

RHP -1

Learning Collaborative

- ✓ Please mute your phone.
- ✓ Submit your name and organization in the chat box in order to assist us with managing attendance.
- ✓ To ask questions, please submit your question via the chat box during the Q&A after each section, your question will be read by the Q&A Facilitator.

Welcome and Introductions

Cost and Savings Analysis Update

Cost and Savings



- In October DY9 (2020), providers who have a total valuation of \$1 million or more per DY are required to submit an update on progress made towards the final report of costs and savings.
- Questions for the Cost and Savings update are posted under the Category A Resources on the DSRIP website.
- Final report for cost and savings is due in **October DY10 (2021)**.
- Providers will not have to identify the tool(s) utilized for the analysis during the progress update due in October 2020.
- HHSC is creating a new tool for DY10 reporting; this tool will be provided in early 2021.
- Additional information regarding Cost and Savings will be presented as part of the October DY9 Round 2 Reporting section later in the meeting today.

Common Issues



- Gap between the Startup Period End Date and Year 1 Start Date of the analysis.
- Provider did not analyze the correct number of years (2 years for retrospective tool and 3 years for forecasting tool)
- Provider inappropriately used the Recommended Forecasting Tool as all Startup Costs were accrued before the start of Calendar Year 2017
- Incomplete tool based on intervention under examination and/or scope of data described in narrative
- Provider did not use an appropriate discount rate as part of the analysis

* Note additional common issues and resolutions are posted under Category A Resources at https://dsrip.hhsc.texas.gov/bbDocuments/message-123/CS_IssuesandResolutions_Final.docx

Myers & Stauffer Audit Update

Myers and Stauffer Audit Compliance



- Compliance Audits
 - Myers & Stauffer is the contracted compliance monitoring auditor.
 - HHSC has completed round 1a review of the Myers & Stauffer results.
 - All providers that submitted an updated baseline and PY1 data as part of the audit will need to resubmit PY2 data in October.
 - Round 1b reviews are still being completed and results are expected to be submitted to HHSC in September.
 - Not all RHP 1 providers received audit requests
 - Compliance audits will be ongoing; Round 2 begins September 2020.
 - TXDSRIP@mslc.com – Myers & Stauffer email address

DY 11 DSRIP Transition Plan

DSRIP Transition



- HHSC continues to work on the DY 11 DSRIP Transition Plan
- Possibilities include directed payments through Medicaid managed care organizations, new policies for some DSRIP activities that have shown quality improvement, additional waiver programs, etc.
- HHSC created a new weblink for DSRIP Transition:
 - <https://hhs.texas.gov/laws-regulations/policies-rules/waivers/medicaid-1115-waiver/dsrip-transition>
- Four sections: 1) DSRIP Transition Plan; 2) Transition Milestone Updates; 3) Partner Engagement Plan; and 4) Best Practice Workgroup



Transition Plan Goal and Milestone	Current Deadline	Revised Deadline
Advance APMs to Promote Healthcare Quality <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
Support Further Delivery System Reform <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
Explore Innovative Financing Models <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
Strengthen Supporting Infrastructure to Improve Health <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

October DY9 Round 2 Reporting

October DY 9 Cost and Savings – Category A



- October 2020 DY9R2 - Submit an update on progress made towards the final report of costs and savings analysis
- Respond to questions that will identify:
 - A new intervention associated with a Core Activity that can be analyzed in DY 10
 - Ensure providers can identify the data sources needed to complete the analysis
 - Program costs attributable to the intervention
 - Savings/benefits attributable to the intervention
- Goal of October DY9 reporting is to ensure providers are headed in the right direction to complete the final report due in DY10 (October 2021).

Selection of New Intervention



- **Must** analyze:
 - A different Core Activity for the analysis in DY9-10 than was used in DY7-8; or
 - A different aspect of the same Core Activity in DY9-10 than was used in DY7-8
- Cost and Savings Questions are posted to the DSRIP Bulletin Board under Category A

October DY9 Reporting – COVID 19 Exceptions



- For measures selected for DY7-10, the PY3 (calendar year 2020) achievement value for DY9 milestones and DY8 carryforward achievement milestones will be based on the greater of:
 - Provider’s approved DY8 achievement value for the measure;
 - Average approved DY8 achievement value for the measure if 10 or more providers selected the P4P measure for DY7-8, rounded down to the quartile;
 - Average approved DY8 achievement value for the Measure Bundle if less than 10 providers selected the P4P measure for DY7-8, rounded down to the quartile; or
 - Percent of DY9 goal achievement in CY 2020 for DY9 achievement milestones, and Percent of DY8 goal achieved in CY2020 for DY8 carryforward achievement milestones.
- See HHSC chart included in the “Changes to Program Funding and Mechanics Protocol due to COVID-19 DY9 and 20; Summary of Stakeholder Feedback and HHSC responses”

