

Phase 3 – DY 2 Reporting Preparation

Phase 3 includes changes to DY 2 milestones and metrics required to make DY 2 payments.

Eligibility for August DY 2 DSRIP Reporting

The following are eligible to begin DSRIP metrics reporting in August 2013:

- Category 1 and 2 projects that were included in the *CMS Initial Review Findings* document under:
 - “Table 3 – Initially approved projects”
 - “Table 4 – Initially approved projects with priority technical corrections”
 - “Table 5 – Projects initially approved, with an adjustment to project value” that the provider is not revising but instead is accepting the value indicated in the Phase 1 cover sheet as “Project value accepted, if revisions are not made”. HHSC must be notified of the provider’s acceptance of the alternate project value no later than **June 7, 2013**, to begin reporting in August.
 - Non-hospital providers who changed patient satisfaction outcomes to TBD to keep their proposed value (per 5C of the companion document) and notified HHSC by June 7, 2013, may also begin reporting in August. However, the related Category 3 TBD improvement target is not eligible for August reporting.
- Category 3 improvement targets that were initially approved in the *CMS Initial Review Findings* document that have related Category 1 or 2 projects listed in Table 3, Table 4, or Table 5. This excludes related Category 3 improvement targets with \$0 value.
- Category 4 status report on capability to report domains 1, 2, 4 and 5 using HHSC’s *Category 4 Status of Capability to Report Template*, which is under development.

Process/Timeline

- Beginning in May – HHSC will notify Anchors and Performing Providers of any identified DY 2 TBD or non-quantifiable milestone/metric goals.
 - Note: HHSC renumbered any P-X or I-X milestones and metrics included in the RHP Plan, starting with P-101 or I-101.
- **Within 14 days** – Performing Providers will use the *Provider Correction Template* to update DY 2 TBD or non-quantifiable milestone/metric goals as identified in the column “HHSC Comments”. Providers may also update data entry errors. Performing Providers must submit the *Provider Correction Template* to the Anchor to compile and send in one submission packet to HHSC (TXHealthcareTransformation@hhsc.state.tx.us) by the due date.
 - Note: Please update any milestone/metric goals that are TBD or non-quantifiable that HHSC may have missed or metrics with missing data sources. August DY 2 DSRIP payments may be impacted if any TBD or non-quantifiable goals were not identified and revised.
 - The main items that need to be updated regarding goals and data sources can be found in the columns in the Category 1 and 2 tabs referring to “Metric #X Baseline/Goal (DY2)”, “Metric #X Type”, “Numeric Goal”, “Metric #X Data Source (DY2)” and “Data Source Provider Manual Desc (if needed)”.
 - Under Category 3, the columns to focus on for changes include “Target (DY2)”, “Target Type”, “Numeric Goal”, “Process Milestone #X Data Source (DY2)”, “Process Milestone Data Source

Provider Manual Desc (if needed)", and if the provider is completing an improvement target in DY2, this may also include numerator and denominator. "Starting Point/Baseline" field may remain TBD.

