



**RHP 9**

**Virtual Learning Collaborative**

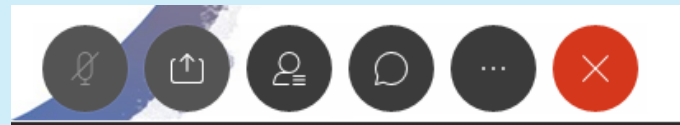
**Monday, September 27, 2021**

**2:00 – 3:30 am**

**DY10R2 Reporting  
Preparation**

# Housekeeping

- All attendees are on mute.
- Use the Q & A section to ask questions at anytime during the session.
- This session is being recorded.
- All materials from this event will be made available after the event. Your Anchor will let you know when it is available.



> Q&A ×

# Overview of Meeting

---

Welcome & 1115 Waiver Updates

---

Reminder of Upcoming Reporting Requirements

---

Allowable Accommodations

---

Cost & Saving Template Highlights

---

Q&A with Anchor

---

Wrap-up and Closing Remarks

# 1115 Waiver Transition Update

- HHSC submitted letter accepting:
  - the offer made by CMS to extend the DSRIP program,
  - approve the Quality Incentive Payment Program (QIPP)
  - temporary renewal of the UHRIP for 2022
- HHSC also committed to continue collaboration with CMS
  - on proposed state-directed payments (SDPs) – Directed Payment Programs as required by the 1115 Waiver.
- Managed Care Organization rates were loaded in August 2021 with
  - Base rate
  - Network Access Improvement Program (NAIP)
  - Quality Incentive Payment Program (QIPP)
  - Did NOT include CHIRP, TIPPS, DPP for BHS, or RAPPS
  - UHRIP to the capitation rates is in progress, if approved could be added as soon as DEC 2021 capitation payments
- No final or formal Decision on DPPs
  - Ongoing communication with CMS
  - DPP October reporting will be delayed – new reporting period not yet scheduled
  - Providers should still plan to report 2X annually

# What does this mean?

## DSRIP Extension Process

- HHSC DSRIP team is working on the wavier amendment:
  - Updating the PFM (Program and Funding Mechanics Protocol)
  - Updated MBP (Measure Bundle Protocol) for the DY11, 1-year DSRIP Extension
  - Stay tuned for the public posting on the amendment.
  - Not yet confirmed by CMS – and will require formal approval after submission of amendment
- DSRIP Payments
  - Under current programmatic rules
  - Payments in July 2022, January 2021, July 2023, and January 2024
  - HHSC will continue to comply with STC 53, sources of non-federal share
- DY11- DSRIP Health Equity Measures
  - HHSC will propose to CMS
  - Proposing would include potential subgroup stratification to assess health equity of existing measures
  - 20% of DY11 DSRIP payments will be contingent on reporting timely and complete Health Equity metrics

# What does this mean?

## DSRIP Extension Process

- RHP Anchoring Entities
  - Proposing no updated RHP Plan, DY9-10 plan will be applied to DY11
  - Proposing that providers may submit a form to withdraw from DSRIP for DY11 without recoupment
  - Proposing Provider systems, valuation, and CAT C measure are proposed to remain the same for DY 11
  - HHSC will propose new CAT C measures goals for DY11
- Opportunity for Stakeholder Feedback
  - Waiver Amendment through public notice process, includes proposed changes to PFM and MBP
  - Provide feedback on the proposed rules during that public comment process.

# DY10R2 Reporting – October 2021

## Semi-Annual Reporting (SAR)

### Category A

- Qualitative Questions in the online reporting CAT A tab
  - Collaborative Participation
  - Alternative Payment Models Participations
- A Core Activities Template
- Complete Cost & Savings Analysis Template

### CAT B

- Complete your CAT B tab
- DY10 CAT B – Measurement Period 10/1/20 – 9/30/21

### CAT C

- Performance Year 3 (PY3 – CY2020) Goal Achievement and Reporting Milestones
  - DY9 RM-4
  - DY9 AM-9.x
- Complete and Upload CAT C Template
- CAT C Related Strategies Template sent to HHSC Email (if partial/no CAT C in April)

### CAT D

- Complete Cat D if not completed in April DY10R1
- Category D Template

# Resources on DSRIP Online Bulletin Board

## General Reporting:

- OctoberDY10\_UserGuide.pdf (9/22/2021)
- DY10R2 Reporting Companion (not yet loaded)

## Category A:

- Core Activities Template (not yet loaded)
- Core Activities for DY10 Reporting: DY9R2 Core Activities for DY10 Reporting.xlsx (7/19/21)
- Cost & Savings Template\_OctDY10.xlsm
- Cost & Savings Template\_User Guide\_October DY10.pdf

## CAT C:

- Category C Summary Workbook – 9/27/21 (Today) last opportunity to let HHSC know of any discrepancies – EOD Waiver Mailbox
- Measure Bundle Reporting Template (not yet loaded)
- Related Strategies Template (not yet loaded)

## CAT D:

- Category\_D\_October DY10-Providers Eligible to Report.xlsx (9/14/21)
- Category D Reporting Documents (Guideline Documents)
- Category D October DY10R2 Template (not yet loaded)



# COVID-Related Accommodations for DY10 Performance

## Category B

- DY10 Allowable Variation will be updated to a flat 15%
- Took note of average decrease in MLIU PPP between DY8 and DY9, trends in national encounter data, and the original variation range.

