

September 29, 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

Hurricane Response

- We continue to receive information from RHPs impacted by the hurricane and are analyzing requests and suggestions as we receive them.
- We have received CMS approval of the DY6 reporting exceptions outlined last week, and have added new exceptions that were already under the purview of HHSC.
- Reporting exceptions are intended to provide as much flexibility as possible to providers impacted by the hurricane while remaining within the approved DSRIP purpose and structure.
- Reporting exceptions will apply to providers located in counties designated by FEMA for Individual Assistance and Public Assistance (Categories A and B) or Individual Assistance and Public Assistance (Categories A- G). Source: <https://www.fema.gov/disaster/4332>. These counties are located in RHPs 2, 3, 4, 7, and 17.
We will be reaching out to anchors in impacted regions to confirm the list of impacted providers.
- Summary of Planned Reporting Exceptions for Providers Impacted by Hurricane Harvey:
 - Waiving the requirement for UC-only hospitals impacted by the hurricane to attend a regional learning collaborative in DY6.
 - Allowing an alternate measurement period for Category 3 outcome measures for Performance Years 3 and 4, as applicable for impacted providers. This might include an 11-month measurement period instead of 12 months, or a gap in the data to account for hurricane recovery time.
 - Extending the “Needs More Information” (NMI) reporting period for impacted providers/projects following the October DY6 reporting period. HHSC has proposed to extend this due date for impacted providers/projects from January 16, 2018, to February 28, 2018, to allow providers additional time to submit additional information and still allow HHSC time to review the additional information before the April DY7 reporting period. Any NMI-approved milestones/metrics would be paid in July 2018.
 - Provisionally approving and paying DY6 metrics with low risk of recoupment for impacted providers/projects that are not able to submit complete information during the October DY6 reporting period. Metrics eligible for provisional approval would be Category 1-2 milestones M-3 (Project Summary and Core Components) and M-4 (Sustainability Planning), and Category 4 reporting domains. Provisionally approved metrics would be eligible for payment with other approved metrics in January 2018. Impacted providers who receive provisional approvals for these metrics would be required to submit complete information during the extended NMI reporting period by February 28, 2018. Provisional payments would be recouped if complete information is ultimately not submitted and/or the provider does not respond to requests for additional information. Providers requesting provisional approvals and payment will need to confirm their requests using a special form. HHSC will reach out to impacted providers with specific instructions.

- NEW: For **DY5** carryforward QPI metrics (not eligible to be carried forward again), HHSC will ask impacted providers to report data as usual through September 30, 2017. If one of these metrics is not achieved by September 30, 2017, HHSC will analyze the provider's data to determine if the goal appeared to be on track for achievement when the hurricane occurred. In such cases, HHSC will lower the DY5 goal so that the final 5 weeks of DY6 are not counted. If the adjusted goal was achieved, HHSC will include these metrics for payment during the regular January 2018 payment period unless additional information is required, in which case they will be included in an off-cycle payment in March 2018.
- NEW: For **DY6** quantifiable patient impact (QPI) milestones eligible for carryforward into DY7, HHSC will ask providers to request carryforward as usual if goals were not achieved by September 30, 2017. However, HHSC will allow early carryforward reporting and payment for impacted providers so they do not have to wait until the April 2018 reporting period to report achievement. This exception is intended to accommodate providers who may have been on track to achieve DY6 QPI goals but experienced reduced volume following the hurricane and need only a short time to achieve DY6 goals. To receive an early, off-cycle payment, providers impacted by the hurricane would have to submit documentation showing DY6 carryforward achievement during the regular NMI reporting period, by January 16, 2018. HHSC will process off-cycle payments for approved DY6 carryforward milestones in March 2018.
- NEW: For **DY6** QPI milestones that are carried forward to DY7, providers have until September 30, 2018, to achieve the DY6 carryforward goals. If DY6 QPI goals are not achieved by September 30, 2018, HHSC will consider whether the DY6 QPI goals should be reduced due to reduced volume following the hurricane. Providers could also possibly request that DY6 QPI goals be reduced prior to the October 2018 reporting period.
- HHSC is still analyzing hurricane impacts that will affect baselines for DY7-8. The proposed DSRIP protocols include a provision for providers to request plan modifications to adjust DY7-8 goals for good cause, but HHSC is open to additional suggestions related to DY7-8 planning. From the PFM:

V. RHP PLAN UPDATE MODIFICATIONS FOR DY7-8

Consistent with the recognized need to provide RHPs with flexibility to modify their RHP Plan Updates over time and take into account evidence and learning from their own experience over time, as well as for unforeseen circumstances or other good cause, a Performing Provider may request prospective changes to the RHP Plan Update for the RHP(s) in which it participates through an RHP Plan Update modification process.

