Texas MCO NMDOH Learning Collaborative
In-Person Meeting

October 25, 2024

Made possible thanks to the support of the Episcopal Health Foundation and the Michael and Susan Dell Foundation

Center for Health Care Strategies
Better care where it's needed most

EPISCOPAL HEALTH FOUNDATION

TACHP Texas Association of Community Health Plans

TREATY OAK STRATEGIES

The University of Texas at Austin Dell Medical School

Michael & Susan Dell FOUNDATION

TAHP The Texas Association of Health Plans

TEXAS Health and Human Services

Welcome & Introductions

Shao-Chee Sim
Episcopal Health Foundation

Valerie Mayes
Health and Human Services Commission

Jamie Dudensing
Texas Association of Health Plans

Janet Walker
Texas Association of Community Health Plans

HHSC Updates

Michelle Alletto
Health and Human Services Commission

Valerie Mayes
Health and Human Services Commission

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Eligibility Updates

Michelle Alletto, *Chief Program and Services Officer*

Health and Human Services Commission

Overview

Where we are Today

- Application Timeliness Progress
- Current Strategies

Where we're Going

- Looking Ahead
- Our Legislative Appropriations Request
- Continued Partnership

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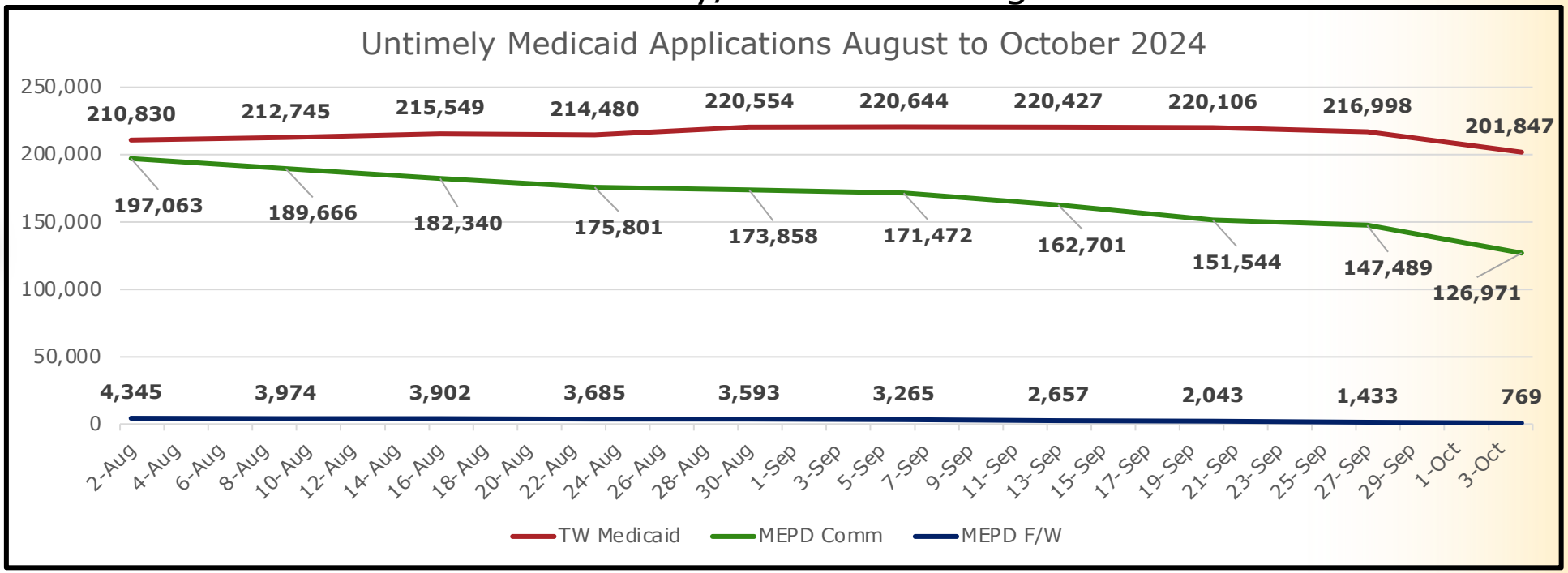
Application Timeliness Progress - Medicaid

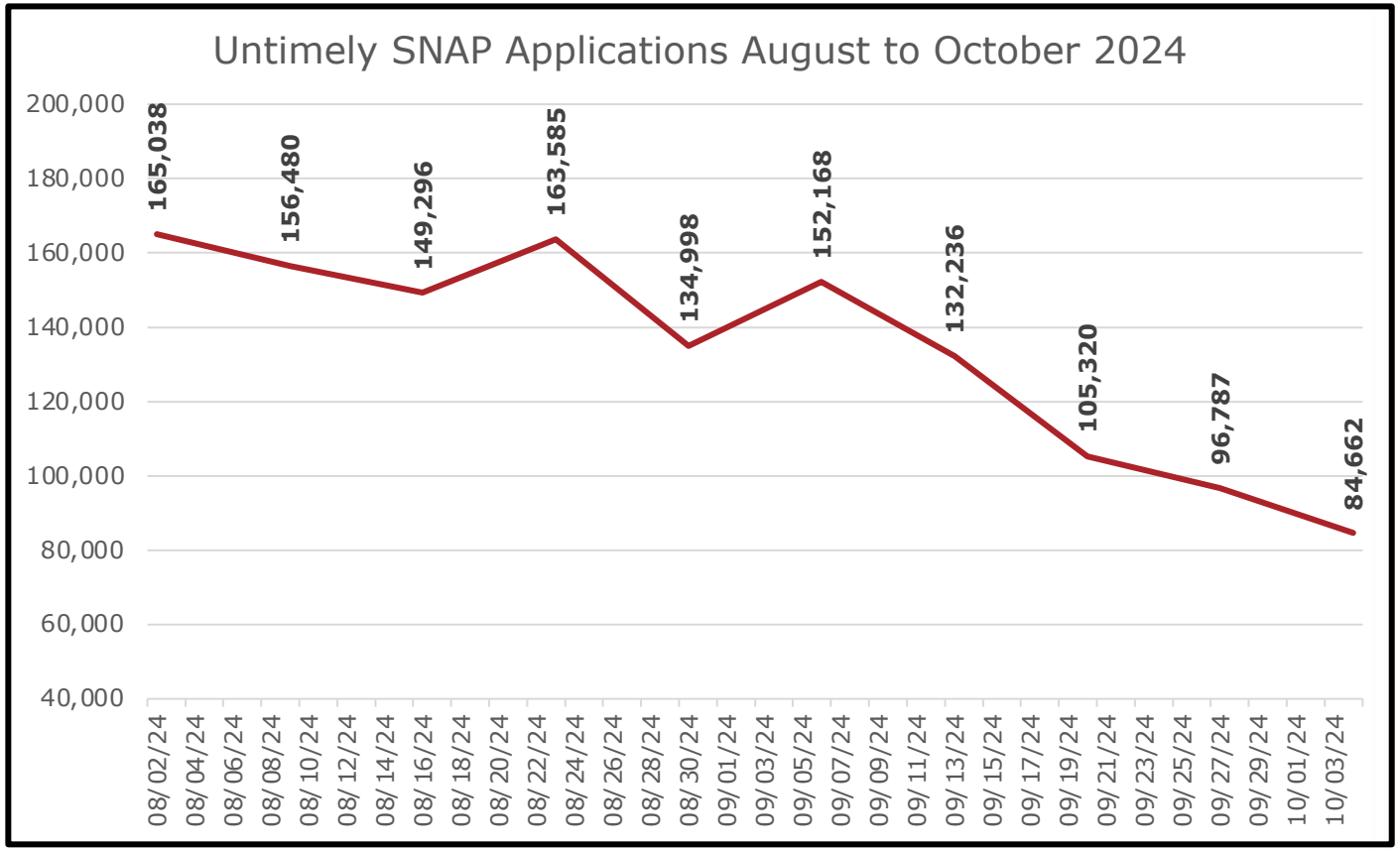
Comparing the number of untimely Medicaid applications from the week ending August 2, 2024, to the week ending October 4, 2024, there was a

- 4.26% decrease in Texas Works Medicaid,
- 35.57% decrease in MEPD Community, and
- 82.30% decrease in MEPD Facility/Waiver backlog.



Application Timeliness Progress – SNAP

Comparing the number of untimely SNAP applications from the week ending August 2, 2024, to the week ending October 4, 2024, there was a 48.7% decrease in backlog.



Current Strategies

Maximizing and Motivating our Team

- 93.4% fill rate in our 6,292 eligibility advisor positions
- Dedicating staff to a backlog team
- Increasing MEPD application processing training
- Implementing a modified regional goaling structure

Leveraging Partner and Vendor Support

- MCO Application Assistance (1902(e)(14) waiver)
- Working with existing vendors on assisting with eligibility tasks

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Current Strategies

Data and System Efficiencies - 1902(e)(14) Waivers

- Using address changes from the NCOA and USPS databases without contacting the client
- Using address changes from MCOs without contacting the client
- Using of SNAP income data during Medicaid renewals
- Extending MEPD renewals by one year (Oct, Nov, Dec 2024 recertifications)

These waivers are in place through June 2025.

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Looking Ahead

Access and Eligibility Services of the Future

- Streamlining business processes, emphasizing one-touch resolution and quality to reduce rework
- Improving the client experience with the eligibility process
- Using technology to automate manual tasks
- Reducing complexity in the system that leads to processing delays or errors
- Maintain program integrity

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Legislative Appropriations Request

HHSC's Exceptional Item #2 includes $800 million for multiple strategies to support timely and accurate eligibility processing.

- Funding for additional contractor hours for our TIERS work:
  - expand our capacity to implement TIERS changes by about 30 percent.
  - introduce more automation into the process, shaving minutes off the average processing time and allowing staff to spend more time on the critical thinking and client interaction necessary to accurately determine eligibility.
  - increase updates to the system interfaces for TIERS and the YourTexasBenefits.com portal that clients use to apply for benefits, making it more user-friendly and implementing "nudges" or other prompts to inform clients and help us get all the information we need up front.

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Legislative Appropriations Request

- Funding to maintain or expand usage of available electronic data sources such as the Asset Verification System and the Federal Data Services Hub.
- Funding to maintain an effective 2-1-1 system.
    - continue to provide competitive wages to minimize attrition, maintain appropriate staffing levels, and retain skilled staff to accommodate call center volumes and process an increased volume of eligibility-related documents.
    - add new tools to effectively monitor, manage, and project call volume and workload needs.

Information on HHSC's LAR submission can be found on the HHS Financial Information Page

Continued Partnership

- Continuing our current work together to connect eligible clients to benefits.
- Building on communication and partnership established throughout the PHE, such as continuing the monthly ambassador calls.
- Aligning food programs and other CPSO NMDOH services with NMDOH strategy.
- Your voice! Email update@hhs.texas.gov.

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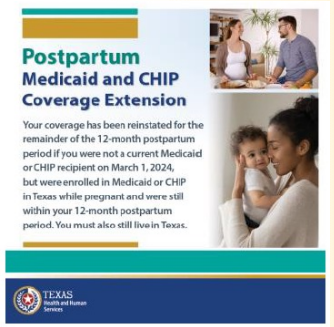
HB 12 Implementation

Extended postpartum coverage toolkit is available with downloadable materials regarding extended postpartum coverage, including: a General Information Flyer, FAQs, a Social Media Toolkit, and webinar registration.



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Thank You

Lessons Learned: MCO NMDOH Screening Pilot

Veronica Neville
Health and Human Services Commission

Andrea Gomez
Texas Children's Health Plan

LaTreace Harrison
Wellpoint

House Bill 1575 Implementation Updates

Michelle Erwin, *Deputy Associate Commissioner, Office of Policy*

Veronica Neville, *Director Delivery System Quality and Innovation*

October 2024

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Summary of House Bill (HB)1575

Goal

Improve health outcomes for pregnant women under Medicaid and Thriving Texas Families

4

Major components

1. Screen pregnant women* for non-medical health-related needs then coordinate appropriate services or referrals
2. Increase provider options for women eligible for Case Management for Children and Pregnant Women (CPW) services
3. Expand CPW standardized case management training
4. Collect data, analyze, then report to understand the impacts

*Participants must opt-in to the screening

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Case Management for Children and Pregnant Women (CPW)

About CPW

CPW services are a Medicaid benefit for children birth through 20 years of age and pregnant women of any age who have a health condition, health risk, or high-risk condition.

CPW transitioned to managed care* in September 2022.

