DSRIP Program Update

- On October 16, 2020, HHSC submitted a request to CMS to extend the DSRIP program with $2.49 billion in continued funding for the final demonstration year of the current 1115 Healthcare Transformation Waiver. HHSC is awaiting response from CMS.

- DY9 Round 2 reporting review is underway.

Partner Engagement

Quarterly Meetings

The next Partner Engagement meeting has been moved from November 16th to December 11th at 2:30pm. Please use this link to register for the webinar. Once registered, a meeting link will be sent to join the webinar. HHSC will provide an overview of DY 11 new program options at the meeting.

Best Practices Workgroup


Highlights from the results:

- Most respondents were able to stratify their MLIU population data by several demographic, clinical diagnoses, and payer characteristics, but less than a third could stratify by social needs.
- Respondents cited “Leadership and Mission” as the most influential factor in adopting key practices for their organization.
- For nine of the 10 key measures identified in a previous survey, most respondents said their organizations would be willing to use those measures in a value-based purchasing arrangement with MCOs.
DSRIP Transition Milestone Progress

- A draft of the updated Quality Strategy will be posted for a 30-day public comment period in December. The current Quality Strategy and an overview of planned changes were presented to the Medical Care Advisory Committee (MCAC) in November. The updated Strategy will be presented to the MCAC for final review in February 2021.

- HHSC will release the preliminary analysis of Demonstration Years 7-8 DSRIP quality data and related core activities that outlines lessons learned on health system performance measurement and improvement in December 2020.

- Options for DY 11 New Programs are on-track for December 31 submission to CMS.

  - HHSC staff concluded the physician stakeholder workgroups involved in developing a directed payment program concept to replace NAIP and DSRIP transition.

  - Stakeholder meetings for potential programs for Local Health Departments, Community Mental Health Centers, and Rural Health Clinics began in Mid-October and are expected to continue until January 2021.

  - HHSC staff concluded work with a stakeholder workgroup to discuss potential changes to the UHRIP program effective in DY11. CMS has indicated that the UHRIP program should better connect to the Texas Quality Strategy, which is currently being updated. The DSRIP team led work with a quality subcommittee of stakeholders on recommendations for quality changes to UHRIP that tie to the quality strategy and further the best practices identified in DSRIP.

  - HHSC is continuing to develop fiscal impact assessments for the DY 11 DSRIP Transition program options. HHSC is drafting rules for the new DY 11 DSRIP programs and UHRIP; the public comment period is expected to begin in January 2021.

- HHSC worked with the Texas Organization of Rural & Community Hospitals (TORCH), the Texas Association of Rural Health Clinics (TARHC), the e-Health
Advisory Committee (e-HAC), and staff from the Institute of Child Health Policy (ICHP) to develop a survey to assess the participation of Texas rural hospitals and rural health clinics (RHCs) in telemedicine and telehealth services prior to COVID-19 and during COVID-19, as well as barriers to their participation in these services. The survey closed September 23. HHSC presented the findings of the survey at the November 18 State Medicaid Managed Care Advisory Committee (SMMCAC) Network Adequacy and Access to Care Subcommittee meeting and will again at the December 7 e-Health Advisory Committee meeting.