Summary of Texas DSRIP DY7-8 Requirements

<table>
<tr><td>RHP Plan Update</td><td colspan="4">DY7-8 (October 1, 2017 - September 30, 2019)</td></tr>
<tr><td>DSRIP Funding Distribution</td><td colspan="2">DY7</td><td colspan="2">DY8</td></tr>
<tr><td rowspan="2">20% RHP Plan Update Submission in DY7</td><td>0% Category A</td><td>55 or 65% Category C</td><td>0% Category A</td><td>75 or 85% Category C</td></tr>
<tr><td>10% Category B</td><td>15 or 5% Category D</td><td>10% Category B</td><td>15 or 5% Category D</td></tr>
<tr><td colspan="5">Category A - Required reporting to be eligible for payment of Categories B-D.</td></tr>
<tr><td>Describe transition from DY2-6 to DY7-8 activities including new activities</td><td colspan="4">DY7 - reported during DY7 Round 2; DY8 - reported during DY8 Round 2
• Core Activities - Report on progress and updates to Core Activities
• Alternative Payment Methodology (APM) - Report on progress toward or implementation of APM arrangements
• Costs and Savings - For Performing Providers with ≥$1M total valuation, submit costs of at least one Core Activity and forecasted/generated savings
• Collaborative Activities - Attend at least one learning collaborative, stakeholder forum, or other stakeholder meeting</td></tr>
<tr><td colspan="5">Category B - Medicaid and Low-Income or Uninsured (MLIU) Patient Population by Provider (PPP)</td></tr>
<tr><td>Submit DY5 and DY6 total number of individuals and MLIU individuals served by the Performing Provider system to establish baseline and DY7-8 MLIU PPP goal.</td><td colspan="4">DY7 - reported during DY7 Round 2 or DY8 Round 1 (no carryforward of achievement, only delayed reporting date)
DY8 - reported during DY8 Round 2 or DY9 Round 1 (no carryforward of achievement, only delayed reporting date)
• Maintain or increase number of MLIU individuals served each DY within allowable variation based on Performing Provider size, type, and the MLIU percentage of Total PPP served in the baseline years.
• Report Total PPP each DY and explanation for any change in the ratio of MLIU PPP to Total PPP from the baseline
• Partial achievement available for MLIU PPP, paid at 100% (with allowable variation from goal), 90%, 75%, 50%, or 0% of milestone value</td></tr>
<tr><td>Category C - Measure Bundles</td><td></td><td>DY7</td><td colspan="2">DY8</td></tr>
<tr><td rowspan="6">Selection of Measures or Measure Bundles and determination of attributed population.

Hospitals and physician practices - must select Measure Bundles to meet or exceed the Minimum Point Threshold (MPT). HHSC assigns each hospital or physician practice a MPT based on:
• DY7 valuation/standard point valuation of $500,000; or
• MPT cap of 75; or
• Accounts for Medicaid and uninsured inpatient days and outpatient costs (hospitals only)
• Each Measure Bundle includes required measures and may include optional measures or population based clinical outcomes (PBCOs).</td><td>Measurement Period*</td><td>P4P Baseline: Calendar Year (CY) 2017
P4P Performance Year (PY) 1: CY 2018
P4R Reporting Year (RY) 1: DY7</td><td colspan="2">P4P PY2: CY 2019
P4P PY3: CY 2020
P4R RY2: DY8</td></tr>
<tr><td colspan="4">*A measure may be eligible for a shorter baseline measurement period ≥ 6 months or may be eligible for a delayed measurement period that ends no later than 9/30/2018.</td></tr>
<tr><td>P4P Measure**

(P4P measures that are P4R due to low volume will report on the same schedule as P4P measures, but only reporting milestones apply)</td><td>25% baseline reporting milestone - may be reported during DY7 Rd 1 or DY7 Rd 2
25% PY1 reporting milestone &
50% DY7 goal achievement milestone - may be reported during DY8 Rd 1 or DY8 Rd 2</td><td colspan="2">25% PY2 reporting milestone &
75% DY8 goal achievement milestone - may be reported during DY9 Rd 1 or DY9 Rd 2; or PY3 during DY10 Rd 1</td></tr>
<tr><td colspan="4">**Carryforward of achievement available so that DY7 goal achievement milestone may be achieved in PY1 or PY2 and DY8 goal achievement milestone may be achieved in PY2 or PY3. For measures with an approved delayed measurement period, DY7 goal achievement milestone may be achieved in PY2 only.</td></tr>
<tr><td>P4R Measure (Innovative or Quality Improvement Collaborative Activity)</td><td>100% RY1 reporting milestone - may be reported during DY7 Round 2 or DY8 Round 1</td><td colspan="2">100% RY2 reporting milestone - may be reported during DY8 Round 2 or DY9 Round 1</td></tr>
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Reporting Periods: DY7 Round 1 - Apr 2018; DY7 Round 2 - Oct 2018; DY8 Round 1 - Apr 2019; DY8 Round 2 - Oct 2019; DY9 Round 1 - Apr 2020; DY9 Round 2 - Oct 2020; DY10 Round 1 - Apr 2021

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<tr><td rowspan="6">• Hospitals and physician practices may adjust valuation among Measure Bundles within requirements.
• Each measure within a Measure Bundle is valued equally with the exception of Innovative Measures are valued at 50% of other measures.
• If valuation >$250K, select at least one Measure Bundle with a 3 point clinical outcome measure.
• If MPT is 75, select at least one Measure Bundle with a PBCO.