Current CPW Services

- Licensed nurses
- Social workers

Case management for medical, social, educational & other services

MCO service coordinators are primary to help members access medical and social services

With HB 1575

Expands who can provide CPW services

- *Community Health Workers (CHW)*
- *Doulas*

New needs may be identified

Specific focus on food, housing, transportation and child care needs

More coordination options

If member has an established relationship or preference, they can keep their CPW provider to address medical and social needs

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*Medicaid fee-for-service clients still get this benefit

CPW Access Requirements

To ensure access to care, the MCO must:

1. Include CPW providers in their network and ensure access to CPW services
2. No duplication of payment and allow direct referrals to CPW providers
3. **New**: Allow members to keep CPW provider when there is a previously established relationship or member preference
4. **New**: Continuity of care for members who had CPW provider while in fee-for-service and referrals to CPW providers

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Adding Doulas and Community Health Workers

Four key categories of activities

1. Finalize the criteria to become CPW providers
2. Outreach and training
3. Federal approvals for provider type changes
4. Enroll and credential the new provider types

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Finalize the Criteria to Become CPW Providers

Doulas

- Conducted a review of other state practices
- Gathered stakeholder feedback and incorporated it into criteria
- Determined two appropriate pathways to certification
  - Experience or training

✓ Complete June 2024

Community Health Workers (CHWs)

- Worked in collaboration with Department of State Health Services to ensure:
  - Proof of certifications are available for existing CHWs
  - Sufficient resources are available to train new CHWs wanting to enroll

✓ Complete July 2024

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Outreach and Training

Outreach

- Inform CHW and doulas of these new CPW case management opportunities
- November Town Hall on enrollment and credentialing

Training

Expanded CPW Training

Required for all CPW providers to enroll in Texas Medicaid

Self-paced online

Updated Training

Full case management training with new module

Doulas and CHWs must take all training
Existing providers must take new module

Summer: Virtual instructor-led

Fall: Self-paced online

Education Opportunities

Voluntary webinar about updates on HB 1575 and other changes

Versions for new and existing providers

July: Webinars

Recordings posted online

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Federal Approvals, Enrollment and Credentialing

July	August	September	December	2025
HHSC submitted updates to the State Plan with new provider types to CMS for approval		Proposed effective date of September 1, 2024	Begin enrollment in HHSC Provider Enrollment Management System (PEMS)	Begin credentialing with MCOs Begin claims submission

System development and testing for adding new provider types

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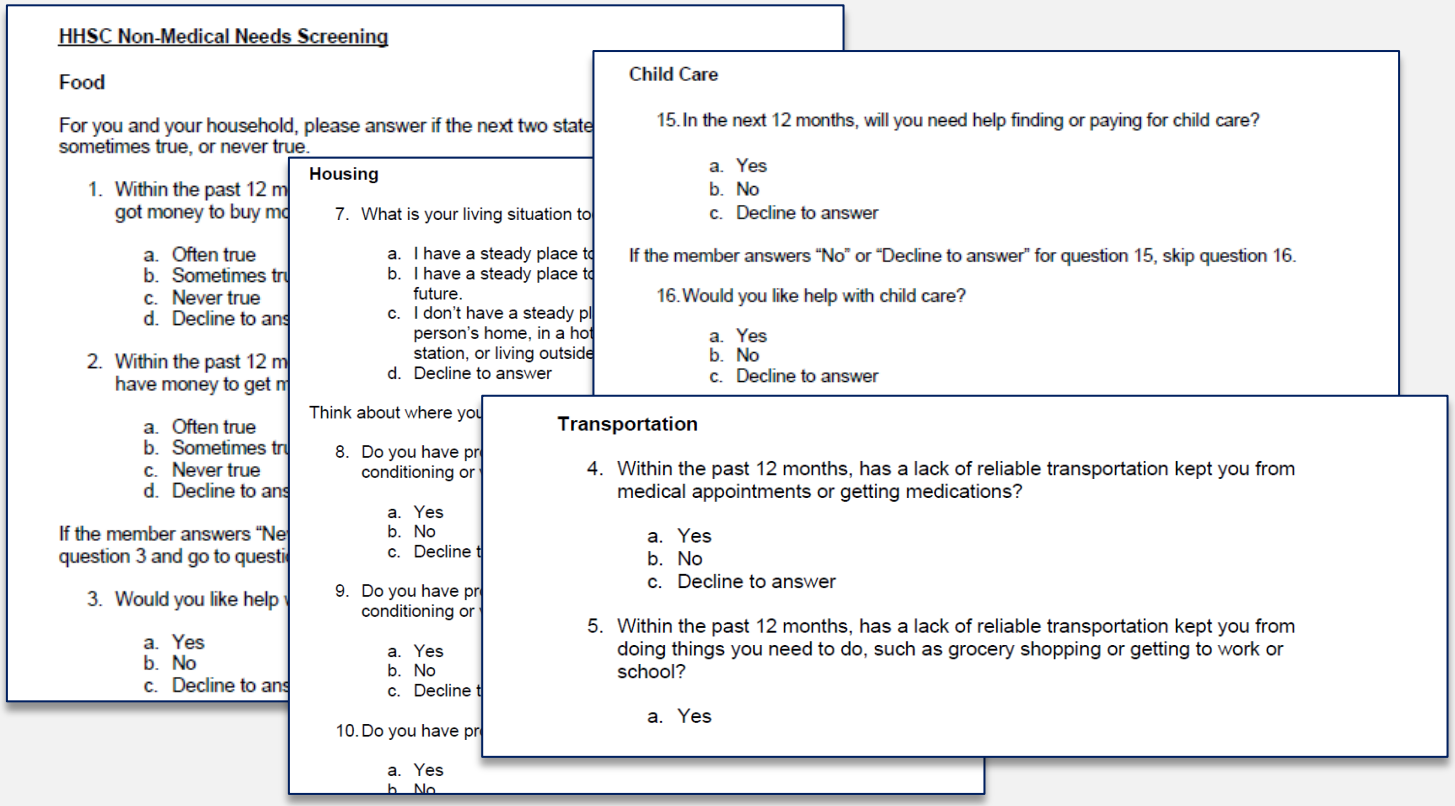
Non-Medical Needs Screening

In April 2024, HHSC shared the finalized questions, the non-medical needs screening will be conducted by managed care organizations (MCOs) and Thriving Texas Families (TTF)

Need → *Food* | *Housing* | *Transportation* | *Child Care*



HHSC Non-Medical Needs Screening

Food

For you and your household, please answer if the next two state
sometimes true, or never true.

1. Within the past 12 m
got money to buy mo
   a. Often true
   b. Sometimes tru
   c. Never true
   d. Decline to ans
2. Within the past 12 m
have money to get m
   a. Often true
   b. Sometimes tru
   c. Never true
   d. Decline to ans

If the member answers "Ne
question 3 and go to questi

3. Would you like help
   a. Yes
   b. No
   c. Decline to ans

Housing

7. What is your living situation to
   a. I have a steady place t
   b. I have a steady place t
   future.
   c. I don't have a steady pl
   person's home, in a hot
   station, or living outside
   d. Decline to answer

Think about where you

8. Do you have pr
conditioning or
   a. Yes
   b. No
   c. Decline t

9. Do you have pr
conditioning or
   a. Yes
   b. No
   c. Decline t

10. Do you have pr
   a. Yes
   b. No

Child Care

15. In the next 12 months, will you need help finding or paying for child care?
   a. Yes
   b. No
   c. Decline to answer

If the member answers "No" or "Decline to answer" for question 15, skip question 16.

16. Would you like help with child care?
   a. Yes
   b. No
   c. Decline to answer

Transportation

4. Within the past 12 months, has a lack of reliable transportation kept you from medical appointments or getting medications?
   a. Yes
   b. No
   c. Decline to answer
5. Within the past 12 months, has a lack of reliable transportation kept you from doing things you need to do, such as grocery shopping or getting to work or school?
   a. Yes

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Medicaid Non-Medical Needs Screening: Summary of Implementation

Once the screening was distributed in April 2024, activities began shortly thereafter

May - August 2024

11 voluntary MCOs prepare & conduct screening pilot with consenting members - data collected will be used for initial reporting

September 1, 2024

Contract amendments are effective - all MCOs begin using the screening

MCO Responsibilities

Complete the Screening

For all consenting pregnant members within 30 days of the member's enrollment or after the MCO identifies a pregnant member

Use the Results

Determine if the member requires:

- Covered services, like CPW
- Service coordination
- Value-added services
- Referrals to community resources

Report Data

First full report starts January 2025, then required monthly

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H.B. 1575 MCO Pilot

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MCO Pilot Overview

- Voluntary pilot with 11 out of 16 MCOs to use the final non-medical needs screening questions to screen and collect data on a subset of pregnant members.
- Pilot period: June 1, 2024 - July 31, 2024.
- 1,159 completed screenings during pilot period.

MCO Pilot Participants

1. Aetna Better Health of Texas
2. Blue Cross Blue Shield
3. Community Health Choice
4. Cook Children's Health Plan
5. Dell Children's Health Plan
6. El Paso Health
7. Parkland Community Health Plan
8. Superior HealthPlan
9. Texas Children's Health Plan
10. UnitedHealthcare
11. Wellpoint

MCO Pilot versus MCO Contract Requirements

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	MCO Pilot	MCO Contracts
Who must screen?	Voluntary MCOs (11 total)	All MCOs (16 total)
Who is screened?*	Subset of pregnant women in managed care who consented to be screened	All pregnant women in managed care who consented to be screened
When do the screenings start?	June 1, 2024 – July 31, 2024	September 1, 2024, onward
What data are reported to HHSC?	Subset of required data fields	All required data fields

*Pregnant women must opt-in to the screening

MCO Pilot - Implementation Insights (1 of 2)

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How did pilot MCOs identify pregnant women?

New members who are pregnant
- Enrollment data with a pregnancy code ("TP40")

Existing members who are pregnant
- Claims data (perinatal-related clinical encounters, hospitalizations, emergency department visits, and prescriptions)
- Hospital admission, discharge, and transfer data
- Notification of pregnancy by MCO staff, providers, or by the member

How did pilot MCOs conduct the screenings?

Telephonic Screenings (10 MCOs)
- Usually CHW or admin. staff calling the member
- Bilingual staff or interpreter service

Digital App Screenings (1 MCO)
- No staff needed, member completes screening on own time through app

Obtaining informed consent
- Usually consent method matched the screening method

Assisting member with identified needs
- Usually CHWs, social workers, or nurse staff

MCO Pilot - Implementation Insights (2 of 2)

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Mixed insights and challenges shared by pilot MCOs

Already Screening Pregnant Members

- Many MCOs were already screening for non-medical needs but not using standardized questions or process for data collection.
- Most MCOs incorporated the screening into existing processes and teams already dedicated to pregnant members, as possible.
- Some MCOs not collecting certain data about pregnant members.

Reaching or Contacting All Pregnant Members

- Some MCOs were unable to reach or contact all pregnant members.

Time to Conduct Screening

- For some MCOs, conducting the screening via telephone felt long.
- For the MCO conducting the screening via the app, time was not noted as a challenge.

Legislative Report Content Plan

Even-numbered year reporting to the legislature will summarize the data collected from the non-medical needs screening, and data about women receiving CPW, during the previous biennium

December 1, 2024

Initial Report

HB 1575 Implementation activities

Summary of non-medical needs data from MCO pilot

December 1, 2026

Ongoing Reporting

Summary of the screening data

For women receiving CPW:

- Data on non-medical needs
- # and types of non-medical referrals
- Birth outcomes for the women

