1. Welcome and Introductions
2. Update: HHSC projects
   • Value-based payment projects from the past year
   • Quality-related legislation from the 87th Texas Legislature
   • SDOH-related work
3. Update: Texas Medical Association
   • TMA activities from the past year
4. Update: Texas Hospital Association
   • THA activities from the past year
5. Open Discussion
6. Action Items and topics for staff follow-up
7. Adjourn
Welcome and Introductions

Jimmy Blanton
Director, Office of Value-Based Initiatives
HHSC
Managed Care Quality Strategy

Quality Improvement Goals and Objectives
Managed Care Quality Strategy Goals (1 of 2)

Texas’ Managed Care Quality Strategy (revised July 2021) presents the following goals:

1. **Promoting optimal health for Texans** at every stage of life through prevention and by engaging individuals, families, communities, and the healthcare system to address root causes of poor health.

2. **Strengthening person and family engagement as partners in their care** to enhance respect for individual’s values, preferences, and expressed needs.

3. **Providing the right care in the right place at the right time** to ensure people can easily navigate the health system to receive timely services in the least intensive or restrictive setting appropriate.
Managed Care Quality Strategy Goals (2 of 2)

Texas’ Managed Care Quality Strategy (revised July 2021) presents the following goals:

4 Keeping patients free from harm by building a safer healthcare system that limits human error

5 Promoting effective practices for people with chronic, complex, and serious conditions to improve people’s quality of life and independence, reduce mortality rates, and better manage the leading drivers of health care costs

6 Attracting and retaining high performing Medicaid providers, including medical, behavioral health, dental, and long-term services and supports providers to participate in team based, collaborative, and coordinated care
Managed Care Quality Strategy Objectives

Texas’ Managed Care Quality Strategy (revised July 2021) presents the following cross-cutting objectives that apply to all goals:

• Eliminating disparities
• Tracking to measurable outcomes and impacts and aligning measures
• Achieving value (achieving better quality while controlling costs and improving population health)
• Improving access for rural communities
• Reducing burden for providers
Update: Value-Based Payment Projects from 2020 - Present
Annual Report on Quality Measures and Value-Based Payments

• Key Value-Based Payment Programs
  • Pay-for-Quality Program
  • Alternative Payment Model Requirements for MCOs
  • Hospital Quality-Based Payment Program
  • Medicaid Value-Based Enrollment

Milestone 1 – VBP Roadmap and APM in Texas Medicaid Report

- In March 2021, HHSC submitted the updated Value-Based Payment Roadmap and the Alternative Payment Models in Texas Medicaid reports to CMS as required by the DSRIP Transition Plan.

DSRIP Transition Milestones: https://www.hhs.texas.gov/laws-regulations/policies-rules/waivers/medicaid-1115-waiver/dsrip-transition
Milestone 7 – Assessment of Financial Incentives for Alternative Payment Models (APMs)

• In June 2021, HHSC submitted the assessment of Financial Incentives for APMs and Quality Improvement Cost Guidance to CMS, as required by the DSRIP Transition Plan.”

DSRIP Transition Milestones: https://www.hhs.texas.gov/laws-regulations/policies-rules/waivers/medicaid-1115-waiver/dsrip-transition
DSRIP Transition Milestones (3 of 3)

Milestone 8 – Assessment of Social Factors Impacting Health Care Quality in Texas Medicaid

• In March 2021, HHSC submitted the assessment of social factors to CMS, as required by the DSRIP Transition Plan.

Milestone 9 – Assessment of Texas Medicaid Rural Teleservices

• In June 2021, HHSC submitted the assessment of Texas Medicaid rural teleservices to CMS, as required by the DSRIP Transition Plan.

