

June 27, 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.

2. DSRIP Implementation

April DY3 Reporting

- HHSC has sent April reporting review results to anchors and providers. Providers will have three weeks from the date the coversheet is sent to respond to NMI requests.
- Similar to prior reporting periods, HHSC was able to approve the majority of metrics reported (over 90% for DY3 metrics).
- As noted in the last Anchor call, in instances where it was clear that a provider should not have reported in April, such as achievement not occurring by March 31st, 2014, HHSC changed the reporting status to "Did not report." This information is noted on cover sheets. Providers can contact the waiver mailbox with any questions.
- Note that the "Estimated April Reporting Payment" included in the sign-off summaries/review results does not represent the approved DSRIP amounts. This amount was based on what the provider reported. Please refer to the file "April Reporting Project Payment Calculations 06.24.14.xlsx" that was sent to Anchors on 6/24/14 to estimate approved DSRIP payments by project.
- For providers that identified issues with their project payment calculations or review results by Wednesday, June 25th, HHSC will notify those providers and IGT Entities of any changes in required IGT or review results on Tuesday, July 1 or Wednesday, July 2.

New 3-year projects

- HHSC is preparing the final funding redistribution information to send to anchors. Fifteen (15) RHPs have full funding for their approved 3-year projects. HHSC will work with the 5 RHPs that do not have full funding to confirm how they want to proceed in terms of project values and which projects move forward. In some cases, we understand there may be an agreement for one project to take a lower value if needed to help fund another project in the RHP.

Category 3 Review

- HHSC continues to review Category 3 selections and is adhering to timelines as much as possible
- RHPs 3 & 9 have received feedback on their Category 3 selections. RHPs 6 and 1 have started to receive their feedback and will receive the remainder today and through the weekend.
- Once RHPs are sent feedback, HHSC is coordinating with the anchor entity to schedule a TA call with providers to inform the provider response period.
- Feedback will continue to 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.
- Feedback for the rest of the regions will proceed in the following order: RHP 10, 17, 14, 13, 12, 11, 8, 5, 2, 20, 15, 4, 19, 18, 7, 16.
- All regions will receive feedback by mid-July and will have 14 days to respond to HHSC's requests for additional information.

- Based on TA calls with providers HHSC has heard concerns of small denominator (i.e. size less than 30 for 12 month reporting period and 15 for 6 month). HHSC has determined in a cases where provider are reporting to specifications but will still have a denominator of less that 30 at baseline, HHSC will change the measure designation to P4R and request that provider complete an additional stretch activity, SA-3- Outcome Evaluation, when possible.
- 3M reached out to HHSC with questions on DSRIP. We had a conference call this week to explain the differences between the specification of risk adjusting between Category 3 and Category 4. HHSC will be coordinating with 3M to host joint TA calls for those providers that are using 3M risk adjusting methods for their Category 3 outcomes. Please let us know if there is interest in joining by sending an email to the waiver inbox, subject line – 3M/HHSC risk adjusting TA.

Category 4 Update

- HHSC is still working with CMS to develop a minimum subset of measures for Category 4 Optional Domain 6 reporting.
- On Monday, HHSC sent a poll to providers requesting they let us know which RD-6 measures from the original list they were capable of reporting on.
- If you elected to report on RD-6, please return the poll by Monday, June 30th at noon.
- The information we receive will inform our proposal to CMS. If we do not receive information that providers will be unable to report on measures we will assume they are capable of reporting on the complete list.