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Thank you

Texas Children's® Health Plan

Non-Medical Needs Screener

HB1575 Pilot Program

October 25, 2024

Andrea Rojas Gomez RN, MSN, CCM

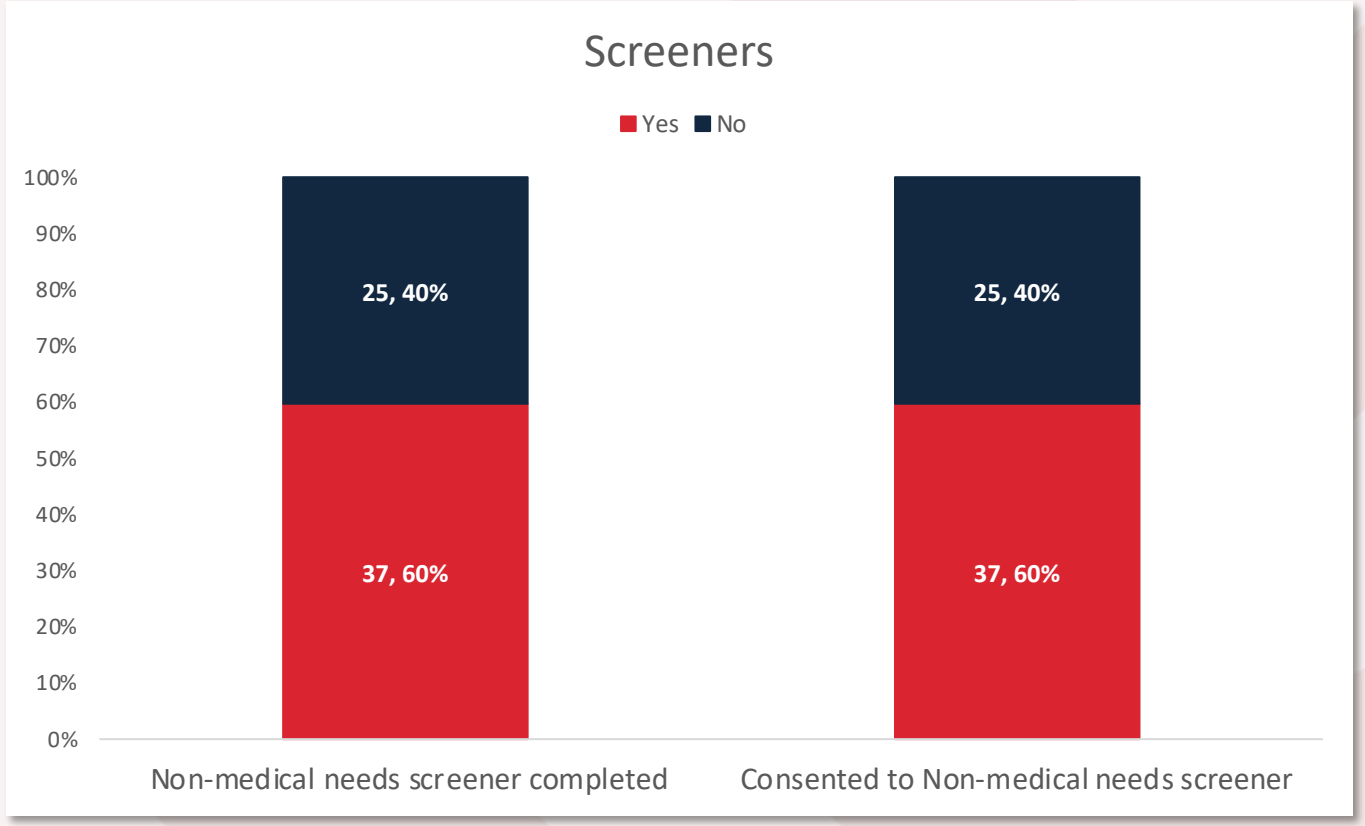
House Bill 1575

Pilot

- Pilot inclusion group: Newly identified STAR pregnant members who consented to the screener
- Pilot Testing of the combined Health Risk Assessment (HRA) and Non-Medical Drivers of Health questions was successful
- Best practices or lessons to share-
  - Our dialer process improved time efficiency by targeting only valid phone numbers
  - Combining the pilot and HRA screeners reduced member abrasion
  - Step logic built into our EPIC assessment ensured that all appropriate questions were answered, requests for help were addressed and referrals documented
  - Identifying the top non-medical needs among our members

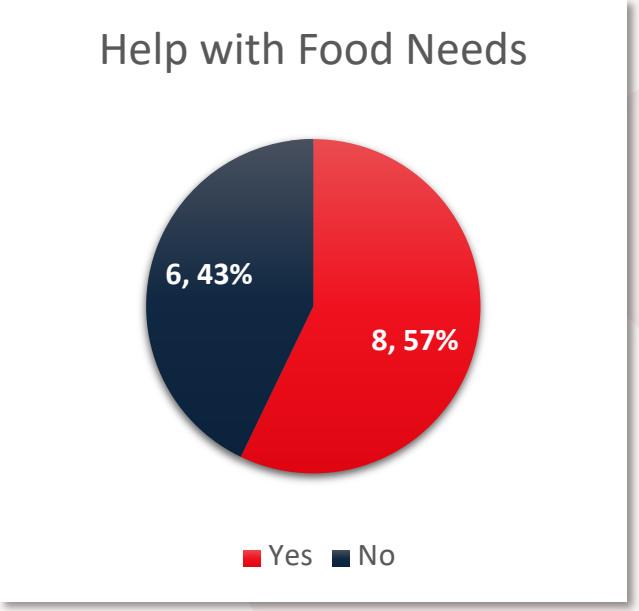
Screening Totals

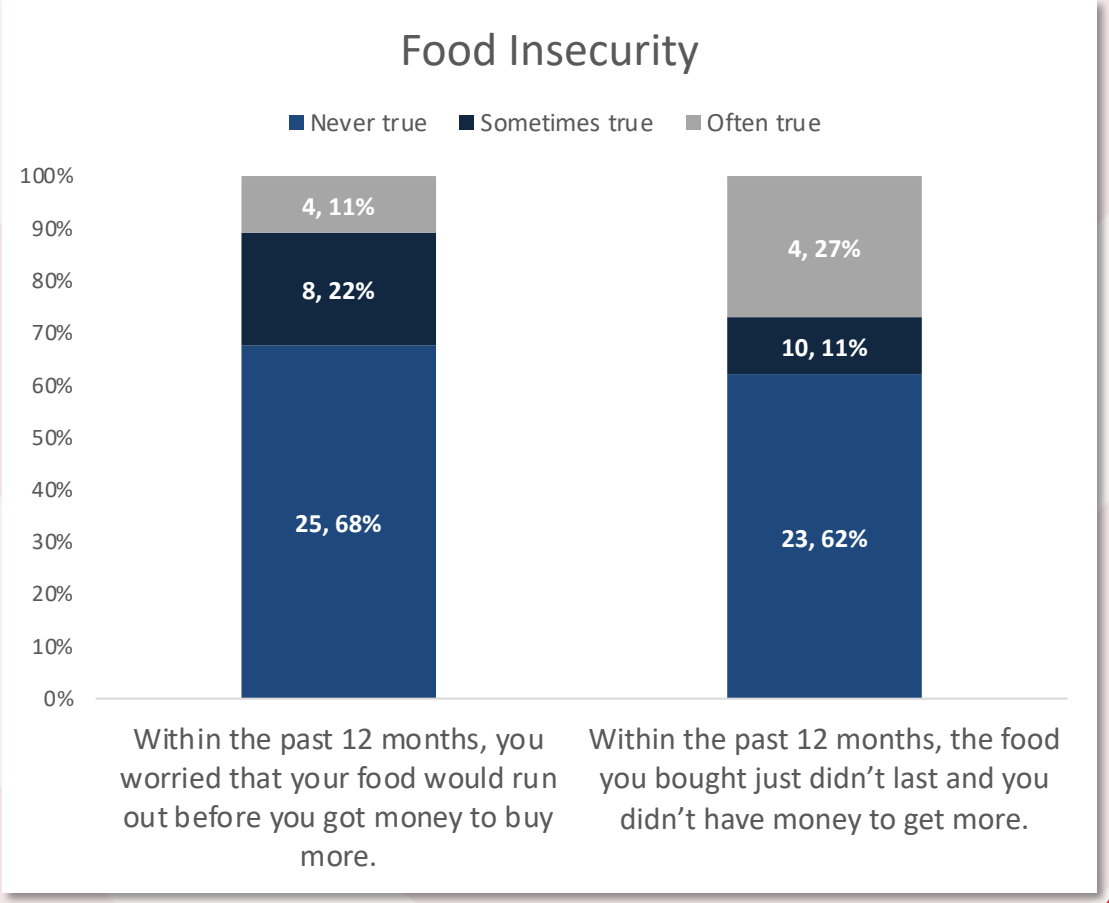
The screening under House Bill 1575 is important because it helps identify and address key needs—such as transportation, housing, and food assistance—affecting pregnant women. By detecting these needs early, we can provide targeted support and resources, ensuring that pregnant women receive comprehensive care and have a healthier pregnancy outcome



Food Insecurity and Assistance

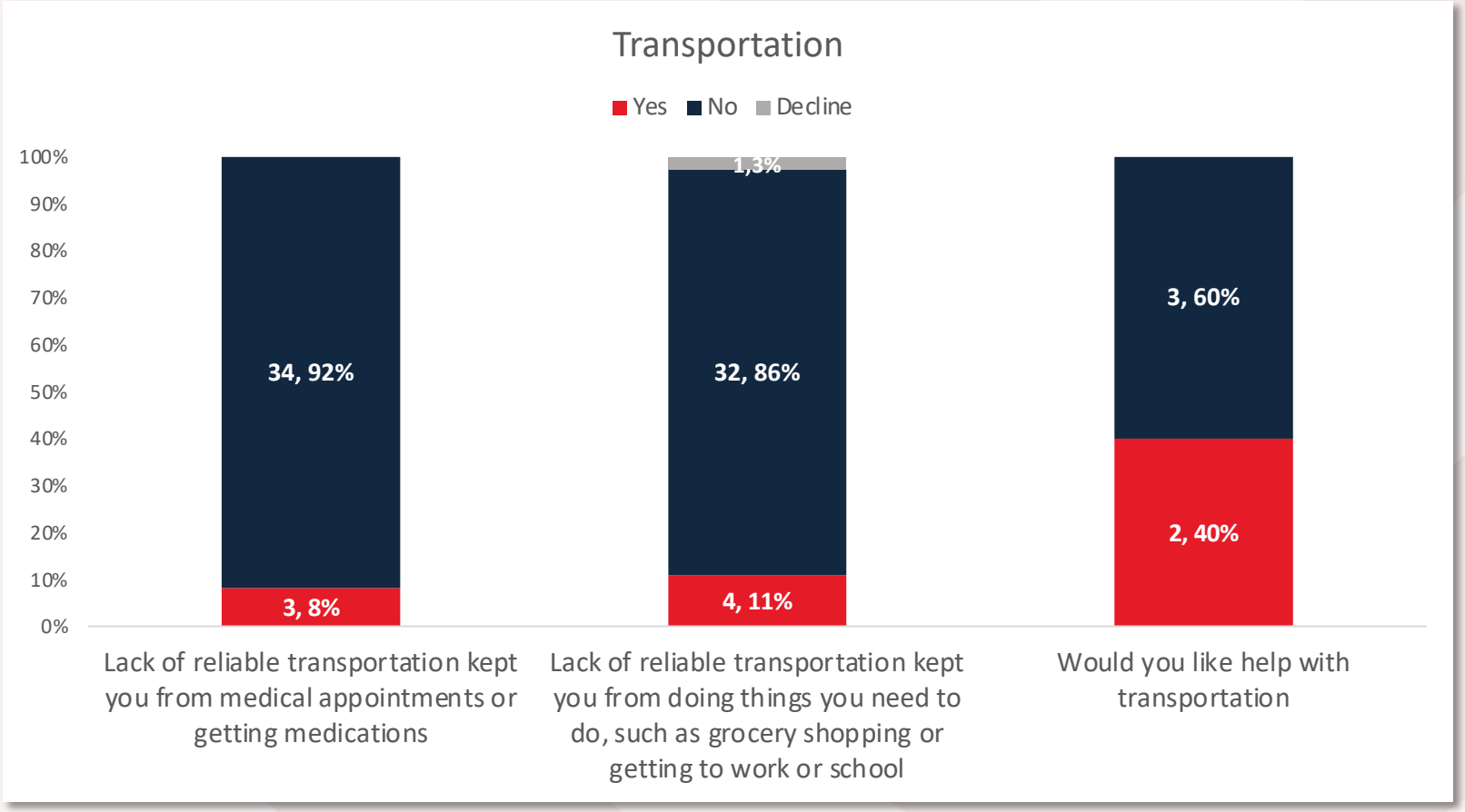
We screen for food assistance issues to ensure pregnant women have access to adequate nutrition, which is crucial for a healthy pregnancy. If food assistance needs are identified, we will then connect member with resources and programs that provide nutritional support, such as food banks or assistance programs, to help ensure mother and baby receive the necessary nutrients.





