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RHP 9, 10, 18 Learning Collaborative

**John Scott, Interim Director
Healthcare Transformation Waiver**

May 22, 2018

DSRIP Updates



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- 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.



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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.



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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.



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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.



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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



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October 2018 Reporting Period

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



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April 2019 Reporting Period

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



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DY7-8 Reporting Eligibility



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	Category A	Category B	Category D	
DY7 Round 1 - Apr 2018	<i>RHP Plan Update Submission</i>			DY7 Round 1 - Apr 2018
DY7 Round 2 - Oct 2018	DY7 Category A (minimum of activity between 4/1/18-9/30/18)	DY7 MLIU PPP (measurement period 10/1/17-9/30/18)	DY7 Category D (measurement periods defined by each measure)	DY7 Round 2 - Oct 2018
DY8 Round 1 - Apr 2019			DY8 Category D (measurement periods defined by each measure)	DY8 Round 1 - Apr 2019
DY8 Round 2 - Oct 2019	DY8 Category A (activity between 10/1/18-9/30/19)	DY8 MLIU PPP (measurement period 10/1/18-9/30/19)		DY8 Round 2 - Oct 2019
DY9 Round 1 - Apr 2020				DY9 Round 1 - Apr 2020
DY9 Round 2 - Oct 2020				DY9 Round 2 - Oct 2020
DY10 Round 1 - Apr 2021				DY10 Round 1 - Apr 2021

DY7-8 Reporting Eligibility Category C



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	Innovative Measures (P4R)	P4P Measure		P4P Measure <i>with Delayed Measurement Period (DMP)</i>			
DY7 Round 1 - Apr 2018	<i>RHP Plan Update Submission</i>					DY7 Round 1 - Apr 2018	
DY7 Round 2 - Oct 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		DY7 Goal Achievement and Reporting Milestone - PY1 CY18 (1/1/18-12/31/18)			DY7 DMP Reporting Milestone - PY1 CY18 (1/1/18 - 12/31/18, may overlap with DMP baseline)		DY8 Round 1 - Apr 2019
DY8 Round 2 - Oct 2019	DY8 RY2 (10/1/18-9/30/19)						DY8 Round 2 - Oct 2019
DY9 Round 1 - Apr 2020		DY7 Carryforward Goal Achievement - PY2 CY19 (1/1/19- 12/31/19)	DY8 Goal Achievement and Reporting Milestone - PY2 CY19 (1/1/19-12/31/19)		DY7 DMP Goal Achievement - PY2 CY19 (1/1/19-12/31/19)	DY8 DMP Goal Achievement and Reporting Milestone - PY2 CY19 (1/1/19-12/31/19)	DY9 Round 1 - Apr 2020
DY9 Round 2 - Oct 2020							DY9 Round 2 - Oct 2020
DY10 Round 1 - Apr 2021			DY8 Carryforward Goal Achievement - PY3 CY20 (1/1/20-12/31/20)			DY8 DMP Carryforward Goal Achievement - PY3 CY20 (1/1/20-12/31/20)	DY10 Round 1 - Apr 2021

DY7-8 Structure: Funding Distribution



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	DY7	DY8
RHP Plan Update Submission	20%	NA
Category A	0%	0%
Category B	10%	10%
Category C	55 or 65%*	75 or 85%*
Category D	15 or 5%*	15 or 5%*

* 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.
 - DY7-8: \$3.1B per year (all funds)
 - DY9: \$2.91B (all funds)
 - DY10: \$2.49B (all funds)
 - 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.



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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.



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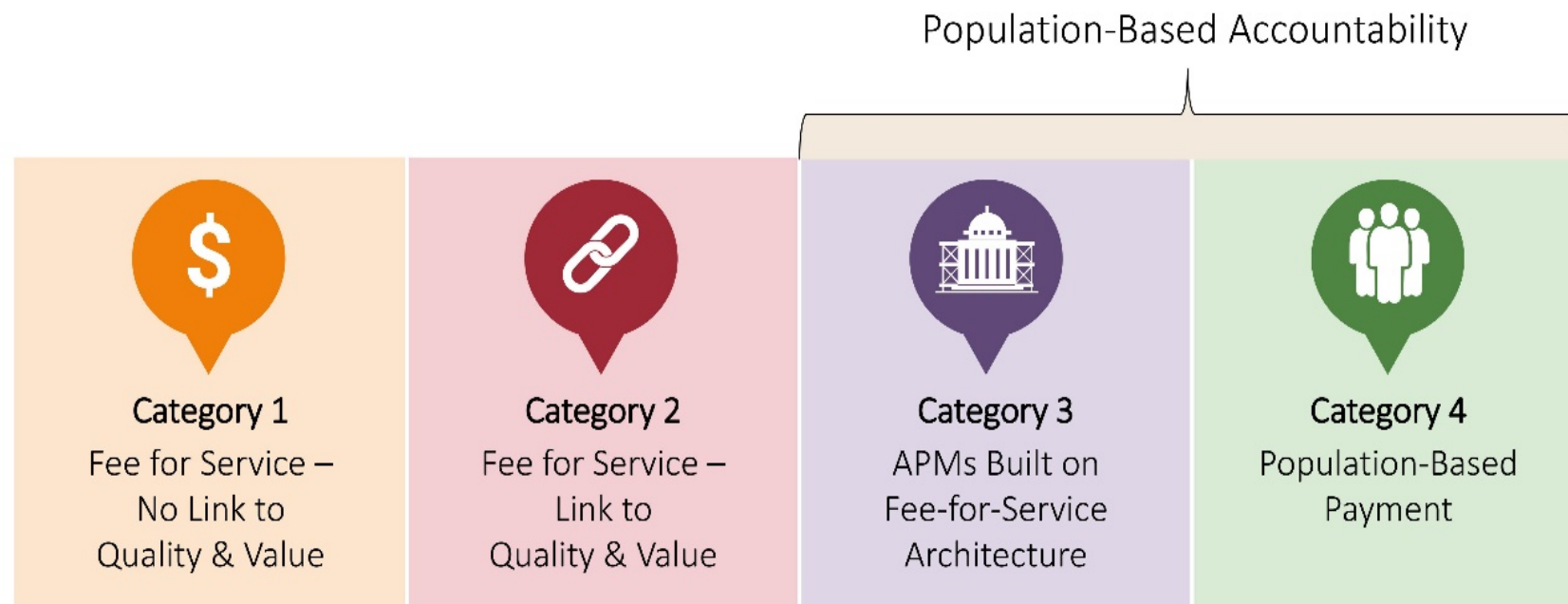
Alignment Between DSRIP and Medicaid Managed Care

