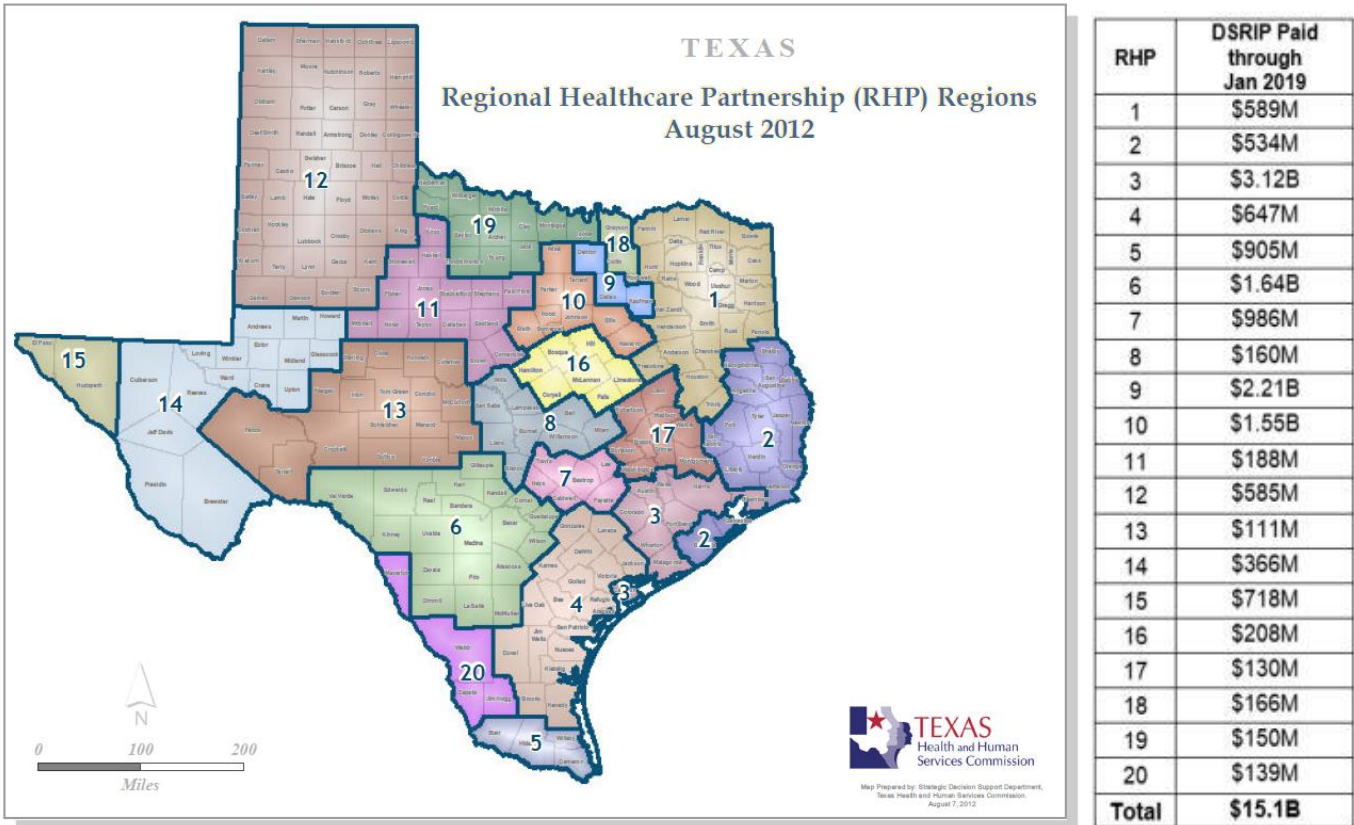


Delivery System Reform Incentive Payment (DSRIP) program participants earned and received payments of over \$15.1 billion all funds from 2012 through January 2019.

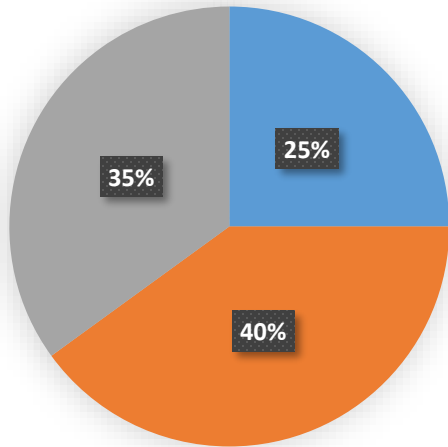


The DSRIP funding pool ends on September 30, 2021.

