



# RHP 9, 10, & 18 Stakeholder Meeting

Primary Contacts

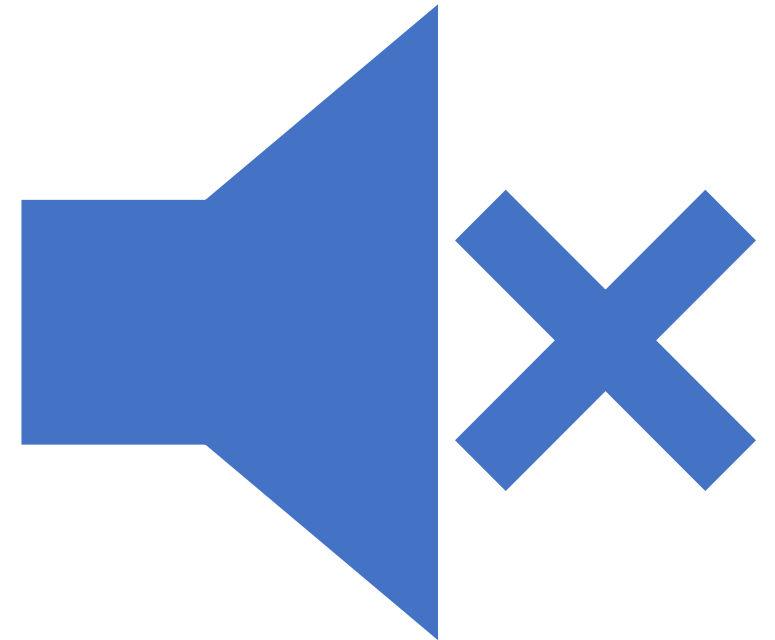
Tuesday, January 19, 2021

3:00 pm – 4:00 pm



# Housekeeping Items

- **All Participants are on MUTE**
- **WebEx Meeting** – Please **MUTE** your phones if you are not speaking
- **DO NOT put us on HOLD** – If you need to take a call please leave the meeting and call back in
- **Both computer and headphone/microphone?** – please be sure to mute the computer to decrease feedback echo
- **Asking Questions:** preferred method is to use the CHAT function or Raised Hand and allow facilitator to call on you
- **Presentation:**
  - Will be sent to participants after the meeting and posted on RHP websites.
  - Recorded to allow us to capture the questions for follow-up – will not be posted





# Agenda

DY10 Learning Collaboratives

Extension Requests

HHSC Proposed Transition Programs

## DY10 Learning Collaboratives

- Format - Proposed
  - Virtual for Now
  - Learning Collaborative Series – 1 Hour
  - Thoughts?
- Topics?
  - Costs & Savings Reports – DY 10 Reporting
  - DPP Programs – And other HHSC Transition Programs
  - Reporting & Metrics – Finishing DSRIP – Transitioning
  - Well-being of Self – Variety of Topics
  - Healthcare Industry Trends
  - Other Topics

# Waiver Extensions

DSRIP & 1115 Waiver

# Current Extension Requests

- **1115 Transformation Waiver**
  - **APPROVED – Extending Waiver Authority 10 Years (from 2020) – Ending September 30, 2030.**
  - Submitted 11/30/20 – “Fast Track” – Application accepted for review by CMS in December 2020.
  - Extends Waiver authority - Five Year – 10/1/2022 – 9/30/2027
  - Payment Pools:
    - Directed Payment Programs
    - UC Programs
    - No DSRIP
- **DSRIP Extension Requested**
  - Submitted 10/16/2020
  - 1 Year DSRIP program funding through DY11
  - Waiting on Response from CMS
  - Work continues DSRIP Transition Plan for DY11 new programs.

# HHSC Proposed Transitions Programs Replacing DSRIP

**Proposed Rules**

**&**

**Proposed Measure & Associated Performance Requirements**

# DY 11 Program Options

---

## Potential DY 11 Program Proposals

1. Texas Incentives for Physician and Professional Services (TIPPS)
2. Comprehensive Hospital Increased Reimbursement Program (CHIRP)
3. Directed Payment Program for Behavioral Health Services
4. Rural Access to Primary and Preventive Services (RAPPS)
5. Local Health Department Participation in the Uncompensated Care Program
6. Public Health and Related Services (PHARS)

Recap: HHSC DSRIP  
Partner Engagement  
Quarterly Meeting –  
December 11,



# DY 11 Program Options

## Texas Incentives for Physician and Professional Services (TIPPS)

<b>Target Beneficiaries</b>	Adults and children enrolled in STAR, STAR+PLUS, and possibly STAR Kids
<b>Participating Providers</b>	Physician practice groups
<b>Max Funding Estimate</b>	\$500 million annually in All Funds at estimated Average Commercial Rate; actual amount will be identified through the DPP approval process with CMS

The TIPPS program would be a new value-based DPP.

