

July 11, 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.
- Early next week, HHSC will be sending out our current file from Section I of the RHP plans to collect any changes to Provider, IGT Entity, and Anchor contacts since our first update in February 2014. This is in preparation for our second round of data seeding in the new automated reporting system. We are also requesting that UC Only Hospital contacts be updated in preparation for the UC Hospital ICHP report send out. The due date for these contact updates will be Friday, August 1st.

2. DSRIP Implementation

April DY3 Reporting

- Responses to HHSC requests for more information should be submitted no later than Monday, July 14th.

New 3-year projects

- HHSC sent to you last week the final funding redistribution information. Fifteen (15) RHPs have full funding for their approved 3-year projects. For most of the 5 RHPs that don't have full funding, HHSC has confirmed how you want to proceed in terms of project values and which projects move forward. This updated information is reflected in the plan modification files on the website. HHSC will continue to work with the others to confirm how they plan to proceed.

Category 3 Review

- HHSC continues to review Category 3 selections and is adhering to timelines as much as possible
- RHPs 1, 3, 6 & 9 have received feedback on their Category 3 selections. RHPs 10, 13 and 14 and 17 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 12, 11, 8, 5, 2, 20, 15, 4, 19, 18, 7, 16. HHSC's goal had been to get feedback to all regions by mid-July, but we are a little behind schedule. We expect that most regions will get their feedback by the end of next week (Friday, July 18th), but it's possible that a few regions may receive their Category 3 feedback the following week (by Friday July 25th).
- All regions will still have 14 days to respond to HHSC's requests for additional information. It is important to adhere to this timeline in order to get the Category 3 data into the automated reporting system for October. However, since HHSC knows the Category 3 response timeframe for regions that get feedback after 7/18 will be about the same time as the Change Request due date (due 8/8 from the anchors), if there are regions that get Cat 3 feedback from HHSC after 7/18, HHSC will allow those anchors one additional week (COB 8/15) to submit the RHP's change

- request. We will plan to let you know by the middle of next week which RHPs will be in this group.
- Based on TA calls with providers HHSC has heard concerns about baseline measurement periods. Per the guidance in the Category 3 companion and PFM providers should collect baseline for a minimum of 6 months and the measurement period should be complete by the end of DY3. **We are asking that any provider that will not have 6 months worth of baseline data for a Cat 3 measure by the end of DY3 (e.g. baseline of no later than 4/1/14-9/30/14) or anticipates a baseline rate of "0" to notify HHSC by sending an email to the Waiver box with subject line BASELINE MEASUREMENT PERIOD'**. In these cases, we will work with you to determine next steps.
 - We have had many providers request to participate in the 3M/HHSC TA call around risk adjusting. We will be scheduling that call at the end of July once all providers have received initial feedback on their Category 3 selection.

Category 4 Update

- HHSC is still working with CMS to develop a minimum subset of measures for Category 4 Optional Domain 6 reporting.
- Several weeks ago, 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. We heard back from 13 providers. Based on the information received, HHSC will submit a proposal to CMS regarding a minimum subset for reporting RD-6.

Medicaid/ Low-income Uninsured (LIU) Percentages

- The QPI Summary with the Medicaid/ Low-income uninsured (LIU) percentages for each project have been posted to the waiver website. This information is to help inform plan modification requests.
- As discussed on the webinar and in the companion document, HHSC strongly discourages providers from reducing QPI or the % of Medicaid/low-income uninsured impact of a project because that may affect valuation and will require review by the compliance monitor.
- If changes need to be made to QPI and/or the % of Medicaid/low income uninsured served by a project:
 - QPI changes or changes to the combined % of Medicaid/LIU require a plan modification.
 - If the QPI or combined M/LIU % isn't changing, but the breakdown between the % Medicaid and % low-income uninsured has changed, that is a technical change (unless it impacts a milestone/metric, in which case it's a plan mod).

Legislative Request Regarding the Estimated Impact of the Waiver on the Low-Income Uninsured Population

- Separate from the change request process, HHSC needs to get some additional information for 457 projects on what % of the project is estimated to benefit the low-income uninsured population.
 - When these projects submitted their Medicaid/Low-Income Uninsured % for Phase 2, they provided a combined # for these two target populations of the waiver, which was allowed.
 - In order to respond to a Legislative inquiry regarding the estimated impact of DSRIP specifically on the low-income uninsured population, HHSC needs these 457 projects to break down their estimates between Medicaid and low-income uninsured.
 - For most projects, these % estimates are in the narrative, but are not requirements in the metrics. Instead, providers are required to report qualitatively regarding the estimated Medicaid/low-income uninsured % served by the project as part of the semi-annual qualitative reporting on each project.
 - We received some questions on yesterday's webinar about this assignment - it will not impact valuation or project approvability. It is needed to respond to a legislative request.
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- HHSC asks that each anchor work with the providers on the list of 457 projects to break out the %s for these projects and for the anchor to return the file to HHSC by Monday, July 28th. If some of your providers have not responded by then, HHSC will plan to follow up with them directly.