# COVID-Related Accommodati ons for DY10 Performance

## Category C

Providers are required to report calendar year 2021 data to be eligible for payment on the Category C DY10 achievement milestones. **There is no impact to October DY10 reporting.**

- For measures selected for DY7-10, the PY4 achievement value for DY10 achievement milestones and DY9 carryforward achievement milestones will be based on the greater of:
  - Provider's approved DY8 achievement value for the measure;
  - Average approved DY8 achievement value for the measure if 10 or more providers selected the P4P measure for DY7-8, rounded down to the quartile;
  - Average approved DY8 achievement value for the Measure Bundle if less than 10 providers selected the P4P measure for DY7-8, rounded down to the quartile; or
  - Percent of DY10 goal achieved in CY2021 for DY10 achievement milestones, and Percent of DY9 goal achieved in CY2021 for DY9 carryforward achievement milestones.
- For measures that were newly-selected for DY9-10, the PY4 achievement value for DY10 achievement milestones and DY9 carryforward achievement milestones will be based on the greater of:
  - Average approved DY8 achievement value for the measure if 10 or more providers selected the P4P measure for DY7-8, rounded down to the quartile;
  - Average approved DY8 achievement value for the Measure Bundle if less than 10 providers selected the P4P measure for DY7-8, rounded down to the quartile; or
  - Percent of DY10 goal achieved in CY2021, and Percent of DY9 goal achieved in CY2021 for DY9 carryforward achievement milestones.
- Please note that the Average Achievement Values file dated 3/17/21 on the Online Reporting System bulletin board will be used to determine average achievement for CY2021 Category C reporting

# Key DSRIP Related Reporting Dates

- **September 27, 2021** - Category C summary workbook discrepancies due
- **October 1, 2021** – The DSRIP Online Reporting System will open for providers to begin October DY10 reporting. The templates for Category A, Category C and Category D will be posted to the Bulletin Board as soon as they are available.
- **October 5, 2021** – DY10R2 Reporting Webinar, 10 am to 12 pm. [Register here\(link is external\)](#).
- **October 25, 2021** – Final date to submit questions regarding Category C October reporting and inform HHSC of any issues with DY10 data in the Category C Reporting Template or the DSRIP Online Reporting System.
- **October 29, 2021** – Final date to submit questions regarding Category A, Category B, and Category D October reporting and inform HHSC of any issues with DY10 data in the DSRIP Online Reporting System.
- **October 31, 2021, 11:59 pm** – Due date for providers to submit October DY10 DSRIP reporting using the DSRIP Online Reporting System and to upload applicable Category A, Category C and Category D templates using the DSRIP Online Reporting System, and email the Related Strategies reporting template to the HHSC Waiver mailbox. DO NOT upload the Related Strategies reporting template to the DSRIP Online Reporting System. Late submissions will not be accepted.

# Cost & Savings Template - Updates

- Mandatory Use of HHSC Template – no alternate tools
- Generic Categories for costs
  - Be ready to explain where data is sourced from
  - For FTE related costs – acceptable to use standard value based on job title (i.e. perhaps midpoint of the range rather than actual salary info)
- Narrative response sections in template – not a separate document

# Intervention Details Tab

Progress Indicator		
Section 1: Provider Selection	<input type="button" value="Reset File"/>	Incomplete
Section 2: Information for Primary Contact		Incomplete
Section 3: Core Activity		Incomplete
Section 4: Intervention Details		Incomplete
Section 5: Analysis Period		Incomplete
Provider Selection		
RHP	<input type="text"/>	
TPI	<input type="text"/>	
Project ID	<input type="text"/>	
Provider Type	<input type="text"/>	
Over \$1 M Threshold	<input type="text"/>	
Information for Primary Contact (regarding information reported in this template)		
Name:	<input type="text"/>	
Phone:	<input type="text"/>	
Email:	<input type="text"/>	
Core Activity		
Pregenerated Unique ID	<input type="text"/>	

# Find Your Core Activity

**Progress Indicator**

Section 1: Provider Selection  
Section 2: Information for Primary Contact  
Section 3: Core Activity  
Section 4: Intervention Details  
Section 5: Analysis Period

Reset File

Complete
Complete
Incomplete
Incomplete
Incomplete

**Provider Selection**

RHP	9
TPI	127295703
Project ID	127295703.7.1
Provider Type	Hospital
Over \$1 M Threshold	Y

**Information for Primary Contact (regarding information reported in this template)**

Name:	Margaret Roche
Phone:	214-590-0416
Email:	margaret.roche@phhs.org

**Core Activity**

Pregenerated Unique ID	342
Core Activity Grouping	Chronic Care Management
Core Activity Title	Management of targeted patient populations with high risk for developing complications

