RHP 9, 10, 18
Learning Collaborative

John Scott, Interim Director
Healthcare Transformation Waiver

May 22, 2018
DSRIP Updates

• October DY6 Reporting Results
• RHP Plan Updates
• Category C FAQs and Measure Specification Updates
• Category C Baseline Reporting
• DY7-8 Reporting Eligibility Timelines
• DY9-10 Protocols
• DSRIP Transition Plan
• Alignment with Medicaid Managed Care
October DY6 Reporting Results

• In total for October DY6 reporting, Performing Providers reported achievement of 67.0 percent of the 10,094 DY5-6 Category 1-4 milestones/metrics.

• HHSC approved 96.6 percent of the reported milestones/metrics for a total of $2,378,659,142 in approved DSRIP payments.

• Based on available IGT, $2,372,402,849 was paid for DSRIP in January 2018, for a total of $13.1 billion in DY1-6 DSRIP payments to date.
RHP Plan Updates for DY7-8

- April 30, 2018 – Deadline for Anchor to submit templates to HHSC.
  - Providers were also able to report achievement of any DY6 carryforward metrics during the regular April 2018 reporting period.
- May 31, 2018 - HHSC reviews and may request additional information.
- June 15, 2018 – RHPs respond to requests for additional information.
- June 30, 2018 - HHSC approves RHP Plans.
- July 2018 - Providers receive 20% of DY7 valuation.
Cat. C FAQs and Specification Updates

• HHSC has posted approximately 270 Category C FAQs organized by specific measure bundles and measure ID.
• HHSC has also posted updates to Category C Measure Specifications to provide additional details and make corrections.
Cat. C Baseline Reporting

• The baseline year for Cat. C measure bundles and measures is calendar year (CY) 2017.
• HHSC will be accepting early reporting of baselines in July-August 2018.
• HHSC encourages providers to report baselines early if possible to allow HHSC to identify any need for technical assistance as soon as possible after the RHP Plan Updates are approved.
• Payment for baseline reporting will occur as usual following the October DY7 reporting period.
• Providers could report some baselines early and others during the regular October reporting period.
Cat. C Baseline Reporting

- **Tentative Early Baseline Reporting Timeline**:
  - July 2 – Cat. C Baseline Template published by HHSC
  - Week of July 10 – Cat. C Baseline Reporting Webinar
  - August 3 – Cat. C Baseline Early Reporting Templates due to HHSC
  - August 31 – Notice of technical assistance needed sent to providers
October 2018 Reporting Period

• Any remaining DY6 Carryforward
• DY7
  o Cat. A
    o Required reporting
  o Cat. B
    o Medicaid, Low-Income Uninsured (MLIU) Patient Population by Provider (PPP)
  o Cat. C
    o CY17 Baselines
    o Innovative Measures
  o Cat. D
    o Statewide Reporting Measure Bundle
April 2019 Reporting Period

• DY7 Category B if carried forward
• DY7 Category C
  o Innovative Measures if not yet reported
  o Performance Year 1 (CY18)
• DY8 Category D (depending on measurement periods)
# DY7-8 Reporting Eligibility

<table>
<thead>
<tr>
<th>Category A</th>
<th>Category B</th>
<th>Category D</th>
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<tbody>
<tr>
<td><strong>DY7 Round 1 - Apr 2018</strong></td>
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<tr>
<td><strong>RHP Plan Update Submission</strong></td>
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<tr>
<td><strong>DY7 Round 2 - Oct 2018</strong></td>
<td><strong>DY7 Category A</strong> (minimum of activity between 4/1/18-9/30/18)</td>
<td><strong>DY7 MLIU PPP</strong> (measurement period 10/1/17-9/30/18)</td>
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<td><strong>DY7 Round 2 - Oct 2018</strong></td>
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<td><strong>DY7 Category D</strong> (measurement periods defined by each measure)</td>
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<td><strong>DY8 Round 1 - Apr 2019</strong></td>
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<td><strong>DY9 Round 1 - Apr 2020</strong></td>
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<td><strong>DY8 Category A</strong> (activity between 10/1/18-9/30/19)</td>
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<tr>
<td>Innovative Measures (P4R)</td>
<td>P4P Measure</td>
<td>P4P Measure with Delayed Measurement Period (DMP)</td>
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<td><strong>DY7 RY1</strong></td>
<td><strong>DY7 Baseline Reporting Milestone - CY17</strong></td>
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<td>(1/1/17-12/31/17)</td>
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<tr>
<td><strong>DY7 Round 2 - Oct 2018</strong></td>
<td><strong>DY7 RY2</strong></td>
<td><strong>DY7 Baseline Reporting Milestone - CY17</strong></td>
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**RHP Plan Update Submission**

**DY7 Round 1 - Apr 2018**

**DY7 RY1**

(10/1/17-9/30/18)

**DY7 Baseline Reporting Milestone - CY17**

(1/1/17-12/31/17)