- 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.



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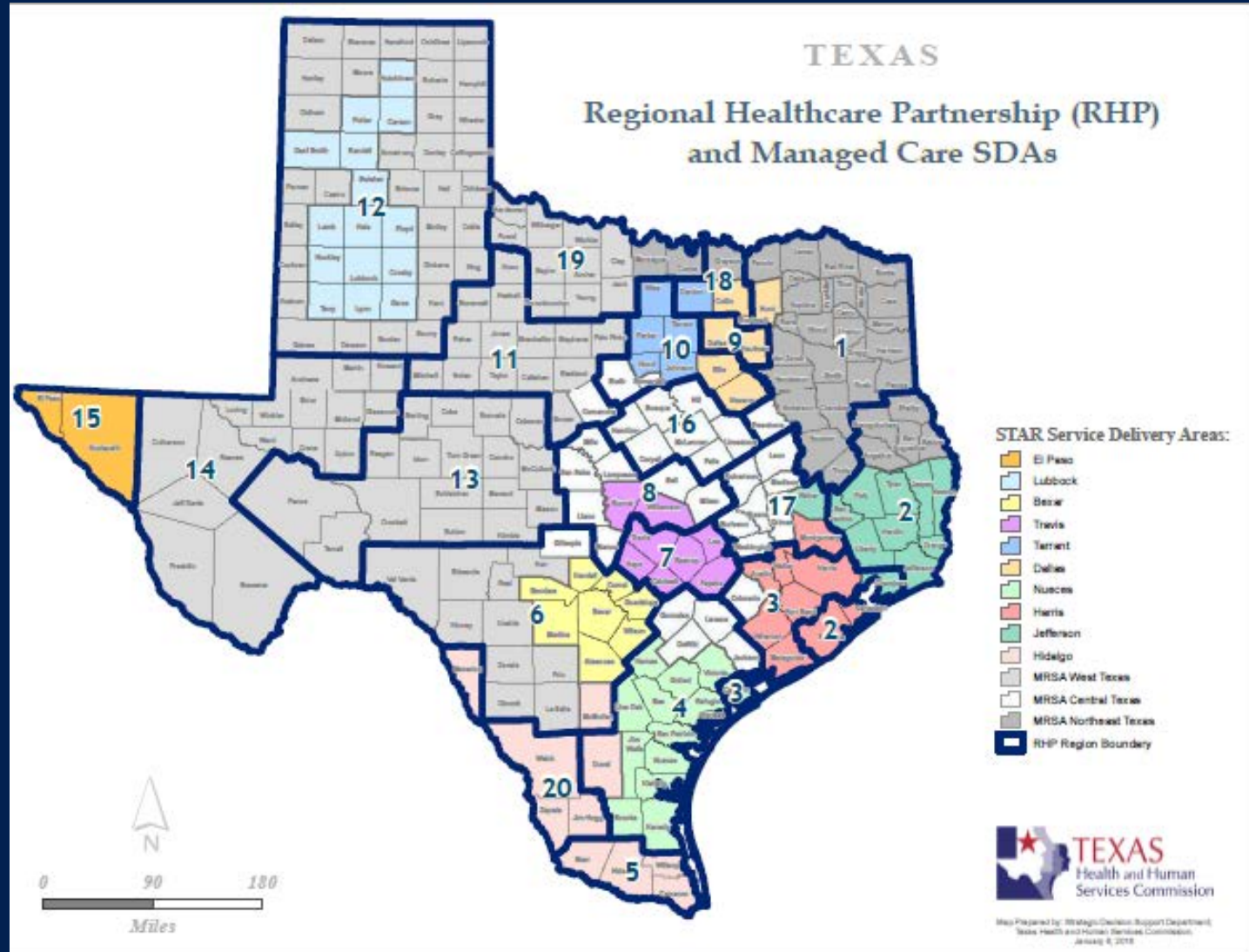
Guiding Framework for VBP / APM



Overlay of RHPs on MCO Service Delivery Areas



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Alignment Between DSRIP and Medicaid Managed Care

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



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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



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Questions?

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

See HHS 1115 Waiver Site for Updates