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Quarterly Quality Provider Meeting

October 27, 2022
1:00-2:30pm

Agenda

1. Welcome and introductions
2. Update: HHSC projects
 - a. Texas Health Steps (THSteps) Non-Medical Drivers of Health Screening
 - b. Value-Based Care/Alternative Payment Models (APM) Update
 - c. Directed Payment Programs (DPP) Update
3. Texas Medical Association's recent activities
4. Texas Hospital Association's recent activities
5. Open Discussion
6. Action Items and topics for staff follow-up
7. Adjourn





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Welcome and Introductions

Jimmy Blanton, Director
Office of Value-Based Initiatives
Medicaid & CHIP Services



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Texas Health Steps Medical Checkups and Non-Medical Drivers of Health Screening

**Terri Sparks, Manager
Medical and Dental Benefits
Office of Policy
Medicaid & CHIP Services**

Today's Topics

- Texas Health Steps (THSteps) medical checkups
- Non-medical drivers of health (NDOH) screening
- Policy development and implementation



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THSteps Periodicity Schedule

- Periodicity schedule specific to THSteps checkups
- Augments the Texas Provider tool which informs providers of age-specific checkup requirements
- Medicaid Provider Procedures Manual (TMPPM) by identifying policy requirements specified within the *Children's Services Handbook Vol. 2*
- Updated when policy/checkup requirements change



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THSteps Periodicity Schedule - June 2021 (1 of 2)

Texas Health Steps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents

COMPREHENSIVE HEALTH SCREENING * BIRTH THROUGH 10 YEARS OF AGE

* Comprehensive Health Screening, as indicated below, consists of federal and state components that are required for the checkup to be considered complete. Refer to the Texas Medicaid Provider Procedures Manual (TMPPM) for further detail at http://www.tmhsp.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.aspx. Find current Periodicity Schedule online at texashealthstepsmedicalproviders.com.

AGE	History	Nutritional Screening	DEVELOPMENTAL SURVEILLANCE			MENTAL HEALTH		TB Questionnaire with Skin Test if Risk Identified	Unclothed Physical Examination	Critical Congenital Heart Defect Screening	MEASUREMENTS					VISION		HEARING		Dental Referral	Screen/Administer Immunizations According to ACIP Guidelines	LABORATORY TESTS					Health Education/Anticipatory Guidance
			Review of Milestones	ASQ, ASQ:SE, PEDS, or SWWC	M-CHAT or M-CHAT-R/FTM	Mental Health: Psychosocial/Behavioral Health Screening	Postpartum Depression Screening				Length	Height	Weight	BMI	Fronto-Occipital Circumference	Blood Pressure	Visual Acuity	Subjective Vision	Newborn Hearing Test (OAE or ABR)			Audiometric Screening	Subjective Hearing	Newborn Screening Panel	Blood Lead Screening	Anemia	
Newborn	█	█				█			█		█									█	█					█	
D/C to 5 days	█	█				█			█											█	█					█	
2 weeks	█	█				█			█											█	█					█	
2	█	█				█			█											█	█					█	
4	█	█				█			█											█	█					█	
6	█	█				█			█											█	█					█	
9	█	█				█			█											█	█					█	
12	█	█				█			█											█	█					█	
15	█	█				█			█											█	█					█	
18	█	█				█			█											█	█					█	
24	█	█				█			█											█	█					█	
30	█	█				█			█											█	█					█	
3	█	█				█			█											█	█					█	
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7	█	█				█			█											█	█					█	
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9	█	█				█			█											█	█					█	
10	█	█				█			█											█	█					█	

LEGEND

█	Mandatory
█	If not completed at the required age, must be completed at the first opportunity if age appropriate.
█	For developmental, mental health, vision, or hearing screenings: when both colors appear at the same age, perform the most appropriate-level screen.
█	Recommended
█	Risk-based

Revised 10/27/2022

Note: THSteps components may be performed at other ages if medically necessary. Check regularly for updates to this schedule: texashealthsteps.com. For free online provider education: txhealthsteps.com.



