



Medicaid Managed Care Learning Collaborative
Alternative Payment Models Best Practices
August 23, 2024

**CLINICALLY INTEGRATED
NETWORKS IN TEXAS**



TODAY'S AGENDA

1. Welcome
 - This webinar is being recorded.
 - This is first in a series focused on Alternative Payment Models in Texas Medicaid to disseminate best and promising practices.
2. Clinically Integrated Networks:
 - Franchella Jennett, Texas Association of Community Health Centers
 - Paul Aslin, Texas Organization of Rural & Community Hospitals
 - Angelina Tucker, Community Pharmacy Enhanced Services Network, Texas
3. Questions and discussion
4. Future webinars – expanded opportunities for best and promising practices through revised Texas Medicaid APM Framework



MCO LEARNING COLLABORATIVE

- Sponsored by Episcopal Health Foundation and Michael & Susan Dell Foundation
- In coordination with the Texas Health and Human Services Commission and health plan associations
- Disseminating best practices as recommended by the Value Based Payment and Quality Improvement Advisory Committee



CLINICALLY INTEGRATED NETWORKS

- Emerging trends in value-based care, such as CINs, present new opportunities for Texas Medicaid APMs.
- CINs assist their provider members to engage with Medicaid MCOs for APMs.
- Through CINs, providers can engage in APMs that are more consistent across providers and MCOs, which should help reduce administrative burden.



CLINICALLY INTEGRATED NETWORKS

- Provide an infrastructure to support performance and operations, including data sharing.
- Engage in contracts for financial incentives earned to be reinvested in members' health care organization.
- Help to support a glide path towards higher value population-based APMs.



**MY TEXAS
MY HEALTH**

Perspectives on a Health Center-Led Clinically Integrated Network

Texas FQHCs



75 FQHCs in Texas
with over 650 clinic sites
in 127 counties.
81 TACHC members

1.8 million patients
served
6.6 million total visits

Service Trends

Medical – 5% ↑	Behavioral Health – 4% ↑
Dental – 1% ↑	Substance Use – 22% ↑
Vision – 10% ↑	Enabling – 2% ↓
	Virtual Visits ↓ 15%

35% of patients are on Medicaid, only 24% of center revenue is from Medicaid.



In Poverty
66%



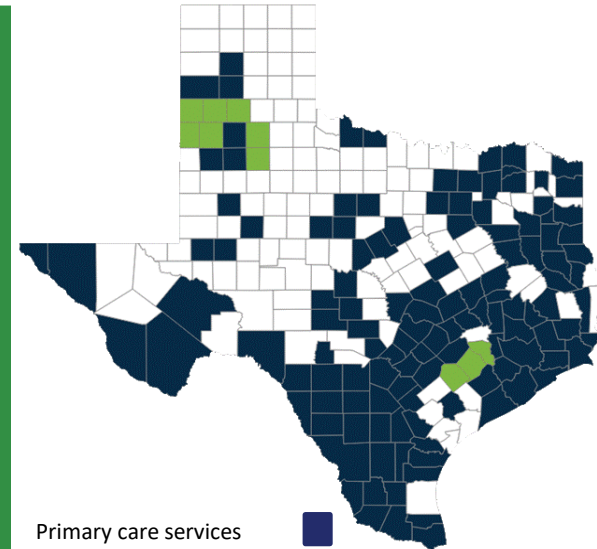
65 and older
150,504



Women of
childbearing
age
691,438



Children
646,923



Primary care services
Support services only



- Master Services Agreement between TACHC and CIN

- “My Texas My Health” DBA

- TACHC provides staffing and services support to the CIN

- CIN contracting priorities are Medicaid and Medicare Advantage VBC arrangements and MSSP

- TACHC ACO is the Medicare Shared Savings Program which is exclusive to CIN participants



TACHC | SUBSIDIARIES AND PRODUCTS

Our Journey and Beyond

March

VBC Readiness
Assessment and Network
Feasibility Study

October

EHF grant awarded;
TACHC Board approves
CIN

May-July

TACHC Clinically
Integrated Network
incorporated, governance
established, and
participants join.

2022



2022



2023



2024



A Year of Building

Socializing the CIN with
payers, exploring
alternative payment
opportunities, enhancing
our infrastructure.

