

April 1, 2016

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

### 1. General Anchor Communication

- As always, thank you for all of your continued work!

### 2. DSRIP Implementation

#### April DY5 Reporting

- April DY5 Reporting starts today, April 1, 2016. The online reporting system is open, and reporting companion documents and templates can be found on the [Tools and Guidelines](#) page of the waiver website. Pending documents will be added as soon as they are available. QPI and Category 3 Reporting Templates are expected to be available by the April 6<sup>th</sup> webinar.
- HHSC will hold a webinar on April DY5 reporting on Wednesday, April 6, 2016 from 10:00AM - 11:30AM, Central Daylight Time.  
To join the online meeting:
  - 1) Go to [Join WebEx meeting](#)
  - 2) Click on Attend Meeting
  - 3) Enter Meeting Number: 732 344 534
  - 4) Call 866-430-8535
- HHSC distributed the Category 4 DY5 PPE reports to both DSRIP and UC hospital providers on Wednesday, March 30th. If a provider has not received their PPE reports, please contact the waiver mailbox at [TXHealthcareTransformation@hhsc.state.tx.us](mailto:TXHealthcareTransformation@hhsc.state.tx.us). Please note that there may have been some issues mapping NPIs to TPIs for facilities. If there are any corrections/updates needed, we will let you know. The RHP roll up analysis will not occur until a review of the mapping process is complete. If providers identify any issues, they can send a message to the waiver mailbox and we will coordinate the communication needed. This will not impact reporting status.
- If a provider needs to add additional users to the DSRIP Online Reporting System, please complete an [RHP Contact Change Form](#) for each new user and submit it to the waiver mailbox at [TXHealthcareTransformation@hhsc.state.tx.us](mailto:TXHealthcareTransformation@hhsc.state.tx.us).
- April DY5 Reporting Timeline:
  - April 1, 2016 – The DSRIP Online Reporting System opens for Round 1 (April) reporting.
  - April 6, 2016 – April DY5 Reporting Webinar from 10:00–11:30am
  - April 22, 2016 – Final date to submit questions regarding April reporting and inform HHSC of any issues with DY5 data in the reporting system.
  - April 30, 2016, 11:59pm - April reporting submissions due.
  - May 1, 2016 – HHSC Reporting Review begins.
  - May 12, 2016 - HHSC will post estimated IGT due for April reporting.
  - May 20, 2016, 5:00pm - Due date for IGT feedback on their affiliated providers' April reported progress. (Optional)
  - May 27, 2016, 5:00pm - Due date for IGT changes.
  - June 8, 2016 – HHSC will complete the initial reporting review and distribute reporting results.
  - July 1, 2016 – IGT settlement date for April reporting DSRIP payments.
  - July 6, 2016, 11:59pm – Due date for April NMI Reporting submissions

- July 15, 2016 – April reporting DY5 DSRIP payments processed for transferring hospitals and top 14 IGT Entities.
- July 29, 2016 - April reporting DY4 DSRIP payments processed for all providers and DY5 DSRIP payments processed for remaining providers that were not paid on July 15, 2016.
- August 5, 2016 – HHSC will complete NMI Reporting Review and distribute reporting results.

