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Non-Medical Drivers of Health Action Plan

Noelle Gaughen, Director

Joelle Jung, Senior Policy Advisor

Delivery System Quality & Innovation, Medicaid & CHIP Services

Non-Medical Drivers of Health (NMDOH)



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The conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes

What is the NMDOH Action Plan?

- ✓ Priorities and goals for MCS
- ✓ Support for MCOs and providers
- ✓ Success requires collaboration



Providers



MCOs



Community-based
Organizations



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Why did MCS make this plan?



1

Managed Care Quality Strategy

2

Potential cost savings

3

Requests for guidance

Non-Medical Drivers of Health Action Plan

Priorities



Food Insecurity

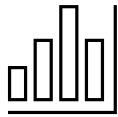


Housing



Transportation

Goals



A) Build data infrastructure



B) Coordinate services



C) Develop policies and programs



D) Support collaboration

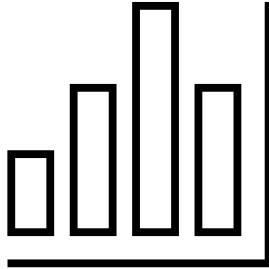


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Goal A) Build Data Infrastructure



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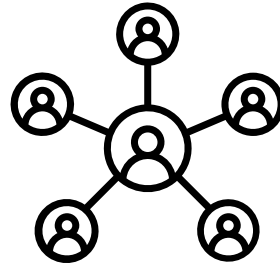


1. Screening tools and quality measures
2. Plan for collecting member data
3. Evaluate trends

Goal B) Coordinate Services



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1. Referral systems
2. SNAP and WIC
3. 2-1-1

Goal C) Develop Policies & Programs

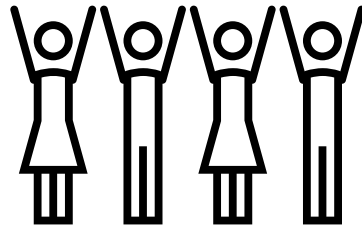


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1. Provider reimbursement options
2. MCO incentives and requirements
3. Incorporate recommended measures
4. Explore options to test new models

