

Anchor Update 2.11.19

Online Reporting System:

- Some providers are receiving email messages from the online reporting system saying that an additional reporting period is open or closing in two days. These email messages were sent in error and providers can disregard. HHSC apologizes for any confusion this may have caused. **No project reporting is currently required in the online reporting system.**
- Providers have been experiencing an error when trying to submit a "Forgot Password/Login?" request. If a provider needs to reset their password and encounters this issue, please contact the waiver mailbox at TXHealthcareTransformation@hhsc.state.tx.us for a temporary password until HHSC IT is able to resolve it.

Compliance Monitoring:

- There are no major updates on compliance monitoring. HHSC is engaged in procurement processes and will update providers when additional information is available.

Category C:

HHSC received a few questions about potential impacts to payment approval for baseline corrections submitted in April (DY8 R1 reporting) that are not approved or Flagged for TA.

HHSC will review baseline corrections submitted in DY8R1 reporting for possible TA Flags. Some TA Flags may result in a "Needs More Information" (NMI) determination for Category C milestones RM-2 (PY1 reporting) and/or AM-7.x (DY7 Achievement) if a provider is also reporting Performance Year (PY) 1. Other TA Flags will require resolution with HHSC before PY2 can be reported. Some scenarios that would result in an NMI are below:

- Submitting a baseline correction that results in insignificant achievement volume for a P4P measure that previously had significant volume without prior resolution from HHSC will result in an NMI for the achievement milestone to allow for HHSC to determine if the milestone structure needs to be changed.
- Submitting a correction results in 0 denominator cases for a P4P measure that previously had volume will result in an NMI for the reporting and achievement milestone to allow for HHSC to determine if the milestone structure needs to be changed.

- Submitting a baseline correction for a measure that uses HHSC's sampling methodology and does not meet the minimum sample size requirements may result in an NMI for the achievement milestone.
- Submitting a baseline correction that uses an approximate baseline without prior approval from HHSC may result in an NMI for the achievement milestones.

For all Category C reporting, the following scenarios can also result in an NMI:

- Incomplete or missing template
- Lack of certification
- Reporting a measurement period that does not align with the approved measurement period
- Reporting performance against a baseline or PY marked as "CN*" (correction needed) without submitting a correction for prior reporting.
- Significant specifications issues — for example, a provider reports the observed readmissions rate rather than the ratio of observed to expect for a readmissions measure, or provider reports an observed infection rate for a hospital safety measure that requires a standardized infection ratio (SIR). An NMI for significant specification issues is typically reserved for cases where the reported rate is a clear deviation from the specifications and the achievement rate cannot be determined.

HHSC encourages providers needing to correct Category C baselines to submit corrections through the Interim Correction template if possible. Interim Correction templates are currently posted to the online reporting system bulletin board and are **due to HHSC by February 22nd**. HHSC will have an interim correction period in July/August 2019 prior to DY8R2 October reporting for providers that need additional time beyond April to resolve baseline data issues.