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Value-Based Payment and Quality Improvement Advisory Committee (VBPQIAC)

May 10, 2022

Full Committee Meeting

9:00 AM

Meeting Overview (1 of 2)

Main Objectives

- Welcome and Introductions
- Consideration of February 15, 2022, draft meeting minutes
- Presentation: Value Based Initiatives in Home Health, National Association for Home Care & Hospice
- Walgreens Presentation: Reimagining Healthcare to create better Consumer experiences, improved health outcomes, and lowering total cost of care
- Presentation: Addressing Health Related Social Needs through In-Lieu of Services, Center for HealthCare Strategies
- Staff update: Medicaid value-based activities



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Meeting Overview (2 of 2)

- Workgroup reports:
 - a) Value-based payment in home health, pharmacy, and other areas
 - b) Social drivers of health
 - c) Next steps for alternate payment models
 - d) Timely data for providers and MCOs
- 2022 Legislative report planning
- Public comment
- Action items for staff and member follow-up
- Adjourn



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Welcome and Introductions

Staff and Council Member Introductions



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Review and Approval of Meeting Minutes

Review and approval of meeting minutes from February 15, 2022



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Value Based Initiatives in Home Health, National Association for Home Care & Hospice

Mr. Bill Dombi
May 10, 2022

Walgreens

Texas Value-Based Payment and Quality
Improvement Advisory Committee

May 10, 2022



Member of Walgreens Boots Alliance ©2021 Walgreen Co. All rights reserved.

Walgreens supports the shift towards value-based payment models in Texas

We believe healthcare is local, should be centered around the consumer, delivering whole person care, and focused on value

Healthcare is inherently local, and all communities should have equitable access to care.

People plus technology deliver better care

Consumer-centric, omni-channel, whole person care, delivered with privacy and security by design

Payment models are moving towards value with a focus on cost and outcomes

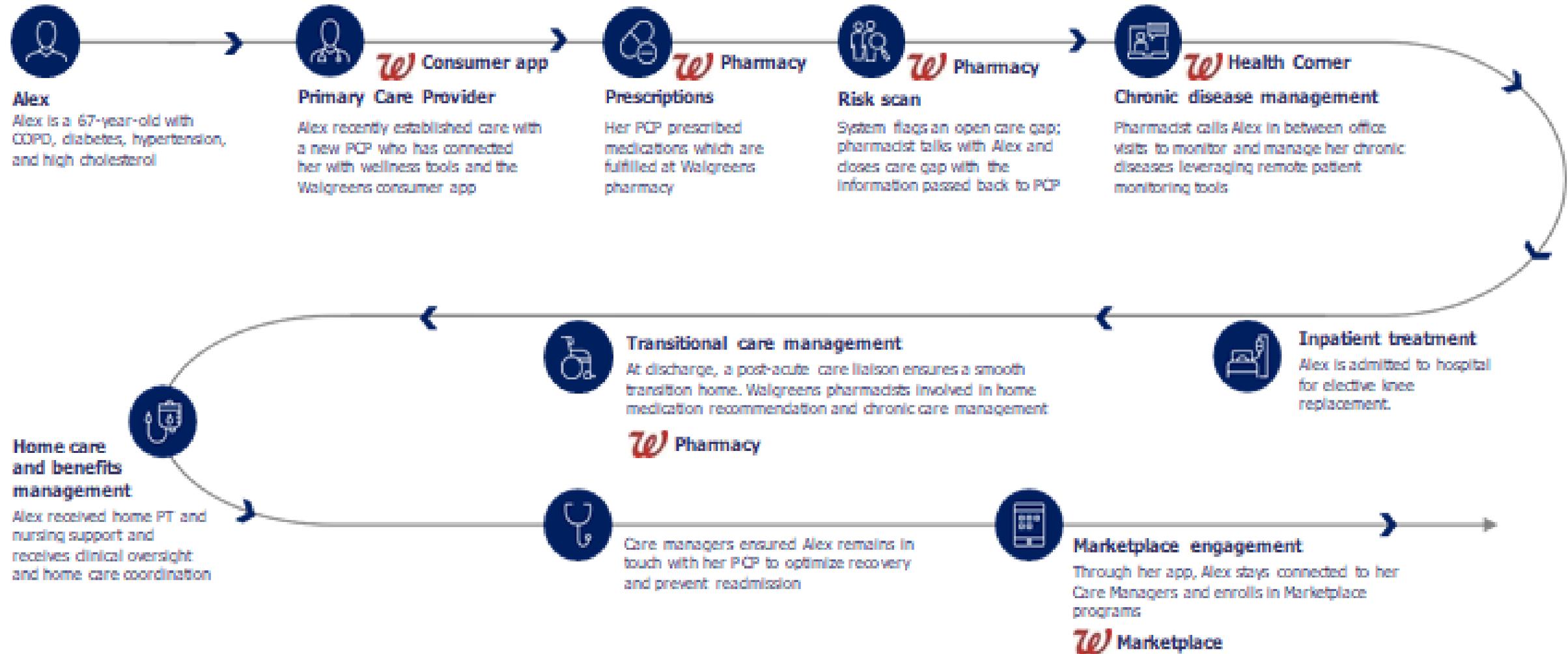
Walgreens orchestrates the consumer journey across the care improve outcomes and cost of care