Community Mental Health Centers (CMHCs) and Local Health Departments (LHDs) - must select measures to meet or exceed the MPT. HHSC assigns each CMHC or LHD a MPT based on:
• DY7 valuation/standard point valuation of $500,000; or
• MPT cap of 40
• Select at least 2 unique measures.
• If valuation >$250K, select at least one 3 point clinical outcome measure.
• All selected measures are valued equally but a CMHC or LHD may adjust valuation among measures within requirements.</td><td>Quality Improvement System for Managed Care (QISMC)
Baseline below MPL</td><td>Minimum Performance Level (MPL)</td><td>10% gap closure between the MPL and High Performance Level (HPL)</td></tr>
<tr><td>QISMC
Baseline equal to or greater than the MPL and lower than the HPL</td><td>The greater absolute value of improvement between: 5% gap closure towards HPL, or baseline plus (minus) 2% of the difference between the HPL and MPL, not to exceed the HPL</td><td>The greater absolute value of improvement between: 20% gap closure towards HPL, or baseline plus (minus) 10% of the difference between the HPL and MPL, not to exceed the HPL</td></tr>
<tr><td>QISMC
Baseline equal to or greater than the HPL</td><td>The lesser absolute value of improvement of baseline plus (minus) 2% of the difference between the HPL and MPL or the IOS goal</td><td>The lesser absolute value of improvement of baseline plus (minus) 8% of the difference between the HPL and MPL or the IOS goal</td></tr>
<tr><td>Improvement over Self (IOS)</td><td>2.5% gap closure</td><td>10% gap closure</td></tr>
<tr><td colspan="3">Denominator population includes all individuals served by the Performing Provider system that are included in the Measure Bundle target population (facility, co-morbid condition, age, gender, and race/ethnicity subsets are not allowed unless specified in the Measure Bundle Protocol)</td></tr>
<tr><td colspan="3">• P4R and P4P measure reporting milestones - required reporting of All-Payer, Medicaid, and LIU payer types (with some exceptions to Medicaid-only or LIU-only payer type with good cause, e.g. data limitations)
• P4P measure goal achievement milestones - achievement of MLIU rate (with some exceptions to base achievement on all-payer, Medicaid-only, or LIU-only payment type with good cause, e.g. small denominator, data limitations)</td></tr>
<tr><td colspan="3">Partial achievement available for P4P goal achievement milestones, paid at 100%, 75%, 50%, 25%, or 0% of milestone value. Below are the calculations for measures with positive and negative directionality:
• DY7 achievement = (PY1 Achieved - Baseline)/(DY7 Goal - Baseline); (Baseline - PY1 Achieved)/(Baseline - DY7 Goal)
• Carryforward of DY7 achievement = (PY2 Achieved - Baseline)/(DY7 Goal - Baseline); (Baseline - PY2 Achieved)/(Baseline - DY7 Goal)
• DY8 achievement = (PY2 Achieved - Baseline)/(DY8 Goal - Baseline); (Baseline - PY2 Achieved)/(Baseline - DY8 Goal)
• Carryforward of DY8 achievement = (PY3 Achieved - Baseline)/(DY8 Goal - Baseline); (Baseline - PY3 Achieved)/(Baseline - DY8 Goal)</td></tr>
<tr><td colspan="4">Category D - Statewide Reporting Measure Bundle</td></tr>
<tr><td rowspan="2"></td><td colspan="3">DY7 - reported during DY7 Round 1 or 2, depending on the measure (no carryforward option)
DY8 - reported during DY8 Round 1 or 2, depending on the measure (no carryforward option)</td></tr>
<tr><td colspan="3">Report on the Statewide Reporting Measure Bundle according to Performing Provider type</td></tr>
<tr><td>UC only Hospital Requirements</td><td colspan="2">Private Hospital Participation Incentive</td><td>Plan Modifications</td></tr>
<tr><td>• Participate in 1 learning collaborative
• Report on mandatory Category D reporting domains</td><td colspan="2">If a region maintains its private hospital participation in the RHP Plan Update, each Performing Provider in the region may shift 10% of their total valuation from Category C to D.
• A 3% decrease may be allowed in each region.</td><td>• Certain changes to Category C measures may be allowed prior to reporting a baseline.
• Changes to MLIU PPP and system definition due 90 days prior to the next reporting period.</td></tr>
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