

Texas MCO NMDOH Learning Collaborative In-Person Meeting

October 16, 2026

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Episcopal Health
Foundation and the
Michael and Susan Dell
Foundation



Welcome & Introductions

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Head of Health Initiatives,
Michael and Susan Dell
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Shao-Chee Sim
Executive Vice President for
Health Policy, Research &
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VBPQIAC Legislative Recommendations

Ardas Laurel
Dell Medical School, UT Austin

David Weden
Chief of System Finance, Texas
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Value-Based Payment and Quality Improvement Advisory Committee Legislative Recommendations

Value-Based Payment and Quality Improvement
Advisory Committee Recommendations to the 90th
Texas Legislature as Required by Texas Government
Code §531.012, 1 Texas Administrative Code §351.821



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These recommendations were prepared by members of the Value-Based Payment and Quality Improvement Advisory Committee. The opinions and recommendations expressed in this presentation are the members' own and do not reflect the views of the Texas Health and Human Services Commission Executive Council or the Texas Health and Human Services Commission.

The information contained in this document was discussed and voted upon at regularly scheduled meetings in accordance with the Texas Open Meetings Act.



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Non-Medical Drivers of Health Subcommittee

Recommendations (1 of 2)

1. HHSC should review implementation of HB 1575 (88th Legislature), which required HHSC to develop standardized screening questions related to nonmedical needs for pregnant women in STAR Medicaid and allows CHWs and doulas to become billable provider types under HHSC's Case Management for CPW program, for lessons learned and next steps to include:
 - Improving the quality and collection of data for the screening and identifying next steps based on screening data, including to evaluate pathways to reimburse providers for screening.
 - Improving data sharing across providers, MCOs, and other stakeholders to enable shared action to address needs.
 - Evaluating what actions MCOs and partners are taking to help get identified needs met.
 - Improving provider enrollment of doulas and CHWs by reviewing best practices for doula and CHW services for pregnant women. Assess the CPW program for compatibility with best practices and provide recommendations on Medicaid program areas that are an appropriate fit based on best practices.

Recommendations (2 of 2)

2. HHSC should outline pathways to increase the capacity of nonprofit organizations to engage with MCOs to more effectively implement NMDOH services that align with Texas Medicaid and CHIP initiatives, such as HB 1575 (88th Legislature) and HB 26 (89th Legislature) to include:
 - Providing guidance on best practices between MCOs and nonprofit organizations for policy levers MCOs have available such as Value-Added Services, Performance Improvement Projects, Alternative Payment Models, and MCO philanthropic funding.
 - Evaluating infrastructure needs to enable such partnerships and for MCO and community-based organizations efforts to be recognized.
3. HHSC should make efficiency changes to reduce SNAP error rates and streamline the eligibility process to minimize the potential negative health impact of federal SNAP changes on Texas Medicaid recipients.
4. HHSC should work with the Texas Legislature to identify evidence-based strategies that include NMDOH elements for a Diabetes Prevention Program benefit in Texas Medicaid.





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Value-Based Care in Rural Texas Subcommittee

Recommendations (1 of 3)

1. HHSC should help 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 (RHTP). HHSC Financial Services should:

- Collaborate closely with the Texas Medicaid program and other key payers on how these services may be paid for in the future, including through billable services and alternative payment models
- Coordinate with the HHSC Office of Rural Hospital Finance (RHF) to incorporate identified billing mechanisms and payment models into the training provided through the Rural Hospital Officers Academy related to revenue maximization and organization management
- Provide annual feedback to this Committee on progress being made and the sustainability efforts

Recommendations (2 of 3)

2. HHSC should work with the Texas Legislature to expand the mental health services covered as benefits under Texas Medicaid and increase rates for existing mental health programs to help address challenges in caring for children with complex needs and increase the availability of mental health services for rural youth. HHSC should:

- Coordinate with payers to identify the services that are increasingly utilized to address the mild to moderate mental health needs of children but are not covered benefits under Texas Medicaid
- Evaluate and increase rates for existing mental health programs, such as the Youth Empowerment Services program, to increase access to and sustain services for children with serious mental health needs



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Recommendations (3 of 3)

3. HHSC should promote innovative training programs and care delivery models that expand access to rural health services and increase workforce training and emergency preparedness in rural communities. HHSC should:

- Fund innovative training and mentoring models to aid in both clinical and community-based workforce development and emergency preparedness, such as mobile simulation training centers, obstetric emergency department training, Project ECHO, community health support applications, digital health certification modules, and grow-your-own training/apprenticeship programs
- Incentivize participation in care models that address high-need care shortages in rural areas by adding to the Alternative Payment Model (APM) Priorities for managed care organizations in the State Health Plan, allowing them to earn points for participation in rural/non-metro areas, as well as additional points for models specific to a high-need care shortage, such as maternal health



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Alternative Payment Models (APMs) in Texas Medicaid Subcommittee

Recommendations (1 of 3)

1. HHSC should promote APM opportunities that address primary care and chronic disease prevention, focusing on maternal health, pediatrics, and behavioral health.

- Assess strong primary care models based on data HHSC has collected from the new APM framework.
- Explore opportunities for chronic disease prevention for maternal health including in the postpartum year (opportunity to educate new moms and increase utilization of high value services).
- Prioritize APMs related to children, including well child visits and asthma management.
- Improve access to behavioral health – e.g., integrated care, next step to sustain Texas Child Health Access Through Telemedicine (TCHATT), Child and Perinatal Psychiatry Access Networks (CPAN/PeriPAN), new CMS model ASPIRE (complex pediatrics)



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Recommendations (2 of 3)

2. HHSC should identify next steps to incentivize MCOs to continue APMs focused on children with medical complexity (CMC) based on positive results from the Comprehensive Health Homes for Integrated Care (CHIC) Kids Pilot Program.

- For the small group of Texas children (0.5-1%) who are CMC, take lessons learned from STAR Kids and CHIC to allow a different oversight structure for comprehensive health homes within managed care.
- Include ways to streamline care coordination, incentivize care integration, establish outcome benchmarks specific to CMC, and reduce provider administrative burden.
- Partner with health homes, families, and managed care organizations (MCOs) to develop a CHIC 2.0 program that builds on pilot findings.

Recommendations (3 of 3)

3. HHSC should prioritize financing mechanisms that would sustain high value, effective Medicaid APMs that are not incentivized in the current financial structure of encounters and capitation rate setting. HHSC can review MCO reports from the revised HHSC APM performance framework for effective examples, such as:

- APMs that effectively address provider workforce shortages (e.g., home nurses and behavioral health providers);
- APMs that include some non-billable services, such as for nurse home visiting programs and technological innovations that improve health; and
- APMs that address non-medical drivers of health



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Timely and Actionable Data Subcommittee

Recommendations (1 of 3)

1. HHSC or a neutral, third-party contractor should perform a landscape assessment of where Texas is in terms of data interoperability, including health information exchange (HIE) and sharing of data on non-medical drivers of health (NMDOH). Based on that assessment, HHSC should continue to explore strategies to enhance data connectivity and interoperability to enhance care coordination across the full continuum of care and incentivize quality improvement, including:
 - pursuing federal matching funds through Advanced Planning Documents (APDs) for infrastructure financing;
 - aligning with the Centers for Medicare & Medicaid Services' (CMS') Tech Framework and Office of the National Coordinator for Health IT (ONC) strategies and standards;
 - leveraging Texas' MCO-driven Aligning Technology by Linking Interoperable Systems (ATLIS) incentives to expand connectivity, including to a broader range of provider types and community-based organizations;
 - engaging key stakeholders including local HIEs, hospitals, MCOs, and participating provider types (including behavioral health and community partners), building on strong local efforts to share actionable data across health and social sectors; and
 - reviewing other Medicaid managed care states and existing Texas initiatives (e.g., Emergency Department Encounter Notifications - EDEN) to identify successful approaches for incentivizing connectivity across the full continuum of care.



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Recommendations (2 of 3)

2. HHSC should assess statewide readiness and establish a comprehensive roadmap to successfully meet the 2030 digital quality measures (dQM) requirements. To inform this transition, HHSC should:
 - Establish a workgroup to clearly define the respective roles of HHSC, MCOs, HIEs, and providers in achieving this transition and create a plan with target dates for progress to ensure requirements are achieved;
 - Survey MCOs on their preparation strategies;
 - Prioritize initiatives that ensure adequate data quality; and
 - Support providers to leverage functionality already in electronic medical records (EMRs).

