

February 3, 2017
1:30 - 3:00 p.m. CST

1. General Anchor Communication

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

2. DSRIP Implementation

October DY5 Reporting

- **February 24, 2017** – HHSC and CMS will approve or deny the additional information submitted in response to HHSC's NMI requests from October reporting.

Compliance Monitoring

- **Cat 1 and 2.** MSLC provided HHSC with the result of its review of the first group of Round 2 projects with DY3 carryforward metrics requiring additional validating. Providers should have received preliminary MSLC review results from MSLC and will receive final MSLC review result notification early next week. HHSC will be reaching out to providers where DY3 carryforward achievement was not confirmed.
- MSLC will start reaching out to the next group of providers with identified DY3 carryforward issues that just recently resubmitted their QPI templates to HHSC. Providers should respond to MSLC requests in timely manner in order for all work to be completed by April reporting.
- There is one outstanding project from previous round of review (Round 2) where the information was not submitted to MSLC. HHS will be reaching out to that provider.
- Random sampling selection of the projects for Round 3 review will be done next week. Once MSLC has the list of projects to review, MSLC or HHSC will update anchors about timelines of the review.

Category 3

- **Interim Corrections:** The DY6 R1 Interim Corrections template is posted to the waiver website, along with an updated Category 3 Summary & Goal Calculator and updated Category 3 Updated RHP Summary. Providers that need to submit a correction to prior reporting and are eligible to submit a DY6 R1 Interim Corrections template should submit a completed template to the waiver website by February 19th.
 - Providers that submitted a correction through an NMI response do not need to submit an additional correction at this time. HHSC will update the Category 3 summary documents with NMI submissions in the coming weeks.

Anchor Administrative Costs

- The anticipated payment date for anchor administrative cost claiming is February 10, 2017.
 - HHSC has sent out amendments to the anchor administrative contracts. These amendments will extend the current contracts through September 30, 2018.
 - The DY6 Anchoring Entity allocation is in lieu of the anchor administrative payment. All Anchoring Entities are eligible to receive this payment regardless of whether or not they have a contract with HHSC for anchor administrative functions. Therefore, the DY6 allocation is not mentioned in the amendments that were sent out.
-

- The terms of the IGT, reporting periods and payments for DY7-8 will remain the same as the terms that were listed in the original contracts.

3. Waiver Renewal

- HHSC sent the request to CMS for an additional 21 months for the waiver last week. If approved, this additional period would extend the waiver through September 30, 2019.
- We sent out the draft Program Funding and Mechanics (PFM) protocol for DY 7-8 to providers and anchors on Tuesday, 1/31/17 with a companion document that gives a high-level overview of measure bundles. These documents have been posted on the waiver website.
- A webinar will be held on February 9, 2:30 - 4:00 CST to discuss the PFM protocol draft plan. Log-in information will be sent prior to the webinar.
- HHSC encourages stakeholder feedback and will have a survey link for comments. HHSC is particularly interested in feedback on:
 - Definition of provider "system"
 - Factors and weights to determine minimum point thresholds for hospitals and physician practices
 - Requirements for LHDs
 - Uses for remaining DSRIP funds (estimated at \$25M available per DY)
- Please see the attached presentation that was used in the Executive Waiver Committee today. We received good feedback to provide additional information for evolution from current DSRIP structure to the proposed structure for DYs 7 and 8. The PPT that HHSC will use for the webinar next week is in development and we are working on additional visuals to help providers understand the proposed evolution.
- The draft PFM contains high level programmatic structure, and program details that will be included in the Measure Bundle Menu are still under development.
- Please note the following:
 - For carryforward of DY 6 metrics into DY 7, the PFM for DY 6 remains in effect.
 - The concept of "replacement projects" changes to allow providers additional flexibility. Providers will have the funds planned for replacement projects allocated to use for the proposed new structure.
 - Existing projects can continue under the new structure. The projects would represent "core activities." The "core activities" should represent initiatives that assist providers to meet measures that are included in the measure bundles.
 - HHSC is working on the "factors" that will be used for providers to know their "minimum point threshold." We anticipate that providers will tentatively know their minimum point threshold for measure bundle selection by the end of March when the PFM is submitted to CMS for approval.
 - Under the current proposal, of the timing of milestone payments shifts to account for data lags (see page 10 of the draft PFM, Section 15.e., related to Category B: MLIU Patient Population by Provider (PPP):
 - Category B: The DY7 Category B PPP milestone will be for maintenance of PPP in the DY7 measurement period, and will be reported in DY8 R1. The DY8 PPP milestone will be for maintenance of PPP in the DY8 measurement period and reported in DY9 R1.
 - Category C:
 - **P4P measures** are reported on the Calendar year.

- The DY7 valuation for a P4P measure will be split between baseline (25%), PY1 reporting (25%), and PY1 achievement milestones (50%). The baseline measurement period is CY2017 and the DY7 baseline reporting milestone can be reported beginning in DY7 R1. The PY1 measurement period is CY2018 and the PY1 reporting and achievement milestones can be reported beginning in DY8 R1.
 - The DY8 valuation for a P4P measure will be split between PY2 reporting (25%) and PY2 achievement (75%). The PY2 measurement period is CY2019 and the PY2 reporting and achievement milestones can be reported beginning in DY9 R1.
 - **P4R measures** are reported with DY measurement years.
 - The DY7 valuation for a P4R measure will be 100% reporting of Reporting Year 1 (RY1). The RY1 measurement period is DY7 and the DY7 reporting milestone can be reported beginning in DY7 R2.
 - The DY8 valuation for a P4R measure will be 100% reporting of RY2. The RY2 measurement period is DY8 and the DY8 reporting milestone can be reported beginning in DY8 R2.
- HHSC will be working with Clinical Champions and other groups to develop measure bundles. Providers will have the opportunity to provide feedback.
 - **Current Category 3 Measure Survey:** HHSC will be sending a brief survey to selected providers regarding feedback on experience with specific Category 3 measures in DYs 3 - 6. This survey is to solicit feedback from providers currently reporting specific outcomes as part of DSRIP. Not all providers will receive a survey, and the survey may not ask about all of a providers current measure selections. We ask that surveys please be completed by Friday, February 24th. There will be additional opportunities for all providers to send feedback on measures under consideration for DYs 7 - 8.

4. Other Information for Anchors

DSRIP Statewide Events Calendar

February 2017

RHP	Date	Topic	Contact
3	2/7	RHP 3 Learning Collaborative	RHP 3
5	2/15	RHP 5 Learning Collaborative	Rick Salinas
9, 10 & 18	2/22-23	2017 Collaborative Connections - Impacting Care Learning Collaborative	RHP 9: Margie Roche RHP 10: Yvonne Kyle RHP 18: des Anges Crusier
2	2/24	Behavioral Health Learning Collaborative	Susan Seidensticker

March 2017

RHP	Date	Topic	Contact
1	3/21	RHP 1 Regional Meeting	Stephanie Fenter
7	3/21	RHP 7 Learning Collaborative	Katie Coburn
2	3/24	2017 Care Transitions Summit	Susan Seidensticker

Anchor Conference Call

AGENDA

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.