

# Anchor Conference Call

# AGENDA

February 6, 2015  
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

### October Reporting and Review

- For metrics that were approved in the current round, or approved but unpaid in previous rounds, payments (contingent on IGT) occurred by January 30. Payment for October reporting was approximately \$1.76 billion all funds.
- HHSC staff is in the process of reviewing Provisionally Approved metrics. For Provisionally Approved metrics that need more information, HHSC will request additional information in mid-February (target date is Feb. 16) and ask that the information be provided by early March (target date is March 6).

### Category 3

- HHSC is reviewing baseline data submitted during the October reporting period. Currently, HHSC is identifying projects that need technical assistance or clarification. This includes providers who a) submitted requests for alternate achievement levels, b) reported low volume denominators, c) reported baseline performance significantly higher than benchmarks, d) did not fully submit the required baseline data or whose baseline templates contain errors and e) did not submit the survey administration form for tool/survey based outcomes in ODs 6, 10 or 11.
- We expect a large volume of projects needing technical assistance or clarification on their reported baseline rate, and will prioritize projects eligible to report their DY4 achievement in April based on their baseline measurement period.
- Next week HHSC will send out a RHP summary of Category 3 projects to the anchors in an excel file that will identify:
  - projects for which HHSC does not currently have any baseline concerns, and their DY4/DY5 performance goals and measurement periods.
  - those providers that we will be reaching out to for TA/baseline clarification (for the reasons listed above) and
  - projects that did not report baselines in October of DY3, status of carry forward, and carry forward projects that have received approval from HHSC to report baselines using DY4 data.
- We will be asking anchors to share this information with their providers to ensure the status (reported or carried forward) is accurate as reflected in the DSRIP automated reporting system.
  - If a project is carrying forward, HHSC needs to know if they are carrying forward their baseline measurement period because they are planning to use DY4 data as their baseline. Projects using DY4 data as part of their baseline require authorization from HHSC. .
  - We will include specific instructions and response deadlines (targeting February 20th) for how to communicate any concerns with reporting or carryforward status noted in this excel summary.
- HHSC will begin contacting providers for technical assistance and baseline clarifications after this summary is distributed to anchors. As this is anticipated to be a significant workload for HHSC staff, please encourage providers to hold off on sending any questions related to their Category 3

baseline until they are contacted by HHSC. For most scenarios, we will have a standard form for making corrections to baseline data.

- During the last week of February and first week of March, after all needed TA/baseline clarification has been conducted, HHSC will send to the Anchors a zipped file with a PDF document for each Category 3 project with a baseline summary (including measurement period, approved subsets, etc.), DY4/DY5 goals and measurement periods and incentive allocation per milestone in DY4 and DY5.

### **Category 4 Update**

- HHSC and CMS have confirmed that for Reporting Domain 4, providers who reported a medication reconciliation process alternate to NQF-0646 in DY3 can continue to report the alternate rate in DY4, following the same guidelines laid out in the October DY3 reporting companion.

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

- HHSC is reviewing the Round 2 change request submissions and Myers & Stauffer is reviewing the Round 1 submissions that required their review. HHSC plans to send HHSC's Round 2 preliminary determinations and Myers & Stauffer's Round 1 determinations to anchors/providers by mid to late February.

### **Anchor Administrative Costs**

- The IGT request for anchor admin costs will go out on Friday, February 6. The anticipated payment date for these costs is February 25.

### **CMS DY2 DSRIP Financial Management Review**

- HHSC has not received an update from CMS as to when we should anticipate receiving the draft report for comment (November was the original target).
- Regarding the lifted UC deferral regarding private hospital financing arrangements, HHSC still is awaiting written feedback from CMS on its concerns and is working to schedule a meeting with CMS in March to discuss next steps.

### **DSRIP Mid-Point Assessment**

- HHSC received draft recommendations for the projects reviewed by Myers and Stauffer during mid-point assessment in RHPs 1, 4, 5, 8, 11, 13, 16, 17, 18, 19 and 20.
- HHSC is reviewing draft recommendations for the first regions and will be contacting providers regarding plan modifications recommended by the independent assessor.
- First regions to hear from HHSC will be RHPs 11, 13 and 18. Communication to providers will be coming from DSRIP compliance mailbox ([TXHealthcareTransformationDSRIP\\_Compliance@hhsc.state.tx.us](mailto:TXHealthcareTransformationDSRIP_Compliance@hhsc.state.tx.us)) during the week of February 9<sup>th</sup>.
- Myers and Stauffer staff continue to review RHPs 3, 6, 7, 9, and 10. Site visits are scheduled for RHPs 6, 9 and 10. Site visits for RHPs 3 and 7 are anticipated to be scheduled for the last week of February. Estimated completion date of the review for all RHPs is February 2015.