1 Describe how the intervention under examination is directly related to the Core Activity selected.

Type in answer here

- Complete All Yellow Fields
- **Pregenerated Unique ID** is a list of numbers associated with your core activities, found in **Column I** of the **DY9R2 Core Activities for DY10 Reporting.xlsx** document.
- Select the **Pregenerated Unique ID** for the Core Activity you are using for your Cost & Savings Report

# Core Activity & Intervention Questions

- Complete all questions in yellow.
- Each one will populate the next question or section as you complete them.
- Q2:
  - Yes – Pops up next question
  - No – Q2.b -Offers opportunity to make changes to the currently identified Secondary Drivers and Change Ideas

Pregenerated Unique ID 342

Core Activity Grouping Chronic Care Management

Core Activity Title Management of targeted patient populations with high risk for developing complications

1 Describe how the intervention under examination is directly related to the Core Activity selected.

he intervention in question is related to this core activity because it focuses on patients who are high risk for developing complications due to the co-morbidities

2 Does the intervention under examination include all of the selected Core Activity's Secondary Drivers and Change Ideas?

Y

2.b Does the user have any updates or additions to make to the above Secondary Drivers and Change Ideas list?

N

3 Is the intervention under examination connected to any other Core Activity's Cat C measures?

N

2.t Does the user have any updates or additions to make to the above Secondary Drivers and Change Ideas list? Y

If the user has any updates to Drivers or Change Ideas, manually overwrite formulas below or add new Ideas

Y / N	Maintain NCQA PCMH status in our primary care clinics.
Y / N	A health care team will continue to tailor services to a patient's unique health care needs and proactively provide preventive, primary, routine and
NA	
NA	
NA	

Y / N	Identification of patients with chronic disease by the use of evidence based guidelines.
Y / N	Continued use of the chronic disease registry to identify and manage patients.
NA	
NA	
NA	

# Core Activity & Intervention Questions

---

- Question 3 – Is the intervention connected to any other CAT C Measures
- Question 3.a - Select any additional CAT C measures that are Connected to the intervention – Select all that apply

	A1-112
	A1-115
	A1-207
	A1-500
	A1-508
	A2-103
	A2-210



# Core Activity & Intervention Questions

Intervention Details

4 Select the Patient Population Focus Area

4.b Describe the Patient Population being targeted with the intervention.

4.c Please indicate which payer types are included in the Patient Population described above. Select all that apply.

<input checked="" type="checkbox"/>	Medicaid
<input checked="" type="checkbox"/>	LIU
<input checked="" type="checkbox"/>	Medicare
<input checked="" type="checkbox"/>	Commercial
<input checked="" type="checkbox"/>	Other

5 Provide a general description of the intervention.

5.a Is the intervention described above a different intervention than was analyzed for the Costs and Savings Analysis that was due during DY8 Round 2 reporting?

5.a.i Provide a general description of the intervention used for the Costs and Savings Analysis that was due during DY8 Round 2 reporting.

5.b Is the intervention described above a subset of the prior Costs and Savings Analysis that was due during DY8 Round 2 reporting?

5.c Explain why the provider selected this intervention for the Costs and Savings Analysis.

- Q4: Complete the information on Population Focus Area. Only one choice is allowed in the drop down.
- Q4.b & 4.c ask about target patient population
- Q5, 5.a, 5.b & 5.c ask about the invention being assessed.
  - Responses to each question fires a corresponding qualitative response

# Core Activity & Intervention Questions

- Provider Override Code:
  - Most providers will use the default analysis period and should skip this entry. Please contact HHSC if the provider believes it is necessary to use a different analysis period, which would require the override code. (to be given by HHSC) – Q6 will only appear if override is needed
- Q7 sets the date ranges:
  - Sets Start and End date for the intervention analyzed - Start up periods <1 month will require an explanation
  - Operating period will default to a minimum of 3 years in duration
  - Operating period, at a minimum, run to the end of DY9 (Sep. 30, 2020)
  - Analysis may be a combination of retrospective and forecasted, depending on when startup period ended.
  - Providers allowed to select interventions that were identified as beginning in DY10. Start up period must end before the end of DY10 – draft template will not allow an end date of 9/30/2021, but will allow one on on 9/29/2021
- Q8 – Add additional years to analyze? Y or N
- After completing Q8: You will see all the task on the top of the tab will turn green and you can click on “Advance to Program Costs”

Analysis Period  Provider Override Code

7 Please indicate the start and end date for the intervention's Startup Period

Startup Period Start Date

Startup Period End Date

8 Would provider like to analyze additional years over the minimum required length of the Operating Period?

Startup Period	Analysis Period	Operating Period
07/01/2018 - 12/31/2018		01/01/2019 - 01/01/2022

Press this button only after all Progress Indicators at the top of this tab show as "Complete," and provider has reviewed the Analysis Period indicated in the table above. The process to crea

