAS FOOD BANK

CBOs and MCOs

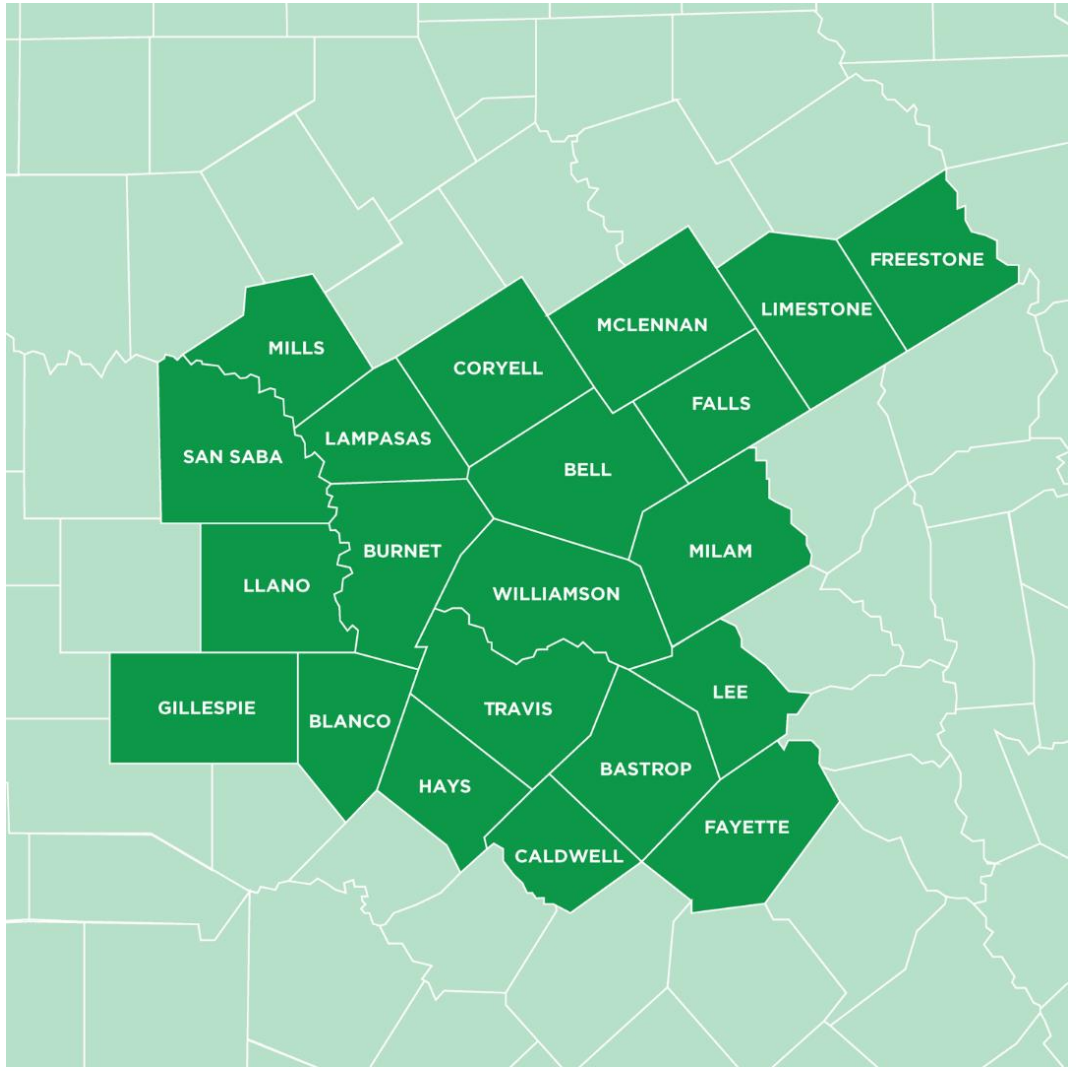
Prepared for
MCO NMODH Learning Collaborative Meeting

Presented by Bella Kirchner,
Vice President of Client Programs + Services
bkirchner@centraltexasfoodbank.org

October 2025

Who We Are

- We are the largest hunger-relief organization in Central Texas and a member food bank of Feeding Texas and Feeding America.
- Founded in 1981, CTFB provides food and grocery products through a network of nearly 250 nonprofit community partners and direct-service programs, serving about 93,000 people every week.
- Headquartered in Austin, CTFB serves 21counties in Central Texas.



How does CTFB participate in NMDOH work?

Providers and care managers are screening and CTFB can be the **intervention**.

