



TEXAS
Health and Human
Services

National Association of State Health Policy (NASHP): State Policy Institute to Improve Care for People with Serious Illness

**HHSC Office of Value-Based Initiatives
Medicaid and CHIP Services**

About the NASHP State Policy Institute

- Goal to improve care for people with serious illness.
- Five teams of state leaders (CO, ME, MD, OH, WA).
- Receive customized technical support from NASHP and SMEs over two years:
 - Development of a state serious illness policy work plan to support key state priorities.
 - Individualized technical support from NASHP and expert consultation from national and state leaders in palliative care.
 - Four virtual workshops and peer-to-peer learning opportunities.
 - Bimonthly customized virtual state team meetings with technical experts.



Texas' Team Members

- **State Lead: Jimmy Blanton**, Director, Office of Value-Based Initiatives, Medicaid and CHIP Services, Health and Human Services Commission (HHSC)
- **Erica Dawley**, Senior Program Specialist, Office of Value-Based Initiatives, Medicaid and CHIP Services, HHSC
- **Emily Rocha**, Senior Nurse Policy Advisor, Office of the Medical Director, Medicaid and CHIP Services, HHSC
- **Dr. Erin Perez**, Palliative Care Nurse Practitioner, Palliative Care Interdisciplinary Advisory Council (PCIAC) Chair



Texas Goals for the Academy (1 of 2)

Year 1 Goal

- Establish collaborative partnerships to design an alternative payment model (APM) or concept to improve access to supportive palliative care (SPC).
- Model development would rely on existing authorities, research, payment codes, and ideas from other states.
- Key partners would include one or more Medicaid managed care organizations (MCOs), providers, and other stakeholders through the PCIAC, NASHP, and state staff.



Texas Goals for the Academy (2 of 2)



Year 2 Goal

- Complete developmental steps for an innovative SPC APM pilot in Medicaid managed care and move toward piloting or testing.
- The APM should increase access to SPC for individuals at any stage of serious illness without raising overall Medicaid costs.
- As an APM, a portion of provider reimbursement would be linked to performance on relevant quality metrics.
 - Identifying suitable measures and benchmarks for the APM will be a key component of this project.



APM Framework

HCP LAN Framework

			
CATEGORY 1 FEE-FOR-SERVICE - NO LINK TO QUALITY AND VALUE	CATEGORY 2 FEE-FOR-SERVICE – LINK TO QUALITY	CATEGORY 3 APMS BUILT ON FEE-FOR-SERVICE	CATEGORY 4 POPULATION-BASED PAYMENT
	A Foundational Payments for Infrastructure and Operations (e.g., care coordination fees and payments for HIT investments)	A APMs with Shared Savings (e.g., shared savings with upside risk only)	A Condition-Specific Population-Based Payment (e.g., per member per month payments, payments for specialty services, such as oncology or mental health)
	B Pay-for-Reporting (e.g., bonuses for reporting data or penalties for not reporting data)	B APMs with Shared Savings and Downside Risk (e.g., episode-based payment for procedures and comprehensive payment with upside and downside risk)	B Comprehensive Populations-Based Payment (e.g., global budgets or full/percent of premium payments)
	C Pay-for-Performance (e.g., bonuses for quality performance)		C 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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Year 1 Planned Activities (1 of 2)

Goal 1: Engage potential stakeholders and form necessary collaborations to pilot an SPC APM

- Discuss NASHP opportunity at Value-Based Payment and Quality Improvement Advisory Council meeting.
- Present at MCO Quarterly Quality meeting.
- Direct outreach to health plan associations and individual health plans.

Goal 2: Review existing authorities, research, and ideas from other states

- Identify potential target populations and Medicaid Service Delivery Areas (SDAs) for SPC pilot.
- Identify existing APMs for SPC.



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Year 1 Planned Activities (2 of 2)

Goal 3: Identify eligibility criteria, billing codes, and quality metrics for the SPC APM

- Identify eligibility criteria and covered services.
- Identify billing/payment codes.
- Identify quality metrics and benchmarks.
- Produce actuarial analysis to determine ROI.



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What will success look like at the end of the Academy for Texas?

- Learn from and network with other states and NASHP working to advance access to palliative care for people at earlier stages of serious illness.
- Engage potential partners and form necessary collaborations to pilot an SPC APM in Medicaid managed care, including at least one MCO, providers, and state staff.
- Identify metrics and benchmarks suitable for an SPC APM and for monitoring quality and performance.
- Develop an SPC APM and launch a pilot.





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Questions?

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