

Anchor Update 3/2/18

Good Morning Region 10 Providers,

I have few updates for you this week. HHSC will be updating the Category B and C FAQs this week with any new or additional information from the call and this email.

Follow-up on Questions from 2/27 Anchor Call:

- Question: Can a CMHC measure be deleted and not replaced if the provider selected more than one of M1-165, M1-181 and/or M1-268, since the value of that measure to the provider is zero?

Answer: If the CMHC selected more than one of those measures and wants to drop one, they will have to replace the measure with a measure of any point value, as long as one of the measures M1-165, M1-181 and/or M1-268 is kept.

If selected all 3 measures and:

- Remove 1 measure, then replace with at least 1 measure of any point value
- Remove 2 measures, then replace with at least 1 measure of any point value
- Remove 3 measures, then replace with at least 4 points worth of measures

If selected 2 measures and:

- Remove 1 measure, then replace with at least 1 measure of any point value
- Remove 2 measures, then replace with at least 4 points worth of measures

- Question: Can providers align Category C LIU payer type with their PPP LIU definition?
Answer: No, if an individual has insurance at the end of the measurement period, they may not be counted as uninsured for Category C LIU payer type purposes even if they were uninsured earlier in the measurement period. An individual should be uninsured at the end of the measurement period to qualify as uninsured for Category C.
- Question: Is HHSC requiring the encounters for the attributed population inclusion occur on separate days or just allowing for that possibility? The most recent Cat C FAQ says encounters "may" be on separate days, but during the last webinar, HHSC said the encounters "should" be on different days. This makes a difference for our attributed population and clarification is requested.
Answer: We agree that our guidance has been confusing. The encounters may occur on the same day but should be separate encounters. The provider may also count encounters that occur on separate days. It can be up to the provider to determine if they want to count separate encounters (for different services) on the same day or only encounters on different days.

- HHSC has received a lot of questions about J1-220 Surgical site infections (SSI) rates. HHSC reviewed the Patient Safety Component manual that was published on January 2018. The staff believes that many of the questions that have been asked about this measure will be answered if HHSC uses that manual for measure specifications instead of measure specifications for NQF 0299. We are reaching to Clinical Champions to request their opinion on the use of the Patient Safety Component manual for purposes of measure specifications. Some providers recommended to use NQF 0753 instead of NQF 0299, however, it does not seem to be fully comparable since it is applied to two operative procedures only. HHSC will provide further communication once they receive feedback from the Clinical Champions.
- Overall, HHSC wants to emphasize that providers should ensure that the measures they are selecting in the RHP Plan Update submission are their final choices. Changes after plan submission and before final approval should only be made based on HHSC feedback (e.g., delayed baseline is not approved, use of an all-payer denominator for achievement is denied, or provider's Category C valuation distribution justification is not accepted).

Category B

- Anchors requested clarification about which outpatient clinics are considered required and which ones are optional. HHSC created a draft list of possible required and optional clinics, however, this list is not all inclusive. Providers would need to use their judgement if some areas are not reflected on this list or consult HHSC. HHSC would like to include a list of required and optional clinics in the updated version of FAQ, which will be made available on March 6th.

<i>Required Clinics, owned or operated by the provider have to be included if the provider has these clinics:</i>	<i>Optional - provider may choose to include those but not required</i>
Primary care clinics; Specialty care clinics; Outpatient cancer centers; Surgery centers; Dental; Outpatient therapy centers (physician or occupational therapy, speech) Other rehab centers, such as drug or alcohol rehabilitation centers;	Contracted primary or specialty care clinics; School-based clinics; Imaging and diagnostic centers (e.g. X-ray and ultrasound; labs and MRI); Dialysis centers; Diagnostic centers, such as labs and MRI scans; Labs; Wound care centers;

Cardiac catheterization centers;	Pain management centers;
Gastrointestinal centers (may provide screening or other services such as colonoscopy and endoscopy);	Cosmetic centers;
Chemotherapy and radiation therapy centers	Sleep Centers;
	Durable medical equipment rental facilities.

- HHSC is updating the Category B FAQ with previous responses that were shared with the anchors. HHSC will also issue additional guidance in the Category B FAQ related to owned and operated facilities.

Health Information Exchange (HIE)

- The Office of eHealth Coordination (OeHC) at HHSC coordinates with federal and state partners, including the Texas Health Services Authority (THSA), on the development of statewide end-to-end connectivity opportunities. At this time, HHSC does not have any funds specifically for healthcare providers to connect with local HIEs; however, incentive funds received through DSRIP could be used to support HIE connectivity.
- The interim director of OeHC at HHSC is Hope Morgan. She is available to meet with RHPs for discussions about HIE connectivity and what that potentially could mean for the healthcare providers in your RHP. If you would like more information about this or would like Ms. Morgan to attend one of your regional meetings, please feel free to contact her at hope.morgan@hhsc.state.tx.us.