Three classes of physician practice groups would be eligible to participate:

- physician groups affiliated with a health-related institution (HRI);
- physician groups affiliated with a hospital receiving the indirect medical education add-on (IME); and
- other physician practice groups that are not HRI or IME (Other).

Physician practice groups would need to serve a minimum volume of Medicaid Managed Care members to be eligible.



**TEXAS**  
Health and Human  
Services

# DY 11 Program Options

---

Texas Incentives for Physician and Professional Services (TIPPS),  
cont'd

The program would have 3 components:

- Component 1: a per-member-per-month (PMPM) payment tied to requirements to implement quality improvement activities. HRIs and IMEs are eligible for Component 1.
- Component 2: a uniform rate enhancement based on achievement of quality metrics focused on primary care and chronic care. HRIs and IMEs are eligible for Component 2.
- Component 3: a rate enhancement for certain outpatient services based on achievement of quality metrics focused on maternal health, chronic care, and social drivers of health. All physician practice groups are eligible for Component 3.



TEXAS  
Health and Human  
Services

# DY 11 Program Options

## Comprehensive Hospital Increased Reimbursement Program (CHIRP)

<b>Target Beneficiaries</b>	Adults and children enrolled in STAR and STAR+PLUS
<b>Participating Providers</b>	Hospitals
<b>Funding Estimate</b>	To be determined

CHIRP is an update to the current Uniform Hospital Rate Increase Program (UHRIP).

- Component 1 (UHRIP): provides a uniform rate enhancement.
- Component 2 (Average Commercial Incentive Award [ACIA]): allows participating providers to earn higher reimbursement rates based upon a percentage of the estimated average commercial reimbursement.



**TEXAS**  
Health and Human  
Services

# DY 11 Program Options

## Directed Payment Program for Behavioral Health Services

<b>Target Beneficiaries</b>	Adults and children enrolled in STAR, STAR+PLUS, and STAR Kids
<b>Participating Providers</b>	Community Mental Health Centers (CMHCs)
<b>Funding Estimate</b>	Finalizing fiscal modeling based on CMS-approved CCBHC cost report rate methodology

This DPP would continue to support the state's CMHCs as they transition to the CCBHC model of care. This program would have two components:

- Component 1: a uniform dollar increase issued in monthly payments to all CMHCs participating in the program, recognizing progress made toward certification or maintenance of CCBHC status and focusing on access and quality improvements.
- Component 2: a uniform percent increase on CCBHC services based on achievement of quality metrics that align with CCBHC measures and goals.



TEXAS  
Health and Human  
Services



# DY 11 Program Options

## Rural Access to Primary and Preventive Services (RAPPS)

<b>Target Beneficiaries</b>	Adults and children enrolled in STAR, STAR+PLUS, and STAR Kids
<b>Participating Providers</b>	Rural Health Clinics (RHCs)
<b>Max Funding Estimate</b>	\$18.7 million annually in All Funds at estimated Medicare rates

The DPP for RHCs would incentivize primary and preventive services for Medicaid-enrolled individuals in rural areas. Two classes of RHCs would be eligible to participate:

- Hospital-based RHCs, including non-state government owned and private RHCs, and
- Free-standing RHCs.

RHCs would apply for the program and must serve a minimum volume of Medicaid managed care members to participate.



**TEXAS**  
Health and Human  
Services

# DY 11 Program Options

---

## Rural Access to Primary and Preventive Services (RAPPS), cont'd

There would be two program components:

- Component 1: a uniform dollar increase in the form of prospective, monthly payments to all participating RHCs to enhance structures that promote better access to primary and preventive services.
- Component 2: a uniform percent rate increase for certain services based on achievement of quality metrics focused on preventive care and screening and management of chronic conditions.
- Both classes of RHCs would be eligible for both components.