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THSteps Periodicity Schedule - June 2021 (2 of 2)

Texas Health Steps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents

COMPREHENSIVE HEALTH SCREENING * 11 THROUGH 20 YEARS OF AGE

* Comprehensive Health Screening, as indicated below, consists of federal and state components that are required for the checkup to be considered complete. Refer to the Texas Medicaid Provider Procedures Manual (TMPPM) for further detail at http://www.tmhp.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.aspx. Find current Periodicity Schedule online at texashhs.org/texashealthstepsmedicalproviders.

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			Mental Health: Psychosocial/ Behavioral Health Screening	PSC-17, PSC-35, Y-PSC, PHQ-9, PHQ-4, CRAFFT, Patient Health Questionnaire for Adolescents, or RAAPS			Height	Weight	BMI	Blood Pressure	Visual Acuity	Subjective Vision	Audiometric Screening	Subjective Hearing			Dyslipidemia	Type 2 Diabetes	STD/STI Screening	HIV Test	
11	Mandatory	Mandatory	Mandatory	Recommended	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Risk-based	Risk-based	Risk-based	Risk-based	Mandatory
12	Mandatory	Mandatory	Mandatory	Recommended	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Risk-based	Risk-based	Risk-based	Risk-based	Mandatory
13	Mandatory	Mandatory	Mandatory	Recommended	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Risk-based	Risk-based	Risk-based	Risk-based	Mandatory
14	Mandatory	Mandatory	Mandatory	Recommended	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Risk-based	Risk-based	Risk-based	Risk-based	Mandatory
15	Mandatory	Mandatory	Mandatory	Recommended	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Risk-based	Risk-based	Risk-based	Risk-based	Mandatory
16	Mandatory	Mandatory	Mandatory	Recommended	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Risk-based	Risk-based	Risk-based	Risk-based	Mandatory
17	Mandatory	Mandatory	Mandatory	Recommended	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Risk-based	Risk-based	Risk-based	Risk-based	Mandatory
18	Mandatory	Mandatory	Mandatory	Recommended	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Risk-based	Risk-based	Risk-based	Risk-based	Mandatory
19	Mandatory	Mandatory	Mandatory	Recommended	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Risk-based	Risk-based	Risk-based	Risk-based	Mandatory
20	Mandatory	Mandatory	Mandatory	Recommended	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Risk-based	Risk-based	Risk-based	Risk-based	Mandatory

LEGEND	
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■ ■	For developmental, mental health, vision, or hearing screenings: when both colors appear at the same age, perform the most appropriate-level screen.
■	Recommended
■	Risk-based

Note: THSteps components may be performed at other ages if medically necessary. Check regularly for updates to this schedule: texashhs.org/texashealthstepscheckupcomponents. For free online provider education: txhealthsteps.com.

Revised 10/27/2022

THSteps Checkups NDOH Screening (1 of 3)

- Allowable at all checkups birth through 20 years of age
- Optional screening
- Annual provider reimbursement –
 - 96160 or 96161 with modifier U8



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THSteps Checkups NDOH Screening (2 of 3)

- Evidence-based screening tool required
 - Hunger Vital Sign
 - Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences (PRAPARE)
 - EveryONE Project Social Needs Screening Tool (EveryONE)
 - Health Leads Screening Toolkit
 - Well Child Care Evaluation, Community, Resources, Advocacy, Referral, Education (WE CARE)
 - Health-Related Social Needs Screening Tool (HRSN)



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THSteps Checkups NDOH Screening (3 of 3)

- Positive screens require referral to resources
- Referral resource lists
- Documentation in medical record
- Positive screens require appropriate corresponding diagnosis code on billing form ICD-10-CM Z code on the claim form
- Follow-up prior to next checkup
- Provider guidance - Texas Medicaid Provider Procedures Manual (TMPPM) *Children's Services Handbook Vol. 2*



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Policy Implementation

- Positive screens require referral to resources
- Referral resource lists
- Documentation in medical record
- Positive screens require appropriate corresponding diagnosis code on billing form ICD-10-CM Z code on the claim form
- Follow-up prior to next checkup
- Provider guidance - Texas Medicaid Provider Procedures Manual (TMPPM) *Children's Services Handbook Vol. 2*



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Thank you!

