

January 8, 2015

1:30 - 3:00 p.m. CST

### 1. General Anchor Communication

- Happy New Year - and as always, thank you for all of your continued work!
- Thank you for your DY4 Anchor Annual Report submissions. We will send the reporting and payment data used to populate the table in the reports with the anchor notes.
- We are working on dates for the DY 5 Statewide Learning Collaborative
- We have reached out to RAD to sort out the communication issues you noted during our last anchor call, which included coordinating RAD's distribution list with the waiver team's distribution list and including anchors on communications from RAD to providers and UC-only hospitals.

### 2. DSRIP Implementation

#### October DY4 Reporting

- The additional reporting period for metrics that need more information (NMI) is now open and will close at **11:59 p.m. on Friday, January 15, 2016**.
- Any questions regarding submission of NMI documentation should be sent to the waiver mailbox at [TXHealthcareTransformation@hhsc.state.tx.us](mailto:TXHealthcareTransformation@hhsc.state.tx.us) by **noon on Tuesday, January 12<sup>th</sup>** in order for staff to respond to all of the questions by the Friday deadline. We are prioritizing questions about NMIs, so any questions about DY5 goals will be responded to at a later date. If you have already sent a question in you do not need to resend it. Please remember to include RHP, Project ID, and Metric ID with your questions.
- On January 15, 2016, October reporting DY4 DSRIP payments will be processed for transferring hospitals and top 14 IGT Entities.
- On January 29, 2016, October reporting DY3 DSRIP payments will be processed for all providers and DY4 DSRIP payments processed for remaining providers that were not paid on January 15, 2016. Note that there are separate transactions for each payment for each DY.
- Approximately \$1.9B in DY3 and DY4 DSRIP payments will be processed.
- A note on findings for DY4 QPI reporting and moving toward Waiver extension: There were a number of providers who are falling more than 20% below the Medicaid/Low-Income Uninsured (MLIU) QPI target. For those projects where MLIU is not required, this does not impact achievement of the metric. However, as we look towards waiver renewal, HHSC is planning to strengthen the MLIU component of QPI milestones, as this is the target population for the Waiver. Please encourage providers, especially those falling short of their MLIU targets, to work toward increasing the number of MLIU patients served.

#### Compliance Monitoring

- Providers are required to work with Myers & Stauffer (MSLC) to complete the review process, including responding to follow up questions related to Corrective Action Plans. We appreciate your assistance to remind providers that DSRIP payments are Medicaid payments, and as such, may be subject to state and federal audits.
  - Working through baseline issues now with MSLC will be helpful to complete before MSLC begins performance review, and MSLC can assist providers for preparation for the next stage of review.
  - Cat 1&2 Validation – MSLC has notified providers of the metrics that were selected for review and
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has starting reaching out to providers to request additional data and sample documentation.

- Please continue sending all questions related to compliance monitoring to the designated mail box: [TXHealthcareTransformationDSRIP\\_Compliance@hhsc.state.tx.us](mailto:TXHealthcareTransformationDSRIP_Compliance@hhsc.state.tx.us).

### Monitoring IGT

- We will send the DY5 Monitoring IGT amounts with the Anchor notes. HHSC plans to request \$5M for DY5 Monitoring IGT.
- HHSC is reviewing actual MSLC costs compared to the \$4M collected for DY3 Monitoring IGT. HHSC estimates that IGT refunds for unused DY3 Monitoring IGT will be processed in early 2016. HHSC does not expect to process DY4 Monitoring IGT refunds.

### Anchor Administrative Costs

- HHSC has completed review of the anchor administrative cost reports and submitted them to Rate Analysis for IGT requests.
- The tentative due date for IGT is January 28, 2016, with payments expected to be made on February 12, 2016.

