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The Future of Medicaid

Collaborative Connections -- Impacting Care

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Quality & Program Improvement

February 23, 2017

Agenda

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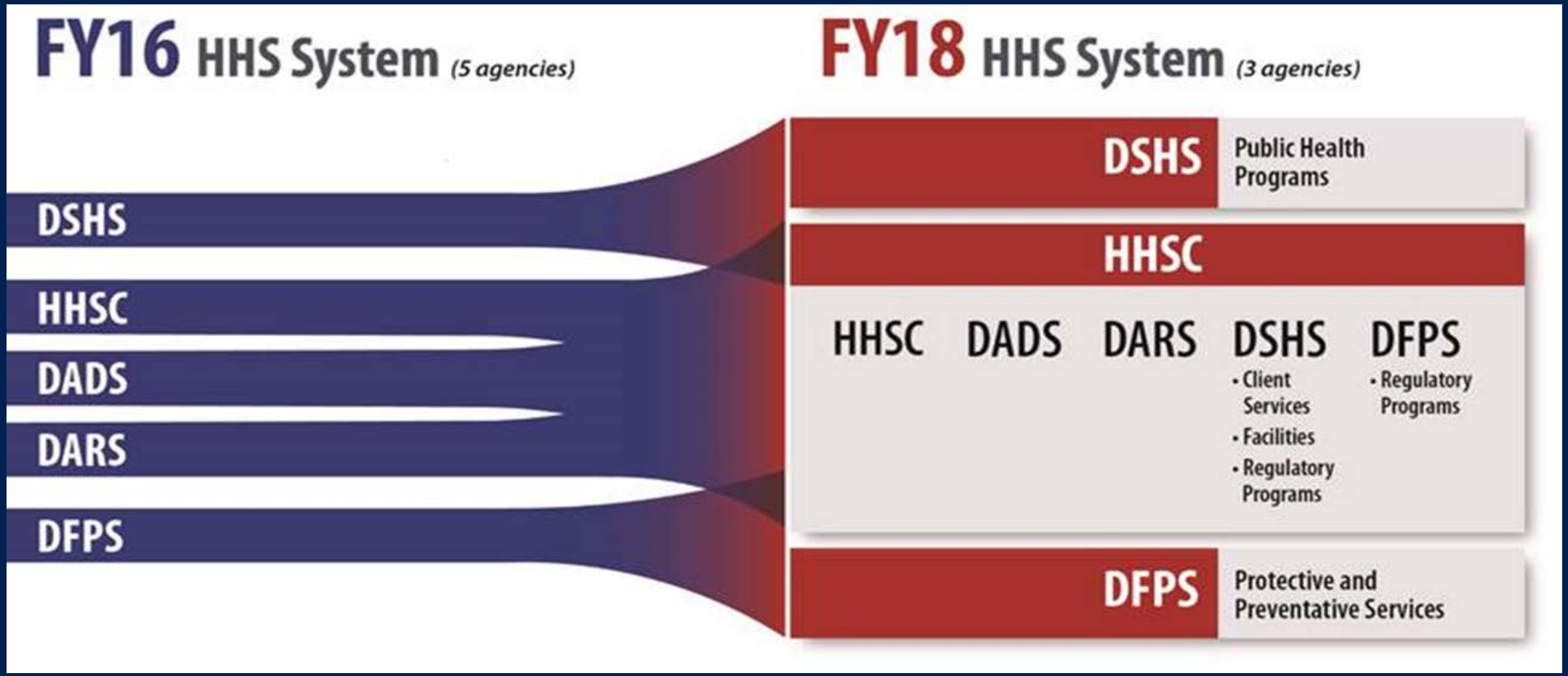
- Network Adequacy Standards
- Provider Re-Enrollment
- Pay for Quality (P4Q) Program Redesign
- Healthcare Quality Strategic Plan

HHS System Transformation

HHS System Transformation



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Network Adequacy Standards

Network Adequacy Standards - SB 760

HHSC shall establish minimum provider access standards for the provider networks of managed care organizations (MCOs).