Goal D) Support Collaboration



1. HHS staff workgroup
2. Learning collaboratives
3. Medicaid member engagement

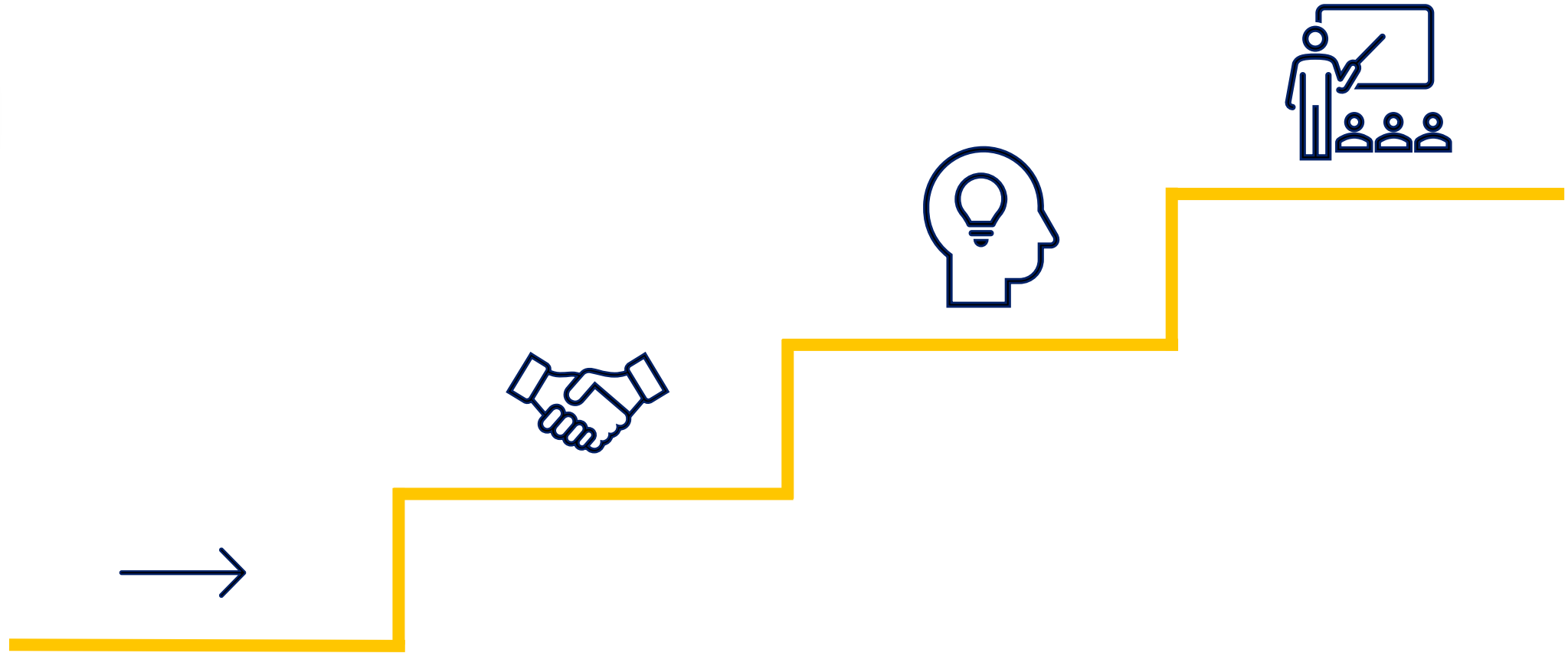


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Get Involved



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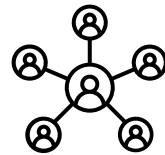
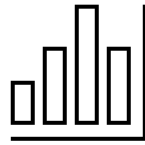


Align • Collaborate • Innovate • Share

Action Plan Progress



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Potential Next Steps for MCS



Goal A: Build Data Infrastructure

- MCO & Provider Toolkits: screening instruments and best practices



Goal C: Policies & Programs

- MCO Toolkit: How to use quality improvement costs and alternative payment models to reimburse providers
- Other steps impacted by legislative direction



Goal B: Coordinate Services

- Journey map NMDOH assessment and referral process
- Gap analysis of community capacity to address needs
- Community Toolkit: How to partner with an MCO



Goal D: Support Collaboration

- Identify new opportunities for collaboration
- Research how MCOs are already getting feedback from Medicaid members



Contact Info



Non-Medical Drivers of Health Action Plan

Medicaid & CHIP Services
Delivery System Quality & Innovation Team
DSQI@HHS.texas.gov





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Alternative Payment Model (APM) Performance Framework

Jimmy Blanton, *Value-Based Initiatives*

Office of Value-Based Initiatives

Quality & Program Improvement

Medicaid & CHIP Services

Alternative Payment Models

Alternative Payment Models (APMs) are payment approaches that incentivize high-quality and cost-efficient care (i.e., APMs link portions of payments to measure(s) of value).

- APMs:
 - May apply to a specific clinical condition, care episode or population.
 - May involve financial risk and rewards, or simply be rewards-based.
 - Span the full continuum of risk from no shared risk to full risk-sharing.





Texas' [managed care APM initiative](#) aligns with the [Health Care Payment Learning and Action Network \(HCP LAN\) Framework](#)



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Alternative Payment Model (APM) Framework

HCP LAN Framework

			
CATEGORY 1 FEE-FOR-SERVICE - NO LINK TO QUALITY AND VALUE	CATEGORY 2 FEE-FOR-SERVICE – LINK TO QUALITY <div data-bbox="1235 706 1261 735">A</div> Foundational Payments for Infrastructure and Operations (e.g., care coordination fees and payments for HIT investments) <div data-bbox="1235 928 1261 956">B</div> Pay-for-Reporting (e.g., bonuses for reporting data or penalties for not reporting data) <div data-bbox="1235 1128 1261 1156">C</div> Pay-for-Performance (e.g., bonuses for quality performance)	CATEGORY 3 APMS BUILT ON FEE-FOR-SERVICE <div data-bbox="1656 706 1681 735">A</div> APMs with Shared Savings (e.g., shared savings with upside risk only) <div data-bbox="1656 928 1681 956">B</div> APMs with Shared Savings and Downside Risk (e.g., episode-based payment for procedures and comprehensive payment with upside and downside risk)	CATEGORY 4 POPULATION-BASED PAYMENT <div data-bbox="2076 706 2102 735">A</div> Condition-Specific Population-Based Payment (e.g., per member per month payments, payments for specialty services, such as oncology or mental health) <div data-bbox="2076 928 2102 956">B</div> Comprehensive Populations-Based Payment (e.g., global budgets or full/percent of premium payments) <div data-bbox="2076 1128 2102 1156">C</div> Integrated Finance and Delivery System (e.g., global budgets or full/ percent of premium payments in integrated systems)
		3N Risk-Based Payment NOT Linked to Quality	4N Capitated Payments NOT linked to Quality



