

Changes to Program Funding and Mechanics Protocol due to COVID-19
Demonstration Years 9-10
Summary of Stakeholder Feedback and HHSC Responses

On June 12, 2020, HHSC released for stakeholder feedback changes to the DSRIP Program Funding and Mechanics Protocol (PFM) for Demonstration Years (DY) 9-10 proposed as a result of COVID-19. The PFM was updated for Category B with a broadened definition of an encounter to include telephone visits and a higher percentage for allowable variation from the DY7-8 allowable variation range of one to five percent. Category C was updated to allow providers to earn payment for DY9 achievement milestones and DY8 carryforward achievement milestones based on the higher of a provider's DY8 achievement value, average approved DY8 achievement value per measure class, or Calendar Year (CY) 2020 achievement. In order to be eligible for payment for a measure's DY9 goal achievement milestone, the provider must report on CY2020 performance, CY2019 performance, and ongoing continuous quality improvement activities.

Stakeholders had until June 26, 2020, to submit feedback via email to the waiver mailbox at TXHealthcareTransformation@hhsc.state.tx.us. This document summarizes the feedback HHSC received from all 37 respondents. The DSRIP team reviewed the comments, grouped similar comments together, determined whether additional PFM changes were appropriate, and drafted responses. A change to the PFM as a result of stakeholder feedback is reflected in the updated PFM and is noted in the responses herein.

During discussions in July, CMS did not agree with the use of measure class averages for determining achievement values for all measures and preferred using measure averages for most measures. Although most measures will use DY8 (PY2 – CY2019) achievement values or DY9 (PY3 – CY2020) achievement under either scenario, CMS and HHSC agreed to allow the use of Measure Bundle averages for measures that were selected by less than 10 providers in DY7-8 and the use of measure averages for measures with 10 or more selections.

HHSC submitted the updated PFM to the Centers for Medicare & Medicaid Services (CMS) on August 3, 2020. CMS approved the PFM changes on August 7, 2020.

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A. Category B – Telephone Visits

1. Stakeholders asked if telephone encounters are allowed for both DY9 and DY10.

HHSC Response: Yes, patient telephone visits may be included for both DY9 and DY10. A telephone visit may be counted if it is the equivalent of a service that would be provided within the physical confines of the defined system. The PFM has been updated to clarify that telephone visits are applicable to DY9-10 and not DY7-8. Note that the inclusion of telephone visits is specific to Category B and does not change Category C specifications.

2. Stakeholders asked HHSC to clarify if the baseline or previously reported DY7-8 information needs to be updated in include telephone visits.

HHSC Response: No, for Category B, the inclusion of telephone visits will be applicable to DY9-10. HHSC does not plan on having the provider update their baseline or DY7-8 reporting data to include telephone visits.

3. A stakeholder wanted confirmation that inclusion of telephone visits is not required in the event providers are not able to reprogram their data reports to gather this new information.

HHSC Response: Inclusion of patient telephone visits is optional but should be consistently reported across DY9-10.

4. Three stakeholders requested clarification on what types of telephone visits may be included in the Category B PPP count (e.g., non-billable calls) and how to document.

HHSC Response: HHSC recommends that providers review the guidance posted by CMS and TMHP on COVID-19 and teleservices. Links to this information are provided below.

- **CMS Guidance:** <https://www.cms.gov/outreach-education/partner-resources/coronavirus-covid-19-partner-toolkit>
- **TMHP Guidance:** <https://hhs.texas.gov/services/health/coronavirus-covid-19/medicaid-chip-services-information-providers>
 - Click on the “Teleservices” section to see details and links to TMHP articles

B. Category B – Allowable Variation

5. Most stakeholders supported the higher percentage for allowable variation from the DY7-8 allowable variation range of one to five percent due to the significant decrease in services provided and suggested changes from 20-80%.

HHSC Response: HHSC is considering updating allowable variation within the 30-50% range based on preliminary data and the duration of COVID-19 during DY9.

6. Stakeholders requested that the updated percentage for allowable variation be released earlier than August 2020.

HHSC Response: HHSC will try to accommodate the request to release the final allowable variation as soon as possible but cannot guarantee that it will be available prior to August 2020. If it is helpful, HHSC is considering updating allowable variation within the 30-50% range based on preliminary data and the duration of COVID-19 during DY9.

