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# **Proposed Changes to the DSRIP Measure Bundle Protocol (MBP) for DY7-10**

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# Webinar Basics

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- 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.
- HHSC 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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# What is the MBP?

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- The Program Funding and Mechanics Protocol (PFM) and the Measure Bundle Protocol (MBP) are drafted by HHSC and approved by CMS and define the program rules and requirements for DSRIP.
- The PFM defines **how** DSRIP funds can be earned including reporting requirements, valuation methodologies, milestones, measurement periods, and goal calculations.
- The MBP defines the content - **what** providers can select to earn payment including measures, related strategies, core activities, and further details on PFM requirements.



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# PFM Update

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- HHSC submitted the PFM to CMS in March, 2019.
- HHSC and CMS are currently negotiating the approval of the PFM.
- The version of the PFM currently under negotiation with CMS, as well as a summary of stakeholder feedback on the initial draft PFM are available on the waiver website.



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# Overview of Proposed Changes



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- Cat A, B, and D:
  - Minor edits to include DY9-10 requirements and reflect PFM changes
  - Additional Core Activities have been added to the Core Activity menu
- Category C:
  - Measures eligible for graduation
  - Measures to be discontinued
  - Addition of Related Strategies Reporting

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

# Category A: Core Activities 1

Additional Core Activities have been added to the Core Activity menu for DY9-10. The new Core Activities are as follows:

- **Maternal and Infant Health Care**
  - Provision of coordinated prenatal and postpartum care
- **Hospital Safety and Quality**
  - Development and implementation of standard protocols and/or evidence-based practices to address leading causes of hospital infections and injuries (e.g., CLABSI, CAUTI, SSI, Sepsis, and Falls)
  - Implementation of evidence-based practices to improve quality of care (e.g., Quality Departments, monitoring and evaluation, etc.)
  - Other



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## Category A: Core Activities 2

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- New Core Activities are added based on the analysis of Other Core Activities selected by providers
- Will allow to reflect Core Activities in appropriate groupings
- HHSC will work with providers on moving existing Other Core Activities in new areas

# Category C: Measures Eligible for Graduation 1

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- For some Measure Bundles, providers will have the option of “graduating” (choosing not to report) specific process measure defined in the MBP.
- The objective is to allow providers to increase efforts on clinical outcomes after the aim of process-focused measures has been accomplished
- Choosing not to report “graduating” measures will not impact the Measure Bundle’s point value.



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# Category C: Measures Eligible for Graduation 2

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- Factors that were evaluated in proposing measures for graduation to CMS included measures in which a high number of providers:
  1. Reported high-performing baselines in DY7
  2. Reported high rates of improvement in DY2-6
  3. Reported high performance achievement in DY8R1



# Category C: Measures Eligible for Graduation 3

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## A1: Improved Chronic Disease Management: Diabetes Care

*This bundle is a State Priority.*

**Objective:**

Develop and implement chronic disease management interventions that are geared toward improving management of diabetes and comorbidities, improving health outcomes and quality of life, preventing disease complications, and reducing unnecessary acute and emergency care utilization.

**Target Population:**

Adults with diabetes

**Base Points:** 7\*1.5 (state priority) = 11

**Possible Additional Points:** 9

**Maximum Total Possible Points:** 20

ID	Measure	Steward	NQF #	Required if Newly-Selected in DY7/8	Required if Newly-Selected in DY9/10	Required if Continued in DY9/10	Measure Points
A1-111	Comprehensive Diabetes Care: Eye Exam (retinal) performed	NCQA	0055	No	No	No	+1
A1-112	Comprehensive Diabetes Care: Foot Exam	NCQA	0056	Yes	Yes	No	1
A1-115	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	0059	Yes	Yes	Yes	3
A1-207	Diabetes care: BP control (<140/90mm Hg)	NCQA	0061	Yes	Yes	Yes	3
A1-500	PQI 93 Diabetes Composite (Adult short-term complications, long-term complications, uncontrolled diabetes, lower-extremity amputation admission rates)	AHRQ	N/A	Yes*	Yes*	Yes*	+4/+0
A1-508	Reduce Rate of Emergency Department visits for Diabetes	N/A	N/A	Yes*	Yes*	Yes*	+4/+0

\*For Performing Providers that select Measure Bundle A1:

- Measures A1-500 AND A1-508 are PBCOs and are required P4P measures for Performing Providers with an MPT of 75.
- Performing Providers with an MPT less than 75 may opt to report measures as P4P.
- Performing Providers with an MPT below 75 that do not opt to report as P4P that have any numerator volume will report as P4R. Measures reported as P4R will not count towards the Measure Bundle's point value and do not contribute towards a Performing Provider's MPT.

