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# Plan Modification and Technical Change Request Webinar

Lisa Kirsch and Kim Tucker
Transformation Waiver Operations

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# Overview

- HHSC is currently accepting requests from DSRIP providers to make changes to their DSRIP projects for **demonstration year (DY) 4 and/ or DY5 only**.
- There are two types of change requests that providers can submit: **plan modification** requests and **technical change** requests.
- This will be the last opportunity for providers to initiate plan modification requests and technical change requests to 4-year projects for DYs 4-5 and 3-year projects for DY4 for most issues.
    - There will be some additional plan modifications initiated by HHSC/the compliance monitor during the midpoint assessment review.

# Overview, 2

- A **plan modification** is a:
  - Change to the type/scope of services provided;
  - Change to the quantifiable patient impact (QPI) (either the number of patients served or the number of encounters provided);
  - Change to a milestone/metric;
  - Change to the percentage of the population targeted by the project that are Medicaid/ low-income uninsured;
  - Change to a core component;
  - Change to the number/type of staff to be hired; or
  - Change that may cause a project to vary from the selected project option (e.g., if the project is required to use an evidence-based model and the provider is changing the model being used).

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# Overview, 3

- A **technical change** is a change that does not meet the criteria for a plan modification (e.g., a minor change that does not impact the type/scope of services provided).
- Providers are not required to submit technical change requests unless:
  - The project narrative is missing the project summary; and/or
  - The project narrative still contains the milestones/metrics table.
- Otherwise, providers are not required to submit technical change requests, but may submit them if they so choose.
  - Providers are strongly discouraged from submitting technical change requests just to correct minor grammatical/spelling errors and/or formatting issues in their narratives.

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# Timeline

**July 9, 2014** – HHSC posts change request information to the Transformation Waiver website.

**August 1, 2014** – Final date to submit questions regarding change requests to HHSC at TXHealthcareTransformation@hhsc.state.tx.us with SUBJECT: CHANGE REQUEST QUESTION – RHP# - PROJECT ID#.

**August 8, 2014, 5:00 pm** – Anchors submit completed Change Request Forms and revised project narratives, as appropriate, to HHSC. Performing providers must submit their completed Change Request Forms and revised project narratives, as appropriate, to the anchor prior to August 8 (by the date specified by the anchor) to compile and send in one submission packet to HHSC by the due date.

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# Timeline, 2

**September 12, 2014** – HHSC: 1) provides feedback to the anchors on change requests; 2) revises the project narratives as appropriate and sends them to the anchors; and 3) updates providers' milestone/metric workbooks to reflect plan modification requests and posts the updated workbooks to the Transformation Waiver website.

**September 26, 2014, 5:00 pm** – Anchors submit responses to HHSC feedback and revised narratives, as appropriate. Performing providers must submit responses to HHSC feedback and revised narratives, as appropriate, to the anchor prior to September 26 (by the date specified by the anchor) to compile and send in one submission packet to HHSC by the due date.

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# Process

- **Each performing provider that seeks to change one or more of their DSRIP projects in DY4 and/or DY5 must complete <u>one</u> Change Request Form.**
- The provider will enter their RHP number and TPI number into the "Provider Info. & Cat. 4" tab of the Change Request Form. This will generate a list of all the provider's DSRIP projects.
- For each project, the provider will indicate if they are requesting one or more plan modifications and/or technical changes to the project. A tab will be created for each project for which they indicate they are requesting a plan modification and/or technical change.
- In each project tab, the provider will enter the number of plan modifications and/or technical changes they are requesting for the project. This will generate the appropriate number of change requests for the project within the project tab (i.e., Change Request #1, Change Request #2, etc.).

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# Process, 2

- If the plan modification or technical change request impacts the project narrative, the provider will revise the project narrative to reflect the change.
- The provider will send the completed Change Request Form and the revised project narrative(s), as appropriate, to the anchor.
- The anchor will compile the forms and revised narratives for all providers in the RHP and submit them to HHSC by **Friday, August 8, 2014 at 5:00 pm**.

# Resources for Change Requests

**Please review/utilize the following documents in developing your change requests. All are located at: http://www.hhsc.state.tx.us/1115-Waiver-Guideline.shtml.**

- **Change Request Form –** The file that providers seeking to change one or more of their DSRIP projects for DY4 and/or DY5 must complete.
- **Change Request Companion Document**
- **Most Recent Project Narratives** – The most recent Category 1 and 2 project narratives for 4-year and 3-year projects. HHSC has set up the narrative files to track changes made by the provider.
- **Master Summary Workbooks/Most Recent Milestones and Metrics for 4-year Projects –** The Master Summaries (one per region) include the most recent milestones and metrics for 4-year projects. They also include the most recent Category 4 and IGT information.
- **All Regions 3-Year Projects Workbook** – The All Regions 3-Year Projects workbook includes the most recent milestones and metrics for 3-year projects. It also includes the most recent Category 4 and IGT information.
- **Category 1 and 2 Menus (Skinny menu)** – These menus are the 3-year project menus. They include the milestones/metrics that may be added through Plan Modifications.

