

July 10, 2015

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

1. General Anchor Communication

- Thank you for all of your continued work!
- Please note that HHSC offices will be closed on Friday, July 17th and Friday, July 24th for electrical work. We will be rescheduling the 7/24 Anchor call for Thursday, July 23rd, 2:30 - 4:00 pm.
- Texas A&M has reached out to some hospitals to assist with UC data for the evaluation given the data lag.

2. DSRIP Implementation

DY 4 April Reporting

- July 8, 2015 – IGT was 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.

Category 3

- HHSC Staff are still conducting Category 3 technical assistance for baselines that were reported in October DY3 and flagged as needing baseline clarification or assistance in determining DY4 and DY5 goals. HHSC is contacting providers via email with a description of any outstanding baseline clarification or technical assistance issues, and either setting up a call or proposing a resolution.
- HHSC will begin reviewing baselines submitted in April DY4 in July, and will notify providers of any needed baseline clarifications or technical assistance.
- We have received several requests to the waiver mailbox to correct a Category 3 baseline that was randomly selected for compliance monitoring by Myers and Stauffer. Myers and Stauffer will have a process in place to make any needed baseline corrections through their review process and providers do not need to contact HHSC to make changes to Category 3 baselines selected for compliance monitoring. In some cases, Myers and Stauffer has identified an issue with a baseline that impacts outcomes not selected for compliance monitoring. To submit a correction to a reported baseline that was not selected for compliance monitoring, please send an email to the waiver mailbox indicating the Category 3 project ID of any baselines that need correction, and a brief description of the baseline issue, and HHSC will send the provider a Category 3 Baseline Correction Form to be completed by the provider and returned to the waiver mailbox.
- We have additional Category 3 guidance in the Compliance Monitoring notes below.

QPI

- HHSC staff is continuing to work with providers to resolve the remaining outstanding QPI issues.
- HHSC has resolved all outstanding DY5 QPI changes and notified providers of results if a lower DY5 QPI goal was proposed or the current DY5 goal was requested to be maintained. Please email the

waiver mailbox if you have any questions about the results.

Anchor Administrative Cost Claiming

- HHSC is completing review of the anchor administrative cost reports and has notified anchors if additional information is needed.
- The tentative due date for IGT is July 24, 2015, with payments expected to be made on August 14, 2015.

3-Year Project Change Request Process (Plan Modification Requests and Technical Change Requests)

Upcoming Deadlines:

- **July 17, 2015** – Final date to submit questions regarding change requests to HHSC at TXHealthcareTransformation@hhsc.state.tx.us with SUBJECT: CHANGE REQUEST QUESTION – RHP# – PROJECT ID#.
- **July 27, 2015, 5:00 pm** – Anchors submit the completed Change Request Forms (CRFs) and revised project narratives, as appropriate, to HHSC. Performing providers must submit their completed CRFs and revised project narratives, as appropriate, to the anchor prior to July 27 (by the date specified by the anchor) to compile and send in one submission packet to HHSC by the due date. Anchors should email the files, or one or more links to the files, to: TXHealthcareTransformation@hhsc.state.tx.us. Anchors should use the following subject line: SUBJECT: RHP[#] - 3-YEAR PROJECT CHANGE REQUESTS – ROUND 1 ANCHOR SUBMISSION.