DSRIP Transition Milestones: https://www.hhs.texas.gov/laws-regulations/policies-rules/waivers/medicaid-1115-waiver/dsrip-transition
Palliative Care Interdisciplinary Advisory Council

Current Initiatives:

- Pediatric Palliative Care Subcommittee
- Palliative Care & Home Health Workgroup
- Guardianship Training (continuing education (CE) credits)
  - “Facing Decisions in Serious Illness Care for Guardians”
    HHS_Learning_Portal: All courses (texas.gov)
- November 5th CE event (CE credits)
- SB 916 study
- Upcoming meeting: 11/05/2021

Council main web page: https://www.hhs.texas.gov/about-hhs/leadership/advisory-committees/palliative-care-interdisciplinary-advisory-council
Perinatal Advisory Council (PAC)

Current Initiatives:

• Subcommittee formed to develop recommendations for Maternal hospital levels of care rule language revisions per HB 1164 regarding Placenta Accreta Spectrum Disorder (PASD).

• Subcommittee will report to full PAC members at meeting on 9/22/2021. Report will include testimony from two National subject matter experts on PASD.

• An additional meeting may be added to ensure recommendations are submitted to DSHS on time.

Council main web page: https://www.hhs.texas.gov/about-hhs/leadership/advisory-committees/perinatal-advisory-council
Value-Based Payment Quality Improvement Advisory Committee

Current Initiatives:

• Workgroup 1: Next steps for Alternative Payment Models (APMs)
  • The current MCO contracts establish targets through 2021.
  • The Workgroup will continue to review recommendations for future years.
• Workgroup 2: Value-Based payment in Home Health, Pharmacy and other challenging areas:
  • Developing recommendations to identify and incentivize high performing Home Health agencies.
  • Looking at creative APMs for pharmacy, such as utilizing pharmacy as a provider for improving quality of service.
• Workgroup 3: Social Drivers of Health (SDOH):
  • Recommendations to incentivize and evaluate VBP interventions that address SDOH.

• Upcoming Meeting: The next meeting is scheduled to meet on November 9, 2021

Committee main web page: https://www.hhs.texas.gov/about-hhs/leadership/advisory-committees/value-based-payment-quality-improvement-advisory-committee
Current APM Targets

Table 1 - The annual MCO targets established by HHSC by Calendar Year

<table>
<thead>
<tr>
<th>Period</th>
<th>Minimum Overall APM Ratio</th>
<th>Minimum Risk-Based APM Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year 1</td>
<td>&gt;= 25%</td>
<td>&gt;= 10%</td>
</tr>
<tr>
<td>Calendar Year 2</td>
<td>Year 1 Overall APM Ratio +25%</td>
<td>Year 1 Risk-Based APM Ratio +25%</td>
</tr>
<tr>
<td>Calendar Year 3</td>
<td>Year 2 Overall APM % + 25%</td>
<td>Year 2 Risk-Based APM % + 25%</td>
</tr>
<tr>
<td>Calendar Year 4</td>
<td>&gt;= 50%</td>
<td>&gt;= 25%</td>
</tr>
</tbody>
</table>

* An MCO entering a new program or a new service area, will begin on Calendar Year 1 of the targets as of the first day of its first calendar year in the program.

~ Targets started in CY 2018. HHSC will extend CY 2021 target through CY 2022.
*Recommendation 1 (APMs)

Recommendation 1: HHSC should adopt a more comprehensive contractual APM framework to assess MCO achievement

• Move away from a specific focus on meeting APM targets
• Provide a menu of approaches to give MCOs credit for a broader range of work promoting value-based care
• Revise the current APM reporting tool to collect only needed data in as streamlined a format as possible

*Adopted by unanimous vote by VBPQI Advisory Committee, 8-17-2021.
Summary

- Continues a multiagency data integration/quality improvement project involving five agencies: HHSC, the Department of State Health Services (DSHS), the Employees Retirement System of Texas (ERS), the Texas Department of Criminal Justice (TDCJ), and the Teacher Retirement System (TRS).
- The Center has developed an integrated and interactive healthcare information portal for participating agencies and is conducting analyses to facilitate comparisons of key healthcare metrics.
- Agencies are collaborating on the development and implementation of value-based payment strategies and will submit report findings and recommendations by September 1, 2022.
# All Payor Claims Database (APCD)

