

April 6, 2018

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

### 1. General Anchor Communication

- Thanks for your continued work!

### 2. DSRIP Implementation

#### April DY7 Reporting

- Reporting materials for April DY7 have been posted to the DSRIP Online Reporting System bulletin board. Provider templates will not be posted to the waiver website, but the IGT Entity Feedback Form, DSRIP User Guide and companion documents are posted there. Providers will be reporting on DY6 carryforward milestones and metrics. If a provider has no DY6 carryforward to report, they will not have to report any information to HHSC during the April reporting period.
- Please note that Anchors and IGT entities must select Demo Year (DY) 6 on their homepages in order to access links to their providers' DY2-6 projects in the reporting system. HHSC has uploaded a list of DY6 carryforward metrics to the bulletin board under April DY7 Reporting -> General Reporting Materials to help Anchors track who should be reporting during the April DY7 reporting period.
- When navigating the online reporting system to find projects, providers should search directly for the Category 3 project ID (or select the Category 3 project ID from the Project Summaries tab or Reporting Status tab on the Provider Details page), rather than by their Category 1 or 2 ID, because the Cat 1 or 2 project may be closed if there are no DY6 carryforward metrics. Be sure to select the DY2-6 dropdown option when searching for a project.
- Providers will need to complete the Project Summary tab in the online reporting system for active DY6 carryforward metrics. The provider may discuss any continuing related Category 1 or 2 project activities and/or their ongoing Category 3 activities.
  - Please note that while there are tabs in the Category 3 template for projects without a carryforward milestone, the template does not require a project update for those milestones. The template will show complete without the progress update if the project was not carried forward.
- **Reporting & Payment Timeline:**
  - **April 20, 2018** - Final date to submit questions regarding Category 3 April reporting and inform HHSC of any issues with DY6 data in the Category 3 reporting template or online reporting system.
  - **April 25, 2018** – Final date to submit Category 1 & 2 QPI questions regarding April reporting and inform HHSC of any issues with DY6 data in the reporting system.
  - **April 30, 2018, 11:59pm** – Due date for providers' submission of April DY7 DSRIP reporting using the DSRIP Online Reporting System and upload of applicable QPI and Category 3. Late submissions will not be accepted.
  - **May 1, 2018** – HHSC will begin review of the April reports and supporting documentation.
  - **May 17, 2018** – HHSC will post the estimated IGT due for April reporting based on milestones and metrics reported as achieved. Final IGT due will be based on HHSC review and approval.
  - **May 18, 2018, 5:00pm** – Due date for IGT Entities to approve and comment on their affiliated providers' April reported progress on metrics using the "IGT Entity Feedback Form" that is posted on the Bulletin Board.

- **June 1, 2018, 5:00pm** – Due date for submission of any IGT changes in entities or proportion of IGT among entities submitted to HHSC ([TXHealthcareTransformation@hhsc.state.tx.us](mailto:TXHealthcareTransformation@hhsc.state.tx.us)) using the IGT Entity Change Form that is posted under 1115 Medicaid Waiver Forms on the Bulletin Board.
- **June 8, 2018** – HHSC and CMS will complete their review and approval of April DY7 reports or request additional information (referred to as NMI) regarding the data reported.
- **July 2, 2018** – IGT settlement date for April reporting, RHP Plan Update submissions, and remaining 20 percent of DY6 Anchor DSRIP payments.
- **July 8, 2018, 11:59pm** – Due date for providers to submit responses to HHSC requests for additional information (NMI requests) on April reported Category 1-3 milestone/metric achievement and Semi-Annual Reporting requirements. Please include "NMI" in the file name when uploading documentation in response to NMI requests.
- **July 17, 2018** – April reporting **DY6 DSRIP payments** processed for transferring hospitals.
- **July 31, 2018** – April reporting **DY5 and DY6 DSRIP payments** processed for all providers that were not paid on July 17, 2018. Remaining DY6 Anchor payments and DY7 DSRIP payments for RHP Plan Update submissions will also be processed at this time. Note that there are separate transactions for each payment for each DY.
- **August 10, 2018** - HHSC and CMS will approve or deny the additional information submitted in response to HHSC comments on April reported milestone/metric achievement. Approved reports will be included for payment in the next DSRIP payment period, estimated for January 2019.

### Category 3

- Because there was no interim correction period prior to April reporting, providers will need to make any corrections in the Category 3 reporting template. Providers who need to make corrections should email the Waiver mailbox during the April reporting period with the RHP and project ID, the outcome measure, the years requiring correction, and a detailed explanation of why the correction is needed (i.e., why the information reported previously is inaccurate and how the corrected information is calculated). Once this information is reviewed, HHSC will provide instructions on how to make a correction in the reporting template. Please contact HHSC as early as possible in the reporting period, **no later than April 20<sup>th</sup>**, so that we have time to review your information and respond before the reporting period closes.
- Please note that HHSC updated the summary workbooks on the online reporting system's bulletin board on April 5 to address an issue with the dropdowns and to include information from MSLC reviews closed in March.