2025



**Demonstrating our
Value**

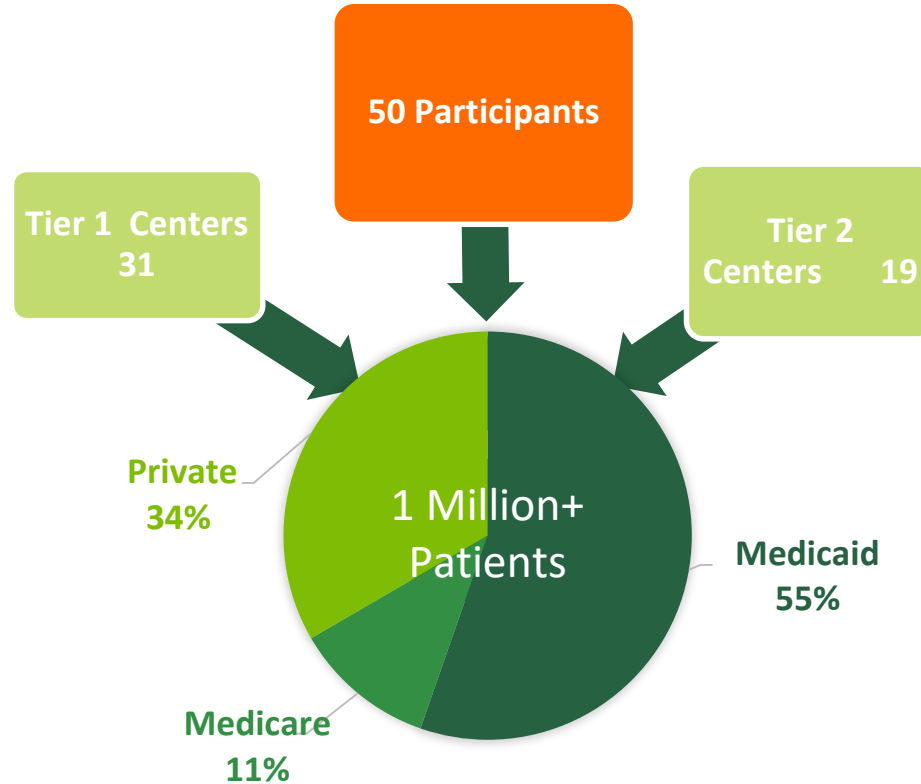
Focused on health center
service support,
education on contracts,
and sharing best practices
to deliver the best
outcomes possible.

TACHC Clinically Integrated Network



Tier 1 Center Participants

- Many are **experienced** in value-based contracting
- **Higher** quality performance
- **Existing workflows** for screening for non-medical drivers of health and data sharing
- Able to participate in **all levels** of value-based contracting



Tier 2 Center Participants

- Less experience in value-based contracting
- Quality improvement opportunities
- Limited to pay-for-quality and fee-for-service contracts

Requirements for All Participants



**TACHC Member in
Good Standing**

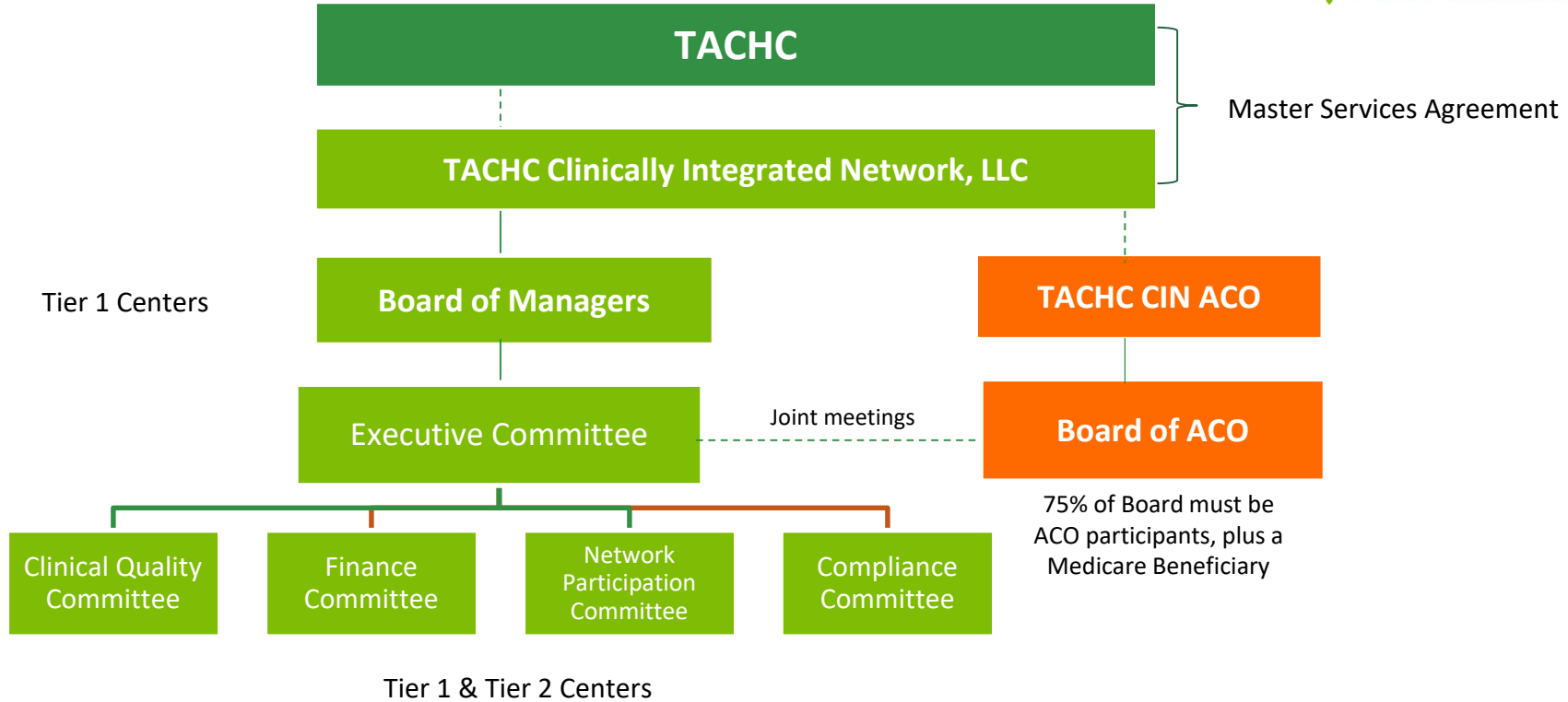
**Actively participating
in a Patient Centered
Medical Home (PCMH)
recognition process**