### **Project Withdrawal Window**

- CMS approved the proposed timeframe of February 1, 2015 – May 1, 2015 for withdrawal of a project from DSRIP after the mid-point assessment per the PFM protocol. To withdraw a project, providers should complete the attached Project Removal Form and submit it to the waiver mailbox. Providers do not have to wait until the mid-point assessment process is complete.
  - As background, the opportunity for providers to withdraw projects is specified as follows in the PFM Protocol:
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- *If a project is terminated prior to the mid-point assessment, HHSC will recoup prior DSRIP payments for that project and return the associated federal share of the payments to CMS.*
- *A Performing Provider will receive some period of time after the mid-point assessment to determine if a DSRIP project will continue for the remainder of the demonstration. Specifically, if the Performing Provider withdraws after the mid-point assessment but before DY 4 payments are made, no prior DSRIP payments will be recouped.*
- *If a DSRIP project is terminated after the post mid-point assessment consideration period, then HHSC will recoup all DSRIP payments made after the mid-point assessment and return the associated federal share of the payments to CMS.*

### 3. Other Information for Anchors

#### Waiver Renewal Planning

- The waiver Special Terms and Conditions (STCs) require two submissions to CMS related to waiver extension/renewal. The first is a transition plan due to CMS by March 31, 2015 that must address the state's experience with the DSRIP pool, actual UC trends in the state and investment in value-based purchasing and other payment reform options. Staff is working on a draft document to share with leadership and stakeholders that reflects the continued need for both funding pools in Texas.
- HHSC will send a draft of the transition plan to the anchors and Executive Waiver Committee members today. The draft will be discussed at next week's Executive Waiver Committee meeting, and if anyone wants to submit substantive suggestions or comments to the draft, they're due to HHSC by **COB next Friday, February 13<sup>th</sup>**. All written comments should be submitted to the waiver mailbox with TRANSITION PLAN in the title of the email. At this stage, HHSC is looking for substantive (vs. editorial) comments, i.e. is there a major strategic point that you think is missing from the draft that would be important to add?
- HHSC is working to discuss the draft with CMS in early March in advance of the formal submission.
- The kick-off meeting for Clinical Champions occurred in January and the next meeting is later this month. We provided information to the workgroup from survey responses from the Summit to review on promising practices. Once we get feedback from the group on additional information that would be helpful to identify best practices, we will follow up with Anchors to request information on progress of projects to assist for purposes of waiver renewal. Anchors and providers will also be given an opportunity to provide additional suggestions for identification of evidence-based/best practices and other information to assist to define transformation.

#### Update on Unspent DY2 DSRIP Funds Amendment Request

- CMS requested additional information to which HHSC responded.

#### Submission of updated RHP Plans

- As we stated in last Friday's anchor update email, HHSC is considering the following for full plan submission:
  - The following information would be posted on the HHSC waiver website "RHP Plans" page:
    - RHP Summary Information
      - List of approved Category 1 & 2 DSRIP projects - all RHPs (current list is being updated)
      - QPI Summary – all RHPs (under development)
    - RHP Plan Information
      - Category 1 & 2 Project Narratives by RHP (updates planned for Feb 2015)

- Category 1 & 2 Project Workbooks for 4-year projects (under development)
  - Category 1& 2 Project Workbook for all 3-year projects (updates planned for Feb 2015)
  - Category 3 (one single file currently being updated)
  - Category 4 (to include RHP level summary data for PPE domains)
- The following information available on RHP Anchor websites (and linked to from HHSC site):
  - RHP Organization
  - Original Executive Overview with potential addendum update
  - Original Community Needs Assessment with potential addendum update for 3-year projects
  - RHP certifications (these would be signed after all updated information from HHSC and RHP Anchors is available for review)
  - Each Anchor RHP website would have a “Stakeholder Resources” page, linked to from HHSC site. This would include information on stakeholder opportunities, original RHP plans (which would also remain on HHSC website) as well as a description of the process by which 3-year projects were added in that RHP.
  - Some Anchors have already begun grouping their RHP’s projects into general areas in order to better analyze and categorize projects, and we think it would be helpful if we were able to categorize projects statewide this way. HHSC will develop a matrix of project types by which Anchors would identify what each RHP’s project covers (could be multiple types), based in part on the types of stakeholder inquires HHSC has received about projects, to include:
    - Chronic Disease
    - Diabetes-focused projects
    - Behavioral Health (mental health, substance use, IDD)
    - Integrated behavioral/physical health care
    - Telemedicine
    - Primary care
    - Women’s health
    - ED diversion
    - Workforce development
    - Projects using Community Health Workers
    - Projects using Peer Specialists
    - Medical Homes
- This matrix would be the most updated version for the section on “Related Projects” within the narrative.

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*For waiver questions, email waiver staff: [TXHealthcareTransformation@hhsc.state.tx.us](mailto:TXHealthcareTransformation@hhsc.state.tx.us).*

*Include “Anchor (RHP#):” followed by the subject in the subject line of your email so staff can identify your request.*