Compliance Monitoring

- Review of Category 3 measures by Myers and Stauffer LC (MSLC) is underway, and HHSC is appreciative of providers' efforts to submit required supporting documentation in a timely manner.
- We had a number of questions from providers related to sharing of PHI with MSLC, and want to share HHSC responses with all anchors. Please share this information with providers in your region:
 - Based on HHSC analysis, Medicaid providers and HHSC are acting as covered entities. The provision of the PHI in this instance is a permitted use both for payment and as part of a health oversight activity (see 45 CFR 164.512(d)).
 - Since there is a data use agreement and a business associates agreement between MSLC and HHSC, any transmission of PHI to MSLC for the purposes of fulfilling their compliance monitor function is not an unauthorized release of PHI. In the case of data usage and access, MSLC as the compliance monitor is acting on behalf of HHSC.
 - According to Sec. 1.2.3 of the HHSC Medicaid Provider Agreement, a provider is required to "maintain all records necessary to fully disclose...any information relating to payments claimed by the Provider...". The agreement goes on to say that "[o]n request, Provider also agrees to provide these records immediately and unconditionally to...HHSC's agent."
 - MSLC is setting up the FTP sites and they are responsible for security and maintenance. As part of the contract between HHSC and MSLC, the contractor is responsible for assuring security of the data.
 - Some providers inquired about the difference in submission of the documentation for the reporting purposes and compliance monitoring function. The transmission of PHI in the semi-annual reporting process is problematic for three reasons: 1) HHSC requested no PHI be reported; 2) such data is not necessary for payment in those instances; and 3) the data in that process is transmitted either via an unsecured method or could be viewed by people without authorization. The compliance monitor process is different from the semi-annual reporting process.

- Based on the most recent update from MSLC, their staff is identifying the following common issues: providers have not kept supporting documentation for the reported baselines and are recreating reports when the information is requested for the review; MSLC is experiencing that providers verify accuracy of the reported information when the support documents are requested, and identify issues that need to be corrected, rather than checking documentation before the submission to HHSC; there is a disconnect between staff that runs data queries and those who work on DSRIP, and as a result data pulled for reporting purposes does not necessarily meet all criteria specified in the Cat 3 compendium; encounters and individuals are used interchangeably; issues with accuracy of the data used for the reporting purposes.
- Based on this, HHSC will work with MSLC to expand the sample for the review of baselines to make sure that at least one Category 3 measure for each provider is reviewed during compliance monitoring. MSLC will work on the sample in the near future. While the initial sample was taken from outcomes with no outstanding HHSC flags for baseline clarification or technical assistance, the next sample will draw from all reported baselines. Meanwhile, those providers whose outcome was not selected for the review by this time can voluntarily request that their outcome is included in the review. We want to work with providers prior to their submission of achievement so that issues are resolved prior to compliance monitoring of reporting on achievement. We recommend that providers select the outcomes that are more difficult to report and where providers have most questions. Requesting review of a specific outcome will not preclude random selection of additional category 3 outcomes for a given provider. Please send an email to MSLC LAyala@mslc.com and copy the DSRIP compliance waiver mailbox TXHealthcareTransformationDSRIP_Compliance@hhsc.state.tx.us
- We are attaching a description of the process for Category 3 baseline review that can be shared with all providers.
- MSLC is also planning to share additional information on the most common issues identified by outcome and recommendations. As soon as we have this information, we will share it with you.
- **Category 1 and 2 metrics review.** MSLC is getting ready to start the first phase of the Category 1 and 2 reviews. Close to 100 projects will be included in this phase. For the projects included in the first phase, MSLC will review selected process milestones, reported QPI metrics and MLIU information. HHSC should have a list of these projects early next week, and we will send to anchors so you can inform providers of the selected projects. MSLC will contact each provider with the request for information similar to the process established during the Cat 3 baseline review.
- As usual, please send your questions related to compliance monitoring to the designated mail box. TXHealthcareTransformationDSRIP_Compliance@hhsc.state.tx.us

3. Other Information for Anchors

Waiver Renewal Planning

- HHSC has posted the 1115 Waiver Extension draft on the HHSC website's [Waiver Renewal](#) page. Public meeting dates and locations have also been posted, as well as a new survey link for stakeholders to give comments on the draft.
- HHSC staff from DSRIP, Program Operations (managed care) and Rate Analysis will be present at the public hearings to give a brief presentation of the key components of the waiver renewal packet, and HHSC's role at the hearings will be to take public comments on the waiver renewal. HHSC does not plan to answer questions beyond those requesting basic clarification at the public hearings. Instead, HHSC will record substantive questions about the renewal proposal at each

hearing and post answers to these questions on the HHSC website.