### Compliance Monitoring

- MSLC continues its work in all areas: Category 1 and 2 review and Category 3 baseline review.
- MSLC is aware of April reporting and should not send any new requests for information. However, if providers requested extensions for existing information requests, the new deadlines of the extensions could be in April.
- Thank you for your feedback on how to improve MSLC communication with providers. HHSC and MSLC discussed suggestions that you sent to us and hopefully the communication will be more streamlined in the future.
- **Category 1 and 2**
  - MSLC reviews Category 1 and 2 metrics in several steps: review of the existing reported information submitted by the provider for a specific metric; review of the additional information requested by MSLC; and requesting support for the sample selected by MSLC to assess accuracy of the data.
  - Results of the first round of Category 1 and 2 MSLC review are due to HHSC at the end of April.
  - Once HHSC reviews MSLC findings and recommendations, HHSC will review for possible recoupment of the metric payment for which a provider could not substantiate reported information. Communication regarding possible recoupments will come from HHSC (May-June) and providers will have an opportunity to respond prior to the initiation of a recoupment.
  - The next round of Category 1 and 2 review will start in May of 2016.
- **Category 3**
  - MSLC has completed review of a large portion of the selected baselines and shared the results with HHSC on 2/29. HHSC updated the Category 3 Summary workbook that is posted on line (as of March 21) including new DY4 and DY5 goals.
  - Review of most of the remaining baselines (approximately 120 outcomes) should be completed in March and communicated to HHSC on March 31st. Some baseline reviews will continue beyond March and will be completed in April or May.
  - In addition, MSLC is starting preliminary review of reported Category 3 performance. MSLC is currently obtaining background information on the reported baseline and performance outcome. The review will start on May 1 and will go through summer of 2016.
- 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).

### Anchor Administrative Costs

- The next submission date for reporting administrative costs is May 16, 2016.
- The Cost Template and the Percent-of-Effort spreadsheets are posted on the waiver website at <http://www.hhsc.state.tx.us/1115-Waiver-Guideline.shtml>. Please remember that both documents as well as notarized certification must be submitted.

### Category 3

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- HHSC is currently working through questions and comments related to the updated Category 3 Summary Workbook that providers were asked to review prior to the April DY5 reporting period. We've received a large volume of responses, most due to anticipated corrections to previously reported baseline or performance.
- As a reminder, HHSC will not accept baseline corrections via email or phone outside of the three currently available channels of correcting prior Category 3 reporting. The three currently available channels of correcting a previously reported baseline or performance rate are an Interim Correction Period, a Reporting Period, or an MSLC review.

### 3. Waiver Renewal

#### Update on Waiver Extension Application

- A notification was sent to Anchors on Wednesday that the UC Study is underway with contractors with a planned completion date of August 2016.
- HHSC continues dialogue with CMS on the extension/renewal.
- CMS plans to notify HHSC whether an initial extension (12- 18 months) could occur, or whether CMS would negotiate the full five years (we think an initial extension is more likely).
- CMS has communicated two directions for future DSRIP (for all states):
  1. Sustainability - DSRIP should not be considered an ongoing funding source;
  2. Implementation of Alternative Payment Methodologies (APM), which is similar to Value-based purchasing. Here is a link with more information on APM: <https://hcp-lan.org/groups/apm-ftp/apm-framework/>.
- CMS has requested an initial high-level work plan for integration into managed care, which HHSC is developing and will share with stakeholders before formal submission to CMS. The work plan will specify that a subset of projects will be identified for integration into managed care that could be either continuing or replacement projects.
- HHSC still continues to be optimistic about an extension.

#### Waiver Renewal Planning

##### Community Needs Assessment

- HHSC continues to receive questions about the Community Needs Assessment (CNA) redo/update that will be required prior to a region submitting its performance bonus pool measure selections. While HHSC does not plan to prescribe the CNA process for the regions, we will develop a template for Anchors to report their RHP's CNA process, and we anticipate that it will contain the following types of questions. Please let us know if you have any additional questions you think should be included or questions about the ones HHSC has outlined below.
  - Describe your RHP's process for updating the regional community needs assessment.
  - How did your RHP solicit community stakeholder input?
  - Explain the RHP's community needs that changed or the priorities you updated, if any, as a result of this process.