July/August Change Request Process (Plan Modification Requests and Technical Change Requests)

- HHSC plans to post the instructions and other information relating to the submission of change requests (plan modification requests and technical change requests) to the waiver website on Monday, July 7, or Tuesday, July 8.
 - HHSC plans to hold a webinar on Thursday, July 10, 2:00 - 3:30 pm CST, to explain the change request process.
 - HHSC is moving the due date for submitting change requests back to Friday, August 8 to give us and providers more time to complete this important task.
 - The July/August 2014 change request period will be the last time for providers of 4-year projects to initiate plan modification requests and technical change requests for DYs 4-5 for most issues. There will be some additional plan modifications initiated by HHSC/the compliance monitor during the midpoint assessment review (e.g. if a project achieved its DY5 QPI goal in DY3, it will need to increase its future goal(s)).
 - Performing providers may not submit a change request to increase a project's valuation. If performing providers determine that they are not able to carry out a project based on the approved valuation, they may submit a change request to narrow the scope of the project, which HHSC will review in light of the approved valuation.
 - **For projects that were flagged for valuation, if a performing provider submits a change request to reduce QPI metric goals, the project valuation will be reduced.** HHSC will send an email to those providers with projects flagged for valuation notifying them which projects were flagged.
 - **HHSC also strongly discourages** providers with projects that were not flagged for valuation from submitting a plan modification request to reduce the project's QPI metric goals. HHSC recommends that instead of submitting a request to reduce the project's QPI metric goals, providers submit a request to add milestones/ metrics to spread the risk, particularly milestones/ metrics related to core components that demonstrate major activities of the project. If a provider submits a request to reduce the QPI goals, the project's valuation may be reduced.
 - If a provider submits a request to reduce the Medicaid/ low-income uninsured percentage, the project's valuation may be reduced.
 - Performing providers may not rescind a submitted change request. (For example, if a change
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request is submitted and HHSC/CMS determine that based on that change request the valuation of the project must be reduced, the provider cannot then decide not to move forward with the change request. Its decision will be whether to move forward with the project at the reduced value or whether to withdraw the project.)

- If a provider is achieving QPI goals two years early (i.e. achieved DY5 goal in DY3), HHSC recommends that the provider proactively increase its future QPI targets through a plan modification request rather than having the compliance monitor require that change as part of the midpoint assessment.
 - The Category 3 review process will continue on a separate track, i.e., requests to switch Category 3 outcome measures will be handled through the Category 3 review process rather than the change request process.
 - Although the change request and Category 3 processes are separate, providers may submit a change request to revise the project narrative to reflect their planned changes to their Category 3 outcome measures. Also, HHSC may provide feedback to providers through the Category 3 process that the provider should submit a change request through the change request process. For example, if a milestone/ metric is duplicative of a Category 3 outcome measure, HHSC may ask the provider to submit a change request through the change request process to delete the duplicative milestone/ metric.
 - The following is an overview of what was discussed during the call regarding the timeline/process for change requests:
 - 1) HHSC posts the following to the HHSC Transformation Waiver website:
 - Change Request Companion Document
 - Change Request Form (CRF)
 - Most recent version of clean narratives
 - Most recent version of workbooks
 - 2) Providers:
 - Complete the CRF.
 - Revise the project narratives, as appropriate, using track changes.
 - Send the completed CRFs and revised narratives to the anchor.
 - 3) Anchors email the CRFs and revised narratives to the HHSC Transformation Waiver mailbox.
 - 4) HHSC:
 - Reviews the Change Request Forms.
 - Updates the workbooks as appropriate (with changes highlighted in green).
 - Revises the narratives as appropriate using track changes.
 - Enters the disposition and comments to the provider in the Change Request Tracking Sheet.
 - Posts the updated workbooks with HHSC changes highlighted in green to the HHSC Transformation Waiver website.
 - Emails the Change Request Tracking Sheets and revised narratives to the anchor.
 - 5) Providers:
 - Respond to the HHSC comments in the Change Request Tracking Sheet.
 - Revise the narratives as appropriate using track changes.
 - Send the Change Request Tracking Sheets and revised narratives to the anchor.
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- 6) Anchors email the Change Request Tracking Sheets and revised narratives, as appropriate, to the HHSC Transformation Waiver mailbox.
- 7) HHSC:
 - Reviews the provider comments in the Change Request Tracking Sheets.
 - Updates the workbooks as appropriate (with changes highlighted in green).
 - Revises the narratives as appropriate using track changes.
 - Enters the disposition and comments to the provider in the Change Request Tracking Sheet.
 - Posts the updated workbooks with HHSC changes highlighted in green to the HHSC Transformation Waiver website.
 - Emails the Change Request Tracking Sheets and revised narratives (the track changes version and the clean version) to the anchor.