[Advance to Program Costs](#)

**Draft**

Progress Indicator

Section 1: Provider Selection	<input type="button" value="Reset File"/>	<input checked="" type="checkbox" value="Complete"/>
Section 2: Information for Primary Contact		<input checked="" type="checkbox" value="Complete"/>
Section 3: Core Activity		<input checked="" type="checkbox" value="Complete"/>
Section 4: Intervention Details		<input checked="" type="checkbox" value="Complete"/>
Section 5: Analysis Period		<input checked="" type="checkbox" value="Complete"/>

# Program Costs

HHSC's template has the same Cost Category buckets for all provider types:

- Personnel
- Training & Education
- Office Operations
- Technology
- Facility
- Equipment
- Construction/Renovation
- Other

Progress Indicator										
Reset File		Task 1: Enter Operating Program Costs			Incomplete					
		Task 2: Complete Questions			Incomplete					
Operating Costs		Startup Program Costs			Operating Year 1			Operating Year 2		
		10/01/2017 - 12/31/2017			Start: 1/1/2018			Start: 1/1/2019		
					End: 12/31/2018			End: 12/31/2019		
Cost Category	Amount	% Attributable	Cost	Amount	% Attributable	Cost	Amount	% Attributable	Cost	
<b>Personnel</b>	<b>Personnel</b>		\$ 55,000	<b>Personnel</b>		\$ 230,000	<b>Personnel</b>		\$ 230,000	
Executive Leadership	\$ 200,000.00	5%	\$ 10,000	\$ 200,000.00	10%	\$ 20,000	\$ 200,000.00	10%	\$ 20,000	
Clinical Staff	\$ 30,000.00	100%	\$ 30,000	\$ 150,000.00	100%	\$ 150,000	\$ 150,000.00	100%	\$ 150,000	
Administrative Staff	\$ 15,000.00	100%	\$ 15,000	\$ 60,000.00	100%	\$ 60,000	\$ 60,000.00	100%	\$ 60,000	
			\$ -			\$ -			\$ -	
			\$ -			\$ -			\$ -	
<b>Training and Education</b>	<b>Training and Education</b>		\$ 17,500	<b>Training and Education</b>		\$ 27,500	<b>Training and Education</b>		\$ 27,500	
Staff Training and Development	\$ 10,000.00	100%	\$ 10,000	\$ 50,000.00	40%	\$ 20,000	\$ 50,000.00	40%	\$ 20,000	
Licensing/Certification/Accreditation Fees	\$ 7,500.00	100%	\$ 7,500	\$ 7,500.00	100%	\$ 7,500	\$ 7,500.00	100%	\$ 7,500	
			\$ -			\$ -			\$ -	
			\$ -			\$ -			\$ -	

Please check the box below to confirm that program costs include costs for existing personnel or resources that might otherwise be allocated for other purposes.

I confirm the above statement

# Program Costs

## TO THE BEST OF YOUR ABILITY:


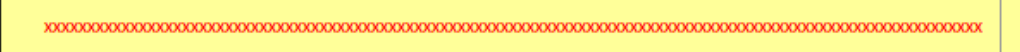
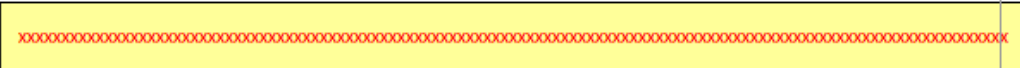
- For all but Construction/Renovation and Other, the categories have dropdowns to select for the line items.
  - If you have more than 5 line items for everything except Other, additional rows will pop open.
- Insert your startup costs for each line item and Operating Year Expense
- Insert the allocation percentage of that cost to the intervention (i.e., how much of the costs are linked to the intervention being assessed).
- Double check that the Amount multiplied by % attributable yields expected amount.
- Template will create subtotals and totals for each column
- For each operating year, list costs and attributable percentages for each line item.
  - If the operating year is being forecast, make sure that you can defend where the calculations came from.

