

May 30, 2014
1:30 - 3:00 p.m. CST

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

1. General Anchor Communication

- Thank you for the work you continue to do for health care transformation in Texas.
- The Statewide Learning Collaborative has been scheduled for September 9th and 10th at the AT&T Center in Austin. We will be using a similar process for invitations that occurred with the August 2012 Summit. In June, we will provide additional information on invitations available for your RHP. At a minimum, each DSRIP provider will have 1 invitation, and each Anchor will have at least 1 invitation.

2. DSRIP Implementation

April DY3 Reporting

- HHSC's review of DSRIP April reporting is well underway.
- We are seeing some instances where it's clear a provider should not have reported in April, including for metrics that were achieved after March 31, 2014, and for "annual" metrics that the companion instructed should not be reported until October, such as ensuring that 100% of new staff are trained on PCMH. Other metrics have multi-part goals, and based on the information submitted it is clear that only one part of the goal has been completed. For these metrics that clearly should not have been reported yet, HHSC will change the provider's response from "Yes- Completed" to "No-Partially Completed" so that the provider will have the ability to report and earn funds in October once it demonstrates metric achievement.
- Please be aware that we will not be able to do these same types of changes with October reporting once we start using the automated system. Making these changes also makes it challenging to ensure that payments calculate correctly. We continue to strongly encourage that providers read the companion instruction thoroughly. HHSC wants providers to earn DSRIP funds for achieving project metrics, and there will be less room for error with future DSRIP achievement reporting once the system is automated.
- HHSC also is carefully reviewing a couple other issues that were new in April reporting, such as QPI, to determine how to handle. There have been a number of cases where the provider did not state or demonstrate the baseline for last year in its documentation in order to prove that the volume so far in DY3 is indeed the required increase over baseline (e.g. 500 additional visits over baseline).
- We're also still seeing cases where providers either did not use cover sheets or did not clearly state on the cover sheets how they met the goal for the metric. This makes it much more challenging for HHSC staff to review, so some of these will receive NMIs if we could not find the needed proof that the metric was met. In addition, some providers are submitting links to documentation that HHSC staff has not been able to open. In these cases NMIs may also occur.

New 3-year projects

- CMS approval letters for new 3-year projects were sent last week. There are a few technical errors in the CMS approval letters, but they have confirmed that they approved all projects HHSC submitted for all regions.
- For RHPs that submitted more projects than you had allocation to fund, please make sure your providers know that just because a project received CMS approval, that does not mean it has full

funding or even partial funding.

- Per the email HHSC sent out to anchors last week, we still are reviewing the valuation amounts in the CMS letters (which reflect DY3 for Category 1 & 2 only). There were some issues because some providers requested their maximum value from the prioritized list, while others submitted projects at lower values. HHSC will be working with anchors soon to confirm the valuation for each project so that HHSC can confirm project values with CMS and do the redistribution among regions. Once that is done, we will know which of the 3-year projects have funding.
- For 3-year projects that do not move forward (either withdrawn already or once the redistribution is done, there is not enough funding in the RHP for the project to continue), HHSC will proportionately update Category 3 based on the removal of the original Category 3 value that was submitted in the new 3-year projects workbook and the percentages used in the Category 3 Selection Tool. This may result in the two DY3 Cat 3 milestones (submission of status update, submission of baseline information) being valued differently because this valuation adjustment will be done in between the April and October reporting periods.

CMS Update

- Our former project officer, Rob Nelb, has moved on from CMS.
- Our new point of contact will be Paul Boben, who is familiar with the Texas waiver as he's working on financial aspects of the waiver the past couple years.
- Prior to Rob leaving, CMS approved updates to both DSRIP protocols. We need to do some clean up (numbering, etc.), but plan to post the updated versions soon. There should be no surprises compared to what we've already shared with you in terms of planned changes to the PFM Protocol and also to the RHP Planning Protocol (especially Cat 3 and Cat 4).

Category 3 Review

- RHPs 3 & 9 should expect to receive feedback on their Category 3 selections next week. These are the first two regions to go out, and the rest will continue to be sent out through early July.
- Feedback will be emailed to the contact listed in the Cat 3 selection tool with a copy to the anchors. The email will specify which projects require a response and will include a deadline for responses.