### Compliance Monitoring

- MSLC is continuing its work with Category 1 and 2 and Category 3 Performance Reviews with an expected completion date of May 2018.
- MSLC guidance for DY7-8 for the Category B - System Definition Data Support Guide and Category C Data Support Guide and Guidance for Risk Adjusted Measures has been posted on the online reporting system's bulletin board under Waiver Renewal.

### Anchor Administrative Cost Claiming

- HHSC Medicaid Contracts will be sending out new contract amendments soon to anchors for signatures. The current contract amendments are effective through September 30, 2018, and the

new contract amendments will be effective October 1, 2018 - September 30, 2022, through the end of the waiver extension period.

- The next due date for submitting anchor administrative cost claiming will be May 15. HHSC will post updated claiming spreadsheets (Percent of Effort spreadsheet and Cost Claiming template) with DY7-8 information by April 16.

| DSRIP ADMIN PAYMENT CALENDAR |               |                   |
|------------------------------|---------------|-------------------|
|                              | EVENT         | DATE              |
| DY7                          | Plans Due     | May 15, 2018      |
|                              | Admin IGT Due | July 27, 2018     |
|                              | Admin Payment | August 10, 2018   |
| DY7                          | Plans Due     | November 15, 2018 |
|                              | Admin IGT Due | January 25, 2019  |
|                              | Admin Payment | February 8, 2019  |

### 3. Waiver Extension - DY7-8

#### Category A

- Anchors previously asked HHSC if the following is a reasonable approach to understanding a Driver Diagram:
  - Core Activity/Primary driver: What is the change/intervention that is needed to impact the measure/bundle?
  - Secondary driver: Where are the opportunities for this change to happen?
  - Change idea: How will you create optimal change (in the secondary driver)?
- This approach seems to be in line with other information available on Driver Diagrams. For example:
  - Core Activity/Primary Driver - intervention/goals that will “drive” the achievement of the main goals.
  - Lower level drivers or secondary drivers - the process of breaking down an intervention/core activity/goal into more specific areas or lower level goals.
  - Change idea - range of actions that will be undertaken to make an impact and achieve the goals. Assumption is made that actions from change ideas will ultimately assist in reaching goals for primary and secondary drivers and impacting the main goal.
- We are attaching an example of some Driver Diagrams from RHP 6. This is still a work in process and the information may change, but the examples may be helpful.

#### Category B

- HHSC is planning to include additional updates to the Category B FAQ next week.

#### Category C

- The fifth round of FAQ on the Measure Specifications will be posted to the DSRIP Online Reporting System bulletin board today. We are continuing to review questions regarding Measure Specifications and plan to update the FAQ as needed through April or later.
- For measure E1-232 Timeliness of Prenatal Care, HHSC is exploring options for assisting providers with Medicaid rates. Possible options may include assistance with data elements related to Medicaid enrollment dates, or rates reported through HHSC’s External Quality Review Organization

currently responsible for generating rates for the MCO P4Q program. HHSC is interested in setting up a call with interested DSRIP providers. Providers interested in possible options for assistance with rate reporting for E1-232 Timeliness of Prenatal Care should email the waiver mailbox by next Friday, April 13<sup>th</sup>.

