

February 23, 2018

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

1. General Anchor Communication

- Thanks for your continued work!
- We have scheduled an additional anchor call for Tuesday, February 27, 10:00 - 11:00am to discuss the anchor questions submitted earlier this week. Some of the questions related to measure specifications may have been answered in the recent round of posted FAQs since we had already received many of those. If we've received a specifications question in the box, we will address it in the FAQs rather than in an anchor call. We would prefer to use the anchor call to discuss more general policy questions.

2. DSRIP Implementation

DSRIP Online Reporting System

- The server that supports the reporting system will be taken down for maintenance from the evening of Thursday, March 1st, through Sunday, March 4th. No users will be able to access the reporting system while the server is down.

October DY6 Reporting

- The results for October DY6 NMI reporting have been delayed and will go out Monday, February 26. Please note that only providers who received NMI requests at the end of the October DY6 Initial Review will receive this communication and updated reporting summaries. Additionally, providers who are eligible for the extended NMI reporting period will still have an HHSC Signoff of "Needs More Information" in the reporting summary and in the reporting system. These providers must submit the required documentation for NMI requests, which includes provisionally approved metrics, by February 28th.
- HHSC will send Anchors the list of March 2018 approved early payments after today's call. Rate Analysis notified the IGT Entities of the IGT due for the early March payments yesterday.
- **Additional Deadlines for Providers Impacted by Hurricane Harvey**
 - **February 28, 2018, 11:59pm** – (If Applicable) Final deadline for hurricane-impacted providers to submit responses to HHSC requests for additional information (NMI requests) on October reported Category 1-4 milestone/metric achievement and Semi-Annual Reporting requirements for July 2018 payment.
 - **March 7, 2018** - IGT settlement date for March off-cycle reporting DSRIP payments.
 - **March 23, 2018** – (If Applicable) HHSC and CMS will approve or deny the additional information submitted during the extended additional reporting period in response to HHSC comments on October reported milestone/metric achievement for July 2018 payment.
 - **March 30, 2018** - March off-cycle reporting DSRIP payments processed.

QPI

- Providers who are eligible for the extended NMI additional reporting period and have outstanding QPI NMIs or Incomplete SAR statuses should utilize the October DY6 QPI Reporting Template to address NMI questions. Please complete the October DY6 QPI Reporting Template and upload the template to the NMI'd metric by February 28, 2018.

Compliance Monitoring

- MSLC is continuing its work with Category 1 and 2 and has started the review of projects that were deferred to February due to Hurricane Harvey. Expected completion date for the review of most projects is May 2018.
- MSLC continues to work with providers on Category 3 Round 3 Performance Reviews. Documentation requests for deferred reviews due to Hurricane Harvey started in February. We anticipate that Round 3 reviews will be completed by May 2018 for most projects.

3. Waiver Extension - DY7-8

RHP Plan Update Template

- HHSC updated the Anchor template on February 13 to allow entry of TPIs with leading zeroes (should be entered beginning with an apostrophe, e.g. '015324529). This version is posted on the waiver website and the DSRIP Online Reporting System bulletin board.

Category B

- Category B FAQ updates will be done early next week. We are reviewing your questions and will include questions in the FAQ that are applicable to other providers.

Category C

- The third round of FAQ on the Measure Specifications has been posted on the DSRIP Online Reporting System bulletin board. We are continuing to review questions regarding Measure Specifications and plan to update the FAQ every other week through the end of March. You may submit **NEW** questions to the waiver mailbox, but we ask that you first check the posted FAQs and the measure specifications (especially the Introduction, which is Section 1 of the Cat C Measure Specifications) before sending additional questions.
 - Note that we usually rephrase questions when we post them so that they are more generally applicable to all providers, so please read all of the FAQs related to the measure you inquired about for an answer to your specific question.
 - If the answer to a question can be found in the Measure Bundle Protocol or measure specifications, we usually will not include it in the FAQs.
- A goal calculator for DY7-8 has been posted to the online reporting system bulletin board. The goal calculator allows providers to calculate DY7 and DY8 achievement goals for the standard payer-type for P4P Category C measures. The goal calculator does not currently allow for goal calculation for grandfathered LHD measures.
- Updated Category C Specifications for all provider types have been posted to the online reporting system bulletin board. Most corrections are minor. Significant corrections (corrections that may impact a provider's understanding of measure specifications) are highlighted below, and all corrections are outlined in the change log of the Excel version of the specifications.
 - For the target populations for Measure Bundles A1, A2, C1, C2, C2, D1, D4, D5, and H1, HHSC added an "OR" after criteria f. to clarify that the target population for individuals with three ED visits is also an OR criteria.
 - For measures C1-105, F1-105, K1-105, L1-105, and M1-105 Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention, HHSC Added Denominator Exceptions as specified in the measure source for the E.H.R. version of specifications to the "Denominator Exclusions" field. Denominator exclusions were previously listed as "none." Corrected