TEXAS

Health and Human  
Services

# DY 11 Program Options

## Local Health Department Participation in the Uncompensated Care Program

<b>Target Beneficiaries</b>	Individuals qualifying for charity care services at Local Health Departments
<b>Participating Providers</b>	Local Health Departments (LHDs)
<b>Max Funding Estimate</b>	Estimated unspent funding available in FFY 2022: \$100 million in All Funds

- The program would add LHDs as an eligible provider to the Uncompensated Care (UC) program.
- LHDs would earn matching federal funds for eligible charity care expenses from the UC pool that reimburses providers for the cost of care to the uninsured.
- To participate, LHDs would create a Charity Care Policy and produce cost reports. Charity Care policies require assessing clients' insurance status and ability to afford services rendered.



**TEXAS**  
Health and Human  
Services

# DY 11 Program Options

## Public Health and Related Services (PHARS)

<b>Target Beneficiaries</b>	Individuals receiving Medicaid services at Local Health Departments
<b>Participating Providers</b>	Local Health Departments (LHDs)
<b>Funding Estimate</b>	To be Determined

- LHDs would certify expenditures for eligible Medicaid services provided to Medicaid-enrolled individuals. LHDs would submit cost reports and fulfill other program requirements based on the parameters developed by HHSC.
- The program would provide LHDs the federal share of the costs related to eligible Medicaid services provided to Medicaid-enrolled individuals.
- Payments under this program would not be made through Medicaid managed care organizations (MCOs). However, HHSC is simultaneously working to promote LHD participation in Medicaid managed care.





# Proposed Measures

- **Tuesday, January 12, 2021:** HHSC sent to Providers for review and comment:
  - CHIRP & TIPPS Proposed Requirements & Specs
  - Links for Public Comment
- **Tuesday, February 2, 2021, 5:00 pm:** Comments due.
- All programs are subject to CMS Approval
- HHSC does not intend to require all identified measure in these proposals but encourages stakeholders to provide comments on:
  - Impact of proposed measures on improving Medicaid quality
  - Comments about which measures should be prioritized for inclusion in the final measure set
  - May also suggest alternative, evidence-based measures for the program that they believe would be more impactful on improving Medicaid quality.


# CHIRP Quality Measures Highlights

Comprehensive Hospital Incentive  
Reimbursement Program

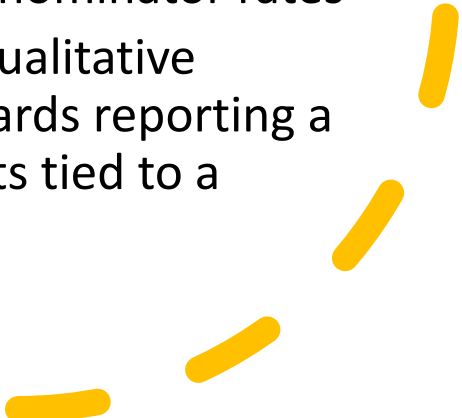
- **Overview**

- Program has two Components: UHRIP (C1) & ACIA (C2)
- Modules (Grouping of Measures):
  - Example: C2-ACIA Maternal Care
    - C2-104: AIM Collaborative Participation (Structure)
    - C2-105: Severe Maternal Morbidity (Outcome)
    - C2-106: PC-02 Cesarean Section (Outcome)
    - C2-107: PC-03 Antenatal Steroids (Process)
- DPP Attributed Patient Population defined by Program Component/Module then the Measure Specific Denominator
- **Condition of participation:** Required to report program measures to HHSC – Not P4P
- Hospitals must report on all modules they are eligible for based on hospital class as defined in the program enrollment and historic volume and type of services provided. See Component Eligibility Tab in Specs Spreadsheet
- MCOs' make payments to Hospitals based on HHSC guidance as defined in the proposed rules.