**Health Center
Controlled Network
participant with
TACHC or a TACHC
HCCN Partner**

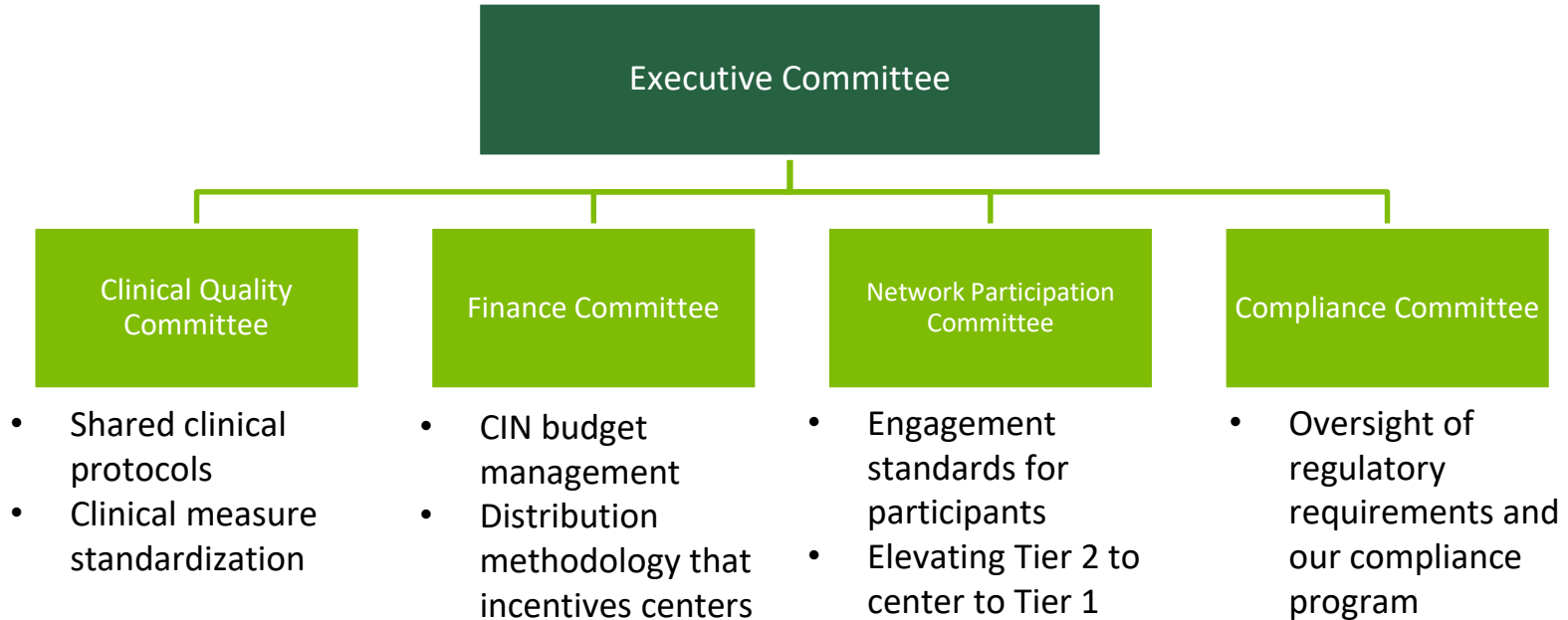
**Participate and engage
in CIN's educational
sessions, meetings
and performance
improvement activities**