Omni-channel & Personalized Consumer Engagement

Engaging consumers | Care team enabled by technology | Integrating and aligning incentives

Bringing the experience to life: An example of a dual-eligible Texas patient



Walgreens can help improve the health and wellness of Medi whole person care

Caring for the whole person by...

- **Increasing access to care**, whether in-person, virtually, or at home with a clinician, pharmacist and/or health advisor
- **Navigating care to the right place at the right time** that works best for the patient
- **Managing chronic conditions and closing gaps in care** to drive improved health outcomes
- **Providing access to diagnostic tools and treatment programs** including routine screenings and vaccinations
- **Coaching and education programs** to support wellness and healthier living
- **Addressing health equity** by improving community health and providing access to equitable care

...Through a network of healthcare services

- **Walgreens Pharmacies** in communities across Texas
- **Health Corner** locations providing neighborhood access to condition management programs, coaching, and low acuity healthcare services to close gaps in care
- **Enabling access to primary care** providers and services, integrated with Walgreens pharmacies
- **Condition management programs** bringing together the pharmacist and the physician
- **Omni-channel patient engagement** across our retail pharmacies, physician offices, virtual, home, and a digital health marketplace

Improving health outcomes through our network of community pharmacies



Walgreens is committed to improving outcomes for everyone in all communities

Walgreens understands the community because we are part of the community.



Collaborating with healthcare partners and local community organizations



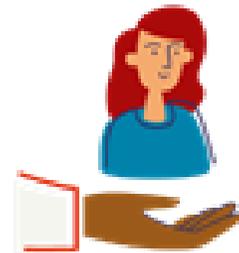
Ensuring all have access to pharmacy services and products



Uncovering barriers and offering individualized solutions



Educating and coaching patients on the services and tools available



Serving as a trusted resource



Building team member and patient relationships

"Walgreens has been—and will continue to be—deeply committed to doing our part to keep all communities healthy across America." —Rosalind Brewer, CEO, Walgreens Boots Alliance

Focus on addressing quality measures



Here's how we can help improve your measurement scores:

- **Immunization programs** against vaccine-preventable diseases
- **Adherence programs**
- **Better access to specialty medications** at retail

¹ Walgreens internal analysis using Synergos Technology PopStats demographic population data. Market Planning & Research. 2021. ²

Walgreens internal analysis data file. Market Planning & Research. 2021.

*Socially vulnerable as determined by the CDC, which ranks each tract on 15 social factors, including poverty, lack of vehicle access, racial/ethnic minority population and crowded housing.



