

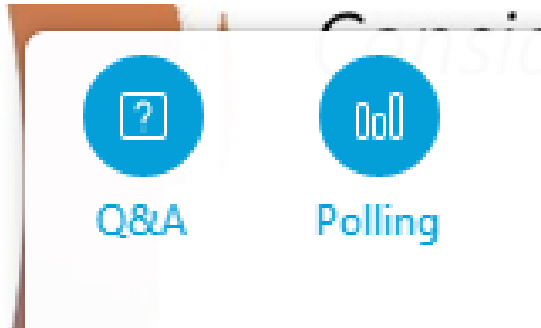


RHP 9, 10, & 18 DSRIP & BEYOND

A Virtual Learning Collaborative Event

Collaborative Connections – Impacting Care

Wednesday, July 7, 2021, 12:30 pm – 1:30 pm



> Q&A ×

∨ Polling ×

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.

Agenda

- Receive DSRIP Program Updates
- Review 1115 Waiver Extension - Transition
- Overview of Directed Payment Programs (DPPs) vs DSRIP 101
- Ask questions about DSRIP Reporting for DY10R2 and DY11

DSRIP Program Updates

April Reporting

- CAT B: 73% of providers eligible to report received 100% achievement
- CAT C:
 - 95% of pay-for-performance measures were reported
 - 83% of measures received 100% achievement/payment
- CAT D:
 - 86.4% of CAT D metrics were reported
 - 97.82% earned 100% achievement

Payments

- Largest DSRIP payment to date
Providers approved for \$2.48B in DSRIP for DY8-10
- Many due to the COVID accommodations

DSRIP Texas A&M Evaluators

- Email from the external evaluators of the Delivery System Reform Incentive Payment (DSRIP) program at the Texas A&M School of Public Health regarding your experience with the DSRIP program and Alternative Payment Models.
- Not DSRIP Reporting: This survey is distinct from your regular DSRIP reporting to HHSC. It is part of an evaluation required by the Centers for Medicare and Medicaid Services and builds on prior surveys and evaluation work done as part of the DSRIP social network analysis.
- DSRIP team leads and/or their designees, will receive an email from aspiegelman@tamu.edu with a link to the survey.
- Sent on 6/11/2020, Reminder on 6/25/2020
- Complete ASAP

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

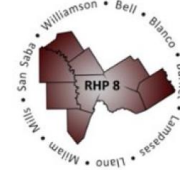
DY10R2 Reporting: Cost & Savings Analysis

- HHSC has posted a **DRAFT** version of the template for Cost and Savings DY10 reporting on the DSRIP online reporting system bulletin board for providers to download and explore.
 - This version is still a work in progress, and we will be making additional updates to functionality and re-seeding the Category A data prior to October reporting.
 - HHSC is releasing this draft as a preview to give providers and anchors a clearer sense of the format and data being requested.
 - While the final version of the template may look slightly different, HHSC does not anticipate asking for additional data besides what the current version of the template includes.
- **Please note that this draft version cannot be used to report in October**—the final version that will be released closer to October reporting will be required.
 - Providers should review the template and refer back to the Cost and Savings guidance already posted to prepare their analysis.
- HHSC will also create a user guide for the Cost and Savings template and will notify providers when it is posted. In the meantime, if you have questions, please send them to us at TXHealthcareTransformation@hhs.texas.gov.



Cost & Savings Analysis Workshop

- **WHAT: Joint Cohort Meeting and Collaborative: Cost & Savings Analysis Workshop** – hosted by RHPs 2, 8 & 17
- **WHEN: Thursday, July 15, 2021**
- **TIME: 9:00 a.m. – 11:30 a.m.**
- **LOCATION/ACCESS:**
- **Zoom Meeting Number: 989 9170 2294**
- **Link:**
<https://tamu.zoom.us/j/98991702294?pwd=L1RQNitMWG02eVcyVWc0WjFmSkllUT09>
- **Meeting Password: 913439**
- **Conference Line: 877-931-8150; participant code 3621413**
-
- **RSVP: Please RSVP by Tuesday, July 13th through the survey here:**
<https://www.surveymonkey.com/r/89XVGKW>