- Ensure access to:
  - Different types of care (preventive, specialty, primary)
  - Timeliness (routine vs. urgent) including after-hours care
  - Types of services (long term services, nursing facilities)
- Distinguish settings
  - Rural vs. urban standards for service delivery area

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Network Adequacy Standards
- Managed Care Final Rule

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States will develop and implement time and distance standards for:

- Primary care - adult and pediatric
- OB/GYN
- Behavioral health - adult and pediatric
- Specialist - adult and pediatric
- Hospital
- Pharmacy
- Pediatric dental
- Long-term services and supports
- Additional provider types as needed

States must be compliant by September 1, 2018

Network Adequacy Standards
- Current Contract

Current MCO contract requirement states that members must have access to a hospital within 30 miles.

- Contract amendment in March to add time standard.
- At present, MCOs regularly provide HHSC with data demonstrating compliance.
- Once the March 2017 contract amendment goes into effect, reporting will be conducted by Medicaid & CHIP Data Analytics Team.
- HHSC will examine data on a more granular level (county) and share information with MCOs.

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Network Adequacy Standards
- Contract Effective March 1, 2017

Travel time and mileage standards for **Acute Care Hospitals**

- Distance in Miles: 30 Miles
- Travel time in Minutes: 45 minutes

Standards apply for all counties (Metro, Micro, and Rural)

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Time & Distance Standards

Effective March 1, 2017

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Provider Type		Current Managed Care Contracts		Proposed					
		Distance in Miles	Travel Time	Distance in Miles			Travel Time in Minutes		
				Metro	Micro	Rural	Metro	Micro	Rural
Behavioral Health-outpatient		30 urban 75 rural	none	30	30	75	45	45	80
Hospital- Acute Care		**30**	**none**	**30**	**30**	**30**	**45**	**45**	**45**
Prenatal		none	none	10	20	30	15	30	40
Primary Care Provider		30	none	10	20	30	15	30	40
Specialty Care Provider	Cardiovascular Disease	75	none	20	35	60	30	50	75
	ENT (otolaryngology)	75	none	30	60	75	45	80	90
	General Surgeon	75	none	20	35	60	30	50	75
	OB/GYN (non-PCP)	75	none	30	60	75	45	80	90
	Ophthalmologist	75	none	20	35	60	30	50	75
	Orthopedist	75	none	20	35	60	30	50	75
	Pediatrician	75	none	20	35	60	30	50	75
	Psychiatrist	75	none	30	45	60	45	60	75
	Urologist	75	none	30	45	60	45	60	75
	Other Physician Specialties	75	none	30	60	75	45	80	90
Occupational, Physical, or Speech Therapy		75	none	30	60	60	45	80	75
Nursing Facility		75	none	75	75	75	N/A	N/A	N/A
Main Dentist (general or pediatric)		30 urban 75 rural	none	30	30	75	45	45	90
Dental Specialists	Pediatric Dental	75	none	30	30	75	45	45	90
	Endodontist, Periodontist, and Prosthodontist	75	none	75	75	75	90	90	90
	Orthodontist	75	none	75	75	75	90	90	90
	Oral Surgeons	75	none	75	75	75	90	90	90

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Provider Re-Enrollment Next Steps

Provider Re-Enrollment Next Steps

- Patient Protection and Affordable Care Act (PPACA) deadline has passed.
- Dis-enrollment from Texas Medicaid occurred on February 1, 2017 with an end date of January 31, 2017.
- 28,850 providers were dis-enrolled
  - Out of 298,000 providers
- Of those dis-enrolled providers, only 6,903 had submitted claims in the past six months.