**Complete TACHC's
Annual Value-based
Care Readiness
Assessment**

Governance Structure








Areas of Focus



What Matters to Health Centers



Health centers are working together on value-based

-  Contract success and transparency
-  Attainable goals
-  Shared services support (e.g. credentialing, attribution)
-  Upfront investments in long-term sustainability
-  Care coordination collaborations

Trends and Lessons Learned

Continuous payer
education about
FQHCs

Enablers and third-
party investors are
competing to
partner

Health centers
learning about their
own existing
contracts details

Shared interest in
non-medical drivers
of health

Leading with what
our health centers
want in contracting

Building
infrastructure for
delegated services

Thank you

Franchella Jennett
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TORCH CIN ORGANIZATIONAL OVERVIEW

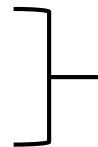


- **History and Guiding Principles**
- **CIN Membership**
- **Value Based Agreements**
- **NORC Walsh/TX A&M/EHF Evaluation**
- **Policy Recommendations**

TORCH CIN Guiding Principles



TORCH CIN is a platform for new opportunities, coordination and support not available to individual facilities



Better Together

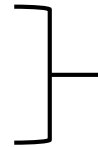


Reimagine Rural Care



Think beyond the norm and innovate to achieve sustainable, high-value independent and local care delivery to meet rural community's healthcare needs

CIN contracting supports economic sustainability for rural healthcare providers



Financial Sustainability

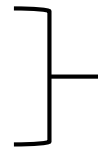


Appropriate Pacing



Begin with proper short-term goals and early wins with continued focus on our long-term vision

Prioritize contracts and partnerships streamlined processes and efficient administration



