



**RHP 4
LEARNING COLLABORATIVE**

September 23, 2020

RHP 4 AGENDA TOPICS

- Category A – Cost and Savings
- Category A – Core Activities
- Category A – Alternative Payment Methodologies
- Category B and C – COVID-19 Reporting Exceptions
- Category C – Exception Reporting Examples
- Compliance Monitoring
- Other Updates
- DSRIP Transition Plan

CATEGORY A – DY9R2 COST AND SAVINGS ANALYSIS

- October 2020 DY9R2 - Submit an update on progress made towards the final report of costs and savings analysis.
- Goal of October DY9 reporting is to ensure providers are headed in the right direction to complete the final report due in DY10 (October 2021).
- Respond to questions that will identify:
 - A new intervention associated with a Core Activity that can be analyzed in DY 10.
 - Ensure providers can identify the data sources needed to complete the analysis.
 - Program costs attributable to the intervention.
 - Savings/benefits attributable to the intervention.
 - Additional guidance on responding to questions will be included in the reporting companion document.

SELECTION OF NEW INTERVENTION OR DIFFERENT ASPECT REQUIRED FOR COST AND SAVINGS ANALYSIS

- Providers with total valuation of \$1 million or more must analyze:
 - A different Core Activity for the analysis in DY9-10 than was used in DY7-8; or
 - A different aspect of the same Core Activity in DY9-10 than was used in DY7-8.
 - HHSC has posted a file on the bulletin board with Core Activities approved during the RHP plan update, along with a Core Activity unique ID required for C&S reporting.
- HHSC developing a new cost and savings tool; available in 2021.
- Cost and Savings Questions which must be answered in October 2020 reporting are posted to the DSRIP Bulletin Board under Category A.
- Providers with total valuation of less than \$1 million are not required to submit cost and savings analysis and MAY (but are not required to) answer questions in October 2020.

CATEGORY A - DY9R2 CORE ACTIVITIES

- Updated Core Activity File posted to the DSRIP Online System.
- Some Core Activities were deleted.
- Provider needs to review the updated file and be sure the Core Activity you selected in DY7-8 is still on the list.
- You will need the Core Activity title number when reporting in DY9R2.
- Provider will not report on Related Strategies in DY9R2 but will report in DY10.

CATEGORY A
VALUE BASED PURCHASING /
ALTERNATIVE PAYMENT METHODOLOGIES

- CMS provided additional guidance to states in September 2020 that outlines more detail on how states can implement value-based care through APM.
- CMS wants sustainable, transformational improvement in the Medicaid delivery system.
- <https://www.medicaid.gov/Federal-Policy -Guidance/Downloads/smd20004.pdf>
- <https://www.medicaid.gov/medicaid/section-1115-demonstrations/1115-demonstration-monitoring-evaluation/1115-demonstration-federal-evaluation-meta-analysis/index.html>

CATEGORY B AND C – DY9R2 COVID-19 EXCEPTIONS

- DY9 Category B allowable variation will be a flat 35% for all providers.
- For Category C measures selected for DY7-10, the PY3 (calendar year 2020) achievement value for DY9 milestones and DY8 carryforward achievement milestones will be based on the greater of:
 - Provider’s approved DY8 achievement value for the measure;
 - Average approved DY8 achievement value for the measure if 10 or more providers selected the P4P measure for DY7-8, rounded down to the quartile;
 - Average approved DY8 achievement value for the Measure Bundle if less than 10 providers selected the P4P measure for DY7-8, rounded down to the quartile; or
 - Percent of DY9 goal achievement in CY 2020 for DY9 achievement milestones, and Percent of DY8 goal achieved in CY2020 for DY8 carryforward achievement milestones.
- See HHSC chart included in the “Changes to Program Funding and Mechanics Protocol due to COVID-19 DY9-10 “Summary of Stakeholder Feedback and HHSC responses”