Anchor Administrative Match Protocol

- The anchor administrative match protocol has been approved by CMS.
- Submission of costs for DY2 and DY3 will occur in October 2014.
- HHSC will be working with Anchors to execute contracts and provide additional instructions for submissions in October.

DSRIP Monitoring

- HHSC announced recently that we are awarding the DSRIP Compliance Monitoring contract to Myers & Stauffer, LLC, who will conduct the midpoint assessment and also do ongoing compliance monitoring. Mid-point assessment work will begin soon.
- Based on a couple of requests, HHSC sent to all anchors last week the details used to calculate the DY3 IGT amounts for monitoring.

July Plan Modifications

- HHSC will be moving the plan modification due date back to late July to give us and providers more time to complete this important task.
 - The July 2014 plan modification request period will be the last time for providers of 4-year projects to initiate plan modification requests for DY4-5 for most issues. There will be some additional plan modifications initiated by HHSC/the compliance monitor during the midpoint assessment review
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(e.g. if a project achieved its DY5 QPI goal in DY3, it will need to increase its future goal(s)).

- Please emphasize to your providers that while HHSC hasn't had time to send out the plan modification information yet (coming soon), they should begin to think about plan modifications they'll want to request now as July will be the last opportunity to request plan mods (with the exceptions noted above.)
- If a provider is achieving QPI goals two years early (i.e. achieved DY5 goal in DY3), HHSC recommends that the provider proactively up its future QPI targets through a plan modification rather than having the compliance monitor require that change as part of the midpoint assessment.
- HHSC likely will need to send plan mod files to providers prior to the Category 3 review being completed, so the plan will be for Cat 3 back-and-forth between HHSC and providers to continue on a separate track, i.e., requests to switch Cat 3 outcome measures will be handled through the Cat 3 review process rather than the plan mod process.

Other Information for Anchors

Behavioral Health Descriptive Analysis

- Last week you were forwarded the Meadows Foundation/University of Texas files of behavioral health DSRIP projects identified in each RHP. The most recent files contain only 4-year projects that had not yet been sent out for review, and do not include 3-year projects. HHSC is working with the UT researchers to make additional updates, and we realize that the current list is not exhaustive. Also, there are many 4-year projects that have a BH component that are not included on the list because the determination was that BH wasn't a primary focus of the project.
- The researchers are asking for your feedback regarding the accuracy of the information prior to its posting on the HHSC waiver website. Please submit your corrections to the UT researchers (Molly Lopez, mlopez@austin.utexas.edu and Stacey Stevens Manser, stacey.manser@austin.utexas.edu) by **Friday, June 6th**.
- HHSC this week cross-checked the list of BH projects identified in the draft Meadows analysis with our list. They still have some projects on their list that are no longer active, and may be adding a few more to their list from ours.

CMS Financial Management Review of DY2 DSRIP

- As we let you know previously, CMS is conducting a formal financial management review of DY2 DSRIP since this is a large, new program.
- HHSC has provided CMS a large amount of DY2 IGT entity, provider, and payment data for the review. We met with them this week for an entrance conference.
- CMS let HHSC know that the review should take 90-120 days, after which they'll send us a draft of their report for us to respond prior to releasing the final report.
- CMS plans to go onsite in Dallas, Fort Worth, and Austin with the major IGT entity in each of those areas. (Since CMS staff are located in these cities, this reduces their travel time.) As time allows, they indicated they may also visit the Valley and San Antonio.
- One issue that CMS said they'll be asking about is whether funding arrangements in cases where IGT is being put up for private providers are in compliance with a State Medicaid Directors letter issued May 9, 2014, which will be sent out with the anchor notes.

Regarding Use of DSRIP Funds

- HHSC continues to get quite a few questions asking about allowable uses for DSRIP funds. Please remind your providers that DSRIP funds are incentive payments paid to the DSRIP provider for

achieving project metrics. Neither HHSC nor CMS are prescribing how DSRIP funds are spent once they are earned, though we certainly encourage providers to use them to improve healthcare services, particularly for the Medicaid and low-income uninsured populations.

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.