

July 26, 2013
1:30-3:00 p.m.

1. General Anchor Communication

Thank you for all the RHP coordination work.

Thank you for submitting the list of projects underway in each RHP.

Anchor Admin Claiming

- HHSC is making progress with CMS on the protocol required for anchor admin claiming.
- CMS has requested some estimates on how much anchors think they'll spend on various line items. HHSC sent you a spreadsheet to complete this task, and we ask that you return it to the waiver mailbox by COB next Friday, August 2nd.

2. RHP Plan Review

Phase 1 review process and coversheets

- The re-review of Phase 1 projects is taking longer than expected for a number of reasons. HHSC staff will be making a big push in the next 1-2 weeks to send as many Phase 1 projects to CMS as possible. For projects that did not come in clean to HHSC or which we still cannot understand/approve, HHSC will still be sending some projects back for further work by the provider. We are prioritizing getting "clean" projects to CMS, as we don't want a few difficult ones to slow down many.
- CMS notified HHSC this week that it will wait to start the official 15-day clock for each RHP's projects to be reviewed until all Phase 1 projects (excluding replacement projects) have been submitted for that RHP either for official review or pre-review.
 - At the end of the 15 days, the RHP will receive a formal letter regarding the projects that have been approved. We expect the first formal letter to arrive by August 6th (RHP 18).
 - For projects that still need work, CMS will send an email to HHSC and HHSC will need to work with the provider on next steps.
 - If some projects end up not getting approved after any further revisions, CMS will send a second formal letter with that information.
 - Since waiting for all projects to be submitted will delay the formal feedback on many projects, our CMS project officer will send HHSC emails preceding the formal letters to indicate which project are likely to be approved (99% likely). HHSC will share this information with the RHPs.
- HHSC encourages providers to send projects that are revised based on the additional HHSC feedback (returned to the region) as soon as the changes are completed. We have several regions that could be submitted fully to CMS (formal and pre-review) once they return their revised projects to HHSC.
- Please continue using instructions for reflecting the changes in the revised cover sheets as provided in our previous communication (sent on July 12, 2013).

Replacement Projects

- We have received a number of questions from the providers on the deadline for the replacement projects. Many providers will not receive CMS feedback for the projects that were previously

denied to determine if these projects need be replaced.

- HHSC discussed this issue with CMS, and the deadline for the replacement projects will be pushed further in DY2 (current is July 31). We will let you know as soon as we find out the new approved deadline.
- In some cases the providers selected “Will replace a project” on the cover sheet even in situations when the project has not changed significantly and the provider’s action was to move the project on menu. Providers should be aware that as replacement projects, these submissions would be viewed as new projects that would go through a thorough review (including technical review) based on a different timeline. CMS would have 45 days to review these projects.

Phase 2 – QPI

- HHSC received QPI information for most providers by the deadline of July 23rd. As this morning, there are fewer than 20 providers’ QPI spreadsheets outstanding. Thank you for helping to get this complex task done.
- HHSC plans to send a test file to CMS by August 5th with the QPI information submitted, in order for CMS to begin testing their valuation model.
- HHSC plans to work with providers for 1-2 weeks after that to clean up as many data issues as possible before CMS formally runs the model.
- If a provider doesn’t submit QPI information, then HHSC and CMS will need to decide how to handle. Projects without QPI metrics may not be able to be included in the initial DY4-5 valuation review, which means it will take longer to get their values approved.

Phase 3

- Phase 3 for August reporting has been completed.
- Phase 3 for October reporting will begin in August.

DY2 Reporting

- SharePoint user information will be sent out early next week.
- DY2 reporting templates are estimated to be posted by August 1st.
- HHSC will also post a companion document that provides high level information on supporting documentation for metric achievement.
- Please let us know by August 2nd if you would find a webinar on how to complete the DY2 reporting template helpful.

IGT Entity Changes

- Reminder: IGT Entity changes must be submitted to HHSC no later than August 31, 2013 for August DY2 DSRIP payment processing using the *IGT Entity Change Form* located on the waiver website at: <http://www.hhsc.state.tx.us/1115-docs/RHP/Plans/IGT-Change.xlsx>. Any changes received after August 31, 2013, will go into effect for the October DY2 DSRIP reporting and payment for the impacted projects will be delayed until that time.

Monitoring

- The 30-day public comment period for the rules allowing HHSC to use up to 1% of DSRIP IGT for monitoring closes this Sunday, July 28th.
 - HHSC has been discussing with CMS options for how to use IGT for waiver monitoring that will be less burdensome to the DSRIP participants (such as the ability for the “up to 1%” to be on top of the 100% DSRIP payment vs. taken from it)
 - HHSC has not issued an RFP for monitoring yet, and plans to do so through the TXMAS pre-approved vendors list. We will keep you updated as more information is available.
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Learning Collaboratives

- A DRAFT Learning Collaboratives plan template and guidelines were just sent out to you today for comment. Our intent was to provide a general framework for completing your plan, while allowing for flexibility.
- We would appreciate your feedback on these draft documents by COB Friday, August 2nd. We will turnaround a final template to you very soon after that.

New 3-year projects

- CMS requested that each RHP use a “scoring process” or rubric – similar to what RHP 1 did for the initial plan (though doesn’t need to be as detailed), for 3-year projects.
- CMS understands that despite a project’s score, projects are dependent on having an IGT source, but hopes that the public scoring process will increase transparency in the region and cause providers to focus their efforts on the areas of greatest community need.

Key Dates for RHP Plans through March 2014

- Submit replacement projects if applicable no later than July 31 (pushed back in cases where a provider re-submitted the original project, which ultimately gets denied, but HHSC/CMS review is not complete by July 31 for the provider to submit a replacement).
- Submit any outstanding Phase 2 spreadsheets regarding quantifiable patient impact (QPI). (These were due July 23rd.)
- Verify DY2 milestones/metrics (Phase 3), and submit any changes. (July)
- Make any necessary revisions to DY4-5, in light of anticipated CMS feedback regarding valuation by September 1, 2013. (September-October, or longer as needed)
- Phase 4 –
 - Submit Category 3 outcomes based on the updated Category 3 Menu no later than October 1.
 - HHSC and CMS also must agree on the standard Cat 3 target setting methodology by October 1, so HHSC will work with DSRIP providers regarding either accepting the standard methodology or requesting a variance once the standard methodology is set.
 - Submit priority technical corrections, Category 3 improvement target achievement levels, and requests for plan modifications by a date being negotiated with CMS (no later than Dec 1, 2013).
- Through March 31, 2014, HHSC will work with the RHPs to clean up any outstanding issues from Phase 4 and the CMS valuation review.
- The full plan will not need to be resubmitted as a single document until March 2014.

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

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