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Executive Waiver Committee

August 24, 2020

Agenda

1. Welcome
2. Medicaid Supplemental Payments
3. DSRIP Operations Update
4. DSRIP Transition Plan Status
5. Milestone Progress Overview
6. Q&A





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Supplemental Payments

Victoria Grady



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DSRIP Operations

Emily Sentilles

April DY9 Reporting

- In the Category C outcome measures, DSRIP participating providers reported Performance Year 2 for 92% of pay-for performance measures.
 - Of those measures that reported second year of performance data, 77% of measures reported 100% achievement for the second year goal.
- Providers earned 84% of the dollars allocated to the DY8 achievement milestone.



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April DY9 Reporting

- Providers achieved DY7-9 DSRIP total of \$2.41B and were paid based on available IGT at an enhanced COVID-19 FMAP of 67.09 a total of \$2.37B.
- Of the total payments earned in April 2020, \$18.2M was for provisional approvals, an allowance due to COVID-19 that few providers used.
- To date, providers have received \$18.9B in DSRIP payments for DY1-9.



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COVID-19 Flexibility

HHSC requested and CMS approved flexibility related to Calendar Year 2020 performance measurement and reporting.

- For Category B, the patient population by provider, HHSC is authorized to amend the “allowable variation”.
- This is a percentage that a provider is allowed to be away from their 100% PPP goal and still earn 100% of payment.
- HHSC has determined all providers will have an allowable variation of 35%.



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COVID-19 Flexibility

For Category C, providers will earn payment on calendar year 2020 outcome measures based on the higher of:

- Their calendar year 2019 achievement value for the measure;
- The calendar year 2019 statewide average achievement for the measure;
- Or actual calendar year 2020 performance on the measure.

If the measure has a low selection volume, the 2019 statewide average achievement will be based on average achievement across a measure bundle.



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DSRIP Transition Updates

DSRIP Transition Plan

Texas must transition from DSRIP pool to sustainable reforms when DSRIP ends, September 30, 2021

By Oct. 1, 2019

- HHSC submitted draft transition plan to CMS per the waiver special terms and conditions*

By Apr 1, 2020

- HHSC and CMS must finalize the DSRIP transition plan

** DSRIP Federal Financial Participation (FFP) is at-risk if Texas fails to achieve milestones outlined in the plan*



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Transition Plan Status

- CMS has indicated they are ready to approve the Transition Plan, but have not formally done so because of focus on the coronavirus pandemic.
- CMS offered HHSC the opportunity to amend milestone deliverable due dates, for which HHSC is at risk for Federal Financial Participation (FFP).
- HHSC requested in early August approval from CMS of new due dates for Transition Plan milestone deliverables as a result of COVID-19 impacts.



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Transition Plan Goal and Milestone	Current Deadline	Revised Deadline
<p>Advance APMs to Promote Healthcare Quality</p> <ul style="list-style-type: none"> 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
<p>Support Further Delivery System Reform</p> <ul style="list-style-type: none"> 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
<p>Explore Innovative Financing Models</p> <ul style="list-style-type: none"> 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
<p>Strengthen Supporting Infrastructure to Improve Health</p> <ul style="list-style-type: none"> 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"> Milestone: HHSC identifies options for the Regional Healthcare Partnership structure post-DSRIP. 	3/31/21	6/30/21



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Milestone Progress Overview

Advance APMs

Deliverables:

Updated Quality Strategy and Value-based Purchasing Roadmap

Progress:

1. Survey of MCOs regarding VBP was completed and is being analyzed. Survey of providers delayed due to COVID-19 but is anticipated to be sent to DSRIP providers in August.
2. The updates to the Roadmap and Quality Strategy are being drafted.



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Proposals for DY 11 and Post-Waiver

Deliverables:

Proposals to sustain healthcare transformation post DSRIP [DY11 and post-waiver]

Progress:

- Working on financial models, continued analysis on populations served.



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DSRIP Data Analysis

Deliverable:

Analysis of DY 7-8 DSRIP quality data

Progress:

1. Team is drafting the report, which will be submitted to CMS as the deliverable for this milestone, as well as a required legislative report.
2. It will include a summary of Core Activities and Related Strategies associated with successful provider performance on Category C measures, as well as a summary of providers' Costs and Savings analyses of their Core Activities.



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Explore Innovative Financing Models

Deliverables:

Assessment of financial incentives for MCOs and providers in managed care

Additional guidance for Quality Improvement costs

Progress:

- Survey of MCOs on QI guidance complete and being analyzed
- Issues MCOs raised through the survey are being researched and preliminary guidance is being drafted for review.



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Cross-Focus Areas

Deliverable:

Assessment of social factors correlated with Texas Medicaid health outcomes

Progress:

- The contracted assessment of Texas Medicaid social determinants of health (SDOH) for the children and adolescents, pregnant women, and adult populations is underway.
- Additional research and subject matter expertise on evidence-based best practices will focus on addressing SDOH in a Medicaid managed care environment.



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Assessment of Telemedicine

Deliverable:

Assessment of telemedicine and telehealth capacity, particularly in rural areas of Texas

Progress:

- Conducting a second survey of rural hospitals and RHCs to assess current capacity and barriers to use of telemedicine in light of COVID-19
- Analyzing telemedicine utilization data in Medicaid and CHIP



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Options for RHP Structure

Deliverable:

Identify options to maintain regional stakeholder collaboration consistent with approaches for sustaining delivery system reform

Progress:

- Conducted a survey of anchors and providers on the current structure and recommendations for post-DSRIP structure
- Reviewing options within the context of new program proposals under development



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Questions?



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Thank you

Website & Draft Transition Plan:

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

Email:

txhealthcaretransformation@hhsc.state.tx.us