# Resources for Change Requests, 2

- **QPI Summary –** The QPI Summary provides the most recent QPI metrics as included in the Master Summaries. It also includes the Medicaid/Low-income Uninsured percentages as submitted in Phase 2 – QPI (Summer 2013) or updated through Phase 4/Plan Modifications or DY4-5 valuation review (Winter 2013).
    - *Separate from, but concurrent with the change request process, HHSC will ask all DSRIP providers to verify by the end of July that their QPI and Medicaid/Low-income Uninsured percentages are accurate; and if the Medicaid/Low-income Uninsured percentage was submitted as a single percentage (vs. two separate estimates), HHSC will request the provider to break out this percentage between the two. This information is needed to respond to legislative inquiries about the estimated impact of DSRIP on the low-income uninsured population in Texas.*
- **Category 3 Results –** The Category 3 results are estimated to be posted July 15, 2014 and can be used to update the Category 1 or 2 project narrative with the selected Category 3 outcome measure(s).
- **IGT Entity Change Form** – The IGT Entity Change Form may be used if you have changes in IGT Entity or proportion of IGT funding and can be found at: http://www.hhsc.state.tx.us/1115-docs/DY3-Templates/April2014/IGT-Entity-Change-Form.xlsx. This form may be submitted to the waiver mailbox at TXHealthcareTransformation@hhsc.state.tx.us. IGT Entity changes do not need to be submitted through the Change Request process.

# General Guidance

- Performing providers may not submit change requests for DY2 or DY3.
- Performing providers may not submit a change request to increase a project's valuation.
  - If a performing provider determines that they are not able to carry out a project based on the approved valuation, they may submit a change request to narrow the scope of the project, which HHSC will review in light of the approved valuation.
- **Performing providers may not rescind a submitted change request.**
  - For example, if a change request is submitted and HHSC/CMS determine that based on that change request the project's valuation must be reduced, the provider cannot decide not to do the change request. The provider's decision will be whether to move forward with the project at the reduced value or whether to withdraw the project.

# General Guidance, 2

- A single change request that impacts both DY4 and DY5 is considered one change request.
- If a provider submits a change request to reduce the quantifiable patient impact (QPI) or Medicaid/low-income uninsured percentage, the project's valuation may be reduced.
- Other changes that significantly reduce the scope of a project must be reviewed both by HHSC and the DSRIP compliance monitor and may result in a valuation reduction.

# General Guidance, 3

## Narrative Changes

- If the plan modification or technical change request impacts the project narrative, the provider needs to revise the most recent version of the project narrative to reflect the change.
- A request to make minor, clean-up changes to the narrative is considered one technical change request.

## Milestone/ Metric Changes

- Any change to a milestone/metric requires a plan modification.
  - Options for changing milestones/metrics include adding a milestone/metric, deleting a milestone/metric or revising a milestone/metric.
- A separate plan modification request must be submitted for each milestone/metric that is added, deleted or revised.
  - However, if the same milestone/metric is added, deleted, or revised for both DYs 4 and 5, only one plan modification request must be submitted.

# General Guidance, 4

## Milestone/ Metric Changes (cont.)

- If a provider would like to replace a milestone/metric with a different milestone/metric, they must submit two separate plan modification requests: one to delete the current milestone/metric and one to add the new milestone/metric.
- A performing provider is not eligible for payment for a metric unless all of the metric goals are achieved. For this reason, **HHSC encourages providers that have metrics with two or more goals to consider submitting plan modification requests to separate them out into separate metrics**, especially if the provider thinks it may achieve them at different times. This would be done for a two-goal metric as follows:
  - Plan Modification #1 – Revise the current metric to delete one of the goals.
  - Plan Modification #2 – Add a milestone/metric with the goal that was deleted from the current metric.

# General Guidance, 5

## Milestone/Metric Changes (cont.)

- If a provider submits a plan modification request to delete a milestone/metric, the provider is strongly encouraged to submit a separate plan modification request to add a comparable milestone/metric in its place.
    - EXCEPTION: If the request is to delete the QPI milestone/metric in DY5 (or for a 3-year project, to delete a QPI milestone/metric in DY4 or DY5), the provider is required to submit a separate plan modification request to add a QPI milestone/metric in the applicable DY.