**Regional Healthcare Partnerships 2, 8 and 17
Joint Cohort Meeting and Collaborative:
Cost & Savings Analysis Workshop
Thursday, July 15, 2021 • 9:00 - 11:30 a.m.**

Virtual Workshop via Zoom

Meeting Link: [Join Zoom Meeting](#)

Meeting ID: 989 9170 2294

Meeting Passcode: 913439

Audio Conference Line: 877-931-8150

Participant Code: 3621413



Upcoming Public Hearings

- On July 14, 2021, at 9:30 a.m. HHSC will hold a virtual only public forum to present updates on the Texas Healthcare Transformation and Quality Improvement Program 1115 waiver extension that was approved on Jan. 15, 2021.
 - [View the most recent 1115 annual report, Demonstration Year 9 \(Oct. 2019-Sept. 2020\)\(PDF\).](#)
 - [Register for the public hearing\(link is external\)](#)



1115 Waiver Extension

- 1115 Waiver and DSRIP are not synonymous!
- DSRIP is a program under the current 1115 Waiver just like UHRIP, QIPP, NAIP, etc . . .
- DSRIP Transition Plan is part of the current approved 1115 Waiver which runs through September 30, 2022.
 - DSRIP - Ends 9/30/2021
 - DSRIP - DY10 Performance Reporting (CY 2021) continues through DY11 (April & October 2022)
 - DY11 –
 - Last demonstration year of the current approved waiver
 - Transition year to new programs (i.e., DPPs and others as developed)

1115 Waiver Extension (cont.)

1115 Waiver Extension Request:

- HHSC is resubmitting Waiver Extension Request
- Draft application reflects same terms and conditions as previously approved and rescinded
- Public notice was published in May
- Public hearings were held – Comment period is closed

Goals

- Strengthen supporting infrastructure
- Support further delivery system reform
- Explore innovative financing models

Transition Plan Milestones

Milestone	Due to CMS	Status
Identify and submit to CMS any proposals for new programs, including state-directed payment programs, to sustain key DSRIP initiatives in DY11 of current waiver period.	DEC 2020	Submitted
Conduct a preliminary analysis of DY7-8 DSRIP quality data and related core activities to outline lessons learned on health system performance measurement and improvement.	DEC 2020	Submitted
Update the Texas Medicaid quality strategy and VBP Roadmap to address program goals and sustain key DSRIP initiatives.	MAR 2021	Submitted
Complete an assessment of which social factors are correlated with Texas Medicaid health outcomes.	MAR 2021	Submitted
Assess Texas' current financial incentives for Medicaid MCOs and providers to enter into meaningful quality-based alternative payment models	JUN 2021	Submitted
Identify options for the Regional Healthcare Partnership structure post-DSRIP	JUN 2021	Submitted
Assess the current capacity and use of telemedicine and telehealth, particularly in rural areas of Texas, to inform next steps to address access gaps.	JUN 2021	Submitted
Identify and submit to CMS any additional proposals for new programs, including potential new Medicaid benefits, to sustain key DSRIP initiative areas that would start when the current waiver expires.	DEC 2021	

RHPs Post DSRIP (DY12 and beyond)

