## May 1, 2015

## 1:30 - 3:00 p.m. CST

**Call-in: 877-226-9790**

**Access Code: 3702236**

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| **1.** | **General Anchor Communication** |
|  | * Thank you for all of your continued work!
* We have added the DSRIP Statewide Events Calendar to the end of the Anchor Notes. We plan to update this calendar monthly and post to the waiver website, so please continue sending us information on your DSRIP learning events. Please let us know if any information currently in there is incorrect.
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| **2.** | **DSRIP Implementation**  |
|  | **DY 4 April Reporting** * The DSRIP Reporting System closed for providers yesterday, April 30.
* May 20, 2015, 5:00pm – Due date for IGT Entities to approve and comment on their affiliated providers’ April reported progress on metrics using the "IGT Info" tab for each project. The tab is not an opportunity to identify technical errors entered in the reporting system. Examples of issues to include are reported progress that was not actually achieved, changes in project scope that were not reported by the provider, and risks to the project that were not reported by the provider. If there are no issues, comments do not need to be submitted and HHSC will assume the IGT Entity has approved the reported information.
* June 10, 2015 – HHSC and CMS will complete their review and approval of April reports or request additional information (referred to as NMI) regarding the data reported. Note that HHSC completes multiple levels of review prior to determining that a milestone/metric requires additional information. If additional information is requested, the DSRIP payment related to the milestone/metric will not be included with July DSRIP payments.
* July 2, 2015, 11:59pm – Due date for providers to submit responses to HHSC requests for additional information (NMI requests) on April reported Category 1‐4 milestone/metric achievement and Semi‐Annual Reporting requirements. Please include "NMI" in the file name when uploading documentation in response to NMI requests.
* July 8, 2015 – IGT due for April reporting DSRIP payments.
* July 21, 2015 – April reporting DY4 DSRIP payments processed for transferring hospitals and top 14 IGT Entities.
* July 31, 2015 ‐ April reporting DY2 and DY3 DSRIP payments processed for all providers and DY4 DSRIP payments processed for remaining providers that were not paid on July 21, 2015. Note that there are separate transactions for each payment for each DY.
* August 7 2015 – HHSC and CMS will approve or deny the additional information submitted in response to HHSC comments on April reported milestone/metric achievement. Approved reports will be included for payment in the next DSRIP payment period, estimated for January 2016.

**Documenting DSRIP vs. Other Funded Initiatives*** For project activities that may resemble pre-DSRIP activities or that are otherwise separate from DSRIP, HHSC and CMS expect that providers clearly delineate DSRIP funded activities from non-DSRIP activities.  One way this can be documented is through reporting of DSRIP achievement, when individuals served must be clearly attributed to the DSRIP project.  The provider should have an auditable methodology for how the DSRIP numbers are determined and how the provider ensures that the DSRIP numbers do not include individuals served through non-DSRIP activities that were already in place prior to DSRIP or that are otherwise not related to DSRIP.

**Category 3** * HHSC staff is continuing to work with providers to resolve outstanding October DY3 baseline TA flags.
* Baselines reported in April DY4 will be reviewed in the same manner that baselines reported in October DY3 were reviewed, with baselines being either approved as reported or flagged for technical assistance. This baseline review process is distinct from the reporting review conducted in May to approve metric achievement. An approved PM-9 metric is **not** indicative of an approved baseline. Once HHSC staff has completed the more substantive baseline review, we will notify providers as to which baselines are approved and which will require additional TA.
* DY4 Performance reported in April will be reviewed during the standard reporting review. HHSC will notify providers about any questions or concerns related data collection through the NMI process.

**Change Request Process (Plan Modification Requests and Technical Change Requests)*** In June, HHSC will provide an opportunity for 3-year projects to submit change requests for DY5 only.  This 3-year project change request process will be similar to the Summer 2014 change request process.  Anchors/ providers will have about one month to submit change requests (sometime in July).  Additional information will be forthcoming.

**Anchor Administrative Costs*** Just a reminder that the next submission date for reporting administrative costs is May 15, 2015. This submission will also be the last opportunity to submit costs for DY2.
* HHSC emailed a revised Cost Template and Percent-of-Effort spreadsheet to Anchors and posted them on the waiver website.

