



DY6 DSRIP Participation Template (Summer 2016 Form)

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Transformation Waiver Operations

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Summer Form



Waiver Renewal Update

- In April 2016, HHSC submitted to CMS a request for a 15-month extension of the waiver at level funding from demonstration year (DY) 5 while negotiations continue on a longer term agreement.
- On May 2, 2016, HHSC received approval of this 15-month extension from CMS.
 - The 15-month extension maintains current funding levels for both the Uncompensated Care (UC) pool and DSRIP.
 - During the extension period, HHSC and CMS will work on a longer term agreement.

DY6 PFM Protocol Language Update

- On June 20, 2016, HHSC submitted to CMS the final proposed Program Funding and Mechanics (PFM) protocol language for DY6.
- On June 23, 2016, HHSC received CMS approval of this DY6 PFM protocol language.
- HHSC will continue negotiations with CMS on the PFM protocol language for the remainder of the extension period.
 - CMS continues to be very interested in moving toward alternative payment models (APMs) and in moving certain DSRIP projects into managed care, though questions remain about how this will be operationalized and how it will impact the low-income uninsured.

Uses for Unallocated Funds in DY6

- DSRIP funds in DY6 not currently allocated to projects will be used to:
 - Set a minimum annual valuation amount per provider of \$250,000 (optional).
 - Give the anchors a one-time payment for administrative support rather than reimbursement for administrative costs.

- There are two sets of rules for DSRIP related to DY6.
- The first set of rules, effective June 16, 2016, include several requirements for performing providers to prepare for DY6.
 - These steps include that a performing provider may elect to continue existing projects into DY6 or end participation in the waiver extension.
- The second set of draft rules outline the requirements for DY6 are anticipated to be effective September 30, 2016.
 - These rules outline the proposed structure of milestones continuing projects will report on for DY6.
 - HHSC anticipates that these rules will be published as proposed in the *Texas Register* by the end of July 2016.

- The *DY6 DSRIP Participation Template* (Summer 2016 Form) is intended to prepare providers for the DY6A requirements included in the PFM protocol.
 - DY6A refers to October 1, 2016 – September 30, 2017.

DY6 PFM Protocol Highlights

- Project Continuation
 - Setting a minimum DY6 valuation per provider
- Withdrawal Window
- Category Funding Distribution
- Categories 1 & 2 Requirements
 - Total Quantifiable Patient Impact (QPI) Milestone
 - Medicaid and Low-income or Uninsured (MLIU) QPI Milestone
 - Non-QPI Milestones
- Category 3 Requirements
- Category 4 Requirements

DY6A Project Continuation

- Most current projects are eligible to continue in DY6A (including 2.4, 2.5, 2.8, and 1.10 projects). The only projects not eligible to continue in DY6A are projects for which HHSC notified the provider in January 2016 that the project was ineligible to continue in DY6.
- A provider's DY6A total valuation is equal to its DY5 total valuation with the following exceptions:
 - HHSC notified the provider in January 2016 that their DY6 Category 1 & 2 valuation may be reduced.
 - The provider has a total DY6A valuation less than \$250,000 and chooses to increase their total DY6A valuation to up to \$250,000. Categories 1-4 will each be increased proportionately.

Withdrawal Window

- If a provider withdraws a project prior to the second payment period for DY7 (January 2019), HHSC will recoup all prior extension period DSRIP payments associated with the project.
- If a provider withdraws a project between the second payment period for DY7 (January 2019) and the first reporting period for DY8 (April 2019), HHSC will not recoup any prior extension period DSRIP payments associated with the project due to withdrawal.

Category Funding Distribution

- Providers' total values must comport with the following funding distributions across Categories 1-4.

	Hospitals	Non-Hospitals
Categories 1 & 2	No more than 57%	No more than 80%
Category 3	At least 33%	At least 20%
Category 4	No more than 10%	NA

- Hospitals not participating in Category 4 may have a Category 1 & 2 valuation of no more than 67 percent.
- If a provider's total value did not meet the Category 3 minimum, HHSC redistributed the amount of funds needed to meet the minimum from Categories 1 & 2 to Category 3, and notified the provider that we did this in June 2016.

Categories 1 & 2 Requirements

- Each project must have the following four Category 1 & 2 milestones in DY6A, each valued at 25% of the project's DY6A Category 1 & 2 value:
 - Total QPI
 - MLIU QPI
 - Core Component Reporting
 - Sustainability Planning
- The Total QPI and MLIU QPI milestones may be carried forward to DY6B/DY7.
- The non-QPI milestones may only report during the second reporting period of DY6A and may not be carried forward to DY6B/DY7.

