

September 26, 2014
1:30 - 3:00 p.m. CST

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

1. General Anchor Communication

- Thank you for all of your continued work!

2. DSRIP Implementation

Category 3

- We have completed the revisions to the Compendium documents and are working to get those posted to the website as soon as possible. In addition to the individual measure documents HHSC will post a table describing the summary of changes between the draft version and these final versions as well as an updated Master Outcome Summary file (Excel list of measures)
- In response to providers who are using survey tools in OD-10 and OD-11, we have created a standard methodology allowing providers to utilize pre and posttesting to report scores. That detailed guidance is attached.

As we are preparing the data used to populate the baseline reporting templates, we will be sending out a summary of approved outcomes at the regional level over the next week. This list will be similar to the summary tables received last month but will also include approved denominator subsets and final language for the "Outcome Interpretation" (the statement agreed upon by providers and HHSC to reflect what is being measured in DY4 and DY5). Please encourage your providers to review this list for accuracy and communicate any corrections to HHSC waiver mailbox, with the subject line "Category 3 correction." **Please note that Category 3 selections will not be changed, this is specific to any disagreements on the details with the selection by providers.** There will be a short turn around time on this communication as we work to have the baseline templates available as soon as possible for the October reporting period.

Category 4 Update

RD- 6 (optional domain) CMS guidance

- CMS provided guidance that for a hospital that elected to participate in RD-6, all the CMS Adult and Child Core Measures must be reported. If a measure cannot be reported, then a justification must be provided. There is no minimum number or set of measures that must be reported.
- Acceptable rationale for not reporting on a measure include:
 - The hospital does not serve the population that is being measured.
 - The hospital does not provide outpatient services that is being measured.
 - There is not a statistically significant population to report the measure – defined as at least 30 cases included in the denominator.
 - The hospital's current data systems do not allow for the measure to be reported; if so, include information about what the hospital is doing to be able to report it in later years.
 - The identical data is being reported as a Category 3 outcome (including same denominator as Category 3).

RD-4 Medication Management

- In preparation for October reporting, there is an issue that has been communicated from multiple providers on implementation of the DSRIP hospital reporting of Medication Management (NQF 0646).
- Some hospitals have expressed concern that implementation of this measure per specifications is counter to what they have experienced as best practices for medication management in their

facilities and have alternate approaches to medication management.

- HHSC has proposed to CMS to allow providers to propose an alternate method of medication management based on best practices and allow Category 4 payment to occur for these alternate methods.
- For DSRIP reporting, providers would enter “0” in the reporting field, and report on their alternate method in the qualitative reporting.
- We will provide CMS response as soon as possible given reporting timeframes.

Change Request Process (Plan Modification Requests and Technical Change Requests)

- We estimate we will provide comments/preliminary determinations to the anchors in late October/early November. Providers will be asked to respond to HHSC comments on change requests in mid-November. We understand that providers would like information as soon as possible and so we are prioritizing the plan modifications over the technical changes.

October Reporting

- HHSC has scheduled 3 webinars to assist with October reporting. These notices will also be emailed to providers and posted on the website.
 - **Quantifiable Patient Impact (QPI):** Wednesday, October 1 from 10:30 a.m. to 12 Noon
To join the online meeting:
 - 1) Go to **Join WebEx meeting**
 - 2) Click on Attend Meeting
 - 3) Enter Meeting Number: 280 478 319 (no password necessary)
 - 4) Call 800-396-3172To join the audio conference only: all participants should dial 800-396-3172 (no password necessary). You will be placed directly into the audio conference.
 - **Category 3 Baselines:** Thursday, October 2 from 2 to 3:30 p.m.
To join the online meeting:
 - 1) Go to **Join WebEx meeting**
 - 2) Click on Attend Meeting
 - 3) Enter Meeting Number: 280 429 402 (no password necessary)
 - 4) Call 800-396-3172To join the audio conference only: All participants should dial 800-396-3172 (no password necessary). You will be placed directly into the audio conference.
 - **Method of Reporting:** Monday, October 6 from 10:30 a.m. to 12 Noon– stress and load testing is occurring with the automated system this week, which is the final test to confirm using this system for reporting. We plan to have the log in information in advance of the webinar along with user instructions. If the stress and load testing does not pass, the webinar will focus on the spreadsheet system we have used in the past.
To join the online meeting:
 - 1) Go to **Join WebEx meeting**
 - 2) Click on Attend Meeting
 - 3) Enter Meeting Number: 287 719 074 (no password necessary)
 - 4) Call 800-396-3172To join the audio conference only: All participants should dial into 800-396-3172 (no password necessary). You will be placed directly into the audio conference.
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Anchor Administrative Costs

- The updated Percent Effort Spreadsheet with the Cost Template has been finalized and we plan to schedule a TA session to walk through all the documents for the afternoon of Thursday, October 9.
- The formal anchor contracts for administrative costs have been sent out. Our goal is to execute the contracts by September 30, 2014. We realize that the process for obtaining contract approval/signature may take longer for some entities, but we encourage everyone to return their signed contracts as soon as possible.