# CHIRP Quality Measures Highlights Continued

- **Reporting Requirements**
    - Quarterly Submission of **Status Updates** for all Measures (Structure, Outcome, & Process)
      - Q1 – October 2021
      - Q2 - January 2022
      - Q3 – April 2022
      - Q4 - July 2022
    - Twice-Yearly submission of **data for outcome and process measures**
      - Q1 - Data Measurement Period 1/1/21 – 6/30/21
      - Q3 - Data Measurement Period 1/1/21 – 12/31/21
      - Stratified by Medicaid Managed Care Program Population (see CHIRP DPP Specs Spreadsheet - Column W)
  - **CHIRP Quality Measure Spreadsheet - Overview**
- 

# CHIRP Quality Measures Highlights Continued

- **Achievements**
    - **Condition of Participation:**
      - Report data for all eligible measures
      - Can be removed from program if reporting is not completed and funds recouped
    - **Structure Measures**
      - Provider must submit responses to qualitative reporting questions that summarize progress towards implementation of structure measure.
    - **Outcome Measures**
      - Must submit specified numerator/denominator rates
      - ACIA Structure – submit associated qualitative reporting questions for progress towards reporting a measure and any improvement efforts tied to a measure.
- 

# TIPPS Quality Measure Highlights

Texas Incentive for Physicians & Professional Services

- **Overview**

- Minimum Volume of 30 Medicaid Care Patients in at least 60% of the quality metrics in each Component to be eligible.
- Metric Designations
  - **PMPM:** Component 1 (T1): Structure
  - **P4P:** Components 2 (T2) & 3 (T3): Improvement over self (IOS) & Benchmark
- DPP Attributed Patient Population defined by Program Component then Measure Specific Denominator
- Must report all eligible measures – See Component Eligibility Tab in Specs Spreadsheet
- MCOs' make payments to Physician Practice Groups based on HHSC guidance as identified in the proposed rules.

# TIPPS Quality Measure Highlights Continued

- **Reporting Requirements**
  - Semi-Annual Reporting of Status/Progress
    - Q1 – October 2021: Reporting data for January to June 2021
    - Q3 - April 2022: Reporting data for July to December 2021
- **TIPPS Quality Measure Spreadsheet - Overview**

# TIPPS Quality Measure Highlights Continued

- **Achievement Requirements:**
  - Must report all eligible measures
  - Year 1 – IOS measures are Reporting CY 2021 Baseline
  - Year 1 – Benchmark measures for CY 2021
    - 50<sup>th</sup> Percentile – Component 2
    - 25<sup>th</sup> Percentile – Component 3
    - Component 2:
      - 100% payment based on achieving at least 4 benchmark measures;
      - 75% payment for achieving 3 measures; or
      - 50% payment for achieving 2 measures.
    - Component 3: 100% based on achieving at least 1 benchmark measure

# Other Transition Programs

- Rules are still in development and will follow the Public Posting/Feedback process.
- Preview: Attribution Tab on CHIRP/TIPPS DPP Specs spreadsheet



# CHIRP & TIPPS Public Comment/ Feedback Period is Open

## PROPOSED

### **CHIRP: Comprehensive Hospital Increased Reimbursement Program**

- **Sunday, January 31, 2021, 5:00PM:** Deadline for Feedback (public comment) on the CHIRP program proposed rules: Email [RAD\\_1115\\_Waiver\\_Finance@hhsc.state.tx.us](mailto:RAD_1115_Waiver_Finance@hhsc.state.tx.us) – Public Hearing was held January 11, 2021
- **Tuesday, February 2, 2021, 5:00PM:** Deadline for feedback on measures and performance requirements – [click here to submit feedback](#).  
Public Hearing: January 20, 2021 – See Link Below

### **TIPPS: Texas Incentives for Physicians and Professional Services**

- **Monday, January 25, 2021, 5:00PM:** Deadline for Feedback (public comment) on the TIPPS program proposed rules: Email [RAD\\_1115\\_Waiver\\_Finance@hhsc.state.tx.us](mailto:RAD_1115_Waiver_Finance@hhsc.state.tx.us) – Public Hearing was held January 11, 2021.
- **Tuesday, February 2, 2021, 5:00PM:** Deadline for feedback on measures and performance requirements – [click here to submit feedback](#).  
Public Hearing: January 20, 2021 – See link below

**Wednesday, January 20, 2021, 9:00AM:** Public hearing for both programs' proposed measures and associated performance requirements: You may register for the hearing at:  
<https://register.gotowebinar.com/register/1347491493651111952>

RHP 9, 10, & 18

**Collaborative Connections**  
Impacting Care

Texas 1115 Waiver



# Questions & Comments