Anchor Administrative Costs

- HHSC will be scheduling a TA session on the final protocol to walk through all the documents, including the Percent Effort spreadsheet. This will be coordinated with the assistance of Texas A&M which is currently using the spreadsheet to document time.
- We are working on operational instructions to assist Anchors to implement the Percent Effort Timesheet and how to specifically use the information when completing the Cost Template. We will be scheduling a TA session once this work is completed.
- We are working with HHSC Legal to refine the contract and will be sending to Anchors. We are making progress and plan to send contracts to Anchors in late July.

September 9-10, 2014, Learning Collaborative Summit

- Last week, HHSC sent out a survey for anchors and DSRIP providers regarding the September Statewide Learning Collaborative Summit. We want to get input on topics for speakers and panels, and also want to get a sense of which strong projects are interested in being represented at the Summit either on a display poster or as part of a panel. We are looking for projects that are particularly innovative, are demonstrating early success (particularly for Medicaid and low income uninsured individuals), and may include best practices that could be replicated in other projects.
 - Responses are due July 1st. Please respond and encourage your providers to respond.
- Early next week, HHSC will send to anchors and DSRIP performing providers how many slots each has for the summit. The anchor/provider will need to let HHSC know who it plans to send in its slots, and if it doesn't intend to use them, HHSC will redistribute to other interested attendees. We will work with RHPs on any redistribution of slots. We are planning for:
 - 2 slots per anchor (in your role as anchor)
 - 1 slot per performing provider (but only 1 if the provider has projects in multiple regions)
 - If a provider has 10 or more Cat 1 or 2 projects, 1 additional slot (2 total)
 - If a provider has 20 or more Cat 1 or 2 projects, 1 additional slot (3 total)
 - Some anchors/providers will have additional slots if their organization is a member of the Executive Waiver Advisory Committee

DSRIP Automated Reporting System

- HHSC continues to work with Cooper Consulting on the development of an automated system for DSRIP reporting.
 - The new system should be deployed in time for October DY3 reporting.
 - HHSC is currently in a testing phase for the new system, and has reached out to anchors in RHPs 1, 3, 6, and 10 to assist with testing. If others would like to participate in testing, please let us know, as there may be additional testing opportunities between now and October.
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CMS DY2 DSRIP Financial Management Review

- This week, CMS (Rene Spencer or Jeff Branch) sent letters to over 30 IGT entities from 4 RHPs (4, 7, 9 and 10) requesting information and site visit scheduling for the CMS financial management review. These entities were selected because they are IGT entities in one of these RHPs (or in one case, because the IGT entity's mailing address is in Austin).
- For the related anchors, please remind the IGT entities in your RHP that got letters that HHSC will provide CMS the "Copy of RHP Plans" requested in the letter. This will include the full initial plans submitted to CMS in Spring 2013, plus copies of the most recent narratives and workbooks for all active projects and the Category 3 selections from March 2014.
- HHSC will be working with the CMS reviewers to show them how DSRIP providers report achievement of metrics and how HHSC reviews DSRIP metric achievement reporting.

Other Information for Anchors

Waiver Extension/Renewal Options

- HHSC discussed waiver renewal/extension options at a high level with many anchor representatives at a THOT-sponsored event last Friday and also discussed renewal/extension with the Executive Waiver Advisory Committee this morning.
- Attached to your notes from this meeting is a high-level 3-pager on timeline and issues to consider for renewal/extension.

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.