

Texas MCO NMDOH Learning Collaborative

In-Person Meeting

October 16, 2026

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On October 16, 2026, 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 throughout the year. The Episcopal Health Foundation (EHF) will continue to fund the project into 2027 – our 8th year of the Learning Collaborative. The meeting included representatives from Learning Collaborative partner organizations (EHF, Michael and Susan Dell Foundation (MSDF), the Texas Association of Health Plans, Treaty Oak Strategies, the Texas Association of Community Health Plans, and the Texas Health and Human Services Foundation), health plans, provider associations, philanthropic organizations, community-based organizations and other important stakeholders.

Welcome/Introductions

Aliya Hussaini, Head of Health Initiatives for the US at MSDF, opened the meeting with a warm welcome, remarking on the importance of addressing NMDOH and the work Learning Collaborative partners have put in to build NMDOH innovation in Texas. **Shao-Chee Sim**, Executive VP for Research, Innovation, and Evaluation at EHF, followed up with his own welcome and excitement for the work ahead.

Legislative Recommendations from the Value-Based Payment and Quality Improvement Advisory Committee (VBPQIAC)

Ahead of the 90th Texas Legislative Session, **Ardas Laurel** of Dell Medical School and **David Weden**, Chief of System Finance at the Texas Council of Community Centers, shared recommendations prepared by the VBPQIAC subcommittees. Those relating most closely to Learning Collaborative projects include:

- Review implementation of HB 1575 for lessons learned and next steps, including data collection and sharing, actions to meet identified needs, and CHW and doula enrollment.
- Increase capacity of nonprofits to engage with MCOs to more effectively implement NMDOH services
- Work with the Legislature to identify evidence-based strategies that include NMDOH elements for a diabetes prevention program in Texas Medicaid



- Ensure the sustainability of Rural Texas Strong initiatives after the end of the five-year funding period provided by the federal Rural Health Transformation Program
- Perform a landscape assessment of data interoperability, including health information exchange (HIE) and sharing of data on non-medical drivers of health (NMDOH), and explore strategies to enhance data connectivity and interoperability to enhance care coordination.

Learning Collaborative Updates

Learning Collaborative representatives provided updates on several ongoing projects.

- **HB 1575 Implementation.** Shannon Kelley has been working with FQHCs, Community Health Workers (CHWs), and doulas over the past year to help with provider enrollment, credentialing, contracting, and billing issues. EHF has funded her to provide this technical assistance because we know that enrolling and billing in Medicaid is complicated, especially for non-traditional providers. Shannon explained to the group that she has also been working closely with HHSC and there will be an MCO Notice posting soon that outlines some of the policy issues where there may be confusion for example for case management services health plans should not be requiring a diagnosis code for authorization and MCOs should pay the full encounter rate for CPW services. Watch for the final notice that outlines many of the issues providers are having with MCOs and implementation of HB 1575.
- **MCO & FQHC Discussions.** Treaty Oak Strategies have been meeting with some volunteer FQHCs and the Texas Association of Community Health Centers to work through PCP attribution. There are currently major issues with the process but there is an upcoming change where the health plans will own the process in the future. The goal is to identify key issues and work with the MCOs to try and resolve those issues as they take control of the process. This process is especially important for successful APMs and as the FQHC CIN, My Texas My Health, continues to develop and implement APMs with health plans. In summary the majority of issues relate to bad data – members assigned to an FQHC with addresses in other states or regions. Also, it appears that some times a member will be assigned to an individual provider in the FQHC instead of at the FQHC level. Next steps – Treaty Oak will be meeting with MCOs to work through what we have heard from the FQHCs and then bring together both FQHC and MCOs to develop recommendations.
- **Data Sharing.** Following a landscape assessment conducted last fall and winter, MSDF and Treaty Oak Strategies are continuing to explore best practices in NMDOH data sharing through case studies of successful NMDOH intervention projects. The

final report containing the landscape assessment and case studies of the Mobile FARMacy and AboutFresh projects will be released by the end of the year.

MCO Leadership Corner

This is a new Learning Collaborative idea where we ask MCO leaders to talk about their health plans work around NMDOH and key Learning Collaborative topics. Once again, we learned that health plans are doing a lot in the NMDOH space. It was a great conversation about how the health plans are working to better engage members, address NMDOH, and how implementation of future NMDOH policies need to take into consideration the complexities of non-medical services – unique providers and partners, not always billing codes, and lack of infrastructure.

- **Nathan Hoover**, Vice President of Behavioral Health Services at Superior Health Plan, shared that since 2018, Superior HealthPlan and Prospera have worked together across more than 50 affordable housing sites in 19 Texas cities.
- **Kathy Shwab**, Director of STAR & CHIP Population Health at Cook Children's Health Plan, talked about the success of their community events, like baby showers, have on engaging members.
- **Andrew Dentino**, Chief Medical Officer at Blue Cross Blue Shield of Texas, provided a brief recap of the Mobile FARMacy program — a recent collaboration with the Central Texas Food Bank and Peoples Community Clinic to address food-related needs.

Diabetes Prevention Program Pilot

Joshua Fernelius, Director of Population Health at Community Health Choice, and **Tanweer Kaleemullah**, Director of Policy and Research of EHF, gave an update on the ongoing Diabetes Prevention Program pilot. EHF has identified diabetes prevention as a priority for change and launched this pilot with CHC and UnitedHealthcare to inform the development and implementation of DPP as a Medicaid benefit in Texas and document what facilitates successful implementation, outcomes, and return on investment for diabetes prevention programs. The pilot will launch in January. Implementation will begin in February, and evaluation will occur in the second half of 2027.