78%

of the U.S population lives within five miles of a Walgreens¹

51%

of Walgreens pharmacies are in socially vulnerable areas^{*2}

Expanding access to care through neighborhood Health Corner locations



Walgreens expands access to care through Health Corner locations embedded in communities

Providing a differentiated space to deliver individualized clinical and non-clinical services

PHYSICAL SPACE



Access to personalized, clinical expertise from licensed Health Advisors

TECH BAR



Continuing education for OTC medications, remote patient monitoring devices, and chronic conditions and life changes

HEALTH ADVISOR



Providing low acuity healthcare services, closing gaps in care, and keeping the patients connected to their local Health Corner, building a trusted relationship

Helping patients manage their conditions through pharmacy and primary care in an omni-channel experience



Pharmacy and Physician condition management

Our pharmacist-led, physician-supported program is designed to build a trusted relationship with patients using daily touchpoints, omnichannel communications and remote patient monitoring to effectively bring chronic disease under control.



Clinical Care Access in Hard-To-Reach Areas

- Timely access to physicians, pharmacists, and care advocates that follow you longitudinally
- Solutions that targets multiple conditions, including comorbidities
- National 50 state coverage in rural and urban areas



Pharmacist Medication Management

- Medication titration based on evidence-based pathways
- Care coordination with the PCP
- Minimize polypharmacy, unnecessary medications and medication errors
- Real-time objective data leveraging RPM



Whole Person Approach

- Integrated Care Advocate who addresses SDOH
- Omnichannel communication via Walgreens platform
- Predictive analytics for optimized targeting

Walgreens offers and omni-channel consistent experience to meet patients where they are

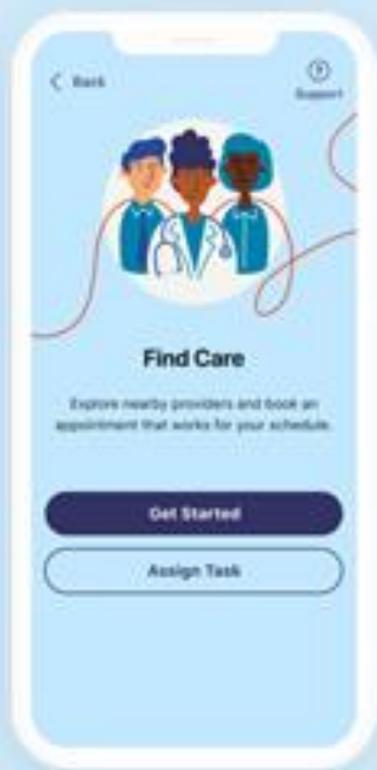
In home

SMS, Phone Calls, Video



On the go

In app



Onsite

In-Person



An integrated approach, transforming care access, cost and quality

DIAGNOSTICS
More reliable data, sooner

FULFILLMENT
Convenient, timely delivery



ANALYTICS
Understanding what happened & what to do

THERAPEUTICS
Efficient, personalized, interventions

**Expanding access to primary care
with Village Medical, integrated
with Walgreens pharmacies**



Village Medical at Walgreens

Through a strategic partnership with VillageMD, Walgreens is the first national pharmacy chain to have full-service primary care practices alongside our stores

- By combining the expertise of both the physician and pharmacist, we're making high-quality, affordable care more convenient and easier to access.
- Follows a highly-successful 2019 pilot in the Houston market, which produced very strong results and achieved high patient satisfaction.