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

- HHSC has posted the instructions and other information relating to the submission of change requests (plan modification requests and technical change requests) to the waiver website.
 - As with the documents posted for April reporting, those files labeled as XLSX or XLSM Excel files may be difficult to open using Internet Explorer. We suggest trying a different browser, such as Safari, Firefox, or Google Chrome to access those files.
- HHSC held a webinar yesterday to explain the change request process. The Powerpoint presentation is posted on the website now and the webinar recording should be available by the end of next week.
- Providers will do the following by the date specified by the anchor (**prior to Friday, August 8**):
 - Complete the Change Request Form (CRF).
 - Revise the project narrative(s), as appropriate, using track changes.
 - Send the completed CRFs and revised narrative(s), as appropriate, to the anchor.
- Anchors will email the CRF(s) and revised narrative(s) to the HHSC Transformation Waiver mailbox **by Friday, August 8**. (*Please note from the Category 3 update below that it is possible HHSC may give a few RHPs more time to submit change request information since the RHP is getting its Category 3 feedback a little later than expected. We will update you on this by the middle of next week.)
- **For projects that were flagged for valuation, if a performing provider submits a change request to reduce QPI metric goals, it is highly likely that the project valuation will be reduced.** HHSC will be sending an email to anchors next week to distribute to your providers with projects flagged for valuation to remind them they're in this group.
- **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, and the project will be flagged for review by the compliance monitor.

Anchor Administrative Costs

- HHSC has developed a methodology to reconcile the Percent Effort Spreadsheet with the Cost Template and will be scheduling a TA session to walk through all the documents. This is coordinated with the assistance of Texas A&M which is currently using the spreadsheet to document time.
- We are continuing to work with HHSC Legal to refine the contract and will be sending to Anchors. We are still planning to send contracts to Anchors in late July.

September 9-10, 2014, Learning Collaborative Summit

- Invitations for the event have been communicated to Anchors for coordination with providers for registration and to Executive Waiver Committee members and other key stakeholders. Please encourage registration for no later than July 25th.
 - Thank you and your providers for your responses to the survey regarding the agenda for September Statewide Learning Collaborative Summit. We are making changes to the draft agenda based on the feedback we received, and evaluating the proposals for poster and panel presentations. It likely will be a couple of weeks before we reach out to providers regarding posters and panels, but we will work to do so as soon as possible.
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- Each provider with a TPI is counted as one performing provider, so entities with different TPIs within the same health system are each counted as individual performing providers. We have also been asked if a provider can register an outside person like an attorney or consultant as their representative for the summit. The primary audience for the summit is those individuals who are working on the projects, but if the provider wants to reach out to us to explain why an outside person would be their best representative, we will take a look at it.
- Please continue to send your questions about summit registration to the waiver mailbox.

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.

CMS DY2 DSRIP Financial Management Review

- As discussed on the last anchor call, 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

- RAD has provided an estimated timeline for DSRIP payments and IGT due dates. This is a draft and subject to change.

DY 3 DSRIP 1 of 2

7/9/14	IGT Due
7/21/14	Transferring & Top 14 Paid
7/31/14	DY 3 DSRIP Payment

DY 3 DSRIP 2 of 2

12/30/14	IGT Due
1/9/15	Transferring & Top 14 Paid
1/20/15	DY 3 DSRIP Payment

DY 4 DSRIP 1 of 2

7/9/15	IGT Due
7/20/15	Transferring & Top 14 Paid
7/31/15	DY 3 DSRIP Payment

DY 4 DSRIP 2 of 2

Anchor Conference Call

AGENDA

12/30/15	IGT Due
1/11/15	Transferring & Top 14 Paid
1/20/16	DY 4 DSRIP Payment

DY 5 DSRIP 1 of 2

7/7/16	IGT Due
7/19/16	Transferring & Top 14 Paid
7/29/16	DY 5 DSRIP Payment

DY 5 DSRIP 2 of 2

12/30/16	IGT Due
1/11/17	Transferring & Top 14 Paid
1/20/17	DY 5 DSRIP Payment

*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.*