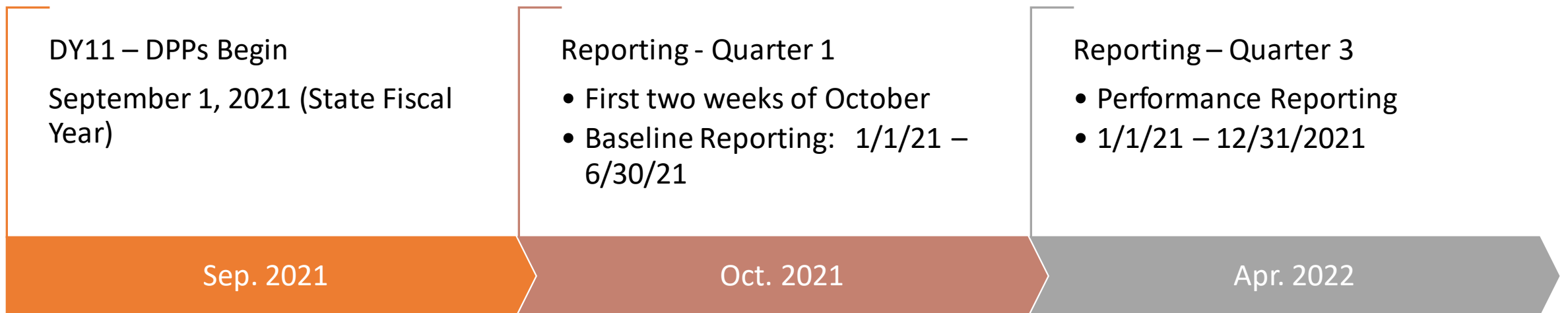
- No conclusive decision
- Possible: Considering Regional Coordinating Entity Structure (RCEs)
 - Aligned with Medicaid SDA (Service Delivery Areas)
 - Facilitators for CNAs at a regional level
 - SDOH Coordination
 - Tracking Regional Population Health Outcomes
 - Assistance with implementation of HHSC Health IT Strategic Plan
 - Coordinating Regional Learning Collaboratives
- In June 2021, HHSC submitted the deliverable on the RHP structure post DSRIP to CMS, as required by the DSRIP Transition Plan.

[Regional Healthcare Partnership Structure Post DSRIP \(PDF\) \(6/30/2021\)](#)

Directed Payment Programs (DPPs)

- Proposed DY11 New Directed Payment Programs
 - Texas Incentives for Physician and Professional Services (TIPPS)
 - Comprehensive Hospital Increased Reimbursement Program (CHIRP)
 - Directed Payment Program for Behavioral Health Services (DPP for BHS)
 - Rural Access to Primary and Preventive Services (RAPPS)
- Texas submitted preprints to CMS for approval
- Provider Enrollment – completed for all 4 programs (Annual process)
- IGT: IGT request have been completed
- Implementation – HHSC is working with MCOs on implementation details
- Planning: HHSC will collaborate with stakeholder for future proposed program year (requirements and performance goals)

Directed Payment Programs (DPPs) - Timeline





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Differences between DSRIP and DPPs

DPP vs. DSRIP: Nuts and Bolts



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Directed Payment Programs	DSRIP
Title 42 Code of Federal Regulations (CFR) § 438.6(c)	1115 Healthcare Transformation and Quality Improvement Waiver
Annual approval by CMS for rate enhancements. Multi-year approval for exclusively value-based DPP. Each new DPP for DY 11 requires annual approval.	One-time approval for a multi-year program.
Payments must be tied to Medicaid managed care service utilization. In TIPPS and DPP BHS, payments based on utilization are also triggered by quality achievement.	Payments are not reimbursements for services. Payments are based on demonstrated achievement of metrics and outcome measures.
Payments are tied to a rating period, which is the state fiscal year, and are made from the MCO to the provider.	Payments can be earned in the DY or carried-forward to be earned in the next DY. Payments are made directly from HHSC to the provider.

DPP vs. DSRIP: Nuts and Bolts (cont'd)



Directed Payment Programs	DSRIP
<p>Unearned funds are unavailable to the provider and redistributed to other providers or may be kept by the MCO as part of their premium payment, depending on the program.</p>	<p>Unearned funds can be carried forward and the state share of recoupments are returned to the IGT entity.</p>
<p>Providers apply annually to participate in the program. In the first year of RAPPS and DPP BHS, there will be an opportunity for providers to apply to start participation mid-year.</p>	<p>Providers applied in the first year and participated for 10 years unless a region had additional funds for new providers to begin in the third or seventh year.</p>
<p>All providers within a provider class must be held to the same requirements.</p>	<p>Providers able to customize projects and measures based on an approved menu of activities and measures.</p>

DPPs vs. DSRIP: Provider Type



CHIRP	TIPPS	RAPPS	DPP BHS	DSRIP
<p>Hospitals:</p> <ul style="list-style-type: none"> • Children’s Hospitals • Rural Hospitals • State-owned Non-IMD Hospitals • Urban Hospitals • Non-state-owned IMDs • State-owned IMDs 	<p>Physician Groups:</p> <ul style="list-style-type: none"> • Health-Related Institution (HRI) • Indirect Medical Education (IME) physician group • Other physician group (Other) 	<p>Rural Health Clinics:</p> <ul style="list-style-type: none"> • Hospital-based RHCs (public & private) • Freestanding RHCs 	<p>Behavioral Health Providers:</p> <ul style="list-style-type: none"> • Community Mental Health Center (CMHC) 	<p>Various Providers:</p> <ul style="list-style-type: none"> • Hospitals (public and private) • Physician Practices, primarily associated with AHSCs • CMHCs • Local Health Departments

