

Texas Healthcare Transformation Waiver and Quality Improvement Program 1115 Waiver

Plan Modification Requests

Purpose

Complete the form below to describe your Category 1 or 2 plan modification request. A provider may request a plan modification for significant variances from the approved project (e.g. changes in the estimated patient impact/target population impact, deletion or replacement of the approved metrics, inability to achieve project goals). If a plan modification request is made that lessens the scope or patient impact of the project, HHSC and/or CMS may revisit the project valuation.

Please review the Phase 4 Companion Document for more information on what constitutes a plan modification and how the plan modification process works. Note that Category 3 changes should not be included in the plan modification request submitted in December 2013, since requests for changes to Category 3 measures will be collected outside of Phase 4, (targeted for early 2014), after the revisions to the Category 3 portion of the RHP Planning Protocol are finalized.

For any plan modifications, attach a revised narrative and enter any changes to milestones and metrics in the Phase 4 Excel template.

Submit the completed form along with Phase 4 changes to your Anchor. Your Anchor will notify you of the due date. The Anchor will then compile and send all Phase 4 changes and plan modification requests in one submission packet to HHSC no later than December 6, 2013.

Performing Provider Information

RHP Number:

Performing Provider Name:

Requestor's Name:

Requestor's Phone Number:

Requestor's Email:

Plan Modification Request

Project ID Number:

Project Option:

Project Title:

Indicate how many plan modification changes you are requesting (each change, narrative or a metric even if it impacts more than one demonstration year, constitutes one change: e.g. narrative only- 1 request, each metric [even if impacts several demonstration years]- 1 request, etc.)

Modification 1:

1. Indicate plan modification type that you are requesting.
2. Indicate for each change which demonstration years are impacted by the request.
3. Provide a narrative description of each change you are requesting for this project and rationale for the change.
4. Describe if any milestones/metrics are impacted by the change, specify the years for each changed metric, what the change is, and why the change is being requested. (e.g. I-13.1 in DY4 only, change metric from I-13.1 to I-14.1 because I-14.1 is a better fit for measuring impact for all patients versus I-13.1 which is focused on new patients). Enter the requested changes to milestones/metrics in the Phase 4 Excel file.
5. Does the change impact the extent to which the project is carrying out all required core components, including CQI as applicable?

6. Does the change impact Quantifiable Patient Impact (QPI)?

7. Does the requested change impact the percent of Medicaid/low income uninsured served by the project?

8. Does the requested change impact the scope or level of services provided by the project?

Modification 2:

1. Indicate plan modification type that you are requesting.

2. Indicate for each change which demonstration years are impacted by the request.

3. Provide a narrative description of each change you are requesting for this project and rationale for the change.

4. Describe if any milestones/metrics are impacted by the change, specify the years for each changed metric, what the change is, and why the change is being requested. (e.g. I-13.1 in DY4 only, change metric from I-13.1 to I-14.1 because I-14.1 is a better fit for measuring impact for all patients versus I-13.1 which is focused on new patients). Enter the requested changes to milestones/metrics in the Phase 4 Excel file.

5. Does the change impact the extent to which the project is carrying out all required core components, including CQI as applicable?

6. Does the change impact Quantifiable Patient Impact (QPI)?

7. Does the requested change impact the percent of Medicaid/low income uninsured served by the project?

8. Does the requested change impact the scope or level of services provided by the project?

Modification 3:

1. Indicate plan modification type that you are requesting.

2. Indicate for each change which demonstration years are impacted by the request.

3. Provide a narrative description of each change you are requesting for this project and rationale for the change.

4. Describe if any milestones/metrics are impacted by the change, specify the years for each changed metric, what the change is, and why the change is being requested. (e.g. I-13.1 in DY4 only, change metric from I-13.1 to I-14.1 because I-14.1 is a better fit for measuring impact for all patients versus I-13.1 which is focused on new patients). Enter the requested changes to milestones/metrics in the Phase 4 Excel file.

5. Does the change impact the extent to which the project is carrying out all required core components, including CQI as applicable?

