Anchor Conference Call

AGENDA

October 10, 2014
1:30 - 3:00 p.m. CST

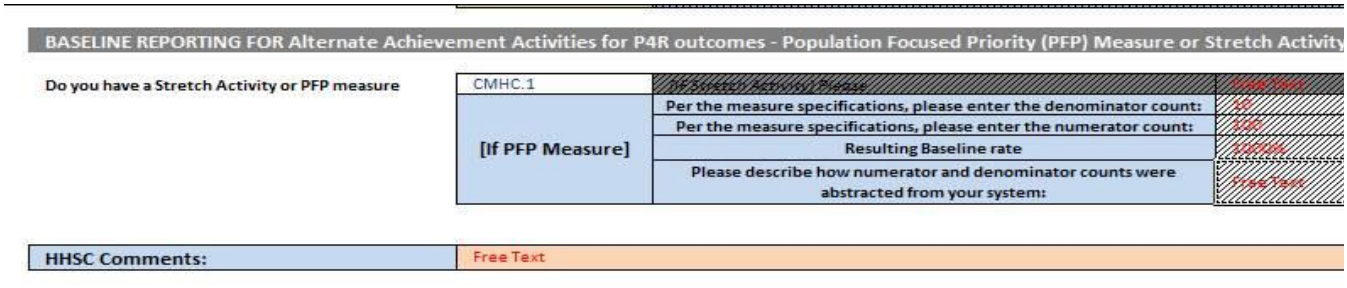
1. General Anchor Communication

- Thank you for all of your continued work!
- The RHP Snapshot presentation from the Statewide LC Summit is now up on the waiver website (on the Dates and Deadlines page) with the other summit presentations. Reporters and others have asked for this as a resource.
- Thank you to RHPs 6, 10, and 12 for agreeing to host the recordings from the Summit. We are also attaching a template that providers may use for reporting metrics for Learning Collaboratives if they attended/viewed the Statewide LC Summit.

2. DSRIP Implementation

Category 3

- Revisions to the Compendium documents have been completed and they have been posted on the waiver website: http://www.hhsc.state.tx.us/1115-Compendium.shtml. In addition to the individual measure documents, HHSC has posted a table describing the summary of changes between the draft version and these final versions as well as an updated Master Outcome Summary file (Excel list of measures).
- All regions have received or will receive by Monday their Regional Baseline reporting templates. These templates are also posted to the Waiver website here: http://www.hhsc.state.tx.us/CAT3-baseline.shtml. Earning payment for the DY 3 process milestone is based on successful completion of the template.
- We were notified in the last week about some additional providers who have baseline concerns (less than 6 months by the end of DY3). We will be working next week to reach out to these providers. In addition, we will be populating the Baseline Exemption forms and sending them to providers that we have provided TA. If the Exemption forms are received in time to include with October reporting, please do so; otherwise HHSC will provide as soon as possible to use as a basis for DY 4 & 5 Category 3 reporting.
- For those providers that have a P4R measure with a population focused priority (PFP) measure there is a section in the baseline template (rows 190-193) where providers are supposed to be entering baseline data. This section currently appears greyed however providers can still enter data in these rows (190, 191 and 193). Instead of sending an updated baseline template as this would require providers to repopulate their templates, HHSC is asking that providers enter numerator and denominator and description of how the rates were abstracted. Please see the section below where the prompts have been unhidden so that providers are aware of what should be entered in each field.



BASELINE REPORTING FOR Alternate Achievement Activities for P4R outcomes - Population Focused Priority (PFP) Measure or Stretch Activity			
Do you have a Stretch Activity or PFP measure	CMHC.1	[If Stretch Activity] Please	Free Text
	[If PFP Measure]	Per the measure specifications, please enter the denominator count:	10
		Per the measure specifications, please enter the numerator count:	3.00
		Resulting Baseline rate	30.00%
		Please describe how numerator and denominator counts were abstracted from your system:	Free Text
HHSC Comments:	Free Text		

Category 4 Update

RD- 6 (optional domain) CMS guidance

- CMS provided guidance that for a hospital that elected to participate in RD-6, all the CMS Adult and Child Core Measures must be reported. If a measure cannot be reported, then a justification must be provided. There is no minimum number or set of measures that must be reported.
- Acceptable rationale for not reporting on a measure include:
  - The hospital does not serve the population that is being measured.
  - The hospital does not provide outpatient services that are being measured.
  - There is not a statistically significant population to report the measure – defined as at least 30 cases included in the denominator.
  - The hospital's current data systems do not allow for the measure to be reported; if so, include information about what the hospital is doing to be able to report it in later years.
  - The identical data is being reported as a Category 3 outcome (including same denominator as Category 3).

