

June 15, 2018

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

1. General Anchor Communication

- Thanks for your continued work!
- Anchors must submit the completed RHP Plan Update regional tracker to HHSC through SharePoint by the end of today, June 15th.

2. DSRIP Implementation

April DY7 Reporting

- **Reporting & Payment Timeline:**
 - **June 18, 2018** - Rate Analysis sends out IGT notification
 - **July 2, 2018** – IGT settlement date for April reporting, RHP Plan Update submissions, and remaining 20 percent of DY6 Anchor DSRIP payments.
 - **July 8, 2018, 11:59pm** – Due date for providers to submit responses to HHSC requests for additional information (NMI requests) on April reported Category 1-3 milestone/metric achievement and Semi-Annual Reporting requirements. Please include "NMI" in the file name when uploading documentation in response to NMI requests.
 - **July 17, 2018** – April reporting **DY7 DSRIP payments** processed for transferring hospitals.
 - **July 31, 2018** – April reporting **DY5 and DY6 DSRIP payments** processed for all providers that were not paid on July 17, 2018. Remaining DY6 Anchor payments and DY7 DSRIP payments for RHP Plan Update submissions will also be processed at this time. Note that there are separate transactions for each payment for each DY.
 - **August 10, 2018** - 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 2019.
- HHSC will send out the project payments based on approval with today's Anchor notes.

Compliance Monitoring

- Thank you for submitting your questions on the information presented by MSLC at the RHP 8 & 17 Learning Collaborative. If you have not submitted questions for your RHP, please do so by COB today. In early July, MSLC will create an FAQ document with responses to the questions received from RHPs.

Anchor Administrative Claiming

- HHSC is currently reviewing DY7 Round 1 Anchor Administrative Cost Claiming submissions. Please look for emails from HHSC with questions about your submission and respond as quickly as possible.
- One question we asked of all submitters was whether costs associated with the updated Community Needs Assessment or the Extension Stakeholder Engagement Forum were included as part of this cost claiming submission. Costs related to these activities were covered by the DY6 Anchor Admin payment, as specified in the PFM (see below). Although the PFM language was drafted when we anticipated an earlier extension approval and RHP Plan Update submission, the

DY6 anchor payment was intended to cover these activities and therefore anchors cannot be paid twice for them, even if these DY6 activities occurred in DY7.

45. Anchoring Entity Requirements

- a. To receive its DY6A Anchoring Entity allocation, an Anchoring Entity must:
 - i. Submit a DY6A learning collaborative plan at the beginning of DY6 if it is the Anchoring Entity of a Tier 1, 2, or 3 region or it is the Anchoring Entity of a Tier 4 region that wishes to receive the enhanced allocation.
 - A. The DY6A learning collaborative plan, at a minimum, must include an annual regional learning collaborative. The learning collaborative must include a focus on DSRIP integration into Medicaid managed care, value-based purchasing, alternative payment models, or sustainability strategies for low-income uninsured. The Anchoring Entity could meet also meet this requirement through a work groups that would be in addition to the annual learning collaborative.
 - B. Two or more regions may work together to submit a cross-regional DY6A learning collaborative plan.
 - C. HHSC will develop a template that includes the required activities specified in paragraph 45(a)(i)(A). Anchoring Entities will complete each element in the template and HHSC will follow up if the template questions are incomplete.
 - ii. Extension Stakeholder Engagement Forum: Once CMS and HHSC agree on the longer term extension, the Anchoring Entity will conduct an extension stakeholder engagement forum to promote collaboration in the next phase of the waiver and community goals. The feedback from this forum should be used to inform the learning collaborative plan for DY6B and beyond. The Anchoring Entity will post a copy of the updated RHP Plan on the RHP's website prior to the forum.
 - iii. Submit the following information in June 2017, or by another date specified by HHSC:
 - A. The region's community needs assessment that was submitted with the original RHP plan in 2012 that has been updated as appropriate to reflect major changes, including changes to the priority needs;
 - B. A description of the process used to update the region's community needs assessment, including the process used to obtain stakeholder feedback; and
 - C. The RHP plan that was submitted in 2012 that has been updated for DY6B onward. This updated RHP plan will include next steps for DSRIP projects as agreed upon by HHSC and CMS that would occur beginning in DY6B.
 - iv. Submit documentation during October 2017 that demonstrates that the Anchoring Entity implemented the DY6A learning collaborative plan and conducted an extension stakeholder engagement forum.

3. Waiver Extension - DY7-8

Category C

- HHSC is looking for a few Anchors to volunteer to test the functionality of a draft Category C Reporting Template that will ultimately be used for Summer DY7 early baseline reporting. HHSC estimates that the template will be ready to share with volunteers for testing next week, and will need feedback within three days. Interested anchors should send an email to the waiver mailbox.

