

September 4, 2015

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

1. General Anchor Communication

- Thank you for all of your continued work!
- HHSC wants to reiterate for all waiver stakeholders an issue that may impact available UC funds in DY5. In November-December 2011 when waiver negotiations with CMS were being finalized, HHSC paid out \$466 million in UPL funds and CMS added a provision to the waiver requiring that during the 5-year waiver term, these payments be offset against the UC pool (i.e., reducing UC pool payments by \$466 million). HHSC has not yet done this offset, which could reduce the amount of UC funds available in DY5 from \$3.1 billion to less than \$2.8 billion. HHSC plans to count toward the UPL offset recoupments as each DY's UC payments (based on a 2-year data lag) are reconciled to actual UC costs that year. For example, for DY1 this recoupment amount is almost \$100 million. HHSC should also be able to do the DY2 reconciliation before DY5 payments are finalized (DY2 recoupment amount still TBD). To the extent that HHSC can offset recoupments against the \$466 million, this will reduce the payment reduction from the DY5 UC pool. HHSC will keep stakeholders updated as we have more information. (HHSC submitted a waiver amendment to CMS in the summer of 2013 requesting that instead of using the UC pool as an offset, Texas be allowed to use either budget neutrality room or unearned DSRIP funds. CMS has not approved that request.)

2. DSRIP Implementation

DY 4 October Reporting

- In preparation for October DY4 Reporting, the waiver team sent out a request to Anchors this week to confirm and/or update the users for the DSRIP Online Reporting System. Please use the file we sent to confirm the users that need access to the system with the providers and IGT entities in your region. Please highlight additional users or changes in contact information in green and user deletions in red. The file should be completed and returned to the waiver mailbox by **Wednesday, September 23rd**. Please let us know if you didn't receive this email or have any questions.
- We want to encourage providers to check the Online Reporting System to review their Category 1 and 2 DY3 carryforward and DY4 metrics they have not yet reported for achievement, and begin sending any questions about metrics or documentation so HHSC will have time to respond. Please note that recent Category 3 changes are not yet integrated into the Online Reporting System.
- The estimated payments for approved April NMI milestones and metrics will be attached to today's Anchor notes. Please refer to column G "DY4 Round 1 NMI Approved DSRIP" and column K "DY3 Round 1 NMI Approved DSRIP" for the NMI approved amounts that will be included for January 2016 payments. Note that column H "DY4 Round 1 Remaining Approved Unpaid DSRIP" and column L "DY3 Round 1 Remaining Approved Unpaid DSRIP" include the NMI approved amounts and the remaining approved amounts that were not fully paid with July 2015 payments.
- For October DY4 reporting IGT changes, HHSC plans to post the estimated IGT due based on reported achievement by November 6, 2015. Providers may submit IGT changes (i.e., changes in IGT Entity or proportion of IGT funding) by November 20, 2015, instead of by the end of the reporting period on October 31, 2015.

Category 3

- Category 3 reporting is a significant challenge for many providers and we appreciate your patience and cooperation in resolving baseline reporting issues with both HHSC and Myers and Stauffer (MSLC). HHSC requested from CMS to amend the Protocols and move all of Category 3 DY4 to pay for reporting to give HHSC and MSLC more time to work with providers to improve capacity. HHSC received notice from CMS this week that this request was not granted and the current Category 3 DY4 payment structure for pay for performance outcomes remains in place.
- **Baseline TA:** HHSC continues to work with providers on outstanding issues related to Category 3 baselines reported in October DY3 and April DY4. At this point, we believe all providers have been contacted. HHSC will aggregate all changes made through the Category 3 baseline TA process and baseline corrections and send an updated summary of Category 3 baselines and reporting status to Anchors and providers for review with a current target date of September 18th. HHSC will then complete needed changes to Category 3 milestones in the Online Reporting System prior to September 30th.
- **Category 3 Reporting Template Update:** In the October DY4 reporting period, all Category 3 reporting will be done in one provider template including both baseline reporting and DY4 performance reporting. As providers are needing to make baseline corrections as a result of improvements in data integrity and understanding of measure specifications, the October DY4 reporting template will include the option to correct a currently reported baseline due to errors in outcome interpretation or data collection. If a baseline is corrected through the reporting template, the template will be able to recalculate DY4 and DY5 goals in most scenarios and determine percent of DY4 goal achieved. Providers will not be able to add or remove approved subsets or change measurement periods during the reporting process. HHSC will have more details on the October DY4 reporting template updates in the reporting companion.
- **Updated Category 3 Milestone Structure for Non-Standard Baselines:** This morning, HHSC sent Anchors an updated description of Category 3 milestone structures for P4P and P4R outcomes including non-standard milestone structures that may have resulted from outcomes with no or insufficient data prior to the end of DY3. Anchors should familiarize themselves with the DY4 baseline scenario as it results in a change to the DY4 milestone structure. In reviewing Category 3 baselines reported in April DY4, there were a number of issues surrounding baseline measurement periods. As a reminder, in cases where a provider has no or inadequate data to establish a baseline that ends by 09/30/2014 (the end of DY3), DY4 data may be used to establish a baseline and this results in a change to the Category 3 milestone structure. Outcomes approved to report with a DY4 baseline must report a baseline with 12 months of data, and the 12-month period should be as early as possible and end no later than the end of DY4. Providers intending to report a baseline with DY4 data should notify HHSC prior to October reporting as this results in a change to the DY4 payment structure, removing the DY4 achievement milestone. Providers who report a baseline with DY4 data and do not contact HHSC prior to the October reporting period will not be eligible to receive the DY4 funds associated with their AM-1.x achievement milestone during the October reporting period. The summary of Category 3 baseline and reporting status that will be sent to Anchors and providers later in September will include a designation of outcomes currently approved to use this DY4 baseline milestone structure.
- **Category 3 Regional Assistance:** As Category 3 is complex and the volume of TA requests is high, HHSC suggests that each Anchor office designate a Category 3 point person for the October DY4 reporting period if you have the capacity to do so. HHSC will encourage providers to direct questions to the regional point person first, and will cc: the regional point person on all provider communication. Please send an email to the waiver mailbox by Wednesday of next week designating your Category 3 Primary Contact or letting us know if you do not have the bandwidth