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Update: HHSC Projects Alternative Payment Models (APM) Update

**Jimmy Blanton, Director
Office of Value-Based Initiatives
Medicaid & CHIP Services**

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	>= 25%	>= 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	>= 50%	>= 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").

Revised 10/27/2022



APM Initiatives (1 of 2)

Managed Care Contract changes

- APM Chapter in *Uniform Managed Care Contract* (UMCC) amended effective 9/1/2022
- Introduces an *APM Performance Framework*
- Purpose - offer a wider range of options for MCOs to advance APM initiatives with their Providers
- HHSC staff working on amending the *Uniform Managed Care Manual* (UMCM) to reflect the APM Performance Framework



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APM Initiatives (2 of 2)

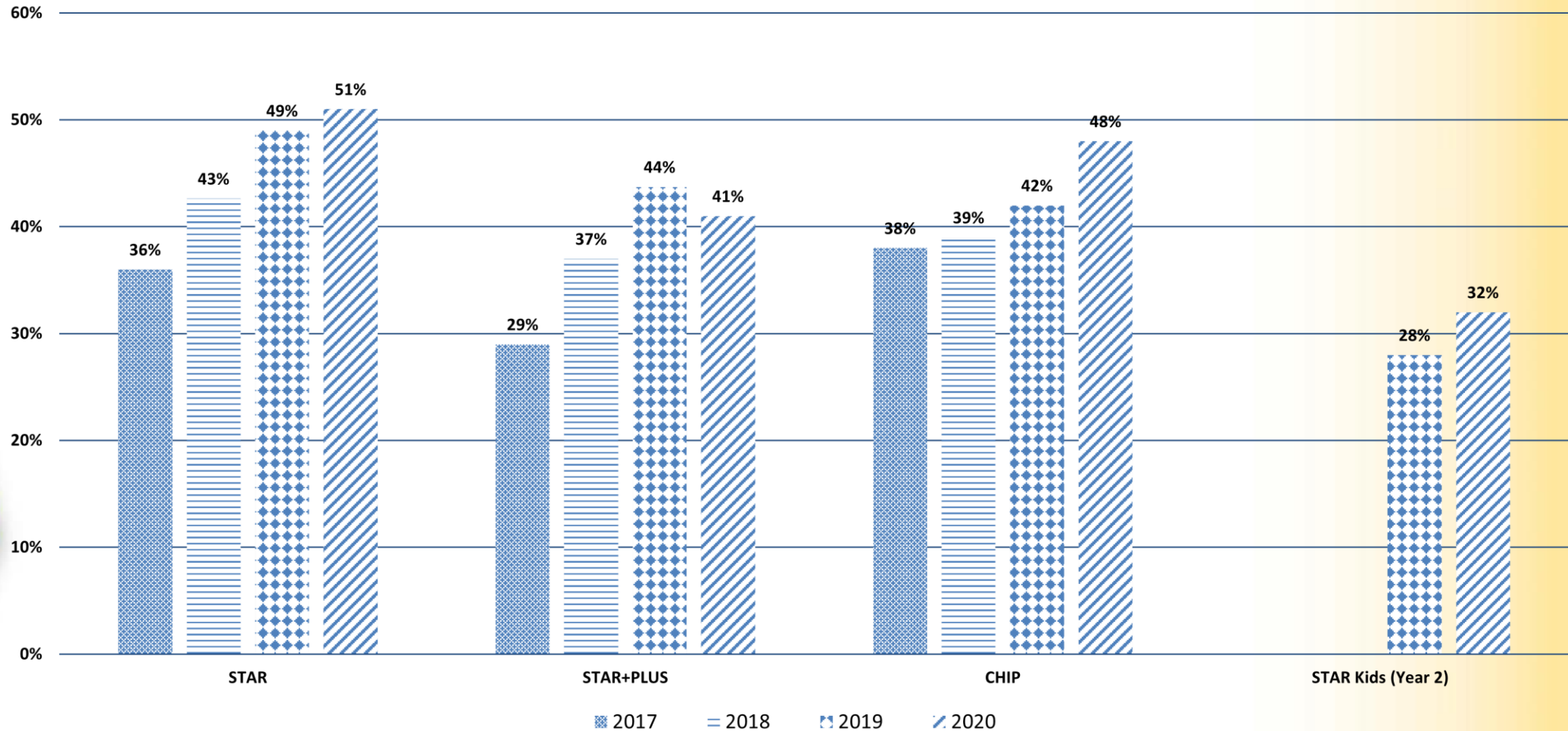
2022 MCO APM Reports:

- MCOs submitted their APMs reports for CY2021 on July 1, 2022
- HHSC will develop 2021 APM summary and present at next QQPM
- Previous years summaries (2018 – 2020) on the HHSC website
<https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/value-based-care>



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Overall APM Achievement CYs 2017* – 2020

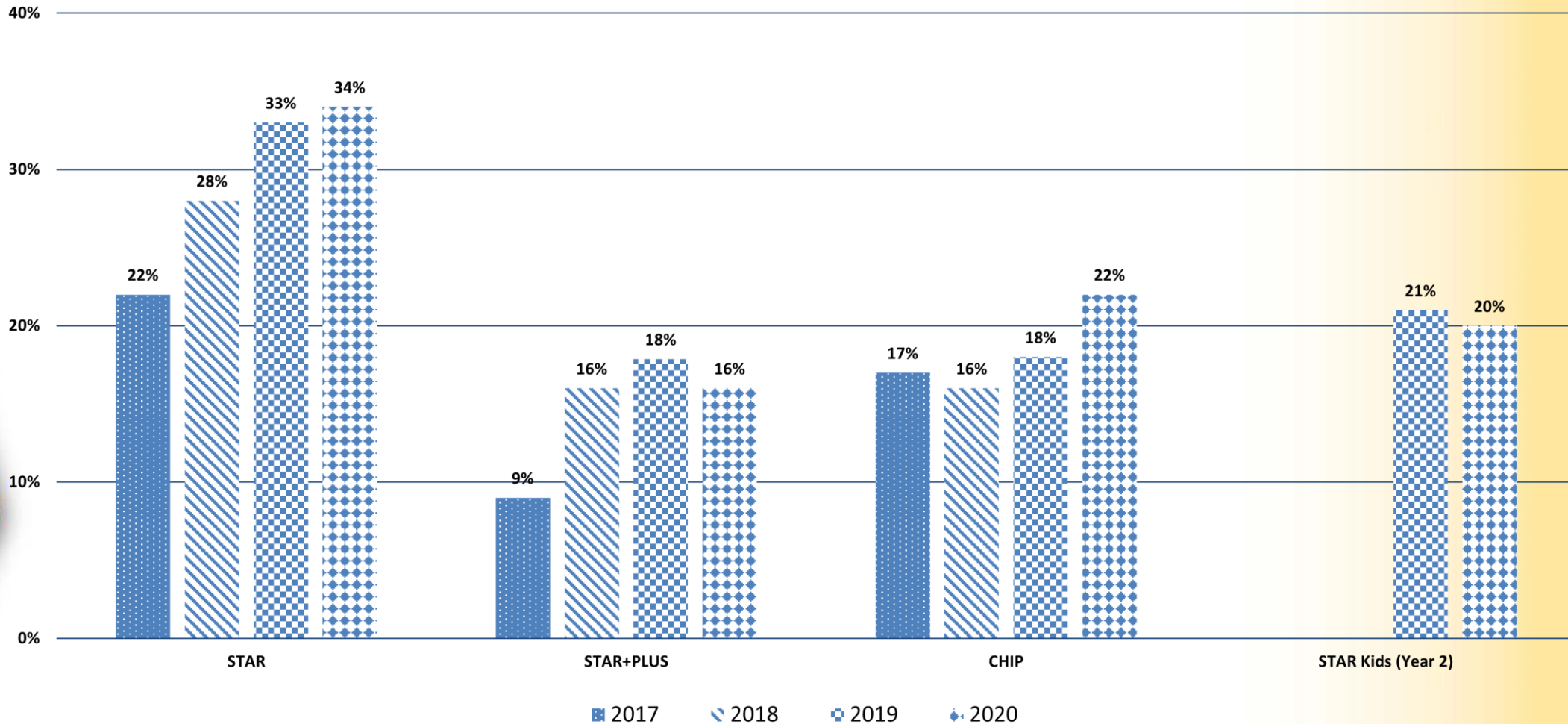


* 2017 Experimental Year; 2018 – 2020 Target Years

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Risk-Based APM Achievement CYs 2017* – 2020



* 2017 Experimental Year; 2018 – 2020 Target Years

Revised 10/27/2022

APM Challenges (1 of 2)

MCO perceptions of challenges to meeting APM targets include:

- LTSS providers are experiencing critical staffing shortages impacting ability to participate in APMs with downside risk
- CHIP enrollment has dropped as members shifted to STAR during the PHE
- Changes in utilization patterns during the PHE have impacted APM performance
- Rural providers face unique challenges participating in APMs



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APM Challenges (2 of 2)

Strategies to address APM targets:

- Rural provider outreach
- Telehealth
- APM agreements with FQHCs
- Provider incentives for z-code reporting for non-medical drivers of health



National LAN Goals for APMs with Risk



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	Medicaid	Commercial	Medicare Advantage	Traditional Medicare
2020	15%	15%	30%	30%
2022	25%	25%	50%	50%
2025	50%	50%	100%	100%

National Baseline:
Percentage of payments flowing through two-sided risk models (Categories 3B & 4* in the LAN APM Framework)

2018

8.3%

***Category 3B:** APMs with Shared Savings and Downside Risk
Category 4: Population-Based Payments

*Advisory Committee Recommendations (1 of 2)

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 (e.g., sharing more data with providers, reporting on evaluation results for APMs, addressing non-medical drivers of health, collaborating with another MCO on standard measures/models).