# Category C: Measures Eligible for Graduation 4



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Measure Bundle	Measures Eligible for Graduation (Hospitals and PP)	Reason for Graduation Eligibility
A1	A1-112 Comprehensive Diabetes Care: Foot Exam	High rates of reported improvement in DY2-6
A2	A2-210 Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	High rates of reported improvement in DY2-6

# Category C: Measures Eligible for Graduation 5



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Measure Bundle	Measures Eligible for Graduation (Hospitals and PP)	Reason for Graduation Eligibility
B1	B1-252 Transition Record with Specified Elements Received by Discharged Patients (Emergency Department Discharges)	High rates of reported improvement in DY2-6
B1	B1-253 Transition Record with Specified Elements Received by Discharged Patients (Discharges from Inpatient Facility)	High rates of reported improvement in DY2-6

# Category C: Measures Eligible for Graduation 6



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Measure Bundle	Measures Eligible for Graduation (Hospitals and PP)	Reason for Graduation Eligibility
C1	C1-105 Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Consistently high baselines reported in DY7  High rates of reported improvement in DY2-6

# Category C: Measures Eligible for Graduation 7



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Measure Bundle	Measures Eligible for Graduation (Hospitals and PP)	Reason for Graduation Eligibility
D1	D1-211 Rate 1 Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents	Consistently high baselines reported in DY7 High rates of reported improvement in DY2-6
D1	D1-400 Tobacco Use and Help with Quitting Among Adolescents	Consistently high baselines reported in DY7 100% DY8 goal achieved in PY1
D5	D5-211 Rate 1 Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents	High rates of reported improvement in DY2-6



## Category C: Discontinued Measures

Measures listed below are being discontinued if the Measure Bundle is newly selected or continued.

Measure Bundle	Discontinued Measures	Reason for Discontinuation
E1	E1-193 Contraceptive Care – Postpartum Women Ages 15–44	Guidance from Measure Steward
E2	E2-A01 Quality Improvement Collaborative Activity: Participation in OB Hemorrhage Safety Bundle Collaborative (TexasAIM Plus) through the Texas Department of State Health Services	Providers that selected participation in TexasAIM in DYs 7-8 must report on two TexasAIM outcome measures (E2-601 and E2-602) in DYs 9-10 instead of P4R participation in E2-A01. More information forthcoming.



# Category C: Related Strategies

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- In DY9-10, providers will report on lists of Related Strategies as determined by Measure Bundle selection for hospitals and physician practices or by measure selection for LHDs and CMHCs.
- Related Strategies represent the strategies providers have implemented that impact the Category C Measure Bundle or measure target population.





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# Category C: Purpose of Related Strategies

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- HHSC aims to examine the relationship between Related Strategies and providers demonstrating higher Category C performance achievement among shared Measure Bundles or measures.
- For example, among hospitals/physician practices that selected Measure Bundle A1 (Chronic Disease Management: Diabetes), Related Strategies reporting will allow HHSC to examine the relationship between Related Strategies and providers with higher performance achievement in that Measure Bundle.
- Similarly, among LHDs and among CMHCs, the relationship between Related Strategies and providers with higher performance achievement can be examined across respective LHD and CMHC specific measures.



## How are Related Strategies (Cat C) different from Core Activities (Cat A)? (1)

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### Similarities:

- Related Strategies (Category C) and Core Activities (Category A) both involve better understanding what kinds of strategies providers are implementing to meet Category C achievement goals.
- In fact, the list of Related Strategies was informed by, but not limited to, Core Activity descriptions.



