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# Quarterly Quality Provider Meeting

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**September 20, 2021**

# Agenda (1 of 2)

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1. Welcome and Introductions
2. Update: HHSC projects
  - Value-based payment projects from the past year
  - Quality-related legislation from the 87<sup>th</sup> Texas Legislature
  - SDOH-related work



# Agenda (2 of 2)

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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





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# Welcome and Introductions

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**Jimmy Blanton**  
**Director, Office of Value-Based Initiatives**  
**HHSC**



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# **Managed Care Quality Strategy**

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## **Quality Improvement Goals and Objectives**

# Managed Care Quality Strategy

## Goals (1 of 2)

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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



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# Managed Care Quality Strategy

## Goals (2 of 2)

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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



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# Managed Care Quality Strategy Objectives

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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







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# **Update: Value-Based Payment Projects from 2020 - Present**

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# Annual Report on Quality Measures and Value-Based Payments

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

**2020 Annual Report:** <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/hb-1629-quality-measures-value-based-payments-dec-2020.pdf>



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# DSRIP Transition Milestones (1 of 3)

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## 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.



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**DSRIP Transition Milestones:** <https://www.hhs.texas.gov/laws-regulations/policies-rules/waivers/medicaid-1115-waiver/dsrip-transition>

# DSRIP Transition Milestones (2 of 3)

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## 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.”



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**DSRIP Transition Milestones:** <https://www.hhs.texas.gov/laws-regulations/policies-rules/waivers/medicaid-1115-waiver/dsrp-transition>

# DSRIP Transition Milestones (3 of 3)

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## **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>



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# Palliative Care Interdisciplinary Advisory Council

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## 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 5<sup>th</sup> 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>



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# Perinatal Advisory Council (PAC)

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## 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>



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# Value-Based Payment Quality Improvement Advisory Committee

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## 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>



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# Current APM Targets~

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

HHSC will require that MCOs increase their total APM and risk based APM ratios according to the following schedule\*

Period	Minimum Overall APM Ratio	Minimum Risk-Based APM Ratio
<b>Calendar Year 1</b>	>= 25%	>= 10%
<b>Calendar Year 2</b>	Year 1 Overall APM Ratio +25%	Year 1 Risk-Based APM Ratio +25%
<b>Calendar Year 3</b>	Year 2 Overall APM % + 25%	Year 2 Risk-Based APM % + 25%
<b>Calendar Year 4</b>	>= 50%	>= 25%

\* 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.



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# \***Recommendation 1 (APMs)**

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**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.



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# SP 10.06 - Cross-Agency Coordination on Healthcare Strategies and Measure

## 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.



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# All Payor Claims Database (APCD)

## Active Legislation

- **HB 2090 - Signed:** Relating to the establishment of a statewide all payor claims database and health care transparency.

## Impacts

- 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.



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# MCO Benchmarks

## Legislation

- **Rider 20:** HHSC shall develop quality of care and cost-efficiency benchmarks for managed care organizations participating in Medicaid and CHIP.
- Appropriations for fiscal year 2023 are contingent on HHSC developing benchmarks by 9/1/2022.
- Legislative report due 8/15/2022.

## Impacts

- Government code 536.052(b)
- Requires HHSC to set a baseline performance for MCOs on quality of care, and cost-efficiency metrics.
- Holds 2023 appropriations (in B.1.1) at-risk for implementation of this requirement.
- Benchmarks must be developed by next Fall.
- Legislative report on benchmark development must be submitted by end of next summer.



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# Accountable Health Communities

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- 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).



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# MCO SDOH Learning Collaborative

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- 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.



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# SDOH Action Plan

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- 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.



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# Update: Texas Medical Association

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**TMA activities from the past year**



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# Update: Texas Hospital Association

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**THA activities from the past year**



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# Open Discussion

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**Jimmy Blanton**  
**Director, Office of Value-Based Initiatives**  
**HHSC**



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# Action Items and Topics for Follow-up

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**Erica Dawley**

**Research Specialist, Office of Value-Based Initiatives**



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# Thank You

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**Jimmy Blanton**

**Director, Office of Value-Based Initiatives**

**[Jimmy.Blanton@hhs.texas.gov](mailto:Jimmy.Blanton@hhs.texas.gov)**