

Anchor Conference Call

AGENDA

February 15, 2013
1:30-3:00 p.m.

Call-in: 877-226-9790
Access Code: 3702236

1. General Anchor Communication

All regions have received formal feedback

RHP Plan Monitoring

- Per the discussion at EWC last week by Deputy Commissioner Chris Traylor, HHSC will be retaining between .5 – 1 percent of all DSRIP payments for monitoring purposes – details to follow. If this should move forward, HHSC would promulgate expedited rules.

The “UC Update” attachment includes a *draft* payment calendar and also notes the UC waiver reimbursement rule amendment addressing what happens if the sum of all UC payment amounts with IGT commitments exceeds the UC pool cap.

2. Category 3

- CMS has requested a modification to Category 3 achievement targets with the intent to introduce a methodology for calculation. Details still need to be worked out with CMS.
- Current discussion is that all parts of plans with the exception of Cat 3 payment in DY4 and DY5 will receive approval. This means Cat 1 and 2 and any improvement targets in Cat 3 are eligible for approval before the details of Cat 3 changes are worked out.
- Current implications for projects: For now, focus on the choice of Cat 3 outcome, not on the achievement level. If already have targets set, leave them.

3. Plan Review and Feedback

Other projects

- CMS is looking for justification that “other” projects are evidence-based. Recommend that plans that have not yet been returned to CMS include a detailed justification.
- If providers determine they cannot demonstrate an evidence base, the provider should move the project to a non-“other” project option and be sure to address any core components in the narrative.
- When HHSC sends plans to CMS, we will note the description of how the provider justifies their other project is evidence based.

Valuation

- Upon re-review of projects, some may remain flagged for CMS for valuation if the provider did not include quantifiable patient benefit in the milestones or if a project is an outlier (appears overvalued) based on the milestones and patient scope of the project.
- Some projects like QI/REAL and workforce projects will be noted for CMS since they do not translate as cleanly to demonstrate quantifiable patient benefit.
- HHSC will focus on higher valued projects (e.g. \$5 million for a Tier 4 RHP) when flagging projects

for valuation. However, technical review is focused on all projects.

Technical

- Upon re-review of projects, all projects with outstanding priority issues will remain flagged for CMS regardless of valuation. These issues may include Category 1 or 2 milestones that duplicate Category 3 improvement targets; core components not addressed; and no outcome improvement target identified by hospital providers.

Response to Formal Feedback

- Unless your region has specifically been contacted about submitting another anchor workbook, you do not need to submit another anchor workbook.
- If you were contacted by DSHS back in December, please provide the IMD Performing Provider workbook if it was not included in the full plan submission.
- If you are decreasing a project or outcome value, you do not need to resubmit a workbook. Please highlight the changes in the marked-up narrative and add a comment in the Valuation tab in the RHP Feedback Excel file.

4. Timelines and Next Steps

We are currently reviewing regions’ responses to formal feedback for submission to CMS. Your region will be informed when your plan is sent to CMS and the anchor will receive a copy of the submission.

DY1 DSRIP Payment Schedule

- A DRAFT payment calendar was shared at EWC last week. Please see the attachment for the draft calendar and other UC updates.
- For DY 1 DSRIP, please refer to the draft schedule below:

Payment Type	Response to Feedback Submitted to HHSC	IGT Due	Estimated Payment Date
DY1 DSRIP (RHP 14, 17)	By 2/4/13	3/7/13	3/28/13
DY1 DSRIP (est. 8 RHPs)	By 2/25/13	3/22/13	4/30/13
DY1 DSRIP Clean-Up (est. remaining 10 RHPs)	By 3/16/13	4/24/13	5/15/13

Format of revised plan submission:

- Send one CD and one hard copy.
- The CD should include one “clean” copy of the plan and one version that includes changes highlighted as directed in the feedback.
- The electronic version of the document should not include any track changes.
- The hard copy also should highlight changes as specified in the feedback.

HHSC review of revised plan submissions:

- Any critical changes that providers do not make in response to feedback could risk that HHSC will not move the plan or a particular project forward to CMS. Examples of critical issues: IGT not identified, plan not signed, project does not serve Medicaid/indigent, no patient benefit.
- HHSC will flag priority items in projects for which regions have not responded to feedback and also highlight any more minor issues requiring technical clean-up.
- For plans that can move forward, HHSC will submit the clean version of the RHP Plan to CMS with

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- presumptive state approval.
- HHSC will inform the RHP when the plan is submitted to CMS or will provide additional feedback if the RHP has not adequately addressed HHSC's feedback.
- Expect that there will be questions and feedback from CMS.

For waiver questions, email waiver staff: TXHealthcareTransformation@hhsc.state.tx.us.

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