## How are Related Strategies (Cat C) different from Core Activities (Cat A)? (2)

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### Key Differences:

- The list of Related Strategies includes strategies a provider may have implemented, even apart from DSRIP, which may not be included in Core Activities reporting.
- Unlike Core Activities reporting, Related Strategies reporting will not include a qualitative reporting component.
- Moreover, even if multiple Category C measures are selected, providers are only required to report on at least one Core Activity, leaving a gap in understanding what strategies were implemented across all selected measures for a given provider or across providers selecting shared measures.



# Category C: Related Strategies Reporting

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- As determined by Measure Bundle selection (H/PP) or by measure selection (LHD, CMHC), providers will report on one or more Related Strategies Lists
- NOTE: Measure Bundles/measures with similar interventions, care settings, and/or populations are associated with a single Related Strategies List so that providers will report only once on the implementation of Related Strategies within that Related Strategies List.



# Category C: Related Strategies Reporting (2)

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- Within each Related Strategies List, there are multiple individual Related Strategies organized by Themes:
  - Access to Care
  - Care Coordination
  - Data Analytics
  - Disease Management
  - Social Determinants of Health
- On average, there are 40-45 Related Strategies in a List.
- For each Related Strategy within a required List, providers will make two reporting indications regarding the strategy's implementation (using drop-down selections for each reporting indication):
  1. Implementation Date
  2. Implementation Status



# Category C: Related Strategies Reporting (3)

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For each Related Strategy within a required List, providers will make two reporting indications regarding the strategy's implementation (using drop-down selections for each reporting indication)

Example of expected drop-down selections:

1. Implementation Date
  - Before DSRIP
  - DY1-6
  - DY7-8
  - Planned for DY9-10
  - Not Applicable
2. Implementation Status
  - Implemented in small scale
  - Implemented throughout system
  - Implemented then discontinued
  - Not Yet Implemented
  - Not Applicable



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## Category C: Related Strategies Reporting (4)

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- Providers are required to report on Related Strategies in the DY9-10 RHP Plan Update
- Providers are also required to update Related Strategies reporting indications as part of the DY9 and DY10 Category C reporting milestones.

# Category C: Related Strategies Reporting Example

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## Example (Hospital)

- Measure Bundles selected:
  - A1 Adult Diabetes
  - A2 Adult Heart Disease
  - C1 Adult Primary Care
  - C2 Cancer Screening
  - D1 Pediatric Primary Care
  - F2 Pediatric Dental
  - J1 Hospital Safety
- Provider will report on *four* Related Strategies Lists associated with those *seven* Measure Bundle selections:
  1. Adult Primary Care Prevention & Chronic Disease Management (A1, A2, C1, C2)
  2. Pediatric Primary Care Prevention & Chronic Disease Management (D1)
  3. Dental Care (F2)
  4. Hospital Safety (J1)





# Category C: Related Strategies Reporting Example (2)

Hospitals & Physician Practices Measure Bundles and associated Related Strategies List		
Measure Bundle		Related Strategies List
A1	Chronic Disease Management: Diabetes	Adult Primary Care and Chronic Disease Management *
A2	Chronic Disease Management: Heart Disease	
C1	Primary Care Prevention - Healthy Texans	
C2	Primary Care Prevention - Cancer Screening	
C3	Hepatitis C	
B1	Care Transitions and Hospital Readmissions	Hospital Readmissions and Emergency Department Utilization
B2	Patient Navigation & ED Diversion	
D1	Pediatric Primary Care	Pediatric Primary Care and Chronic Disease Management *
D4	Pediatric Chronic Disease Management: Asthma	
D5	Pediatric Chronic Disease Management: Diabetes	
E1	Improved Maternal Care	Maternal Care and Safety
F2	Maternal Safety	
F1	Improved Access to Adult Dental Care	Dental Care *
F2	Preventive Pediatric Dental	
G1	Palliative Care	Palliative Care and Specialty Care (Chronic and Life Impacting Conditions)
I1	Specialty Care	
H1	Mental Health Comorbidities	Behavioral Health Integration
H2	Behavioral Health and Appropriate Utilization	
H3	Chronic Non-Malignant Pain Management	
H4	Integrated Care for People with Serious Mental Illness	
J1	Hospital Safety	Hospital Safety *
D3	Pediatric Hospital Safety	
K1	Rural Primary Care	Rural Primary Care
K2	Rural Emergency Care	Rural Emergency Care