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Provider Re-Enrollment Next Steps

- Claims submitted for dates of service on or after February 1, 2017, using dis-enrolled provider numbers will not be reimbursed for Texas Medicaid

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Provider Re-Enrollment Next Steps

Initiatives in Progress:

- Additional streamlining of the provider enrollment process (e.g. shorter application, staggering of re-enrollment, implement provider notification system for re-validation, improve provider enrollment deficiency notification and communication)
- Providers who do not bill Medicaid but who order, prescribe or refer Medicaid clients will need to be screened by October 2017
- CHIP providers who are not enrolled in Medicaid need to be screened by January 2018

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Provider Re-Enrollment Next Steps

Providers with questions are encouraged to call the

TMHP Contact Center at

1-800-925-9126

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Medical and Dental Pay for Quality (P4Q) Program Redesign

P4Q Program Redesign

Considerations in Program Redesign:

- The Executive Commissioner's vision for P4Q
- Legislative mandates and constraints related to P4Q
- Literature review findings on the effectiveness of pay for performance programs and other states' programs
- Stakeholder input: Health plans, Providers, and Associations

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P4Q Program Redesign

Considerations in Program Redesign (cont.)

- Department of State Health Services' (DSHS) initiatives and priorities
- Opinions from HHSC clinical staff, subject matter experts, external quality review organization
- Lessons learned from implementation of the current P4Q program

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P4Q Program Redesign

Goals for the Redesigned Program

- Simpler and easier to understand
- Allows plans to track their performance and predict losses, to the degree possible
- Rewards high performance and improvement
- Promotes transformation and innovation leading to better health outcomes

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P4Q Program Redesign

Features of the Redesigned Program

- Incentivizes plans to improve performance:
  - Against national and state benchmarks
  - Against their own performance in prior year
  - On bonus measures

- Selected areas of focus:
  - Prevention
  - Chronic Disease Management, including Behavioral Health
  - Maternal and Infant Health

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P4Q Program Redesign

Quality-Based Alternative Payment Models (APMs)

- Not part of P4Q program, but related
- HHSC is planning to revise contractual requirements for MCOs related to APMs
  - Example: Require that a percentage of payments to providers are governed by an Alternative Payment Model
  - Annual percentage increases
- The requirement will allow flexibility so MCOs can meet providers where they are in regard to interest and aptitude
- Align with national priorities of tying provider payments to quality or value.

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The Future of Texas Medicaid

The Future of Medicaid

Key Medicaid Numbers - Fiscal Year 2015

- $38.0 billion: Texas Medicaid spending, including Supplemental Health Care Payments
- $ 2.7 billion: Texas Medicaid payments to nursing homes
- $ 3.7 billion: Texas Medicaid prescription drug expenditures

- 78 percent: Texas Medicaid clients under age 21
- 45 percent: Texas children covered by Medicaid or CHIP
- 52.2 percent: Births covered by Texas Medicaid

