

# Partner Engagement Quarterly Update: DSRIP Transition

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## Agenda

- 1. Updates on Transition Plan
- 2. Milestone and Best Practices Workgroup Updates
- 3. What is a Directed Payment Program?
- 4. Q&A



### **DSRIP** Transition



#### **DSRIP** Transition

## Texas must transition from the DSRIP pool to sustainable reforms

- The DSRIP pool ends October 2021 under the 1115 Waiver
- CMS specified in waiver renewal approval:

"Texas' DSRIP program will transition to a more strategic systemic effort focusing on health system performance measurement and improvement that achieves sustainable and effective delivery system reform."



#### **DSRIP** Transition Plan

## HHSC must get CMS approval of DSRIP transition plan

#### By Oct. 1, 2019

 HHSC submitted draft transition plan to CMS per the waiver special terms and conditions\*

#### By Apr 1, 2020

 HHSC and CMS must finalize the DSRIP transition plan

\* DSRIP Federal Financial Participation (FFP) is at-risk if Texas fails to achieve milestones outlined in the plan



#### **Draft Transition Plan Goals**

- 1. Advance APMs to Promote Healthcare Quality
- 2. Support Further Delivery System Reform
- 3. Explore Innovative Financing Models
- 4. Cross-Focus Areas
- 5. Strengthen Supporting Infrastructure to Improve Health



Services

# **Key Focus Areas for Post-DSRIP Efforts Part 1**

- Sustain access to critical health care services
- Behavioral health (BH)
- Primary care
- Patient navigation, care coordination, and care transitions, especially for patients with high costs and high utilization
- Chronic care management
- Health promotion and disease prevention



- Maternal health and birth outcomes, including in rural areas of the state
- Pediatric care
- Rural health care
- Integration of public health with Medicaid
- Telemedicine and telehealth
- Social drivers of health





### **HHSC** Approach

To determine specific strategies and outcomes to further delivery system reforms, HHSC is analyzing:

- Populations served by DSRIP
- Interventions associated with improvements in key health outcomes

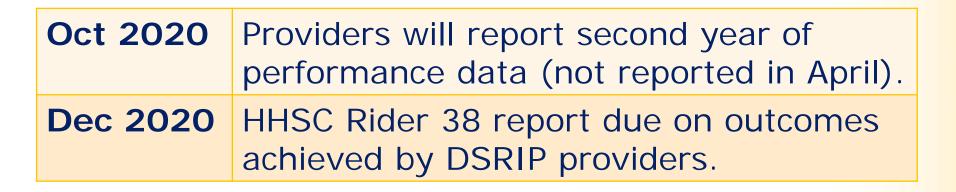


DSRIP 2.0 is a significant shift from DSRIP 1.0. Data for DSRIP 2.0 has only recently become available.

Oct 2019	Providers reported: (1) first year of performance data for DSRIP 2.0. (2) costs and savings for one core strategy.
Nov 2019	Providers reported on core activities and related strategies.
Apr 2020	Providers will begin to report second year of performance data.











### Milestone Updates and Best Practices Workgroup

### **Key Timeline Considerations Part 1**

Two key time periods for the DSRIP transition. Feasible solutions may be different for these time periods.

#### DY 11 (10/1/21-9/30/22)

- 1. Last year of the current waiver
- 2. DSRIP funding is \$0
- 3. Milestone: Identify and submit to CMS any proposals for new programs, including state-directed payment programs, to sustain key DSRIP initiative areas in DY 11 [Sep. 2020]





### **Key Timeline Considerations Part 2**

#### FFY 2023 and beyond

- 1. HHSC may negotiate waiver extension or pursue alternatives
- 2. <u>Milestone</u>: Identify and submit to CMS any additional proposals for new programs to sustain key DSRIP initiative areas that would start in the next Waiver renewal period [Sep. 2021]





#### September 2020

- Update the Texas Value-Based Purchasing Roadmap to address strategies to sustain key DSRIP initiative areas
- Identify and submit to CMS any proposals for new programs, including state-directed payment programs, to sustain key DSRIP initiative areas in DY 11 of current Waiver period