CATEGORY C – DY9R2 COVID-19 EXCEPTIONS

- For measures newly-selected for DY9-10, the PY3 (CY2020) achievement value for DY9 achievement milestones will be based on the greater of:
 - Average approved DY8 achievement value for the measure if 10 or more providers selected the P4P measure for DY7-8, rounded down to the quartile;
 - Average approved DY8 achievement value for the Measure Bundle if less than 10 providers selected the P4P measure for DY7-8, rounded down to the quartile; or
 - Percent of DY9 goal achieved in CY 2020.
- Actual average achievement value for an AM-9 milestone is determined by PY2 reporting after the October DY9 NMI period (February 2021).

DY9R2 REPORTING

EXAMPLE #1

- Provider reported AI-115 in DY8 (PY2) at 100% achievement.
- DY9 (PY3) data for CY 2020 shows 25% achievement.
- AI-115 has been selected by more than 10 providers as P4P, so the average achievement is based on the individual measure.
- Average achievement measure is 75%.
- Because the highest achievement available is DY8 (PY2) rate of 100%, that is the rate assigned as provider's goal achievement for PY3:
 - Provider will be paid 100% of their DY9-AM.x milestone.
 - Provider does not need to carryforward PY3 into DY10.
 - Provider did not have any DY8 carryforward to assess.

DY9R2 REPORTING

EXAMPLE #2

- Provider reported JI-22I in DY8 (PY2) at 50% achievement.
- DY9 (PY3) data for CY 2020 shows 75% achievement.
- JI-22I has been selected by more than 10 providers as P4P, so the average achievement is based on the individual measure.
- Average achievement measure is 25%.
- Because the highest achievement available is DY9 (PY3) rate of 75%, that is the rate assigned as provider's goal achievement for PY3:
 - Provider will be paid 75% of their DY9-AM.x milestone.
 - Provider can carryforward the remaining 25% achievement PY3 into DY10 (PY4).
 - Because the provider had carried forward PY2, the original PY2 goal is evaluated based on the 75% PY3 achievement.
 - If the provider's PY2 achievement – based on PY3 data – hits at least 75% of the PY2 goal, the provider would then earn an additional 25% of the original AM-8.x valuation.
 - The remaining 25% would be forfeited as DY8 milestone cannot be carried forward a second time.

DY9R2 REPORTING

EXAMPLE #3

- Provider reported LI-272 in DY8 (PY2) at 25% achievement.
- DY9 (PY3) data for CY 2020 shows 50% achievement.
- LI-272 has not been selected by more than 10 providers as P4P, so the average achievement is based on the measure bundle LI.
- Average bundle achievement is 75%.
- Because the highest achievement available is DY9 (PY3) rate of 75%, that is the rate assigned as provider's goal achievement for PY3:
 - Provider will be paid 75% of their DY9-AM.x milestone.
 - Provider can carryforward the remaining 25% achievement PY3 into DY10 (PY4).
 - Because the provider had carried forward PY2, the original PY2 goal is evaluated based on the 75% PY3 achievement.
 - If the provider's PY2 achievement – based on PY3 data – hits at least 75% of the PY2 goal, the provider would then earn an additional 50% of the original AM-8.x valuation.
 - The remaining 25% would be forfeited as DY8 milestone cannot be carried forward a second time.

DY9R2 – CATEGORY C SUMMARY WORKBOOK

- Category C Summary Workbook posted to DSRIP Online System 9/21/2020.
- Providers should review and confirm that all updates are as expected.
- Any data discrepancies must be reported to HHSC by EOD Monday, 9/28/2020.
- Include provider TPI and Measure ID in all communication.

COMPLIANCE MONITORING

- Myers & Stauffer completed their review of round 1a audits.
- Round 1b – 55 measures still outstanding; providers must respond before 9/30/20; no additional extensions for provider responses.
- Providers that had revised baseline and PY1 data as part of the audit will need to resubmit their PY2 data in October DY9R2 to ensure consistent reporting methodology across baseline and performance years.
- Round 2 audits – no specific timeline for release, but possibly late September or October.