- Revise the current APM reporting tool to collect only needed data in as streamlined a format as possible.

*Value-Based Payment and Quality Improvement Advisory Committee

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*Advisory Committee Recommendations (2 of 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.

- Endorse a standard primary care health home model aligning with the CMS Primary Care First Model, a pregnancy medical home model, and/or key THSteps measures.
- Support a formal structure for dissemination of best practices for APMs.

*Value-Based Payment and Quality Improvement Advisory Committee

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Next Steps

Timeline

- Present detailed performance framework to MCOs and other stakeholders (November 2022)
- Make changes to the UMCM, incorporate the performance framework, send to MCOs for formal comment and feedback (November/December 2022)
- Finalize APM Reporting Requirements in UMCM (Early 2023)
- MCOs report 2022 APM information (July 2023)
- MCOs report 2023 APM information (Summer 2024)



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Value-Based Reports (1 of 2)

- Cross-Agency Coordination on Healthcare Strategies and Measures (5 Agencies) Report
<https://www.hhs.texas.gov/sites/default/files/documents/cross-agency-coord-healthcare-strat-measures-sep-2022.pdf>
- Medicaid Reimbursement for Supportive Palliative Care in Texas and Other States (SB 916) Report:
<https://www.hhs.texas.gov/sites/default/files/documents/senate-bill-916-report-september-2022.pdf>



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Value-Based Reports (2 of 2)

- Biannual Report on Initiatives to Reduce Avoidable Emergency Room Utilization and Improve Health Outcomes in Medicaid
<https://www.hhs.texas.gov/sites/default/files/documents/initiatives-reduce-avoidable-er-utilization-improve-health-outcomes-medicaid-aug-2022.pdf>
- Value-Based Payment and Quality Improvement Advisory Committee Recommendations to be published November 2022
- Annual Quality Report to be published December 2022.