- Updated Category C Specifications for all provider types were posted to the online reporting system bulletin board last Friday, March 30. Additional corrections will be published next week. Significant corrections will include the following:
  - D1-271 & L1-271 Immunization for Adolescents: Due to the recent changes in numerator inclusions for the HEDIS measure Immunization for Adolescents as a result of changing CDC guidelines, HHSC updated the benchmark used to determine QISMC goals to Quality Compass 2017 Combination 2 which is the first benchmark available that includes all three required vaccines. The HPL decreased from 86.57% to 30.39% and the MPL decreased from 66.03% to 15.87%. NOTE: HHSC does not anticipate additional changes to HPL and MPL for other measures.
  - B1 : Updated Target Population to "Individuals admitted to a hospital setting (including observation status and ED discharges)" to clarify confusion around inclusions for measures B1-252 Transition Record with Specified Elements Received by Discharged Patients (Emergency Department Discharges) and B1-253 Transition Record with Specified Elements Received by Discharged Patients (Discharges from Inpatient Facility).
  - H1-255 & M1-255 Follow-up Care for Children Prescribed ADHD Medication (ADD): Added definitions to ""Additional Information"" section reflecting key definitions from the linked measure source.
    - Intake Period: The five-month period starting 90 days prior to the start of the measurement period and ending 60 days after the start of the measurement period.
    - Index Prescription Start Date (IPSD): The earliest prescription dispensing date for an ADHD medication where the date is in the Intake Period and an ADHD medication was not dispensed during the 120 days prior.
    - Initiation Phase: The 30 days following the IPSD.
    - Continuation and Maintenance Phase: The 31-300 days following the IPSD."
  - For several measures, HHSC added CPT codes related to preventive visits to the claims versions of specifications. Preventive visits may not be reimbursable through Medicare and not included in the MIPS Claims specifications, but are key populations for DSRIP measurement. Preventive Visits are included in E.H.R. versions of specifications. Providers are encouraged to use E.H.R. specifications for measures where both E.H.R. and claims specifications are available.
    - C2-107, L1-207 Colorectal Cancer Screening: For DSRIP reporting purpose, HHSC has added CPT values 99386 (Prev visit new age 40 - 64), 99387 (Prev visit new age 65+), 99396 (Prev visit est age 40 - 64), and 99397 (Prev visit est age 65+) to the denominator inclusions for the Claims version of the specifications. Preventive visit values were already included in the E.H.R. version of the specifications.
    - C2-186 & L1-186 Breast Cancer Screening: For DSRIP reporting purpose, HHSC has added CPT values 99386 (Prev visit new age 40 - 64), 99387 (Prev visit new age 65+), 99396 (Prev visit est age 40 - 64), and 99397 (Prev visit est age 65+) to the denominator inclusions for the Claims version of the specifications. Preventive visit values were already included in the E.H.R. version of the specifications.
    - C1-268, K1-268, L1-268 Pneumonia vaccination status for older adults: For DSRIP reporting purpose, HHSC has added CPT values 99387 (Prev visit new age 65+), and

- 99397 (Prev visit est age 65+) to the denominator inclusions for the Claims version of the specifications. Preventive visit values were already included in the E.H.R. version of the specifications.
  - D1-271 & L1-271 Immunization for Adolescents: For DSRIP reporting purposes, HHSC has added CPT values 99384 (Prev visit new age 12-17) and 99394 (Prev visit est age 12-17) to the denominator inclusions.
    - C1-389 and D1-389 Human Papillomavirus Vaccine: Add age appropriate CPT codes for preventive visit to denominator inclusions (99383, 99384, 99385, 99393, 99394, 99395)
    - D1-400, L1-400, M1-400 Tobacco Use and Help with Quitting Among Adolescents: For DSRIP reporting purpose, HHSC has added CPT values for preventive visits 99383 (Prev visit new age 5 - 11), 99384 (Prev visit new age 12 - 17), 99385 (Prev visit new age 18 - 39), 99393 (Prev visit est age 5 -11), 99394 (Prev visit est age 12 - 17), 99395 (Prev visit est age 18 - 39) to the specifications.
- For measures in outpatient focused measure bundles A1 Diabetes, A2 Heart Disease, C1 Healthy Texans, C2 Cancer Screening, C3 Hepatitis C, D1 Pediatric Primary Care, D4 Pediatric Asthma, and D5 Pediatric Diabetes, for measures that include CPT codes related to outpatient evaluation and management visits in the denominator inclusions (99201 - 99205, 99211 - 99215), these evaluation and management codes may be limited to visits that are primary care (and relevant outpatient specialty care for measure bundles related to chronic disease management). Additional CPT codes within the denominator specifications should be applied as specified and applicable to a providers included system components.

**Category D**

- The PPE reports typically sent out prior to April Category 4 reporting will this year be sent out prior to October DY7 reporting since providers cannot report on Category D until the October DY7 reporting period.

**4. Other Information for Anchors**

**DSRIP Statewide Events Calendar**

**April 2018**

| RHP | Date | Topic   | Contact                     |
|-----|------|---|-----------------------------|
| 16  | 4/17 | RHP 16 Learning Collaborative and Stakeholder Meeting | <a href="#">Kathy Lee</a>   |
| 15  | 4/27 | RHP 15 Stakeholder Forum                              | <a href="#">Oscar Perez</a> |

**May 2018**

| RHP       | Date      | Topic  | Contact  |
|-----------|-----------|--|--|
| 13        | 5/15      | RHP 13 Stakeholder Forum   | <a href="#">Holly Foreman</a>                                  |
| 9, 10, 18 | 5/22 & 23 | RHP 9, 10 & 18: Collaborative Connections - Impacting Care Learning Collaborative<br><a href="#">Click to Register</a> | <a href="#">Margaret Roche</a><br><a href="#">Heather Beal</a> |

For waiver questions, email waiver staff: [TXHealthcareTransformation@hhsc.state.tx.us](mailto:TXHealthcareTransformation@hhsc.state.tx.us).

## Anchor Conference Call

# AGENDA

Include "Anchor (RHP#):" followed by the subject in the subject line of your email so staff can identify your request.