CASE STUDY: TEXAS
BENEFIT DECISION PROCESS REDESIGN

Setting benefit guidelines is one of the most important—and sometimes controversial—decisions for state Medicaid programs. Clear, transparent, and evidence-based policies help ensure guidelines best serve the vulnerable adults and children who count on these services.

In 2014, the state of Texas engaged the Center to help improve their medical and dental coverage development process. State officials, seeking to inform process improvements with national best practices, and assistance from an experienced team contracted the Center for Evidence-based Policy to redesign their benefit decision process. Mary Haifley, Director of the Program Policy Unit for the Texas Health and Human Services Commission, noted, "The Center immediately understood what we were trying to do and how they could help. The staff has first-hand experience with Medicaid so they were able to hit the ground running." Haifley added, "Because of the work of the Center, we have greater confidence that the benefit decisions we make are based on all the available evidence, that our stakeholders are engaged, and we are better serving the people of Texas."
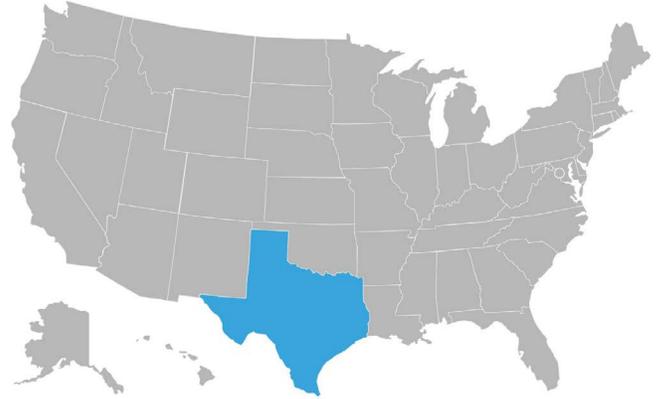
ENGAGED STAKEHOLDERS

Job one for the Center was meaningful engagement with stakeholders. Center staff did surveys, in-person interviews, group meetings and webinars with internal and external stakeholders. That work was essential for informing the development of an effective and responsive process.

"Successful policy development cannot happen in a vacuum," says Duke Shepard from the Center. "It can be all too easy to make assumptions and roll out policies that never take off. That's a waste of time and resources with real life effects on Medicaid clients, providers, state budgets, and taxpayers."

TRANSPARENT PROCESSES

The Center learned from stakeholders that the medical and dental coverage development process was confusing, difficult to navigate, and challenging to access. With the Center's assistance, the State now has an accessible and user-friendly topic nomination process that helps stakeholders work with HHSC to identify topics that are important to them. Through this revised process, stakeholders have a single point of contact and know exactly what information they need to provide to have their nomination considered. In addition, a website has been created for public comment and tracking of the nomination through every step.

EVIDENCE-BASED DECISIONS

HHSC is committed to ensuring that benefit coverage is based on best available evidence. The Center helped HHSC establish a review process modeled on successful programs in other states but customized for Texas's unique needs. Center staff also provide ongoing training and technical assistance to HHSC staff. Today, state policymakers are able to analyze nominations for coverage based on clear, standardized, and documented criteria. Using consistent, high-quality sources for evidence and policy reviews helps ensure HHSC's decisions are evidence- based, responsive to the changing health care environment, relevant to stakeholder needs, and provide opportunities for continuous learning and improvement.

DATA AGGREGATION PROJECT

Recognizing the importance of data to inform change, and the burden to practices in accessing, synthesizing, and effectively using claims data across payers, the MPC developed an aggregated data tool to accelerate practice transformation. The Center assisted the MPC to develop a rigorous and transparent process to identify and select a data aggregation tool for CPC practices. As a result of this process the MPC contracted with Rise Health, now part of Best Doctors, to provide Stratus™. Prior to this project, providers received multiple reports from each payer and had to log on to several different websites to access patient data, making it cumbersome and inefficient to coordinate care. Stratus™ now provides a single source for administrative, patient-level information that can help care providers save time and resources, and enable them to spend more time with patients.

As Julie Turcheck, Director of United Healthcare Networks Western Region noted, "You could not have had a payer lead this effort. It had to be a neutral party and Pam was really good at creating a structure and mechanism to get us to consensus." Facilitating contracting, cost-sharing, and tool development across national and regional payers was challenging, however, since 2015, all 72 CPC practice sites have had access to Stratus™ to help them manage patient and population health. Practices are able to view administrative data for all services a patient has received across the medical neighborhood, as well as proactively identify care gaps, build and manage patient registries, independently consolidate, search and visualize data, and dynamically associate data to meet organizational goals to improve patient care.

The MPC is currently rolling out Stratus™ access to an additional 50 practices participating in SIM and the 207 practices participating in CPC+. The MPC is also exploring opportunities to expand and improve Stratus™, including the potential to integrate clinical data.

STATE INNOVATION MODEL

Colorado SIM is a broad-based reform initiative that includes both public and private sector investments in comprehensive, whole person care. Colorado SIM is focused on behavioral health and primary care integration, and available to practices at every state of transformation. The MPC has actively worked to develop a framework for whole person care, as well as specific milestones to guide practice transformation efforts, and has expanded value-based payments to support this work. The MPC also helps coordinate and align SIM with other regional and enterprise initiatives to best enable practice transformation and improve patient care.

COMPREHENSIVE PRIMARY CARE PLUS

CMS' Center for Medicare and Medicaid Innovation (CMMI) is sponsoring the Comprehensive Primary Care Plus (CPC+) initiative, a national advanced primary care medical home model that aims to strengthen primary care through a regionally-based multi-payer payment reform and care delivery transformation. CPC+ includes two primary care practice tracks with incrementally advanced care delivery requirements and payment options to meet the diverse needs of primary care practices. CPC+ provides practices with enhanced alternative payments, a robust learning system, and actionable patient-level cost and utilization data feedback, to support practice transformation. CPC+ launched January 1, 2017 and will run through December 31, 2021. CMS has selected 14 regions, comprised of 2,893 practices. In Colorado, the MPC supports 207 practice sites.