



DSRIP Update

DSRIP Program Update

- Technical assistance and NMI reporting from October DY9 reporting is wrapping up. DSRIP performing providers will be submitting their next round of reporting in April for DY10.
- The April DY10 reporting period will be the first opportunity for providers to report using COVID-19 flexibilities. HHSC and the Centers for Medicare and Medicaid Services (CMS) acknowledge that challenges resulting from the pandemic may prevent DSRIP program providers from achieving Category B goals for Medicaid and Low-Income or Uninsured (MLIU) Patient Population by Provider (PPP), demonstrating improvement on Category C measures (pay-for-performance measures) of health care quality, and earning related incentive payments. Modifications to DSRIP measure specifications to account for COVID-19 related process changes were approved by CMS for DY9 and 10 and can be found in green highlighting in the [Program Funding and Mechanics Protocol](#).

Partner Engagement

- The next Partner Engagement Meeting will be held via webinar from 3pm to 4pm on Friday, March 26, 2021. Please register [here](#) and you will be sent the link to join the meeting.

DSRIP Transition Milestone Progress

- Milestone: Update the Managed Care Quality Strategy and VBP Roadmap: The proposed updated [Texas Managed Care Quality Strategy](#) was posted for public comment through March 8, 2021. A related document, the Value-Based Payment Roadmap has been updated by the milestone team and is under review. Both documents will be finalized and submitted to the CMS by March 31, 2021.
- Milestone: Assess the Social Factors correlated with Texas Medicaid Health Outcomes – HHSC partnered with several state and national organizations and experts to assess the social factors correlated with key Texas Medicaid quality measures and program and policy considerations related to social determinants of health (SDOH). The summary report is under final HHSC review before submission to CMS by March 31, 2021. The knowledge and data gained from these analyses will inform future HHSC decisions and efforts to address SDOH.

- Milestone: Assess Financial Incentives for Alternative Payment Models (APMs): guidance for MCOs to encourage their use of Quality Improvement flexibilities in the MCO contract and a report assessing financial incentives for APMs have both been drafted and are on schedule for submission to CMS by June 30, 2021.
- Milestone: Assess the Tele-Health Capacity of Rural Health Providers – the findings of the rural hospital and rural health clinic survey were [presented](#) at the [Statewide Medicaid Managed Care Advisory Committee](#) meeting on February 25. An issue brief analyzing the survey results and select Medicaid utilization data is on schedule for timely submission to CMS in June 2021.
- Milestone: Options for the Regional Healthcare Partnership (RHP) Structure post-DSRIP – Staff mapped RHP anchor and provider locations to Medicaid managed care service areas and are exploring options for regional representatives to facilitate collaboration and provide technical assistance. Recommendations will be developed for the scope of future regional structures.

Post-DSRIP Programs

- New Programs for DY 11 – HHSC [posted](#) for comment the rules, requirements, and measure specifications for the directed payment programs Texas proposed in December 2020 for DY11 and beyond. The final program rules, requirements and specifications, and a summary of the public comments will be posted by March 31, 2021.