RD-4 Medication Management

- In preparation for October reporting, there is an issue that has been communicated from multiple providers on implementation of the DSRIP hospital reporting of Medication Management (NQF 0646).
- CMS has agreed to the following for several hospitals that have indicated their medication reconciliation process differs from NQF-0646. We will update the October DY3 Reporting Companion with this information:
  Instructions to hospitals regarding reporting on Medication Reconciliation for RD-4
  Several hospitals have communicated that they have a comprehensive medication reconciliation process, but it deviates from the NQF 0646 measure because they do not provide patients a list of "do not take" medications on discharge. In these limited cases only, providers may report their medication reconciliation for RD-4 as follows:
  - In the quantitative field, put a zero ("0") because the provider's medication reconciliation process differs from NQF 0646.
  - In the qualitative field, include 1) the quantitative measurement relevant to your medication reconciliation process and also include information to describe 2) what the quantitative measurement represents; 3) that you have a comprehensive reconciliation process; 4) why you have opted to use this process; and 5) what information you have to show that the process is effective.
  - Providers that deviate from NQF 0646 will be subject to compliance monitoring for this measure.

Change Request Process (Plan Modification Requests and Technical Change Requests)

- We estimate we will provide comments/preliminary determinations to the anchors in late October/early November. Providers will be asked to respond to HHSC comments on change requests in mid-November. We understand that providers would like information as soon as possible and so we are prioritizing the plan modifications over the technical changes.

October Reporting

- HHSC held 3 webinars to assist with October reporting. Presentations from the webinars can be found on the waiver website: http://www.hhsc.state.tx.us/1115-Waiver-Deadlines.shtml. The recording of the QPI webinar has also been posted on the website (Recorded Webinars/Conference Calls page) and the other two videos will be posted as soon as they are available.
- Based on questions received from providers in the webinars or through the mailbox, HHSC has

updated the Companion document for clarifications. The changes are highlighted in the updated Companion that will be posted later today or early Monday and will be attached to the Anchor notes.

- October DY3 reporting templates and instructions have been posted on the Tools and Guidelines for Regional Healthcare Partnership Participants page of the Waiver website.
- HHSC has revised the QPI Reporting Template instructions regarding the pasting of patient names into the Patient ID field. As you know, as a cautionary step, the QPI template includes a de-identification macro that applies scrambling methodologies to the pasted Patient ID data. The scrambling methodologies may not, however, be sufficient to adequately de-identify certain patient names. As such, HHSC is asking providers not to paste names in the template and instead assign more generic values to individuals (e.g., Patient 1, Patient 2, etc.) or assign a de-identifiable patient ID prior to pasting this information into the QPI Template. Please see the revised QPI Reporting Companion Document for additional details.
- HHSC has gotten inquiries about pushing back the October reporting deadline given that it's taken longer than expected to get out the Category 3 and QPI templates. HHSC will allow providers to report through midnight on **Wednesday, November 5th** instead of the original October 31 deadline. HHSC cannot push the deadline back further without putting at risk the January payment schedule. We hope this additional time helps your providers.
- Given the complexity and volume of the October reporting, we want to remind you and your providers to NOT report achievement unless you're confident you've achieved a metric by September 30, 2014. In past reporting periods, due to the newness of a number of issues (e.g. annual metrics), HHSC in certain circumstances changed a status to "Did Not Report" so that the provider wouldn't lose the chance to earn payment. HHSC will not do this for October reporting or going forward, so if a provider reports achievement that can't be proven during the NMI period, the payment for that metric will no longer be earnable.
- Due to technical errors that HHSC is working to resolve, the DSRIP Online Reporting System may not reflect the correct approval and payment amounts for DY2 and April DY3 reporting. HHSC will be posting the actual payments by project on the waiver website: http://www.hhsc.state.tx.us/1115-Waiver-Guideline.shtml and attaching it with the Anchor notes. Note that due to the changes in Category 3 from DY2 to DY3, please refer to the total values and payments for all Category 3 related to a specific Category 1 or 2 project rather than the individual values and payments associated with a Category 3 ID.
- As users of the Online Reporting System discover technical issues, HHSC is working with Cooper Consulting to implement solutions as quickly as possible. For issues that may affect all providers, HHSC is sending e-mail updates to all users.
- Issue: Some providers who successfully reported achievement of DY2 carryforward metrics in April (DY3 Round 1) have noticed that the carryforward metrics do not show up as approved in the new DSRIP Online Reporting System. Instead, the DY2 carryforward metrics are open for data entry and reporting again in DY3 Round 2.
    - Solution: HHSC and Cooper Consulting will re-seed the DY2 carryforward data, and will let providers know when the re-seeding is complete.
    - Provider Action:
        - **Please do not enter data for projects with DY2 carryforward metrics until the re-seeding occurs and HHSC indicates that carryforward information is correct.**
        - If providers have already entered data for DY2 carryforward metrics, please be aware that the data will be removed during the data seeding process. This only affects DY2 carryforward metrics.
- Issue: When entering data for projects that had DY2 carryforward metrics achieved/approved in April, providers are encountering an error message upon saving.
    - Solution: HHSC has identified a solution that will be implemented by tomorrow morning.