Progress Indicator												
Reset File		Task 1: Enter Operating Program Costs				Incomplete			Incomplete			
Task 2: Complete Questions												
Operating Costs		Startup Program Costs				Operating Year 1			Operating Year 2			
		10/01/2017 - 12/31/2017				Start: 1/1/2018			Start: 1/1/2019			
						End: 12/31/2018			End: 12/31/2019			
Cost Category	Amount	% Attributable	Cost	Amount	% Attributable	Cost	Amount	% Attributable	Cost	Amount	% Attributable	Cost
<b>Personnel</b>			\$ 55,000	<b>Personnel</b>		\$ 230,000	<b>Personnel</b>		\$ 230,000			
Executive Leadership	\$ 200,000.00	5%	\$ 10,000	\$ 200,000.00	10%	\$ 20,000	\$ 200,000.00	10%	\$ 20,000	\$		\$
Clinical Staff	\$ 30,000.00	100%	\$ 30,000	\$ 150,000.00	100%	\$ 150,000	\$ 150,000.00	100%	\$ 150,000	\$		\$
Administrative Staff	\$ 15,000.00	100%	\$ 15,000	\$ 60,000.00	100%	\$ 60,000	\$ 60,000.00	100%	\$ 60,000	\$		\$
			\$ -			\$ -			\$ -			\$ -
			\$ -			\$ -			\$ -			\$ -
<b>Training and Education</b>			\$ 17,500	<b>Training and Education</b>		\$ 27,500	<b>Training and Education</b>		\$ 27,500			
Staff Training and Development	\$ 10,000.00	100%	\$ 10,000	\$ 50,000.00	40%	\$ 20,000	\$ 50,000.00	40%	\$ 20,000	\$		\$
Licensing/Certification/Accreditation Fees	\$ 7,500.00	100%	\$ 7,500	\$ 7,500.00	100%	\$ 7,500	\$ 7,500.00	100%	\$ 7,500	\$		\$
			\$ -			\$ -			\$ -			\$ -
			\$ -			\$ -			\$ -			\$ -
			\$ -			\$ -			\$ -			\$ -
<b>Office Operations</b>			\$ 13,200	<b>Office Operations</b>		\$ 4,000	<b>Office Operations</b>		\$ 2,200			
Office Equipment and Furniture	\$ 12,000.00	100%	\$ 12,000	\$ 2,000.00	100%	\$ 2,000	\$ -	100%	\$ -	\$		\$
Insurance	\$ 6,000.00	20%	\$ 1,200	\$ 10,000.00	20%	\$ 2,000	\$ 11,000.00	20%	\$ 2,200	\$		\$
			\$ -			\$ -			\$ -			\$ -
			\$ -			\$ -			\$ -			\$ -
			\$ -			\$ -			\$ -			\$ -
<b>Technology</b>			\$ 9,700	<b>Technology</b>		\$ 4,900	<b>Technology</b>		\$ 4,900			
Information Technology	\$ 6,500.00	100%	\$ 6,500	\$ 2,500.00	100%	\$ 2,500	\$ 2,500.00	100%	\$ 2,500	\$		\$
Telecommunication Costs	\$ 3,200.00	100%	\$ 3,200	\$ 2,400.00	100%	\$ 2,400	\$ 2,400.00	100%	\$ 2,400	\$		\$
			\$ -			\$ -			\$ -			\$ -
			\$ -			\$ -			\$ -			\$ -
			\$ -			\$ -			\$ -			\$ -
<b>Facility</b>			\$ -	<b>Facility</b>		\$ -	<b>Facility</b>		\$ -			

# Program Costs

TO THE BEST OF YOUR ABILITY:

- Describe your Assumptions. *Be very detailed in this response.*
- Identify your data sources.
- Clarify what activities are being described in the line items of the worksheet.
- When finished click on "Advance to Category of Service"

Program Cost Questions	
<p>Describe any methodologies used and assumptions made to allocate program costs for the Startup Period and the Operating Period.</p>	
<p>Describe data sources used for program costs for the Startup Period and the Operating Period.</p>	
<p>Describe all activities performed to develop and operate the intervention under examination during the Startup Period and the Operating Period (i.e., activities that make up the intervention such as process changes, E.H.R. changes, hiring additional clinicians to offer more appointments, additional beds, development of classes, development of literature, outreach, etc.).</p>	

Advance to  
Category of Service

# Category of Service

## Progress Indicator

Task 1: Review Category B information.

Incomplete  
Incomplete

Reset Tab

Task 2: Complete Category of Service Questions.

The information below contains your organization's Category B information previously reported for DY9-10. When completing reporting on "Category of Service" in this worksheet, please cross-reference responses to your Category B information to align service categories with business components as far as possible.

Category B Business Component	Required/Optional	Included in System	DY9-10 Description of System Component
Inpatient Services	Required	Y	Parkland operates 774-adult bed and 96-neonatal bed acute care hospital, and the only American College of Surgeons certified burn center in the region.
Emergency Department	Required	Y	Parkland Hospital is a Level 1 Trauma Center, with ED utilization impacting the system with over 200,000 visits per year of which approximately 80% are Medicaid or indigent. The Parkland Emergency Room (ER) provides full-service emergency care.
Owned or Operated Outpatient Clinics	Required	Y	Parkland Health and Hospital Systems operates over 90 specialty care clinics, 20 community-based clinics, including primary care and women's clinics, and 12 school-based clinics that offer affordable, comprehensive, and conveniently located medical care.
Maternal Department	Required	Y	Parkland Health and Hospital Systems offer a range of women's health services, from basic gynecology check-ups and routine prenatal care to high-risk pregnancy care and complex surgeries. Parkland's Dallas Healthy Start program seeks to reduce infant mortality.
Owned or Operated Urgent Care Clinics	Required	Y	Parkland Hospital owns and operates an urgent care emergency services center located on the main campus that provides care by physicians, physician assistants and nurse practitioners who are highly qualified to treat acute illnesses and injuries.
School-based Clinics	Optional	Y	Parkland owns and operates 12 School-Based Care Clinics that offer affordable, comprehensive, and conveniently located medical care throughout Dallas neighborhoods.
Homeless Outreach Medical Services	Optional	Y	Provide health care to homeless pediatric and adult individuals in Dallas County.