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Directed Payment Programs Quality Update

CHIRP, TIPPS, RAPPS, DPP BHS

**Noelle Gaughen, Director
Delivery System Quality & Innovation
Medicaid/CHIP Services**

DPPs and the Medicaid Quality Strategy

Texas must demonstrate that each directed payment arrangement advances at least one of the goals and objectives in the [Texas Managed Care Quality Strategy](#). Texas expects the five DPPs to advance the objectives of the following quality strategy goals.

Quality Strategy Goal	CHIRP	QIPP	TIPPS	BHS	RAPPS
Promoting optimal health for Texans	X		X	X	X
Keeping patients free from harm	X	X			
Promoting effective practices for people with chronic, complex, and serious conditions	X	X	X	X	X
Attracting and retaining high-performing Medicaid providers, including medical, behavioral health, dental, and long-term services and supports providers to participate in team based, collaborative, and coordinated care	X	X			



Quality Reporting & Evaluation Measurement Periods

	Complete
	In Process
	Planning Phase

Program Year	Eval Plan Due to CMS	Process & Outcome Measure Prelim Data	Structure Measures Implemented by	Process & Outcome Measure Final Data	EQRO Evaluation Data	Prelim Eval Due to CMS	Final Eval Due to CMS
Year 1 SFY 22	Feb 21	Jan – Jun 21	Aug 31, 21	Jan – Dec 21	Jan – Dec 21	Feb 22	Feb 23
Year 2 SFY 23	Feb 22	Jan – Jun 22	Aug 31, 22	Jan – Dec 22	Jan – Dec 22	Feb 23	Feb '24
Year 3 SFY 24	Feb 23	Jan – Jun 23	Aug 31, 23	Jan – Dec 23	Jan – Dec 23	Feb 24	Feb 25
Year 4 SFY 25	Feb 24	Jan – Jun 24	Aug 31, 24	Jan – Dec 24	Jan – Dec 24	Feb 25	Feb 26

Included in Prelim Eval



Included in Final Eval



Year 1 Update

- Reporting is complete
- Evaluation in progress
- Final data posted to the reporting portal bulletin board

Year 2 Update

- Round 1 reporting deadline is Sunday, November 6
 - Structure measure implementation as of August 31, 2022
 - Process and outcome measures from Jan – June 2022
- “Office hours” for program participants
- Requirements for Medicaid Managed Care stratification



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Year 3 Planning

- Program specific workgroups start the week of November 8th. Workgroups are expected to conclude in December. Structure will be a mix of meetings and surveys if needed, depending on the needs of the program and workgroup members.
- Workgroup member nominations have already been submitted and confirmed.
- Public hearing and comment period on year 3 requirements and specifications will be held in January, 2023.



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CMS Expectations: Measures

The application template (preprint) says:

- *A State must demonstrate that each state directed payment arrangement expects to advance at least one of the goals and objectives in the quality strategy.”*
- *Describe how this payment arrangement is expected to advance the identified goal(s) and objective(s).*
- *To the extent practicable, CMS encourages states to utilize existing, validated, and outcomes-based performance measures to evaluate the payment arrangement, and recommends States use the CMS Adult and Child Core Set Measures when applicable.*



CMS Expectations: Evaluation

The application template (preprint) says:

- *For each measure the State intends to use in the evaluation of this payment arrangement, provide*
 - *1) the baseline year,*
 - *2) the baseline statistics, and*
 - *3) the performance targets the State will use to track the impact of this payment arrangement on the State's goals and objectives.*
- *The evaluation conducted will be **specific** to this payment arrangement*



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Resources

- [Medicaid DPP Quality](#)
- [Texas Medicaid Managed Care Quality Strategy – July 21](#)
- [CMS DPP Application Template \(Preprint\)](#)
- [Reporting Portal Bulletin Board](#)
Data Master for Year 1
Program participants only, Requires login credentials





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Thank you!

Contact

DPPQuality@hhs.texas.gov



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Texas Medical Association

TMA recent activities



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Texas Hospital Association

THA recent activities



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Open Discussion

Jimmy Blanton, Director
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HHSC



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Action Items and Topics for Follow-up

Jenn Hamilton
Research Specialist V
Office of Value-Based Initiatives
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Thank You

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