7. A few stakeholders requested that HHSC provide an example of how the higher percentage of allowable variation would apply to a provider's current MLIU PPP goal.

HHSC Response: Allowable variation is applied to the MLIU PPP numeric goal. For example, if the provider has an MLIU PPP numeric goal of 15,000 and the updated allowable variation is 35%, then the provider would need to see at least 9,750 unduplicated MLIU patients to earn 100% achievement. The way the proposal is currently written would mean achievement would break down into the following tiers for this example:

- 100% Achievement: 9750 or more unduplicated MLIU patients
- 50% Achievement: 7500 to 9749 unduplicated MLIU patients
- 0% Achievement: Under 7499 unduplicated MLIU patients

C. Category B – Achievement

8. Prior to HHSC's release of the PFM changes, multiple stakeholders requested that DY9 MLIU PPP goals be lowered.

HHSC Response: HHSC does not plan on lowering DY9 MLIU PPP numeric goals for all providers as part of this reporting accommodations request. The updated allowable variation should provide flexibility for achieving the provider's DY9 MLIU PPP goal. Providers may still adjust their MLIU PPP numeric goals through plan modifications with a strong, reasonable justification and data to back up the request on a case-by-case basis. For example, a provider whose main source of qualifying Category B encounters are dental visits may want to consider lowering their MLIU PPP numeric goal because dental offices were closed for a period due to COVID-19 AND because dental visits are difficult to conduct via telemedicine. Reminder: Category B plan modifications are due 30 days prior to the start of the semi-annual reporting period.

9. One stakeholder requested allowing extensions for requesting changes to the provider's system definition and Category B goals via plan modifications.

HHSC Response: HHSC is not currently considering adjustments to deadlines for plan modifications. Plan modifications are due 30 days prior to the start of the semi-annual reporting period and HHSC has generally been flexible with changes to the provider's system definition.

10. A few stakeholders suggested Category B MLIU PPP be changed to pay-for-reporting (P4R) due to the unknown impact of COVID-19 and a set percentage for allowable variation may not account for the full loss of MLIU PPP.

HHSC Response: It is not likely that CMS would approve changing Category B MLIU PPP to P4R. HHSC believes that the inclusion of telephone encounters and the adjustment to allowable variation will help mitigate the impact of COVID-19 for most providers.

11. A stakeholder requested that HHSC consider allowing payment for 25% achievement of MLIU PPP goals given that the current achievement levels are 0%, 50%, 75%, 90%, or 100%.

HHSC Response: Based on the achievement rates of providers in DY7-8, it is most likely that providers will earn 100% or 50% achievement with the inclusion of telephone encounters and updated allowable variation. In addition, changes to the Category B percentage of goal achieved (i.e., adding a 25% achievement option) or how the achievement tiers are calculated would involve making updates to the achievement calculations in the DSRIP Online Reporting System.

12. A stakeholder requested the option to carryforward achievement by extending the measurement period in addition to the option to delay reporting.

HHSC Response: Program rules allow providers to carryforward reporting of their DY9 Category B metric into the April DY10 reporting period. However, HHSC is not considering extending the measurement period to meet the DY9 Category B goal. If the provider chooses to report their DY9 Category B metric in April DY10, payment will not be available until July 2021 (or January 2022 if additional information is needed).

13. A stakeholder requested to allow provisional approval and payment if they delay reporting Category B achievement.

HHSC Response: HHSC is not currently considering provisional approval for the October DY9 reporting period based on the lack of utilization during the April DY9 reporting period. However, this option may still be available depending on the status of the public health emergency in October 2020.

D. Category C – DY8 Carryforward

14. Several stakeholders requested clarification of how DY8 carryforward achievement milestones will be determined.

HHSC Response: HHSC provided examples for DY8 carryforward on June 23, 2020. However, CMS did not agree with the use of measure class averages for determining achievement values for all measures and preferred using measure averages for most measures. Although most measures will use DY8 (PY2 – CY2019) achievement values or DY9 (PY3 – CY2020) achievement under either scenario, CMS and HHSC agreed to allow the use of Measure Bundle averages for measures that were selected by less than 10 providers in DY7-8 and the use of measure averages for measures with 10 or more selections. Examples for DY8 carryforward milestones and DY9 milestones are included in Appendix A.