Recommendations (3 of 3)

3. The State should optimize the use of the Texas All-Payer Claims Database (TX-APCD) and other existing Texas data resources, such as the Medicaid Quality Performance Portal and EDEN, to produce actionable, interactive, public-facing dashboards that benchmark healthcare utilization, cost, and quality outcomes across different regions and provider types. Texas should study successful APCD implementations in other states to identify proven models for making this data highly actionable for policymakers, providers, and the public.

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Principal, Treaty Oak
Strategies

Michelle Harper
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Madeleine Richter-Atkinson
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Shannon Kelly
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Learning Collaborative Updates

FQHC & MCO Collaboration

Laurie Vanhooose, Principal &
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CBO & MCO Contracting

Michelle Harper, Principal

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MCO-CBO- Provider Data Sharing

Madeleine Richter-Atkinson,
Associate

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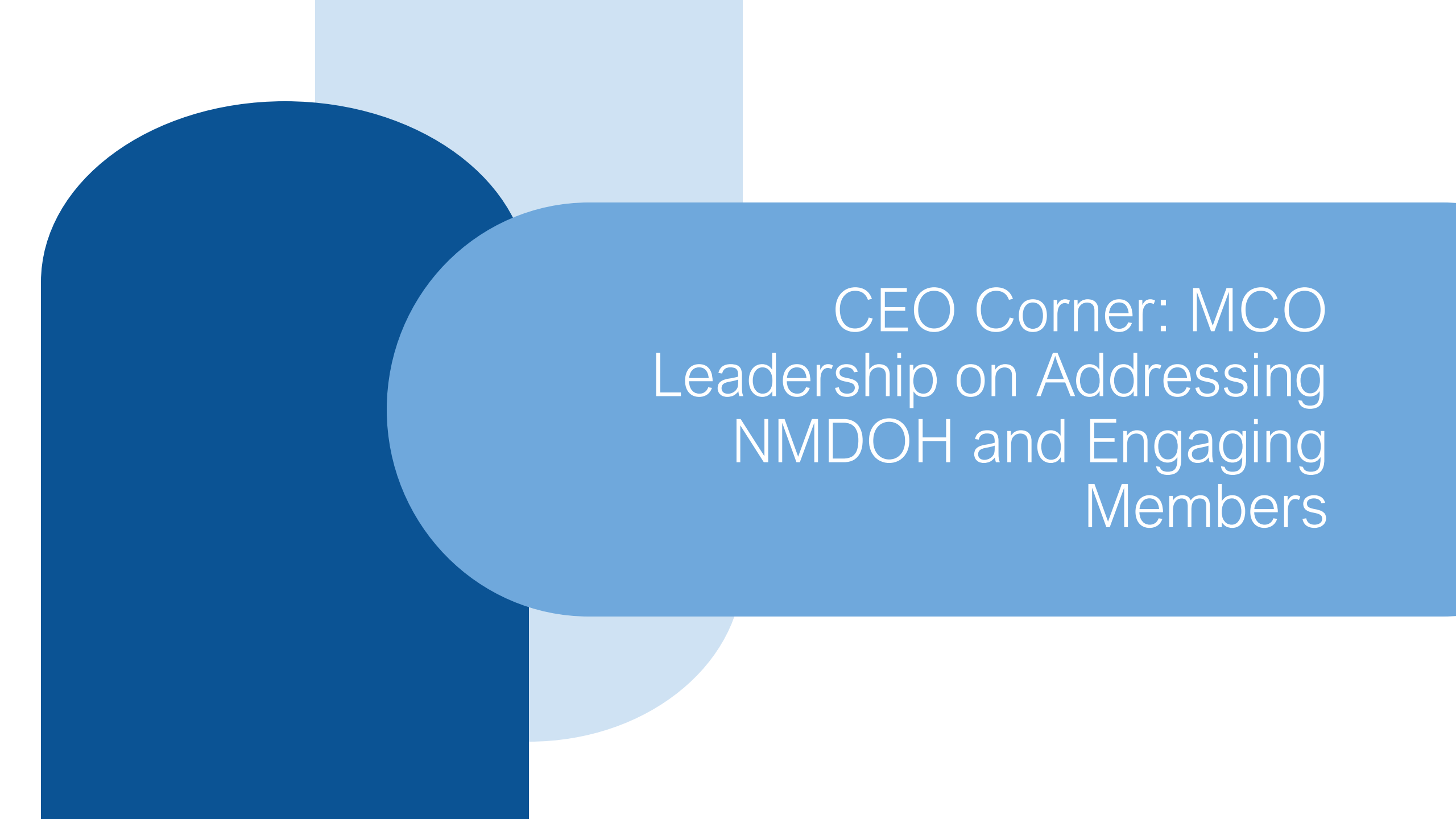
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CEO Corner: MCO Leadership on Addressing NMDOH and Engaging Members

