



TEXAS  
Health and Human  
Services

# **Alternative Payment Models (APMs) in Texas Medicaid Subcommittee**

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# Draft Recommendation Language (1 of 2)

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1. HHSC should work to align next steps for its APM program with the Centers for Medicare and Medicaid Services (CMS) Innovation Center's strategy refresh released in October 2021, including working to increase the number of Medicaid beneficiaries in a care relationship with provider accountability for quality and total cost of care by endorsing standardized elements of such models, conveying Texas Medicaid priorities, and rewarding multi-payer collaboration.
2. Texas should review financing mechanisms that encourage, evaluate and sustain Medicaid APMs that effectively address provider workforce shortages (e.g., nurses and behavioral health providers) and address non-medical drivers of health (NMDOH).



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## Draft Recommendation Language (2 of 2)

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3. HHSC should continue to explore ways to reduce provider administrative burden to enable greater participation in APMs, particularly in more advanced APMs.
4. HHSC should consider a more formal structure for dissemination of best practices of value-based payment (VBP) models, including emerging trends such as Clinically Integrated Networks (CINs) and a review of MCO APM reporting in 2024, the “test year” for HHSC’s revised APM framework.