I have reviewed the Category B information reported previously.

Category of Service	Does your Organization Provide This Service?	Will this Category of Service be used in the Costs and Savings Analysis?	Explanation for not including Category of Service in the Costs and Savings Analysis.	What % of Target Population's Savings Will Your Organization Realize?
<i>Inpatient Care</i>				
<i>Long Term Care, Facility-Based</i>				
<i>Outpatient Care</i>				
<i>Office-Based Care</i>				
<i>Emergency Department Care</i>				
<i>Emergency Transportation</i>				
<i>Home Health Care</i>				
<i>Pharmacy</i>				
<i>Other</i>				
<i>Other</i>				
<i>Other</i>				

Press this button only after all Progress Indicators at the top of this tab show as "Complete." The process to create additional tabs may take a while; please refrain from clicking anything in the template until the process is complete.

Advance to  
Financial Outcomes

- Validate the contents of your organization's Category B business components (System Definition)
  - Template will not generate next tab until Category B is reviewed.
- Select which categories of service are being included in the analysis
  - Categories are the same for all provider types.
  - If you identify Yes your organization does have a service and select No for inclusion in the analysis, you will need to explain why.
  - Also you will need to estimate the percentage of the savings for the target population by Category of Service the intervention may have.
- Click on "Advance to Financial Outcomes"

# Financial Outcomes

- Answer the Guiding questions first – this will drive how the calculations will be done. It's up to you how to approach this.
  - Enter outcomes directly (YES) or calculate outcomes based on changes in cost (NO)
  - Would you like to enter figures per eligible receiving person (YES) or in aggregate (NO)?
- There are up to 4 different ways to enter this data
- See Page 18-21 in C&S User Guide

1	<b>Draft</b>	
2	<b>Progress Indicator</b>	
3		
4	Task 1: Complete Financial Outcomes Information	<b>Incomplete</b>
5		
	<b>Guiding Questions</b>	<b>Method of Reporting Financial Outcomes</b>
6		
7	<i>Enter outcomes directly (yes) or calculate outcomes based on changes in cost (no)?</i>	<b>N</b>
8	<i>Would you like to enter figures in per eligible receiving person (yes) or in aggregate (no)?</i>	<b>N</b>

# Financial Outcomes – Example 1

**Draft**

Progress Indicator  
 Task 1: Complete Financial Outcomes Information Complete

Guiding Questions	Method of Reporting Financial Outcomes
Enter outcomes directly (yes) or calculate outcomes based on changes in cost (no)?	N
Would you like to enter figures in per eligible receiving person (yes) or in aggregate (no)?	N

- If you opt to calculate outcomes based on changes in cost, you will be asked to enter both the Normal Unit Cost Trend estimate, as well as the Baseline costs.

Estimated Annual Cost of Care for Target Population					
Category of Service	Normal Unit Cost Trend (Estimate Only)	Baseline	Operating Year 1	Operating Year 2	Operating Year 3
<b>Inpatient Care</b>	10%	\$ 250,000	\$ 300,000	\$ 400,000	\$ 350,000
<i>Describe the methodologies used and assumptions made to determine data input for this Category of Service</i>			xxxxxxxxxx		
<i>Describe the data sources used for this Category of Service.</i>			Type in Answer Here		
<b>Outpatient Care</b>	10%	\$ 500,000	\$ 500,000	\$ 580,000	\$ 600,000
<i>Describe the methodologies used and assumptions made to determine data input for this Category of Service</i>			xxxxxxxxxx		
<i>Describe the data sources used for this Category of Service.</i>			xxxxxxxxxx		
<b>Emergency Department Care</b>	10%	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
<i>Describe the methodologies used and assumptions made to determine data input for this Category of Service</i>			xxxxxxxxxx		
<i>Describe the data sources used for this Category of Service.</i>			xxxxxxxxxx		

Trended Annual Cost of Care for Target Population		
Operating Year 1	Operating Year 2	Operating Year 3
\$ 275,000.00	\$ 302,500.00	\$ 332,750.00
\$ 550,000.00	\$ 605,000.00	\$ 665,500.00
\$ 1,100,000.00	\$ 1,210,000.00	\$ 1,331,000.00

Estimated Annual Savings for Target Population		
Operating Year 1	Operating Year 2	Operating Year 3
\$ (25,000)	\$ (97,500)	\$ (17,250)
\$ 50,000	\$ 25,000	\$ 65,500
\$ 100,000	\$ 210,000	\$ 331,000



# Financial Outcomes – Example 2

- If you opt to enter outcomes directly, you will be asked to enter estimated annual savings for each Operating Year in the Categories of Service your organization is using.
- Be prepared to clearly explain the methodologies and assumptions – this is where you make your case as to why your analysis is valid.
- Confirm the above statements, click on “Advance to ROI Calculation”

