

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 or raise your hand.

Welcome and Introductions



DY10 Reporting

DY10R1 Timeline for DSRIP Achievement and Reporting



- HHSC DY10R1 Reporting Webinar – April 6, 2021 from 10:00 to 12:00. Must register for the webinar at:
 - <https://register.gotowebinar.com/register/4912181860306785293>
 - April DY10R1 Companion Document will be posted to the DSRIP Online System on April 1, 2021.
- DY10R1 Reporting: **Due April 30, 2021**
 - Category A, B, and D Milestones.
 - Category A – Cost Savings Intervention Decision (if not already reported).
 - Category C Milestones – DY 8 Carryforward (CY 2019).
 - Category C Milestones – DY 9 (CY 2020).
 - Category D PPE reports – will be provided later this week.
- Category C Summary Workbook – posted to the DSRIP Online System.
- Category C Achievement Values for 2020 Reporting – posted to the DSRIP Online System. Provides the “Average approved DY8 achievement values” per measure and measure bundle based on DY9R2 reporting. Values will be used to determine achievement for CY 2020 Category C reporting.

DY10R1 Timeline for DSRIP Achievement and Reporting



- DSRIP Quarterly Partner Engagement Webinar – March 26th.
 - A recording of the webinar is available [here](#).
- DY10R2 Reporting: **Due October 31, 2021**.
 - Category A, B and D (if B and D not reported in April 2021).
 - Category C Milestones (PY3 – CY 2020).
 - Submit Cost Savings Analysis Report.

Telehealth – PY3 Specifications Reporting Options



- NQCA and MIPS updated CY2020 measure specification with telehealth eligibility changes due to COVID-19.
- Telehealth-related measure specifications updates impacted 77 DSRIP Category C measures.
- This telehealth related change into the Category C measures is for **optional** use for reporting PY3
- Updated Category C Measure Specifications are posted.
 - [Category C PY3 Telehealth Specifications Reporting Options 20210129.pdf](#)
- HHSC has not notified Anchors of any COVID allowances for future reporting periods.

DY 11 Reporting

DY11 Timeline for DSRIP Achievement and Reporting



DY11R1 – April 30, 2022	DY11R2 – October 31, 2022
Category C – DY9 Carryforward (CY 2020)	Category C – DY10 (CY 2021)
Category C – DY10 (CY 2021)	No carryforward for achievement of DY 10 Category C

Compliance Monitoring

Compliance Monitoring



- MSLC will complete Round 1 and 2 reviews by the end of March 2021.
- MSLC was selected through a new procurement cycle for the compliance monitor's future activities.
- Next round will include the pending reviews from DSRIP 1.0 for Category 1, 2, and 3 (DY 1-6).
- MSLC will begin work on open reviews for Category C in May 2021.
- HHSC will provide a list of open Category 1 and 2 open review to the anchors later this week.
- MSLC has updated their Category C Data Support Guide - link to guide
 - [MSLC Cat C Data Support Guide V7 3-25-2021](#)
- Compliance audits may continue after the termination of the DSRIP program for DY9-10.
- Keep all your DSRIP reported information until all compliance reviews are finalized.

Directed Payment Programs

Directed Payment Programs - **effective September 1, 2021**



CHIRP -
HOSPITALS

TIPPS –
PHYSICIAN
PRACTICE
GROUPS

RAPPS – RURAL
HEALTH CLINICS

BEHAVIORAL
HEALTH
SERVICES

PUBLIC CHARTY
CARE PROGRAM
(effective
10/1/2021)

Directed Payment Programs (DPP)



- Also includes nursing facilities (QIPPS) and ambulance DPP programs.
- Must complete application for enrollment in DPP.
- Applications posted to HHS website under DSRIP Transition.
- Must be in-network provider in Medicaid managed care programs.
- Served at least 250 unique Medicaid patients in the prior state fiscal year.
- Must have at least 30 Medicaid patients for each measure.
- Will include structure, process, and achievement measures; varies based on the DPP type.
- Baseline for process and outcome measures are set on calendar year 2021.
- Funding by an interagency governmental entity (IGT); no general revenue \$.