6. Does the change impact Quantifiable Patient Impact (QPI)?

7. Does the requested change impact the percent of Medicaid/low income uninsured served by the project?

8. Does the requested change impact the scope or level of services provided by the project?

Modification 4:

1. Indicate plan modification type that you are requesting.

2. Indicate for each change which demonstration years are impacted by the request.

8. Does the requested change impact the scope or level of services provided by the project?

Modification 5:

1. Indicate plan modification type that you are requesting.

2. Indicate for each change which demonstration years are impacted by the request.

3. Provide a narrative description of each change you are requesting for this project and rationale for the change.

4. Describe if any milestones/metrics are impacted by the change, specify the years for each changed metric, what the change is, and why the change is being requested. (e.g. I-13.1 in DY4 only, change metric from I-13.1 to I-14.1 because I-14.1 is a better fit for measuring impact for all patients versus I-13.1 which is focused on new patients). Enter the requested changes to milestones/metrics in the Phase 4 Excel file.

5. Does the change impact the extent to which the project is carrying out all required core components, including CQI as applicable?

6. Does the change impact Quantifiable Patient Impact (QPI)?

7. Does the requested change impact the percent of Medicaid/low income uninsured served by the project?

8. Does the requested change impact the scope or level of services provided by the project?

Modification 6:

1. Indicate plan modification type that you are requesting.
2. Indicate for each change which demonstration years are impacted by the request.
3. Provide a narrative description of each change you are requesting for this project and rationale for the change.
4. Describe if any milestones/metrics are impacted by the change, specify the years for each changed metric, what the change is, and why the change is being requested. (e.g. I-13.1 in DY4 only, change metric from I-13.1 to I-14.1 because I-14.1 is a better fit for measuring impact for all patients versus I-13.1 which is focused on new patients). Enter the requested changes to milestones/metrics in the Phase 4 Excel file.
5. Does the change impact the extent to which the project is carrying out all required core components, including CQI as applicable?

6. Does the change impact Quantifiable Patient Impact (QPI)?

7. Does the requested change impact the percent of Medicaid/low income uninsured served by the project?

8. Does the requested change impact the scope or level of services provided by the project?

Modification 7:

1. Indicate plan modification type that you are requesting.

2. Indicate for each change which demonstration years are impacted by the request.

7. Does the requested change impact the percent of Medicaid/low income uninsured served by the project?

8. Does the requested change impact the scope or level of services provided by the project?

Modification 8:

1. Indicate plan modification type that you are requesting.

2. Indicate for each change which demonstration years are impacted by the request.

8. Does the requested change impact the scope or level of services provided by the project?

Modification 9:

1. Indicate plan modification type that you are requesting.

2. Indicate for each change which demonstration years are impacted by the request.

3. Provide a narrative description of each change you are requesting for this project and rationale for the change.

4. Describe if any milestones/metrics are impacted by the change, specify the years for each changed metric, what the change is, and why the change is being requested. (e.g. I-13.1 in DY4 only, change metric from I-13.1 to I-14.1 because I-14.1 is a better fit for measuring impact for all patients versus I-13.1 which is focused on new patients). Enter the requested changes to milestones/metrics in the Phase 4 Excel file.

5. Does the change impact the extent to which the project is carrying out all required core components, including CQI as applicable?

6. Does the change impact Quantifiable Patient Impact (QPI)?

7. Does the requested change impact the percent of Medicaid/low income uninsured served by the project?

8. Does the requested change impact the scope or level of services provided by the project?

Modification 10:

1. Indicate plan modification type that you are requesting.

2. Indicate for each change which demonstration years are impacted by the request.

3. Provide a narrative description of each change you are requesting for this project and rationale for the change.

4. Describe if any milestones/metrics are impacted by the change, specify the years for each changed metric, what the change is, and why the change is being requested. (e.g. I-13.1 in DY4 only, change metric from I-13.1 to I-14.1 because I-14.1 is a better fit for measuring impact for all patients versus I-13.1 which is focused on new patients). Enter the requested changes to milestones/metrics in the Phase 4 Excel file.

5. Does the change impact the extent to which the project is carrying out all required core components, including CQI as applicable?

6. Does the change impact Quantifiable Patient Impact (QPI)?

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