<table>
<thead>
<tr>
<th>Active Legislation</th>
<th>Impacts</th>
</tr>
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</table>
| **• HB 2090 - Signed:** Relating to the establishment of a statewide all payor claims database and health care transparency. | • Authorizes Texas Department of Insurance (TDI) to establish an all payor claims database to:  
  • increase public transparency of health care information; and  
  • improve the quality of health care in Texas.  
• Requires the Center for Healthcare Data at The University of Texas Health Science Center at Houston to administer the database, and:  
  • seek any available federal financial assistance;  
  • establish of a stakeholder advisory group; and  
  • make aggregated data available to the public through an online portal  
• Medicaid would be represented on the stakeholder committee, and HHSC would routinely submit Medicaid data to the database. |
# MCO Benchmarks

<table>
<thead>
<tr>
<th>Legislation</th>
<th>Impacts</th>
</tr>
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<tbody>
<tr>
<td><strong>Rider 20</strong>: HHSC shall develop quality of care and cost-efficiency benchmarks for managed care organizations participating in Medicaid and CHIP.</td>
<td>• Government code 536.052(b)</td>
</tr>
<tr>
<td>• Appropriations for fiscal year 2023 are contingent on HHSC developing benchmarks by 9/1/2022.</td>
<td>• Requires HHSC to set a baseline performance for MCOs on quality of care, and cost-efficiency metrics.</td>
</tr>
<tr>
<td>• Legislative report due 8/15/2022.</td>
<td>• Holds 2023 appropriations (in B.1.1) at-risk for implementation of this requirement.</td>
</tr>
<tr>
<td></td>
<td>• Benchmarks must be developed by next Fall.</td>
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<tr>
<td></td>
<td>• Legislative report on benchmark development must be submitted by end of next summer.</td>
</tr>
</tbody>
</table>
Accountable Health Communities

• The Accountable Health Communities Model (AHC) is a CMS/CMMI national grant to test whether systematically identifying and addressing the health-related social needs of Medicare and Medicaid beneficiaries through screening, referral, and community navigation services will impact health care costs and reduce health care utilization.

• HHSC works with three Texas AHC Bridge Organizations (BOs):
  ▪ Dallas – Parkland Center for Clinical Innovation;
  ▪ Houston – UT Health Science Center, School Public Health;
  ▪ San Antonio – CHRISTUS Santa Rosa.

• AHC/MCO Conversations – Learning sessions Fall 2021 between BOs and the Medicaid managed care plans operating within each service area (CHF, CHCS, HHSC).
MCO SDOH Learning Collaborative

• Funded by the EHF and Robert Wood Johnson Foundation, facilitated by Center for Health Care Strategies.

• Partnership: TAHP, TACHP, HHSC, TMA, EHF.

• Year one:
  • Initial meeting (last October) on promising practices and key challenges.
  • Also convened re: improving maternal & child health; and responding to social needs during COVID-19.

• Year two:
  • Planning Webinars, Workgroup sessions, Case studies;
  • Topics: learning from DSRIP and AHC efforts; ROI; Quality Improvement cost reporting; and leveraging technology during COVID;
  • Strategies for Addressing Food Insecurity – October 1, 2021.
SDOH Action Plan

• HHSC is designing an SDOH action plan informed by recent and current developments, including:
  • DSRIP Assessment of Social Factors Milestone report
  • Texas experience with CMS Accountable Health Communities Model grants
  • MCO SDOH Learning Collaborative
  • CMS letter to State Health Officials re: “Opportunities in Medicaid and CHIP to Address Social Determinants of Health”

• The action plan will establish HHSC priorities and SMART goals/milestones for advancing SDOH initiatives through Medicaid managed care.
Update: Texas Medical Association

TMA activities from the past year
Update: Texas Hospital Association

THA activities from the past year
Open Discussion

Jimmy Blanton
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HHSC
Action Items and Topics for Follow-up

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Thank You

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