

## Anchor Conference Call

# AGENDA

April 16, 2021

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

### 1. General Anchor Communication

- Thanks for your continued work!
- HHSC will be operating on a Skeleton Crew on Wednesday, 4/21/21. Providers can continue to e-mail the Healthcare Transformation & DPP Quality mailboxes, but responses may be delayed.

### 2. DSRIP Implementation

#### April DY10 Reporting

- The April DY10 reporting webinar was held on Tuesday, April 6<sup>th</sup>. The slides have been posted to the Online Reporting System's bulletin board and a recording of the webinar can be found at [this link](#).
- The following April DY10 documents have been uploaded to the DSRIP Online Reporting System bulletin board under the "Reporting – April DY10" section:
  - April DY10 Reporting Companion
  - April DY10 User Guide
  - Category C Reporting Template
  - Related Strategies Reporting Template
  - Category D Reporting Documents
  - Category D Reporting Template
  - Excel Macros Troubleshooting Document
- **Friday, April 30<sup>th</sup> at 11:59 pm** is the due date for April DY10 DSRIP reporting submissions. Providers should enter reporting responses and upload applicable Category C and Category D reporting templates using the DSRIP Online Reporting System. Providers should email the Related Strategies reporting template to the HHSC Waiver mailbox at [TXHealthcareTransformation@hhsc.state.tx.us](mailto:TXHealthcareTransformation@hhsc.state.tx.us).

#### Category C:

- Related Strategies Reporting Template
  - As a reminder, if experiencing problems with enabling macros in Excel, then first please reference the "Excel Macros Troubleshooting" tips file uploaded to the bulletin board.
  - However, if enabling macros in Excel continues to be an issue, then please use the "nomacros" template instead; if using the "nomacros" template, make sure to scroll all the way to the right and down in the template to see all the areas where the template populated provider's required Related Strategies List(s).

#### Category D

- Submission of the template when provider is not reporting on Category D
  - Providers are not required to submit a Category D template if they are not reporting on **any** of the Category D metrics. However, HHSC's process is to confirm with providers who indicate in the Online Reporting System that they are not reporting, but do not submit a template to make sure they did not intend to report.

- Providers can submit responses in the Category D template that match responses provided via the Online Reporting System, and in these cases HHSC will not follow up with providers during the NMI process.

### **Anchor Admin Cost Claiming**

- Anchors should submit the cost claiming template, the percent-of-effort template, and the cost report certification to the program inbox ([TXHealthcareTransformation@hhsc.state.tx.us](mailto:TXHealthcareTransformation@hhsc.state.tx.us)) by Monday, 5/17/21. Please send any questions regarding anchor admin cost claiming or template issues to the program inbox by Friday, 5/14/21.
- The cost claiming template and the percent-of-effort template are available on the public website and the DSRIP Online Reporting System bulletin board under the Other 1115 Medicaid Waiver Forms header.
- Anchors are required to submit a notarized cost report certification as part of their cost claiming submission. Because of the ongoing public health emergency, providers may submit a cost report certification that follows the [guidelines outlined on HHSC's website](#) for submissions that are due Monday, 5/17/21. HHSC may request a notarized cost report certification for cost claiming submitted in DY10 R1 at a later date.

### **Compliance Monitoring:**

- Category C Round 2
  - HHSC has received the MSLC report for Round 2 and is reviewing the results. HHSC will reach out to providers that had closed but unverified results in the report.
- Category C Round 3
  - MSLC will be notifying providers regarding selected measures for Category C round 3 on Friday, 4/16/21 and providers will need to respond by Friday, 5/7/21. HHSC has requested that any provider requesting extensions submit a detailed rationale for the request to MSLC and the HHSC Compliance Mailbox ([txhealthcaretransformationsrip\\_compliance@hhsc.state.tx.us](mailto:txhealthcaretransformationsrip_compliance@hhsc.state.tx.us)).
  - Due to the set timeframes for round 3, providers will be held to the established deadlines and limitations on submitting new/corrected data once the review has started. Therefore, it is of the utmost importance that providers ensure the data initially submitted to MSLC is accurate, valid, and complete. Initial data set submissions to MSLC should undergo quality control and meet the requirements set forth by MSLC.
  - The process for MSLC Category C round 3 review will be as follows:
    - Provider submission of data elements to MSLC that support numerator and denominator inclusion for the rates indicated above as required by the measure specification.
    - Possible follow-up information request and conference calls by MSLC. Note only one follow-up request and submission of additional information will be permitted.
    - MSLC review of the submitted data and submission of preliminary findings to the provider. If significant data or methodology issues are found, MSLC may develop a corrective action plan for the provider to follow in order to make the necessary corrections.
    - Time-limited period for provider submission of corrected data to address findings and issues found by MSLC. Providers will be allowed a one-time submission of corrected data during this period only. MSLC will NOT be accepting new data or corrections after this period.
    - Possible request from MSLC for a sample of detailed patient charts/medical records to verify the information in the supporting data.
    - Communication of final Category C verification results by MSLC to HHSC.

