

Anchor Conference Call

AGENDA

April 29, 2016

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

1. General Anchor Communication

- As always, thank you for all of your continued work!
- HHSC continues negotiations with CMS on this initial extension and will communicate as soon as agreement is reached.

2. DSRIP Implementation

April DY5 Reporting

- The April DY5 reporting deadline has been extended to **Wednesday, May 4th at 11:59 PM**. The DSRIP Online Reporting System will remain open to accept **ALL** April DY5 reporting submissions until this time.
- 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. 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.
- 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.
 - May 4, 2016, 11:59pm - April reporting submissions due.
 - May 5, 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 the remaining Category 3 baseline review.
- HHSC is expecting Category 1 and 2 results at the end of this month (with the exception of several projects where providers requested extensions). Once HHSC reviews MSLC findings, there will be further communication with providers who 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 and Category 3 performance review is starting in May.
- We received several suggestions on how to improve MSLC review going forward. We discussed your suggestions with MSLC. We are including your suggestions and MSLC responses:

- **Assign each DSRIP provider a single contact for all projects and metrics under review.** Having the ability to develop a relationship and provide essential context to a single MSLC staff person can avoid the need for time consuming back and forth between MSLC and provider staff.

MSLC Feedback: Due to the outcome or project specific knowledge needed, MSLC cannot assign one person to all of a provider's outcome measures or projects.

Going forward for Category 1 and 2 as well as Category 3 Performance, MSLC will assign a staff person who will be the primary point of contact for each project or outcome. Should the project or outcome transition to another staff person, an email will be sent stating so. The new staff person assigned to the project or outcome will send an introductory email to notify the provider of the change.

- **Requests for the information.** Some suggested that the lead provider receives all requests at once to better prioritize work efforts and manage due dates timely, while others requested to stagger requests for information.

MSLC Feedback: As some providers prefer to receive requests all at once and some prefer for the requests to be staggered, MSLC will treat these on a case-by-case basis.

- **Request MSLC offer providers a monthly status report showing status of pending requests and timing of upcoming requests.**

MSLC Feedback: MSLC will give providers a time frame and overview of the process during the Initial Notification. During subsequent requests for information, we will tell providers that if we receive data by X date, they can expect a response from us within two weeks.

- **Avoid audit request deadlines during April and October reporting periods.**

MSLC Feedback: MSLC is aware of the reporting periods, and the staff will not send new requests with deadlines in April and October. However, if providers are requesting extensions and the new deadlines happen to be in April or October, providers are still requested to provide this information

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.
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Category 3

- The Category 3 team sends our sincere thanks for sending your April DY5 reporting questions early. Great job providers! We know this is complicated, and we really appreciate the hard work that is going on.

QPI

- The DY3-5 QPI Summary has been updated and is posted on the Waiver Website. The updated summary includes all data changes through April 12, 2016.

3. Waiver Renewal

Update on Waiver Extension Application

- As we previously communicated, HHSC has formally requested a 15-month initial extension of the waiver from CMS at level funding from DY5. Negotiations on a longer-term agreement will continue.
- The UC Study is underway with contractors with a planned completion date of August 2016.

Waiver Renewal Planning

- HHSC sent anchors the draft form for updates to the Community Needs Assessment. These updates would be due to HHSC by June 2017. Please feel free to provide any input on the form or process.

DY 6 Rule Packets

Since HHSC is still in negotiations with CMS on renewal, both of the following packets are subject to change, as specified in the rules.

Transition Year Rule Packet #1 (effective June 1, 2016)

- Rule packet #1 pertains to actions in preparation for extension of DSRIP.
- HHSC published the rules in this first rule packet as proposed in the *Texas Register* on March 25, 2016.
- The public comment period ended April 25, 2016.
- HHSC received several comments regarding proposed §354.1645(e), which specifies that if after choosing to continue a DSRIP project in the transition year, a provider decides not to continue or replace that project, HHSC will recoup any DY6 payments that the provider received. Providers expressed concern about having to decide whether to continue their project without knowing what the requirements would be for DYs 7-10.
- HHSC understands this concern, so in the adopted version of this rule, HHSC will revise this language to provide for a withdrawal window between the second payment period for DY7 and the first reporting period for DY8. Projects withdrawn during this withdrawal window will not have their DY6 payments recouped due to withdrawal, subject to CMS approval.

Transition Year Rule Packet #2 (effective September 30, 2016)

- Rule packet #2 pertains to requirements for the DSRIP program transition year.
- Attached please find the **draft** proposed transition year rule packet #2. Please note that the attached rule packet #2 is only a **draft** at this point. More changes will be made to this rule packet prior to its proposal in the *Texas Register* for public comment (tentatively scheduled for July 8).