**Draft**

**Progress Indicator**

Task 1: Complete Financial Outcomes Information Complete

Describe the data source used for this Category of Service.	Type in Annual Here				
<b>Outpatient Care</b>	10%	\$ 500,000	\$ 500,000	\$ 580,000	\$ 600,000
<i>Describe the methodology used and assumptions made to determine data input for this Category of Service.</i>	XXXXXXXXXX				
<i>Describe the data source used for this Category of Service.</i>	XXXXXXXXXX				
<b>Emergency Department Care</b>	10%	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
<i>Describe the methodology used and assumptions made to determine data input for this Category of Service.</i>	XXXXXXXXXX				
<i>Describe the data source used for this Category of Service.</i>	XXXXXXXXXX				
<b>Pharmacy</b>	25%	\$ 800,000	\$ 800,000	\$ 800,000	\$ 900,000
<i>Describe the methodology used and assumptions made to determine data input for this Category of Service.</i>	XXXXXXXXXX				
<i>Describe the data source used for this Category of Service.</i>	XXXXXXXXXX				

<b>Total Number of Individuals Receiving Intervention Annually</b>	<b>36,000</b>	<b>40,000</b>	<b>50,000</b>
<b>Total Annual Cost of Care for the Patient Population</b>	<b>\$2,600,000</b>	<b>\$2,700,000</b>	<b>\$2,850,000</b>
<b>Total Annual Cost of Care Accounted for at your Organization</b>	<b>\$ 755,000</b>	<b>\$ 795,000</b>	<b>\$ 805,000</b>

<b>Total Number of Individuals Receiving Intervention Annually</b>	<b>36000</b>	<b>40000</b>	<b>50000</b>
<b>Total Annual Financial Outcomes for the Patient Population</b>	<b>\$ 325,000</b>	<b>\$ 587,500</b>	<b>\$ 1,041,750</b>
<b>Total Annual Financial Outcomes Accounted for at Provider's Organization</b>	<b>\$ 12,500</b>	<b>\$ 148,750</b>	<b>\$ 261,250</b>

Please check the box below to confirm that Financial Outcomes are in terms of charges, not charges.

I confirm the above statement

Advance to ROI Calculation

# ROI Calculation

Progress Indicator												
Task 1: Review ROI Calculations.											Complete	
Discount Rate (Optional)	3%											
	Startup	Operating Year 1	Operating Year 2	Operating Year 3	Operating Year 4	Operating Year 5	Operating Year 6	Operating Year 7	Operating Year 8	Operating Year 9	Operating Year 10	Total (All Years)
<b>Category of Analysis</b>	<b>Program Costs</b>											
<b>Operating Costs</b>	\$ 50,000	\$ 55,000	\$ 57,000	\$ 60,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Annual Investment Costs	\$ 50,000	\$ 55,000	\$ 57,000	\$ 60,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
x Present Value Factor	100%	97%	94%	92%	89%	86%	84%	81%	79%	77%	74%	26%
Total Discounted Annual Costs	\$ 50,000	\$ 53,398	\$ 53,728	\$ 54,908	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 212,035
<b>Category of Analysis</b>	<b>Financial Outcomes</b>											
<b>Total Annual Financial Outcomes for the Patient Population</b>	\$ 325,000	\$ 587,500	\$ 1,041,750	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Annual Financial Outcomes Accounted for at Provider's Organization</b>	\$ 82,500	\$ 148,750	\$ 261,250	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Annual Savings for Target Population (Increases)	\$ 325,000	\$ 587,500	\$ 1,041,750	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Annual Savings Recognized by your Organization (Increases)	\$ 82,500	\$ 148,750	\$ 261,250	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
x Present Value Factor	100%	97%	94%	92%	89%	86%	84%	81%	79%	77%	74%	
Total Discounted Annual Savings (Increases)	\$ 315,534	\$ 553,775	\$ 953,349	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,822,658
Total Annual Savings Recognized by your Organization	\$ 80,097	\$ 140,211	\$ 239,081	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 459,389
<b>Category of Analysis</b>	<b>Returns on Investment Summary</b>											
<b>Undiscounted Annual Net Cash Flow</b>	\$ (50,000)	\$ 270,000	\$ 530,500	\$ 981,750	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,732,250
<b>Cumulative ROI</b>	3.05	5.53	8.60	-	-	-	-	-	-	-	-	17.18
<b>Cumulative ROI Recognized by Provider's Organization</b>	0.77	1.40	2.17	-	-	-	-	-	-	-	-	4.34
<b>Cumulative ROI, Net Present Value</b>	\$ 262,136	\$ 500,047	\$ 898,440	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,660,623
<b>Cumulative ROI Recognized by Provider's Organization, Net Present Value</b>	\$ 26,639	\$ 86,483	\$ 184,172	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 297,354

- Discount Rate is optional
- Everything else on this tab will auto calculate
- You will use this information to answer the questions on the next tab, click on “Advance to Qualitative Questions”

