

Value-Based Payment and Quality Improvement Advisory Committee Recommendations

“The following recommendations were prepared by members of the Value-Based Payment and Quality Improvement Advisory Committee. The opinions and suggestions expressed in these recommendations 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.”

VBPQIAC 2022 Report Recommendations

Policy Issue: Alternative Payment Models in the Texas Medicaid Program

Recommendations

1. HHSC should adopt a more comprehensive contractual alternative payment model (APM) framework to assess managed care organization (MCO) achievement.
2. 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 accountability for quality and total cost of care.

Policy Issue: Value-Based Care in Home Health and Pharmacy

Recommendation

Home Health:

HHSC should work with MCOs, home health agencies, and stakeholders to:

1. Define, measure, and publicly report quality, experience, and cost-efficiency for Medicaid providers of in-home care/attendant services.
2. Identify new or expanded training and reporting requirements for home care attendants to improve the care experience and health outcomes for the Medicaid population.
3. Analyze enrollee movement between home health agencies to identify patterns, trends, and opportunities for improvement.

4. Identify and develop VBP models specific to community-based Long-Term Services and Supports (LTSS) delivered through the STAR+PLUS and STAR Kids programs. These models should reward high performing agencies and attendants and offer creative solutions to help address workforce shortages to provide needed home-based care for enrollees in these programs.

Pharmacy:

1. HHSC should establish standards and a working definition for an Accountable Pharmacy Organization (APO), and work with stakeholders to increase engagement with APOs.
2. HHSC should develop guidance for MCOs to reimburse pharmacists for services within a pharmacist's scope of practice.

Policy Issue: Nonmedical Drivers of Health

Recommendation

1. The Legislature should direct HHSC to approve at least one service that addresses NDOH as an ILOS under 42 C.F.R. §438.3(e)(2). HHSC should consider, at a minimum, the following services as potential ILOS:
 - a. Asthma remediation;
 - b. Food is Medicine interventions; and/or
 - c. Services designed to support existing housing programs.
2. The Legislature should direct HHSC to create an incentive arrangement that rewards MCOs that partner with community-based organizations, other MCOs, network providers, and local government agencies to offer ILOS that address NDOH and build related capacity. The Legislature should authorize HHSC to use a portion of amounts received by the state under Texas Government Code §533.014 (i.e., "experience rebates") for this purpose.

Policy Issue: Timely and Actionable Data

Recommendation

1. HHSC should educate key Texas Medicaid staff and stakeholders about the admit, discharge, and transfer (ADT) and Consolidated Clinical Document Architecture (C-CDA) data it receives from the Texas Health Services

Authority (THSA) and establish an annual process to prioritize implementation of new use cases to leverage the data to improve the Medicaid program in light of evolving operational needs.

2. HHSC should assess options for how to securely share additional data with Medicaid providers about their patients to help inform their participation in more advanced APMs and identify strategies to support providers' use of that data.
3. HHSC should conduct a six-month review of the Clinical Management for Behavioral Health Services (CMBHS) system to determine how the system can share data with MCOs and all Medicaid Mental Health Targeted Case Management and Rehabilitative Service providers; and how aggregate data can be easily shared with the public. The review workgroup must include members from the Committee, the Texas Council of Community Centers, MCOs, providers and other stakeholders.
4. HHSC should help support the development of a modernized data system at the county level that would permit rapid access to data related to deaths by suicide for researchers and the public while protecting individual privacy.