### Category 3

- HHSC is currently finalizing reviews of Category 3 baselines submitted during the October DY4 reporting period that were not flagged as Needing More Information. Next week HHSC will send providers a summary of reported baselines and goals, as well as any notes regarding needed technical assistance.
  - HHSC will be posting an Interim Category 3 Correction Template to the waiver website within the next two weeks. Pay for Performance outcomes that are not under review by MSLC that have already reported DY4 performance, or are approved for an alternate achievement level or maintenance or P4R due to small volume will submit any needed corrections during the interim baseline correction period. All other outcomes will be able to make corrections to the reported numerator/denominator when performance is next reported. The Correction Template will indicate if an outcome is eligible to make corrections during the interim correction period, or if the outcome can be corrected at the time performance is reported. The final due date for submitting interim corrections is tentatively scheduled for Friday, February 12<sup>th</sup>.
  - For outcomes not eligible to submit corrections during the interim correction period, HHSC will also be posting a Cat 3 project specific reporting summary and goal calculator so that providers can confirm current reporting information and determine new goals if corrections are anticipated.
  - The DY5 goals currently included in the online reporting system are out of date and will be removed prior to the April DY5 reporting period.
  - In mid-January, HHSC will distribute a revised Population Focused Priority measure (PFPM) baseline reporting template and provide guidance on submitting a DY3 or DY4 baseline for the selected alternate achievement outcome. All providers with an alternate achievement outcome will be asked to submit a baseline for their selected measure, regardless if a baseline was previously submitted. This is to prepare for possible reporting in DY5.
  - All providers who were approved by HHSC to select an alternate outcome measure (PFPM or P4P Cat 3 outcome measure) as a result of being transitioned to maintenance mode for high performance should inform HHSC of their selected alternate outcome measure as soon as possible.
  - In November HHSC released additional guidance on reporting requirements for providers required to complete Stretch Activity #3- Outcome Evaluation. We have received requests for additional guidance for the other Stretch Activities and are working directly with providers and anchors to clarify expectations for successful achievement of these milestones in DY5. Please encourage your providers to continue to send questions to the waiver inbox related to Stretch Activities if additional clarification is needed beyond what was historically provided on the Waiver website
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([http://www.hhsc.state.tx.us/1115-docs/CAT3/Cat3ProposedStretchActivities\\_01082014.pdf](http://www.hhsc.state.tx.us/1115-docs/CAT3/Cat3ProposedStretchActivities_01082014.pdf))

### 3. Waiver Renewal

#### Update on Waiver Extension Application

- HHSC met with CMS in November regarding the extension application and have had some subsequent interactions.
- Based on the discussions thus far with CMS, HHSC believes an initial 1-2 year extension is probable to enable more time for more detailed negotiations for the later years in the extension.
- We have not received formal written feedback from CMS, but anticipate getting some initial feedback from CMS on the transition year proposal and the initial extension request later this month.
- For UC, CMS indicated that Texas' ask is more than what CMS thinks is warranted. We will do the required independent analysis, but asked for an extension beyond the CMS requested submission date of May 31, 2016.
- For DSRIP, CMS asked Texas to explore further financial integration of DSRIP into Medicaid managed care (i.e., running some DSRIP payments through the managed care plans, similar to NAIP). We explained at a high level the operational complexities of this (300 varying providers) and also that one of the DSRIP target populations is low income uninsured. CMS understands these considerations, and asked HHSC to explore potential options to move in this direction. HHSC is analyzing internally and will share more with stakeholders as we have more information.

#### Waiver Renewal Planning

- We will plan to dedicate an upcoming Anchor call (either a regularly scheduled or special call) to focus on the information outlined below to get your feedback.
- The link to the survey for stakeholder feedback on protocol level proposals for the 1115 Transformation Waiver Extension Application remains open:  
<https://www.surveymonkey.com/r/YJFKRMG>. More information can be found on the waiver website's [Waiver Renewal](#) page.
- HHSC is continuing to review projects to determine if a project is eligible to continue or requires changes for the waiver extension period. HHSC reviewed additional projects based on October reporting submissions and will notify the projects that need to submit additional information.
  - During project review, HHSC considered reported progress towards goals in addition to completion/incompletion of metrics; reported challenges and delays in implementing projects; transformative value of the project including whether the Project Option was removed from the 3-year project menu or draft extension menu; valuation and MLIU impact of similar projects across the state; and any similar projects within the region.
  - Almost all of the projects reviewed will be eligible to continue, but some will require strengthening or next steps, such as increasing QPI and/or MLIU, requiring MLIU as P4P in DY6, and/or taking a logical next step to further transformation in DY6.
  - HHSC will begin notifying individual providers of the results and required changes for the extension period the week of January 19<sup>th</sup>.
- In addition, HHSC plans to share the following waiver renewal planning information with stakeholders in January that are specific to the transition year (DY 6):
  - **Combining Projects:** Template and companion document for combining projects will be posted next week.
  - **Draft Transition Year (DY6) Proposal:** draft language for the Program Funding and Mechanics Protocol (PFM) relating to the transition year (DY6) will be posted next week.
    - The waiver renewal survey will be updated for stakeholder feedback on this