15. Stakeholders suggested using a different methodology for determining DY8 carryforward achievement values to maximize achievement milestone payments and acknowledge that

providers were on track to achieve 100% of DY8 carryforward achievement if the pandemic had not occurred. Some stakeholders recommended first applying 100% achievement to DY8 carryforward using measure class average achievement or PY3 (CY2020) achievement and the difference applied to DY9 achievement milestones. For example, a provider achieved 75% for DY8 in PY2 (CY2019). The measure class average is 75% (assuming PY3 (CY2020) achievement is 75% or lower) so 25% of the 75% is applied to DY8 AM-8 carryforward to get 100% achievement and the remaining 50% is applied to DY9 AM-9 achievement. The remaining 50% of DY9 AM-9 achievement may be carried forward to demonstrate achievement in PY4 (CY2021).

HHSC Response: Historically, DSRIP pay-for-performance (P4P) achievement milestone payments have never been fully earned by all DSRIP providers across the state. For example, providers earned approximately 88% of the dollars allocated to the DY7 achievement milestone (AM-7), including dollars earned through carryforward of DY7 achievement. Under the DY2-6 program rules, providers earned 83% of dollars allocated to the DY6 achievement milestone and 86% of the dollars allocated to the DY5 achievement milestone. Since DY7 was the first year of achievement for the DY7-10 DSRIP program rules, the improvement goals for the DY8 and DY9 achievement milestones are most similar to the improvement goals required in DY5 and DY6. In the April DY9 reporting period, providers earned 84% of the dollars allocated to the DY8 achievement milestone. Based on the current proposal and April DY10 reporting of PY2 data, HHSC projects that providers will earn an additional 8% of the DY8 valuation through applying the measure average or Measure Bundle average to the DY8 carryforward of achievement (for an estimated total DY8 earned payments of at least 91%), as well as 91% of dollars allocated to the DY9 achievement milestone AM-9 with the opportunity to carryforward achievement of unearned AM-9 dollars.

CMS has communicated to HHSC that they intend DSRIP to remain a quality incentive payment and not a retainer payment for participants. The proposal already assumes a certain level of continued achievement in allowing DY8 carry-forward payment based on the higher of CY 2019 measure achievement level or CY 2019 average measure or Measure Bundle achievement level. HHSC will not change the PFM to allow payment of the DY8 achievement milestones to 100%.

16. A stakeholder asked if a measure was discontinued from DY7-8 to DY9-10, is the DY8 carryforward eligible for the DY9 payment options?

HHSC Response: Yes, the options for DY8 AM-8 milestones that carryforward achievement also apply to measures that were discontinued for DY9-10.

E. Category C – DY9 Achievement

17. Several stakeholders requested HHSC revisit how measure class average achievement values are determined. Suggestions included rounding measure class average achievement values up a quartile, using a reasonable variance, applying the actual measure class average

achievement percentage (e.g. 60%) instead of by quartile, or using additional partial payment increments outside of quartiles (e.g. 90%).

HHSC Response: CMS did not agree with the use of measure class averages for determining achievement values for all measures and preferred using measure averages for most measures. CMS and HHSC agreed to allow the use of Measure Bundle averages for measures that were selected by less than 10 providers in DY7-8 and the use of measure average for measures with 10 or more selections. Examples for DY8 carryforward milestones and DY9 milestones are included in Appendix A.

The majority of DY9 achievement milestone payments will be determined by a provider’s reported DY8 achievement in performance year 2 (CY2019). In April DY9, providers reported full achievement of the DY8 achievement milestone for 77% of measures reporting PY2, partial achievement for 9% of the measures reporting PY2, and no achievement for 14% of measures reporting PY2. HHSC currently projects that 18% of measures will be eligible for DY9 achievement milestone approvals tied to the statewide measure average or Measure Bundle average because the PY2 performance was less than the statewide measure average or Measure Bundle average if the measure had less than 10 selections.

Measures that are P4P in DY9 and have reported PY2 data

PY2 achievement of AM-8 goal in relation to measure average	Measures
PY2 is 100% achievement of AM-8	1788 (78%)
PY2 is greater than the measure average but less than 100%	33 (1%)
PY2 is equal to the measure average	73 (3%)
PY2 is less than the measure average	413 (18%)
Total	2307

The proposed quartiles for DY9 achievement milestone payments are consistent with current approved payment mechanisms which require rounding down, and do not allow for increments of payment outside of quartiles. These limitations are included in the PFM and are also part of the requirements of the reporting templates and the online reporting system. The online reporting system cannot at this time process achievement values other than quartiles.