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Current APM Targets~

Table 1 - Annual total APM and risk based APM ratios

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
Measurement Year 1	$\geq 25\%$	$\geq 10\%$
Measurement Year 2	Year 1 Overall APM Ratio +25%	Year 1 Risk-Based APM Ratio +25%
Measurement Year 3	Year 2 Overall APM % + 25%	Year 2 Risk-Based APM % + 25%
Measurement Years 4 and 5	$\geq 50\%$	$\geq 25\%$
* A Measurement Year (MY) is a 12-month period from January 1 to December 31. Measurement Year 1 is calculated starting January 1 after the respective MCO enters a new Medicaid or CHI Program.		

~ Targets started in CY 2018. HHSC extended CY 2021 targets through CY 2022 (UMCM-Ch 8.10 "Alternative Payment Model Data Collection Tool").

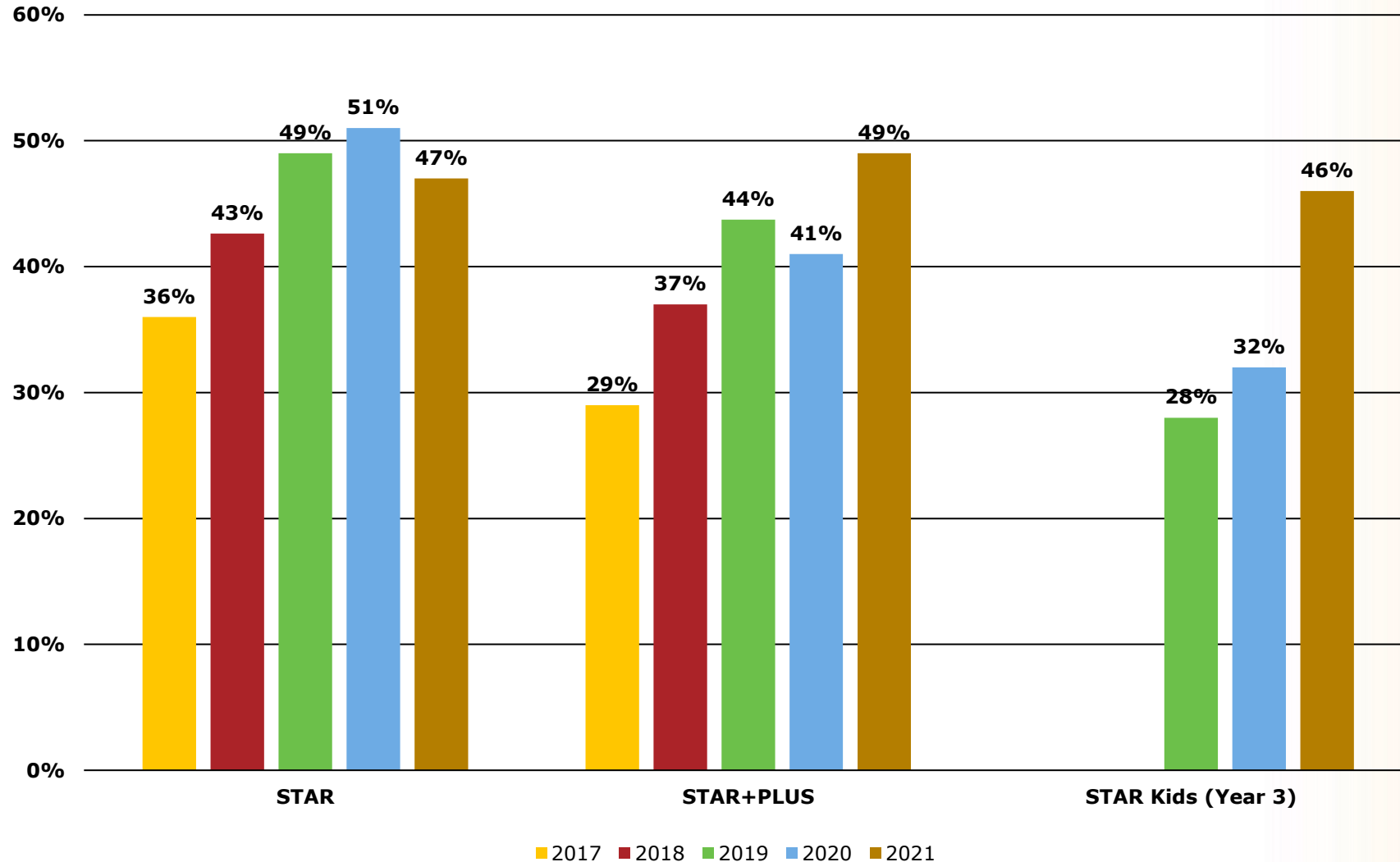


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Overall APM Achievement CYs 2017 – 2021 (Preliminary)



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Distribution of Total Payments, Claims, and Incentives in an APM by Provider Type CY 2021

Provider Type	Total Payments	Percentage of Total Payments	Claims Paid	Percentage of Claims Paid	Incentives	Percentage of Incentives
Primary Care	\$3,442,481,468	49.8%	\$3,364,765,949	49.7%	\$77,715,520	59.8%
OB/GYN	\$91,567,011	1.3%	\$87,348,837	1.3%	\$4,218,174	3.2%
Nursing Facility and Home Health	\$2,252,858,413	32.6%	\$2,247,608,324	33.2%	\$5,250,089	4.0%
Specialist	\$57,665,895	0.8%	\$35,360,861	0.5%	\$22,305,034	17.2%
Behavioral Health	\$64,057,039	0.9%	\$57,457,351	0.8%	\$6,599,689	5.1%
ACO	\$47,363,117	0.7%	\$40,775,036	0.6%	\$6,588,081	5.1%
Pharmacy and Lab	\$628,972,986	9.1%	\$628,760,273	9.3%	\$212,713	0.2%
Urgent Care	\$1,897,487	0.03%	\$1,540,487	0.02%	\$357,000	0.3%
Other	\$319,608,673	4.6%	\$312,889,018	4.6%	\$6,719,655	5.2%
Total	\$6,906,472,090	100.0%	\$6,776,506,135	100.0%	\$129,965,954	100.0%