DSRIP	Demonstration Year (DY)	Pool Amount (All Funds)
DSRIP 1.0	DY1	\$0.5B
	DY2 (10/1/12 – 9/30/13)	\$2.3B
	DY3 (10/1/13 – 9/30/14)	\$2.67B
	DY4 (10/1/14 – 9/30/15)	\$2.85B
	DY5 (10/1/15 – 9/30/16)	\$3.1B
	DY6 (10/1/16 – 9/30/17)	\$3.1B
DSRIP 2.0	DY7 (10/1/17 – 9/30/18)	\$3.1B
	DY8 (10/1/18 – 9/30/19)	\$3.1B
	DY9 (10/1/19 – 9/30/20)	\$2.91B
	DY10 (10/1/20 – 9/30/21)	\$2.49B
	DY11 (10/1/21 – 9/30/22)	\$0

Flexibility to Innovate Based on Community Needs – As an incentive payment program, DSRIP has enabled increased access to care and delivery innovations, with a focus on Medicaid and the low-income/uninsured.

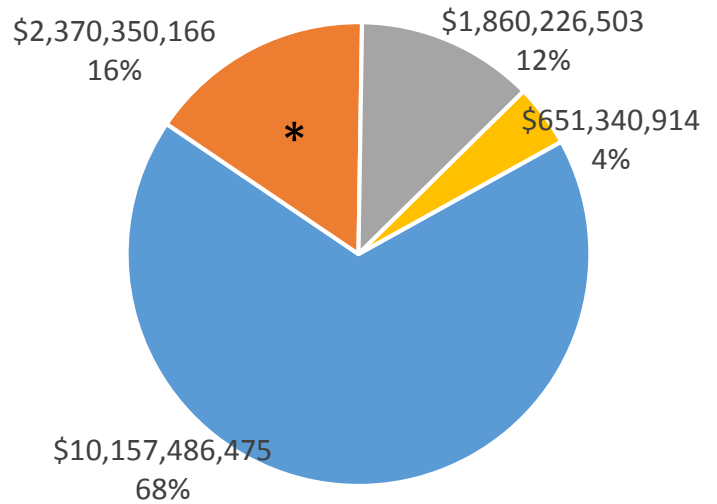
Share of DSRIP Quantifiable Patient Impact, DY3-6



■ Medicaid ■ Low-Income/Uninsured ■ Other

Increased Access to Care, particularly for Low-Income/Uninsured - For demonstration years 3-6, DSRIP projects served 11.7 million people and provided 29.4 million encounters (projects either measured individuals or encounters, figures may be duplicated across projects). Of that impact, about 40% was low-income/uninsured individuals.

Payments by DSRIP Provider by Type through January 2019



■ Hospitals
 ■ Community Mental Health Centers
 ■ Physician Practices
 ■ Local Health Departments

*Note: Almost 1/3 of Community Centers' mental health budgets now comes from the federal share of DSRIP payments.

In DSRIP 1.0 (DY2-6), many projects included services not billable in Texas Medicaid, but that can improve health (e.g., intensive care navigation for high-cost, high needs patients, evidence-based community behavioral health interventions, community health workers, community paramedicine, housing supports).

Most commonly selected outcomes of DSRIP 1.0 projects:

- Diabetes: HbA1c control > 9%
- Controlling high blood pressure
- Reduce ED visits for ambulatory care sensitive conditions
- Risk adjusted congestive heart failure readmission rate

Between DY4-DY6, 72-90% of the projects that selected these outcomes fully achieved their improvement goal.

In DSRIP 2.0 (DY7-10), the focus moves from projects to provider system healthcare quality measure achievement. The most commonly selected types of quality measures for DSRIP 2.0 are:

- Improved chronic disease management (diabetes and heart disease)
- Primary care and prevention
- Patient navigation, care transitions and emergency department diversion
- Improved maternal care and safety