HHSC declines to make changes to the measure average or Measure Bundle average achievement value calculations or the proposed methods for determining payment quartiles.

- Multiple stakeholders requested measures be changed to P4R. Several stakeholders suggested all DY9 Category C measures be P4R due to the ongoing impact of COVID-19. Some stakeholders recommended that specific measure classes be P4R. For example, some stakeholder recommended that all process measures be P4R, similar to DY2-6 Category 3. Others specifically requested all population based clinical outcome (PBCO) measures be P4R given that some providers are already approved to report PBCO measures as P4R.

HHSC Response: Historically, DSRIP P4P achievement milestone payments have never been fully earned by all DSRIP providers across the state. Most measures that are classified as process measures in DY7-10 were classified as “non-standalone” in DY2-6 and most “non-standalone” measures were P4P. Both standalone and non-standalone measures could be P4R as recommended by CMS based on the quality of evidence available to support the validity and reliability of a measure.

Pay-for-performance measures by Measure Type in DY5 and DY6

DY	Measure Type	# of Measure Selections	Final % of Achievement Dollars Earned
5	Standalone	1262	84%
5	Non-Standalone	571	91%
6	Standalone	1212	81%
6	Non-Standalone	166	91%

Pay-for-reporting measures by Measure Type in DY5 and DY6

DY	Measure Type	# of Measure Selections
5	Standalone	188
5	Non-Standalone	67
6	Standalone	166
6	Non-Standalone	60

In DY7-10, approvals to report PBCO measures as P4P or P4R were based on a provider’s valuation and minimum point threshold (MPT) requirements. PBCO measures approved as P4R did not count towards a provider’s MPT and are not necessarily comparable to PBCO measures approved as P4P as required for providers to meet their assigned MPT.

CMS has communicated to HHSC that they intend DSRIP to remain a quality incentive payment and not a retainer payment for participants. Because the methodology proposed by CMS is operationally feasible within the confines of the existing program rules and will result in a similar, if not greater payment to the state than would have been earned without the COVID-19 accommodations, HHSC declines to change the PFM to allow payment of the DY9 achievement milestone based on pay-for-reporting.

19. Stakeholders recommended that HHSC request CMS reduce DY9 goals. Some suggested to lower goals by 50%, similar to how DY7 goals were reduced due to the delay in CMS approving protocols. Others suggested reverting to a previous DY’s goals.

HHSC Response: Since the extent of COVID-19’s impact on performance measures is not yet known, CMS has proposed using previously reported and approved performance to calculate DY9 achievement milestone payment amounts rather than modifying or resetting

DY9 achievement goals or adjusting measure specifications. HHSC declines to change the PFM to allow modifications to DY9 achievement goals at this time.

20. A few stakeholders requested confirmation that measure class average achievement values will not be updated after February 2021 based on provider corrections or compliance monitoring results.

HHSC Response: HHSC does not intend to update the measure average or Measure Bundle average achievement values after the close of the DY9 R2 NMI reporting period (February 2021.)

21. Stakeholders asked what DY9 milestone reporting will look like and how the different options will be operationalized in the Category C template to prepare for any reporting burden.

HHSC Response: HHSC does not anticipate significant changes to the Category C reporting template but will communicate any anticipated changes to providers prior to the April DY10 reporting period. For example, HHSC may ask for additional qualitative description in some cases to better understand the impacts of COVID-19 on reporting.

22. A stakeholder asked if the proposed DY9 options are different if the measure reported a baseline performance rate of 100%.

HHSC Response: The DY9 options apply regardless of reported baseline.

F. Category C – Measure Specifications Changes

23. Stakeholder requests for changes to measure specifications varied. Some stakeholders wanted HHSC to allow providers to change measure specifications while others supported minimal modifications as changes would require extensive rebuilding of current reporting.

HHSC Response: HHSC recognizes the difficulty of modifying measure specifications and will be mindful of required changes as we provide guidance on reporting CY2020 data. The last opportunity to report CY2020 data for payment of DY9 reporting and achievement milestones will be the DY10 Round 2 NMI response period (February 2022).

24. Multiple stakeholders requested inclusion of telemedicine in measure specifications as substitutes for in-person services or where such visits are excluded. Some stakeholders wanted the inclusion to be optional and at the provider's discretion due to the time and resources required to make changes to existing data collection and reporting mechanisms. One stakeholder requested that COVID-19 screening encounters be excluded from Category C denominator inclusion.

