

# DSRIP Transition Partner Engagement & Executive Waiver Committee Quarterly Meeting

**September 23, 2021** 



### Reminders

- To ensure the meeting runs smoothly, webinar attendees are muted
- If an attendee has a question or comment during the webinar, please write your question in the webinar question box



## Agenda

- 1115 Waiver Extension and Directed Payment Program (DPP) Updates
- DSRIP Extension Process
- DSRIP Operational Update
- DSRIP Transition Plan Milestone Updates



## 1115 Waiver Extension and Directed Payment Program Updates



- HHSC has submitted a letter accepting the offer made by the Centers for Medicare and Medicaid Services (CMS) to extend the DSRIP program, approve the Quality Incentive Payment Program (QIPP), and temporarily renew the Uniform Hospital Rate Increase Program (UHRIP) for Fiscal Year 2022.
- HHSC also committed to continue collaboration with CMS on the proposed state-directed payments (SDPs) as required by the 1115 Texas Healthcare Transformation and Quality Improvement Program Waiver (Waiver).



- Managed Care Organization rates were loaded in August 2021 with the base rate, the Network Access Improvement Program (NAIP), and the Quality Incentive Payment Program (QIPP). They did not include CHIRP, TIPPS, DPP for BHS, or RAPPS.
- HHSC is working to add UHRIP to the capitation rates. If HHSC receives approval, these rates may take effect as soon as the December 2021 capitation payments.



## Communication with CMS regarding 1115 Waiver and DPPs:

- Letter from CMS (Aug. 13, 2021)(PDF)
- Letter from Texas HHSC (Aug. 16, 2021)(PDF)
- Correspondence from CMS (Aug. 20, 2021)(PDF)
- Correspondence to CMS (Aug. 25, 2021)(PDF)
  - Attachment A (Excel)
  - Attachment B (PDF)
  - Attachment C (PDF)
- HHSC Response Letter to CMS (Sept. 7, 2021)(PDF)

## Communication with CMS regarding 1115 Waiver and DPPs:

- Texas Response to CMS Questions (Sept. 15, 2021)(PDF)
  - Updated Pre-prints (Sept. 15, 2021)





### **DSRIP Extension Process**



### **DSRIP Extension Process**

- HHSC will submit a Waiver amendment to extend DSRIP in the amount of \$2.49 billion, which is the DSRIP funding amount for the demonstration year (DY) ending September 30, 2021.
- CMS will initiate a 30-day federal public comment period.
- Prior to approval and relying on CMS correspondence, the state will communicate with DSRIP participating providers, begin the rule amendment process for the programs, and modify systems for DSRIP performance requirements in DY 11.



### **DSRIP Extension Process**

- DSRIP funding will be available upon CMS approval of the amendment for performance within DY 11.
- HHSC will make DSRIP payments for the extension under current programmatic rules which will provide for payments in July 2022, January 2023, July 2023, and January 2024.
- HHSC will continue to comply with STC 53, Sources of Non-Federal Share.



## **Health Equity Metrics**

- HHSC will propose health equity metrics to be included in the Waiver amendment.
- The proposed health equity metrics would include potential subgroup stratifications to assess health equity, as requested by CMS.
- Twenty percent of the DY11 DSRIP payments will be contingent on the timely and complete reporting of these metrics.
- HHSC will also submit an updated Measure Bundle Protocol (MBP) to CMS that includes any required health equity measures for DY11.



## Program Funding and Mechanics (PFM) Update

- HHSC is proposing RHP Anchoring Entities and Performing Providers would not submit a RHP Plan Update but instead the RHP Plan for DY9-10 will be applied to DY11.
- HHSC is proposing that providers may submit a form to withdraw from DSRIP for DY11 without recoupment.
- Provider systems, valuation, and Category C measures are proposed to remain the same for DY11. HHSC will propose new Category C measure goals for DY11.



## Opportunities for Stakeholder Feedback

- Stakeholders will be able to give feedback on the waiver amendment through the public notice process and on the proposed changes to the PFM and MBP.
- Stakeholders can provide feedback on the proposed rules during that public comment process.



## Communication with CMS regarding DSRIP Extension:

- DSRIP Questions from Texas HHSC and CMS Responses (Aug. 26, 2021)(PDF)
- DSRIP Health Equity Questions from Texas HHSC and CMS Responses (Aug. 31, 2021)(PDF)





## **DSRIP Operational Update**



## October Reporting

#### **COVID Accommodations**

- CMS has agreed to maintain flexibilities approved for Categories B for DY9 into DY10. HHSC will update the PFM to reflect the approvals.
- For Category B, CMS approved use of a higher Allowable Variation than the standard 5 percent. DY10 Allowable Variation will be updated to <u>a flat</u> <u>percentage of 15% for all providers</u>.
  - As a result of this change, the payment tiers for DY10 Category B metrics will be 100%, 75%, 50%, and 0%.



## DSRIP Transition Plan Milestone Updates

### **Transition Plan Milestones**

2021 Texas Legislative Session Begins DY 11 (Oct 2021 -Sept 2022)



#### December 2020

- ➤ Identify and submit to CMS any proposals for new programs, including state-directed payment programs, to sustain key DSRIP initiative areas in DY 11 of current Waiver period
- ➤ Conduct a preliminary analysis of DY 7-8 DSRIP quality data and related core activities to outline lessons learned on health system performance measurement and improvement

#### March 2021

- ➤ Update the Texas Medicaid quality strategy and VBP Roadmap to address program goals and sustain key DSRIP initiatives
- Complete an assessment of which social factors are correlated with Texas Medicaid health outcomes

#### **June 2021**

- Assess Texas' current financial incentives for Medicaid MCOs and providers to enter into meaningful qualitybased alternative payment models
- ➤ Identify options for the Regional Healthcare Partnership structure post-DSRIP
- Assess the current capacity and use of telemedicine and telehealth, particularly in rural areas of Texas, to inform next steps to address access gaps

#### September 2021

➤ Identify and submit to CMS any additional proposals for new programs, including potential new Medicaid benefits, to sustain key DSRIP initiative areas that would start when the current waiver expires.



## **Completed Deliverables**

#### Submitted in December 2020:

- Report on analysis of Demonstration Year (DY)
   7-8 DSRIP quality data and related core activities.
- Proposals for new programs, including statedirected payment programs, to sustain key DSRIP initiative areas in DY 11



## **Completed Deliverables**

#### Submitted in March 2021:

- Updated <u>Texas Medicaid Managed Care Quality</u> <u>Strategy</u>
- Value-Based Payment (VBP) Roadmap and report of managed care organizations' alternative payment model achievement
- Assessment of Social Factors impacting Health Care Quality in Texas Medicaid
  - Texas Medicaid Managed Care SDOH <u>Focus Study</u> and <u>Addendum</u>



## **Completed Deliverables**

#### Submitted in June 2021:

- Assessment of Incentives for Alternative Payment <u>Models</u> report and <u>Quality Improvement Cost</u> Guidance
- Assessment of Texas Medicaid Rural Teleservices
- RHP Structure Post-DSRIP report



### **Imminent Deliverables**

#### Due to CMS September 30, 2021:

- Summary of analysis of options for new benefits and programs for Demonstration Year 12 and beyond.
- HHSC is on target to submit the deliverable by September 30.



## Questions



## Thank you