

Anchor Conference Call

AGENDA

June 12, 2020

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

1. General Anchor Communication

- Thanks for your continued work!
- HHSC has a skeleton crew day on Friday, June 19th for Juneteenth. A limited number of staff will be working that day.

2. DSRIP Implementation

COVID-19 Updates

- HHSC is moving forward with proposed DSRIP changes due to COVID-19. Based on CMS flexibility guidelines they are providing to all DSRIP states, HHSC is proposing the following changes. This proposal is described in more detail in the summary and in highlighted changes to the PFM that will be attached to the final Anchor notes. HHSC will also be sharing the estimated average achievement values referenced under Category C.
- Stakeholders may submit feedback on the proposed changes by emailing the waiver mailbox at TXHealthcareTransformation@hhsc.state.tx.us by **Friday, June 26, 2020** as HHSC discusses PFM changes with CMS.

Category B – Medicaid and Low-Income or Uninsured (MLIU) Patient Population by Provider (PPP)

- Broaden the definition of an encounter to include patient telephone calls (currently only face-to-face or virtual visits are allowed). A telephone call may be counted if it is the equivalent of a service that would be provided within the physical confines of the provider's defined system.
- Adjust the Allowable Variation in achievement of MLIU PPP goals to a higher percentage for DY9 and DY10, depending on the duration of COVID-19.

Category C – Measure Bundles and Measures

- **Continuing Measures** - Allow providers to earn payment for PY3 (CY2020) for DY9 achievement milestones (AM-9.x) and DY8 carryforward achievement milestones (AM-8.x) for measures selected for DY7-10 based on the higher of:
 - Provider's approved DY8 achievement value (CY2019) for the measure,
 - Average approved DY8 achievement value per measure class based on all measures reported within a measure class (rounded down to the quartile), or
 - Provider's DY9 achievement value for PY3 for the measure based on current goals stated in the PFM.
- **Newly-selected Measures:** Allow providers to earn payment for PY3 (CY2020) DY9 achievement milestones (AM-9.x) for measures newly selected for DY9-10 based on the higher of:
 - Average approved DY8 achievement value per measure class based on all measures reported within measure class (rounded down to the quartile), or
 - Provider's DY9 achievement value for PY3 (CY2020) for the measure based on current goals stated in the PFM.
- **Additional Requirements:** In order to be eligible for payment for a measure's DY9 goal achievement milestone, the Performing Provider must report the measure's PY3 performance, PY2 performance for measures selected in DY7-8, and ongoing continuous quality improvement activities in the Core Activities reporting for DY9-10.

Example of DY9 Achievement Value Calculations:

Example Provider	Measure	Measure Class	Measure Class Average Reported AM-8 Achievement (determined by CY2019 data)	Provider Reported AM-8 Achievement (determined by CY2019 data)	Provider Reported AM-9 Achievement (determined by CY2020 data)	DY9 Achievement Value Used for Achievement Milestone Payment
A	Childhood Immunization status	Immunization	75%	100%	50%	100%
B	Childhood Immunization status	Immunization	75%	50%	25%	75%
C	Diabetes A1C Poor Control 9%	Clinical	50%	0%	0%	50%
D	Diabetes A1C Poor Control 9%	Clinical	50%	75%	50%	75%
E	Diabetes A1C Poor Control 9%	Clinical	50%	50%	75%	75%

- Provider A reported 100% achievement of the AM-8 goal in CY2019, so the AM-9 achievement milestone will be approved at 100% of its assigned value.
- Provider B reported 50% achievement of the AM-8 goal in CY2019, which is lower than the average reported AM-8 achievement for all immunization measures, so AM-9 will be approved at 75%.
- Provider C reported 0% achievement of the AM-8 goal in in CY2019, which is lower than the average reported AM-8 achievement for all clinical measures, so AM-9 will be approved at 50%.
- Provider D reported 75% achievement of the AM-8 goal in CY2019, which is higher than the average reported AM-8 achievement for all clinical measures, so AM-9 will be approved at 75%.
- Provider E reported 50% of achievement of the AM-8 goal in CY2019, which is equal to the average reported AM-8 achievement for all clinical measures. However, Provider E also reported 75% achievement of the AM-9 goal in CY2020 so AM-9 will be approved at 75%.

DY9 Round 1 (April) Reporting

- HHSC distributed the April DY9 Reporting results on Thursday, June 11th. Providers can contact the waiver mailbox at TXHealthcareTransformation@hhsc.state.tx.us if they did not receive an email with a summary of their reporting results. Please note that the additional (or NMI) reporting period does not open until Saturday, June 13, 2020. Providers will not be able to see the HHSC Comments or upload additional information until that date.
- Provisionally approved measures:
 - Category C: Providers that received provisional approval in DY9R1 will be eligible to report those measures during the NMI period.
 - Category D: Providers that received provisional approval in DY9R1 will not be eligible to report during the NMI period and will report the qualitative information in October DY9.

- Reporting Timeline
 - **June 13, 2020** – Additional (NMI) reporting period opens
 - **June 17, 2020** – Estimated date for Rate Analysis to send IGT notification
 - **July 2, 2020** – IGT settlement date for April reporting
 - **July 17, 2020, 11:59 pm** – Due date for providers to submit responses to HHSC requests for additional information (NMI requests) on April reported SAR requirements and reported Category B-D milestones/metrics achievement
 - **July 17, 2020** – April reporting *DY9 DSRIP payments* processed for transferring hospitals
 - **July 31, 2020** – April reporting *DY7 and DY8 DSRIP payments* for all providers and *DY9 DSRIP payments* processed for providers that were not paid on July 17, 2020
 - **August 21, 2020** – HHSC and CMS will approve or deny the additional information submitted in response to HHSC comments on April reported milestone/metric achievement.

Compliance Monitoring Update: MSLC has received the requested data for 96% of the measures included in review rounds 1a and 1b. HHSC has contacted anchors and providers on outstanding data requests. Providers included in review round 1a are receiving preliminary notifications with the results from MSLC reviews. Providers should review the results and work with MSLC if there are questions or concerns.

DSRIP Online Reporting System: The DSRIP online reporting system will be unavailable on Sunday, June 14th from 4:00–7:00 PM due to scheduled maintenance.

DSRIP Transition

- HHSC continues to make progress on milestone work, analysis, and new program proposals. There are no updates at this time on any changes to Transition Plan deliverable due dates.
- Best Practices Workgroup: HHSC has been analyzing the final results of Survey 2: Prioritizing Key Practices and aims to share final results with the Workgroup next week.

Survey of DSRIP Providers from Texas A&M: Providers should have received an email from the Texas A&M School of Public Health this week regarding their experience with the DSRIP program. The survey is part of the [1115 waiver evaluation](#) that is required by the 1115 Waiver's Special Terms and Conditions and the Centers for Medicare and Medicaid Services and builds on the [network analysis](#) completed as part of the first 1115 Waiver Evaluation published in 2017. The evaluators estimate that the survey will take 30 – 60 minutes to complete and they request completion of the survey within three weeks of receipt of the email. Any questions about the survey should be directed to the evaluators.

3. Other Information for Anchors

DSRIP Statewide Events Calendar

June 2020			
RHP	Date	Topic	Contacts
9, 10 & 18	POSTPONED	RHP 9, 10 & 18 Collaborative Connections—Impacting Care: A Learning Collaborative Summit Register here	RHP 9: Margie Roche RHP 10: Nisha Patel RHP 18: des Anges Crusier

September 2020

RHP	Date	Topic	Contact
06	9/18/20	RHP 6 Learning Collaborative & Stakeholder Forum	Carol Huber