DPPs vs. DSRIP: Managed Care Programs & DPP Eligibility



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CHIRP	TIPPS	RAPPS	DPP BHS	DSRIP
STAR, STAR+PLUS	STAR, STAR+PLUS, STAR Kids	STAR, STAR+PLUS, STAR Kids	STAR, STAR+PLUS, STAR Kids	NA
In SDA with IGT Entity	Served 250 Medicaid managed care members; in SDA with IGT Entity	30 Medicaid managed care encounters; in SDA with IGT Entity	NA	Must have IGT Entity for each DSRIP provider, project, and measure.

DPP vs. DSRIP: Available Funding Calculations



CHIRP	TIPPS	RAPPS	DPP BHS	DSRIP
Total potential funding amount is determined by available budget neutrality room AND the difference between the Medicaid reimbursement and a comparison rate that results in Medicaid reimbursement that is "reasonable and appropriate"				DSRIP's total funding pool was determined by available budget neutrality room and was based on CMS approval.
UHRIP Component: Medicare ACIA Component: Average Commercial Reimbursements	Average Commercial Reimbursement	Medicare	Cost-report based reimbursement established for the Certified Community Behavioral Health Clinic model	

DPPs vs. DSRIP: Size and State Share (Note 1)



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CHIRP	TIPPS	RAPPS	DPP BHS	DSRIP
\$5.0 billion	\$600 million	\$18.7 million	\$165.6 million	\$2.49 billion in final Demonstration Year. Max of \$3.1 billion in previous years
IGT by SDA. Collected in advance of MCO premium rate setting.				IGT by provider and governmental entity affiliation in RHP. Collected at the time earned payment is calculated.

Note 1: amounts listed in the table reflect estimates included in the pre-print

DPPs vs. DSRIP: Program Structure & Quality Requirements (1 of 2)



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CHIRP	RAPPS
<p data-bbox="326 375 1314 479"><u>Component 1: Uniform Hospital Rate Increase Program (UHRIP)</u></p> <ul data-bbox="326 491 1439 719" style="list-style-type: none"><li data-bbox="326 491 1439 595">• 2 structure measures reported as a condition of participation (RCP) semi-annually<li data-bbox="326 615 1439 719">• Participating hospitals must participate in UHRIP and may opt to also participate in ACIA <p data-bbox="326 793 1449 898"><u>Component 2: Average Commercial Incentive Award (ACIA) – ACR gap</u></p> <ul data-bbox="326 909 1508 1205" style="list-style-type: none"><li data-bbox="326 909 1508 1058">• 6 modules based on hospital service type, measures RCP – max 4 structure measures, 7 data-based measures reported semi-annually<li data-bbox="326 1062 1508 1205">• Hospitals that are not eligible for any ACIA measures based on volume are still eligible to participate in ACIA and no reporting will be required	<p data-bbox="1536 375 2354 468"><u>Component 1:</u> structure measures for primary and preventative services</p> <ul data-bbox="1536 475 2288 571" style="list-style-type: none"><li data-bbox="1536 475 2288 571">• 3 structure measures RCP semi-annually <p data-bbox="1536 629 2372 776">Component 2: reporting on process measures (setting baseline only in first year – no achievement required)</p> <ul data-bbox="1536 783 2364 928" style="list-style-type: none"><li data-bbox="1536 783 2364 928">• 2 Improvement Over Self (IOS) measures RCP baselines (6 months, CY2021)

DPPs vs. DSRIP: Structure and Quality Requirements (2 of 2)



