

Hi – Texas has the following questions for tomorrow’s meeting. We look forward to the discussion. Thanks.

- (1) Does CMS have examples of potential health equity metrics that would be required?

CMS Response: CMS encourages Texas to propose health equity metrics as part of its one-year DSRIP extension application. If Texas chooses to submit an application, CMS and Texas will work together during the STC negotiation period to determine certain health equity metrics to include in the STCs. Such metrics could include, but are not limited to those contained in the CMS Adult/Child/Maternal/Behavioral Health Core Sets.

- (2) CMS’ offer states: “The metrics would include reasonable requirements for providers, managed care plans, and/or the state to track race, ethnicity, and other information about beneficiaries served, for the purposes of measuring health disparities.” If CMS intends for providers and/or MCOs to track and report any new data or metrics, Texas has concerns about the implementation timeline. Texas currently tracks and can report certain metrics based on demographics. Would this meet CMS’ intent?

CMS Response: If Texas submits a one-year DSRIP extension application, CMS envisions that, as part of that application, Texas would include proposed health equity metrics with information regarding potential subgroup stratifications to assess health equity. During the STC negotiation period, CMS and the state agree to certain health equity metrics that would be included in the STCs. CMS and Texas would also negotiate terms for the state to report baseline data during the DSRIP one year extension period for at least some of the metrics, stratified by selected population demographics.

- (3) What does CMS envision the timeline would be for determination and approval of these metrics? CMS’ offer references “the standard federal review process.”

CMS Response: As the metrics will be included in the demonstration STCs, the timeline will be determined by the ongoing negotiation between CMS and the state. In addition, the demonstration may include STCs directing the state and CMS to work together to select *additional* health equity measures that would be collected and reported by a date certain. That STC would also set expectations for the approval timeline for additional metrics. In its application, the state should propose a set of metrics and stratification categories for CMS’ consideration.

- (4) CMS’ offer states: “These metrics would establish a baseline for measuring health disparities in the safety net for the purposes of making future improvements around equity.” Does CMS intend for these metrics/baselines to be used for any specific programs in the future (e.g., specific DPPs)?

CMS Response: As we have discussed, CMS envisions continuing to work with the state in development of a multi-pronged approach to supporting the health safety net. The health equity metrics to be reported as part of the potential one-year DSRIP extension, may help inform future work. The state is welcome to propose approaches that could follow the one-year DSRIP extension that would both sustain and

strengthen the provider safety net, and advance improvement on health equity challenges in the state after the expiration of DSRIP.

- (5) How would CMS apply the requirement that “twenty percent of the aggregate annual DSRIP payments would be contingent on the timely and complete reporting of these metrics?”

CMS Response: As described in the offer letter, the state would be expected to adhere to a certain amount of health equity reporting, to be described in the demonstration STCs. Twenty per cent of the total DSRIP amount would be at risk if that expectation is not met at the end of the extension period.