Reaching communities across the country

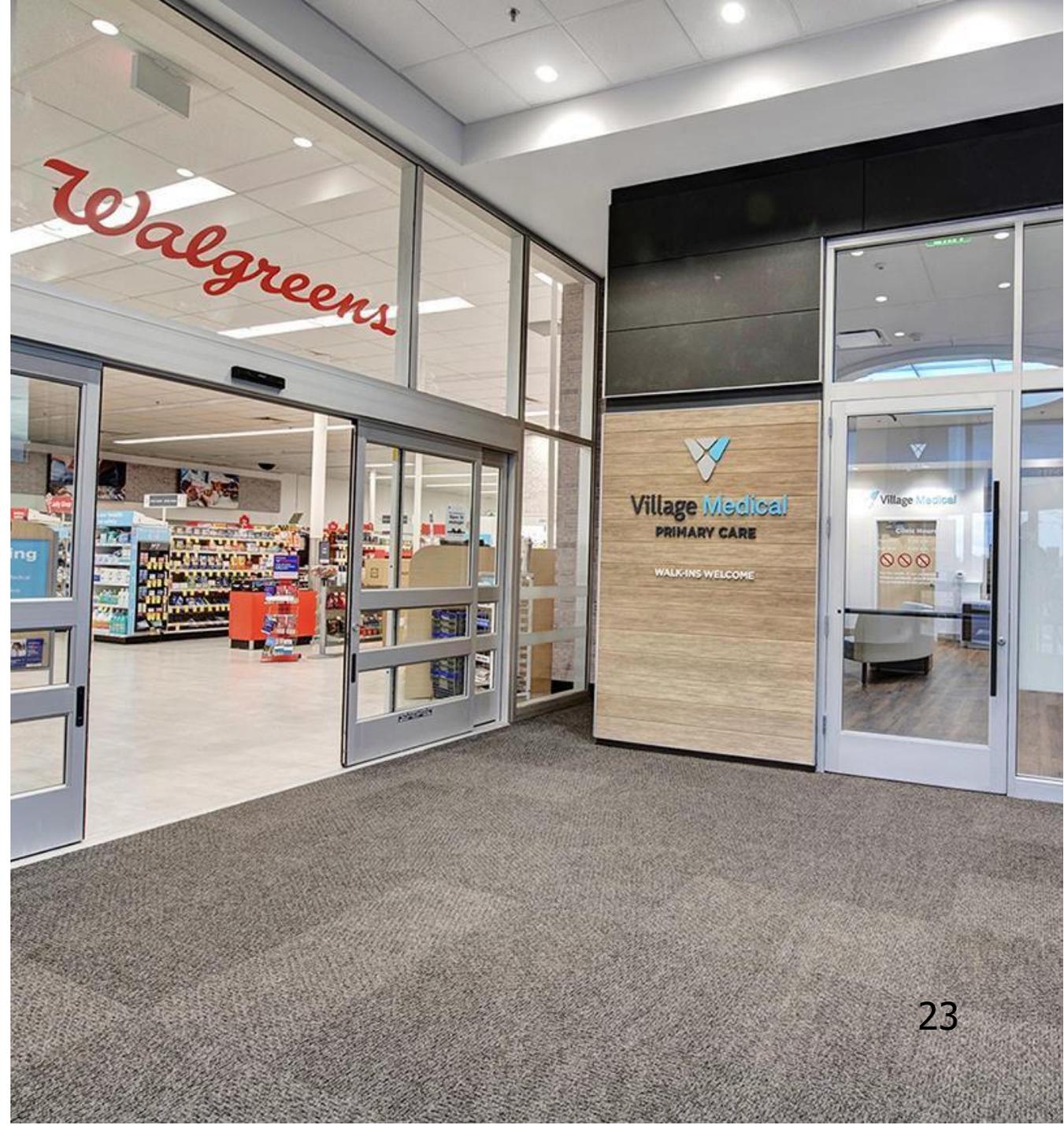
Opening over 600 Village Medical at Walgreens practices in more than 30 U.S. markets by 2025

- More than 50% will be in medically underserved communities

Opened more than 80 locations by the end of 2021 and will open over 200 by the end of 2022

Village Medical at Walgreens practices are currently open in Texas, Arizona, Northern Indiana, and Florida (as of February 2022)

Walgreens



Wrap-up and Discussion on Recommendations



Walgreens is moving beyond prescriptions

Pharmacies are a critical access point in hard-to-reach areas

Pharmacists can play a huge role in expanding access and addressing health disparities



Thank you

In lieu of Services Workgroup

May 10, 2022

Diana Crumley, Senior Program Officer, CHCS

Dr. Janet Hurley, Value-Based Payment & Quality Improvement Advisory Committee

Made possible by the Episcopal Health Foundation

Agenda

- Welcome & introductions
- Recap: Purpose of this project
- Technical assistance updates
- Developing the legislative report
- Q&A



CHCS Approach to Work

We partner with Medicaid stakeholders — including state and federal agencies, managed care plans, providers, community-based organizations and consumers — to promote innovations in health care delivery where they are needed most.

