

May 26, 2017

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

### 1. General Anchor Communication

- As always, thank you for all of your continued work!

### 2. DSRIP Implementation

#### April DY6 Reporting

- Reporting & Payment Timeline:
  - June 1, 2017, 5:00pm – Due date for submission of any IGT changes.
  - June 9, 2017 – HHSC completes their review and notifies providers of the April DY6 initial reporting results.
  - July 3, 2017 – IGT settlement date for April reporting DSRIP payments.
  - July 7, 2017, 11:59pm – Due date for providers who received requests for additional information to submit their April DY6 NMI documentation.
  - July 14, 2017 – April reporting DY6 DSRIP payments processed for transferring hospitals and top 14 IGT Entities.
  - July 31, 2017 – April reporting DY4 and DY5 DSRIP payments processed for all providers and DY6 DSRIP payments processed for remaining providers that were not paid on July 14, 2017. Note that there are separate transactions for each payment for each DY.
  - August 9, 2017 – HHSC completes their review and notifies providers who received requests for additional information of the April DY6 NMI reporting results.

#### Compliance Monitoring

- **Cat 1 and 2**
  - Round 3 reviews continue as planned. MSLC will be contacting providers with follow up or additional requests. The goal is to finish Round 3 reviews in June.
  - Some of the projects that are being finalized in Round 3 are outstanding projects from Round 2. If a provider receives a MSLC notification Complete - Metric Revised - Achieved for the metric that was reviewed in Round 3 and was also reviewed in Round 2 with the status Complete-Not Achieved, that MSLC notification is final for that metric and HHSC is not sending notifications for providers with these scenarios.
  - HHSC adjusted its approach to notifying providers about recoupments. We are sending out preliminary notifications and providers have 3 business days to respond. Providers that receive preliminary notifications should also expect to receive final communication from HHSC.
  - Some providers are given an option to select which metric (e.g. DY3 or DY4) should be recouped. In this case providers have 5 business days to respond.
- **Category 3**
  - MSLC continues to review Category 3 measures. The goal is to finish current reviews in June.

### 3. Waiver Renewal

#### Overview of Key Changes to PFM:

- RHP Plan Update Submissions/Timelines
  - Given current timelines, the RHP Plan Update Submission is changed from November 30, 2017, to January 31, 2018.
- Category Funding Distribution
  - The main change is the addition of a payment to providers equal to 20% of their valuation for the submission of a complete and approved RHP Plan Update.
  - This payment would be made in July 2018 along with payments for achievement of milestones that are eligible to report in April 2018.
  - The remaining 20% DY6A Anchor payment would also be included with July 2018 payments. There is no additional Anchor-specific DY7 DSRIP payment. Anchors may claim administrative costs at the 50/50 match in DY7-8.
- Remaining Unused Funds - Additional Regional Allocations
  - Leadership decision on unused funds is to first allow RHPs that did not fully use their allocation to use it for DY7-8. HHSC will be reaching out to those RHPs.
  - New and existing Performing Providers would be eligible for the funds through a process determined by the RHP and meets the requirements under PFM paragraph 31.c. HHSC is not prescribing the RHP process or how public meetings are conducted.
  - If a provider chooses not to participate in DY7, then the funds will be included for a statewide proposal that may be submitted in DY7 or later. These funds would not be redistributed to regions and will not be considered in the funds under PFM paragraph 31.
- System Definition
  - In response to feedback, the revisions provide additional system definition detail, structure, and flexibility for the variances in DSRIP performing provider systems. For each provider type, there will be a minimum definition required (this is what is meant by “base unit”), to which the provider may add other components of their delivery system. So while there is some flexibility, we want there to be some level of consistency across provider types. We are still working toward finalizing what the minimum required system definition is for the respective providers. It may be helpful to think of the system as something that will be defined in the template for the RHP Plan Updates. If, for example, you are a hospital, there will be a menu of items that you must include in your system definition if you actually have those elements: inpatient, Emergency Department, maternal department, homeless care, owned outpatient clinics, for example. And then a hospital provider would be able to add contracted outpatient clinics, contracted community organizations, etc. Additional clarification will be provided in the Measure Bundles Protocol.
- Private Hospital Participation Incentive
  - Based on feedback from private hospitals that the incentive was not enough, the revision increases the incentive from 10% to 15% Pay for Reporting in Category D.
- Costs and Savings
  - Allows providers to track costs and savings for just one activity of their choice rather than for all their activities. It also exempts providers with \$1 million or less in valuation by DY.
  - The activity selected must be from one of the Performing Provider’s Category A - Core Activities.
- Reporting
  - Based on stakeholder feedback, the revision changes the timeframes during which providers may report DY7 MLIU PPP. The revision allows providers to report DY7 MLIU PPP

in the 2<sup>nd</sup> reporting period of DY7 (October 2018) or the 1<sup>st</sup> reporting period of DY8 (April 2019)

- For Category C, adds ability to carry forward performance.