October DY9 Reporting – COVID 19 Exceptions



- For measures newly-selected for DY9-10, the PY3 (CY2020) achievement value for DY9 achievement milestones will be based on the greater of:
 - Average approved DY8 achievement value for the measure if 10 or more providers selected the P4P measure for DY7-8, rounded down to the quartile;
 - Average approved DY8 achievement value for the Measure Bundle if less than 10 providers selected the P4P measure for DY7-8, rounded down to the quartile; or
 - Percent of DY9 goal achieved in CY 2020.
- Actual average achievement value for an AM-9 milestone is determined by PY2 reporting after the October DY9 NMI period (February 2021).

October Reporting – Example #1



- Provider reported A1-115 in DY8 (PY2) at 100% achievement
- DY9 (PY3) data for CY 2020 shows 25% achievement
- A1-115 has been selected by more than 10 providers as P4P, so the average achievement is based on the individual measure
- Average achievement measure is 75%

- Because the highest achievement available is DY8 (PY2) rate of 100%, that is the rate assigned as provider's goal achievement for PY3:
 - Provider will be paid 100% of their DY9-AM.x milestone
 - Provider does not need to carryforward PY3 into DY10
 - Provider did not have any DY8 carryforward to assess

October Reporting – Example #2



- Provider reported J1-221 in DY8 (PY2) at 50% achievement
- DY9 (PY3) data for CY 2020 shows 75% achievement
- J1-221 has been selected by more than 10 providers as P4P, so the average achievement is based on the individual measure
- Average achievement measure is 25%
- Because the highest achievement available is DY9 (PY3) rate of 75%, that is the rate assigned as provider's goal achievement for PY3:
 - Provider will be paid 75% of their DY9-AM.x milestone
 - Provider can carryforward the remaining 25% achievement PY3 into DY10 (PY4)
 - Because the provider had carried forward PY2, the original PY2 goal is evaluated based on the 75% PY3 achievement
 - If the provider's PY2 achievement – based on PY3 data – hits at least 75% of the PY2 goal, the provider would then earn an additional 25% of the original AM-8.x valuation
 - The remaining 25% would be forfeited as DY8 milestone cannot be carried forward a second time

October Reporting – Example #3



- Provider reported L1-272 in DY8 (PY2) at 25% achievement
- DY9 (PY3) data for CY 2020 shows 50% achievement
- L1-272 has not been selected by more than 10 providers as P4P, so the average achievement is based on the measure bundle L1
- Average bundle achievement is 75%
- Because the highest achievement available is DY9 (PY3) rate of 75%, that is the rate assigned as provider's goal achievement for PY3:
 - Provider will be paid 75% of their DY9-AM.x milestone
 - Provider can carryforward the remaining 25% achievement PY3 into DY10 (PY4)
 - Because the provider had carried forward PY2, the original PY2 goal is evaluated based on the 75% PY3 achievement
 - If the provider's PY2 achievement – based on PY3 data – hits at least 75% of the PY2 goal, the provider would then earn an additional 50% of the original AM-8.x valuation
 - The remaining 25% would be forfeited as DY8 milestone cannot be carried forward a second time

Category B – DY9 Allowable Variation



- DY9 allowable variation will be a flat 35% for all providers.
- When modifications are needed, additional information is required:
 - Proposed updated DY9 PPP baselines/goals
 - Detailed explanation about why the provider wouldn't meet their goal with 3% allowable variation
 - Which system components, services, and/or departments are impacted
 - An estimated impact on patient volume and duration of impact
 - Details about any operations changes (e.g., if staff were reassigned, changes to hours of operation, etc.) and effective date of the changes.

DY9 Reporting – Category C



- Last opportunity to report CY2020 (PY3) data for payment of DY9 reporting and achievement milestones will be the DY10 Round 2 NMI response period (February 2022)
- No changes to the measure specifications such as patient self-reporting; no modification to the measurement period, etc.

Other Updates



- NMI Reporting Results were sent to providers who received an NMI request during the April DY9 Reporting Period on August 26, 2020.
- In addition to milestones flagged as NMI, Category C milestones that requested provisional approval and submitted data during the April DY9 Additional Reporting Period will be included in the NMI Reporting Results.
- DY10 Exceptions
 - No discussion yet between HHSC and CMS related to flexibilities for DY10 reporting such as carryforward, use of telemedicine/telehealth encounters, etc.

Other Updates



- Compliance Monitoring
 - For PY3 (CY2020) HHSC plans to review only those PY3 measures for which providers reported performance based on their own achievement for CY2020
 - Keep all documentation to support your DSRIP reporting

Questions & Closing Remarks