specifications allow for denominator exceptions related to documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason) and are a part of the source measure specifications.

- For Measure E1-232 Timeliness of Prenatal Care, HHSC removed references to Rate 2 and postnatal care in Measure Description and Numerator Description, and added numerator and denominator description in accordance with CMS Core Set of Measures and HEDIS 2017 Value Sets.
- For measures H2-160, L1-160, and M1-160 Follow-Up After Hospitalization for Mental Illness, the numerator inclusions and exclusions for Rate 2 were inverted. HHSC has clarified the numerator inclusion for Rate 2 is patients receiving follow-up within 7 days from discharge, and the exclusion (performance not met) is patients that did not receive follow-up within 7 days of discharge.
- HHSC has posted to the online reporting system bulletin board additional details for the collaborative activity that is a required activity if Measure Bundle E2 Maternal Safety is selected. Measure E2-A01 refers to the Texas DSHS-sponsored implementation of the AIM Safety Bundle for Obstetric Hemorrhage. Draft milestone requirements are included as well as additional information from DSHS on the collaborative.
- HHSC has received comments from providers with concerns about the source of specifications for measure J1-220 Surgical Site Infection Rates and is reviewing comments and possible resolutions.

Category D

- HHSC made a technical correction to the Measure Bundle Protocol related to Category D reporting for CMHCs. Updates allow Category D to incorporate potential changes to the measures reported by the Centers, since these measures are under internal and external review. The corrected version of the Measure Bundle Protocol will be posted by the end of the day to the DSRIP Online Reporting System bulletin board. The waiver website will be updated as soon as possible.
- HHSC is working on obtaining the data for Category D reporting.
 - PPV data will be provided the same way as the PPAs, PPCs and PPRs.
 - For LHDs, the data from the Behavioral Risk Factor Surveillance Survey (BRFSS) is based on calendar year 2016. When reporting, LHDs will provide qualitative information describing their activities in the areas included in Category D that took place any time during 2016 and through the reporting period.
 - CMHCs will be providing qualitative responses for the data from Fiscal Year 2017. Providers will describe their activities that took place starting in 2017 and forward.
 - HHSC will provide regional level PQIs to physician practices. Regional level information will be based on ICHP reports.

Rules

- The DSRIP DY7-8 rule amendment 1 was published as proposed in the January 19, 2018, issue of the *Texas Register*, for an anticipated effective date of April 2018. HHSC is working on a second rule amendment to make the rules consistent with the DSRIP protocols approved by CMS.

4. Other Information for Anchors

DSRIP Statewide Events Calendar

March 2018

RHP	Date	Topic	Contact
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Anchor Conference Call

AGENDA

5	3/8	RHP 5 Learning Collaborative Summit	Rick Salinas
11	3/20	RHP 11 Stakeholder Meeting	Monty Mitchell
6	3/21	RHP 6 Stakeholder Forum	Carol Huber
12	3/23	RHP 12 Learning Collaborative	Sandra James
1	3/27	RHP 1 Regional Meeting/Stakeholder Forum	Brittney Nichols
2	3/28	RHP 2 Public Stakeholder Forum	Susan Seidensticker

May 2018

RHP	Date	Topic	Contact
9, 10, 18	5/22 & 23	RHP 9, 10 & 18: Collaborative Connections - Impacting Care Learning Collaborative Click to Register	Margaret Roche Heather Beal

*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.*