Through our work, we:

-  Identify and advance best practices
-  Drive policy improvements with evidence and insights
-  Develop the capacity and expertise of health care leaders
-  Provide practical training, technical assistance, and tools
-  Spread success by connecting peers and experts across sectors

This Project and Exploration

- Key Audience
 - The [Value-Based Payment and Quality Improvement Advisory Committee](#) (“Quality Committee”)
- Timeline
 - December 1, 2021 – June 30, 2022
- CHCS Support
 - Presentations & facilitated discussions
 - Tailored technical assistance
 - Connections with other states and subject matter experts
- Funded by the Episcopal Health Foundation

Project Goals

- Learn about other states' approaches to *in lieu of* services (ILOS)
- Apply these learnings to a Texas context
- Discuss potential ILOS candidates, with a focus on services that address health-related social needs
- Develop recommendations for the legislature (Summer 2022)

Recap: What are *in lieu of* services?

In lieu of Services (ILOS): Federal Rule & Example

An MCO may cover, for enrollees, services or settings that are **in lieu of services or settings** covered under the State plan as follows:

- The State determines that the alternative service or setting is a **medically appropriate and cost-effective substitute** for the covered service or setting under the State plan
- The enrollee is not required by the MCO, PIHP, or PAHP to use the alternative service or setting
- The approved in lieu of services are **authorized and identified in the MCO, PIHP, or PAHP contract**, and will be offered to enrollees **at the option** of the MCO, PIHP, or PAHP

Example: “in-home prenatal visits for at-risk pregnant beneficiaries as an alternative to a traditional office visit”

Cost & Utilization of Services: Developing MCO Capitation Rates

- **Projected Benefit Costs** (a.k.a., “Benefit Load”)
 - State plan services
 - *In lieu of services* (some exceptions) ✓
- **Projected Non-Benefit Costs** (a.k.a., “Non-Benefit Load”)
 - Care coordination and care management
 - Other material non-benefit costs (e.g., other quality improvement costs)
 - Administrative costs
- ✗ The cost of **value-added services** cannot be included when determining payment rates.

Technical Assistance Updates

Workgroup Sessions

- Kickoff Meeting: Intro to *In lieu of Services* – December 3, 2021
- Session #1: Asthma Remediation – January 25, 2022
- Session #2: Medically Supportive Food and Meals – February 25, 2022
- Session #3: Exploring Housing Supports – March 29, 2022
- Session #4: Discuss Potential Recommendations – April 22, 2022
- Session #5: Discuss Draft Report Section – May 31, 2022
- Session #6: Discuss CHCS Final Draft – June 28, 2022

February 2022: Food is Medicine Recap

- Heard from two organizations thinking about Food is Medicine:
 - Center for Health Law & Policy Innovation, Harvard Law School
 - Factor Health, Dell Medical School
- Reviewed evidence on clinical efficacy and cost-effectiveness of the broad spectrum of Food is Medicine programs. These programs include:
 - Healthy food and produce prescriptions
 - Medically tailored groceries
 - Medically tailored meals

March 2022: Housing-related Services Recap

- Heard from two organizations on housing-related services:
 - Corporation for Supportive Housing
 - IDD/BH Innovation Strategy Unit, Texas HHSC
- Reviewed evidence on clinical efficacy and cost-effectiveness of supportive housing programs
- Reviewed opportunities to use ILOS to support existing housing supports for people experiencing behavioral health issues in Texas