**DY7 DMP Baseline Reporting Milestone**

(at least 6 months, ends by 9/30/18)

**DY7 Round 2 - Oct 2018**

**DY8 Round 1 - Apr 2019**

**DY8 RY2**

(10/1/18-9/30/19)

**DY7 Goal Achievement and Reporting Milestone - PY1 CY18**

(1/1/18-12/31/18)

**DY8 Goal Achievement and Reporting Milestone - PY2 CY19**

(1/1/18-12/31/18)

**DY7 DMP Goal Achievement and Reporting Milestone - PY1 CY18**

(1/1/18 - 12/31/18, may overlap with DMP baseline)

**DY8 DMP Goal Achievement and Reporting Milestone - PY2 CY19**

(1/1/18 - 12/31/18, may overlap with DMP baseline)

**DY9 Round 1 - Apr 2020**

**DY7 Carryforward Goal Achievement - PY2 CY19**

(1/1/19-12/31/19)

**DY8 Carryforward Goal Achievement - PY3 CY20**

(1/1/20-12/31/20)

**DY9 Round 2 - Oct 2020**

**DY8 Carryforward Goal Achievement - PY3 CY20**

(1/1/20-12/31/20)

**DY9 Round 2 - Apr 2020**

**DY8 Carryforward Goal Achievement - PY3 CY20**

(1/1/20-12/31/20)

**DY10 Round 1 - Apr 2021**

**DY8 Carryforward Goal Achievement - PY3 CY20**

(1/1/20-12/31/20)
## DY7-8 Structure: Funding Distribution

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<tr>
<th>Category</th>
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<th>DY8</th>
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<tbody>
<tr>
<td>RHP Plan Update Submission</td>
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<td>NA</td>
</tr>
<tr>
<td>Category A</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Category B</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Category C</td>
<td>55 or 65%*</td>
<td>75 or 85%*</td>
</tr>
<tr>
<td>Category D</td>
<td>15 or 5%*</td>
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* Percentages for Cat. C and D are based on the RHP’s maintenance of private hospital participation.
DY9-10 Program Funding & Mechanics Protocol (PFM)

• DSRIP pool amounts decrease in DY9-10.
  o DY7-8: $3.1B per year (all funds)
  o DY9: $2.91B (all funds)
  o DY10: $2.49B (all funds)
  o DY11: $0

• The same overall framework will remain in place.

• In late 2018, HHSC will begin working with stakeholders to determine how the reduced funding pools for DY9-10 will be distributed.

• HHSC must submit the DY9-10 PFM to CMS by 3/31/19.
DY9-10 Measure Bundle Protocol (MBP)

- In May-June 2019, HHSC will review Performance Year (PY) 1 results from CY18 and work with clinical champions and others to refresh the menu of Measure Bundles and measures for DY9-10.
- HHSC must submit the revised MBP to CMS by 7/31/19.
DSRIP Transition Plan

• HHSC must also submit a DSRIP Transition Plan to CMS by 10/1/19.
• The Transition Plan will include Texas’ planned milestones for making progress toward Value-Based Purchasing (VBP) and other initiatives when DSRIP ends.
• CMS has proposed to meet with HHSC by June 30, 2018, to outline mutual goals and expectations for the transition plan.
• HHSC will keep stakeholders apprised of the process for developing the DSRIP Transition Plan.
Alignment Between DSRIP and Medicaid Managed Care

• National and statewide movement toward paying for value with "Value-based Purchasing" (VBP) or "Alternative Payment Models" (APM)

• The goal of VBP or APMs is to pay for value instead of quantity.
Guiding Framework for VBP / APM

- **Category 1**: Fee for Service – No Link to Quality & Value
- **Category 2**: Fee for Service – Link to Quality & Value
- **Category 3**: APMs Built on Fee-for-Service Architecture
- **Category 4**: Population-Based Payment

Population-Based Accountability
Overlay of RHPs on MCO Service Delivery Areas
Alignment Between DSRIP and Medicaid Managed Care

• Encouraging DSRIP and MCO relationships and collaboration opportunities
  o MCO Performance Improvement Project (PIP) requirements
  o Cost analysis for DSRIP providers for DY7-8 to support sustainability efforts
  o Quarterly calls with HHSC and MCOs
  o Connecting MCOs and providers/RHP anchors
Alignment Between DSRIP and Medicaid Managed Care

• Analyzing DSRIP reported outcomes (Cat. 3 and Cat. C).

• Looking at Medicaid policies to facilitate integration (e.g., Quality Initiative costs)

• Working to clarify and emphasize aligned goals (i.e., DSRIP, Medicaid Pay-for-Quality program, VBP contractual targets, etc.)

• Implementing Value-Based Purchasing (VBP) Roadmap

• Working with CMS partners to overcome barriers
Questions?

E-mail: TXHealthcareTransformation@hhsc.state.tx.us

See HHS 1115 Waiver Site for Updates