# General Guidance, 6

## Milestone/Metric Changes (cont.)

- A general goal of DSRIP is to show increased capacity and enhanced services compared to what existed prior to the project, and as the waiver progresses. As such, each metric has a baseline and goal in which the provider states what the baseline is for a metric, and what the DSRIP goal will be.
    - For example, if a clinic already has two doctors and is hiring one more doctor, the baseline would be two and the goal would be one additional doctor for a total of three doctors.
    - For QPI metrics, the baseline would be the volume of individuals served/visits provided prior to the project, and the goal would be how many more individuals will be served/visits provided in a given year due to the project.

# General Guidance, 7

## Milestone/Metric Changes (cont.)

- HHSC encourages DSRIP providers to review each project's narrative and milestones/metrics to ensure that the project's baselines and goals are as clear as possible and that there is consistency between the narrative and the milestones/metrics.
- When project achievement is reported, the review prior to payment is based on the project-specific metric language, but also relies on the content of the project narrative. The DSRIP mid-point assessment and ongoing compliance monitoring also will utilize the full project (narrative and milestones/metrics).
- A provider may request to modify the baseline and/or goal for a metric through a plan modification and should always provide a clear explanation of why the change is being requested.

# Quantifiable Patient Impact (QPI) Metric Overview

- 4-year projects are required to have a QPI metric for DY5.
- 3-year projects are required to have a QPI metric for both DY4 and DY5.
- QPI metrics should show how many additional individuals are served or how many additional encounters are provided each DY due to the project (compared to the pre-DSRIP baseline).
- Since QPI is a complex issue, HHSC is providing an overview of QPI in the Change Request Companion Document for providers to review in case they plan to submit change requests related to QPI metrics.

# QPI Metric Overview

- **Pre-DSRIP baseline information for QPI metrics** typically would reflect the year prior to the year the project starts to measure the impact of the project in serving additional individuals or providing additional encounters (e.g., depending on when a DSRIP project started serving new patients or additional patients, the pre-DSRIP baseline year might be DY2 or DY1).
  - For brand new projects, the pre-DSRIP baseline was zero individuals or encounters.
  - For projects that expand an existing program or services, there is a pre-DSRIP baseline greater than zero that the project seeks to build on. While the provider must show that it is serving additional individuals or providing more encounters than the pre-DSRIP baseline, the pre-DSRIP baseline number is not counted as part of the QPI attributable to the project since it existed prior to the project.

# QPI Metric Overview, 2

- **Goal information for QPI metrics** should be the annual (DY) goal for the increased number of individuals served or encounters provided in that year compared to the pre-DSRIP baseline year.
  - In the case of QPI metrics that measure individuals, the individuals should be unduplicated during a year, but do not need to be unduplicated year to year, e.g., if a care management program successfully retains the same individual as an enrollee in DY4 and DY5, that individual counts as one enrollee for the program in each year (so would count as two individuals for cumulative QPI purposes).

# QPI Metric Overview, 3

- For this round of plan modifications and future reporting instructions, it is important that providers understand the difference between the "pre-DSRIP baseline" (level of services prior to the project) and a baseline that a provider may establish as part of its DSRIP project.
  - If a provider is opening a new clinic or beginning a new program, then in the first year of the program the provider may have a metric to establish the first year's volume for the program that it refers to in a DY2 or DY3 metric as the project's baseline, and in many cases the provider's goals in subsequent DYs build on this number.
    - For example, a project may have a DY2 (non-QPI) metric to establish the first year's number of visits for a new primary care clinic (1000 visits), and then have QPI metrics in DY3-5 to increase that volume to 1200, 1400 and 1600 visits per year, respectively. In this case, since the 1000 visits in DY2 were due to the project, those 1000 visits are counted toward the project's QPI goals in DY3-5.

# QPI Metric Overview, 4

- Another source of confusion for some providers has been the fact that HHSC shows cumulative QPI goals in the project workbooks.
  - This cumulative number is needed to review for payment since QPI metrics may be carried forward into the subsequent DY for late achievement if they're not achieved by the end of the year designated in the plan.
- For change requests, providers will submit annual QPI goals. These numbers should reflect the additional individuals/encounters the project is aiming for during that DY, compared to the pre-DSRIP baseline.
  - HHSC staff will convert this number to a cumulative number in the workbook for reporting review so that the metric reflects both the annual QPI goal and the cumulative QPI goal (and HHSC has pre-populated the QPI metrics in the workbooks with the current cumulative QPI goals).