HHSC Updates

Victoria Grady
Deputy Chief, Finance, HHSC

Molly Regan
Chief of Family Resources and
Eligibility Services, HHSC

The background features abstract geometric shapes in various shades of blue. A large, dark blue rounded rectangle is positioned on the right side, containing the text 'Lunch Break'. To its left is a light blue horizontal band. Above the dark rectangle is a medium blue semi-circle, and below it is a light blue semi-circle. At the bottom, there is a solid blue rectangle. The overall design is clean and modern.

Lunch Break

Joshua Fernelius
Director, Population Health,
Community Health Choice

Salil Deshpande
Chief Medical Officer,
UnitedHealthcare Community
Plan of Texas

Shao-Chee Sim
Executive Vice President for
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Diabetes Prevention Program Pilot

EHF Project Background

- Diabetes Prevention is one of three EHF Priorities for Change
- This pilot is the next phase of EHF investment in diabetes prevention program across Texas

Priorities for Change

EHF will demonstrate impact by applying our integrated approach to three key areas that shape the health of Texans:



Food & Nutrition
Security



Maternal Health



Diabetes
Prevention

The National Diabetes Prevention Program (National DPP)

The DPP delivers an accessible, CDC-approved lifestyle change program (LCP) to prevent or delay type 2 diabetes and its complications.

- **Components of the LCP:**
 - How to build healthy lifelong habits
 - Provide skills to improve health, encourage physical activity, and cope with stress and challenges
 - Encourage camaraderie and group support
 - Taught by trained lifestyle coaches
- **Benefits of participating:**
 - Affordable, evidence-based program that promotes behavior changes and a healthy lifestyle
 - Reduced risk of type 2 diabetes
 - Offers strategies to improve overall health and reduce risk of chronic disease
- **Eligibility:**
 - 18 years and older
 - BMI >25 (>23 for Asian American persons)
 - No previous diagnoses of type 1 or 2 diabetes
 - Must not be pregnant
 - Must meet ONE of these criteria:
 - Diagnosed with prediabetes
 - Previously diagnosed with gestational diabetes
 - At high-risk of prediabetes



Texas Department of State
Health Services

Policy Background

- Texas 89th Legislative Session Opportunity/Challenges
- Budget Rider 38, Senate Bill 1
 - HHSC to Conduct a DPP Study - Requires HHSC to evaluate the cost-effectiveness and feasibility of implementing a diabetes prevention program for Medicaid recipients.
 - HHSC to Submit a Legislative Report - HHSC must submit a Legislative report no later than November 1, 2026. The report must include findings from the DPP study and any recommendations for legislative or other action based on the findings.
- DPP Reports
 - [Center for Healthcare Strategies](#) – National DPP Landscape Scan
 - [DPP in Texas](#) – Milliman, Texas Health Institute

DPP Pilot Goals & Objectives

- One of the primary objectives of this pilot is to inform the development and implementation of DPP as a Medicaid benefit in Texas.
- Document what facilitates successful implementation of DPP, as well as outcomes and return on investment to the extent possible within this ~18-month time frame
- Primary Outcome: Reporting, data tracking/reporting, data formats, referral processes, standardizing reporting – develop, work through, and learn from the implementation of DPP between MCOs and nonprofit DPP service providers
- Key Goal: support implementing quality DPP to improve adherence and improved health outcomes



- Program team
- DPP Experience
- Role of DPP in population health/prevention strategy
- Priorities for this pilot



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Proposed Timeline



Planning Phase Detailed Timeline

- Bi-weekly project team meetings
- Focused on key implementation factors outlined below
- Goal of leaving each meeting with clear plan that meets all partner needs and capacity, with action items and timeline to complete them identified



Medicaid & CHIP Services Update

Stephanie Stephens
Chief Medicaid and CHIP Officer,
HHSC

National Policy Landscape Discussion

Dawn Alley
Chief Scale Officer, IMPaCT
Care

Stephanie Rogers
President & CEO, Aetna

Year 8 Preview & Closing Remarks

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