I have reviewed the ROI Calculation

Advance to  
Qualitative Questions

I have reviewed the ROI Calculation

# ROI Calculation

**Draft**

**Progress Indicator**  
Task 1: Review ROI Calculations. Complete

**Discount Rate (Optional)** 3%

	Startup	Operating Year 1	Operating Year 2	Operating Year 3	Operating Year 4	Operating Year 5	Operating Year 6	Operating Year 7	Operating Year 8	Operating Year 9	Operating Year 10	Total (All Years)
<b>Program Costs</b>												
<b>Operating Costs</b>	\$ 50,000	\$ 55,000	\$ 57,000	\$ 60,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<i>Total Annual Investment Costs</i>	\$ 50,000	\$ 55,000	\$ 57,000	\$ 60,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<i>x Present Value Factor</i>	100%	97%	94%	92%	89%	86%	84%	81%	79%	77%	74%	26%
<i>Total Discounted Annual Costs</i>	\$ 50,000	\$ 53,398	\$ 53,728	\$ 54,908	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 212,035
<b>Financial Outcomes</b>												
<b>Total Annual Financial Outcomes for the Patient Population</b>	\$ 325,000	\$ 587,500	\$ 1,041,750	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Annual Financial Outcomes Accounted for at Provider's Organization</b>	\$ 82,500	\$ 148,750	\$ 261,250	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<i>Total Annual Savings for Target Population (Increases)</i>	\$ 325,000	\$ 587,500	\$ 1,041,750	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<i>Total Annual Savings Recognized by your Organization (Increases)</i>	\$ 82,500	\$ 148,750	\$ 261,250	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<i>x Present Value Factor</i>	100%	97%	94%	92%	89%	86%	84%	81%	79%	77%	74%	
<i>Total Discounted Annual Savings (Increases)</i>	\$ 315,534	\$ 553,775	\$ 953,349	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,822,658
<i>Total Annual Savings Recognized by your Organization</i>	\$ 80,097	\$ 140,211	\$ 239,081	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 459,389
<b>Returns on Investment Summary</b>												
<b>Undiscounted Annual Net Cash Flow</b>	\$ (50,000)	\$ 270,000	\$ 530,500	\$ 981,750	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,732,250
<b>Cumulative ROI</b>	3.05	5.53	8.60	-	-	-	-	-	-	-	-	17.18
<b>Cumulative ROI Recognized by Provider's Organization</b>	0.77	1.40	2.17	-	-	-	-	-	-	-	-	4.34
<b>Cumulative ROI, Net Present Value</b>	\$ 262,136	\$ 500,047	\$ 898,440	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,660,623
<b>Cumulative ROI Recognized by Provider's Organization, Net Present Value</b>	\$ 26,639	\$ 86,483	\$ 184,172	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 297,354

I have reviewed the ROI Calculation

- The ROI information reflects the information you enter.
- There is NO penalty for a negative ROI calculation.
  - HHSC's deliverable wants an honest assessment of how the intervention being reviewed has done from a financial standpoint.
- After reviewing, check the box "I have reviewed the ROI Calculation"







Qualitative Questions

COVID-Related Questions

1 Describe how COVID-19 has impacted the intervention under examination.

XX

2 Did provider have to modify the intervention under examination as a result of COVID-19?

Y

2.a. Please describe the modifications made to the intervention as a result of COVID-19.

XX

2.b. Did the modifications made to the intervention as a result of COVID-19 affect the outcomes of the intervention?

Y

2.c. Please describe how the modifications made to the intervention as a result of COVID-19 affected the outcomes of the intervention.

XX

Advance to  
Certification Page

# Certification Page

**Draft**

## Progress Indicator

Section 1: Intervention Details  
Section 2: Program Costs  
Section 3: Category of Service  
Section 4: Financial Outcomes  
Section 5: ROI Calculations  
Section 6: Questions  
Section 7: Certification

Complete
Complete
Complete
Complete
Complete
Complete
Complete

## Certification

Please check the box to certify the statement below and insert your name, title and date in the boxes that follow

I certify that the rates reported on this template have been reviewed for accuracy and are representative of the approved outcomes

Name:	Margaret Roche
Title:	Director
Date:	8/16/2021



# Next Steps

- Attend Reporting Webinar on October 5 if you are entering data
- Submit questions on CAT C or CAT A, B, & D by corresponding submission date – Please copy Anchor
- Notify Anchor and HHSC of any problems with Cost & Savings Template
- Reach out to Anchor as needed
- Complete all reporting by 10/31/21 @ 11:59 pm
  - DSRIP Online Reporting System
  - Upload applicable templates to DSRIP Online Reporting System
  - Email Related Strategies reporting template to HHSC Mailbox – DO NOT upload to DSRIP online reporting system
- Late submission will not be accepted

# Questions

---



# Anchor Contacts

## RHP 9

- Margie Roche,  
[margaret.roche@phhs.org](mailto:margaret.roche@phhs.org),  
214.490.0416