# QPI Metric Changes

- **HHSC strongly discourages** providers from submitting a change request to reduce the project's QPI metric goals.
  - HHSC recommends that instead of submitting a change request to reduce the project's QPI metric goals, providers submit a change request to add milestones/metrics to spread the risk, particularly milestones/metrics related to core components that demonstrate major activities of the project.
  - If a provider submits a change request to reduce the QPI goals, the project's valuation may be reduced.
    - **For certain projects that were flagged for valuation, if a performing provider submits a change request to reduce QPI metric goals, the project valuation will be reduced.** HHSC will send an email to those providers with projects flagged for valuation notifying them which projects were flagged.
    - Plan modification requests may not be rescinded, so if a project requests to reduce QPI goals and that leads to reduced valuation, the provider will have to decide whether to move forward with the project at the reduced valuation.

# QPI Metric Changes, 2

- For QPI metric change requests, providers must submit annual QPI goals. These numbers should reflect the additional individuals/encounters the project is aiming for during that DY compared to the pre-DSRIP baseline.
  - HHSC staff will convert this number to a cumulative number in the workbook for reporting review so that the metric reflects both the annual QPI goal and the cumulative QPI goal (and HHSC has pre-populated the QPI metrics in the workbooks with the current cumulative QPI goals).

# Category 3 Changes

- The Category 3 review process will continue on a separate track, i.e., requests to switch Category 3 outcome measures will be handled through the Category 3 review process rather than the change request process.
- Although the change request and Category 3 processes are separate, providers may submit a technical change request to revise the project narrative to reflect their planned changes to their Category 3 outcome measures. If this is the only change that needs to be made to a project narrative, the provider has the option of:
  - Submitting a technical change request to revise the project narrative to reflect the latest Category 3 outcome measure(s) based on the provider's submission and HHSC's review; or
  - Waiting to submit the revised narrative during the final RHP plan submission process (date TBD) to reflect the correct Category 3 outcome measure(s) for the project.

# Category 3 Changes, 2

- Also, HHSC may provide feedback to providers through the Category 3 process stating that the provider should submit a change request.
  - For example, if a Category 1 or 2 milestone/metric is duplicative of a Category 3 outcome measure, HHSC may ask the provider through the Category 3 process to submit a change request through the change request process to delete the duplicative milestone/metric.

# Category 4 Changes

- The only Category 4 change allowed through the change request process is to remove reporting on optional Reporting Domain 6 - Initial Core Set of Healthcare Quality Measures.
- During reporting, providers may use a 12-month measurement period of their choosing for RD 4-6. This may be calendar year, state or federal fiscal year, or facility fiscal year if preferred. Providers are not held to the measurement period indicated in the Category 4 narrative originally submitted with the RHP Plan. Providers will be required to choose the same sequential measurement period they chose for DY 3. For example, if a provider reported on Calendar Year 2012 in DY 3, they are required to report on Calendar Year 2013 in DY 4.

# Change Request Form Instructions

- **Each performing provider that seeks to change one or more of their DSRIP projects in DY4 and/or DY5 must complete one Change Request Form.**
- Enter your RHP number and TPI number into the "Provider Info. & Cat. 4" tab of the Change Request Form. This will generate a list of all your DSRIP projects.
- For each project, indicate if you are requesting one or more plan modifications and/or technical changes to the project.
- Click on the “Create Project Specific Tabs” button. A tab will be created for each project for which you indicate you are requesting a plan modification and/or technical change.
- Complete the yellow cells in each project tab as appropriate.

# Change Request Form Instructions, 2

- If the plan modification or technical change request impacts the project narrative, revise the project narrative to reflect the change.
  - Revise the most recent version of the project narrative posted on the HHSC Transformation Waiver website at http://www.hhsc.state.tx.us/1115-Waiver-Guideline.shtml. HHSC has set up the narrative files to track changes (instead of using highlights and strikethroughs to show project changes). You should not alter the Track Changes settings in Microsoft Word.
  - Save the project narrative as a Microsoft Word document (pdf files will not be accepted) and name the project narrative file as follows: "RHP#_ProjectID#."
- Send the completed Change Request Form and the revised project narrative(s), as appropriate, to the anchor. The anchor will notify you of the due date.
- The anchor will compile the forms and revised narratives for all providers in the RHP and submit them to HHSC by **Friday, August 8, 2014.**

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# Change Request Form Walk Through

# Waiver Communications

- Find updated materials and information at: http://www.hhsc.state.tx.us/1115-Waiver-Guideline.shtml
- Submit all questions to: TXHealthcareTransformation@hhsc.state.tx.us with SUBJECT: CHANGE REQUEST QUESTION – RHP# – PROJECT ID#.