

## Anchor Conference Call

# AGENDA

March 19, 2021

1:30-3:00 p.m. CST

### 1. General Anchor Communication

- Thanks for your continued work!

### 2. DSRIP Implementation

#### April DY10 Reporting Dates

- The April DY10 reporting webinar has been scheduled for Tuesday, April 6<sup>th</sup> at 10:00 AM. Please register for the webinar using this link: <https://register.gotowebinar.com/register/4912181860306785293>.
- The April DY10 Reporting Companion will be posted to the DSRIP Online Reporting System Bulletin Board on April 1, 2021.

#### Category C:

- The updated version of the Category C Summary Workbook was posted to the Online Reporting System bulletin board. Providers should review the workbook and confirm that all updates are as expected. If providers find any data discrepancies in the Category C Summary Workbook, they should contact the waiver mailbox by **EOD Friday, 3/26/21**. Please include provider TPI and Measure ID in all communications about specific measures. Please note that Technical Assistance (TA) flags resolved after 3/5/21 will not be included in the updated workbook.
- The Category C Achievement Values for CY2020 Reporting have been uploaded to the Category C Resources section of the online reporting system's bulletin board. In this file, HHSC is providing the "Average approved DY8 achievement values" per measure and measure bundle based on reporting of PY2 during DY9 Round 2 (October 2020), as determined by all PY2 reporting and any compliance monitor results as of the October DY9 NMI reporting period (February 2021). These values will be used to determine achievement for CY2020 Category C reporting as is outlined in the Program Funding and Mechanics Protocol.

#### Compliance Monitoring:

- **Category C:** Due to the winter storm, completion of round 2 audits has been delayed. MSLC is currently finalizing the review round and will report final results to HHSC at the end of the month. Round 3 is scheduled to start in April, but due to April reporting, responses will not be due until May.
- **Contract award:** MSLC has been awarded the compliance monitoring contract to complete DSRIP 1.0 open reviews and future rounds of DSRIP 2.0. As part of these reviews, MSLC will be finishing open Category 1, 2 and 3 reviews that were not previously completed. HHSC will share a list of open reviews with providers early next week. HHSC anticipates that most of the work in this area will happen after April reporting.

### 3. DSRIP Transition

#### DY11 Proposed Directed Payment Programs

The DSRIP Team is coordinating with our internal DPP partners on the development of the reporting timelines that we have discussed on previous anchor calls. At this point, reporting is still planned for October and April.

HHSC has posted the stakeholder comments and responses on measures and performance requirements, updated measure specifications, and requirements for the four DPPs.

- Comprehensive Hospital Increased Reimbursement Program (CHIRP)
  - [CHIRP Requirements](#)
  - [CHIRP Stakeholder Feedback](#)
- Texas Incentives for Physicians and Professional Services (TIPPS)
  - [TIPPS Requirements](#)
  - [TIPPS Stakeholder Feedback](#)
- Rural Access to Primary and Preventive Services Program (RAPPS)
  - [RAPPS Requirements](#)
  - [RAPPS Stakeholder Feedback](#)
- Directed Payment Program for Behavioral Health Services (DPP BHS)
  - [DPP BHS Requirements](#)
  - [DPP BHS Stakeholder Feedback](#)
- [Measure Specifications for CHIRP, TIPPS, RAPPS, and DPP BHS](#)

Note that measures and requirements are subject to CMS approval.

Applications for CHIRP and TIPPS were posted on Monday and available [here](#). Participants will apply each year. Applications for RAPPS and DPP BHS will be posted next week.

HHSC has created a new mailbox for questions related to DPP measures, performance requirements, specifications, and reporting: [DPPQuality@hhs.texas.gov](mailto:DPPQuality@hhs.texas.gov)

If you have questions about the application or other financial questions, you can email the Provider Finance Department (PFD) at the following:

CHIRP	<a href="mailto:PFDHospitals@hhs.texas.gov">PFDHospitals@hhs.texas.gov</a>
TIPPS	<a href="mailto:PFDAcuteCare@hhs.texas.gov">PFDAcuteCare@hhs.texas.gov</a>
RAPPS	<a href="mailto:PFDHospitals@hhs.texas.gov">PFDHospitals@hhs.texas.gov</a>
DPP BHS	<a href="mailto:PFDAcuteCare@hhs.texas.gov">PFDAcuteCare@hhs.texas.gov</a>