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Overview: Updated APM Framework

- Provides flexibility for MCOs to advance value-based strategies and initiatives, while maintaining alignment with the Health Care Payment Learning & Action Network (LAN)
- Includes APM Frameworks for STAR/CHIP, STAR+PLUS, and STAR Kids programs

MCOs earn points across five APM Domains over four years

- 1 *Achievement levels*
- 2 *Quality*
- 3 *APM Priorities*
- 4 *APM Pilots/Initiatives*
- 5 *APM Support*

APM Domains One & Two

1 APM Achievement Level

- Maintain current APM achievement levels
- Increase accountable (including risk-based) APMs
- Increase incentive dollars paid through APMs

2 Quality

- Based on Rider 20 (2022-23 General Appropriations Act) Benchmarks for MCOs
- Exceptional or high performance on Quality-of-Care while maintaining at least satisfactory performance in all other domains



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APM Domain Three

3 APM Priorities

- Non-metro, community-based providers
- APMs that address NMDOH
- Primary and behavioral health integration
- Pharmacy (incentive dollars & Medication Therapy Management)
- Home and community-based services



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Integrated Models

- Operate in primary or mental health setting
- Primary care: use collaborative care codes
- Certified Community Behavioral Health Clinics
- Leverage teleservices and measurement-based care
- A portion of provider reimbursement must be linked to metrics of quality and value



APM Domain Four

4 APM Pilots/Initiatives

- Maternal care models
- STAR PLUS Pilot Innovative Payment Models
- CHIC Kids Pilot
- Transitions from pediatric to adult services for individuals with complex medical needs
- Emergency Triage, Treat, and Transport (ET3)
- Behavioral Health Evidenced Based Practice (EBP) Pilot
- Other pilot in collaboration with HHSC and providers to test an innovative payment/care model