Relieve Administrative Burden



TORCH CIN Participants

36

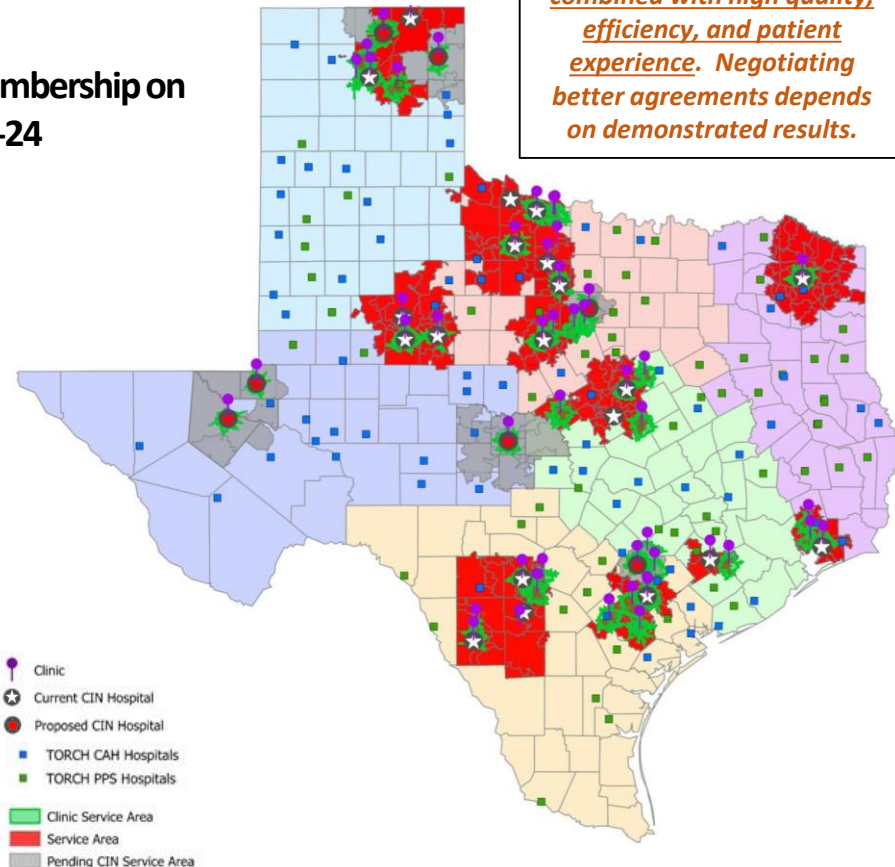
Hospitals

67

Clinics

1. Castro County Hospital
2. Chambers Health
3. Cogdell Memorial Hospital
4. Concho County
5. Coryell Health
6. Cuero Regional Hospital
7. Dimmit Regional Hospital
8. Electra Memorial Hospital
9. Eastland Memorial Hospital
10. Frio Regional Hospital
11. Golden Plains Community Hospital
12. Goodall-Witcher Hospital
13. Graham Regional Medical Center
14. Hansford Hospital
15. Haskell Memorial Hospital
16. Hemphill County Hospital District
17. Liberty Dayton Hospital
18. Limestone Medical Center
19. Lynn County Hospital
20. Medina Regional Hospital
21. Muenster Memorial Hospital
22. Mitchell County Hospital
23. Ochiltree General Hospital
24. Olney-Hamilton Hospital
25. Otto Kaiser Memorial Hospital
26. Parkview Hospital
27. Pecos County Memorial Hospital
28. Rice Medical Center
29. Rolling Plains Memorial Hospital
30. Seymour Hospital
31. Stonewall Memorial Hospital
32. Titus Regional Medical Center
33. Tyler County Hospital
34. Ward Memorial Hospital
35. Wilbarger General Hospital
36. Winkler County Memorial Hospital

Membership on 8-5-24



Our priority objective must be geographic coverage combined with high quality, efficiency, and patient experience. Negotiating better agreements depends on demonstrated results.



Active and Pending Value Based Agreements



	Commercial Large Employer Self Funded	Commercial Small Employer Fully Funded	Commercial Marketplace / Exchange Products	Medicaid	Medicare Advantage	Original Medicare
Aetna-CVS (Signify)	Tgt 1/1/26	Tgt 1/1/26	Tgt 1/1/26	Active	Tgt 1/1/26	Active
MainStreet	xxx	xxx	xxx	xxx	Active	-----
United	Active	Active	Effective 1/1/25	Tgt 1/1/25	-----	xxx
WellPoint / Amerigroup	xxx	xxx	Effective 1/1/25	Active	Active	xxx

Participants see potential for long-term success and encourage others to join the TORCH CIN.

Short-Term Goals

-  Improving Contracts
-  Enhancing Quality Reporting
-  Streamlining Processes
-  Clinical Engagement & Outcomes
-  Accessing Data
-  Preparing for APMs

Long Term Goals:

-  Negotiating Power
-  Evidencing Quality Care
-  Care Coordination
-  Strategic Alliances
-  Financial Sustainability

Enhance funding to support TORCH CIN operations, strengthen technology and data sharing, and provide technical assistance.

Provide funding to support TORCH CIN operations

- Fund infrastructure needs including CIN staffing, data analytics, and point of care solutions.

Strengthen technology and data sharing

- Support the TORCH CIN to deploy innovative technologies in rural hospitals and clinics to improve quality of care and enhance sustainability.

Fund technical assistance

- Offer funding to collaborate with independent entities that have expertise in value-based care and support technical assistance activities (e.g., performance improvement initiatives, strategic planning and sustainability).

Recommendations for Texas Policymakers:

- *Operational funding does not stem from payer contracts, but needs to be secured from external sources such as grants, sponsors, or participants.*
- *The upfront commitment of operational structure, costs, and participant engagement to obtain and be prepared for risk arrangements is substantial.*



Paul Aslin

TORCH CIN – Executive Director

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Introducing CPESN[®] Networks

Community Pharmacy Enhanced Services Network (CPESN)

Angelina Tucker PharmD, BCGP, CDCES
Managing Network Facilitator CPESN Texas
Asst. Director Community Connected CPESN USA
Clinical Director Best Value Pharmacies, Inc

atucker@cpesntx.com

[Schedule a Meeting](#)

817-932-5660



CPESN USA Total Pharmacies Map



America's First Accountable Pharmacy Organization



- Longstanding, Local Roots in the Community
- Local Relationships with Patients and Other Providers
- Locally-Delivered Patient Care Services
- Engage High-Risk Patients 35 Times a Year*

America's First Accountable Pharmacy Organization



- Lower Blood Pressure
- Lower HgA1C
- Decrease ER Visits and Hospitalizations
- Lower the Total Cost of Care
- Improve Health Awareness
- Improve Employee Productivity

