

Anchor Conference Call

AGENDA

December 14, 2012
1:30-3:00 p.m.

Call-in: 877-226-9790
Access Code: 3702236

1. General Anchor Communication

- All Performing Provider workbooks from Pass 1, Pass 2, and Pass 3 are required in the final plan submission CD.
- By Monday, each region should have received preliminary feedback regarding projects that need to be modified in order to go through technical review. We understand that it may not be possible to address all issues with your Dec 31 plan submission. Please prioritize the workbook fixes and let HHSC know which of the projects you were able to modify for the full plan submission in response to the preliminary feedback.

Information request:

- By when you expect to submit your plan
- an estimate of how many additional projects you anticipate submitting with your final plan; and
- an estimate of how many projects in your region involve FQHCs (a range is acceptable).

2. Workbooks

- On Wednesday, you should have received an updated workbook. Email the waiver mailbox if you did not. The regions that already submitted full plans do not need to do anything with those workbooks at this time.
- This updated version locks down the Pass 2 allocations that were included in your Pass 1 submission to ensure that any changes to Pass 1 projects will not impact Pass 2 allocations and cause the Anchor workbook to fail.
- Please use this version (v6) in your final plan submission, due no later than December 31, 2012. Otherwise your workbook will be returned.
- If you were able to have passing provider workbooks in the previous version of the Anchor Workbook, it should also show passing in this version when you import the files
- All workbooks must show passing/complete in the final full plan submission.
- This version also addresses a few technical issues such as rounding and DY 1 DSRIP for UC-only hospitals.

Instructions for making changes to Pass 1 projects prior to final plan submission.

If you have changes to Pass 1 projects based on preliminary HHSC feedback, please modify Pass 1 and 2 workbooks according to the following and ensure the unique identifiers are updated in the RHP Plan narratives and tables.

Changing a project from Category 1 to Category 2 or vice versa or replacing a project:

1. Save a new version of your Pass 1 Workbook.
2. Zero out the DYs 2-5 dollar values for the project you are moving/replacing. (Do not delete the row)
3. Change the number of projects to add one additional project in the applicable Category.

4. Enter the project and IGT information for the moved/new project. The project value must be the same dollar value or lower in value than the project you moved/replaced.
5. Re-enter all Category 3 information using your previous workbook.
 - a. Enter zero for the outcome measures related to the old project you moved/replaced.
 - b. Enter dollar values that are the same or lower than the outcomes measures you zeroed out for the new outcome measures related to the moved/new project. You cannot change Category 3 outcomes that are not related to the project you moved/replaced.
6. If you are moving a Category 2 project to Category 1 or adding a new Category 1 project, all Category 3 unique identifiers will be shifted. Please update and highlight the RHP Plan narrative and tables to reflect the new Category 3 identifiers.
7. Ensure that the workbook shows passing/complete for all tabs. If it does not show passing/complete, you must adjust the values for the moved/new project and related outcomes to be equal or less than the old project and its related outcomes. Save your Pass 1 workbook.
8. If you already completed your Pass 2 Workbook, save a new version of your Pass 2 Workbook.
9. Import your updated Pass 1 Workbook.
10. Re-enter all information for Pass 2 using your old Pass 2 Workbook. Note that unique identifiers have shifted.
11. If you already completed your Pass 3 Workbook, save a new version of your Pass 3 Workbook.
12. Import your updated Pass 2 Workbook.
13. Re-enter all information for Pass 3 using your old Pass 3 Workbook. Note that unique identifiers have shifted.
14. Update and highlight changes in the RHP Plan narrative and tables.
15. Provide updated workbooks to the anchor so they can be re-imported into the final anchor model.

Deleting a project from Category 1 or 2 with no replacement:

1. Save a new version of your Pass 1 Workbook.
2. Zero out the values for the project and for the Category 3 outcomes related to the deleted project. (Do not delete the row)
3. Ensure that the workbook shows passing/complete for all tabs. If it does not show passing/complete, you must replace the project with another project. You cannot increase the value of other projects, Category 3 outcome measures, or Category 4 reporting domains in this process.
4. Save your Pass 1 Workbook.
5. Highlight and strike-through the language in the RHP Plan for the deleted project and related outcome measures.
6. Provide updated Pass 1 workbook to the anchor so it can be re-imported into the final anchor model.

Procedures on how to address formal feedback from HHSC and/or CMS after final plan submission will be communicated at a later date.

3. Plan Review and Feedback

Many projects need significant additional work, but we've been erring on the side of sending them on to technical review. Please work with your performing providers to get projects in the best shape possible based on the immediate guidance HHSC provided in early December.

Major items CMS is looking for:

- How large is the impact on the Medicaid/indigent population and how many people will the project serve? Please include this information in the one page project summary – with quantifiable data

for all years in which there is a direct patient impact (e.g. 200 additional patients served in DY4 with a total of 400 additional patients served in DY5)

- What is the Category 3 outcome target(s) and what level of improvement does the provider propose to achieve over baseline?

Project summaries are important. Please include the major items CMS is looking for in your summary for each project.

Some points we want to emphasize:

- Especially for larger projects, describe how all core components will be implemented
- Need to consider that CMS will want to see that projects don't overlap, so if there are multiple of the same project in region/city, please carefully identify the target population and explain how they don't overlap.

A common issue we have been identifying during the reviews:

- Unique IDs: Providers often do not include the correct Unique project IDs and Unique Outcome IDs. These are the numbers that are preceded by the provider's TPI number, then the Category, then the identifier for the specific project or outcome (e.g., 023456789.1.3 or 023456789.3.12). We need accurate unique IDs on projects or we cannot properly review projects. Please work with your providers to ensure Unique IDs are correct. We are seeing a lot of providers that think their unique project ID is their TPI followed by the project option number. The unique identifier should match the one entered in the workbook.

if certain projects cannot be reviewed, it will delay the overall timing of plan submission to CMS. Technical review on these projects may occur after providers receive the formal feedback.

Providers that do not have signed certifications (Section VI.) will have their projects pulled from the plan.

HHSC plans to notify anchors and providers in our formal feedback on projects that may not support the proposed value. Depending on the extent to which these projects are changed in response to the formal HHSC feedback (enhance project and/or adjust value), HHSC will flag those projects when we send the plans to CMS.

4. Timelines and Next Steps

It is acceptable to provide just one CD and ONE hardcopy of the plan for the full plan submission. We previously had indicated we wanted two hardcopies.

For waiver questions, email waiver staff: TXHealthcareTransformation@hhsc.state.tx.us.

Include "Anchor:" followed by the subject in the subject line of your email so staff can identify your request.