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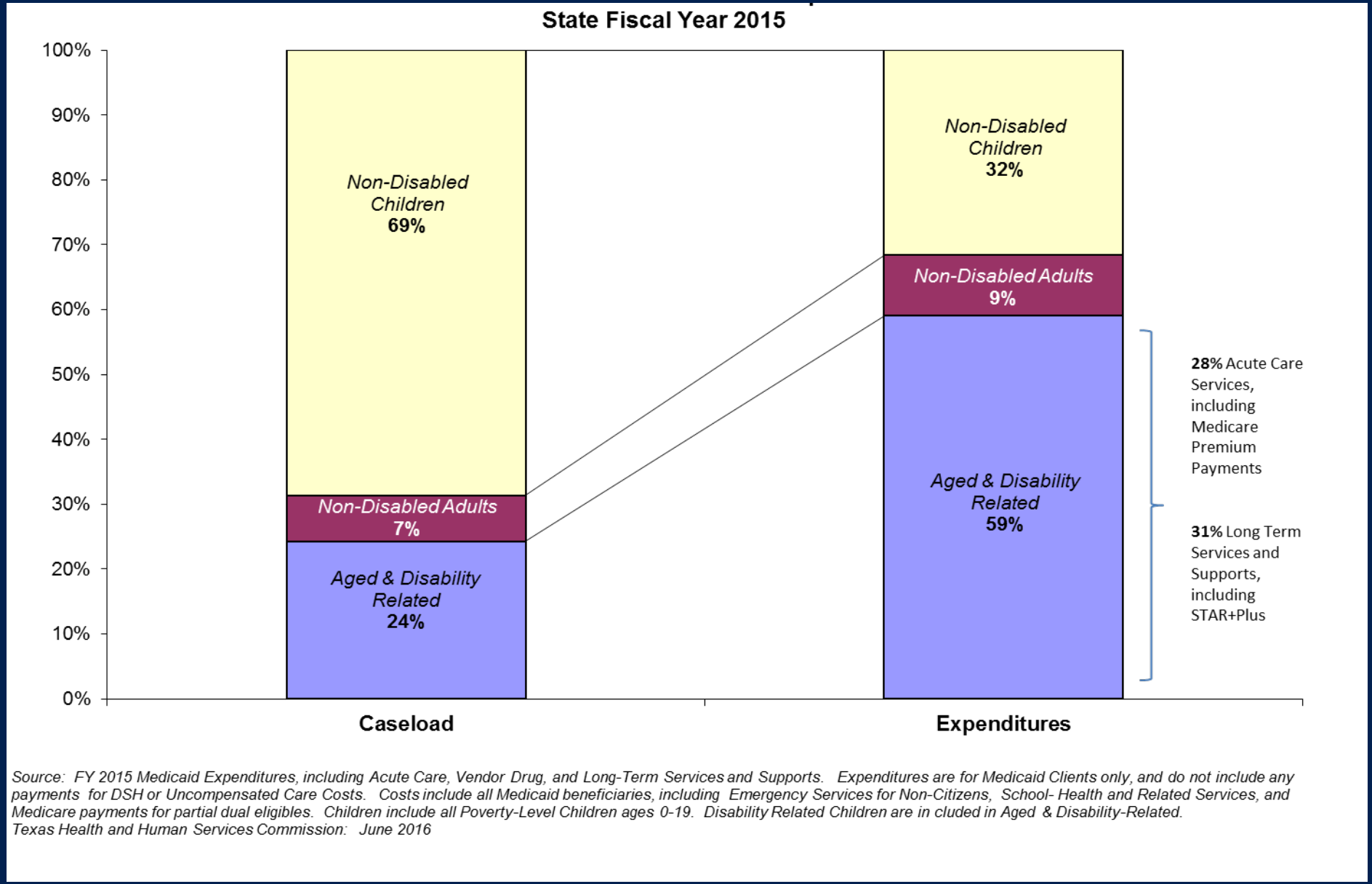
Texas Medicaid Beneficiaries and Expenditures



Source: FY 2015 Medicaid Expenditures, including Acute Care, Vendor Drug, and Long-Term Services and Supports. Expenditures are for Medicaid Clients only, and do not include any payments for DSH or Uncompensated Care Costs. Costs include all Medicaid beneficiaries, including Emergency Services for Non-Citizens, School- Health and Related Services, and Medicare payments for partial dual eligibles. Children include all Poverty-Level Children ages 0-19. Disability Related Children are in cluded in Aged & Disability-Related.
Texas Health and Human Services Commission: June 2016

The Future of Medicaid

- Block Grants – the future of Medicaid financing?
  - Too early to speculate
  - NAMD Paper: *Technical Considerations on ACA Repeal & Replace*
- 85th Texas Legislature
  - Focus on value in healthcare
  - See Texas Comptroller's Health Care Spending Report

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Healthcare Quality Strategic Plan

CMS National Healthcare Quality Strategy

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Three Aims	Six Priorities
1. **Better Care:** Improve the overall quality of care by making healthcare more person-centered, reliable, accessible, and safe.	1. Make Care Safer by Reducing Harm Caused in the Delivery of Care
2. **Healthier People, Healthier Communities:** Improve the health of Americans by supporting proven interventions to address behavioral, social, and environmental determinants of health, and deliver higher-quality care.	2. Strengthen Person and Family Engagement as Partners in Their Care
3. **Smarter Spending:** Reduce the cost of quality healthcare for individuals, families, employers, government, and communities.	3. Promote Effective Communication and Coordination of Care
	4. Promote Effective Prevention and Treatment of Chronic Disease
	5. Work with Communities to Promote Best Practices of Healthy Living
	6. Make Care Affordable

