

Anchors –

Our apologies for having to cancel the last Anchor call, but we had a successful office move last Friday and we will plan to resume our normal call schedule next Friday. We have a few updates for you this week:

#### Project Withdrawals

CMS approved the proposed timeframe of February 1, 2015 – May 1, 2015 for withdrawal of a project from DSRIP after the mid-point assessment per the PFM protocol. To withdraw a project, providers should complete the attached Project Removal Form and submit it to the waiver mailbox.

#### RHP Full Plan Submission

During the last anchor call we discussed a proposed process for submission of updated RHP plans. HHSC didn't receive any negative feedback from Anchors on the direction we were headed, so we fleshed out the process a bit more in the following draft outline.

The following information would be posted on the HHSC waiver website "RHP Plans" page:

- RHP Summary Information
  - List of approved Category 1 & 2 DSRIP projects - all RHPs (current list is being updated)
  - QPI Summary – all RHPs (under development)
- RHP Plan Information
  - Category 1 & 2 Project Narratives by RHP (updates planned for Feb 2015)
  - Category 1 & 2 Project Workbooks for 4-year projects (under development)
  - Category 1& 2 Project Workbook for all 3-year projects (updates planned for Feb 2015)
  - Category 3 (one single file currently being updated)
  - Category 4 (to include RHP level summary data for PPE domains)

The following information available on RHP Anchor websites (and linked to from HHSC site):

- RHP Organization
- Original Executive Overview with potential addendum update
- Original Community Needs Assessment with potential addendum update for 3-year projects
- RHP certifications (these would be signed after all updated information from HHSC and RHP Anchors is available for review)

Each Anchor RHP website would have a "Stakeholder Resources" page, linked to from HHSC site. This would include information on stakeholder opportunities, original RHP plans (which would also remain on HHSC website) as well as a description of the process by which 3-year projects were added in that RHP.

Some Anchors have already begun grouping their RHP's projects into general areas in order to better analyze and categorize projects, and we think it would be helpful if we were able to categorize projects statewide this way. HHSC will develop a matrix of project types by which Anchors would identify what each RHP's project covers (could be multiple types), based in part on the types of stakeholder inquires HHSC has received about projects, to include:

- Chronic Disease
- Diabetes-focused projects
- Behavioral Health (mental health, substance use, IDD)

- Integrated behavioral/physical health care
- Telemedicine
- Primary care
- Women's health
- ED diversion
- Workforce development
- Projects using Community Health Workers
- Projects using Peer Specialists

This matrix would be the most updated version for the section on "Related Projects" within the narrative.

#### Category 4

CMS Decision on DY3 Reporting Variances:

For providers reporting a variance from the Category 4 specifications, CMS has authorized payment be approved for the following scenarios for DY3 only. Projects reporting with measurement periods smaller than the following scenarios will not be approved for payment in DY3. Providers will receive this information in reporting review determination.

Reporting Variances Approved for Payment:

- Projects reporting at least 9 full months of RD4 medication management data to specification
- Projects Reporting at least 9 full months of RD5 emergency department throughput rate to specification
- Projects reporting at least 10 full months of RD5 HCAHPS scores, collected by an authorized survey vendor.
- Projects reporting 12 months of a previously approved proxy emergency department throughput time, with 6 months of emergency department throughput time to specification

Reporting Variances in DY4:

- 12 months of data will be required for all Category 4 Outcome Domains in DY4
- Providers reporting an alternate medication management rate in DY3 may continue to do so in DY4 and DY5

#### Mid-Point Assessment Update

- HHSC received draft recommendations for the projects reviewed by Myers and Stauffer during mid-point assessment in RHPs 1, 8, 11, 13, 16, 17, 18 and 19.
- HHSC is reviewing draft recommendations for the first regions and will be contacting providers regarding plan modifications recommended by the independent assessor.
- First regions to hear from HHSC will be RHPs 11, 13 and 18. Communication to providers will be coming from DSRIP compliance mailbox [TXHealthcareTransformationDSRIP\\_Compliance@hhsc.state.tx.us](mailto:TXHealthcareTransformationDSRIP_Compliance@hhsc.state.tx.us)
- Myers and Stauffer continues to review RHPs that did not go through mid-point assessment review in 2014. Estimated completion date of the review for all RHPs is February 2015.

#### Change Requests

- HHSC is reviewing the Round 2 change request submissions and Myers & Stauffer is reviewing the Round 1 submissions that required their review. HHSC plans to send HHSC's Round 2

preliminary determinations and Myers & Stauffer's Round 1 determinations to anchors/providers by mid to late February.

Clinical Champions – Evidence-Based Practices

The Clinical Champions Workgroup met for the first time last week (1/22). One of the items we handed out to the group, and is attached here, is a list of projects that self-reported on the Statewide Learning Collaborative survey that they are using evidence-based practices. We are asking the Clinical Champions to review this list as a starting point and help us define criteria for evidence-based practices and propose additional information that would be helpful for this process. Once we have their feedback we will likely send it out to you to get your input on specific projects that are using EBPs in your regions using the criteria the Clinical Champions develop.

Also attached to this email is the **October DY3 payment summary by project**.

Please let us know if you have any feedback on the proposed RHP updated plan submission outline, and of course email us with any questions. Have a great weekend!

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