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TIPPS	DPP BHS	DSRIP
<p><u>Component 1</u> for HRIs and IMEs:</p> <ul style="list-style-type: none"> • 8 structure measures RCP <p>Component 2: quality achievement for HRIs and IMEs</p> <ul style="list-style-type: none"> • Reporting on process and outcome measures; payment increase tied to achievement on 75% benchmark measures for 100% payment, 50% for 75% payment, 25% for 50% payment <p>Component 3: quality achievement for HRIs, IMEs, and Other</p> <ul style="list-style-type: none"> • Reporting on process and outcome measures; payment tied to achievement on 50% of benchmark measures 	<p><u>Component 1</u>:</p> <ul style="list-style-type: none"> • 4 structure measures RCP <p><u>Component 2</u>:</p> <ul style="list-style-type: none"> • 3 IOS measures RCP baselines; • 3 benchmark measures – CY2021 meet or exceed national benchmark (50th percentile for 2 measures, 25th percentile for 1 measure) for at least 1 benchmark measure for 100% payment 	<p><u>Category A</u>:</p> <ul style="list-style-type: none"> • RCP on Core Activities, Collaborative Activities, Costs & Savings, and Alternative Payment Models <p><u>Category B</u>:</p> <ul style="list-style-type: none"> • Maintenance or increase in Medicaid and low-income or uninsured patient population <p><u>Category C</u>:</p> <ul style="list-style-type: none"> • Reporting on and achievement of provider’s selected outcome measure bundles or measures <p>Category D:</p> <ul style="list-style-type: none"> • Reporting on Statewide Reporting Measure Bundle

DPPs vs. DSRIP: Payment Structure



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CHIRP	TIPPS	RAPPS	DPP BHS	DSRIP
Uniform rate increase paid out on adjudicated claims for inpatient and outpatient services	<p>T1: Monthly lump sum based on historical utilization with reconciliation</p> <p>T2: Semi-annual lump sum based on historical utilization</p> <p>T3: Uniform rate increase on certain services paid on adjudicated claims, triggered by quality achievement</p>	<p>R1: Monthly lump sum based on historical utilization with reconciliation</p> <p>R2: Uniform rate enhancement paid on specific adjudicated claims.</p>	<p>B1: Monthly lump sum based on historical utilization with reconciliation</p> <p>B2: Uniform rate increase on certain services paid on specific adjudicated claims, triggered by quality achievement</p>	Twice per year – January and July

DPPs vs. DSRIP: Rules



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CHIRP	TIPPS	RAPPS	DPP BHS	DSRIP
Texas Administrative Code (TAC) §353.1305 - 353.1307	TAC §353.1309, §353.1311	TAC §353.1315, §353.1317	TAC §353.1320, §353.1322	TAC §355.8203- 8206, §355.8216, §355.8218

Public Health Provider – Charity Care Program (PHP-CCP)

- Not a DPP
- The Texas Health and Human Services Commission (HHSC) announces the [Public Health Provider - Charity Care Program \(PHP-CCP\) Initial Interest Form](#) for the eligibility period of Fiscal Year 2021 (10/1/2021 - 9/30/2022).
- PHP-CCP is designed to allow qualified providers to receive reimbursement for the cost of delivering healthcare services—including behavioral health services, immunizations, and other preventative services—when those costs are not reimbursed by another source. The program is authorized under the 1115 waiver. Year 1 of the program will consist of uncompensated care and Medicaid shortfall. Please reference the rule found in [1 Texas Administrative Code Section 355.8215](#) for background information.
- The initial interest form is comprised of the following sections: (1) Provider Information; (2) Provider Type; (3) Legal Certification. **The interest form must be submitted by 5:00 PM on July 30, 2021.** No extensions beyond the July 30, 2021, due date will be accepted. For questions about PHP-CCP, [please visit the HHSC website](#). For questions regarding the content of the application, [please email Provider Finance](#) with “PHP-CCP Initial Interest Form” in the subject line.

Eligible Providers

- Established under the Texas Health and Safety Code Chapters 533 and 534 and are primarily providing behavioral health services:
 - Community Mental Health Clinics (CMHCs)
 - Community Centers
 - Local Behavioral Health Authorities (LBHAs)
 - Local Mental Health Authorities (LMHAs)
- Local Health Departments (LHDs) and Public Health Districts (PHDs) established under the Texas Health and Safety Code Chapter 121



Questions?