

July 12, 2019

1:30 - 2:30 p.m. CST

## 1. General Anchor Communication

- Thanks for your continued work!

## 2. DSRIP Implementation

### Category A - Costs & Savings

- HHSC is still finalizing a few questions submitted by the regions, and an updated FAQ document will be posted once these additional questions have been addressed.
- HHSC received a question related to the Recommended Forecasting Tool, the CHCS ROI Forecasting Calculator. Below is the provider question and HHSC's response.

- Provider Question: Providers wanting to conduct a forecasting analysis have mentioned they have difficulty using the CHCS ROI Forecasting Calculator as there are costs mentioned in the tool that are not applicable to the costs associated with the provider's Core Activity. For example, the Baseline Costs section of the tool contains such costs as inpatient, laboratory, pharmacy, etc. The tool does not allow providers to modify these category of costs in order to fit the provider's needs as these category of costs are hard-coded into the tool and cannot be changed. Additionally, there are three extra slots where providers can write in "other" costs not listed; however, a provider may have more than three costs that are not part of the list already in the tool.

One suggestion that has been brought up is to create a crosswalk in case providers decide to use costs aside from the ones mentioned in the tool. For example, if after typing in their three "other" costs a provider finds they still need to enter social worker costs in the tool, then they could indicate in the narrative template that "home-based care" (a cost listed in the tool) actually refers to "social worker costs," and so on and so forth if they needed to modify other costs listed in the tool. Please let us know if this would be acceptable to HHSC as long as providers made it clear that some of the costs in the tool were modified and include a crosswalk of the changes in their narrative template.

- HHSC Response: Yes, this approach is acceptable to HHSC. As mentioned, please explain or provide a crosswalk in the narrative indicating what provider costs make up the category of costs as displayed in the tool. Additionally, if providers are still running out of category of cost fields in the Recommended Forecasting Tool, then providers can also consider combining categories of costs into one "other" field in the tool or using other pre-labeled category of costs fields for different purposes, if it makes sense to do so. But again, any combining of costs into one field or using a pre-labeled category of costs for different purposes should be explained in the narrative.

### Category C

- **DY8R2 Interim Corrections:** Providers will have another opportunity to submit baseline and Performance Year 1 corrections during the interim corrections period. HHSC is aiming to have the interim correction template posted by the end of next week and will send out notification once the template is available. The submission deadline will be in mid-August (tentatively 8/14/19).

- **TA Update:** HHSC is continuing to work with providers to resolve outstanding TA issues from previous rounds of reporting and April DY8 reporting. Providers with an outstanding TA Flag are encouraged to resolve the TA flags in time for the interim corrections submissions. Providers will not be able to report in future reporting rounds without an HHSC approved resolution. Providers should contact HHSC once the requested information/data is available so that TA flags can be resolved.

### **Category C - E2-A01 DY8 Milestone Requirements Update:**

- HHSC has updated the DY8 Milestone Requirement for E2-A01: OB Hemorrhage Patient Safety Activities to take into consideration the number of Collaborative Learning Sessions that will have been offered per cohort up to September 30, 2019.
- Please review the highlighted changes to E2-A01 Milestone Requirements on the DSRIP online reporting system bulletin board under the “Category C Resources” tab in the “E2-A01 OB Hemorrhage Collaborative Activity” heading.

### **Category C - DY9-10 Draft E2-601 and E2-602 Measure Specifications:**

- HHSC has added draft specifications for two newly proposed DY9-10 measures:
  - E2-601: OB Hemorrhage - Risk Assessment
  - E2-602: OB Hemorrhage - Quantified Blood Loss
- Please review the draft DY9-10 measure specifications on the DSRIP online reporting system bulletin board under the “Measure Bundle Protocol” tab. Providers should submit any questions and feedback to the waiver mailbox preferably by end of July.

### **2019 Statewide Learning Collaborative**

- We currently have 246 participants registered. A list of registrants as of this morning will be sent with the final anchor notes for anchors’ reference. Although the registration deadline is not until August 5, 2019, providers are encouraged to register as soon as possible to assist in the evaluation of slot availability.
- Please note that all provider contacts on record were e-mailed an invitation to the SLC, however, due to limited capacity, providers can only send the number of representatives allotted to the provider. Please plan accordingly before registering for the event.
- HHSC will send out a request to anchors for regional showcase submissions in the coming week. Each anchor may submit one regional showcase slide that will be displayed during the learning collaborative event. HHSC will provide additional information and a template slide by 7/19/19.

### **Program Funding and Mechanics Protocol**

- HHSC is continuing negotiations with CMS on the PFM.
- CMS has provided guidance on the impact to DSRIP carryforward reporting based on DSRIP expenditure authority that ends in DY10 (September 30, 2021).
  - Providers may continue to report PY4 (January 1, 2021 - December 31, 2021) for DY10 Category C achievement (reported in April 2022 or October 2022)) and DY9 carryforward achievement (reported in April 2022) even though PY4 ends after the end of DY10.
  - DY10 carryforward achievement of PY5 (January 1, 2022 - December 31, 2022) is not permissible.
  - The final DSRIP payments will occur in January 2023 based on October 2022 DY11 reporting.
- CMS has not agreed to HHSC’s proposed increased valuation for Category C reporting milestones of 33% and has required that the same amounts be maintained from DY8 to DY9-10 of 25% of Category C valuation for reporting milestones and 75% for goal achievement milestones.

- CMS has agreed to the reduction to MPTs based on reduced DY9-10 valuations and the Category A-D valuation distribution.

### Measure Bundle Protocol

- HHSC is currently responding to stakeholder feedback received through the online survey. HHSC’s responses to the online survey and any changes to the draft MBP will be available around the end of July.

### Anchor Admin Cost Claiming

- Rate Analysis Division will contact Anchors regarding IGT amounts and due dates next week for any Anchors that submitted cost claiming in DY8 Round 1.

### Compliance Monitoring

- No major update on compliance monitoring. HHSC is working through the procurement processes and will update providers when we have more information on this.

## 3. Other Information for Anchors

### DSRIP Statewide Events Calendar

#### July 2019

RHP	Date	Topic	Contact
6	7/18/19	RHP 6 Learning Collaborative & Stakeholder Forum: <i>MISSION in the Midst of TRANSFORMATION</i> Register <a href="#">here</a>	<a href="#">Carol Huber</a>

#### July 2019

RHP	Date	Topic	Contact
8 & 17	7/25/19	Joint RHP 8 & RHP 17 Learning Collaborative	<a href="#">Shayna Spurlin</a> <a href="#">Shawna Jiles</a>

#### August 2019

RHP	Date	Topic	Contact
15	8/23/19	RHP 15 Learning Collaborative - Social Barriers to Healthcare (CEUs offered) Register <a href="#">here</a>	<a href="#">Oscar Perez</a>

#### September 2019

RHP	Date	Topic	Contact
12	9/30/19	RHP 12 Learning Collaborative Register <a href="#">here</a>	<a href="#">Bobbye Hrncirik</a>

For waiver questions, email waiver staff: [TXHealthcareTransformation@hhsc.state.tx.us](mailto: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.