[Process follows]

October DY6 Reporting

- HHSC is still working to finalize scheduling for the October 4th (10:00am - 12:00pm) webinar on October DY6 Reporting. We will get more information out to you with specifics as soon as possible, but please save the date.
- HHSC will be posting October DY6 reporting materials to the DSRIP Online Reporting System's Bulletin Board as they are finalized and made available. If providers need access to the reporting system, please complete and submit an RHP Contact Change Form, which can be found here: <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/policies-rules/1115-docs/RHP/Plans/Contact-Change.pdf>.
- The deadlines to submit October reporting questions to the waiver box are October 20th for Category 3 issues and October 25th for Cat 1, 2 and 4 issues.

Compliance Monitoring

- **Category 1 and 2 Round 2 MSLC review.** With the exception of one provider, all providers should have either preliminary or final notifications about recoupment by the end of the day. HHSC is making sure all other providers received notification from HHSC about results of HHSC review.
- **Category 1 and 2 Round 3 MSLC review.** HHSC did the initial review of MSLC results from Round 3. Some providers will start receiving HHSC communication starting next week. For some projects where results were Not-Validated or Metric-Not-Achieved HHSC requested additional work from MSLC. Providers should respond to MSLC for questions about these projects.
- HHSC is finalizing Category 3 Recoupments for MSLC Round 2 reviews.
- Next Round of Reviews: MSLC is getting ready for the next round of Categories 1 and 2, and Category 3 reviews. Providers should expect to receive MSLC communication in early October, however, they will not need to provide data and respond to questions until November, since October is a reporting month. Providers impacted by Hurricane Harvey, if selected for the next round of reviews, could request a delay in the review. MSLC will provide additional information in the communication to providers.

3. Waiver Renewal

Category B System Definition

- The Category B Frequently Asked Questions (FAQ) has been posted to the DSRIP Online Reporting System Bulletin Board. It will be updated every two weeks, or as we receive additional clarifying questions.

Category C

- An updated draft of the Category C measure specifications will be posted to the DSRIP Online Reporting System Bulletin Board later today. HHSC will be sending out a survey next week to receive questions and feedback.
 - This draft does include some limited changes to the measures due to lack of specifications availability or clinical support. In places where these changes impacted bundle point values, HHSC has included some replacement measures, and will send an updated Category C section of the draft Measure Bundle Protocol.
 - HHSC is particularly interested in feedback on measure settings, the draft instructions for determining payer-type, sampling methodology, and currently included DSRIP specific modifications to measures.
 - We have received feedback on settings for measures in the palliative care bundle and are currently reviewing the clinical appropriateness of expanding the settings beyond what has been included by the measure steward.

Removed Measures:

DY7 DY8 Measure ID	Bundles Impacted	Measure Title
104	2; A2-104 M1-104	Medical Assistance with Smoking and Tobacco Use Cessation (MSC) - Modified Denominator - Plan measure that would require significant modification. HHSC identified clinic level measure as a replacement for A2-104.
197	1; H3-197	Use of Opioids at High Dosage - modified denominator

		- Pharmacy specific measure. Please contact HHSC if any DSRIP performing providers are able to and were planning on reporting this measure.
206	1; A2-206	Cholesterol management for patients with cardiovascular conditions - Measure retired due to change in clinical guidelines
208	3; A1-208 A2-208 M1-208	Comprehensive Diabetes Care LDL-C Screening - Measure retired due to change in clinical guidelines
246	1; B2-246	Reduce Emergency Department visits for Selected Condition or Conditions: CHF, Diabetes, Angina/Hypertension, Behavioral Health & Substance Abuse, COPD, or Dental - Removed for administrative simplicity
249	1; D4-249	Pediatric/Young Adult Asthma Emergency Department Visits - Measure retired
250	1; B2-250	Reduce low acuity ED visits - Insufficient specifications available
251	1; B2-251	Emergency department (ED) visits where patients left without being seen - Insufficient specifications available
274	1; C2-274	Mammography follow-up rate - Insufficient specifications available
275	1; C2-275	Abnormal Pap test follow-up rate - Insufficient specifications available
316	2; H2-316 M1-316	Alcohol Screening and Follow-up for People with Serious Mental Illness - Health plan measures in development with mixed consensus. HHSC identified a clinic level measure as a replacement.
358	1; K1-358	Health literacy measure derived from the health literacy domain of the C-CAT (Tentative Pending Further Review) - Insufficient specifications available.
378	1; E1-378	Appropriate Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision – Cesarean section - Measure retired

Replacement Measures:

DY7 DY8 Measure ID	Bundle - Measure ID	Measure Title
105	A2-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention - Added to replace A2-104
387	B2-387	Reduce Emergency Department visits for Behavioral Health and Substance Abuse (Reported as two rates) - Added to clean up duplication of measure parts for ED visit measures, and replace parts of B2-246)
390	M1-390	Time to Initial Evaluation: Mean Days to Evaluation - <i>HHSC split the SAMHSA CCBHC measure “Time to Initial Evaluation” into two separate measures as they two rates had a mixed directionality where the first rate should increase and the second rate should decrease. This poses a challenge for reporting templates, so the measure was split. Each measure is worth 1 point with no bonus points for a total of 2 points, which is consistent with the initial total of 2 points.)</i>
392	B2-392	Reduce Emergency Department visits for Acute Ambulatory Care Sensitive Conditions (ACSC)

		- Added to clean up duplication of measure parts for ED visit measures, and replace parts of B2-246)
393	<i>B2-393</i>	Reduce Emergency Department visits for Dental Conditions - Added to clean up duplication of measure parts for ED visit measures, and replace parts of B2-246)
400	<i>D1-400</i>	Tobacco Use and Help with Quitting Among Adolescents - Identified by HHSC to increase points available to children’s hospitals and is a companion to the adult version already in the Adult primary care bundle.
400	<i>M1-400</i>	Tobacco Use and Help with Quitting Among Adolescents - Added as a companion to the adult version already in the CMHC measure set.
400	<i>I1-400</i>	Tobacco Use and Help with Quitting Among Adolescents - Added as a companion to the adult version already in the LHD measure set.
401	<i>H3-401</i>	Opioid Therapy Follow-up Evaluation - Added to replace H3-197
402	<i>H3-402</i>	Documentation of Signed Opioid Treatment Agreement - Added to replace H3-197
403	<i>H3-403</i>	Evaluation or Interview for Risk of Opioid Misuse - Added to replace H3-197
404	<i>A2-404</i>	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease - Added to replace A2-206
405	<i>H2-405</i>	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use - Added to replace H2-316
405	<i>M1-405</i>	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use - Added to replace M2-316
407	<i>A2-407</i>	Functional Status Assessments for Congestive Heart Failure - Added to supplement points lost with the removal of A2-206

Waiver Negotiations Update

- Communications are still ongoing with CMS and updates will be provided as they are available, including timelines.
- HHSC’s original timeline for RHP Plan Updates assumed that CMS would approve the proposed DSRIP protocols by September 30, 2017.
- Because CMS has not yet approved the protocols, anchors and providers will need additional time to analyze data and select measure bundles and measures once the protocols and measure specifications are approved.
- HHSC will adjust the due date for RHP Plan Updates to allow rolling submission of the plans, so that RHPs submit their RHP Plan Updates no later than April 30, 2018. Delaying plan submission beyond January 31, 2018, will mean that providers will not be able to report their Category C baselines or Category D Statewide Reporting Bundles in April 2018. However, providers will still receive the planned 20% payment for the plan update in July 2018 along with any DY6 carryforward reported and approved in April.
 - Note that the standard Category C baseline measurement period will remain calendar year (CY) 2017, but baselines could not be reported in April because HHSC needs time after plan submission to review selection of measure bundles and measures, request additional information from providers if necessary, finalize milestone allocations, and develop

Category C reporting templates that pull in the approved measures for each provider. The 20% payment for plan submission is slightly more than has been paid historically during the July payment cycle.

- With delayed submission of RHP Plan Updates by April 30, 2018, HHSC approval of plans would occur no later than June 30, 2018. This means that providers would have only 6 months remaining in calendar year 2018 after plan approval. Because CY18 is the measurement period for Category C Performance Year (PY) 1, and providers could have only 6 months after plan approval to implement activities for improvement over CY17 baselines, HHSC will discuss with CMS the possibility of adjusting PY1 goals accordingly.

4. Other Information for Anchors

Dell Medical School - Episcopal Health Foundation VBP Symposium

- The Dell Medical School, with the support of the Episcopal Health Foundation, will hold a day-long symposium in Austin on Friday, December 8th to discuss with Texas Medicaid stakeholders options for further advancing value-based payments in the program. Yesterday, HHSC sent a spreadsheet for Anchors to identify up to 2 representatives for their RHP to attend the symposium, with room for others to be on a wait list for availability. Please return your names by COB, Wednesday, October 4th. If you are an anchor who has been invited to previous workgroups on this topic, you will still need to add yourself to this list if you want an invitation to the symposium.

Disallowance Update

- CMS offered to jointly file a stay with the Departmental Appeals Board. HHSC will apply for the stay and will continue discussions with CMS about how to move forward.

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.