### Responses/Clarifications for Anchor Questions on Updated PFM

- Cross-regional Performing Providers
  - The “home” regions selected by cross-regional providers is indicated in the Minimum Point Thresholds file and will be included in the RHP Plan Update templates. Providers will only need to submit information in the RHP Plan Update in their “home” region.
  - Performing Providers that were moved to “home” regions do not need to apply measure bundle points proportionally to each region they previously participated in. These providers will be required to continue DSRIP activities (includes Category A-D) in the previous regions as certified in the RHP Plan Update and summarized qualitatively during Category A reporting.
- Measure bundles and MLIU PPP overlap
  - For situations where multiple Performing Providers are serving the same patients and want to select the same measure bundles, HHSC is still working on how to help different providers that share the same location define their system -- this most specifically applies to physician groups associated with an Academic Health Science Center that may not have their own hospital. While we encourage collaboration between these providers, and choosing some of the same measure bundles will be allowed, the system definition for these providers may not be one and the same. In other words, the system of one performing provider may not be exactly the same as a second performing provider. Some overlap may be permissible.
- Carryforward
  - There are two types of carryforward: 1) carryforward of reporting and 2) carryforward of achievement. Neither types of carryforward apply to Category A or Category D.
    - Carryforward of reporting is allowed for:
      - Category B - MLIU PPP may be reported in October of the current DY or April of the following DY with the same measurement period, e.g., DY7 MLIU PPP may be reported in October DY7 or April DY8 with the measurement period as DY7.
      - Category C - **P4R** Measures may be reported in October of the current DY or April of the following DY with the same measurement period, e.g., DY7 P4R measure may be reported in October DY7 or April DY8 with the measurement period as DY7.
      - Category C - **P4P** Measures with calendar year (CY) measurement periods may report baselines and performance in one of two reporting periods - the one immediately following the measurement period or the following reporting period, e.g., Baseline of CY17 may be reported in April or October DY7 while DY7 achievement of CY18 may be reported in April or October DY8.
    - Carryforward of achievement is allowed only for Category C - **P4P** measures
      - DY7 goal achievement may be achieved in PY1/CY18 or PY2/CY19. Carried forward DY7 PY2 achievement must be reported in April DY9.
      - DY8 goal achievement may be achieved in PY2/CY19 or PY3/CY20. Carried forward DY8 PY3 achievement must be reported in April DY10.

