

Below are the draft questions to be included on the DY6 Sustainability Planning milestone template. The template will be an excel template with drop-down menus for discrete responses and open text fields for narrative responses. Sustainability Templates will need to be completed to be eligible for payment of the DY6 Sustainability Planning Milestone in October 2017. HHSC does not expect that each provider or project will have engaged in all of the sustainability activities, but does anticipate the template will reflect at least some consideration has gone into evaluating the DSRIP project's potential for sustainability.

Provider Level Questions

Sustainability Planning Milestone: Collaboration with Medicaid Managed Care

1. Please find a list of the Medicaid managed care organizations (MCOs) and dental managed care organizations (DMOs) in the managed care service areas overlapping this RHP, as well as the managed care programs in which each MCO or DMO participates. Please select the MCO(s), DMO(s), and program(s) in which the provider is enrolled as a network provider.
2. Is the provider paid for any services provided to this MCO's or DMO's members in this managed care program through an alternative payment model (APM)/ value based payment (VBP) methodology? An APM/VBP methodology is a payment arrangement in which a payer reimburses a provider through a method other than, or in addition to, the traditional fee-for-service reimbursement (through incentive bonus payments, or bundled payments around an episode of care, for example).
 - a. Is the provider paid for any services provided to this MCO's or DMO's members in this managed care program through an alternative payment model (APM)/ value based payment (VBP) methodology? An APM/VBP methodology is a payment arrangement in which a payer reimburses a provider through a method other than, or in addition to, the traditional fee-for-service reimbursement (through incentive bonus payments, or bundled payments around an episode of care, for example).
 - i. Please select the applicable APM/VBP methodologies.
 1. FFS + Incentive and/or Disincentive Component
 2. DRG + Incentive and/or Disincentive Component
 3. Partial Capitation
 4. Full Capitation
 5. Bundled Payment
 6. Episode Payment
 7. "Non-financial Incentive (i.e. administrative relief, preferential provider status)"
 8. Supplemental Payments
 9. Shared Savings/Risk
 - ii. Please describe the APM/VBP arrangement.
 - b. Does the provider continue to submit encounter-based claims to this MCO/DMO under this APM/VBP methodology?
 - i. Please explain how the provider and MCO track the services, costs of these services, and any incentives earned.
 - c. Please provide any feedback on this APM/VBP methodology. What is working? What is not working?

- d. If the provider is not engaging in an APM/VBP with a Medicaid managed care organization, why not?
3. Please explain why the provider is not enrolled as a network provider with any of these Medicaid MCOs or DMOs (if the response to question #1 is "No")

Project Level Questions

High Level Overview Question

Please describe the activities the provider conducted in DY6A to assess the project's sustainability potential, including evaluating if the project is providing better care and/or cost containment/savings, and based on that assessment, as appropriate, sustain the project. Please make sure to describe any activities that are not addressed by the questions below.

Collaboration with Medicaid Managed Care

1. Please find a list of the Medicaid managed care organizations (MCOs) and dental managed care organizations (DMOs) in the managed care service areas overlapping this RHP, as well as the managed care programs in which each MCO or DMO participates. Please select the MCO(s) and/ or DMO(s) that refer their members to the provider to receive services through this DSRIP project, and the program(s) in which these members are enrolled.
 - a. Please provide any information the provider has about why these MCOs and DMOs may not refer their members to the provider to receive services through this DSRIP project.
2. What services is the provider providing to Medicaid-enrolled patients through this DSRIP project that the provider is not billing to Medicaid (i.e., submitting a claim for reimbursement to a Medicaid MCO or DMO or the Texas Medicaid & Healthcare Partnership [TMHP] for services provided through this project)? Please provide the type of service and procedure code, if available. This question is specific to services provided to Medicaid enrollees.
 - a. Does the provider bill other non-Medicaid payer(s) for this service?
 - b. If yes, please list the non-Medicaid payer(s) to which the provider bills this service.
3. Does this project share common goals/ metrics (i.e., reduction in unnecessary emergency department [ED] utilization) with a Medicaid MCO and/ or DMO in in the Medicaid managed care service area(s) overlapping this RHP? *[HHSC will provide as an appendix a list of existing MCO goals that are measured by the state.]*
 - a. Which goal(s) does this project share with a Medicaid MCO or DMO, and with which MCO(s) and/ or DMO(s)?
 - b. Is this project in a collaborative Performance Improvement Project (PIP) with a Medicaid MCO or DMO?
4. Is the provider partnering with other DSRIP projects or providers in this RHP to expand the scope and/or impact of this project? For example, has the provider considered or taken further steps in partnering with other providers to increase the size of the provider's Medicaid patient panel to ultimately collaborate with a Medicaid MCO? If yes, please describe.
5. Is the provider collaborating with an MCO in any capacity not already addressed above? If yes, please describe the activities.