#### December 2020

- Update the Texas Medicaid quality strategy to address program and stakeholder goals
- Review DSRIP activities as possible Medicaid state plan benefits and policy changes, and submit to CMS review results or approval requests, as necessary
- Assess the current capacity and use of telemedicine and telehealth, particularly in rural areas of Texas, to inform next steps to address access gaps
- Conduct a preliminary analysis of DY 7-8 DSRIP quality data and related core activities to outline lessons learned on health system performance measurement and improvement
- \* 2021 Legislative Session





#### March 2021

- Assess Texas' current financial incentives for Medicaid MCOs and providers to enter into meaningful quality-based alternative payment models and identify potential opportunities to strengthen or align incentives
- Complete an assessment of which social factors are correlated with Texas Medicaid health outcomes
- Identify options for the Regional Healthcare Partnership structure post-DSRIP





#### September 2021

 Identify and submit to CMS any additional proposals for new programs to sustain key DSRIP initiative areas that would start in the next Waiver renewal period

\* DY11 October 2021 – September 2022

#### **HHSC Actions Part 1**

#### HHSC is actively preparing for what comes next.

TEXAS Health and Human Services	

	Planning	Analyzing		Engaging
•	Finalizing	<ul> <li>Analyzing</li> </ul>	•	Developed ongoing
	DSRIP	DSRIP		partner
	transition	populations		engagement plan
	plan with	served and	•	Refining
	CMS	successful		parameters with
		interventions		CMS

### **HHSC Actions Part 2**



Planning	Analyzing	Engaging
<ul> <li>Developed</li> </ul>	<ul> <li>Collecting</li> </ul>	<ul> <li>Identifying</li> </ul>
detailed	and	opportunities to
plan for	analyzing	promote
achieving	other data	collaboration
milestones	and options	between Managed
in DSRIP	to sustain	Care Organizations
transition	delivery	(MCOs) and
plan	system	providers
	reforms	



### **Milestone Progress**

#### **Data Analysis**

- Population served
- Medicaid billing practices of current providers
- Qualitative data reviews
- DSRIP data
- Cost and Savings review
- VBP updates

#### Other Innovations Research

- Other State's Directed Payment Programs
- QI allowances
- Telemedicine Assessment
- Social Determinants of Health
- Total Cost of Care models



### Best Practices Workgroup (BPW)

## HHSC formed the BPW to provide stakeholder insight to build on DSRIP reporting data.

- Includes DSRIP participating providers, Executive Waiver Committee members, and anchors.
- Kicked off January 8. Completed first survey focused on prioritizing measures that drive improvement in the health status of clients.
- Preliminary results indicate consensus on 16 of 37 measures.
- Next survey focused on strategies used to achieve meaningful outcome goals



## **Directed Payment Programs**



# Directed Payment Programs (DPPs)

- Permitted under federal Medicaid managed care regulations. See 42 CFR § 438.6(c).
- Allows managed organizations to make increased payments for services through adjustments to provider reimbursement rates or as incentive payments.
- States must submit a preprint describing the program which must be approved annually by CMS.
- There are no timelines associated with the submission or approval process, though HHSC must take into account the managed care contract cycle when planning.



#### **DPPs Continued Part 1**

## All state directed payments included in Medicaid managed care contracts must:

- 1. Be based on the utilization and delivery of services to Medicaid beneficiaries covered under the contract.
- 2. Be directed equally, using the same terms of performance across a class of providers.
- 3. For VBP arrangements, use a common set of performance measures across a class of providers.
- 4. Advance at least one of the goals and objectives in the state's Medicaid managed care quality strategy.
- 5. Have an evaluation plan.

#### **DPPs Continued Part 2**

6. Not be conditioned upon the provider entering into or adhering to intergovernmental transfer agreements (IGTs).





## Questions?



## Thank you

**DSRIP** Website & Draft Transition Plan:

https://hhs.texas.gov/laws-regulations/policies-

rules/waivers/medicaid-1115-waiver/waiver-renewal

DSRIP Email: <u>TXHealthcareTransformation@hhsc.state.tx.us</u>