

Anchor Update 4/20/18

Good Morning Region 10 Providers,

Below are a few updates from HHSC for this week.

RHP Plan Update:

- The first RHP Plan Update was submitted by RHP 9 on April 19! Congrats to RHP 9!
- And thanks to all for the tremendous work in finalizing the plans!

QPI Reporting:

- HHSC has posted an updated April DY7 QPI reporting template on the Bulletin Board. This version of the QPI reporting template corrects a formatting issue some providers were experiencing where the MLIU checkboxes would not appear in the appropriate cells. Providers who did not experience this problem with the first version of the QPI reporting template do not need to redo the template.

Category B:

- The Cat B FAQ has been updated with one new item. It was posted on the bulletin board on Friday.

Category C Early Baseline Reporting Timeline:

- As mentioned during the initial RHP Plan Update Webinar, HHSC will be accepting early baseline reporting for Category C measures so that providers can report baselines and HHSC can identify any need for technical assistance as soon as possible after RHP Plan Updates are approved. Providers are strongly encouraged to report during the early baseline reporting period if possible.
- Measures with a reported baseline during the early baseline reporting period will be approved for payment of baseline reporting milestones during the DY7 R2 reporting period.
- Providers do not have to report baselines for all measures at the same time and can report baseline for only some measures during the early baseline reporting period.

Tentative Early Baseline Reporting Timeline:

- Monday, July 2nd: Cat C Baseline Template published by HHSC
- Week of July 10th: Cat C Baseline Reporting Webinar
- Friday, August 3rd: Cat C Baseline Reporting Templates due to HHSC (submission method still TBD)
- Monday, August 6th: Cat C Baseline Reporting Template submitted to Deloitte
- Friday, August 31st: Notice of Technical Assistance Needed sent to Providers

Baseline Planning Order of Preference:

HHSC has received a number of questions related to baseline planning. As a reminder HHSC included the following order of preference for baseline resolution in the RHP Plan Update Template Companion and the RHP Plan Update Webinar. In cases where a provider does not have 12 months of data available electronically, please review the following options. Providers should report baselines using one of the following scenarios organized in order of HHSC preference:

1. Twelve months of data ending 12/31/17 using electronic or administrative data or sampling.
2. Six months of data ending 12/31/17 using electronic or administrative data or sampling.
3. Baseline numerator of zero (if measure is eligible).
4. Twelve months of approximate data ending 12/31/17.
 - a. Approximate baselines are:
 - i. Subset of system (data from the DSRIP Performing Provider's system that may not include all elements of the system for baseline).
 - ii. Clinically similar modifications to required elements of numerator and denominator specifications for baseline only (e.g. foot exam, suicide assessment).
 - b. Providers requesting to use an approximate baseline should email HHSC a detailed description of the approximate element, its utilization, and how it is approximate to the required measure specification element. HHSC is developing additional guidance on details to submit with a request.
 - c. HHSC will maintain a record of approvable approximate baseline resolutions in the Category C FAQ, but providers should still seek specific approval from HHSC.
5. Six months of approximate data ending by 12/31/17.
6. Delayed baseline ending by 09/30/2018.

Category C Specifications:

- HHSC has posted an update to the Category C Measure Specifications to the online reporting system bulletin board, including updates to the introduction (Part 1). Updates to introduction include details on value sets for preventive visits and ambulatory encounters, and additional details on exclusions. Most of the significant corrections were included in the last Anchor call notes (April 6th). All corrections can be viewed on the "change log" tab of the excel version of the measure specifications.
- HHSC has posted an update to the Category C Measure Specifications FAQ. This includes some key questions surrounding attribution and providers are encouraged to review.

MSCL Compliance Monitoring:

- MSLC should be finishing up the majority of their Category 3 Performance Round 3 reviews by May. HHSC will be contacting providers who have not complied with MSLC requests for documentation by the end of next week. Providers who do not complete MSLC audits may have their achievement amounts for baseline and performance years recouped.
- MSLC should be finishing up the majority of their Category 1 and 2 reviews by May. HHSC already received preliminary results for some projects. HHSC will be following up with the providers on metrics for which the reviews are completed, from Round 4 (current Round) or Round 3, if there were any outstanding issues. HHSC will only be contacting providers if MSLC concluded that the goal for the metric was not met or was not validated.
- As a reminder, DSRIP staff recommends that providers follow the same data retention policies as they do for their Medicaid services. The Texas Medicaid Provider Procedures Manual requires all Medicaid providers to retain related documents and claims for a "minimum period of five years from the date of service or until all audit questions, appeal hearings, investigations, or court cases are resolved." However, freestanding RHCs must retain their records for a minimum of six years, and hospital-based RHCs must retain their records for a minimum of ten years.