information next week -- we will be looking at information received prior to Feb. 5<sup>th</sup> for the Executive Waiver Committee, but will continue to keep the survey open after that date for additional feedback.

- Draft list of **Performance Bonus Pool and Statewide Analysis Plan measures** that builds on the information presented at the Statewide Learning Collaborative is scheduled to be sent out for feedback by the week of January 25<sup>th</sup>.
- A list of **best practice models** HHSC has identified for project options on the Transformation Extension Menu for replacement projects is also scheduled to be sent out for feedback by the week of January 25<sup>th</sup>.

#### 4. Other Information for Anchors

##### Medicaid Provider Re-Enrollment

- To participate in DSRIP, each DSRIP provider must be an enrolled Medicaid provider. Based on federal requirements, tens of thousands of Texas providers must re-enroll by March 2016 to remain active providers for Texas Medicaid. There are many providers who have not yet submitted re-enrollment applications. We encourage all DSRIP providers who enrolled in Texas Medicaid prior to January 1, 2013, and have not yet re-enrolled, to do so as soon as possible. The sooner a provider submits complete re-enrollment information, the greater the chance that HHSC will be able to re-enroll the provider by the March 2016 deadline.

For more information visit:

- [TMHP Re-enrollment Webpage](#)
- [Re-enrollment FAQs](#)
- [Quick Start Re-enrollment Reference Guide](#)

To check your re-enrollment status, follow the instructions under question 1.6 in the [Re-enrollment FAQs](#) link. If you have additional questions about re-enrollment, please review the FAQs and if needed call the TMHP Contact Center at 1-800-925-9126, option 2 or the TMHP CSHCN Services Program Contact Center (1-800-568-2413). HHSC plans to send additional reminder information out to all Medicaid providers soon regarding re-enrollment and will include DSRIP providers in any additional communications.

##### Clinical Champions

- The next Clinical Champions meeting is scheduled for the afternoon of February 5<sup>th</sup>, following the EWC meeting. HHSC will be inviting representatives from select MCOs to continue the dialogue initiated at the 2015 SLC. Specifically, Champions and the MCO representatives will be discussing how to establish and facilitate partnerships, furthering the alignment of DSRIP and MCOs.

##### DSRIP Statewide Events Calendar

###### January 2016

RHP	Date	Topic	Contact
2	1/15	RHP 2 Behavioral Health Learning Collaborative	<a href="#">Susan Seidensticker</a>

###### February 2016

RHP	Date	Topic	Contact
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## Anchor Conference Call

# AGENDA

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9 & 10	2/9- 10	2 <sup>nd</sup> Annual RHP 9 & RHP 10 Collaborative Connections - Impacting Care Register here: <a href="https://2ndannualcollabortiveconnectionsimpactingcare.eventbrite.com">https://2ndannualcollabortiveconnectionsimpactingcare.eventbrite.com</a>	RHP 9: <a href="#">Margie Roche</a> RHP 10: <a href="#">Meredith Oney</a>
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*For waiver questions, email waiver staff: [TXHealthcareTransformation@hsc.state.tx.us](mailto:TXHealthcareTransformation@hsc.state.tx.us).  
Include "Anchor (RHP#):" followed by the subject in the subject line of your email so staff can identify your request.*