# Category C: Related Strategies Reporting Example (3)

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## Example (Hospital)

- Measure Bundles selected:
  - A1 Adult Diabetes
  - A2 Adult Heart Disease
  - C1 Adult Primary Care
  - C2 Cancer Screening
  - D1 Pediatric Primary Care
  - F2 Pediatric Dental
  - J1 Hospital Safety
- Provider will report on four Related Strategies Lists associated with those seven Measure Bundle selections:
  1. Adult Primary Care Prevention & Chronic Disease Management (A1, A2, C1, C2)
  2. Pediatric Primary Care Prevention & Chronic Disease Management (D1)
  3. Dental Care (F2)
  4. Hospital Safety (J1)



# Category C: Related Strategies Reporting Example (4)

H/PP Theme: Access to Care	
<p>Related Strategies in the Access to Care theme are included in the following Related Strategies Lists:</p> <ul style="list-style-type: none"> <li>• <b>Adult Primary Care and Chronic Disease Management</b></li> <li>• Hospital Readmissions and ED Utilization</li> <li>• Pediatric Primary Care and Chronic Disease Management</li> <li>• Maternal Care and Safety</li> <li>• Dental Care</li> <li>• Behavioral Health Integration</li> <li>• Rural Primary Care</li> <li>• Rural Emergency Care</li> </ul>	
RS-ID	Related Strategies Description
1.00	Same-day and/or walk-in appointments in the outpatient setting
1.01	Night and/or weekend appointments in the outpatient setting
1.10	Integration or co-location of primary care and specialty care services (not including behavioral health) in the outpatient setting
1.11	Integration or co-location of primary care and psychiatric services in the outpatient setting
1.12	Telehealth to provide virtual medical appointments and/or consultations with a primary care provider
1.20	Telehealth to provide virtual medical appointments and/or consultations with a specialty care physician (physical health only)
1.21	Telehealth to provide virtual medical appointments and/or consultations with a psychiatrist
1.30	Mobile clinic or other community-based delivery model to provide care outside of the traditional office
1.31	Mobile clinic or other community-based delivery model to provide care at school(s) (Limited to: Pediatric Primary Care and Chronic Disease Management; Dental Care)
1.40	Integration or co-location of primary care and dental services in the outpatient setting (Limited to: Hospital Readmissions and ED Utilization; Dental Care)
1.41	Telehealth to provide virtual appointments and/or consultations with a dentist (Limited to: Hospital Readmissions and ED Utilization; Dental Care)



# Category C: Related Strategies Reporting Example (5)

**H/PP Theme: Social Determinants of Health**

Related Strategies from the Social Determinants of Health Theme are included in the following Related Strategies Lists:

- **Adult Primary Care and Chronic Disease Management**
- Hospital Readmissions and ED Utilization
- Pediatric Primary Care and Chronic Disease Management
- Maternal Care and Safety
- Dental Care
- Palliative/Specialty Care
- Behavioral Health Integration
- Rural Primary Care
- Rural Emergency Care

RS-ID	Related Strategies Description
5.00	Screening patients for food insecurity
5.01	Formal partnership or arrangement with food resources to support patient health status (e.g. local food banks, grocery stores, etc.)
5.10	Screening patients for housing needs
5.11	Formal partnership or arrangement with housing resources to support patient health status (e.g. affordable housing units, transitional housing, rental assistance, etc.)
5.12	Screening patients for housing quality needs
5.13	Formal partnership or arrangement with housing quality resources to support patient health status (e.g. housing inspections, pest control management, heating and other utility services, etc.)
5.20	Screening patients for transportation needs
5.21	Formal partnership or arrangement with transportation resources to support patient access to care (e.g. public or private transit, etc.)
5.30	Formal partnership or arrangement with schools/school districts to collaborate on health-promoting initiatives (e.g. addressing environmental triggers, healthy lunch options, field day activities, etc.) <i>(Limited to: Pediatric Primary Care and Chronic Disease Management; Dental Care)</i>