- Any changes should be aligned with the elements described in the project narrative. During the mid-point assessment, HHSC will review projects for compliance with the narrative as well as the reported achievement on milestones and metrics. (For instance, if the narrative states the project will hire a physician in DY2, and the original metric was "hire staff," if the provider changes that metric to "hire one nurse," instead of the physician reflected in the narrative, this may require the project's value to be re-evaluated during the mid-point assessment.)
- Identified bugs in the Provider Correction Templates:
 - Please ignore the summary tabs if they are not working properly. These were provided for informational purposes only, as a summary of the Category 1-3 tabs; however, later regions did not receive the summary tabs due to the bugs identified. All changes should be made in the Category 1-4 tabs and IGT tabs.
 - Miscalculation of "IGT Needed for Milestone #X (DY2)" – for earlier regions that received their Provider Correction Templates, this column miscalculates the IGT needed and instead provides the federal share. Please refer to the IGT tab for a better estimate of IGT needed. Note: FMAP is 59.3 for DY2 and 58.69 for DY3. However, because DY2 payments are estimated to be paid in DY3 (November 2013 and January 2014), the DY3 FMAP of 58.69 will be used.
- Within 14 days – HHSC will review and approve updated metrics/goals. If a metric/goal is not approved, it may not be eligible for August DY 2 DSRIP reporting.
- Within 7 days – HHSC will provide Anchors and Performing Providers an updated *Provider Correction Template* with all eligible projects including DY 2 milestones/metrics for provider review.
- **Within 7 days** – Performing Providers will verify DY 2 milestones/metrics. Performing Providers must submit any changes to the *Provider Correction Template* to the Anchor to compile and send in one submission packet to HHSC (TXHealthcareTransformation@hhsc.state.tx.us) by the due date.
- July 31, 2013 – HHSC will post individual provider *DY 2 Reporting Templates* in each RHP folder on SharePoint. Log-in information and instructions for SharePoint, which will be the document repository for reporting, will be provided at a later date.
- **August 30, 2013** – Due date for providers' August DY 2 DSRIP reporting using the *DY 2 Reporting Templates* uploaded to SharePoint.
- **September 10, 2013** – Due date for IGT Entity to notify HHSC (TXHealthcareTransformation@hhsc.state.tx.us) of any issues with their affiliated providers' August DY 2 reported progress on metrics using the *IGT Entity Feedback* template.
- October 1, 2013 – HHSC and CMS will complete their review and approval of August DY 2 reports or request additional information regarding the data reported. If additional information is requested, the DY 2 DSRIP payment related to the milestone/metric will be delayed until the next DSRIP payment period.
- Mid to late October – IGT due for August DY 2 DSRIP payments.
- Mid November – August DY 2 DSRIP payments processed.

HHSC will provide a process/timeline for October DY 2 DSRIP reporting in July 2013.

Other DY 2 Updates

Contact changes: The representative(s) for each organization listed in Section I. of the RHP Plan is the person who is contacted regarding RHP issues including IGT requests and notification of payments. This contact information will also be used to create SharePoint accounts for DY 2 reporting. Please refer to the posted RHP Plan and Provider Detail tab in the Workbook Data for your RHP at <http://www.hhsc.state.tx.us/1115-RHP-Plans.shtml> to see what information HHSC currently has. If you have changes to the contacts listed in Section I. of the RHP Plan, please complete the *RHP Contact Change Form* available at <http://www.hhsc.state.tx.us/1115-docs/RHP/Plans/Contact-Change.pdf>.

IGT Entity changes: The IGT Entity(ies) for each project/improvement target is listed in the Workbook Data under the "IGT" tabs. To see what information HHSC currently has for each project, please check the posted Plan Data for your RHP at <http://www.hhsc.state.tx.us/1115-RHP-Plans.shtml>. If you have changes to the IGT Entity listed in the Plan Data, please complete the *IGT Entity Change Form* available at <http://www.hhsc.state.tx.us/1115-docs/RHP/Plans/IGT-Change.xlsx>. Complete one form for each IGT Entity. IGT Entity changes must be received no later than **August 31, 2013**, for August DY 2 DSRIP payment processing. Any changes received after August 31, 2013, will go into effect for the October DY 2 DSRIP reporting.

Any other updates made to RHP Plans will not be reviewed in Phase 3.

Revising Milestone/Metric Goals

In the *Provider Correction Template*, HHSC has identified DY 2 milestones/metrics with TBD or non-quantifiable goals. These goals must be revised to be eligible for DY 2 DSRIP payments. Please see below for examples of feedback and suggested changes.

"TBD" goal

If a goal is indicated as "TBD" in the Milestones and Metrics Table, then the goal must be updated to include a number, percent, or deliverable (e.g. completed strategic plan).