Source: www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/CMS-Quality-Strategy.html

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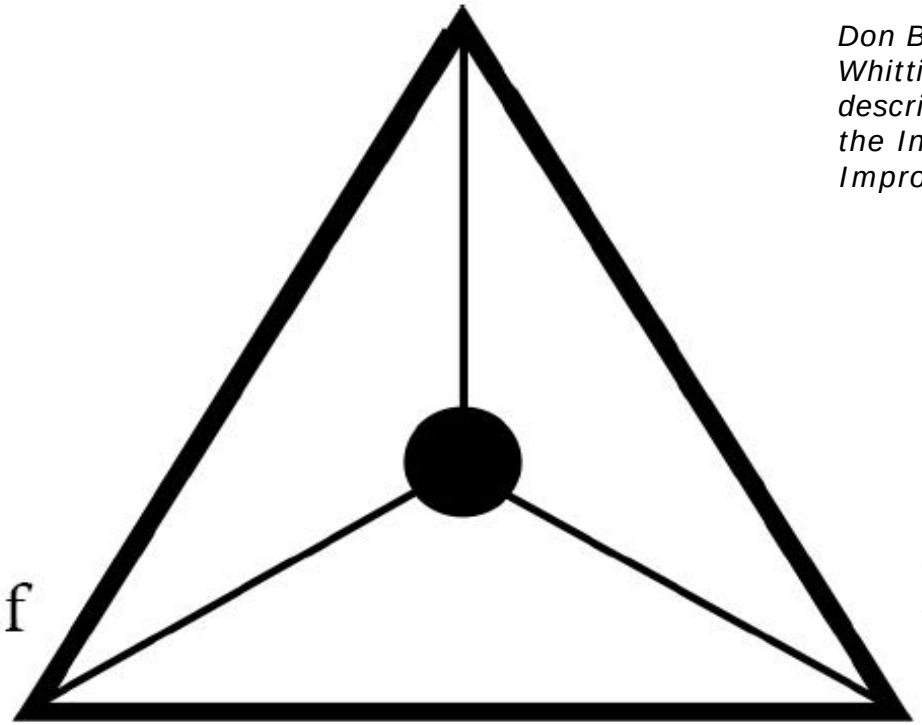
The IHI *Triple* Aim



- Safe
- Effective
- Patient centered
- Efficient
- Timely
- Equitable

Don Berwick, Tom Nolan, and John Whittington are credited with first describing the Triple Aim in 2008 for the Institute of Healthcare Improvement (IHI)

Better care for individuals, better health for populations, lower per capita costs

Draft Healthcare Quality Strategic Plan

Texas Healthcare Quality Strategy - Priorities

- Keeping Texans well throughout their lifespan
- Serving individuals in the least restrictive setting
- Keeping patients safe and free from harms caused in the delivery of care
- Promoting the most effective practices to improve outcomes for individuals with chronic diseases
- Attracting and retaining world class providers and other health care professionals

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Draft Healthcare Quality Strategic Plan

Texas Healthcare Quality Strategy - Subpopulations

- Individuals with complex health care needs
- Individuals eligible for long term services and supports
- Individuals with mental health and/or substance use disorders
- Individuals age 65 years and over
- Pregnant women and mothers
- Newborns and children
- Uninsured
- All Texans

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The Future of Medicaid

- Links at HHS.Texas.Gov:
  - Quality Improvement
  - 1115 Transformation Waiver
  - Uniform Hospital Rate Increase Program (UHRIP)
  - MCO Pay for Quality (P4Q)
  - LTC Quality
  - QIPP

- DSRIP Questions:
  TXHealthcareTransformation@hhsc.state.tx.us

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Questions & Open Discussion

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Thank you

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