

MCO NMDOH Learning Collaborative Webinar: Alternative Payment Models Best Practices

August 23, 2024

This week the MCO NMDOH Learning Collaborative hosted a webinar focused on best practices in value-based contracting and Texas based clinically integrated networks (CINs).

CINs provide infrastructure and support for providers as they negotiate and implement value-based contracts with payors. CINs also provide the opportunity for providers to consolidate their patient panels to create a bigger pool for negotiating value-based contracts and reducing the risk of any one provider. The recent Learning Collaborative webinar was facilitated by Lisa Kirsch with Dell Medical School and focused on 3 major CINs supported by the Episcopal Health Foundation: 1) Texas Association of Community Health Centers which is an FQHC CIN; 2) Texas Organization of Rural & Community Hospitals CIN; and 3) Community Pharmacy Enhanced Services Network CIN for community pharmacies in Texas.

Texas Association of Community Health Centers (TACHC) / dba My Texas My Health – Franchella Jenett

Franchella provided an overview of the FQHC CIN that was created by TACHC. The FQHCs began their work in early 2022 by assessing the readiness of FQHCs to implement value based contracts and the feasibility of establishing a CIN. The slides walk through their entire journey of establishing a CIN, their structure, and participant requirements.

Their CIN includes a master agreement between TACHC and the CIN with TACHC providing staffing and services. The CIN contracting priorities include Medicaid and Medicare Advantage value-based contracts. There are currently 50 participants in the CIN which equates to over 1 million patients. The FQHCs are tiered into level 1 and level 2 based on their experience with value based contracting, existing workflows and current quality performance.

Franchella also shared lessons learned which included:

- Continuous payor education about FQHCs and their value
- Learning about existing contracts
- Building infrastructure for delegated services
- Leading with what the partner FQHCs want out of contracting

TORCH CIN – Paul Aslin

Paul provided an overview of the rural hospital CIN including their guiding principles and lessons learned, their membership, examples of existing contracts, and policy recommendations.

TORCH's guiding principles include: a platform for coordination and support not available for individual facilities, reimagining rural care through innovation to bring sustainable and

high value care delivery to meet rural community needs, prioritize efficiency. Paul stressed the need to begin with proper short-term goals and early wins with a continued focus on a long-term vision. He also stress the that negotiating better agreements depends on demonstrated results. Today the CIN has 36 hospital participants and 67 clinics from across the state and agreements with several payors spanning Commercial, Medicaid and Medicare product lines.

Paul also provided a couple recommendations for policy makers and stressed the need and importance of funding to support TORCH CIN operations, strengthen technology and data sharing, and provide technical assistance. Recommendations include:

- 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.

Community Pharmacy Enhanced Services Network (CPESN) – Angelina Tucker

CPESN is the first Accountable Pharmacy Organization in the United States and is a national association with a Texas-based network. CPESN provides medical billing support services for partner pharmacies and assist them with practice transformation. The quality goals of the network include:

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

Through their Engage Disease Management program CPESN sites provide the following services through value-based contract arrangements:

- Hypertension management
- Diabetes management
- Asthma/COPD management
- BH health supports
- Opioid use supports
- Medication and patient reconciliation and synchronization
- SDOH supports
- Transitions of care supports
- Care management supports

Angelina walked the group through examples of several of their quality programs outlined above and their current APM with Wellpoint in Texas which is a PMPM and pay for performance arrangement.

CPESN is also has training and programs to help with cultural understanding through their [Community Connected program](#).

To find contact information, additional information about each CIN and to learn more see the slides and recording from the webinar.