All CPESN Pharmacies Provide Consistent, Systematic Care Across Locations



Hypertension Management

Diabetes Management

Asthma/COPD Management

Behavioral Health Supports

◆ *Depression*

◆ *Anxiety*

Opioid Use Supports

◆ *Opioid Management*

◆ *Opioid Use Disorder Supports*



Care Synchronization (Care Sync)

◆ **Includes:**

- *Medication Reconciliation*
- *Medication Synchronization*
- *Patient Care Synchronization*

◆ **Includes:**

- *Offer of Adherence Packaging*
- *Offer of Hand Delivery*

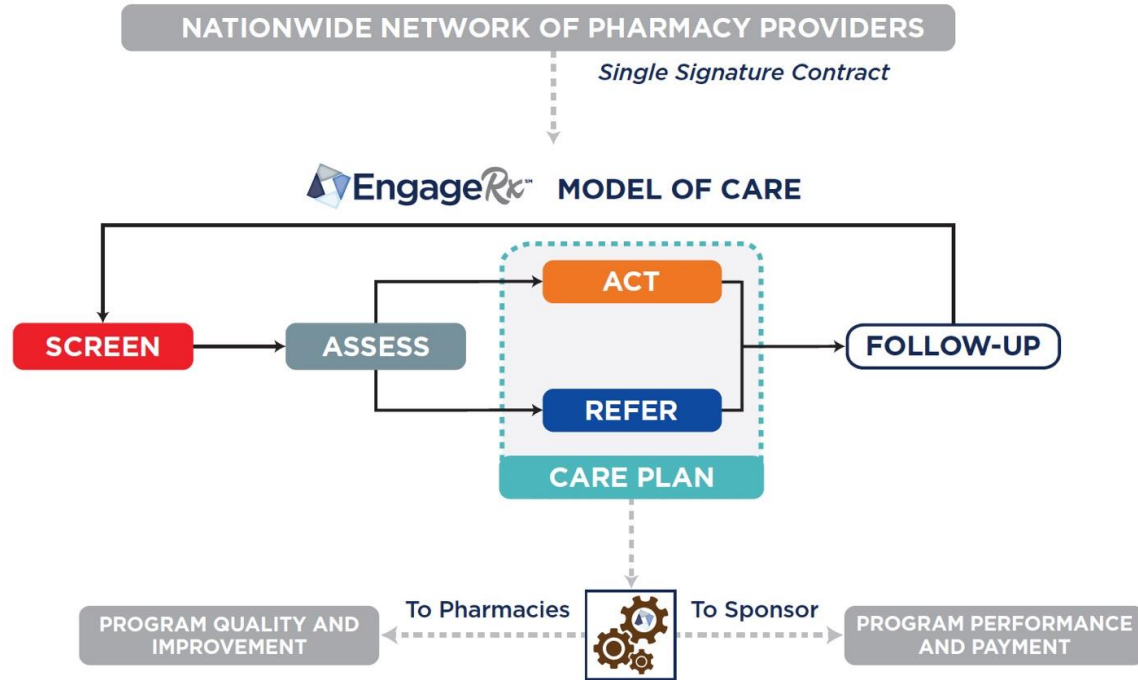
Advanced Care Synchronization

◆ **Care Sync plus:**

- *Social Determinants of Health Supports*
—or—
- *Transitions of Care Supports*
—or—
- *Care Management Supports*

C PESN[®] Pharmacy Providers

A Turnkey Solution



Asthma Management

Program details

High-risk Medicaid targeted population

- Improve asthma management and reduce ED visits due to asthma-related conditions in Plan identified patients. FENOM PRO machines from Caire Diagnostics
- In the **DFW** area ONLY

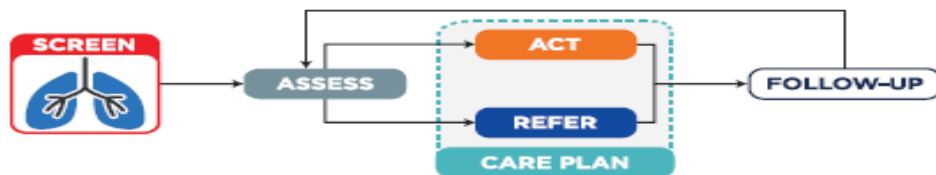
Documentation

- eCare plan Platform

Payment Model : PMPM & P4P

- Medication Management -PMPM - \$XX
- Quarterly Shared Saving Reimbursement XX% Shared Bonus Saving