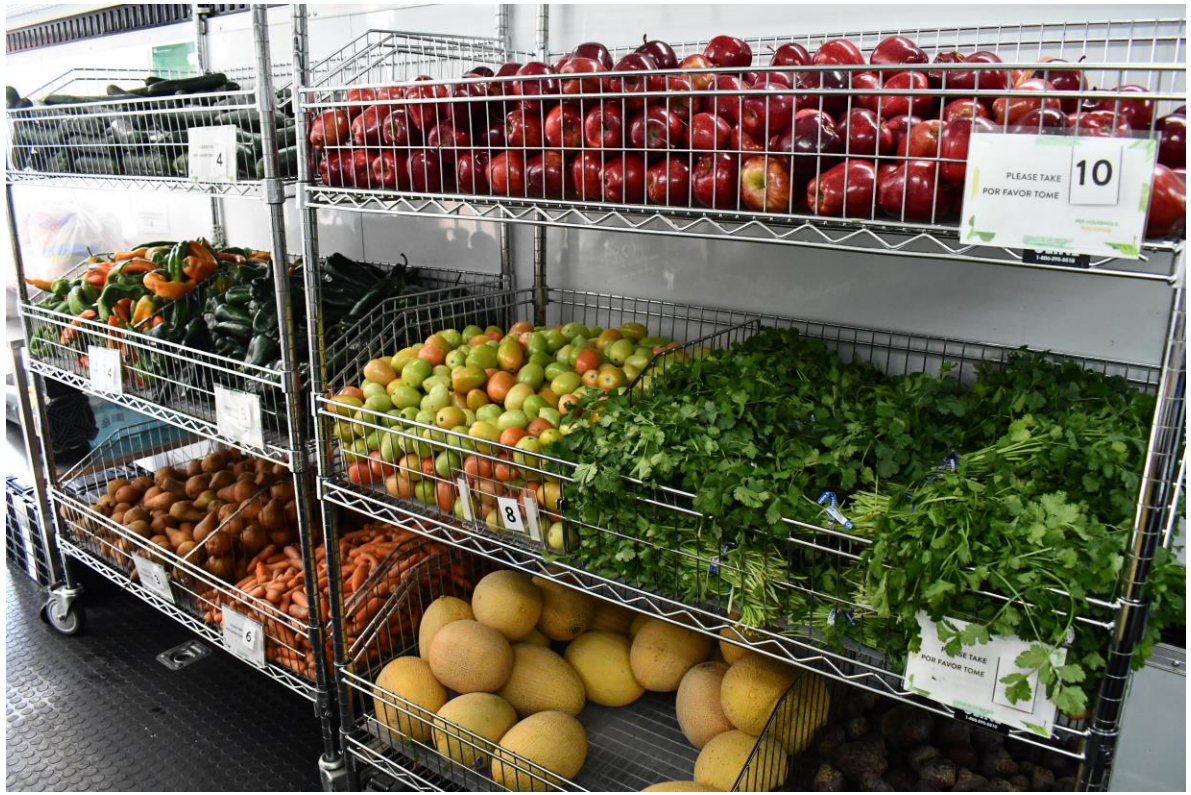
- Interventions include Mobile FARMacy, medically tailored meals, home delivery, onsite clinic and hospital pantries

Interest in **data** – which interventions correlate to improved health outcomes and lower costs?

- Closed-loop referrals
- Research projects

Provide **wrap-around services**

- Examples: SNAP enrollment, nutrition education



Mobile Food FARMacy Intervention

Healthcare partners schedule appointments with food-insecure patients. Patients bring their food “prescription” to the FARMacy and experience:

- Air-conditioned market-style environment
- Fresh produce, meat, and dry goods
- Client-choice

Wrap around services include:

- Nutrition education at distributions, including samples and recipes
- Referrals to CTFB's SNAP enrollment assistance team

Blue Cross Blue Shield Partnership

- BCBS identified FQHCs with high membership; clinic schedules Mobile FARMacy appointments for members
- BCBS on site at distribution to engage with members

In Fiscal Year 2024:

- Distributed 273,505 pounds of food to 3,641 households (unduplicated)
- Distributed 6,800+ pounds of organic produce from CTFB’s urban farm

Mobile FARMacy Impact

Surveyed 114 neighbors across distributions.

75% Reported at least one positive impact on their health

71% Feel more connected to their clinic while participating in the program

Most valuable aspects of the program:
46% Availability of healthy food
31% Ability to access food at their local clinic

"As a diabetic it has been hard for me to find motivation to make healthier meals and stay on top of my health. When I ran into Miss Emily and asked her for an appointment with the mobile FARMacy, she was very sweet, supportive and informative. Alex greeted me with a smile and made me feel welcomed, the gentlemen that are also on the truck are always friendly and willing to help me load my groceries or even walking inside the truck. Thanks to the recipes and samples that they are able to provide I've been able to make different meals that I enjoy. I look forward to Thursdays to speak with the staff, Miss Emily always asks me how I am doing, and I have been able to inform her that my Sugars are finally getting better."

78-year-old female patient

“I have felt that the Mobile FARMacy has been very beneficial to our patients. It has brought me a sense of comfort to know our patients can make healthier choices rather than only relying on processed food. Our patients are very pleased with the variety of produce offered by the Mobile FARMacy.”

Megan Hughes, PA-C
Medical Provider

Closing Remarks

Shao-Chee Sim
Episcopal Health Foundation