Background

Diana Crumley, Senior Program Officer,
Center for Health Care Strategies

Background Report

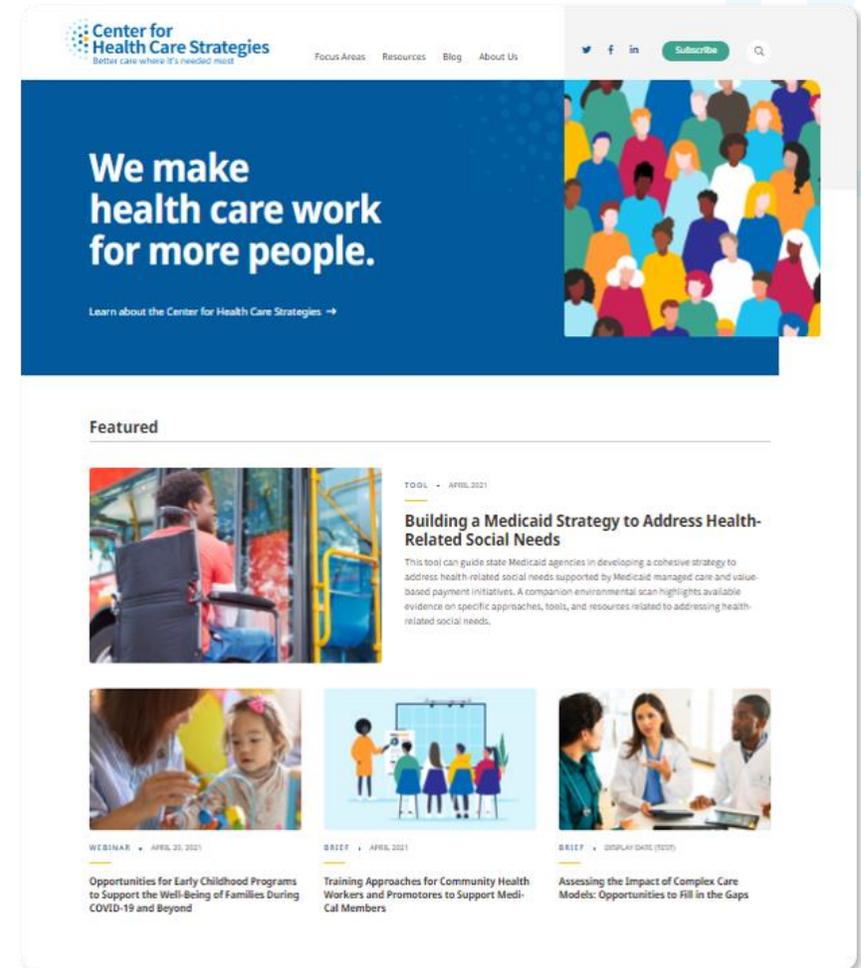
- National and State Context
 - Why focus on these needs/who can benefit
 - Why ILOS, why now
- For each of the 3 categories of services (i.e., asthma, food, & housing):
 - Intervention Description
 - Target Populations of Interest (i.e., potential clinically-oriented eligibility criteria)
 - Evidence of Clinical and Cost Effectiveness (Texas-specific, when available)
 - Other Options for Medicaid Coverage
- Planning & Implementation Considerations



Questions?

Visit CHCS.org to...

- **Download practical resources** to improve health care for people served by Medicaid.
- **Learn about cutting-edge efforts** from peers across the nation to enhance policy, financing, and care delivery.
- **Subscribe to CHCS e-mail updates**, to learn about new resources, webinars, and more.
- **Follow us on Twitter @CHCShealth.**





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Staff Update: Medicaid Value-Based Activities

Jimmy Blanton

Director, Office of Value-Based Initiatives

HHSC



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Work-Groups Report



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Work-Groups 1: Home Health and Pharmacy

Home Health:

Mr. Joe Ramon (Lead)

Pharmacy:

Dr. Benjamin McNabb (Lead)



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Work-Groups 1: Home Health

Mr. Joe Ramon (Lead)

Recommendations to Expand Effective Value-Based Care for Attendant Services/Providers of In-Home Care (1 of 2)

Recommendations: Below are recommendations that may help HHSC and MCOs understand barriers and expand meaningful value-based healthcare for Community Long Term Services and Supports (LTSS):

1. HHSC should direct MCOs to define, measure, and publicly report comparative “value” statistics for Medicaid providers of in-home care/attendant services based on a standard set of quality, accountability, and cost-efficiency metrics. This data should be shared on a regular basis with providers.
2. HHSC should consider establishment of APM targets that are specific to community-based LTSS (STAR+PLUS and STAR Kids)



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Recommendations to Expand Effective Value-Based Care for Attendant Services/Providers of In-Home Care (2 of 2)

3. HHSC should explore the development of joint APMs between primary care providers and specialty care providers.
4. HHSC should evaluate data on enrollee movement from one Community LTSS provider to another and between MCOs to ensure continuity of care is maintained. This evaluation should include corresponding impacts on utilization and cost. HHSC should develop and implement strategies to mitigate when such practices have adverse impacts on both quality and cost.
5. HHSC should revisit the rate enhancement structure and should focus on performance driven models which reflect quality and savings.