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APM Domain Five

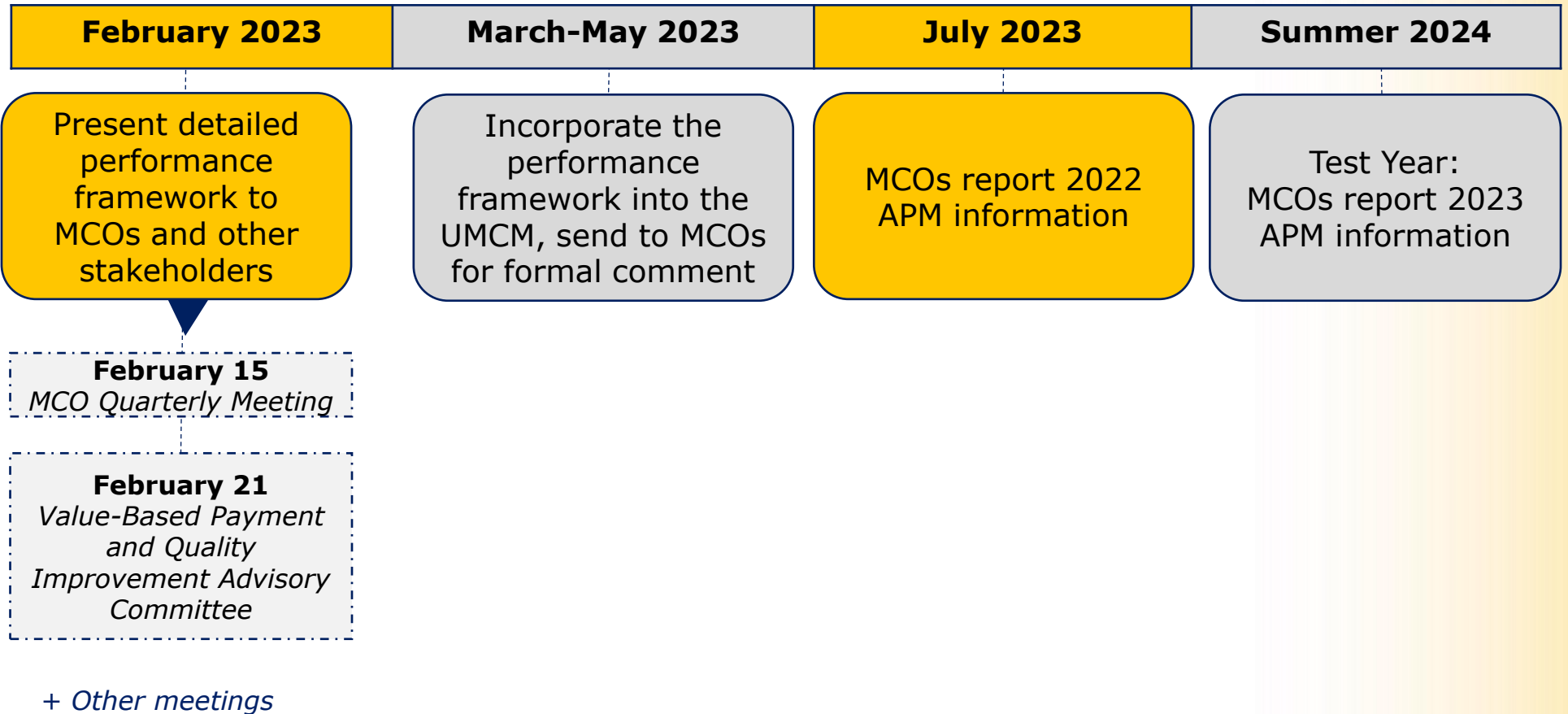
5 APM Support

- Strategic Plan/Roadmap and annual updates
- Evaluations
- Learning and awareness with providers
- Performance reports to providers
- Data sharing with providers



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Timeline



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Thank You

- **Jimmy Blanton**
- **Director, Office of Value-Based Initiatives**
- **Jimmy.Blanton@hhs.texas.gov**