Asthma/COPD Management



CPESN pharmacies engage patients living with asthma or COPD in a more meaningful way and focus on interventions that change behavior and yield healthier outcomes. Here are the specific interventions being followed by all local CPESN pharmacies:

SCREEN

- Determine severity of symptoms, administer Asthma Control Test (ACT) or COPD Assessment Test (CAT) at next refill

ASSESS

- Review ACT and CAT findings
- Identify gaps in care such as Influenza and pneumococcal vaccinations
- Review drug regimen and medication adherence
- Review asthma action plan
- Assess tobacco use

ACT

- Coach for adherence, disease triggers and lifestyle

REFER

- Request therapeutic change
- Schedule appointment with prescriber
- Provide smoking cessation, if appropriate

FOLLOW-UP

- If change in therapy, follow up with patient within 5 days and update Care Plan
- If no change in therapy, follow up at the next appointment for refills

Wellpoint /Elevance Health

Program details

High-risk Medicaid targeted population

- Adherence to diabetes, depression, antipsychotic, asthma medications
- A1c control < 8

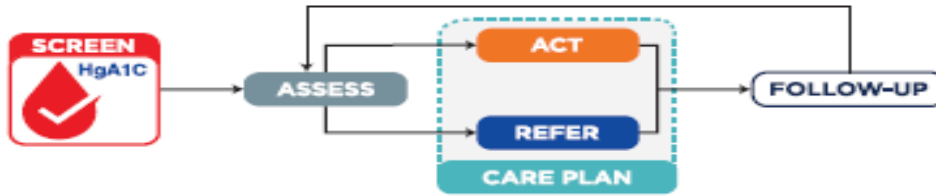
Documentation

- eCare plan Platform

Payment Model : PMPM & P4P

- \$XX Initial Care Plan \$XX PMPM-
- \$XX per metric bonus payments based on meeting predefined measures.

Diabetes Management



CPESN pharmacies engage patients living with diabetes in a more meaningful way and focus on interventions that change behavior and yield healthier outcomes. Here are the specific interventions being followed by all local CPESN pharmacies:

SCREEN

- Determine HgA1c at next refill

ASSESS

- Compare against ADA guidelines and patient goal(s)
- Identify gaps in care such as eye exam, statin use, RAAS use, immunizations (pneumococcal, influenza, hepatitis B)
- Review drug regimen and medication adherence

ACT

- Coach for adherence and lifestyle

REFER

- Request therapeutic change
- Schedule appointment with prescriber

FOLLOW-UP

- If change in therapy, follow up with patient within 5 days and update Care Plan
- If no change in therapy, follow up at the next appointment for refills

Diabetes Accreditation Mentorship Program

Program details

- ADCES Accreditation Mentorship Program for your pharmacy to bill for diabetes classes.

Documentation

- ADCES website
- Cohort 1 -5 - tripled DSME RX programs in Texas; Cohort 6-ongoing

Payment Model

Billing CODE	Type	Time	Fee	Group of 20
G0108	Individual 1:1	Per 30 mins	\$57.68	1:1 for 1 hour \$2,307.20
G0109	Group 2-20	Per 30 mins	\$16.14	9 hours group class \$5,810.4 Total- \$8,122.40

Market Expansion Through Cultural Understanding



Community Connected



<https://www.communityconnected.us/>



EXPECT MORE

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CPESN Texas Medical Billing Supports

Medical Billing Support Services



CPESN Texas Medical Billing Supports

Pharmacist in Texas have Provider Status & are getting **PAID** for their counselling.

HB 3441 prohibits insurers from denying reimbursement to pharmacists for services provided within the scope of their license, if those services are covered when provided by a physician, physician assistant, or advanced practice nurse.

HB 1757 formally recognizes pharmacists as providers in the Texas Insurance Code. This payment parity and recognition is a huge step forward for pharmacist provider status.

Pharmacogenomic Testing



Special Purpose Networks

Special Purpose Efforts

Our Mission Statement

*“CPESN USA endeavors to **aid in the financial sustainability of community-based pharmacies** through fostering and enabling the provision of high quality and high integrity patient-centered **enhanced services** that are integrated with the patient’s care team and **transcend conventional outpatient pharmacy contract obligations.**”*

Just the beginning...



Contracting as a group of pharmacies for services-based and shared risk programs.



Accessing next generation analytics that inform both product and services margin-seeking



Enabling your pharmacy to express value through community connectedness.



Providing Pharmacy-Integrated Direct Primary Care within your pharmacy footprint.



Enabling revenue sharing through a new model of physiatry collaborative care.