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Work-Groups 1: Pharmacy

Dr. Benjamin McNabb (Lead)

Increasing Value-Based Payment in Home Health, Pharmacy and other areas (1 of 2)

Recommendations from Pharmacy:

1. HHSC should establish standards and a working definition for an Accountable Pharmacy Organization (APO).
2. HHSC should work with stakeholders to increase engagement with Accountable Pharmacy Organizations (APOs).
3. Pharmacy Product Reimbursement Should not be Included in Value-Based Payment Models.



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Increasing Value-Based Payment in Home Health, Pharmacy and other areas (2 of 2)

Recommendations from Pharmacy work:

4. Pharmacy Value-Based Payment Models Are Not a Tool to Enforce Limited Provider Networks.
5. HHSC should develop guidance for MCOs to reimburse pharmacists as providers for services within a pharmacist's scope of practice.
6. HHSC should evaluate an expedited Community Health Worker (CHW) training and certification program for healthcare professionals.



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Work-Group 2: SDOH Recommendations

Dr. Janet Hurley (lead)

Recommendation #1

The Legislature should direct HHSC to approve at least one service that addresses health-related social needs (HRSN) as an *in lieu of* service (ILOS) under 42 C.F.R. § 438.3(e)(2).



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Recommendation #2 (1 of 3)

HHSC should consider at minimum the following services as potential ILOS:

- 1) Asthma remediation, including:
 - A. Identification of environmental triggers commonly found in and around the home, including allergens and irritants.
 - B. Using dust-proof mattress and pillow covers, high-efficiency particulate air vacuums, asthma-friendly cleaning products, dehumidifiers, and air filters.
 - C. Health-related minor home repairs such as pest management or patching holes and cracks through which pests can enter



Recommendation #2 (2 of 3)

HHSC should consider at minimum the following services as potential ILOS:

- 2) Food is Medicine interventions, including:
 - A. Meals delivered to the home immediately following discharge from a hospital or nursing home
 - B. Medically-tailored meals
 - C. Medically-supportive food and nutrition services, including medically tailored groceries, healthy food vouchers, and food pharmacies/prescriptions
 - D. Behavioral, cooking, and/or nutrition education, when paired with direct food assistance



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Recommendation #2 (3 of 3)

- 2) Housing-related supports and services, including:
 - A. Housing transition navigation services
 - B. Housing deposits/one-time community-transition costs
 - C. Housing tenancy and sustaining services



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Recommendation #3

- The Legislature should direct HHSC to create an incentive arrangement that rewards MCOs that partner with community-based organizations, other MCOs, and network providers to offer HRSN-related ILOS and build related capacity.
- The Legislature should authorize HHSC to use a portion of amounts received by the state under Tex. Gov't Code § 533.014 (i.e., "experience rebates") for this purpose.



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Workgroup 3: Alternative Payment Models and Value-based Payment Contract Language

Lisa Kirsch (Lead)

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
Calendar Year 1	>= 25%	>= 10%
Calendar Year 2	Year 1 Overall APM Ratio +25%	Year 1 Risk-Based APM Ratio +25%
Calendar Year 3	Year 2 Overall APM % + 25%	Year 2 Risk-Based APM % + 25%
Calendar Year 4	>= 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 considering extending targets past CY 2021.