Anchor Conference Call

AGENDA

- Last Friday, HHSC sent additional information on the timeline for Category C changes after the RHP Plan Updates have been submitted. The same information is included in today's notes as a reminder.
- **Timeline for Category C Modifications**

Modification	Eligible Providers	Deadline for Submission
Achievement Milestone Payer Type	All Providers	Prior to reporting baseline & no later than 9/1/18 (7/26/18 for early baseline reporting)
Reporting Milestone Payer Type	All Providers	Prior to reporting baseline & no later than 10/1/18 (7/26/18 for early baseline reporting)
Replace a Measure	CMHCs & LHDs	Prior to reporting baseline & no later than 9/1/18 (7/19/18 for possible early baseline reporting, depending on HHSC availability)
Remove an Optional Measure	Hospital/Physician Practice	Prior to reporting baseline & no later than 9/1/18

- Providers who need to request a change to a measure's achievement or reporting milestone payer type after RHP Plan Update NMI responses are submitted will submit a request through the Category C Modification Request Form. Modification Request Forms will be available to the Online Reporting System Bulletin Board July 1st. HHSC will begin reviewing requests after the RHP Plan Updates are approved. Providers should submit these request forms to the waiver mailbox as soon as possible, and no later than 07/26/18 for a measure that will be reporting a baseline in the early baseline reporting template, and no later than 09/01/18 for a measure that will be reporting a baseline in October DY7.
- Once a measure's baseline is reported, HHSC will review reported baselines to ensure the measure reported has significant volume for the achievement payer type. If HHSC identifies that a provider has insignificant volume for the achievement payer type, or no volume for any payer type, HHSC will be able to make modifications through the HHSC baseline technical assistance process even if the deadline for provider submission has passed. HHSC encourages providers to report baselines as early as possible to identify any concerns that might impact the milestones associated with a selected measure or measure bundle.
- **Summer DY7 Early Baseline Reporting**
 - HHSC will be accepting early reporting of baselines in July-August 2018.
 - Standard baselines (ending 12/31/2017) and delayed baselines ending by 06/30/2018 are eligible to report baselines in the Summer DY7 Early Baseline Reporting Period.
 - HHSC encourages providers to report baselines early if possible to allow HHSC to identify any need for any possible milestone structure changes as soon as possible after the RHP Plan Updates are approved.
 - Payment for baselines reported in Summer DY7 will occur as usual following the October 2018 DY7R2 reporting period.
 - Providers could report some baselines early and others during the regular October reporting period.
 - Tentative Early Baseline Reporting Timeline:
 - July 2 – Cat. C Baseline Template published by HHSC
 - Week of July 9 – Cat. C. Baseline Reporting Webinar
 - August 3 – Cat. C Baseline Early Reporting Templates due to HHSC

- August 31 – Notice of technical assistance needed sent to providers
- **DY7R2 October 2018 Baseline Reporting**
 - Measures with a standard baseline measurement period (ending 12/31/17) who do not report baselines early, or a delayed baseline that ends by 03/31/18 will be eligible to report baselines during the regular October 2018 reporting period. October DY7 is the last opportunity to report baselines for payment for both standard baselines and delayed baselines that end by 03/31/18. This does include the NMI period if providers need additional time, though this is not recommended. Providers should not delay reporting until the NMI period unless absolutely necessary as it results in significantly more work for HHSC staff and does not allow a reasonable amount of time for technical assistance. Providers are strongly encouraged to report baselines as early as possible to identify any technical assistance needs and allow time for resolution.
 - The DSRIP rules do not allow standard CY17 baseline or delayed baselines that end by 03/31/2018 to carry forward baseline reporting to the April 2019 reporting period.
 - §354.1713 (h)(1). Carry forward of reporting. If a performer does not report a **measure’s baseline reporting milestone** or performance year reporting milestone **during the first reporting period after the end of the milestone’s measurement period**, the performer may request to carry forward reporting of the milestone to the next reporting period.
- **DY8R1 April 2019 Baseline Reporting**
 - Measures with a delayed baseline measurement period that ends after 03/31/2018 and on or before 09/30/2018 can report in the DY7R2 October 2018 period or carry forward reporting to the DY8R1 April 2019 reporting period.
- Providers will not be eligible to report performance for a given measure until HHSC has reviewed a baseline and approved for performance reporting. A provider with a standard baseline that reports a baseline for the first time during the October DY7 NMI period may not be eligible to report Performance Year 1 (CY2018) in April DY8, as HHSC may not have sufficient time to review baselines prior to April DY8.
- HHSC does plan to allow interim corrections to Category C reporting, similar to the interim correction process allowed in DY2-6. HHSC current plan is to allow baselines reported during the early baseline reporting period to be corrected through the October reporting template.

4. Other Information for Anchors

DSRIP Statewide Events Calendar

June 2018			
RHP	Date	Topic	Contact
2	6/29/18	Behavioral Health Learning Collaborative	Susan Seidensticker
		Register Here	
July 2018			
RHP	Date	Topic	Contact
15	7/13/18	RHP 15 Learning Collaborative	Oscar Perez
September 2018			
RHP	Date	Topic	Contact
6	9/7/18	RHP 6 Learning Collaborative & Stakeholder Forum	Carol Huber
		www.texasrhp6.com	

Anchor Conference Call

AGENDA

*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.*