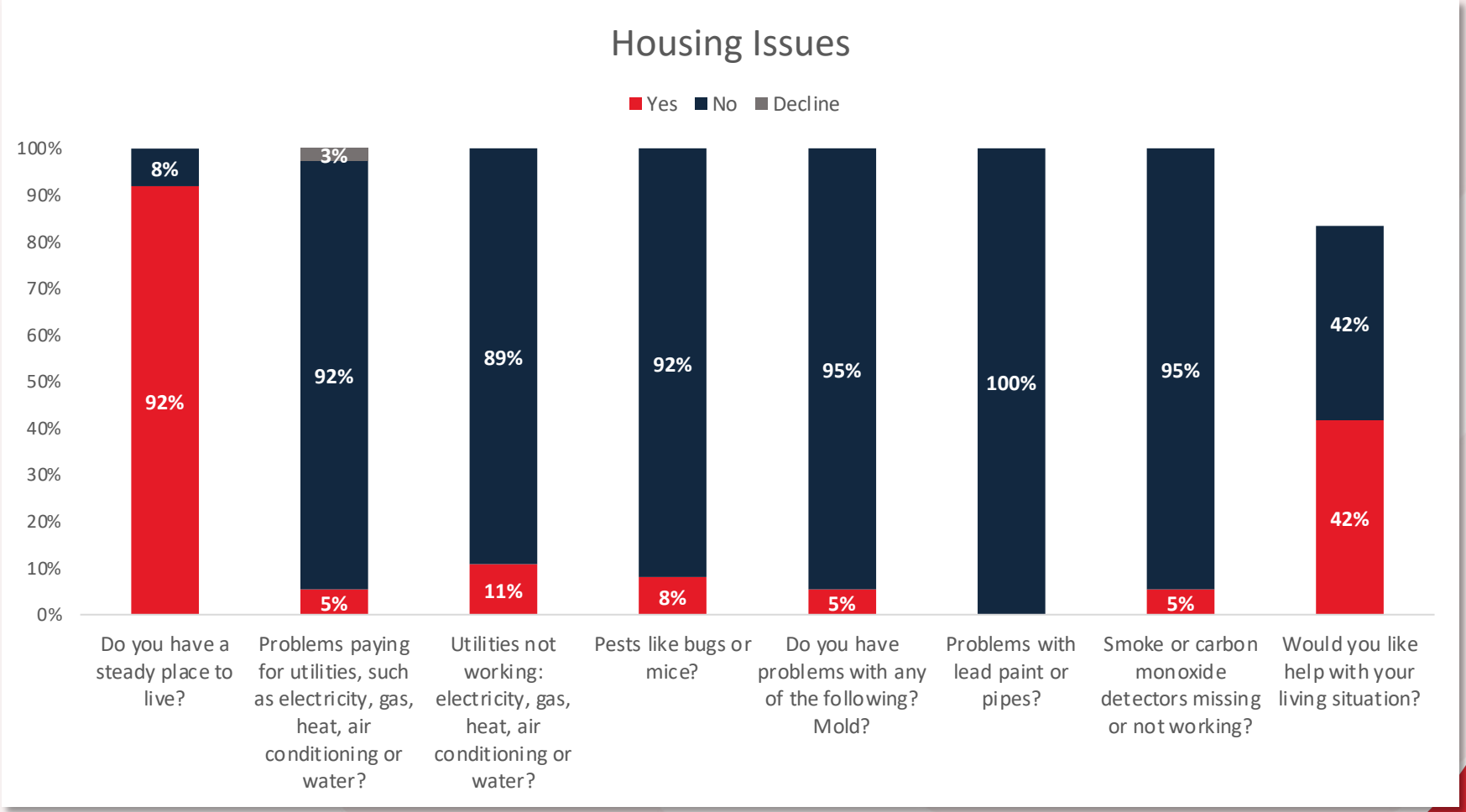
Transportation

We screen for transportation issues to ensure pregnant women can access their healthcare appointments. If we identify transportation needs, we will provide or coordinate transportation services to ensure you can get the care you need for a healthy pregnancy.



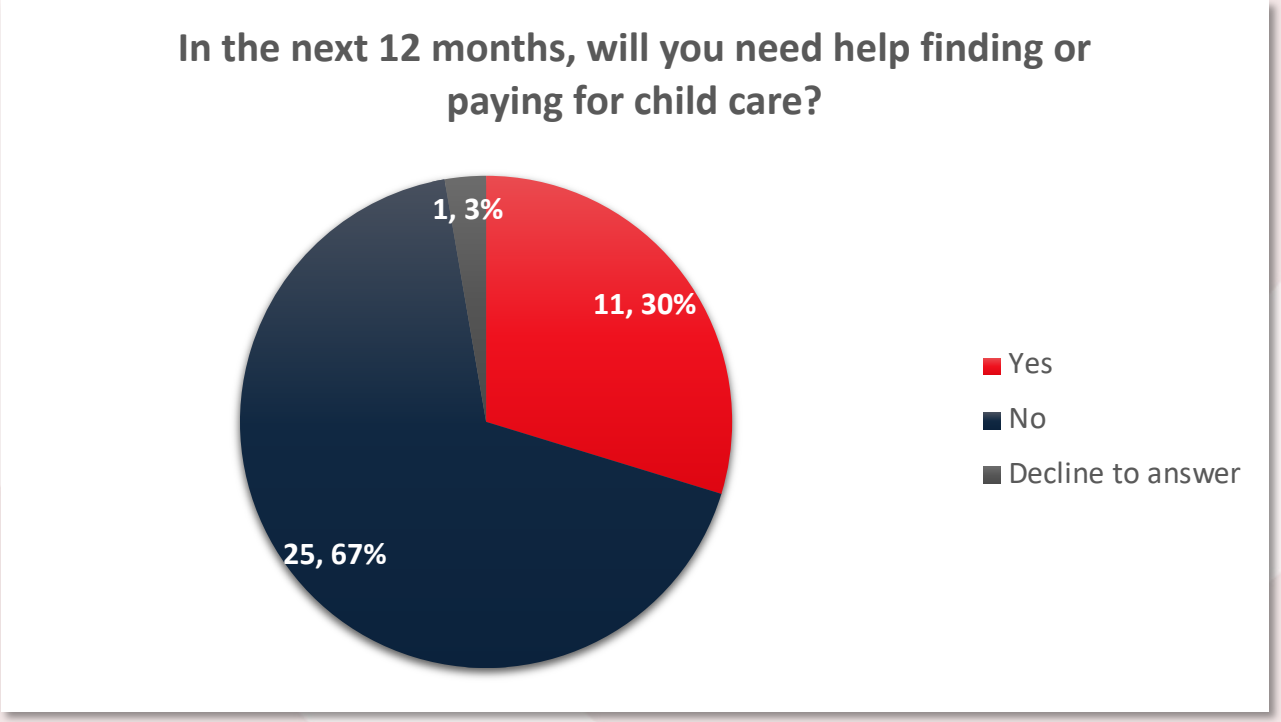
Housing Issues

If a need is identified, we can provide or coordinate access to housing resources, offer referrals to housing assistance programs, or connect the individual with social services that can help secure safe and stable housing. This proactive approach aims to improve the overall health outcomes for both the mother and child by ensuring a stable living environment.



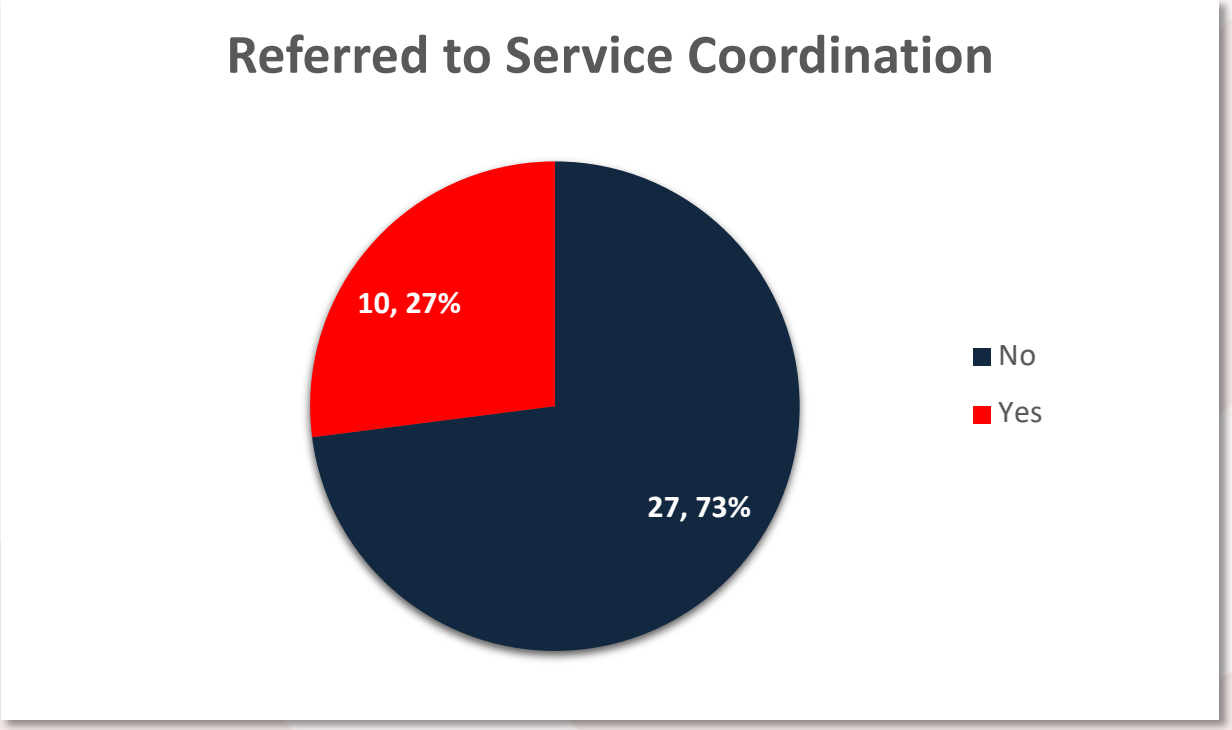
Child Care Issues

We use this information to coordinate appropriate services, such as connecting pregnant women with child care resources, offering educational support, or providing referrals to relevant programs.



Service Coordination

Screening for service coordination referral needs is essential to identify pregnant women who may require additional support and services. This screening allows Texas Children's Health to proactively address any gaps in care by coordinating appropriate services and referrals.



Community Resource Referrals

Linking Members Directly to Services

Aggregated List of Resources

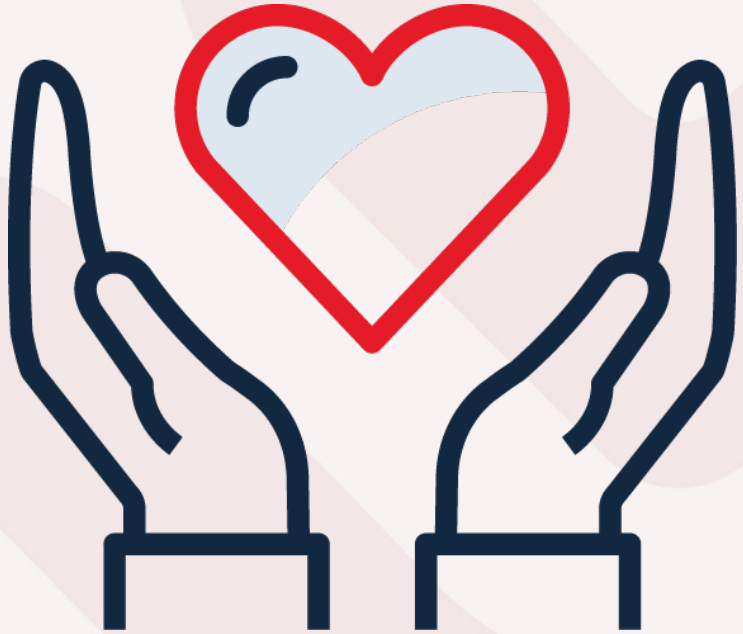
- Food, transportation, housing, and childcare

Proactive resource provision

- Findhelp.org to locate resources near the member's residence
- No cost Transportation Program
- Texas Department of Housing and Community Affairs, Texas Childcare Connection, and Texas Workforce Commission

Resource utilization monitoring

- Ensuring utilization of provided referrals and resources



House Bill 1575

Challenges

- Need direction on how to handle a member who consents to the screener but does not want to share their responses with HHSC
- Once members declined the questions, it was difficult to redirect the member to answer questions on our internal screener
- Have to plan extra time for phone calls to address consent and questions
- Staff felt that there would be more participation if consent was not required
- Trust issues with members that did not consent to the HHSC survey, hesitation when staff asked the standard HRA questions

Non-Medical Drivers of Health (NMDOH) Screening Pilot

LaTreace Harrison
Director of Health Care Management Services

Wellpoint

Wellpoint NMDOH Screening Pilot Data

- May 2024 – Training of Service Coordinators
- June/July 2024 – NMDOH Screening Pilot Go-Live
- September 2024 – NMDOH Screening Go-Live; screener added into our documentation system

904 pilot members; 131 completed screeners

- **Location:** any Service Delivery Area with Wellpoint STAR Members, excluding CHIP Perinate
- **Participants**: all consenting new and current pregnant members
- **Screening rates**:
  - Completed screening rate: 14% (131 members)
  - Declined screening rate: 3% (27 members)
  - Unable to contact (UTC) rate: 83% (746 members)

Pilot Population	Pregnant members
Pilot Population Size	904
Completed Screening	131 (14%)
Declined Screening	27 (3%)
Other (UTC: 3 attempts)	746 (83%)

Wellpoint Pilot Data

Screening administration: Pilot questions were added to our then current process. Drop downs and formulas were added to the NMDOH screening template, creating responses that were manually imported into the documentation system. For Go-Live, screening questions were added to the documentation system as a questionnaire for use in everyday workflows, removing all manual imports.