Recommendation 1

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



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APM Menu Options

Discussed by Workgroup (1 of 3)



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Example Menu	Points
<ul style="list-style-type: none">Maintaining or improving on current APM benchmarks (total dollars involved in APMs)	
<ul style="list-style-type: none">Meeting APM targets for challenging circumstances, e.g., APMs in rural areas (challenges can change over time)	
<ul style="list-style-type: none">Improving APM rates for priority sectors with low APM participation, e.g., home-health or behavioral health (priority sectors can change over time).	
<ul style="list-style-type: none">Credit to MCOs that increase the amount of dollars providers earn or can earn through APMs	

APM Menu Options

Discussed by Workgroup (2 of 3)

Example Menu	Points
<ul style="list-style-type: none">Monitoring provider satisfaction or establishing other formal provider outreach mechanisms related to APMs OR processes for provider engagement	
<ul style="list-style-type: none">Data sharing with providers through HIE (e.g., ADT data) or claims	
<ul style="list-style-type: none">Sharing performance reports and best practices with providers	
<ul style="list-style-type: none">Improving on quality measures or documenting processes that describe outcomes achieved and improvements that can be made in future years	



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APM Menu Options

Discussed by Workgroup (3 of 3)

Example Menu	Points
<ul style="list-style-type: none">Developing innovative approaches to address SDOH:<ol style="list-style-type: none">Leveraging VBP to incentivize the reduction of health disparitiesAddressing SDOH as part of an APM	
<ul style="list-style-type: none">Developing a formal strategic plan for advancing APMs	
<ul style="list-style-type: none">Collaborating with other MCOs within a service area (region) on standard measures and APM models	
<ul style="list-style-type: none">Establishing formal APM evaluation criteria and reporting on evaluation results for key APMs	



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Recommendation 2

- Recommendation 2: HHSC should work to align next steps for its APM program with the 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.
 - For Texas to work toward this goal, it would be beneficial for HHSC to endorse a standard primary care health home model that MCOs may adopt for some providers, possibly starting with alignment with the CMS Primary Care First model and/or a pregnancy medical home model.
 - In addition, consider a more formal structure for dissemination of best practices (as recommended by TMA).



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Workgroup 4: Timely and Actionable Data

Andy Keller (Lead)
Lisa Kirsch (Co-Lead)

Data Workgroup (1 of 2)

Recommendations from Data Workgroup:

- 1) HHSC should explore use cases for how best to leverage the admit, discharge and transfer (ADT) and clinical (CCDA) data it receives from the Texas Health Services Authority to improve the Medicaid program.
- 2) HHSC should assess options for how to get additional data to Medicaid providers about their patients to help inform their participation in more advanced alternative payment models.
- 3) HHSC should conduct a 6-month review of the CMBHS system. The review workgroup must include members from the VBPQI Advisory Committee, The Texas Council for Community Centers, MCOs and other stakeholders

Data Workgroup (2 of 2)

Recommendations from Data Workgroup:

- 4) To develop a modernized data system at the county level that would permit rapid access to data for researchers and the public while protecting individual privacy. The infrastructure could be developed through several initiatives:
- all Texas counties create a publicly available data system in which data are derived directly from the medical examiner or justice of the peace electronic records. This would be modeled after the Tarrant County system (<https://mepublic.tarrantcounty.com/>) with identifying information redacted;
 - all Texas counties feed data (including provisional data) into a state-level system that is updated more frequently than the federal data systems and publicly available; and concurrently,
 - create linkages between vital records/mortality data and other public health and health care databases maintained by DSHS, such as the Texas Health Care Information Collection (THCIC).



Public Comment on Workgroups

Procedures:

- Written comments are encouraged
- Registration and call-in process for oral public comment
- All speakers must identify themselves and the organization they are representing before speaking
- Rules of conduct apply to public comments made by teleconference

Questions regarding agenda items, content, or meeting arrangements should be directed to Jimmy Blanton at Jimmy.Blanton@hhs.texas.gov



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2022 Planning

For 2022 Legislative Report

VBPQIAC Legislative Report Timeline (1 of 2)

2022 Milestones (Proposed)



VBPQIAC Legislative Report Timeline (2 of 2)

2022 Milestones (Proposed)



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Public Comment Procedures

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Staff Action Items for Follow-up

Viral Khakkar will present action items for follow-up

Questions regarding agenda items, content, or meeting arrangements should be directed to Jimmy Blanton at Jimmy.Blanton@hhs.texas.gov



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Thank You

**For more information contact:
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**Visit the VBPQIAC Committee webpage to learn more:
<https://hhs.texas.gov/about-hhs/leadership/advisory-committees/value-based-payment-quality-improvement-advisory-committee>**