Example 1:

- Milestone 1 [P-1]: Conduct stakeholder meetings among consumers, family members, law enforcement, medical staff and social workers from EDs and psychiatric hospitals, EMS, and relevant community behavioral health services providers.
- Metric 1 [P-1.1]: Number of meetings and participants.
- Baseline/Goal: TBD
HHSC recommended update: Baseline: No stakeholder meetings; Goal: Four meetings will be held during DY 2 with an estimated 30 attendees at each meeting.
- Data Source: Attendance lists and meeting agendas

Example 2:

- Milestone 3 [P-9]: Develop program to identify and manage chronic care patients needing further clinical intervention.
- Metric 1 [P-9.1]: Increase number of inpatients with CHF identified as needing other clinical services or intervention once discharged

- Baseline/Goal: TBD longitudinal Year 2
HHSC recommended update: Baseline: 25 percent of CHF inpatients (50 patients) are identified as needing other clinical services at discharge. Goal: 40 percent of CHF inpatients (80 patients) are identified as needing other services or interventions at discharge.
- Data Source: EHR, internal patient database

Example 3:

- Milestone 1 [P-3]: Develop and implement a set of standards to be used for integrated services to ensure effective information sharing, proper handling of referrals of behavioral health clients to physical health providers and vice versa.
- Metric 1 [P-3.1]: Number and types of referrals that are made between providers at the location.
- Baseline/Goal: [missing]
HHSC recommended update: Baseline: 20% of clients (100) receiving behavioral health services are referred to a primary care provider/services. Goal: Increase the number of referrals by behavioral health providers to primary care providers/services by 50 percent (150).
- Data Source: Surveys of providers to determine the degree and quality of information sharing. Review of referral data and survey results. EMR and referral records.

Goals not quantified

If a goal is quantifiable (e.g. number of hired staff, number of expanded hours, percent of patients), then the goal must be updated to include a number or percent. Note: an improvement milestone cannot be used to determine baseline. A process milestone from the menu must be selected. If a process milestone to establish the baseline is unavailable, the provider may use P-X. See Example 7.

Example 4:

- Milestone 2 [P-5]: BH case managers are identified and trained for blended care coordination for “at risk” patients with co-occurring mental/physical health needs.
- Metric 1 [P-5.1]: Number of staff identified with the capacity to support the target population will be determined after number of “at risk” patients in mental health program is known.
- Baseline: No BH case managers identified or trained
- Goal: Appropriate numbers of BH case managers are identified, hired and trained to meet the patient needs
HHSC recommended update: Baseline: No BH case managers trained for blended care coordination. Goal: Identify and train 1 BH case manager per 75 “at risk” patients (estimated need of 5 BH case managers).
- Data Source: Staff rosters and documentation of caseloads/training rosters.

Example 5:

- Milestone 3 [P-4]: Hire and train staff to operate and manage projects selected.
- Metric 1 [P-4.1]: Number of staff secured and trained
- Baseline/Goal: Baseline – 0; Goal - hire and train staff
HHSC recommend update: Baseline: 0; Goal: Hire and train eight licensed professional counselors.
- Data Source: Project records; Training curricula developed in Milestone 1. Personnel records.

Example 6:

- Milestone 3 [P-5]: Establish extended hours.
- Metric 3 [P-5.1]: Increased number of hours over baseline
- Baseline/Goal: Establish hours of service for expanded services.

- **HHSC recommended update:** Baseline: Clinic open 40 hours/week Monday-Friday; Goal: Expand clinic hours by 15 hours per week (50 hours/week Monday-Friday and 5 hours/week Saturdays).
- Data Source: Number of patients served in extended hours. Documentation of extended hours.

Example 7: *In the case when the provider uses an Improvement Milestone for the purposes of establishing a baseline only, the provider must use a process milestone P-X if one does not exist in the project area*

- Milestone 2[I-23]: Increase specialty care clinic volume of visits and evidence of improved access for patients seeking services.
- Metric 1 [I-23.1]: Documentation of increased number of visits. Demonstrate improvement over prior reporting period.
- Baseline/Goal to establish a baseline in DY2.
- **HHSC recommended update:** Milestone 2 [P-X]: Establish baseline for specialty care clinic volume of visits.
Metric 1 [P-X.1]: Documentation of number of visits.
Baseline: Number of visits is unavailable; Goal: Establish baseline for number of specialty care clinic visits.
- Data Source: EHR

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