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Proposed Changes to the DSRIP Program Funding and Mechanics (PFM) Protocol for DY9-10

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Webinar Basics

- Attendees are muted by default.
- Ask questions via the question box on your webinar dashboard.
- HHSC will answer questions at the end of the presentation.
- We may not be able to answer all questions during the webinar, but we will post written responses to Frequently Asked Questions (FAQs).



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Overview of Proposed Changes



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- Provider Valuation Reductions
- Category Funding Distribution
- Category A – Costs & Savings
- Category B – breakout of Medicaid and low-income or uninsured (MLIU)
- Category C
- UC-only Hospitals

Note: *unless indicated specifically as only a DY7-8 requirement, all previous DY7-8 requirements apply to DY9-10.*

DSRIP Pool Reductions in DY9-10

DSRIP Pool Allocations for DY7-10

DY7	DY8	DY9	DY10	DY11
\$3.1B	\$3.1B	\$2.91B	\$2.49B	\$0

- Based on the reduced pool amounts, HHSC proposes a proportional provider valuation reduction for DY9-10.



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Provider Valuation Reductions

- Providers with a DY8 total valuation *less than or equal to \$1 million* do not have a valuation reduction and maintain their DY8 total valuation in each DY for DY9-10.
 - These valuations are subtracted from the DY9 and DY10 pool amounts.
- This promotes stability of the rural healthcare safety net during DY9-10.
- Providers with DY8 valuation less than or equal to \$1 million account for 1.5% of the total DY8 valuation.



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Provider Valuation Reductions (cont.)

- Providers with a DY8 total valuation *greater than \$1 million* have a proportional valuation reduction.
 - Such providers will not be reduced to less than \$1 million.
- The proportional reduction percentages are based on the remaining DY9 and DY10 pool amounts divided by the DY8 valuation for all providers.
- Refer to the *Draft Provider DY9-10 Valuations and MPTs* posted on the DSRIP website under “Waiver Renewal” for valuation changes to individual providers.



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Provider Withdrawals

To maximize the DSRIP pool amounts for DY9-10:

- If a provider withdraws from DSRIP in the RHP Plan Update for DY9-10, the provider's DY9-10 valuation will be allocated proportionately among continuing providers in the RHP.
- The redistribution is based on a continuing provider's DY8 valuation as a percentage of the RHP's total DY8 valuation.



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Category Funding Distribution

- HHSC proposes maintaining the Category funding distribution in DY9-10 similar to DY8.

	DY8	DY9	DY10
Category A – required reporting	0%	0%	0%
Category B – MLIU PPP	10%	10%	10%
Category C – Measure Bundles and Measures	75 or 85%	75%	75%
Category D – Statewide Reporting Measure Bundle	15 or 5%	15%	15%

Category A

Costs and Savings

- The Core Activity a provider analyzes for Costs and Savings in DY9-10 must be different from the Core Activity it analyzed in DY7-8.
- If a provider has only one Core Activity, the provider must:
 - Analyze different aspects of the Core Activity; OR
 - Analyze different time periods; OR
 - Analyze the same aspects of the Core Activity for the same time period to compare forecasted to generated savings.



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Category B

- HHSC has updated the deadline for Category B plan modifications from 90 days to 30 days prior to each reporting period.
- Providers must report the breakout of Medicaid individuals and low-income or uninsured individuals in the RHP Plan Update for DY9-10 and during DY9-10 reporting.
 - The breakout is intended for informational purposes only.



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Category C

Minimum Point Thresholds (MPTs)

- To account for the reduced provider valuations, all providers' MPTs are recalculated using DY10 total valuation.
- There is a maximum reduction of 10 points from the DY7-8 MPT to the DY9-10 MPT.



