

Anchor Update Email
July 11, 2016

Good Morning Region 10 Providers,

I have some very important updates for you below. Please be sure to read through these updates, especially the Category 3 section.

DY6

- HHSC does not plan to make either of the two DY6A non-QPI milestones eligible for reporting in April 2017. However, if a project has an MLIU QPI milestone that is P4R for DY6A, the provider may report the project's MLIU QPI achievement for the first half of DY6A during the first reporting period for DY6A (April 2017), regardless of whether the provider has achieved the project's MLIU QPI goal for DY6A. Upon HHSC review and approval of the MLIU QPI milestone, the provider would receive payment for the milestone. Note that the provider will also need to report the project's MLIU QPI achievement for all of DY6A during the second reporting period for DY6A (October 2017) as part of semi-annual reporting (SAR).
- The attached draft questions for core component reporting milestone reporting were posted last week on the waiver website for provider feedback. Please submit any questions or feedback regarding these draft questions to TXHealthcareTransformation@hhsc.state.tx.us by July 22, 2016, and include the subject line: "Core Component Milestone Reporting Question Feedback."
- HHSC posted an updated DSRIP Participation Template last week, which corrects an issue with calculating IGT for Category 3 outcomes on the DY6 IGT Information tab. If you have already completed the previous template, the updated template does not need to be used because the change does not impact provider entries. Please note that the DSRIP Participation Template is due to the RHP Mailbox (RHP_Region_10@jpshealth.org) on **July 19th at 5PM.**
- Just a reminder that the approved PFM has been posted on the waiver website: <http://www.hhsc.state.tx.us/1115-docs/062316/AttachmentJ-PFM06232016.pdf>.

Category 3

The following documents related to Category 3 are now available:

- Category Operational Details for DY6 (Attached):
 - This document is an outline of operational details for Category 3 in DY6, intended to provide additional clarification on Category 3 operations prior to finalizing the second rule packet and RHP Planning Protocol for the Transition Year. It contains a general update on Category 3 in DY6, and additional explanation of allowable measurement periods, goal calculation and partial payment.

- Updated Category 3 Summary Workbook and Goal Calculator (<http://www.hhsc.state.tx.us/1115-Waiver-Guideline.shtml> *Category 3 section, middle of the page*):
 - The Category 3 Summary Workbook and Goal Calculator allows providers to review outcome selection details and reporting history at an individual outcome level, as well as calculate achievement and goals if corrections are anticipated. The Category 3 Summary Workbook has received the following updates from the prior version:
 - The "Category 3 Summary" tab has been updated to include April DY5 reporting, MSLC baseline reviews reported to HHSC as complete by 05/31/16, and DY6 goals for most outcomes. DY6 goals for IOS - Survey outcomes using Scenario 2 or Scenario 3 will show as "TBD" pending a final goal setting methodology. Interim correction eligibility, and anticipated October reporting eligibility are also included.
 - The "Goal Calculator" tab now includes DY6 goals and achievement calculations, following the methodology approved in the Transition Year section of the Program Funding and Mechanics (PFM) Protocol.
 - The "Goal Calculator" tab can now be used for both primary category 3 outcomes and Population Focused Priority Measure (PFPM) outcomes. In cases where a provider has a PFPM selected, the goal calculator tab will be applicable to the PFPM outcome only.
 - Providers should review the content of the Category 3 Summary Workbook for accuracy and contact HHSC if there are any errors identified in reporting history, measure selection, measurement periods, milestone structure, approved subsets, and goal calculations. If previously submitted baseline or performance rates are incorrect due to errors in data abstraction or measure specification understanding, providers can submit a correction through the interim correction period if eligible, the October DY5 reporting template if eligible, or through MSLC if applicable.

- DY5 R2 Category 3 Interim Correction Template (<http://www.hhsc.state.tx.us/1115-Waiver-Guideline.shtml> *Category 3 section, middle of the page*):
 - The Category 3 Interim Correction Template is for eligible outcomes that need to submit a correction prior to reporting.
 - As a reminder, the following outcomes are eligible to submit a correction during the interim correction period.
 - P4P outcomes that have previously reported performance and are not under performance review by MSLC. Please note that outcomes with a baseline previously corrected by MSLC may be eligible to submit an interim correction for performance reporting only.
 - Outcomes approved for a custom goal calculation or milestone structure (maintenance, P4P change to P4R due to small volume, HHSC approved alternate achievement request)
 - Providers should complete one template for each eligible outcome needing a correction.
 - Interim correction templates should be submitted to the HHSC waiver mailbox by **Friday, July 29th.**

- The updated Category 3 RHP Summary will be available this week.