## Category C: Related Strategies Accompanying Excel File

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### Related Strategies\_20190605.xlsx

- Excel file - Online Reporting System Bulletin Board
- Related Strategies Crosswalk tab
  - Filter for "X" in Related Strategies Lists per provider type (columns D-AC) to identify which Related Strategies (column B) are included in a given List
- Measures and RS Lists tab
  - Filter by DY9-10 expected MB/measure selection (columns B, C) to identify associated Related Strategies Lists (column A)



# Category C: Related Strategies Accompanying Excel File Example (Hospital) MB selection: A1, A2, C1, C2, D1, F2, J1

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A		B	C	D	E	F	G	H	I	J	K	L	M
Related Strategies			Related Strategies Lists for Hospitals and Physician Practices (H/PP)										
Related Strategies ID	Related Strategies Description	Related Strategies Theme	A1, A2, C1, C2, C3	B1, B2	D1, D4, D5	E1, E2	F1, F2	G1, I1	H1, H2, H3, H4	J1, D3	K1	K2	
			Adult Primary Care Prevention and Chronic Disease Management (H/P)	Hospital Readmissions and Emergency Department Utilization (H/PP)	Pediatric Primary Care and Chronic Disease Management (H/PP)	Maternal Care and Safety (H/PP)	Dental Care (H/PP)	Palliative Care and Specialty Care (H/PP)	Behavioral Health Integration (H/PP)	Hospital Safety (H/PP)	Rural Primary Care (H/PP)	Emerg Care (H/PP)	
1.00	Same-day and/or walk-in appointments in the outpatient setting	Access to Care	X	X	X	X	X		X		X		
1.01	Night and/or weekend appointments in the outpatient setting	Access to Care	X	X	X	X	X		X		X		
1.10	Integration or co-location of primary care and specialty care (physical health only) services in the outpatient setting	Access to Care	X	X	X	X	X		X		X		
1.11	Telehealth to provide virtual medical appointments and/or consultations with a primary care provider	Access to Care	X	X	X	X	X		X		X		
1.12	Telehealth to provide virtual medical appointments and/or consultations with a specialty care physician (physical health only)	Access to Care	X	X	X	X	X		X		X		
1.20	Integration or co-location of primary care and psychiatric services in the outpatient setting	Access to Care	X	X	X	X	X		X		X		
1.21	Telehealth to provide virtual medical appointments and/or consultations with a psychiatrist	Access to Care	X	X	X	X	X		X		X		
1.22	Integration or co-location of psychiatry and substance use disorder treatment services in the outpatient setting	Access to Care											
1.30	Mobile clinic or other community-based delivery model to provide care outside of the traditional office	Access to Care	X	X	X	X	X		X		X		
1.31	Mobile clinic or other community-based delivery model to provide care at school(s)	Access to Care			X		X						
1.40	Integration or co-location of primary care and dental services in the outpatient setting	Access to Care		X			X						
1.41	Telehealth to provide virtual appointments and/or consultations with a dentist	Access to Care		X			X						
1.60	Culturally and linguistically appropriate care planning for patients	Care Coordination	X	X	X	X	X	X	X		X	X	
1.70	Pre-visit planning and/or standing order protocols (e.g. for screenings/assessments, tests/results, prescription changes)	Care Coordination	X	X	X	X	X	X	X		X	X	
1.80	Automated reminders/flags within the E.H.R. or other electronic care platform (e.g. for screenings/assessments, tests/results)	Care Coordination	X	X	X	X	X	X	X		X	X	
1.90	Care team includes personnel in a care coordination role not requiring clinical licensure (e.g. non-clinical social workers, community health workers)	Care Coordination	X	X	X	X	X	X	X		X	X	
2.00	Care team includes personnel in a care coordination role requiring clinical licensure (e.g. registered nurse, licensed practical nurse)	Care Coordination	X	X	X	X	X	X	X		X	X	
2.10	Hotline, call center, or other similar programming staffed by personnel with clinical licensure to answer questions for patients	Care Coordination	X	X	X	X	X	X	X		X	X	
2.20	Formal closed loop process for scheduling a follow-up visit with a primary care provider and/or assigning a primary care provider	Care Coordination	X	X	X	X	X	X	X		X	X	