Value Based Purchasing/Alternative Payment Models

1. Please select the APM/VBP methodologies that might work for this project. An APM/VBP model is a payment arrangement where a payer reimburses a provider beyond the traditional fee-for-service reimbursement (through incentive bonus payments, or bundled payments around an episode of care, for example).
 - a. FFS + Incentive and/or Disincentive Component

- b. DRG + Incentive and/or Disincentive Component
 - c. Partial Capitation
 - d. Full Capitation
 - e. Bundled Payment
 - f. Episode Payment
 - g. "Non-financial Incentive (i.e. administrative relief, preferential provider status)"
 - h. Supplemental Payments
 - i. Shared Savings/Risk
2. Is the provider for this project discussing with an MCO and/ or DMO potential for payment via an APM/ VBP methodology for services provided through this DSRIP project to the plan's Medicaid members?
 - a. If yes, please describe the potential APM/VBP methodology that the provider is discussing with an MCO or DMO.
 - b. If no, why not?
 3. Does the provider have any APM/VBP arrangements with non-Medicaid payers for the services provided through this DSRIP project?

Please select the APM/VBP arrangement(s) the provider has with a non-Medicaid payer.

 - a. FFS + Incentive and/or Disincentive Component
 - b. DRG + Incentive and/or Disincentive Component
 - c. Partial Capitation
 - d. Full Capitation
 - e. Bundled Payment
 - f. Episode Payment
 - g. "Non-financial Incentive (i.e. administrative relief, preferential provider status)"
 - h. Supplemental Payments
 - i. Shared Savings/Risk

Other Funding Sources

1. Does this project currently have funding sources other than Medicaid/DSRIP? For example, does the project receive any grant funding or private insurance payments?
 - a. If yes, describe the funding source, the total funding amount, and the time period (if applicable).
2. Is the provider pursuing agreements with government agencies (city, county, school district, etc.), foundations, or other organizations to provide funding for this project?
 - a. If yes, please describe.
 - b. If no, why not?

Project Evaluation

1. Has the provider performed a cost-benefit analysis, return-on-investment analysis or other quality related evaluation of this project? If so, please upload this analysis/evaluation.
2. Answer the following basic evaluation questions:
 - a. Briefly describe the project and its goals.
 - b. What aspects of the program have been evaluated? (Please upload any evaluation reports you have completed.)
 - c. Describe aspects of the program that were evaluated (those checked above, including explanation of "other") and key questions that were asked.
 - d. Describe program evaluation methodology
 - e. What quality outcomes have you utilized to evaluate the project?

- f. Describe the positive impact of the project (e.g., assets, successes, outcome, and improvements) based on a formal or informal evaluation.
- g. Describe areas for improvement for the project (e.g., barriers, remaining needs, unmet goals).
- h. What adjustments to the program have been implemented or are currently being considered (based on a formal or informal evaluation)?
- i. How is cost effectiveness being evaluated or explored in the context of continuing this intervention?
- j. Do you believe the project is replicable in other areas of the state or by other providers? If so, why?
- k. What has been the key to this project's success?

Health Information Exchange [may be asked at the provider level and not project level]

1. Does this project involve the exchange of health-related information between/ among individuals/ organizations? If yes,
 - a. Which individuals/ organizations are exchanging the health-related information?
 - b. Please indicate the type(s) of health-related information being exchanged.
 - Claims data
 - Clinical data
 - Case notes (i.e., clinician observations, client responses to questions, etc.)
 - Other
 - c. Provide a detailed description of the type(s) of health-related information being exchanged and how the information is used by both parties.
 - d. What systems are being used to exchange the health-related information?
 - e. Is the health-related information exchanged in "real time"?
 - i. What is the time lag?
 - ii. What actions, if any, are being taken to reduce this time lag?
 - f. What are the obstacles to the exchange of health-related information between/ among individuals/ organizations for this project?
 - Contract agreement too burdensome
 - Do not have the technology in place
 - The technology is too costly
 - The project does not require additional data
 - Other: Please describe
 - g. Please describe any actions being taken to overcome these obstacles.
2. Please list any Health Information Exchange(s) (HIE[s]) to which health-related information is being provided or from which health-related information is being received and used for the purposes of this DSRIP project.