Take-aways/Findings

- Focus on open dialogue and establishing rapport with members for a more personalized approach to address needs, “What do you need help with?”
- Comprehensive questions allowed for more detailed member engagement
- Consider using NMDOH screener for other member populations

Numerator	131
Food Insecurity	24%
Child Care	18%
Paying Utilities	10%
Transportation	8%
Housing Insecurity	7%
Housing Quality	5%
Experiencing Homelessness	2%


Wellpoint
SM

What's Going on in Texas

Dr. Carol Huber
Institute for Public Health

Tara Stafford
Baylor Scott & White Health Plan

Shao-Chee Sim
Episcopal Health Foundation

Laurie Vanhoose
Principal, Treaty Oak Strategies

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Value-Based Payment & Quality Improvement Advisory Committee (VBPQIAC)

Legislative Recommendations - 2024

October 25, 2024

VBPQIAC Background: Legal Authority & Purpose

- Established in accordance with Texas Government Code § 531.012, 1 Texas Administrative Code § 351.821, and governed by Texas Government Code Chapter 2110 (State Agency Advisory Committees).
- The Committee provides a forum to promote public-private, multistakeholder collaboration in support of quality improvement and value-based payment initiatives for Medicaid, other publicly funded health services, and the wider health care system.

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VBPQIAC Membership

The Committee is appointed by the Executive Commissioner and include 19 voting members from the following categories:

- Medicaid managed care organizations
- Hospitals
- Physicians
- Nurses
- Pharmacies
- Providers of long-term services and supports
- Academic systems
- Members from other disciplines or organizations with expertise in health care finance, delivery, or quality improvement.

VBPQIAC 2023-24 Subcommittees

Workgroup	Lead
Non-Medical Drivers of Health (NMDOH)	Dr. Shao-Chee Sim
Alternative Payment Models (APMs) in Texas Medicaid	Lisa Kirsch
Timely and Actionable Data	Lisa Kirsch
Value-Based Care in Rural Texas	Shayna Spurlin

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VBPQIAC Role

The Committee performs the following tasks:

1. Studies and makes recommendations regarding:
   - **Value-based payment and quality improvement initiatives** to promote better care, better outcomes, and lower costs for publicly funded health care services;
   - **Core metrics and a data analytics framework** to support value-based purchasing and quality improvement in Medicaid/CHIP;
   - HHSC and managed care organization **incentive and disincentive programs** based on value; and
   - The **strategic direction** for Medicaid/CHIP value-based programs.

2. Pursues other deliverables consistent with its purpose to improve quality and efficiency in state health care services as requested by the Executive Commissioner or adopted into the work plan or bylaws of the committee.

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VBPQIAC Reports

By December 1st of each even-numbered year, the Committee drafts and submits a written report to the Executive Commissioner and Texas Legislature that:

a) Describes current trends and identifies best practices in health care for value-based payment and quality improvement; and

b) Provides recommendations consistent with the purposes of the Committee.

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Value-Based Care to Improve Rural Health Access

1. HHSC should develop guidance for managed care organizations (MCO) to optimize the use of pharmacists to increase access to high quality care in rural areas. HHSC should:
   - Clarify how pharmacists can be paid for covered services delivered within a pharmacist's scope of practice.
   - Evaluate current services within the pharmacist's scope of practice and expand services covered under Texas Medicaid (e.g., test and treat, childhood immunizations).
   - Establish standards and a working definition for an Accountable Pharmacy Organization (APO) and work to increase engagement with APOs.

2. HHSC should develop guidance for rural providers and managed care organizations (MCO)s related to the use of **community health workers** (CHWs) to address rural workforce shortages and gaps in rural health access. HHSC should:
   - Establish guidance for alternative methods to achieve community health worker (CHW) certification for health care workers, such as certified pharmacy technicians and medical assistants, serving rural communities.
   - Evaluate alternative payment models that leverage the recent expansion of billable community health workers (CHW) services and promote the dual purposing of rural staff to address gaps in access.

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Timely and Actionable Data

1. HHSC or a neutral, third party contractor should perform a landscape assessment of where Texas is in terms of data interoperability, including health information exchange and **sharing of data on non-medical drivers of health.** Based on that assessment, HHSC should create a strategic plan with next steps to leverage data to improve care in Medicaid/CHIP.
2. Texas should evaluate opportunities to maximize the use of the state's All Payer Claims Database (APCD) (along with other State data sets), including identifying and prioritizing needed investments, to advance high-value care, particularly for Medicaid and other state-funded healthcare programs.
3. HHSC should analyze and share data on the number of providers who are billing the new Medicaid collaborative care benefit to inform an assessment of what additional steps may be needed to encourage greater use of this benefit.

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Alternative Payment Models in Texas

1. HHSC should work to align next steps for its APM program with the Centers for Medicare and Medicaid Services (CMS) Innovation Center's strategy refresh released in October 2021, including working to increase the number of Medicaid beneficiaries in a care relationship with provider accountability for quality and total cost of care by endorsing standardized elements of such models, conveying Texas Medicaid priorities, and rewarding multi-payer collaboration.
2. Texas should review financing mechanisms that encourage, evaluate and sustain Medicaid APMs that effectively address provider workforce shortages (e.g., nurses and behavioral health providers) and **address non-medical drivers of health (NMDOH)**.
3. HHSC should continue to explore ways to reduce provider administrative burden to enable greater participation in APMs, particularly in more advanced APMs.
4. HHSC should consider a more **formal structure for dissemination of best practices of value-based payment (VBP) models**, including emerging trends such as Clinically Integrated Networks (CINs) and a review of MCO APM reporting in 2024, the "test year" for HHSC's revised APM framework.

TEXAS
Health and Human Services

Non-Medical Drivers of Health (NMDOH)

1. HHSC should use the various Medicaid authorities and/or regulatory tools to **strengthen cross-sector partnerships between managed care organizations (MCO), health care providers and social service organizations to address beneficiaries' non-medical drivers of health** (NMDOH). HHSC should focus on the three priorities (food, transportation and housing) identified in the Medicaid and CHIP Services NMDOH Action Plan. Regulatory tools include, but are not limited to, In-Lieu Of Services (ILOS), experience rebates, quality improvement cost, incorporating NMDOH risk-markers in determination of capitation rates and alternative payment models.

2. HHSC should identify strategies to **increase enrollment of eligible Medicaid members in federal food benefit programs** such as Supplemental Nutrition Assistance Program (SNAP) and Women, Infants and Children (WIC) to reduce food insecurity. For example, HHSC could provide Medicaid enrollees' SNAP and WIC enrollment status to managed care organizations (MCO) to support targeted outreach and case management.

TEXAS Health and Human Services

Non-Medical Drivers of Health (NMDOH)

3. HHSC should assess the impact of HB 113 88(R), which allows managed care organizations (MCO) in STAR Medicaid to categorize services provided by **community health workers** as a quality improvement cost, instead of as an administrative expense.
    - HHSC should provide a report to the Legislature by December 31, 2025, on the use of community health workers and quality improvement costs reported by each MCO.
    - The report should describe how community health workers may have impacted each MCO's medical loss ratio, and how these reported costs can be used to develop capitation rates in the future (e.g., as a projected non-benefit cost, or to prepare for potential transition to a state plan benefit).

TEXAS
Health and Human Services

Waco Connect

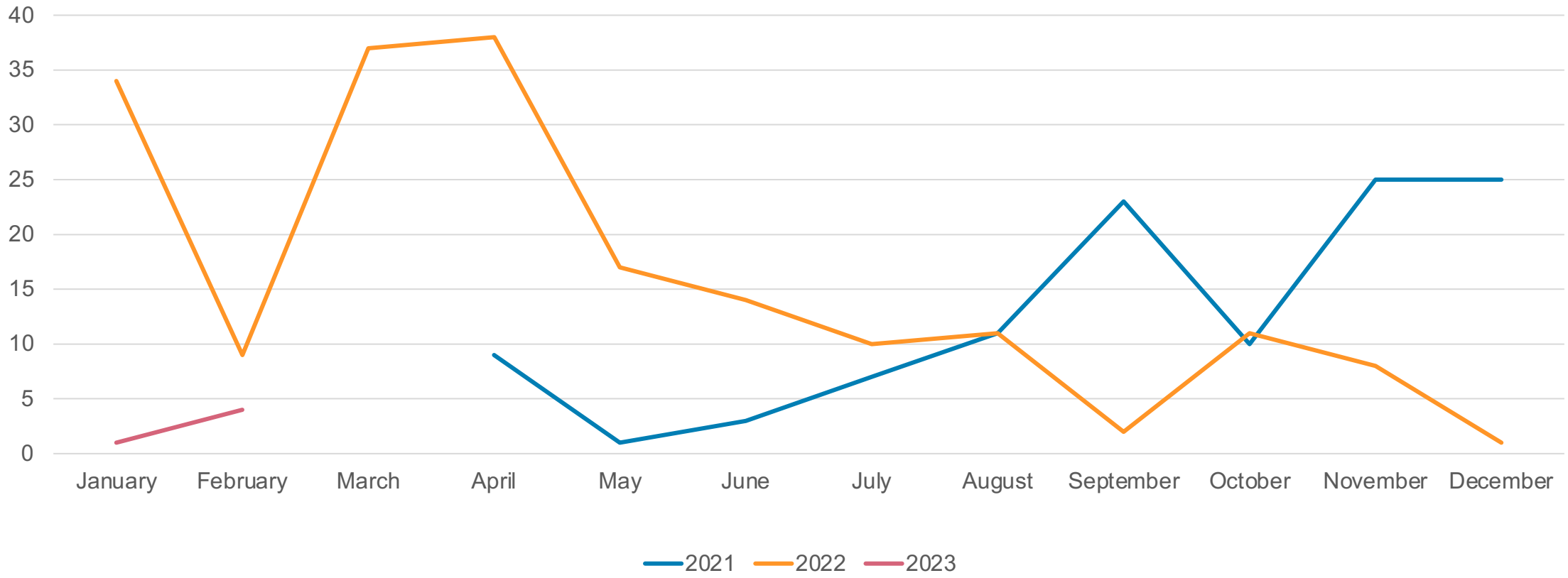
Tara Stafford , Director of Community Engagement

October 2024

Program Summary

Purpose	**Social care navigation program** aiming to connect families experiencing mental health needs in McLennan Co. to a network of non-medical resources through FindHelp. **Goal** – evaluate whether investing in SDOH reduced the utilization and costs of medical services for high-risk patients with social needs
Summary	• McLennan County • 2 year Pilot • Medicaid families • Diagnosis of anxiety or depression and high rate of ED utilization • Community Partner – Prosper Waco • Funding – BSWHP and EHF • Third party analysis done by Altarum

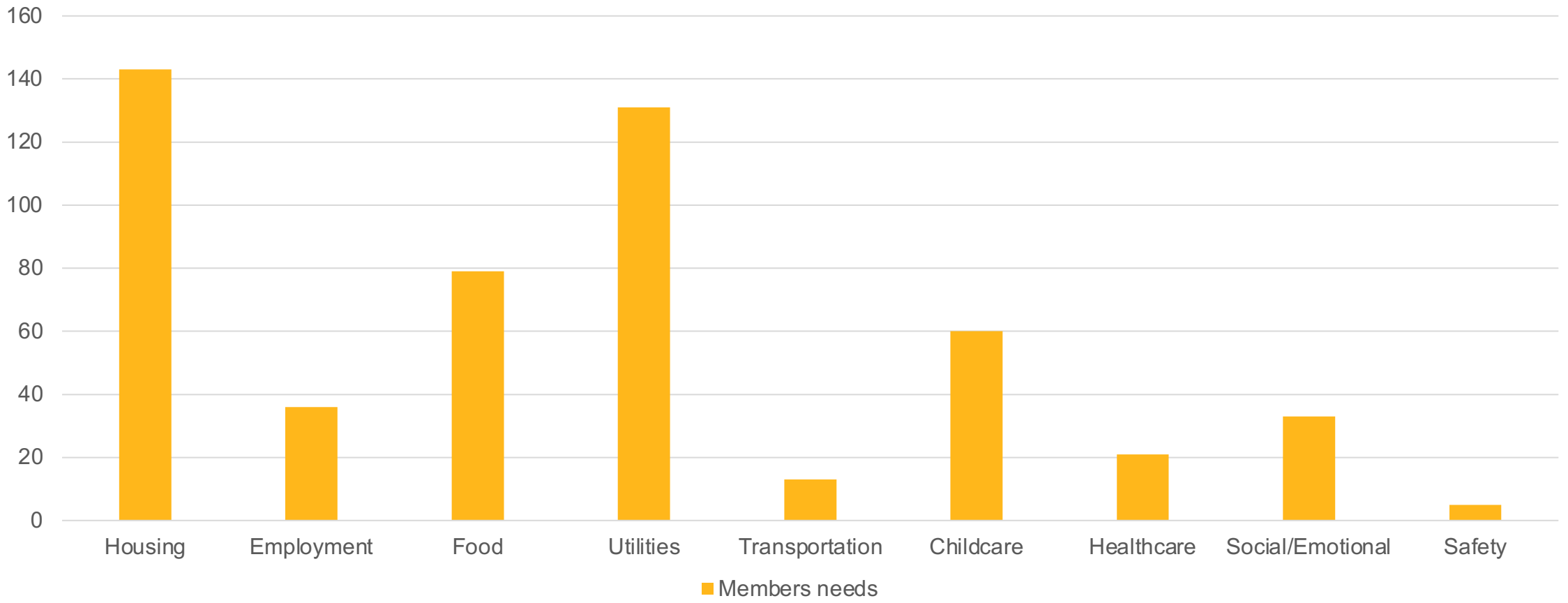
Inbound Referrals (4/21 – 2/23)