HHSC Updates

Representatives from HHSC attended to provide updates on several programs and issue areas.

- **LAR, HB 18, and Rural Health Transformation.** Deputy Chief of Finance Victoria Grady gave an excellent overview of the work the state is doing to address rural health through HB 18 and the federal RHT program – Rural Texas Strong. Federal RHT grants have been awarded for year one and coming years will require outcomes associated with payment which will align the work with Medicaid and CHIP work related to paying for quality.

Victoria also gave an update on the Legislative Appropriation Request for the 2028-2029 HHSC Budget. She called it a “lean budget”. All state agencies were directed to submit a base budget that included a 15% reduction to the base which was a difficult exercise for HHSC because they are already administratively lean. There were no impacts to Medicaid and CHIP, or other entitlement programs, but HHSC as forced to cut some state funded programs.

- **Eligibility Services.** Molly Regan, Chief of Family Resources and Eligibility Services, joined and gave a high level overview of their work and their priority on addressing the backlog and error rate.
- **Medicaid & CHIP Services Update.** Stephanie Stephens, Chief Medicaid and CHIP Officer, gave an update on key issues they are working on related to NMDOH. They are working on the final policy for implementation of HB 26 and they will share this fall.

The Medicaid and CHIP division has also been working on their report for the Legislature on the feasibility of implementing a diabetes prevention program (DPP) in Texas Medicaid. She gave a snap shot of the report - key findings to be included in the report:

- These interventions can significantly reduce type 2 diabetes risk, though real-world implementation factors affect success
- Community health workers improve participant engagement and reduce non-medical barriers
- Other state Medicaid programs have successfully implemented DPP in multiple formats and modalities: in-person, telehealth, online, text-based, and hybrid combinations

The report will include policy options for legislative consideration; full findings not yet released as it is still in process.

Food is Medicine (FIM) Impact Fund

A last-minute addition to the day’s agenda, **Ariana Barth**, Project Manager of the Food Is Medicine Impact Fund, brought forth a very timely presentation on how the FIM Impact

Fund is expanding access and insurance coverage to effective FIM programs. The FIM Impact Fund is a pooled fund founded in part by the Rockefeller Foundation that is interested in supporting existing FIM work in Texas. The Fund's current initiatives include a State Officer Program to help ten states hire dedicated FIM leaders for three years (HHSC Medicaid & CHIP Services has submitted an application) and an Awareness & Enrollment Campaign that intends to close the gap of patients who know about FIM services and are willing to take advantage of them.

National Policy Landscape Discussion

Dawn Alley, Chief Scale Officer at IMPaCT Care, and **Stephanie Rogers**, President and CEO of Aetna Better Health of Texas, sat down for a riveting conversation covering current national policy issues impacting Texas today including struggles health plans have with implementing non-traditional services or providers like CHWs, how rural health grants are being used nationally to help increase CHWs and non-traditional workforce, and how CMMI is looking at NMDOH. Dawn provided Tennessee as a key example on how to scale CHWs and interventions. Tennessee partnered with IMPaCT to invest in 14 CHW employers. Within three 3 years, those programs are serving 20,000 people per year.

Closing Remarks

As MCOs, HHSC, CBOs, providers, and other stake holder groups continue to show a desire to participate in the Learning Collaborative, and as new opportunities for projects and topics for webinars and meeting agendas continue to make themselves apparent, Learning Collaborative funders and partners excitedly agreed to an eighth year of partnership. **Laurie Vanhooose** of Treaty Oak Strategies gave a preview of what's to come in the Learning Collaborative's next year, including continuation of some existing projects and a handful of new subjects, including:

- **Rural Health Transformation (RHT) learnings** as programs funded under HB 18 Innovation Grants and RHT begin implementation and pilots related to NMDOH activities across the state.
- **A new focus on enrollment of pregnant women into managed care**, an issue that MCOs as an obstacle to improving maternal health outcomes. The Learning Collaborative will explore current barriers, potential policy changes, and innovative or best practices in other states to help address this.
- **Carve-in of Healthy Texas Women's program.** The family planning program will eventually carve-in to managed care and we think the learning collaborative can help bring together providers and health plans so that the implementation is successful. HTW providers have strong connections in their communities and in

addition to carving in the program, MCOs may be able to work with these providers to help improve member engagement.

- **Highlighting post-partum care and initiatives.** When the state extended Medicaid coverage for women from three to twelve months postpartum, the state's benefit package did not change in kind, leaving gaps as providers and health plans try to figure out the best way to provide services women need during this time frame. The Learning Collaborative will highlight innovative programs that have been implemented since postpartum coverage extension and explore what gaps still exist.
- **Implementation of NMDOH Legislation.** The Learning Collaborative will continue to support implementation of HB 26, which adds nutrition support services as in-lieu of services, and partners will monitor legislation from the 90th Legislative Session and help support implementation of bills that impact NMODH.
- **Continued work on CBO-MCO contracting,** an continued opportunity as HB 26 is implemented and may result in creation of a provider type in Medicaid that CBOs can bill for services.
- **Continued support of implementing CHWs and doulas as Medicaid providers.**

Shao-Chee Sim of EHF closed out the day, thanking attendees for their attendance and cracking a joke at the day's excellent post-lunch attendance retention, and noting excitement for the year ahead.