- RHP Plan Update
  - HHSC has not developed the RHP Plan Update template; however, it will likely be an Excel template per Performing Provider that auto-populates information such as valuation, checks inputs, allows limited requests for changes as specified in the PFM, etc. Depending on CMS approval of the additional 21 months and protocols, the template is tentatively targeted for release in December 2017.
  - Providers do not need to indicate in the RHP Plan Update whether they plan to report Category C - P4P measure baselines in April or October DY7. Baseline performance does not need to be submitted with the RHP Plan Update as it is included under the DY7 baseline reporting milestone. If providers are requesting shorter or delayed measurement periods, they are planned to be submitted in the RHP Plan Update.
  - Anchors will not be required to maintain updated RHP Plan Updates incorporating HHSC/provider changes to Categories A-D. Future changes (after RHP Plan Update submission) will be incorporated in the DSRIP Online Reporting System and HHSC posted materials.
  - Providers that previously indicated their request to increase their valuation to \$250,000 in the DY6 Participation Template do not need to re-request the increase. All Performing Providers will be required to certify their DY7-8 valuation in the RHP Plan Update.
- Category C - P4P Measures
  - A provider may be approved to be exempted from reporting performance on the Medicaid-only payer type and/or the LIU-only payer type for a measure's reporting milestone; however, the provider is still required to report performance on the all-payment type at a minimum to eligible for payment of the reporting milestone.
  - HHSC is working to align measure bundles with MACRA/MIPS and MCO quality measures.
  - Rural hospitals may select the same measure bundles and must report on all the required measures within a selected measure bundle. There may also be optional measures in a measure bundle.
  - There is not a maximum valuation for Measure Bundles with standalone measures. There is a maximum for Measure Bundles with only non-standalone measures and a minimum valuation for all Measure Bundles as described in PFM paragraph 17.h.
  - All measurement periods must be consecutive, e.g. for measures with approved shortened or delayed baseline measurement periods, the 12 months immediately following the baseline period would be the performance year.
- Minimum Point Thresholds
  - Regarding PFM paragraph 17.k.iii. that hospitals for which HHSC did not have sufficient data or specialty hospitals with limited scope may have an alternate methodology for determining their MPTs, HHSC has not notified those hospitals or determined a calculation methodology yet.
  - The steps in calculating each hospital MPT is described under PFM paragraph 17.k.ii. and formulas were included in the "Minimum Point Thresholds" file that was shared with Anchors on 5/17/17. In summary, first the Statewide Hospital Factor (SHF) is determined, next the Statewide Hospital Ratio (SHR) is determined, and then based on the SHR, the MPT is determined as described in PFM paragraph 17.k.ii.C.

- Reporting
  - If a Performing Provider does not complete Category A DY7 reporting in October DY7, then they may be subject to recoupment of all DY7 payments from April DY7 including the RHP Plan Update payment and the related October DY7 payments would be withheld.

### Measure Bundle Protocol

- HHSC is targeting mid-June for release of the Measure Bundle Protocol. This will be the opportunity for providers and other stakeholders to give feedback on the measures from their perspective.
- The menu of proposed Measure Bundles for hospitals and physician practices and measures for CMHCs and LHDs will be defined in the Measure Bundles Protocol. The Point values assigned to each Measure Bundle will be in the Measure Bundles Protocol along with a summary of how points were determined and the factors used.
- This protocol will also include draft Category D measures and Category A - Core Activities. Stakeholders will be able to provide feedback on core activities along with feedback on Measure Bundles and measures. Core Activities will be similar to the activities previously listed under the Transformative Extension Menu Project Options and providers will have the option to include Core Activities not included in HHSC’s list. Performing Providers should select Core Activities based on their selected Measure Bundles and community needs.
- Following the release of the Measure Bundle Protocol, HHSC will open a survey for stakeholder feedback. We also are planning for a webinar in late June (date TBD) to go over the Measure Bundle Protocol and changes to the PFM.

### Waiver Negotiations Update

- Talks are ongoing following the May 8<sup>th</sup> meeting in Washington, D.C., including budget neutrality, DSRIP and UC. HHSC will provide more details as soon as they become available.

### Clinical Champions Workgroup

- This week the BATs had their third round of conference calls following voting on potential measures, including some new measures submitted by BAT participants.
- The Technical Advisory BAT has discussed definitions of “setting” and “active patient” for measures, and provided input on potential system definitions.
- HHSC had conference calls with LHDs and CMHCs to continue discussions on measures for those provider types. Additional suggestions were received from the Council for the CMHCs measures, many of them are measures from other Measure Bundles. There were no additional suggestions from the LHDs.

## 4. Other Information for Anchors

### DSRIP Statewide Events Calendar

July 2017			
RHP	Date	Topic	Contact
8 & 17	7/19	Joint Learning Collaborative	<a href="#">Shayna Spurlin</a>
August 2017			
RHP	Date	Topic	Contact

## Anchor Conference Call

# AGENDA

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2	8/18	RHP 2 Behavioral Health Learning Collaborative	<a href="#">Susan Seidensticker</a>
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### September 2017

RHP	Date	Topic	Contact
6	9/21	RHP 6 Learning Collaborative Summit	<a href="#">Carol Huber</a>
12	9/28	RHP 12 Learning Collaborative	<a href="#">Sandy James</a>

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*For waiver questions, email waiver staff: [TXHealthcareTransformation@hsc.state.tx.us](mailto:TXHealthcareTransformation@hsc.state.tx.us).  
Include "Anchor (RHP#):" followed by the subject in the subject line of your email so staff can identify your request.*