- DSRIP 1.0 Reviews
  - MSLC has started their review of DSRIP 1.0 open audits (Category 1, 2, and 3) based on previously submitted data and reports. MSLC will be contacting providers by the end of the month with next steps.
  - HHSC sent the list of Category 3 open outcomes to anchors on 3/26/21. The Category 1 and 2 list will be shared with anchors on 4/19/21. Anchors should share these lists with providers that have open reviews.

### 3. DSRIP Transition

#### Completed Milestone Deliverables:

HHSC submitted to CMS two milestone deliverables on March 31. Under Milestone 1, to advance alternative payment models and promote healthcare quality, HHSC submitted the updated Texas Managed Care Quality Strategy, the updated Texas Value-based Purchasing Roadmap, and a report on Alternative Payment Models in Texas Medicaid. Under Milestone 8 addressing cross-focus areas, HHSC submitted the assessment of social factors correlated with Texas Medicaid health outcomes. These deliverables are posted on the DSRIP Transition [webpage](#) under Transition Milestone Updates.

#### DY11 Proposed Directed Payment Programs

The DSRIP Team is coordinating with our internal DPP partners on the development of the reporting timelines that we have discussed on previous anchor calls. At this point, reporting is still planned for October and April.

HHSC has posted the stakeholder comments and responses on measures and performance requirements, updated measure specifications, and requirements for the four DPPs.

- Comprehensive Hospital Increased Reimbursement Program (CHIRP)
  - [CHIRP Requirements](#)
  - [CHIRP Stakeholder Feedback](#)
- Texas Incentives for Physicians and Professional Services (TIPPS)
  - [TIPPS Requirements](#)
  - [TIPPS Stakeholder Feedback](#)
- Rural Access to Primary and Preventive Services Program (RAPPS)
  - [RAPPS Requirements](#)
  - [RAPPS Stakeholder Feedback](#)
- Directed Payment Program for Behavioral Health Services (DPP BHS)
  - [DPP BHS Requirements](#)
  - [DPP BHS Stakeholder Feedback](#)
- [Measure Specifications for CHIRP, TIPPS, RAPPS, and DPP BHS](#) (v1.3\_20210406)
- [DPP Measure Specifications FAQ](#) (v1.0\_20210406)

Note that measures and requirements are subject to CMS approval.

Applications for CHIRP, TIPPS, RAPPS and DPP BHS are closed. Provider Finance Department is verifying eligibility and will post final participants and estimated IGT later this month.

HHSC has created a new mailbox for questions related to DPP measures, performance requirements, specifications, and reporting: [DPPQuality@hhs.texas.gov](mailto:DPPQuality@hhs.texas.gov).

If you have financial questions, you can email the Provider Finance Department (PFD) at the following:

<b>CHIRP</b>	<a href="mailto:PFD_Hospitals@hhsc.state.tx.us">PFD_Hospitals@hhsc.state.tx.us</a>
<b>TIPPS</b>	<a href="mailto:PFDAcuteCare@hhs.texas.gov">PFDAcuteCare@hhs.texas.gov</a>
<b>RAPPS</b>	<a href="mailto:PFD_Hospitals@hhsc.state.tx.us">PFD_Hospitals@hhsc.state.tx.us</a>
<b>DPP BHS</b>	<a href="mailto:PFDAcuteCare@hhs.texas.gov">PFDAcuteCare@hhs.texas.gov</a>