

March 1, 2013  
1:30-3:00 p.m.

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

## 1. General Anchor Communication

### HHSC RHP Plan review

- Three RHP Plans sent to CMS.
- We are continuing to process the RHP Plan submissions in response to HHSC formal feedback in the order received.
- The formal 45-day review process begins for CMS once it receives each plan.
- HHSC is notifying the anchor once the RHP Plan has been submitted including the documents HHSC is providing to CMS.
- The RHP Plan submission to CMS triggers the DY 1 payment. If CMS does not approve a project in the plan, the funds proportional for the provider for that project would be recouped.
- It is up to each provider to determine whether they wait for CMS approval before they begin implementing a DSRIP project

### DY1 DSRIP

- HHSC is sending each Anchor a list of DY1 DSRIP payments and available IGT based on the RHP Plan submitted to CMS. RHPs may request that HHSC retain a portion of the DY1 DSRIP payment until final CMS approval for potentially risky projects. HHSC will only request the IGT for the partial payment. Delayed DY1 DSRIP will be paid during the scheduled DSRIP payment period following CMS approval, e.g. May DY1 DSRIP payment, September DY2 DSRIP payment, or November DY2 DSRIP payment.
- If a Performing Provider has a pending TPI, HHSC will not pay DY1 DSRIP until a TPI is obtained. HHSC will not request IGT until an active TPI has been established. The last date to obtain a TPI for DY1 DSRIP payment in May is April 17<sup>th</sup>.

### Posting RHP Plans and Summary Info on HHSC website

- EWC, stakeholders, anchors, legislature may receive summary information
- HHSC is posting RHP Plans on website once they are submitted to CMS.

### CMS RHP Plan review

- CMS has indicated that by the 45-day review it intends to approve projects that do not require changes, and will request additional information from the RHP on the remaining projects.
- CMS is working to identify projects that they may not approve early on in the process. So far, CMS has indicated that projects expanding dialysis services, catheterization labs, or CT scanning (generally in areas 1.9 and 2.5) are highly unlikely to be approved and it's suggested these projects be removed or replaced. This is based on the CMS initial review of projects summaries, and the list of items may grow as CMS reviews projects more in depth.
- The provider also has the option to wait for formal CMS feedback. If CMS does not ultimately approve the project, it is likely there would not be sufficient time to replace the project and the DY 1 payment for the project would be recouped. The next opportunity to add projects would be for RHP Plan modifications for DY 3 and the specific process has not yet been identified.
- If you have not yet submitted the RHP Plan response to formal feedback to HHSC, we recommend that if you have a plan due very shortly that you not let this information slow submission of your plan. If subsequent to submission to HHSC you need to replace a project, HHSC will work with you

on the process to select and insert a new project in your existing plan.

CMS has stated their areas of focus include:

- Other projects
- Other Category 3 outcomes
- Duplication of federal funds
- Collaborations
- Valuation

### **Replacement Projects**

If a provider chooses to submit a replacement project for a project CMS has indicated they will not likely approve, the provider has the option to propose replacement projects at the same value or less that could be implemented beginning DY 2. The replacement projects has to meet the following requirements:

- Represent an intervention that is in response to community needs identified in the RHP's needs assessment.
- Given the need for timely review, the project must be on the RHP Planning Protocol DSRIP menu and not an "Other" project option and also not include "Other "Category 3 outcome(s).
- Include milestones that represent implementation activities beginning in DY 3 and not just planning activities.
- Submitted along with a completed DSRIP Feedback Changes Electronic Workbook.
- Replacement projects would also need to undergo review by HHSC and subsequently submitted to CMS. CMS would start a new 45-day clock for the replacement projects separate from the initial RHP Plan submission.

Replacing projects applicable to DY2. HHSC is working with CMS to determine the latest date a project could be submitted that would be implemented in DY 2.

***Once the RHP Plan in response to formal feedback is submitted, providers should not be making substantive changes to projects unless at the request of HHSC or CMS. This includes the project narrative, which CMS has emphasized that the narrative of the projects is an important part of the plan.***

### **DY 3 Project Planning**

We are getting questions about funding of DY 3 projects through the plan modification process. We understand this is very important and are working to provide initial information soon.

Additional reminders on resubmissions

#### **Workbooks for Plan Resubmission**

- Anchor Workbooks are only required if HHSC requested a change due to overuse of regional funds or DY1 DSRIP information.
  - Replacement projects and Pass 3b must be submitted with the DSRIP\_Feedback\_Changes\_Electronic\_Workbook from providers. This does not need to be imported into the Anchor Workbook.
  - Pass 2 or 3 Performing Provider Workbooks are only required if HHSC requested a provider to participate in Category 4 when they had previously stated exemption from the Category or the provider is an IMD with UC-only information (as requested by DSHS). These workbooks do not need to be imported into the Anchor Workbook.
  - If none of the above apply, no workbooks are required in the plan resubmission. However, any changes should be noted in the RHP Feedback.xlsx file and highlighted in the marked up version of the RHP Plan.
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### Collaborations

- This is a reminder that if a Performing Provider received additional DSRIP funding through the collaboration option, the collaboration must be addressed in the submission in the amount of the additional funds from the applicable Pass by:
  - Identifying a Category 1 or 2 project with the related Category 3 outcome from the applicable Pass in the amount equal to or greater than the amount of the additional collaborating funds as a collaboration. Adding language to the RHP Plan narrative to justify how the project is collaborative and transformative for the region. Clarifying that remaining projects are not collaborations.
- OR**
  - Removing the Category 1 or 2 project with the related Category 3 outcome from the applicable Pass in the amount equal to or greater than the amount of the additional collaborating funds and clarifying that it is not a collaboration. Implementing Pass 3b to include new projects previously considered or projects removed from Pass 1 or 2.

## 2. Additional information

### Modifications to information in Section 1 Organization Table to update contact information

If there are contact information changes that may impact notifications for payment, please use following process:

Modify the existing contact information to include the email address of the new CEO and Director – if it would be helpful to the new leadership in place, also provide a back up email to someone at both facilities that has worked on the RHP Plan and is familiar with the process. They will be able to assist with the transition.

Send the notification to both the Waiver mailbox at [TXHealthcareTransformation@hhsc.state.tx.us](mailto:TXHealthcareTransformation@hhsc.state.tx.us) and Rate Analysis Division mailbox at [UCTools@hhsc.state.tx.us](mailto:UCTools@hhsc.state.tx.us)

### RHP Plan Monitoring

As previously communicated, HHSC may propose to retain a small percent (less than 1%) of all DSRIP payments for monitoring purposes – the details are under development and more information will be provided when available.

## 3. Plan Review and Feedback (reminders from last anchor call to provide in notes)

### 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 (from previous anchor call)**

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. 4 RHPs)	By 2/25/13	3/22/13	4/30/13
DY1 DSRIP Clean-Up (est. remaining 14 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.
- Include the feedback documents HHSC has sent the region with the region's response regarding what issues have and have not been addressed.

### **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 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.

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

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