Total QPI Milestone

- The DY6A Total QPI goal is equal to the DY5 Total QPI goal.
 - HHSC identified limited projects that are eligible for an adjustment.
 - HHSC notified projects in January 2016 if they are required to increase Total QPI in DY6A.
- HHSC combined multiple QPI metrics from DY5 into one Total QPI milestone for DY6A.
- HHSC removed any percentage or secondary goals previously included with the Total QPI goal.
- The same QPI grouping and pre-DSRIP baseline from the initial demonstration period will be used for DY6A.

MLIU QPI Milestone

- If MLIU was required in DY5, then the DY6A MLIU QPI goal is equal to the DY5 MLIU QPI goal.
 - The pre-DSRIP baseline is the same as used in DY5 or the pre-DSRIP baseline for Total QPI multiplied by the earliest MLIU percentage goal on record with HHSC.
- If MLIU was not required in DY5, then the DY6A MLIU QPI goal is equal to the DY5 MLIU percentage goal multiplied by the DY5 Total QPI goal or as indicated in the DY5 goal language.
 - The pre-DSRIP baseline is equal to the pre-DSRIP baseline for Total QPI multiplied by the earliest MLIU percentage goal on record for HHSC.
- HHSC notified projects in January 2016 if they were required to increase MLIU QPI in DY6A.

MLIU QPI Milestone (cont.)

- Most MLIU QPI milestones are pay-for-reporting (P4R) in DY6A.
- MLIU QPI milestone may be required as pay-for-performance (P4P) in DY6A for the following:
 - MLIU QPI was required in DY5.
 - Projects in Project Area 1.9.
 - Projects that did not achieve the estimated MLIU percentage in DY3, DY4, or DY5, and that caused them to have a higher than expected value per MLIU individual/encounter.
 - Projects identified through HHSC projects under review and were notified in January 2016.
 - Projects that included an MLIU goal in their QPI metric of their own choosing or were required to address MLIU to receive CMS initial DSRIP project approval.

MLIU QPI Exceptions

- Providers may request a lower MLIU QPI goal for HHSC consideration, including:
 - A project that is underperforming on MLIU estimates in the initial demonstration period.
 - A project that is reporting on individuals or encounters that will not meet the refined MLIU definition for DY6A.
 - Any other project with a strong justification.

MLIU QPI Exceptions (cont.)

- Providers may request an exception to reporting MLIU served at the individual or encounter level if:
 - A project utilizes an intervention site that is a school, non-medical social service office (i.e., shelter), or community health center.
 - A project in Project Area 1.6, 2.6, or 2.7
 - The provider is a Local Health Department that does not bill Medicaid for the DSRIP project services.
 - Any other project that has a strong justification.
- If the exception is approved, then the MLIU QPI goal will remain as the DY5 Total MLIU percentage.
 - HHSC may consider changes to the DY5 Total MLIU percentage goal with strong justification; this change request cannot be addressed through the template.

MLIU QPI Documentation

- HHSC does not expect providers to implement new systems to track the MLIU encounters or individuals.
- HHSC does expect the provider to develop (if the provider had not previously) and document a methodology for collecting this data.
- This methodology description should be entered in the Data Source section for MLIU QPI milestones on the project specific tabs of the DY6 DSRIP Participation Template.
- The provider should maintain documentation of that methodology should the project be the subject of audit by the independent assessor.

Core Component Reporting

- HHSC will develop a template for reporting.
- Same as the current “Project Summary” tab in DSRIP Online Reporting System: “Project Overview: Accomplishments,” “Project Overview: Challenges,” etc., with an additional question relating to the provider’s participation in learning collaboratives and an additional question for projects required to take a next step in DY6A.
 - HHSC notified projects in January 2016 if they were required to take a next step in DY6A.

Sustainability Planning

- HHSC will develop a template for reporting.
- Providers will be required to submit qualitative descriptions of sustainability planning efforts.
- Planning efforts could include:
 - Project-level evaluation
 - Integration with managed care
 - Health Information Exchange (HIE)
 - Other community partnerships

Category 3 Requirements (Part 1)

The following Category 3 requirements will apply in DY6A:

DY5 Category 3 Outcome Designation	DY6A Category 3 Milestones
P4P	100% P4P of Cat 3 outcome
P4R or maintenance with a population focused priority measure (PFPM)	100% P4P of PFPM outcome <i>(PFPM outcome replaces Cat 3 outcome. Provider is not required to report replaced P4R or maintenance outcome in DY6A)</i>
P4R with stretch activity	50% P4R of Cat 3 outcome and 50% completion of new stretch activity <u>OR</u> 100% P4P of PFPM
Maintenance with stretch activity	100% maintenance of high performance

