

January 9, 2015

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

1. General Anchor Communication

- Thank you for all of your continued work!
- HHSC sent a message on Wednesday that the CMS letter to lift the UC deferral has been received.

2. DSRIP Implementation

October Reporting and Review

- The IGT has been collected.
- Estimated payment for October reporting is \$1.76 billion all funds.
- For metrics marked "Need More Information," providers will have until 11:59 p.m. on Friday, January 16, to submit additional information using the Online Reporting System. HHSC included additional instructions with the summary information sent out on Dec. 10. Providers should enter additional comments as "NMI Update" in the Metric Progress Update field. Previous progress update information should not be deleted or changed.
- Please let providers know that questions sent in to the waiver mailbox about reporting should be specific, and contain the RHP#, provider name, TPI#, milestone/metric #, etc., along with a clear description of the issue. This will ensure that the question will be routed more efficiently to the appropriate staff with a quicker resolution of the issue.
- For metrics that were approved in the current round, or approved but unpaid in previous rounds, payments (contingent on IGT) will occur by January 30.
- HHSC staff is in the process of reviewing Provisionally Approved metrics. For Provisionally Approved metrics that need more information, HHSC will request additional information in mid-February (target date is Feb. 16) and ask that the information be provided by early March (target date is March 6).

Category 3

- HHSC is reviewing baseline data submitted during the October reporting period and anticipates this process will require a couple of months to complete (target - end of February). During this process HHSC will be reviewing and working with providers as needed who a) submitted requests for alternate achievement levels, b) reported low volume denominators, c) baseline performance is significantly lower or higher than benchmarks, d) did not fully submit the required baseline data or whose baseline templates contain errors and e) did not submit the survey administration form for tool/survey based outcomes in ODs 6, 10 or 11. This process will commence with HHSC confirming with providers DY4 and DY5 performance goals for P4P outcomes.
- We have received several questions about providers that need to 'true' up baseline rates. For those providers who have recognized errors in baseline data submitted in October, please send an email to the waiver inbox with subject line- "Updated baseline performance" and include an updated baseline template with the corrected data. In addition, providers should include in the email detail around how the error was recognized and what steps were taken to identify the correct numerator and denominator. Please be as specific as possible. HHSC will review these updates and work with providers through the baseline review process if there is any additional information needed. To be clear, updates to baseline performance will not impact achievement of the baseline reporting milestone if achieved in October 2014. More, this is an opportunity for providers to ensure that DY4/DY5 goals are established from an accurate baseline. **Any provider**

initiated requests to 'true-up' baseline data must be submitted to the waiver inbox by January 15th, 2015.

Category 4 Update

- There are some Category 4 reporting questions that are under review by CMS for providers that have requested variances from reporting requirements. In these cases, HHSC has designated Needs More Info until the determination from CMS is received. We will notify providers as soon as possible for the CMS determinations in these instances. HHSC has received some feedback from CMS and we are working with them to finalize determinations.
- Category 4 RHP level information from ICHP on the PPA and PPR reports that were provided for DY 3 reporting is posted on the waiver website.

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

- HHSC is reviewing providers' responses to change request NMIs and plans to send HHSC's determinations to anchors/providers in early February.

Anchor Administrative Costs

- HHSC is reviewing the additional information that was requested on the submissions for admin costs from Anchors.

CMS DY2 DSRIP Financial Management Review

- HHSC has not received an update from CMS as to when we should anticipate receiving the draft report for comment (November was the original target).

DSRIP Mid-Point Assessment

- The review schedule may change to remaining site visits occurring in mid-February, with RHP 6 likely being done at the end of January/early February.
- Myers and Stauffer will update HHSC on the current RHP review schedule. We will update anchors when we receive this information from the compliance monitor.
 - During this week (January 5-9) several RHPs were visited including 12, 14 and 15.
- Please continue sending questions related to mid-point assessment to the DSRIP_compliance mailbox and either HHSC or Myers and Stauffer staff will respond to your questions
- HHSC will begin receiving RHP level reports from Myers and Stauffer soon and will provide additional information on what to expect with next steps.

Project Withdrawal Window

- Based on the PFM, performing providers will have a period of time after the mid-point assessment to determine if the provider wishes to continue with a project or withdraw a project from DSRIP.
- HHSC has proposed to CMS that the window to withdraw the projects be from February 1 through May 1 of 2015.
- HHSC will communicate any updates related to this timeline after receiving CMS feedback.

3. Other Information for Anchors

Update on Unspent DY2 DSRIP Funds

- HHSC does not have further information from CMS on the waiver amendment request to access DY2 DSRIP funds. As we get later into DY4, HHSC believes it is less likely that CMS will approve this amendment. CMS indicated that the UC deferral was one obstacle to approving the amendment,

along with the lateness in the waiver term. While the deferral has been lifted, as noted below, CMS wants to work with HHSC this year to resolve its concerns.

UC Deferral

- On January 7th, HHSC received from CMS a letter that formalizes the lifting of the UC deferral issued in September 2014. As anticipated, the letter notes that CMS plans to work with Texas to do further analysis related to its concerns around private hospital IGT financing arrangements. If CMS determines that any of the financing arrangements violate federal law and regulations, CMS expects that Texas would make necessary adjustments by December 2015.

Waiver Renewal

- HHSC has sent out an email to nominees for the "Clinical Champions" workgroup to assist with renewal activities focused on review of promising practices. A general Clinical Champions workgroup was formed along with a pool of experts in clinical subspecialties and a subgroup of persons with expertise in waiver administration and operations. The first meeting is scheduled for January 22, 2015.

Submission of updated RHP Plans

- HHSC DSRIP staff has had some internal discussions on submission of final RHP Plans and have a proposal. The Waiver team has a record of most recent versions of the project narratives, and would propose to retain these as a final version, with a caveat that there may be technical updates that are not included. The final workbooks and Category 3 selections can also be made available for public review.
- With this approach, the only updates that RHPs would need to provide are to other sections, including any updates to the needs assessment, and Section 7 signatures.
- We know that some of you may have waited to submit technical corrections, but it would be a lot of work on your end and ours to resubmit project narratives and review them to check that they are consistent with the most recent versions we have on record.
- We would like the information to be available by mid-June for waiver renewal stakeholder meetings. Therefore, we are thinking of submissions being due sometime in March, prior to April reporting.
- Please provide us any feedback you have on this proposed process.

Medicaid/CHIP Quality and Efficiency Improvement Website

- HHSC has launched a Medicaid and CHIP Quality and Efficiency Improvement website to increase transparency and public reporting. Please click here to view: http://www.hhsc.state.tx.us/hhsc_projects/ECI/index.shtml
 - The goal for the website is to serve as a one-stop information resource on Medicaid/CHIP quality improvement efforts. It contains information useful for healthcare providers, health plans, and the public.
 - The website houses several quality reports, including the annual quality of care workbooks for all Medicaid-CHIP programs, MCO performance profiles, report cards, At-Risk and Quality Challenge results, and other items. There is information on super-utilizer management, the Choosing Wisely initiative, and HHSC data-sharing efforts. There is also a link to the Texas Institute of Health Care Quality and Efficiency.
 - A useful resource in the quality of care data workbooks is the ability to compare different regions of Texas on a number of quality and utilization measures.
 - HHSC will be adding additional information to the site on an ongoing basis. New interactive features are planned to make it even easier to locate and visualize information.
 - If you have any questions or suggestions for improvement regarding the quality website, please email: HPCS_Quality@hhsc.state.tx.us
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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.