By the Numbers…

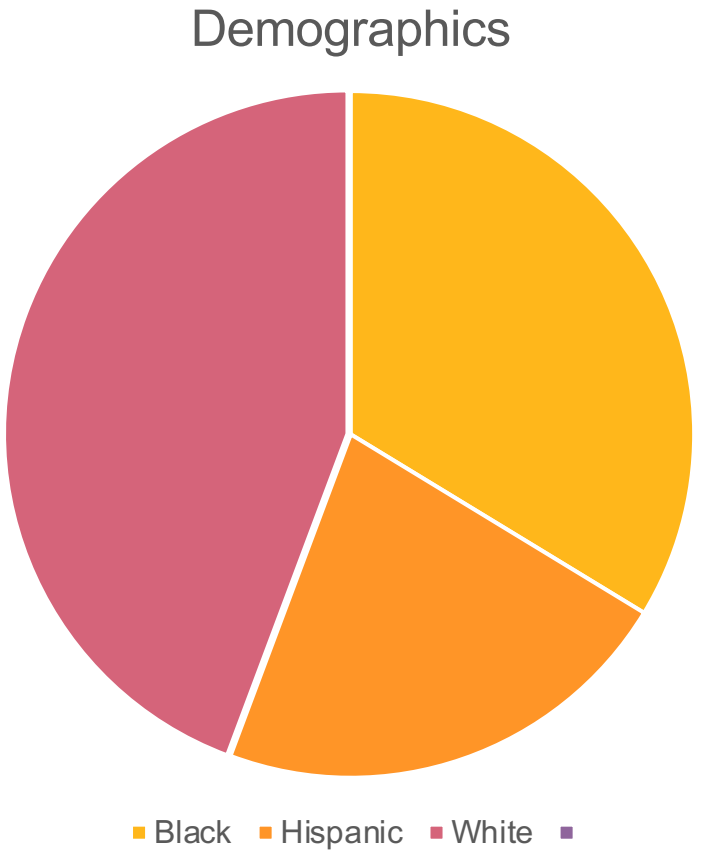
311 referrals made
291 successful contacts
232 social needs identified
730 referrals made to over 70 agencies
100 at least 1 need met during study period

SDOH Member Needs



Findings

- More than half of participants were minority population
- Greatest member need – housing
- Greatest success for referrals – food
- Average cost of care PMPM was $377
- Identified decrease in ED utilization at 3 and 6 months of about 5% but no evidence of reduced cost of care following referral to Waco Connect.
    - When compared to control group of members in the same geography with same qualifications who were not part of the program



Successes and Challenges

1. Clients appreciated check-ins
2. Clients grateful for help in navigating social services
3. Texting resulted in more successful for followup
4. Learned lessons and adapted for future programs

1. Success dependent on active CM
2. Communication– phone only, no face to face, call-backs difficult and 134 remained inactive after 5 attempts
3. Fix warm hand-off
4. CBO did not want to continue after pilot resulting in need to find new partner

Conclusions

- More evaluation needed in this space
- More proactive CM helpful (i.e. identifying application statuses for social care programs)
- Future programs would benefit from improved evaluation designs and measurement of aligned metrics with similar efforts
- Successful interventions will require adequate measures of ROI or otherwise subsidized

EPISCOPAL HEALTH FOUNDATION

Advanced Research Projects Agency for Health (ARPA-H) Update

What if… we moved from a sick care system to a system that truly rewards better health?

ARPA-H

EPISCOPAL HEALTH FOUNDATION

ARPA-H HEROES Program Opportunity

Health care organizations in the U.S. today lack strong incentives to offer robust preventative care to their patients.

HEalth care Rewards to Achieve Improved OutcomES

HEROES aims to create preventative care incentives in the health market by offering direct payments to individual "health accelerators"* that successfully implement preventative care campaigns in one of the four outcome areas of:

maternal health

heart attack and stroke

opioid overdose

alcohol-related health harms

*Such as nonprofits or care consortiums

How HEROES Creates

Pick Targets

Health Accelerator selects an outcome and target geographic area.

Population Benefit Over Three Years:
At least $60M of value

Identify Outcome Buyers

Health Accelerator secures promise of *future* payment for successful health outcomes from ARPA-H and Outcome Buyers (e.g., employers, health plans).

Possible Incentive:
Outcome buyers contribute $45M ($15M ARPA-H plus 2:1 match)

Raise Funding

Health Accelerator raises money to be used in prevention-oriented care to fund new technologies and operations.

Build Capacity:
Create tech and a community that is engaged in preventive care

Help People

Health Accelerator deploys innovative, evidence-based technologies at scale to improve health outcomes in the specified geographic area.

Public Health Win:
Outcomes, like heart attack risk or opioid overdoses, improve

Get Rewarded

If outcome achieved, ARPA-H and Outcome Buyers reward Health Accelerator.

Fiscal Win-Win:
Outcome buyers create $60M value for $45M

ARPA-H

EPISCOPAL HEALTH FOUNDATION

Lead Organizations and Key Partners

Greater Houston

LEAD

UTHealth Houston School of Public Health

PARTNERS

HARRISHEALTH SYSTEM

COMBINED ARMS

houston foodbank

MEMORIAL HERMANN

The HARRIS CENTER for Mental Health and IDD

LEGACY COMMUNITY HEALTH

SAN JOSÉ CLINIC

Central Texas

LEAD

United Way

United Way for Greater Austin

PARTNERS

Factor Health
Real. Life. Health.

CONNXUS

The University of Texas at Austin Dell Medical School

Austin Healthcare Council

Dallas - Fort Worth

LEADS

TCU BURNETT SCHOOL of MEDICINE

UT Southwestern Medical Center

PARTNERS

JPS Health Network Fort Worth, Texas

DAP Dallas Accelerator Program

Parkland

mhmr tarrant
WE CHANGE LIVES

tchmb

PCCI

Texas Health Resources

BaylorScott&White HEALTH

Approaches for Addressing Nonmedical Drivers through Medicaid

- Milliman Report published in February 2023
- Includes actual data from MCOs in Harris and Jefferson SDA
- Landscape study of the various approaches through which state Medicaid programs are working to address NMDOH
- Actuarial analysis of cost drivers for selected groups of Medicaid beneficiaries in STAR, individuals with SMI in STAR+PLUS, and children in STAR Health
- One of the findings was used last session to justify passage of HB 1575: High-risk pregnancies resulted in a total of $776 million dollars in health care costs in Texas Medicaid program in FY 2021

New Milliman Report

- Using same data from 2023 report Milliman is working on a new report:
  - Demographic profile of Medicaid beneficiaries who are prediabetic and diabetic
  - Analysis of MCO claims data to develop some estimates around the potential impacts that interventions may have for Texas Medicaid
  - Trends and diagnosis associated with prior report findings on high-risk pregnancies
  - Analysis of Texas Maternal Mortality Review Committee findings and MCO claims data
- Final report will be published later this year and the Learning Collaborative will host a webinar to share findings

Texas Medicaid Non-Emergency Medical Transportation Benefit

A Landscape Assessment Conducted by Working Partners

Report Outline

- NEMT – What it is and why it is important
- History of non-emergency medical transportation in Texas
- What MCOs are doing across the state
- Current levels of NEMT utilization among our study group
- Why utilization is low
- Providers as a critical lever to increasing utilization

Why is utilization low? Beneficiaries, CHWs, and providers noted six barriers to utilization

- Lack of awareness on the part of beneficiaries
- Reluctance to enroll and schedule
- Communication barriers – language, culture, cell phone and email access
- Safety
- Long wait times
- Drivers
- Alternative transportation options
  - On-demand services like Uber/Lyft are well-known, more able to control
  - Rural transportation systems are cheap
  - NPO providers offer the service instead (e.g. SUD providers)
  - Other services offered by providers

Key findings

- Overall, utilization is low due to lack of awareness and a preference for on-demand transportation travel (having more control over the trip).
- MCOs working with Providers can increase utilization
- Key to successful connection to NEMT is having a care coordinator/CHW who can support beneficiaries connect to and utilize the service.
- Momentum around NMDOH and movement toward VBP is giving providers (esp. Hospitals and large private provider groups) a push to get more organized around this issue.

Lunch Break

Return at 12:30

NMDOH National Landscape

Anna Spencer
Center for Health Care Strategies

Rob Houston
Center for Health Care Strategies

Center for Health Care Strategies
Better care where it's needed most

NMDOH National Landscape

Texas MCO NMDOH Learning Collaborative

October 25, 2024

Agenda

- Federal Guidance Recap
- CHCS HRSN Learning Collaborative Overview
- National Updates
  - → Social Needs Screening
  - → Food & Nutrition Security
  - → Community Care Hubs
- Q&A

Center for Health Care Strategies

Federal Guidance Recap

Recent Federal Guidance Encouraging States to Address Health Related Social Needs (HRSN)

Jan. 2021

The Centers for Medicare & Medicaid Services (CMS) releases a State Health Official letter that describes opportunities to address Social Determinants of Health (SDOH) in Medicaid and CHIP.

Sep. 2022

The White House launches their National Strategy on Hunger, Nutrition, and Health, which specifically highlights integrating nutrition into health care as a key policy priority in the years ahead.

Dec. 2022

CMS announces a new state 1115 demonstration opportunity, covering housing, nutrition, and case management as official benefits through Medicaid.

Nov. 2023

Package of federal materials released, including CMS' Informational Bulletin on state options to cover HRSN through Medicaid; White House's U.S. Playbook to Address Social Determinants of Health, and the U.S. DHHS' Call to Action and Community Care Hubs report.

Jan. 2023

CMS releases additional guidance on the use of In Lieu of Services and Settings in Medicaid Managed Care to meet the HRSNs of Medicaid enrollees more effectively.

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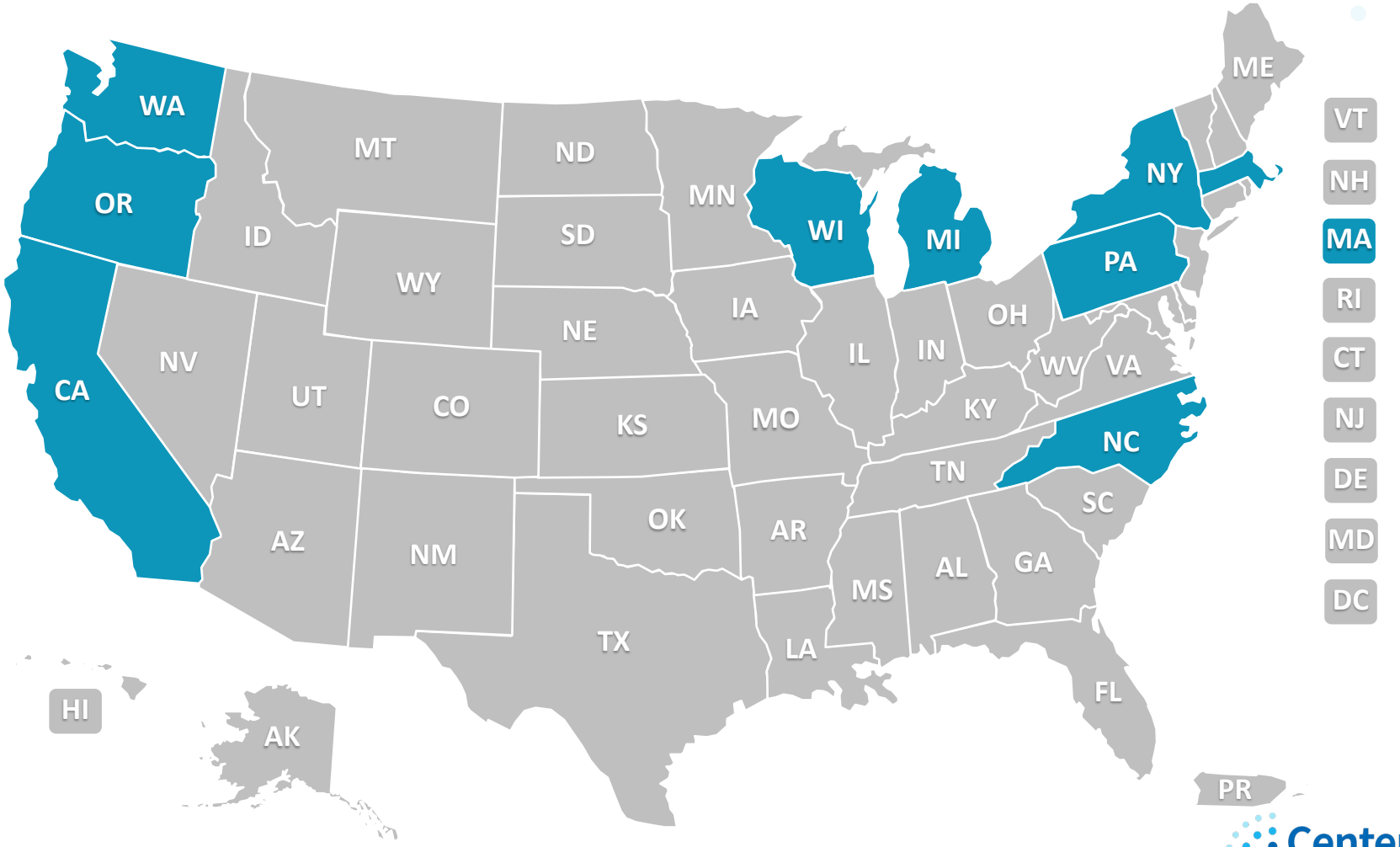
Federal Maternal Health Priorities