OTHER UPDATES

No discussion yet between HHSC and CMS related to flexibilities for DY10 reporting such as carryforward, use of telemedicine/telehealth encounters, etc.

Last opportunity to report CY2020 (PY3) data for payment of DY9 reporting and achievement milestones will be the DY10R2 (October 2021) or NMI reporting February 2022, if needed.

For PY3 measures, Myers & Stafford audits will include performance based on the providers' own achievement for CY2020.

DY9R2 HHSC WEBINAR

- Reporting guidance will be distributed in late September and early October
- HHSC Webinar for DY9R2 October reporting
 - Tuesday, October 6, 2020 from 10:00 a.m. to 12:00 p.m.
 - Registration required; link on Anchor Notes dated 9/18/2020
- RHP 4 Anchor will conduct a conference call after the webinar, if needed.

DSRIP TRANSITION PLAN

DSRIP TRANSITION

- DSRIP Transition Plan was formally approved by CMS on September 2, 2020.
- However, there are still milestones and details to be developed by HHSC for submittal to CMS.
- Four sections: 1) DSRIP Transition Plan; 2) Transition Milestone Updates; 3) Partner Engagement Plan; and 4) Best Practice Workgroup.
- Transition possibilities include directed provider payments through Medicaid managed care organizations, new Medicaid policies for some DSRIP activities that have shown quality improvement, targeted benefits, or additional waiver programs.
- HHSC created a new weblink for DSRIP Transition:

<https://hhs.texas.gov/laws-regulations/policies-rules/waivers/medicaid-1115-waiver/dsrip-transition>

DSRIP TRANSITION – HHSC MILESTONES

Transition Plan Goal and Milestone	Current Deadline	Revised Deadline
Advance APMs to Promote Healthcare Quality <ul style="list-style-type: none"> <li data-bbox="214 396 1875 519">• Milestone: HHSC advances Alternative Payment Models (APMs) in the Medicaid program and delivery system by updating the Texas Medicaid Quality Strategy and Texas Value-Based Payment (VBP) Roadmap to address program and stakeholder goals. 	12/31/20	3/31/21
Support Further Delivery System Reform <ul style="list-style-type: none"> <li data-bbox="214 599 1857 722">• Milestone: HHSC identifies and submits to CMS any proposals for new programs, including state-directed payment programs, to sustain key DSRIP initiative areas. This would include programs that require an amendment to the Waiver to begin in DY 11. 	9/30/20	12/31/20
Explore Innovative Financing Models <ul style="list-style-type: none"> <li data-bbox="214 802 1837 968">• Milestone: HHSC assesses Texas’ current financial incentives for Medicaid MCOs and providers to enter into meaningful quality-based alternative payment models and identifies potential opportunities to strengthen or align incentives. This work includes providing additional guidance to Medicaid MCOs and providers for allowable Quality Improvement costs to help sustain certain successful DSRIP strategies. 	3/31/21	6/30/21
Strengthen Supporting Infrastructure to Improve Health <ul style="list-style-type: none"> <li data-bbox="214 1048 1870 1122">• Milestone: HHSC assesses the current capacity and use of telemedicine and telehealth, particularly in rural areas of Texas, to inform next steps to address access gaps. 	12/31/20	6/30/21
<ul style="list-style-type: none"> <li data-bbox="214 1156 1753 1188">• Milestone: HHSC identifies options for the Regional Healthcare Partnership structure post-DSRIP. 	3/31/21	6/30/21



DY II OPTIONS

- For hospitals and physicians, the DSRIP Team is working with Provider Finance (Rate Analysis), hospital associations and academic institutions to incorporate UHRIP and NAIP changes for DY II.
- Exploratory workgroups to develop concepts for directed payments to hospitals and physicians to include quality components.
- Stakeholder input will be shared via anchor notes, partner engagement activities, and other public forums.

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