**DSRIP Mid-Point Assessment*** Myers and Stauffer (MSLC) completed its review of the 3 year projects. There were significantly fewer technical corrections for 3 year projects, but there were some recommendations provided by Myers and Stauffer to strengthen metrics and projects. HHSC will complete its review of the recommendations and will follow up with providers and anchors regarding further actions.
* HHSC continues to work on changes to the metrics impacting DY5 and/or narratives for 4-year projects, and may be still contacting providers about these changes. HHSC plans to complete this work next week (through May 8).
* Based on mid-point assessment policies and DSRIP's goal to increase service capacity year over year, HHSC will be requesting that projects that met or exceeded their DY5 QPI goal with DY3 QPI achievement by September 30, 2014 increase their DY5 QPI goals. HHSC will contact impacted providers next week and cc: Anchors with the proposed updated DY5 QPI goals. A response will be requested by May 20, 2015, 5:00pm or providers may request an extension as needed.
	+ The exception is that the deadline for providers with 3-year projects must respond or request an extension by May 15, 2015, 5:00pm. These projects will not be allowed to maintain their current DY5 QPI goals but may propose an alternate QPI goal that is higher than their DY3 QPI achievement with explanation.
* If requesting a lower DY5 goal than what HHSC proposes, the provider will need to include with its explanation information on how much QPI has been achieved midway through DY4.
* HHSC received results of the mid-point assessment review from MSLC and we are coordinating with providers to finalize any changes needed from MSLC recommendations. HHSC will share the final report that will be submitted to CMS that is expected in May.
* Today is the due date to submit project withdrawals in the midpoint assessment window HHSC agreed upon with CMS. The language in the PFM states, "If a DSRIP project is terminated after the post mid-point assessment consideration period, then HHSC will recoup all DSRIP payments made after the mid-point assessment and return the associated federal share of the payments to CMS.” In other words, if a project withdraws after May 1, the agreed-upon post mid-point assessment date, any DSRIP payments made after that date will be recouped. This includes recoupment of funds that may have been earned based on metric achievement during April DY4 reporting if a project withdraws after May 1. If a provider reported during April but also withdrew by May 1, they will not be paid any more DSRIP funds, including for April DY3 carryforward and DY4 reporting.
* Based on the withdrawals submitted by today, HHSC will decrease the DY4 Monitoring IGT due for the affiliated IGT Entities.
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| **3.** | **Other Information for Anchors** |
|  | **Waiver Renewal Planning*** At the Executive Waiver Committee (EWC) on May 7th, HHSC will provide information on waiver renewal key DSRIP issues for discussion. The information will build on the Transition Plan submitted to CMS in March to include the following key areas:
	+ The majority of current active projects will be eligible to continue in the extension period for more time to demonstrate outcomes.
	+ Project requirements for extension period
	+ What to do with funds from the DSRIP pool not allocated to continuing projects
	+ Work to streamline the DSRIP program to lessen the administrative burden on providers while focusing on collecting the most important types of information.
	+ Further integrate efforts with Texas Medicaid managed care quality strategy and other value-based payment efforts.
* HHSC plans to have a draft of the Waiver Extension/Renewal for public review in June 2015 and plans for public meetings in July 2015. We also plan to schedule a webinar for those not able to attend the public meetings in person. We will communicate dates and locations as soon as available. (Tentatively, HHSC is looking at July 13-July 24, 2015 in the following locations: Dallas/Fort Worth metroplex, Tyler, Amarillo, El Paso, Austin, Houston, McAllen, and San Antonio.)
* The waiver renewal packet will be relatively high level, with programmatic details worked out through revisions to the protocols. HHSC plans to make changes to the two key DSRIP protocols. The protocols are not required to be submitted to CMS by September 2015, so HHSC will have more time to work with stakeholders on detailed programmatic changes. We tentatively plan to hold a DSRIP protocol webinar in August and also will discuss protocol changes at the August 27-28 Statewide Learning Collaborative Summit.
* HHSC also is working on a process for comments to be able to be posted through an on-line form. We know that many stakeholders already have given broad renewal input through the previous survey, so HHSC is not requiring (or encouraging) stakeholders to submit comments using the on-line form unless you have comments you didn't previously provide or new comments. HHSC plans to continue to work closely with stakeholders on both the renewal packet and protocols, and is establishing the on-line form to organize input in case folks want to provide input on either the renewal concepts or protocol-level details prior to the July public meetings and August protocol discussions.

