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DSRIP Transition Update

October 14, 2019

Agenda



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- DSRIP Transition Plan Status
- Summary of Stakeholder Meetings
- Next Steps
- Q&A



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DSRIP Transition Plan

Transition Plan Feedback



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- In August, over 80 stakeholders provided feedback on the draft DSRIP Transition Plan, which HHSC submitted to CMS by October 1.
- In addition to proposed changes to the plan, comments also:
 - supported aspects of the plan
 - focused on next steps related to proposed milestones
- HHSC will continue to work closely with stakeholders as it develops and implements plans for each of the milestones and use the feedback to inform next steps.

Transition Plan Changes



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HHSC Response to Comments

- Added two key focus areas:
 - Sustain access to critical health care services
 - Integration of public health with Medicaid
- Acknowledged unique challenges faced in rural areas
- Included importance of data sharing as part of the Value-Based Purchasing Roadmap milestone
- Acknowledged that DSRIP enabled more coordination across physical health, behavioral health, and public health
- Added specific deliverables for each milestone



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Summary of Stakeholder Meetings



Stakeholder Discussions

HHSC held work sessions in September with representatives of the following groups:

- Rural Hospitals and Regional Healthcare Partnerships (RHPs)
- Hospitals
- Academic Health Science Centers
- Community Mental Health Centers
- Local Health Departments
- Physician Groups

The following summaries reflect stakeholder feedback to HHSC. HHSC is providing these summaries of stakeholder feedback to promote information sharing across stakeholder groups. HHSC is also considering this stakeholder feedback in the planning for post-DSRIP.



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Shared Stakeholder Priorities for Post-DSRIP

- Access to care, including for low-income uninsured
- Care coordination and patient navigation (health coaches, community health workers)
- Additional “non-medical” services (e.g., transportation, food, other services to address social drivers of health)
- Behavioral health (BH)
- Integration of BH and primary care services
- Chronic disease prevention and management
- Telehealth and telemedicine
- Improved data systems and performance reporting
- Collaboration on quality measures (shared regional goals)



Rural Hospitals and RHPs

Considerations

- Potential rural hospital closures
- Low Medicaid utilization, relating to program structure and MCO contracting
- Readiness for value-based purchasing and risk-based models
- Need for technical assistance and financing for data and systems capacity

Opportunities & Priorities

- Telehealth, BH, and care coordination
- Regional structure that builds on RHP model and promotes collaboration
- Directed payment programs for rural health clinics, health care collaboratives, rural providers that partner with CMHCs



Hospitals

Considerations

- Available federal revenue under different scenarios (with or without 1115 waiver)
- Whether post-DSRIP proposals count against Hospital Specific Limit
- Uncertainty and anxiety about available funding
- Uninsured population (40-50% for some hospitals)
- Availability of IGT linked to benefit of post-DSRIP programs for patients served by providers
- Continuing to flow funds to providers to encourage MCO contracting

Opportunities & Priorities

- Serving medically complex pediatric populations
- Targeted benefit, including primary care, for people with serious mental illness (SMI)
- Access to care, chronic care management, social drivers of health
- Simplify and align programs and measures across payors
- Standard menu of performance measures with choice and flexibility

Academic Health Science Centers (AHSCs)



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Considerations

- Uninsured population
- AHSC's address gaps in underserved areas
- Unique AHSC role in workforce training, testing innovations, technical assistance for other providers
- Uncertainty about total available funding

Opportunities & Priorities

- CHWs to enhance primary care
- Standardized and timely performance data from MCOs
- Directed payment program for clinics in underserved areas
- Dental care for pregnant women
- Targeted benefits
- Mobile services, services at schools

Community Mental Health Centers



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Considerations

- Critical role of DSRIP in financing services and reforms, including:
 - crisis services
 - integrated care
 - care coordination
 - peer services
 - substance use services
- Contracting challenges with MCOs

Opportunities & Priorities

- Directed payment program for Certified Community BH Clinics (CCBHCs)
- Target benefits to people with SMI or similar functioning
- Integrate primary care and substance use disorder (SUD) services with CCBHC
- Pilots for social drivers of health

Local Health Departments (LHDs)



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Considerations

- Low historical Medicaid utilization
- Unique performance measure and contracting requirements, as local governmental entities
- Role as safety net providers, and prevention and navigation experts

Opportunities & Priorities

- Fund core public health services
 - TB and STD services, immunizations
 - Dental, family planning, primary care, chronic disease prevention and management, teen services, patient navigation
- Uncompensated care payment structure
- Designate Medicaid provider type for LHDs
- Improve billing and contracting with MCOs
- Recognize cost avoidance



Physician Groups

Considerations

- Uninsured population and impacts on care and financial sustainability of practices and system
- Performance measurement for hospitals with more complex patients must account for increased risk and not create disincentives, as Texas AIM project is implemented

Opportunities & Priorities

- Team-based, ambulatory primary care to reduce hospital use and costs for chronic disease or complex care management
- Maternal health, including access to specialty and chronic disease services
- Simpler Medicaid reimbursement processes and additional liability protections to increase access to subspecialists
- Accountable Care Organizations (ACOs) or similar model that encourages engagement between hospitals and community physicians

Next Steps for HHSC

- Create detailed plan for completing each milestone in Transition Plan
- Develop stakeholder engagement plan
- Collect data and analyze options for sustaining delivery system reforms
- Refine parameters with CMS, including on HSL question
- Identify opportunities to promote collaboration between MCOs and providers



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Thank you

DSRIP Email: TXHealthcareTransformation@hhs.state.tx.us

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