Category 3 Requirements (Part 2)

- Where possible, HHSC has combined identical P4R outcomes and PFPM outcomes under the same Category 1 or 2 project. These combinations are noted in the Category 3 section of the participation template.
- Outcomes that are P4R with a Stretch Activity in DY5 will be required to select a new Stretch Activity or PFPM measure for DY6A.
 - A Stretch Activity for DY6A cannot duplicate a Stretch Activity selected for DY5.
 - A PFPM selection can duplicate an existing PFPM selection for another Category 1 or 2 project
- Outcomes with a currently approved alternate achievement request will submit an updated alternate achievement request for DY6A.
- QISMC outcomes with a baseline below the Minimum Performance Level (MPL) that are measuring a population disparate from the population used to establish the MPL benchmark may submit an alternate achievement request to change DY6 goal calculation to IOS.
- Anchors will submit Stretch Activity selections or PFPM replacements for DY6 and alternate achievement requests to HHSC on September 9, along with responses to HHSC feedback.

Category 4 Requirements

- The requirements for Reporting Domains (RDs) 1-5 are the same as in DY5.
- Optional RD 6 - *Initial Core Set of Measures for Adults and Children in Medicaid/CHIP* is removed from DY6A.
- If the total Category 4 valuation is greater than 10 percent of the total DY6 provider valuation, then the funds over 10 percent are redistributed to Category 3.
 - RDs 1-5 will be proportionately adjusted.

DY6 DSRIP Participation Template Components

- Providers will complete one template per provider, including providers participating in multiple RHPs.
- Providers will have to decide whether to
 - 1) **discontinue their project, or**
 - 2) **continue their project.**
- Projects that choose to discontinue may not participate in DY6-10.
- For projects that decide to continue, HHSC has proposed that they be allowed to withdraw without penalty during a withdrawal window following the second payment period for DY7 (January 2019), but before the first reporting period of DY8 (April 2019).

DY6 DSRIP Participation Template Components (cont.)

The template will also allow providers to:

- View and confirm the Total QPI and MLIU QPI milestones and goals.
- Request lower Total QPI goals if identified by HHSC as eligible.
- Request lower MLIU QPI goals with strong justification.
- Request exceptions to reporting MLIU QPI at the individual or encounter level.
- Increase total DY6A provider valuation up to \$250,000.
- Enter counties served by each project.
- Update the three lead provider contacts.
- Update the DY6A Intergovernmental Transfer (IGT) information.
- Enter required changes or updates from projects under review.

- **July 22, 2016 5:00pm** – Anchors submit the completed DY6 DSRIP Participation Templates to HHSC. Anchors should email the files, or one or more links to the files, to: TXHealthcareTransformation@hhsc.state.tx.us. HHSC cannot accept Dropbox links.
 - Performing Providers must submit their completed DY6 DSRIP Participation Templates to the Anchor prior to July 22 by the date specified by the Anchor.
- **August 26, 2016** – HHSC will begin providing approval of requested changes/exceptions or request additional information.
- **September 9, 2016 5:00pm** – Anchors submit responses to HHSC requests for additional information to the waiver mailbox, and Category 3 stretch activity selections and alternate achievement requests for DY6.
 - Performing Providers must submit responses to HHSC requests for additional information and Category 3 details to the Anchor prior to September 9 by the date specified by the Anchor.
- **September 30, 2016** – HHSC will approve or deny the additional information submitted in response to HHSC comments.

Provider Template Submission

- Save the file with your RHP number and TPI, e.g., “RHP20_013242546_DY6 Form”.
- Ensure the Progress Indicator “Overall Workbook Status” on the *Provider Entry* tab shows as “Complete”.
- Submit the DY6 DSRIP Participation Template to your Anchor by the date specified by the Anchor.
 - Providers participating in multiple RHPs must submit one template to one of the Anchors. Please cc the other RHP Anchors on the submission.

- Find updated materials (companion document, template, PFM Protocol):
 - <http://www.hhsc.state.tx.us/1115-waiver.shtml>
 - Providers should review the DY6 DSRIP Participation Template companion document, as it includes detailed guidance on completing the template.
- Submit all questions to:
 - TXHealthcareTransformation@hhsc.state.tx.us
 - Please remember to include RHP and Project ID with your question(s).

DY6 DSRIP Participation Template Walk-Through