##### Performance Bonus Pool

- HHSC is moving forward with development of the proposed Performance Bonus Pool that is planned to replace the current Category 4, in terms of the potential performance measures as well as the supporting policies. HHSC has requested feedback on the proposed measures and has not received much input on the set of measures. Please encourage your providers to review the proposed measure list (<http://www.hhsc.state.tx.us/1115-docs/012616/Performance-Bonus-Pool.pdf>) and send feedback on a.) additional claims-based measures that should be considered and b.) measures currently listed that they recommend should not be included. Feedback can be provided directly to

the Waiver mailbox. In absence of any additional feedback, HHSC will plan to move forward with performance analysis of the currently proposed measures to help determine which of those measures to include in the menu. HHSC anticipates having additional information available this summer regarding the measures, rationale for selection, financial policies and requirements for regional selection.

- Currently, HHSC plans to create a template for Anchors describing the process and results of the selection of regional measures in October 2017. Submission of this regional template is planned to be used to authorize DY6 payments for measure selection for all providers in the RHP.
- In addition, HHSC plans to develop a provider based template that will allow providers to allocate their share of bonus pool funds at the measure level for those measures that are selected by the RHP. This process will occur after the regional selection process described above and is anticipated to occur in late 2017 early 2018, in preparation for bonus pool performance based payments that are planned to start in DY7. Requirements for provider specific allocation will be detailed with the policies released this summer (2016).

### Transition Year (DY 6)

- The following items are currently in process for the transition year:
  - Rules (see attached summary for additional information)
  - PFM language
  - Summary of stakeholder feedback received on the draft PFM language and how HHSC handled the feedback
  - FAQs
- HHSC plans to send the PFM language related to most elements of the transition year to CMS in April 2016.
- Once complete, HHSC plans to post the following to the waiver website in April 2016:
  - PFM language submitted to CMS
  - Summary of stakeholder feedback received on the draft PFM language and how HHSC handled the feedback
  - FAQs
- The next information that will be requested of providers for the waiver extension will be Summer 2016, when providers will be asked whether they plan to continue existing projects or propose replacement projects. HHSC is working on a "template" and tentatively plans for providers to submit in July 2016, pending CMS feedback.

### Clarifications on Proposed Transition Year (DY6) Policy

- Project Eligibility to Continue - HHSC has already notified those projects that are not eligible to continue. Other projects from removed Project Areas (2.4, 2.5, 2.8, and 1.10 unless it is a learning collaborative project) that were not notified that they must discontinue may continue in DY6 based on DY6 Transition Year requirements but will be required to submit a replacement project to begin in DY7, contingent on CMS approval. Remaining active projects not included in HHSC review may continue in DY6 based on DY6 Transition Year requirements.
- Project Valuation Reductions - HHSC has already notified those projects that may have a DY6 project valuation that is lower than their DY5 project valuation. Remaining active projects may continue in DY6 at their current valuation, including those over \$5M, based on DY6 Transition Year requirements.

### DY7-10

- HHSC is drafting proposals for DY7-10 including continuing projects' next steps and replacement projects requirements. HHSC plans to share the high-level plan in the summer with the detailed draft protocols in the fall/winter.
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**4. Other Information for Anchors**

**DSRIP Statewide Events Calendar**

**April 2016**

<b>RHP</b>	<b>Date</b>	<b>Topic</b>	<b>Contact</b>
4	4/14	RHP 4 Learning Collaborative To register: <a href="#">RHP 4 LC</a>	<a href="#">Jonny Hipp</a>

**May 2016**

<b>RHP</b>	<b>Date</b>	<b>Topic</b>	<b>Contact</b>
12	5/4	RHP 12 Learning Collaborative	<a href="#">Sandra James</a>

**August  
2016**

<b>RHP</b>	<b>Date</b>	<b>Topic</b>	<b>Contact</b>
HHSC	8/30- 31	2016 Statewide Learning Collaborative	<a href="#">Transformation Waiver</a>

**September  
2016**

<b>RHP</b>	<b>Date</b>	<b>Topic</b>	<b>Contact</b>
2	9/15	RHP 2 Behavioral Health Learning Collaborative	<a href="#">Susan Seidensticker</a>

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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.*