- Provider Action: Please do not enter data for projects that had DY2 carryforward metrics achieved/approved during April reporting. This applies to all metrics within the project, not just the DY2 carryforward metrics. Please await HHSC's notification before entering data for these projects

- Issue: For QPI metrics that were approved during the April reporting period, the QPI template must still be submitted in October. However, the upload button for these previously approved metrics is closed.
  - Solution: We are working on a solution to this issue and will provide guidance when resolved.
  - Provider Action: Please wait for further guidance.

Anchor Administrative Costs

- The formal anchor contracts for administrative costs have been sent out. Our goal was to execute the contracts by September 30, 2014. We realize that the process for obtaining contract approval/signature may take longer for some entities, but we encourage everyone to return their signed contracts as soon as possible.
- A Technical Assistance session was conducted yesterday, October 9, so thanks to all those that participated. HHSC is posting the following documents on the waiver website:
  - Anchor Admin Cost Claiming Presentation (from Oct. 9 TA session) that also includes timelines
  - Cost Principles
  - Percent of effort spreadsheet
  - Cost template (to be posted early next week)

CMS DY2 DSRIP Financial Management Review

- As discussed previously, CMS is reviewing RHPs 4, 7, 9 and 10..
- The goal is for CMS to provide HHSC a draft report by late October/November. HHSC will have the opportunity to comment on the draft report, and then it will continue through the CMS approval process. (Based on the timing of the site visits, HHSC wouldn't be surprised if this date slips a little, though CMS hasn't indicated that yet.)

DSRIP Mid-Point Assessment

- HHSC and Myers & Stauffer, LLC staff are conducting the mid-point assessment review for the first regions: RHPs 8, 13, 16, 18, 19 and 20.
- Providers will be receiving letters about mid-point assessment review next week
- Providers in the first six regions may start hearing from Myers and Staufer during the next couple of weeks with the request for additional information
- These requests will have proposed dates. However, if extensions are needed due to reporting review, M&S will work with you.
- Our goal is to complete the mid-point assessment by December 2014 and to review selected 3 year projects in January of 2015.

3. Other Information for Anchors

Update on Unspent DY2 DSRIP Funds

- As some of you have heard, Representative Coleman recently met with CMS representatives to request that Texas be allowed to access about $345 million in unspent DY2 DSRIP funds, and CMS

was receptive. Some of the ideas discussed were related to BH and care for veterans.

- HHSC will need to submit a revised waiver amendment request to ask to use these funds, and the request to move money between demonstration years requires OMB approval.
- HHSC has sent the following possible framework to CMS to discuss. The proposed approach is to do this in a way that's administratively feasible in the time remaining and HHSC would like to get CMS thoughts at a high level so that further details can be fleshed out prior to submitting the amendment.
    - DSRIP projects that appear to be on track may add certain defined metrics in the 5th year of the waiver to enable them to earn additional DSRIP funds, such as related to: 1) increased data exchange to support the project, 2) evaluation of the success of the project, -- for these two options, we could propose a subset of the stretch activities already approved for Category 3 (3, 5, 6, 7 and 8), as long as the selection is not already a part of your Category 3 metrics. A 3rd option could be to serve additional Medicaid/low-income uninsured individuals than planned in the 5th year of the waiver and to add a Medicaid/low-income uninsured specific QPI metric in DY5 if there isn't already one.
    - Depending on how many projects are interested in doing one or more of these additional metrics (and have an IGT source), HHSC will adjust those projects' valuation upward for DY5 to enable Texas providers to earn the unused DY2 DSRIP funds.
    - Once we get an indication from CMS that this approach is amenable, we can flesh out the details of the allocation approach.
- Early next week, HHSC plans to send out a request to each RHP to get information on which projects are interested in adding one or more of the above additional activities in DY5 and have IGT to support additional project funding. In particular, HHSC encourages providers that are doing either primary care or behavioral healthcare projects, and especially those that have State contracts for these services, to consider expanding if they have additional matchable funds to do so.

UC Deferral

- HHSC has set up standing meetings every other Friday at 1 pm to discuss (as needed) with the anchors, EWC members, and hospital associations for any updates on the CMS UC deferral.
- HHSC also will be working directly with the affected regions and providers.

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.