

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



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 associations, 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 Screening Report: Updates (2 of 2)



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%

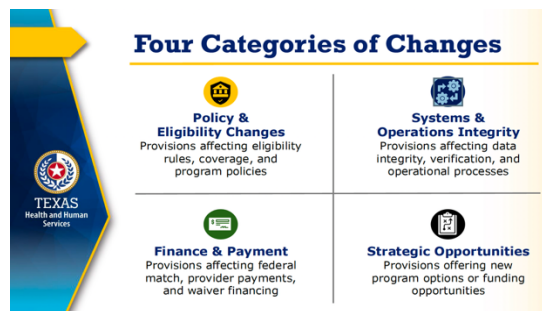
Michelle Alletto spoke to some of her goals for Texas' eligibility system including the need to continue to improve technology and automation. The attendees echoed the need to improve the TIERS system and engaged in conversations with Michelle on ideas for improving these processes and systems and desire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

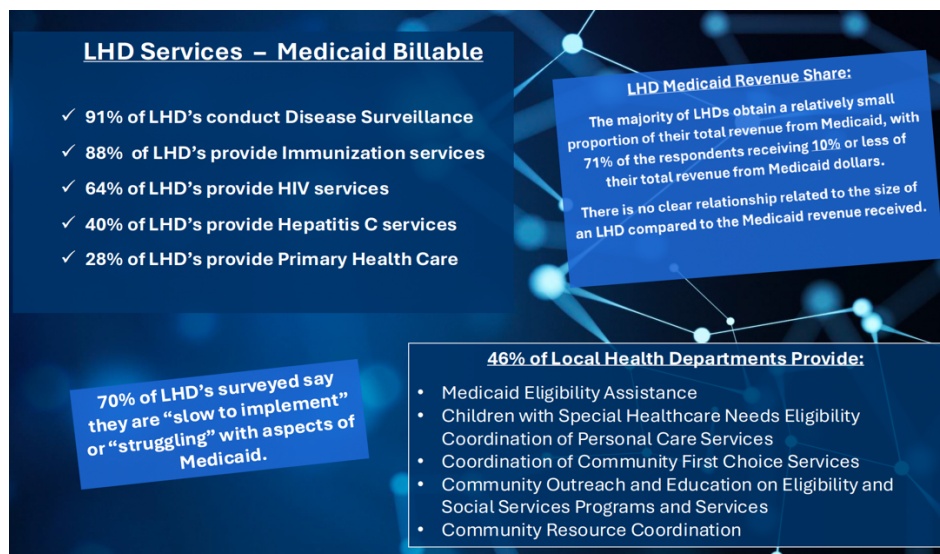
Commissioner Young started the conversation with an overview of the \$50billion allocated for rural health transformation and encouraged everyone to provide testimony at the public hearing on Monday. HHSC is working on the federal application due later this month and is seeking input to finalize their 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

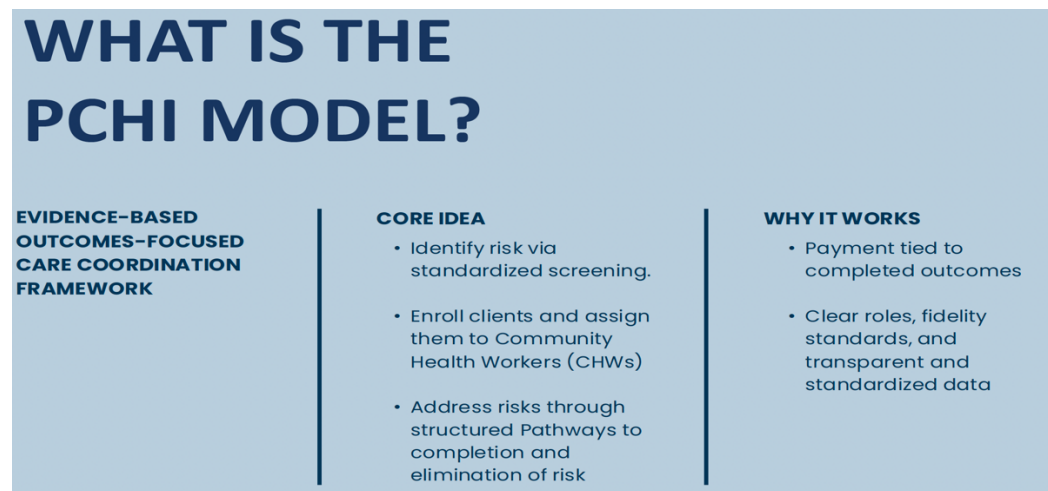
Many health plans offer meals as a value-added service and existing programs can provide a place to start as HHSC determines how to move forward with the medically tailored meals pilot authorized under HB 26.

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:

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

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.