- The main difference between the **draft** proposed rules in rule packet #2 and the draft Program Funding and Mechanics (PFM) protocol language posted to the waiver website for stakeholder comment in January 2016 is that HHSC has added more detail to the rules related to uses of leftover funds and anchor requirements (see Sections 354.1673 and 354.1675 of the attached).
 - Anchors will be allocated the greater of the RHP allocation multiplied by \$20 million or the following minimum allocations based on tier:
 - A Tier 1 RHP anchor has no minimum DY6 allocation.
 - A Tier 2 RHP anchor has no minimum DY6 allocation.
 - A Tier 3 RHP anchor has a minimum DY6 allocation of \$1,250,000.
 - A Tier 4 RHP anchor has a minimum DY6 allocation of \$625,000. A Tier 4 RHP’s minimum DY6 allocation may be increased to \$800,000 if the anchor meets the requirements described below.

DY6 Anchoring Entity Allocation (All Funds)

RHP	Tier	Funding Allocation %	DY6 Anchoring Entity Allocation	DY6 Anchoring Entity Allocation with Regional Learning Collaboratives
1	3	4.00%	\$1,250,000	\$1,250,000
2	3	3.78%	\$1,250,000	\$1,250,000
3	1	20.22%	\$4,044,045	\$4,044,045
4	3	4.23%	\$1,250,000	\$1,250,000
5	4	7.02%	\$1,404,587	\$1,404,587
6	2	10.15%	\$2,029,347	\$2,029,347
7	3	6.04%	\$1,250,000	\$1,250,000
8	4	1.66%	\$625,000	\$800,000
9	2	14.29%	\$2,857,364	\$2,857,364
10	2	9.74%	\$1,948,289	\$1,948,289
11	4	1.16%	\$625,000	\$800,000
12	3	3.56%	\$1,250,000	\$1,250,000
13	4	0.67%	\$625,000	\$800,000
14	4	2.29%	\$625,000	\$800,000
15	3	4.41%	\$1,250,000	\$1,250,000
16	4	1.30%	\$625,000	\$800,000
17	4	1.89%	\$625,000	\$800,000
18	4	1.22%	\$625,000	\$800,000
19	4	0.95%	\$625,000	\$800,000
20	4	<u>1.44%</u>	<u>\$625,000</u>	<u>\$800,000</u>
		100.00%	\$25,408,632	\$26,983,632

- To receive its DY6 anchor payment, an anchor must:
 - Submit a five-year learning collaborative plan at the beginning of DY6 (or in accordance with the Program Funding and Mechanics Protocol [PFM]) if it is the anchor of a Tier 1, 2, or 3 region or it is the anchor of a Tier 4 region that wishes to receive the enhanced allocation.
 - The learning collaborative plan, at a minimum, must include an annual regional learning collaborative.
 - Two or more regions may work together to submit a cross-regional learning collaborative

plan.

- Submit the following information in June 2017 (or in accordance with the PFM):
 - The region's community needs assessment that was submitted with the original RHP plan in 2012 that has been updated as appropriate to reflect major changes, including changes to the priority needs;
 - A description of the process used to update the region's community needs assessment, including the process used to obtain stakeholder feedback;
 - The Performance Bonus Pool (PBP) measures that the region selected;
 - Justification for the PBP measures that the region selected;
 - A description of the process used to select the region's PBP measures, including the process used to obtain stakeholder feedback; and
 - The RHP plan that was submitted in 2012 that has been updated for DY7 onward.
- Submit documentation during October 2017 (or in accordance with the PFM) that demonstrates that the anchor implemented the DY6 portion of the five-year learning collaborative plan.

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.

4. Other Information for Anchors

May Clinical Champions Meeting

- The Clinical Champions workgroup will meet May 16, from 1:30-3:00 at Ashbel Smith Hall (ASH) 208, 201 West 7th Street.

Proposed Outpatient Mental Health Services Medicaid Policy

- You can visit the HHSC Medicaid Medical and Dental Policy [web page](#) to view the proposed Outpatient Mental Health Services policy and offer your comments. Please share with providers.

2016 Texas Primary Care and Health Home Summit

- The 2016 Texas Primary Care and Health Home Summit will be held June 9-10 in Houston. Please visit www.texashomehealthsummit.org for more information.

Texas Hospital Association 2016 Behavioral Health Conference

- THA will be holding a Behavioral Health Conference June 23-24, 2016, in Austin. Please visit www.tha.org/behavconf for more information.

DSRIP Statewide Events Calendar

May 2016			
RHP	Date	Topic	Contact
12	5/4	RHP 12 Learning Collaborative	Sandra James
June 2016			
RHP	Date	Topic	Contact
3	6/8-9	RHP 3 DY5 Learning Collaborative	RHP 3 Anchor Register Here

August 2016

RHP	Date	Topic	Contact
HHSC	8/30-31	2016 Statewide Learning Collaborative Summit	Transformation Waiver

September 2016

RHP	Date	Topic	Contact
2	9/15	RHP 2 Behavioral Health Learning Collaborative	Susan Seidensticker

*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.*