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Measure Bundle and Measure Selections

Hospitals and physician practices may:

- Add, replace, or discontinue Measure Bundles as long as the minimum requirements for selection are maintained.
- Discontinue certain non-clinical DY7-8 measures indicated in the Measure Bundle Protocol (MBP) without impacting the Measure Bundle's point value.
 - This allows providers to increase the valuation of clinical outcomes after the aim of process-focused measures has been accomplished.
 - Factors that will be evaluated in proposing measures for discontinuation to CMS may include consistently high baselines or low volume for baselines reported in DY7, and measures with high rates of reported improvement in DY2-6.



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Measure Bundle and Measure Selections (cont.)

- Community mental health centers (CMHCs) and local health departments (LHDs) may add, replace, or discontinue measures as long as the minimum requirements for selection are maintained.
- HHSC plans to share the draft MBP with stakeholders in the spring of 2019.



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Measure Bundle and Measure Valuation

- To standardize and simplify valuation for DY9-10, a Measure Bundle's valuation is based on the bundle's point value as a percentage of all the provider's selected bundles' point values.
 - Measures within a bundle will continue to be valued equally with the exception of innovative measures.
- For CMHCs and LHDs, all selected measures are valued equally.



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Milestone Valuation

- HHSC has maintained the same distribution of valuation between Category C reporting and achievement milestones in DY9-10 as in DY8.

	Innovative Measure or Quality Improvement Collaborative Activity	Pay-for-Performance (P4P) Measure Continued from DY7-8	New DY9-10 P4P Measure
DY9	100% RY3 reporting milestone	25% PY3 reporting milestone	12.5% baseline reporting milestone
			12.5% PY3 reporting milestone
		75% DY9 goal achievement milestone	
DY10	100% RY4 reporting milestone	25% PY4 reporting milestone	
		75% DY10 goal achievement milestone	

Related Strategies

- HHSC has added a checklist of related strategies for each Measure Bundle for hospitals and physician practices and for each measure or group of measures for CMHCs and LHDs.
- The checklist may be used to examine related strategies across providers that may be linked to higher Category C achievement and may inform planning for DY11 onward.



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Example of Possible Checklist Items

Measure Bundle A1: Improved Chronic Disease Management: Diabetes Care

L1-115/M1-115: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

- Diabetes self-management classes.
- Diabetes-specific cooking, nutrition counseling, or other diet-focused classes.
- Panel management of patients with diabetes.
- Automated workflows, reminders, or flags within the EHR/EMR for diabetes-specific care.
- Includes a community health worker on the care team.
- Partnering with community-based resources for patients with diabetes.



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UC-Only Hospitals

- HHSC has removed the learning collaborative and Category D requirements for DY9-10 for UC-only hospitals.
- UC-only hospitals are only required to be included in the RHP Plan Update for DY9-10 through the Anchor Template, *RHP Organization*.
- UC-only hospitals may be added to the RHP Plan Update at any time by submitting the *RHP Plan Update Contact Form* to the waiver mailbox.



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Private Hospital Participation

- HHSC has not continued the private hospital participation incentive in Category D given that additional providers may choose to withdraw due to the reduced DY9-10 provider valuations.
- If stakeholders have ideas for encouraging continued private hospital participation, please submit them through the online feedback survey.



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Stakeholder Feedback



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- Submit feedback through the online survey by **Thursday, January 31, 2019**.
<https://www.surveymonkey.com/r/PFMDY9-10>
- HHSC will only accept feedback through the survey.



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Estimated Timeline

Estimated Date	Task
March 31, 2019	PFM submission to CMS
July 31, 2019	Measure Bundle Protocol submission to CMS
September 30, 2019	CMS approval of protocols
October 1, 2019	Posting of RHP Plan Update for DY9-10 templates, pending CMS approval of protocols
November 30, 2019	Anchors submit RHP Plan Updates for DY9-10
January 15, 2020	HHSC completes initial review of RHP Plan Updates and requests additional information
January 31, 2020	Anchors submit responses to HHSC requests for additional information
February 28, 2020	HHSC final approval or disapproval of RHP Plan Updates for DY9-10



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Thank you

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