#### Summary of Major DPP Quality Changes:

- **Reporting:** All DPPs have been changed to require stratification of reporting by Medicaid, uninsured, and other payer types. Stratification by Medicaid managed care is no longer required. For value-based DPPs, achievement will be based on Medicaid.
- **Attribution:**

- "Eligible Physician Specialties and Other Clinicians" criteria refer to the [NUCC Health Care Provider Taxonomy Code Set](#) for definitions and taxonomy codes of physician specialties, subspecialties, and other clinicians, as defined by the National Uniform Claim Committee (NUCC). Payer type assignment methodology for measures with "Individual" as the unit of measurement allow any individual with a Medicaid-enrolled service at any point in the measurement period, even if their most recent payer type of record is not Medicaid.
- In TIPPS Step 1, criterion (b) changed from two to one ambulatory encounter.
- In CHIRP C2 - ACIA Maternal Care Step 1, "prenatal and postnatal visit" reference removed.
- **Specifications:** Refer to the Change Log tab for information on changes.
- **CHIRP**
  - HHSC decreased the reporting frequency for structure measures from quarterly, to twice-yearly to align with reporting of data-based measures.
  - HHSC removed the following measures from the draft CHIRP proposal:
    - C1 – UHRIP
      - Data Quality Review
    - C2 - ACIA Maternal Care
      - PC-03 Antenatal Steroids
    - C2 - ACIA Psychiatric Care Transitions
      - Post-discharge appointment for behavioral health
      - Rate of 30-day readmissions for BH Conditions
      - Follow-Up After Hospitalization for Mental Illness
    - C2 - ACIA Care Transitions
      - Post-discharge appointment for heart failure
      - Transition Record with Specified Elements Received by Discharged Patients (Discharges from Inpatient Facility)
    - C2 - ACIA ED Best Practices
      - Use of validated screening tool for food insecurity
      - Food Insecurity Screening
      - Adult Major Depressive Disorder: Suicide Risk Assessment
      - Follow-Up After ED Visits for Mental Illness
    - C2 - ACIA Rural Hospital Best Practices
      - Use of validated screening tool for food insecurity and suicide risk
      - Food Insecurity Screening
    - C2 - ACIA Rural Hospital Best Practices
      - Inpatient Influenza Immunization IMM-2
  - HHSC removed Children's Hospitals from eligibility for the Non-Psychiatric Care Transitions module.
  - HHSC added one measure to the ACIA Pediatric module:
    - C2-116 Engagement in Integrated Behavioral Health
- **TIPPS**
  - HHSC removed the following measures from Component 1:
    - Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) Patient-Centered Medical Home (PCMH) item set
    - Social Determinants of Health (SDOH) data infrastructure: screening for SDOH
  - HHSC replaced IOS measure Use of First-Line Psychosocial Care for Children and

- Adolescents on Antipsychotics with benchmark measure T3-124: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – only the BMI documentation rate.
- Minimum volume requirement was changed from 60% to 50% of measures must have minimum denominator volume of 30 Medicaid individuals based on CY2021 instead of CY2019 or CY2020.
- Rules were updated to account for partial payment for measures with minimum volume. See the TIPPS Requirements for a table with more information.
- RAPPS
  - HHSC updated benchmark measure R2-104: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing to be an IOS measure. There are no benchmark measures for RAPPS in Year 1. Providers will report all measures as a condition of participation in the program.
- DPP BHS
  - HHSC added a requirement that providers must have minimum volume and meet or exceed the benchmark for at least one benchmark measure to earn payment for Component 2.
  - HHSC added an additional benchmark measure to component 2
    - B2-110 Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up

### **Quarterly Partner Engagement Meeting**

HHSC will be holding its next quarterly DSRIP Partner Engagement meeting via webinar on March 26, 2021 from 3:00-4:00 PM. HHSC will provide updates on the DSRIP Transition progress, additional upcoming opportunities for partner engagement, and will give partners the opportunity to ask questions. Please use the following link to register for the webinar: <https://register.gotowebinar.com/register/2404922613584591373>.