CHIRP – Hospitals – **Effective September 1, 2021**



- Application is due **April 5, 2021 NLT 5:00 p.m.** Re-enrollment will be required each year. Includes inpatient and outpatient services for Medicaid patients (STAR and STAR+PLUS).
- Two CHIRP options: UHRIP and Average Commercial Incentive Award (ACIA)(outcome and process measures).
- ACIA is optional. If you choose to participate, you will be required to submit data to HHSC Provider Finance to calculate the Average Commercial Reimbursement (ACR) gap. Data details are listed in the application.
- ACR gap is the difference between what an average commercial payor is estimated to pay for services and what Medicaid actually paid for the same services.
- To determine the difference between ACR and current Medicaid program rates, a Medicare UPL-like demonstration will be created.
- Hospitals must maintain all supporting documentation for a period of no less than 5 years from the date of application.

TIPPS – Physician Groups – **Effective September 1, 2021**



- Application is due **April 5, 2021 NLT 5:00 p.m.**
- Three classes of physician groups are eligible to participate in TIPPS:
 - Physician group owned or operated by a health-related institution (HRI).
 - IME physician group affiliated with a hospital receiving either a medical education add-on or teaching medical education add-on.
 - Other physician groups.
- Eligibility considers the billing provider's NPI and taxonomy code combination.
- Minimum denominator of 30 Medicaid patients in CY 2021:
 - in at least 5 Component 2 measures
 - In at least 3 Component 3 measures
- Meet at least 50% of quality metrics in each component.
- Reporting will be stratified by Medicaid, uninsured, and other payor types.
- TIPPS payment amounts will be proportional to provider utilization to the total utilization of all participating providers.

RAPPS – Rural Health Clinics – **Effective September 1, 2021**



- Two classes of Rural Health Clinics (RHCs) are eligible:
 - Hospital-based RHCs which include non-state government owned and private RHCs
 - Free-standing RHCs
- Must complete application for enrollment in the RHC DPP. Application due **April 13, 2021**.
- Must serve a minimum volume of 30 Medicaid patients.
- Two components for reimbursement:
 - Component 1 – uniform dollar increase in the form of prospective monthly payments; CY 2021 qualitative reporting required
 - Component 2 – uniform percent rate increase for certain services based on achievement of quality metrics; CY 2021 report baselines

Behavioral Health Services (CMHC) - **Effective September 1, 2021**



- Includes 39 community mental health centers who are aligned with the Certified Community Behavioral Health Clinic (CCBHC) model of care. Application required.
- Will be required to implement activities foundational to quality improvement such as telehealth services, collaborative care, integration of physical and behavioral health, and improved data exchange.
- Must apply for the program. Application due **April 13, 2021**.
- Two components for reimbursement:
 - Component 1 – uniform dollar increase issued in monthly payments for all CMHCs participating/progressing to CCBHC status.
 - Component 2 – uniform percent increase on CCBHC services based on outcome and process metrics.

Public Charity Care Program

Effective October 1, 2021



- Includes public health organizations (local health departments, regional health departments, CMHCs, or LMHA).
- Will be an uncompensated care type model.
- Will fund with certified public expenditures.
- Draft agency rules were posted in the Texas Register on March 19, 2021. Comments due 4/20/2021.



UTHealth

The University of Texas
Health Science Center at Tyler

Cost & Savings Analysis

Cost Savings and Analysis



- Final report due during October DY10R2 reporting.
- Draft template is pending; expected to be released in April 2021 but will collect similar data as the DY8 requirements.
- All provider types will use the same template and some COVID questions will be included in the narrative responses.
- An updated Guidance Document was posted 12/11/2020 to the Bulletin Board of the DSRIP Online System as well as updated FAQ document.

Resources & How to Make Assumptions

Dr. Michael Morris
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Center at Tyler

Questions & Closing Remarks