**Clinical Champions*** This group had their 3rd meeting on April 23rd, focusing on a process to assess the transformational potential of DSRIP projects from a clinical and quality perspective. The work of this group is key for demonstrating to CMS the benefit of the investment these projects have for patient care.
* DSRIP performing providers will have an opportunity to submit a template for their project(s) to undergo a peer assessment process to a.) identify and share promising practices with like projects around the state, b.) inform the transformative impact of DSRIP projects and the development of content for the Statewide Learning Collaborative, c.) support Waiver extension/renewal efforts with CMS, and d.) help inform ways to better evaluate projects in the next phase of the Waiver.
* Providers should review all projects and please submit a template for the projects that providers have the best evidence that care is transforming and have supporting data. We have heard from many providers that Category 3 outcomes are not the best indicator of project success. This is an opportunity to provide the information that you think demonstrates the early success of projects. This process is **not** intended to be a formal peer-review or determine which projects are eligible for continuation beyond DY5.
* Recognizing that the information reported to support metric achievement does not fully capture the impact to patients, program successes or challenges the Clinical Champions have developed a structured template to gather additional information about DSRIP projects. The content of this template complements the information that providers report semi-annually through the online reporting system. Early - mid May HHSC staff will send anchors a zipped file containing a form for each active DSRIP project within the RHP as well as instructions for completing the template. HHSC will ask that providers submit completed assessments directly to Anchors and that Anchors send these assessments in aggregate to HHSC at the end of May.
* HHSC staff will be focused on reporting review during the month of May, so we would ask that Anchors encourage and support providers to complete the template for their strongest projects. We anticipate that representatives of the Clinical Champions will provide additional guidance with Anchors in May.
* The work of the Clinical Champions will continue through the summer and fall to continue to assist with the evolution of DSRIP for both the Medicaid and Low Income Uninsured populations.

**Submission of updated RHP Plans*** HHSC sent out a final process for submission of updated RHP Plans on April 9th, along with the matrix for categorizing RHP projects by project types and the RHP certification forms. The deadline for submission of these completed forms to HHSC is May 15th. Please let us know if you have any questions or need an extension.
* HHSC plans to have the following information posted on the [Regional Healthcare Partnership (RHP) Plans](http://www.hhsc.state.tx.us/1115-RHP-Plans.shtml) page on the waiver website by May 8th (our original target date for this information was May 1. If this delay causes any issues with getting your RHP certification forms signed by May 15th, please let us know.):
	+ QPI summary (all RHPs)
	+ Category 3 Outcome Selections
	+ CY2013 RHP level PPE (PPA, PPR and PPC) data and summary report
* HHSC will also post a statewide summary of projects categorized by project types as soon as possible after receiving all of the regional project type templates.
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|  | **DSRIP Statewide Events Calendar**

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| **May 2015** |
| **RHP** | **Date** | **Topic** | **Contact** |
| 9 & 10 | 5/27-28 | Learning Collaborative Event: Collaborative Connections - Impacting Care | RHP 9: Margaret Roche margaret.roche@phhs.orgRHP 10: Meredith Oney RHP\_Region\_10@jpshealth.org |
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| **June 2015** |
| **RHP** | **Date** | **Topic** | **Contact** |
| 10 | 6/11 | Webinar - Behavioral Health: Developing an Information Infrastructure that Supports Integrated Care Tasks | Meredith Oney (RHP\_Region\_10@jpshealth.org) |
| 10 | 6/11 | Webinar - Care Transitions: Care Coordination (Part 2) |
| 3 | 6/17 | RHP 3 Learning Collaborative | Nicole LievsayNicole.Lievsay@harrishealth.org |
| **July 2015** |
| **RHP** | **Date** | **Topic** | **Contact** |
| 10 | 7/9 | Webinar - Care Transitions: HIE Integration | Meredith Oney (RHP\_Region\_10@jpshealth.org) |
| 10 | 7/16 | Webinar - Behavioral Health: Documentation and Information Sharing |
| 6 | 7/20 | RHP 6 Learning Collaborative | Carol Huber (carol.huber@uhs-sa.com) |
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| **August 2015** |
| **RHP** | **Date** | **Topic** | **Contact** |
| 10 | 8/13 | Webinar - Care Transitions: Overuse of ED | Meredith Oney (RHP\_Region\_10@jpshealth.org) |
| 10 | 8/20 | Webinar - Behavioral Health: Integrative Medicine |
| HHSC | 8/27-28 | Statewide Learning Collaborative | txhealthcaretransformation@hhsc.state.tx.us |
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| **September 2015** |
| **RHP** | **Date** | **Topic** | **Contact** |
| 10 | 9/29 | Learning Collaborative Event | Meredith Oney (RHP\_Region\_10@jpshealth.org) |

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*For waiver questions, email waiver staff:* *TXHealthcareTransformation@hhsc.state.tx.us**.*

*Include “Anchor (RHP#):” followed by the subject in the subject line of your email so staff can identify your request.*