- The White House Blueprint for Addressing the Maternal Health Crisis
- **Health Resources and Services Administration's (HRSA)** Enhancing Maternal Health Initiative
- **Centers for Medicare and Medicaid (CMS)**
  - → Maternity Care Action Plan
  - → Medicaid and CHIP Health-Related Social Needs Framework
  - → Transforming Maternal Health Model (TMaH)
- **Centers for Disease Control and Prevention (CDC)** Pregnancy Risk Assessment Monitoring System (PRAMS)

CHCS HRSN Implementation Series

Center for Health Care Strategies

HRSN Implementation Series: State Participants



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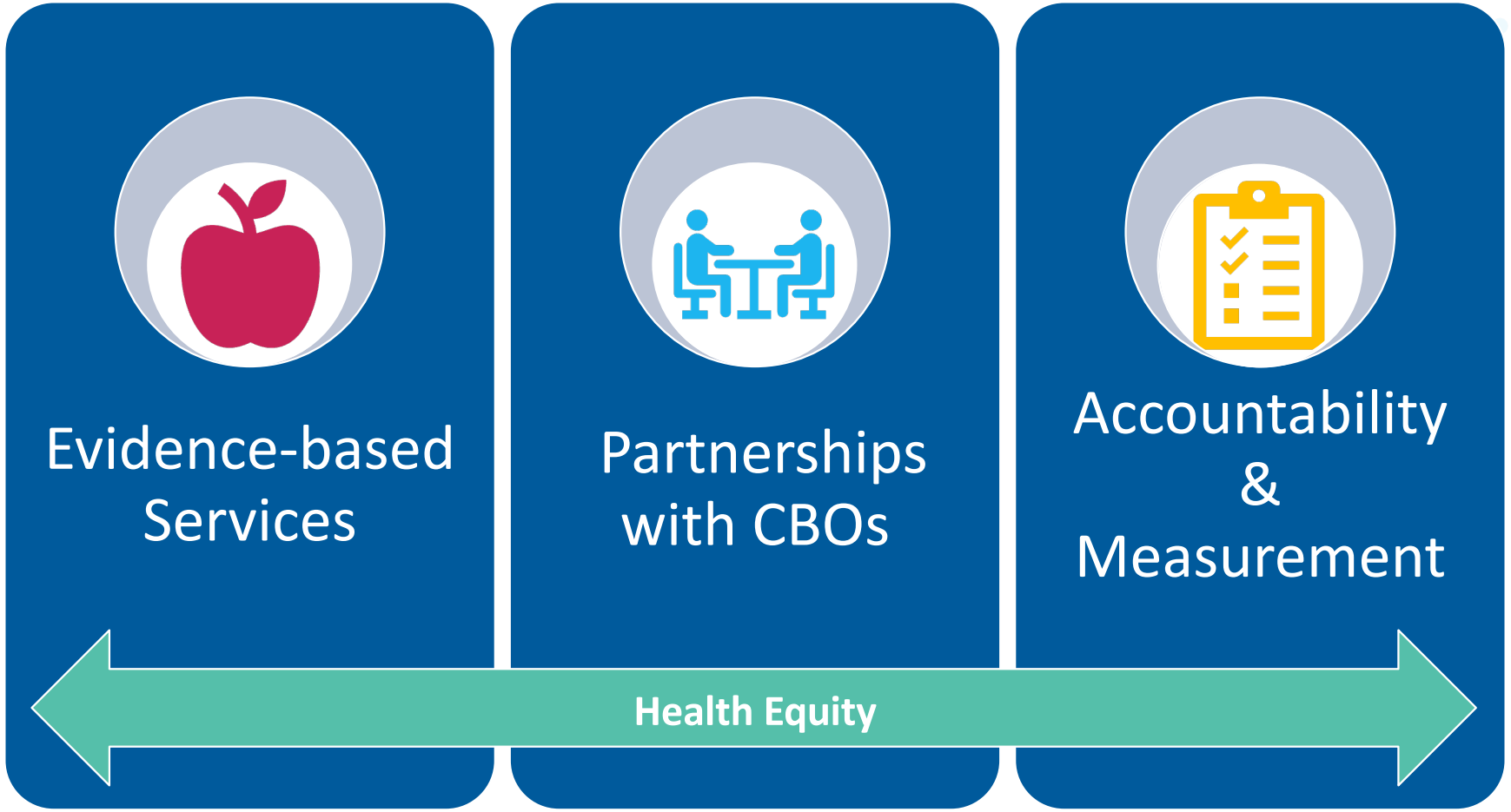
Three HRSN Curriculum Areas



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State Challenges, Interest Areas

- Collecting and sharing data, and building supporting infrastructure
- Engaging smaller CBOs, especially those serving communities that have been marginalized
- Coordinating with other programs/sectors/structures, within and outside Medicaid
- Working with CMS – approvals, delays, opportunities
- Working through managed care organizations and keeping those partners accountable
- Improving outcomes for populations of focus (e.g., pregnant people, individuals experiencing homelessness)

Social Needs Screening

Social Needs Screening

- *Identifying target populations*
  - → High-risk pregnancy *versus* all pregnant women up to 12 months post-partum
- *Assigning screening responsibility*
  - → **New York** requires its Social Care Networks to screen all Medicaid members
  - → **Massachusetts** and **North Carolina** require ACOs/MCOs to screen their members
- *Ensuring Intervention Support*
  - → **California** and **Michigan** required MCOs to meet closed-loop referral standards
  - → North Carolina's **NCCARE360** provides a directory, closed-loop platform

Social Needs Screening

- *Developing Financial Incentives*
  - → States encouraging MCOs to bill for Z-Codes; screening related performance indicators; incorporating screening into VBP models
  - → **Massachusetts** provides incentives to hospitals, ACOs/MCOs, community behavioral health centers to increase HRSN screening rates
- *Engaging stakeholders in design and implementation*
  - → **North Carolina** used multi-stakeholder engagement process to inform development of standardized screening tool
  - → **Wisconsin** engaged MCOs and clinical partners to understand screening and referral practices to address health disparities post-partum

Food & Nutrition Services

Nutrition Benefit Design

- States taking a “whole person approach”
- New federal guidance expand nutrition benefit offerings
- Allowable nutrition supports:
  - → Case management
  - → Nutrition counseling
  - → Home delivered meals
  - → Food Rx
  - → Grocery provisions

Satter’s Levels of Food Need	How Federal Nutrition Supports Can Help
Enough Food *Food security*	The combination of case management to access other federal and state food supports and direct food investments (e.g., adding money directly to individuals’ electronic benefit transfer cards) may close the gap on food quantity.
Acceptable Food *Nutrition security*	Medically tailored meals and pantry stocking combined with nutrition counseling and instruction may increase access to acceptable food.
Reliable Ongoing Access to Food *Sense of psychological safety around consistent access to food*	Enhancements like transportation (described below) may help enrollees overcome barriers to reliable access to food.
Good Tasting Food *Access to preferred food*	Grocery provisions may increase access to foods that satisfy enrollees' taste preferences.
Novel Food *Ability to experiment with new foods, especially critical for children and youth and exposure to healthy food items*	Nutrition prescriptions may allow enrollees to try new healthy foods without risk.
Instrumental Food *Ability to have traditional food for a particular holiday or food that is believed to have positive health effects. Ideal for “physical, cognitive, or spiritual outcomes”*	The extra resources for households may allow them to purchase foods that are important socially, culturally, or spiritually.

Nutrition Benefit Design

- *Standardizing nutrition eligibility interventions*
  - → Narrow definitions for more specialized services (e.g., MTM), broader eligibility for general services (e.g., produce Rx)
- *Services for the entire household*
  - → **Pennsylvania** provide food boxes/grocery delivery for pregnancy and post-partum enrollees and their households
  - → **Massachusetts** provides meals "at the household level" when eligible member is a high-risk child or pregnant individual
- *Transportation*
  - → **North Carolina**, **New York**, **Massachusetts** include assisting or providing members with transportation to covered HRSN services or case management activities

Community Care Hubs

Center for Health Care Strategies

Community Care Networks/HUBs

- **New York** Social Care Networks
  - → Building on lessons from DSRIP PPS
  - → 9 regional SCNs are contracted to coordinate with CBOs to provide HRSN, care coordination
- **North Carolina** Healthy Opportunities Pilots
  - → Competitive procurement; selected 3 Network Leads
  - → CBOs are Medicaid billing providers
- **Washington** Accountable Health Communities (AHCs)
  - → 10 AHCs and 1 Native HUB
  - → Developing readiness assessment for HUB launch

Network Adequacy Questions

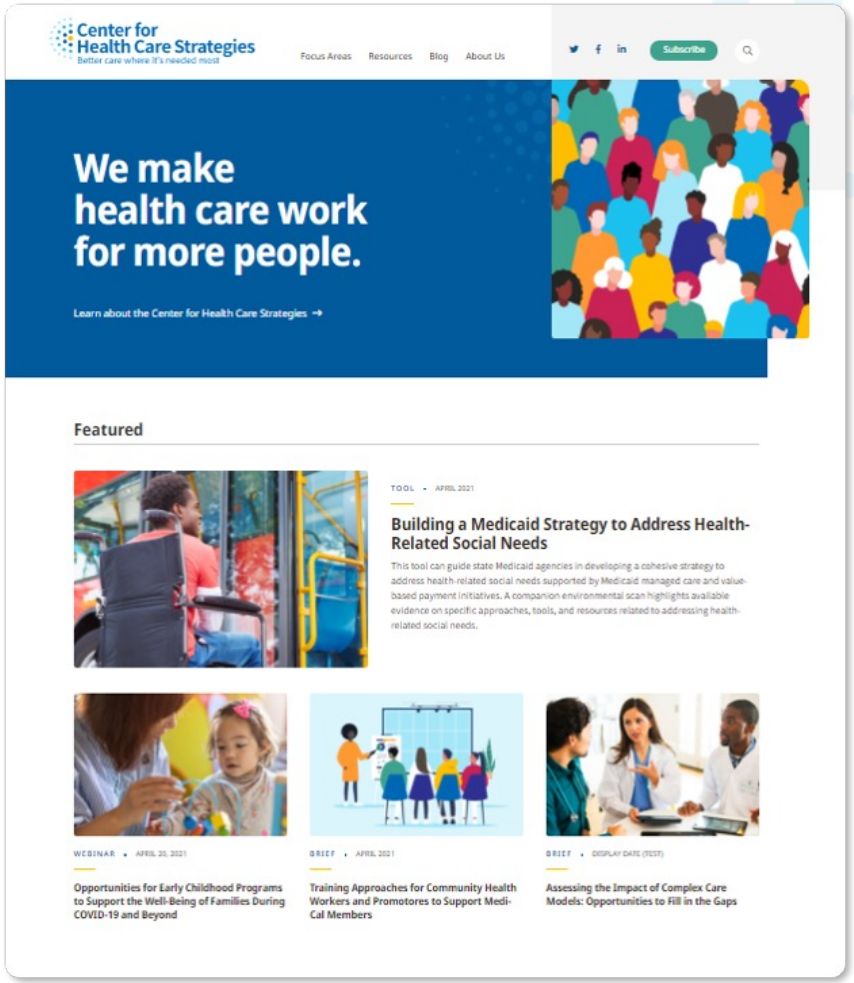
- Hot topic in states during both design and implementation phases
- Supply and Demand issues
  - → Are there enough CBOs to meet HRSN needs in the community?
  - → Should network leads build or buy capacity?
  - → Regional variation and serving rural areas
- How should quality be measured?
  - → How should CBO performance be evaluated?
  - → Is a closed loop referral enough?

Questions?