EXPECT MORE

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Visit the CPESN Marketplace for the up-to-date information on our SPNs. Click [here](#) to access



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Practice Transformation

Pharmacist eCare Plan

DIABETES PROGRAM

Dr. Smith referred Susie who is a 67 year old white female to the local pharmacy's diabetes management program. The pharmacist scheduled an appointment with Susie to review her history and current symptoms. Susie has a history of CAD (6 months post-MI), HTN, depression, COPD, type 2 diabetes, and insomnia. SS reports tobacco use with being a IPTD smoker with willingness to quit. Susie reports that she has problems remembering to take her medications sometimes. Susie states she lives alone and had difficulty getting to her previous pharmacy and has difficulty getting to her primary care physician appointments.

Patient reported vitals/labs - Ht:5'5", Wt. 200lbs. Patient does not check blood glucose or blood pressure at home. Provided lab report from last physician visit 9months ago for A1C: 8.5%.

Pharmacy-reported vitals/labs: FBG: 160 mg/dL; BP: 134/84 mmHG

Immunizations: Influenza 3 months ago. No history of pneumococcal vaccine (Prevnar administered today).

Referral From:
Referred by Doctor
509014807

Encounter Reason and Type:
Diabetes Medication Review
594725008

Device Education
562978005

Initial Assessment
515639002

Medication List:
Metformin 500 mg twice daily
Omeprazole 20 mg daily
Clopipogrel 75 mg daily
Aspirin 81 mg daily
Sertraline 100 mg daily
Lisapril 5 mg daily
Zolpidem 5mg PRN nightly
Spinva Handihaler 1 puff daily
Ventolin HFA 1-2 puffs every 4-6 hours as needed
Metoprolol succinate ER 50 mg daily
Glucometer with strips to be used once daily
Chantix StarterPack

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Patient Goals

- Check blood sugar daily.
- Set quit date and begin Chantix starter pack 7 days before quit date.
- Schedule a physician's appointment within next month.

} Free Text

Drug Therapy Problems

- Diabetes not controlled with low current Metformin dose
Medication dose too low SNOMED code: 448152000
- Needs a statin for cardio protection.
Recommendation to start drug treatment SNOMED code: 510697008

Interventions

Pharmacist Assessment & Documentation

- Educated patient on use of glucometer.
Medical equipment or device education SNOMED code: 562978005
- Recommended increase in dose of metformin to MD
Recommendation to increase medication dose SNOMED code: 42861100124101
- Diabetes medication review
Diabetes medication review SNOMED code: 594725008
- Started patient on Medication Synchronization program
Medication synchronization SNOMED code: 4138978005
- Pharmacist administered pneumococcal vaccine
Administration of substance to produce immunity, either active or passive (procedure) and pneumococcal vaccination (procedure) SNOMED code: 127785005 128660006

Care Coordination Note

Enrolled patient in medication adherence program and educated on glucometer device.

} Free Text

Workflow WEDNESDAYS

Open to ALL Pharmacy Staff

August Lineup

Wednesday, August 7, 2024 from 3:00 - 3:30pm EDT
Max My Sync: Techniques to Identify and Target Most Impactful Patients Click [HERE](#) to register

Wednesday, August 14, 2024 from 1:00 - 1:30pm EDT
Best Practice Trends: Lindsay Dymowski - Trends in the LTC@Home Marketplace Click [HERE](#) to register

Wednesday, August 14, 2024 from 2:00 - 2:30pm EDT
PS³ : Leverage the FtP Progression: Opioid Focus
 Click [HERE](#) to register

Wednesday, August 14, 2024 from 3:00 - 3:30pm EDT
Max My Sync: Techniques to Enhance Productivity and Minimize Disruptions Click [HERE](#) to register

Wednesday, August 21, 2024 from 2:00 - 2:30pm EDT
PS³ : Leverage the FtP Progression: Hypertension
 Click [HERE](#) to register

Wednesday, August 21 2024 from 3:00 - 3:30pm EDT
Max My Sync: How and When to Re-Sync a Patient
 Click [HERE](#) to register

Wednesday, August 28 2024 from 3:00 - 3:30pm EDT
Max My Sync: Commonly Asked Med Sync Questions
 Click [HERE](#) to register

Max My Sync is sponsored by:

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- Questions?

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QUESTIONS AND DISCUSSION

- Please ask questions in the chat and/or raise your hand.



NEXT STEPS

Contact information:

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Ardas.Laurel@austin.utexas.edu

Let us know if you have ideas or questions that could be a focus of future webinars.