Statewide Learning Collaborative Summit Wrap-up

- Thank you for your participation at the Statewide Learning Collaborative Summit!
- We are working to make the videos from the summit available to everyone. We have had some technical difficulties to post the Summit recordings on the HHSC website, so we will be reaching out to RHPs to post on one of your sites.
- We have heard that some people had difficulties accessing the live webcast of the summit using Internet Explorer. Providers who needed to view the webcast of the summit in order to meet a learning collaborative metric will be able to view the summit videos we will make available. Since the summit was held prior to October 1, the date of the summit session(s) viewed (September 9 and/or 10) will be the date the metric was met.
- Providers who plan to use the Summit to meet metrics related to learning collaborative participation should be sure to keep documentation of who from the organization attended or viewed the webcast, what sessions they attended/viewed, what they learned from the event and how they plan to apply the information gained to their DSRIP projects. Providers should plan to participate as much as possible, with a minimum of ½ day or 3 sessions. HHSC will develop a simple template for providers to document their SLC Summit participation for October reporting purposes.
- As part of the Summit, we are distributing a survey to all attendees to better understand successes and challenges with the DSRIP program as we plan for waiver extension/renewal. In case you did not fill out a paper copy of the survey at the Summit on September 9th and 10th, it is available to be completed online. Please click on the provided link to answer the questions and click "Done" when complete: <https://www.surveymonkey.com/s/dsrripslcsummit>. The survey link will remain live until October 6th.

CMS DY2 DSRIP Financial Management Review

- As discussed previously, CMS is reviewing RHPs 4, 7, 9 and 10..
- The goal is for CMS to provide HHSC a draft report by late October/November. HHSC will have the opportunity to comment on the draft report, and then it will continue through the CMS approval process. (Based on the timing of the site visits, HHSC wouldn't be surprised if this date slips a little, though CMS hasn't indicated that yet.)

DSRIP Mid-Point Assessment

- HHSC and Myers & Stauffer, LLC have started the mid-point assessment review. First regions that are under review are RHPs 8, 16, 13, 18, 19 and 20.
 - Myers & Stauffer provided an overview of the mid-point assessment during breakout sessions for both days of the Summit. The session on the second day of the Summit was recorded and will be made available for viewing.
 - HHSC notified the anchors about projects selected in their regions for the reievew prior to the Summit.
 - There were a number of 3 year projects selected for the mid-point assessment. Since many of the
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projects do not have any information reported, Myers and Stauffer will postpone review of most 3 year projects.

- HHSC is also planning to send out letters to the providers whose projects will be reviewed with additional information about the process for mid-point assessment.
- Our goal is to complete the mid-point assessment by December 2014.

Update on Unspent DY2 DSRIP Funds

- As some of you have heard, Representative Coleman recently met with CMS representatives to request that Texas be allowed to access about \$345 million in unspent DY2 DSRIP funds, and CMS was receptive. Some of the ideas discussed were related to BH and care for veterans.
- HHSC will need to submit a revised waiver amendment request to ask to use these funds, and the request to move money between demonstration years requires OMB approval.
- HHSC has sent the following possible framework to CMS to discuss. The proposed approach is to do this in a way that's administratively feasible in the time remaining and HHSC would like to get CMS thoughts at a high level so that further details can be fleshed out prior to submitting the amendment.
 - DSRIP projects that appear to be on track (i.e. weren't targeted for midpoint assessment or flagged in plan modification review), may add certain defined metrics in the 5th year of the waiver to enable them to earn additional DSRIP funds, such as related to: 1) increased data exchange to support the project, 2) evaluation of the success of the project, -- for these two options, we could propose a subset of the stretch activities already approved for Category 3 (3, 5, 6, 7 and 8), as long as the selection is not already a part of your Category 3 metrics. A 3rd option could be to serve additional Medicaid/low-income uninsured individuals than planned in the 5th year of the waiver and to add a Medicaid/low-income uninsured specific QPI metric in DY5 if there isn't already one.
 - Depending on how many projects are interested in doing one or more of these additional metrics (and have an IGT source), HHSC will adjust those projects' valuation upward for DY5 to enable Texas providers to earn the unused DY2 DSRIP funds.
 - Once we get an indication from CMS that this approach is amenable, we can flesh out the details of the allocation approach.

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.