- HHSC encourages stakeholders to attend a public meeting or the scheduled webinar to give comments on the extension application draft. Stakeholders who wish to provide input via the online survey instead of a public meeting or the webinar may do so. Comments at the public meetings will be recorded and HHSC will read and consider all of the submitted comments. It is not necessary for stakeholders to comment on the draft waiver extension using more than one feedback mechanism.
- HHSC will continue to work with stakeholders on detailed programmatic changes to the protocols not addressed in the waiver extension draft.
 - 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 tailored to the summit audience.

Update on Private Hospital Deferral Financing Issue

- HHSC continues to work with CMS on technical issues related to the private hospital financing deferral issue. CMS confirmed via email that Texas will have until September 2017 to come into compliance with whatever CMS and HHSC agree upon as acceptable to address CMS concerns after the series of calls this summer.

Clinical Champions

- The Clinical Champions workgroup continues to review those projects that submitted a Transformational Impact Summary.
- Findings from this process will be shared with providers at the Statewide Learning Collaborative Summit.

Medicaid Benefits Coordination

- The HHSC Office of Policy has instituted a new benefits review process. The Transformation Waiver team is in coordination with the Office of Policy to use lessons learned and data from DSRIP to inform benefits that are reviewed.
- Please see the link below. At the bottom you will see a section called "Submitting Medicaid Medical or Dental Benefit Requests" If DSRIP providers and other stakeholders have specific requests for a new Medicaid medical or dental benefit or a change to an existing benefit, please refer them to this web page and direct them to that last section. They will complete the form and mail it along with supporting documentation to the Medicaid Benefit Request mailbox (per the instructions).
<http://www.hhsc.state.tx.us/medicaid/MPR/index.shtml>

Statewide Learning Collaborative Summit

- HHSC has sent out the invitation/registration information for the August 27-28, 2015 statewide summit. Anchors were asked to help coordinate registration for their regional providers. As a reminder, the deadline to register is Wednesday, August 5th. Since the demand for summit seats is greater than the supply, please ask your providers to register as soon as possible so that "leftover" slots may be reallocated to those providers who have requested to send additional participants. HHSC will coordinate with anchors on the reallocation of extra slots.
- Thank you for your responses to the survey for recommendations on what summit topics are of most interest. These responses are helping inform the agenda for the summit, which will be released soon.

- Staff is utilizing Clinical Champions Impact Summary Submission for identifying poster session invitations and plans to send the selections next week.

DSRIP Statewide Events Calendar

July 2015			
RHP	Date	Topic	Contact
6	7/9	RHP 6 DSRIP Road Trip - Using collaboration to improve primary care, chronic diseases management and palliative care	Carol Huber carol.huber@uhs-sa.com
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	
2	7/17	Category 3 Work Session	Susan Seidensticker smseiden@utmb.edu
6	7/20	RHP 6 Learning Collaborative	Carol Huber carol.huber@uhs-sa.com
August 2015			
RHP	Date	Topic	Contact
8	8/5	RHP 8 Learning Collaborative Event	Jennifer LoGalbo logalbo@tamhsc.edu
9	8/5	PDSA Raise the Floor Webinar #3 Register Here	Margie Roche Margaret.roche@phhs.org
1	8/11	Chronic Disease Learning Collaborative	Brittney Nichols Brittney.nichols@uthct.edu
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
September 2015			
RHP	Date	Topic	Contact
7	9/3	RHP 7 Stakeholder Forum and Learning Collaborative	Katie Coburn katie.coburn@centralhealth.net
1	9/15	RHP 1 Learning Collaborative	Stephanie Fenter Stephanie.fenter@uthct.edu
12	9/23	RHP 12 Regional Learning Collaborative	Bobbie Hrnccirik Bobbie.hrnccirik@umchealthsystem.com
9	9/24	RHP 9 Biannual Learning Collaborative Event	Margie Roche Margaret.roche@phhs.org

Anchor Conference Call

AGENDA

2	9/25	RHP 2 Learning Collaborative	Susan Seidensticker smseiden@utmb.edu
10	9/29	RHP 10 Learning Collaborative Event	Meredith Oney RHP_Region_10@jpshealth.org

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.