HHSC Response: HHSC will provide additional guidance for CY2020 data on which measures should use telemedicine encounters in determining numerator and/or denominator inclusion following NCQA and CMS guidance for measure specifications for outpatient measures. HHSC is currently reviewing recently released guidance from NCQA to determine

impacts to measure specifications. As the guidance from measure stewards is still under development, HHSC does not have a timeline for releasing this guidance.

25. A few stakeholders requested that patient self-reported values be used in lieu of clinician readings where appropriate (e.g. blood pressure monitors, A1c testing kits, BMI screening, STD testing kits, self-breast exam).

HHSC Response: HHSC will not update specifications to allow patient self-reported values in lieu of measure-specified clinician screenings.

26. Some stakeholders requested changes to the measurement time period. Multiple stakeholders suggested excluding the time period for stay-at-home orders or the public health emergency period. Others recommended extending the measurement period to allow additional time to meet goals.

HHSC Response: The proposed accommodations for using a measure average or Measure Bundle average are in lieu of changing dates of the measurement period. As the impacts to healthcare long term are still unknown, at this time HHSC declines to modify the PFM to alter the measurement periods.

G. Category C – DY10

27. A few stakeholders requested clarification on whether accommodations will be allowed for DY10 or HHSC's plans and/or timeline to address DY10 prior to PY4 (CY2021).

HHSC Response: HHSC and CMS have not yet discussed potential impacts for DY10. As the COVID-19 public health emergency evolves, HHSC will continue to work with CMS to seek flexibilities as needed.

28. Some stakeholders requested allowance of DY10 carryforward given the potential lasting impact of COVID-19 into 2021.

HHSC Response: HHSC and CMS have not yet discussed potential impacts for DY10, including carryforward. HHSC will continue to work with CMS to seek flexibilities as needed. At this time, HHSC declines to modify the PFM to allow carryforward of DY10 achievement milestones.

H. Compliance Monitoring

29. Stakeholders asked if the addition of Category B patient telephone visits will trigger audits.

HHSC Response: Compliance monitor reviews will continue to include randomly-selected measures as well as measures or areas (such as Category B reporting) flagged by HHSC staff during reporting reviews. If measures or areas selected for the audit include telephone visits, the compliance monitor review may include Category B supporting documentation as well. Any guidance issued by HHSC regarding patient telephone visits will be shared with the compliance monitor to be used during reviews.

30. Stakeholders requested clarification on what compliance monitoring will entail based on the Category C options, whether compliance monitoring will audit actual PY3 (CY2020) data reported, and whether providers will be penalized/recouped if they use the measure class average while the actual PY3 performance is lower.

HHSC Response: HHSC shares with the compliance monitor the guidance or clarifications given to providers to ensure that the review of the reported information is consistent with HHSC's approach and direction. HHSC will inform the compliance monitor of the specifics of DY9 and PY3 reporting as reflected in the PFM. Regarding PY3 data review, HHSC intends to include in the review only those PY3 measures for which providers reported performance based on their own achievement for CY2020. If the achievement was reported based on PY2 provider-specific or measure/Measure Bundle average achievement, the compliance monitor will not include PY3 measures in the review but will review PY2 reporting as usual. While HHSC does not intend to include PY3 in the review unless used for payment of AM-8 or AM-9 achievement value, all reporting is subject to compliance monitoring. Any changes to PY2 reporting resulting from the compliance monitor and/or HHSC reviews will impact PY3 performance achievement.

I. Other

31. A stakeholder asked if HHSC has considered the impact of COVID-19 on Core Activity implementation and costs and savings reporting. HHSC should consider allowing providers to develop internal tools for a more accurate picture of return on investment.

HHSC Response: HHSC understands that the Core Activities and providers' interventions may be impacted by COVID-19. The impact of COVID-19 could affect providers' ability to implement and maintain interventions associated with Core Activities, and, for some providers, this could affect their ability to analyze a different intervention for the final report of costs and savings that is due in October DY10 (2021).