Center for Health Care Strategies

Visit CHCS.org to…

- **Download practical resources** to improve health care for people served by Medicaid.
- **Learn about cutting-edge efforts** from peers across the nation to enhance policy, financing, and care delivery.
- **Subscribe to CHCS e-mail updates**, to learn about new resources, webinars, and more.
- **Follow us on Twitter** @CHCShealth.



Center for Health Care Strategies

Engaging Medicaid Members: Findings from Member Focus Groups

Tara Stafford
Baylor Scott and White Health Plan

Shari Waldie
Blue Cross Blue Shield of Texas

Jessica Rios
Community First Health Plan

Naomi Alvarez
Molina Health Plan

Sonia Boyd
Superior Health Plan

Madeleine Richter-Atkinson
Treaty Oak Strategies

Engaging Medicaid Members

Health Literacy and Member Engagement Focus Groups

TREATY OAK
STRATEGIES

Overview Engaging Medicaid Members

EHF **published a report** identifying non-medical need, including lack of understanding/access to many Medicaid benefits

A **sub-workgroup** of Learning Collaborative health plans convened

MCOs held **focus groups** and interviewed Medicaid members

New report to be published — "Engaging Medicaid Members: Health Literacy and Member Engagement"

Overview Engaging Medicaid Members

March 2024

Sep

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2024

October 2024

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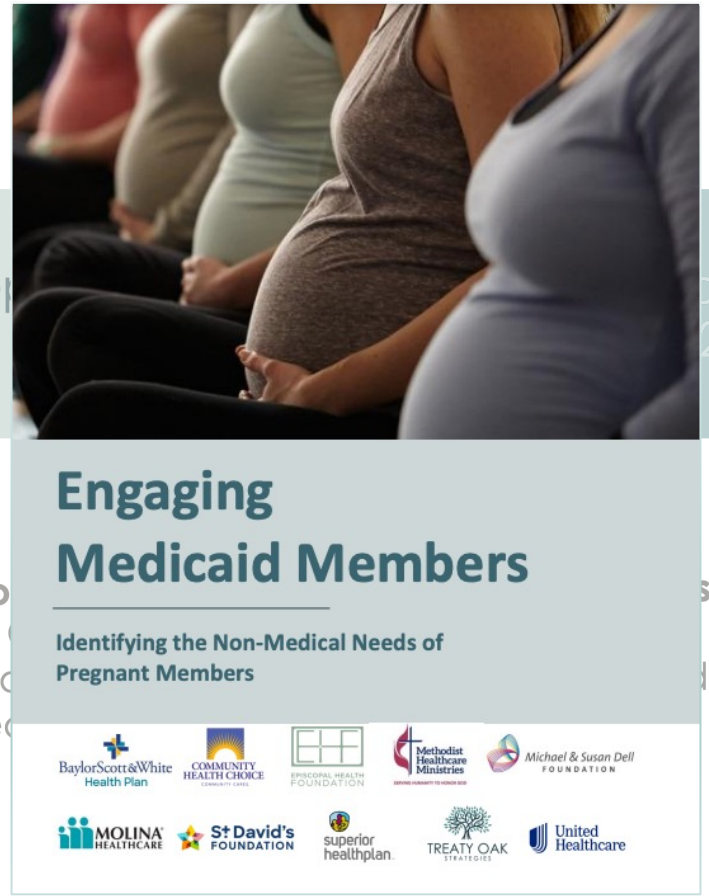

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March 2024

September 2024

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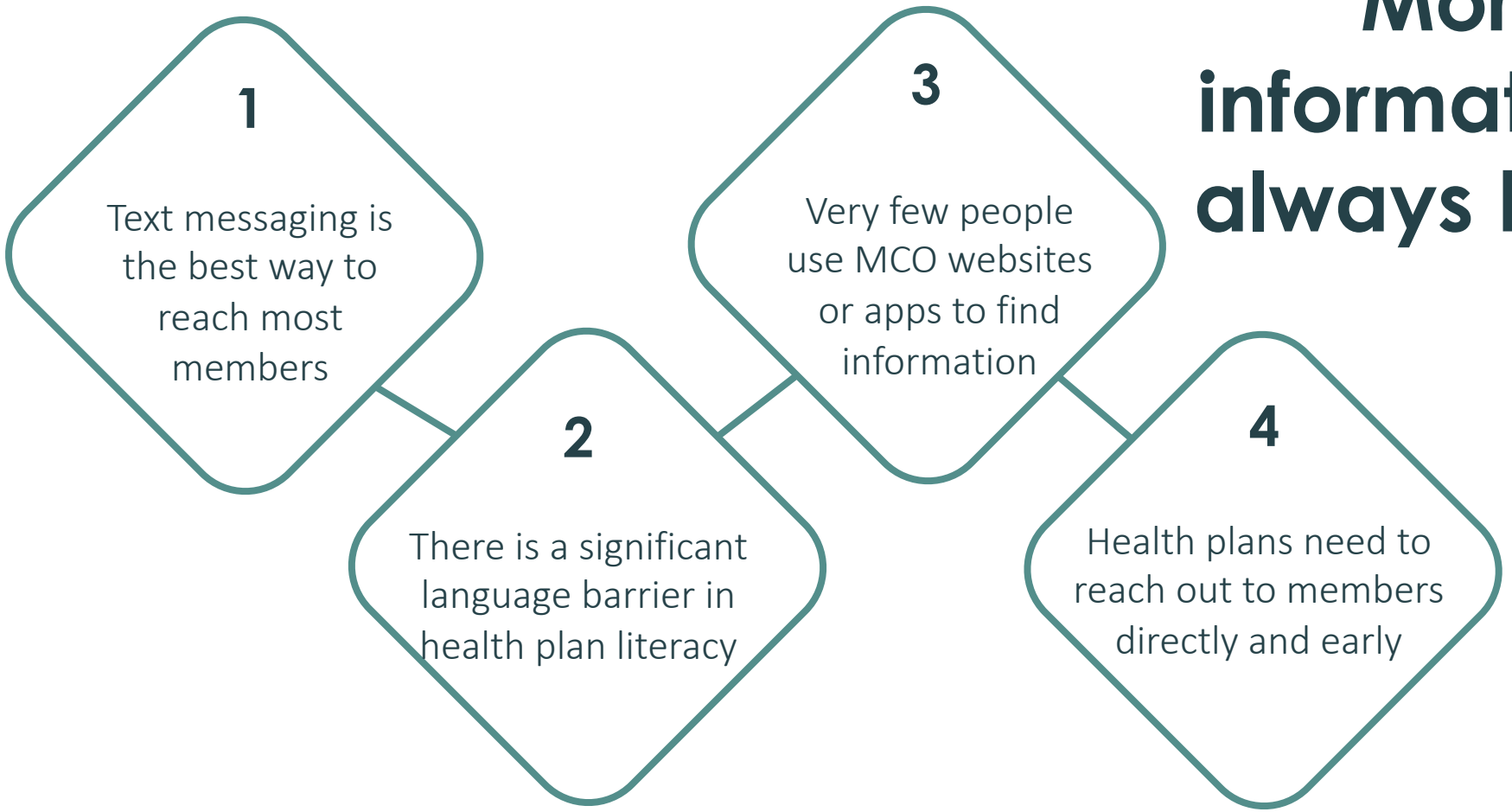
Overview Key Findings



More information is always better

Overview Key Findings

Case Study: HB 12

Learned about changes while re-enrolling or from providers

Some never learned, weren't sure why they still had coverage

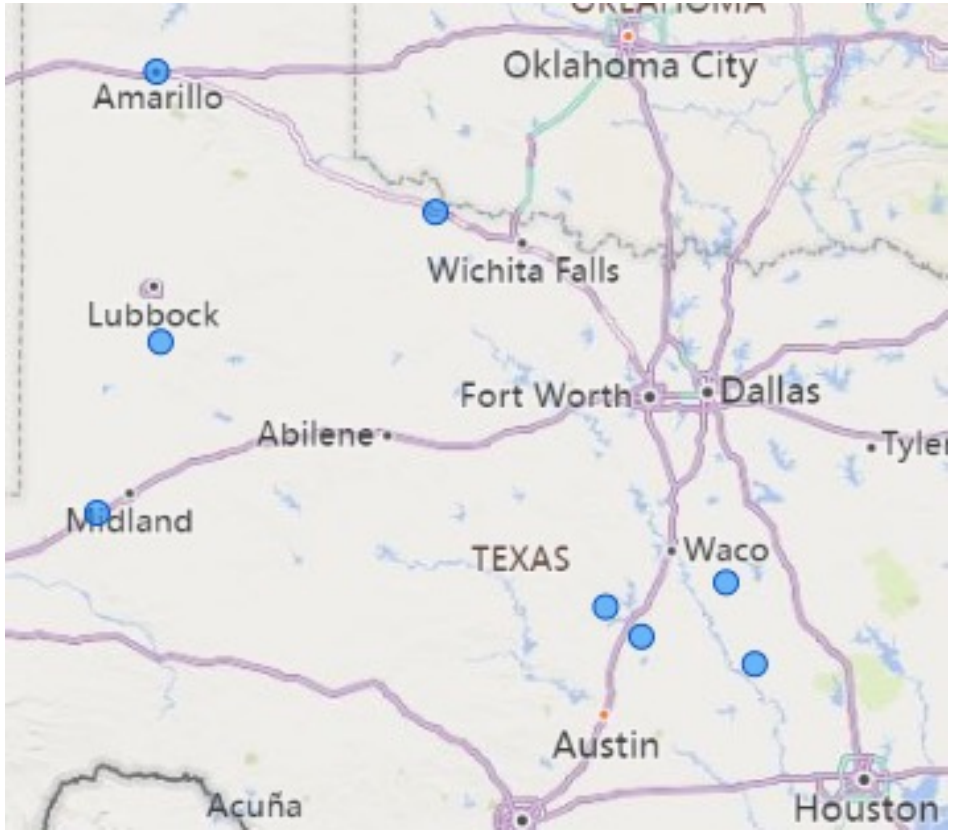
Every participant was grateful and feel that it has improved their health care access


BaylorScott&White
Health Plan

Focus Groups BSW

2 virtual sessions with
8 participants

Odessa	Holland
Amarillo	Bryan
Tahoka	Killeen
Vernon	Kosse



Focus Groups BSW

- Learned more about benefits during second pregnancy than first
- Found information through events and by reaching out
- 3/8 used the website, found it easy to navigate and find information
- Wanted more information on medication coverage and breastfeeding resources

BlueCross®
BlueShield®
Texas

Focus Groups BCBSTX

1 virtual session with 4 participants

- Monthly calls from advocates are extremely helpful
  - **Monthly outreach preferred**
- Texting is good for reminders, but prefer email for other information
- Members were not aware of the mobile app
- Had difficulty finding providers
- Would like reminders on new benefits and how to access them

COMMUNITY FIRST

HEALTH PLANS

Focus Groups Community First

1 session with 9 participants

- Most members felt they did not understand all benefits
  - "I want my health plan to call me … at the beginning of my pregnancy instead of the third trimester would have been a huge help."
  - "I would like Community First to reach out … after I have the baby to educate me on post-partum and more information on mental healthcare."
- Texting > phone calls, especially for appointment reminders
- Mixed on receiving mail, most prefer not to receive email

Focus Groups Community First

Difficulty accessing provider care.

- Having a sick child, “which is the reason we make the appointment, keeps my child from getting seen.”
- “I have four children and I can’t afford to take multiple days off to take my kids to their pediatrician.” Another said “most places don’t see more than two kids”


MOLINA®
HEALTHCARE

Focus Groups Molina

Interviewed 10 participants — 8 in Spanish, 2 in English

- Several didn't go to the doctor until they got pregnant and had Medicaid
- Half — only one English-speaking — felt they had a decent understanding of benefits
  - "I know I can go to the doctor and take my little girl to the doctor too."
  - "Yes, I can go to the doctor because I am pregnant and I take my kids to their doctor too."
- But were not aware of value-added benefits
- Received a call at enrollment that was helpful

superior healthplan™

Focus Groups Superior

1 session with 10 participants, English and Spanish

- Many ways of finding information, but few felt they knew enough
  - All knew and appreciated over-the-counter benefit
- Most never used the website
- Want better access to health plan representatives
- Information on benefits at doctor's offices would be helpful

Focus Groups Superior

Barriers to accessing care:

Some appointments (i.e. well woman exams and behavioral health therapy) do not allow you to take your children. “I am a single mom with no help from family, so I have no choice but to cancel my appointments.”


United
Healthcare

Focus Groups United

1 session with 6 participants

- "So many benefits you may forget to utilize some of them" — made aware through call from representative
- Preference for calls both ways, appreciate use of app
- Text messages most accessible, but sometimes dismissed as spam
- Some difficulty accessing in-network care

Closing Remarks

Laurie Vanhoose
Treaty Oak Strategies

Shao-Chee Sim
Episcopal Health Foundation