2.30	Formal closed loop process for scheduling referral visits as needed	Care Coordination	X	X	X	X	X	X	X		X	X	
2.40	Data sharing connectivity or arrangement with Medicaid Managed Care Organization(s) for patient claims data	Care Coordination	X	X	X	X	X	X	X		X	X	
2.50	Data sharing connectivity across care settings within provider's integrated delivery system (includes inpatient, outpatient, ambulatory care)	Care Coordination	X	X	X	X	X	X	X		X	X	
2.51	Data sharing connectivity or Health Information Exchange (HIE) arrangement across care settings external to provider's organization	Care Coordination	X	X	X	X	X	X	X		X	X	
2.60	Formal closed loop process for coordinating the transition from pediatric to adult care	Care Coordination			X								
3.00	Panel management and/or proactive outreach of patients using a gap analysis method (i.e. strategically targeting patients with unmet needs)	Data Analytics	X	X	X	X	X	X	X	X	X	X	
3.01	Panel management and/or proactive outreach of patients using a risk-stratification method (i.e. strategically targeting patients at high risk of poor outcomes)	Data Analytics	X	X	X	X	X	X	X	X	X	X	
3.10	Database or registry to track quality and clinical outcomes data on patients	Data Analytics	X	X	X	X	X	X	X	X	X	X	
3.12	Analysis of appointment "no-show" rates	Data Analytics	X	X	X	X	X	X	X	X	X	X	
3.30	Formal partnership or arrangement with post-acute care facilities (e.g. skilled nursing facility, inpatient rehabilitation facility)	Data Analytics		X				X				X	
3.40	Formal partnership or arrangement with schools/school districts to track/share data such as absenteeism, classroom behavior, etc.	Data Analytics			X		X						
4.00	Care team includes a clinical pharmacist(s)	Disease Management	X	X	X	X	X	X	X		X	X	
4.01	Care team includes a behavioral health professional such as a psychologist, licensed clinical social worker, licensed counselor, etc.	Disease Management	X	X	X	X	X	X	X		X	X	
4.02	Care team includes a registered dietitian(s)	Disease Management	X	X	X	X	X	X	X		X	X	
4.10	Group visit model	Disease Management	X	X	X	X	X	X	X		X	X	
4.20	Home visit model	Disease Management	X	X	X	X	X	X	X		X	X	
4.30	Classes for patients focused on disease self-management (e.g. lifestyle changes, symptom recognition, clinical triage)	Disease Management	X	X	X	X	X	X	X		X	X	
4.31	Classes for patients focused on diet, nutrition counseling, and/or cooking	Disease Management	X	X	X	X	X	X	X		X	X	
4.32	Classes for patients focused on physical activity	Disease Management	X	X	X	X	X	X	X		X	X	
4.40	Peer-based programming (includes support groups, peer coaching/mentoring, etc.)	Disease Management	X	X	X	X	X	X	X		X	X	



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## Category C: Related Strategies Stakeholder Feedback

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### Key stakeholder feedback

- The individual Related Strategies:
  - Content
  - Language
  - Total number of Related Strategies per List

# Pending Items Not Currently Included in the MBP

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Below are pending items that are not currently included in the MBP.

- Measures eligible for alternate QISMC goals
- Measures eligible for statistically significant maintenance of high performance
  - Definition of statistically significant maintenance

HHSC continues negotiating these items with CMS and will notify stakeholders of updates.



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# Stakeholder Feedback



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- Submit feedback through the online survey by **Thursday, June 27, 2019**.
- Link to Survey:  
<https://www.surveymonkey.com/r/2W9G6PV>
- HHSC will only accept feedback through the survey.



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# Estimated Timeline

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Estimated Date	Task
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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[TXHealthcareTransformation@hhsc.state.tx.us](mailto:TXHealthcareTransformation@hhsc.state.tx.us)

<https://hhs.texas.gov/laws-regulations/policies-rules/waivers/medicaid-1115-waiver/waiver-renewal>