

January 22, 2015

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

1. General Anchor Communication

- As always, thank you for all of your continued work!
- We are working on dates for the DY 5 Statewide Learning Collaborative

2. DSRIP Implementation

October DY4 Reporting

- On January 15, 2016, October reporting DY4 DSRIP payments were 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. The October DY4 payment summary by project is posted on the HHSC waiver website on the Tools and Guidelines page under DSRIP Project Payment Summaries.

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 has starting reaching out to providers to request additional data and sample documentation. HHSC will send with the final Anchor notes a summary of the MSLC review of Category 1 and 2 metrics and the metrics that have been selected.
- Please continue sending all questions related to compliance monitoring to the designated mail box: TXHealthcareTransformationDSRIP_Compliance@hsc.state.tx.us.

Anchor Administrative Costs

- The tentative due date for IGT is January 28, 2016, with payments expected to be made on February 12, 2016.

Category 3

- Last week HHSC sent providers a summary of reported baselines and goals for outcomes that were reported for the first time in October DY4, as well as any notes regarding needed technical assistance. This week we sent anchors a regional summary of Category 3 October DY4 baseline reporting.
 - HHSC also emailed and posted a Cat 3 project specific reporting summary workbook so that providers can confirm current reporting information and determine new goals if corrections are
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anticipated. The information included is current as of January 1st, and will be updated after the close of the NMI review period to reflect any changes as a result of an NMI response.

- HHSC has also posted an Interim Category 3 Correction Template to the waiver website for outcomes that will make corrections during the interim correction period, if corrections are needed. 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 **Sunday, February 14th. Providers do not need to submit a correction template if no corrections are needed, even if the template shows them as eligible to submit an interim correction.**
- HHSC will be posting a revised Population Focused Priority measure (PFPM) baseline reporting template early next week. All providers with an alternate achievement outcome (AM-3.1 in DY5) will be asked to submit a baseline for their selected measure. This is to prepare for reporting in April DY5, if eligible. The deadline for returning the PFPM baseline template is tentatively scheduled for Sunday, February 14th.

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 has started notifying individual providers of the results and required changes for the extension period this week and will send Anchors a summary of their region's results.
- 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 have been posted on the HHSC waiver website on the Tools and Guidelines page under Combining DSRIP Projects.
 - **Draft Transition Year (DY6) Proposal:** HHSC plans to post the draft language for the Program Funding and Mechanics Protocol (PFM) relating to the transition year (DY6) during the week of January 25, 2016.
 - HHSC also plans to post a survey for stakeholder feedback on this information during the week of January 25, 2016 -- we will be looking at information received by Feb. 2nd as a first look prior to 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 25th.
 - 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 25th.

4. Other Information for Anchors

Deadline Extension for Medicaid Provider Re-Enrollment

- The Centers for Medicare and Medicaid Services (CMS) recently announced that the previous March 24, 2016 deadline for Medicaid provider re-enrollment is extended to Sept. 25, 2016. Though this extension gives states additional time to ensure providers comply with Patient Protection and Affordable Care Act (PPACA) requirements, Texas Medicaid encourages all providers who have not yet submitted a re-enrollment application to begin this process immediately to avoid potential payment disruptions. Additional information will be announced by HHSC Medicaid/CHIP in the coming weeks to assist providers who are working on the re-enrollment process.

Clinical Champions

- The next Clinical Champions meeting is scheduled for the afternoon of February 5th, 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

February 2016

RHP	Date	Topic	Contact
9 &	2/9-	2 nd Annual RHP 9 & RHP 10 Collaborative Connections - Impacting Care	RHP 9:

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Register here:

<https://2ndannualcollabortiveconnectionsimpactingcare.eventbrite.com>

[Margie](#)

[Roche](#)

RHP 10:

[Meredith](#)

[Oney](#)

For waiver questions, email waiver staff: 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.