In October DY9 (2020), providers will report on progress made towards the final report of costs and savings that is due October DY10 by responding to questions in the DSRIP Online Reporting System. These questions are geared toward ensuring providers can identify and have the data necessary to complete the final report of costs and savings. Providers' responses to questions in the DSRIP Online System during October DY9 reporting can indicate to HHSC if they are struggling to find a different intervention to analyze for the final report of costs and savings. HHSC hopes to share these system questions with providers in the coming weeks. HHSC will monitor the situation by reviewing providers' October DY9 reporting on progress made toward the final report of costs and savings.

APPENDIX A - Example of proposed DY9 and Carryforward AM-8 Achievement Value Calculations

Example Provider	Measure	Number of P4P Measures Selected in DY7/8	Source for Average AM-8 Achievement (Measure or Measure Bundle)	Average Reported AM-8 Achievement (determined by PY2 CY19 data)	Provider Reported AM-8 Achievement (determined by PY2 CY19 data)	Provider Reported AM-9 Achievement (determined by PY3 CY20 data)	Provider Reported CF AM-8 Achievement (determined by PY3 CY20 data)	Achievement Value used for CF AM-8 Payment	Achievement Value for AM-9 Payment
A	D4-139	9	Bundle D4	75%	100%	50%	NA	NA	100%
B	D4-139	9	Bundle D4	75%	50%	25%	50%	75%	75%
C	A1-111	19	Measure A1-111	50%	0%	0%	0%	50%	50%
D	A1-111	19	Measure A1-111	50%	75%	50%	50%	75%	75%
E	A1-111	19	Measure A1-111	50%	50%	75%	100%*	100%	75%

*Can only be approved for payment based on PY3 data if reported in April DY10

Example of proposed DY9 and Carryforward AM-8 Payment Amounts using Achievement Value Calculations

Example Provider	AM-8 Valuation	AM-8 Previously Paid based on reported PY2 CY19 rate	Achievement Value Used for CF AM-8 Achievement Milestone Payment	Carried Forward AM-8 additional payment when PY3 CY20 is reported	AM-8 Valuation Not Earned	AM-9 Valuation	Achievement Value Used for AM-9 Achievement Milestone Payment	AM-9 payment when PY3 CY20 is reported
A	\$100,000	\$100,000	NA	NA	\$0	\$100,000	100%	\$100,000
B	\$100,000	\$50,000	75%	\$25,000	\$25,000	\$100,000	75%	\$75,000
C	\$100,000	\$0	50%	\$50,000	\$50,000	\$100,000	50%	\$50,000
D	\$100,000	\$75,000	75%	\$0	\$25,000	\$100,000	75%	\$75,000
E	\$100,000	\$50,000	100%	\$50,000	\$0	\$100,000	75%	\$75,000

- Provider A reported 100% achievement of the AM-8 goal in PY2, so the AM-9 achievement milestone will be approved at 100% of its assigned value.
- Provider B reported 50% achievement of the AM-8 goal in PY2 for a measure with <10 P4P selections in DY7/8. The reported achievement is lower than the Measure Bundle average reported AM-8 achievement for all measures in Bundle D4. AM-9 will be approved at 75% and carried forward AM-8 will be approved at 75%. Since AM-8 was approved at 50% based on their reported PY2 rate, the provider will be approved for an additional 25% of AM-8 when PY3 is reported.
- Provider C reported 0% achievement of the AM-8 goal in in PY2, which is lower than the average reported AM-8 achievement for measure A1-111. AM-9 will be approved at 50% and carried forward AM-8 will be approved at 50%. Since AM-8 was approved at 0% based on their reported PY2 rate, provider will be approved for 50% of AM-8 when PY3 is reported.
- Provider D reported 75% achievement of the AM-8 goal in PY2, which is higher than the average reported AM-8 achievement for measure A1-111. AM-9 will be approved at 75% and carried forward AM-8 will be approved at 75%. Since AM-8 was approved at 75% based on their reported PY2 rate, provider will not be paid any additional dollars for AM-8 when PY3 is reported.
- Provider E reported 50% of achievement of the AM-8 goal in PY2, which is equal to the average reported AM-8 achievement for measure A1-111. However, Provider E also reported 75% achievement of the AM-9 goal in PY3 and 100% achievement of the AM-8 goal in PY3. AM-9 will be approved at 75% and carried forward AM-8 will be approved at 100%. Since AM-8 was approved at 50% based on their reported PY2 rate, provider will be approved for an additional 50% of AM-8 when PY3 is reported.

NOTE: Portions of AM-9 that are unearned when PY3 is reported will be carried forward for potential achievement in PY4/CY21.