to designate a point person. If most regions are able to designate a point person to assist, we think we'll have a much better chance of collectively helping providers with Category 3 for October reporting.

- **Category 3 & Myers and Stauffer:** By September 30th, providers with Category 3 baselines selected in Round 1 or Round 2 of review will receive preliminary notifications and corrective action plans if needed. MSLC will begin working with providers to complete corrective action plans and finalize baseline corrections beginning in October, extending through December 2015. HHSC will not be removing reporting eligibility for October DY4 reporting based on Myers and Stauffer findings. In January, MSLC will start notifying and reviewing Category 3 baselines from providers not currently selected in either round 1 or round 2 of compliance monitoring.
- **October DY4 Reporting Eligibility:** All outcomes with a reported DY3 baseline will be eligible to report DY4 performance in October. All reporting is subject to compliance monitoring and in cases where compliance monitoring determines that actual achievement is less than reported achievement, payments above actual achievement will be recouped. For example, if a provider reported 100% achievement of their DY4 goal and a compliance monitoring review determined that DY4 achievement was 75% of the DY4 goal, HHSC would recoup 25% of the funds associated with the DY4 achievement milestone. **Providers uncertain of their baseline are strongly encouraged to carry forward reporting of their DY4 performance.** This will reduce the possibility of recoupment and additional administrative work for the provider and HHSC.
- **Population Focused Priority Measures & Stretch Activities:** HHSC will be posting a revised Population Focused Priority (PFP) Measures menu to the HHSC website and will also send it with the Anchor notes. The menu has been updated to reflect the final selection PFP IDs and the corresponding Category 3 Measure for specifications. HHSC has not yet reviewed PFP baselines that may have been reported in October DY3 or April DY4, and will begin that process in January 2016. HHSC is working on enhanced guidelines for Stretch Activities and these will be available after the October reporting period, with providers eligible to report achievement of Stretch Activities in October DY5. Stretch Activity milestones (PM-11) do not need to be reported in the same reporting period as their associated Category 3 outcome reporting (PM-10 or PM-12).

QPI

- HHSC staff is continuing to work with providers to resolve the outstanding QPI issues. We anticipate that all QPI metrics will be eligible for reporting in October.
- On Tuesday, HHSC sent out QPI reminder and clarification information to all anchors and providers. Please remind providers to get any questions related to October reporting on QPI in to the waiver mailbox as soon as possible.

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

- HHSC has completed the review of the submitted change requests, and MSLC has completed their review of those change requests that required their secondary review.
- HHSC sent the feedback to the anchors (with a cc: to the providers) on September 3.
- HHSC requests that the anchors submit their Change Request Tracking Sheets with providers' responses to requests for additional information and/ or any other comments to HHSC by **Wednesday, September 23.**

Compliance Monitoring/Mid-Point Assessment

- Addendum to the Mid-Point Assessment Report with results of the review of 3 year projects is completed and attached to the email with anchor notes. There are three attachments for this addendum: 3 Year Project Review Methodology, Appendix 1- 3 Year Projects Risk Ranking, and

Appendix 2-3 Year Projects Analysis Recommendations Responses. HHSC already added projects that have received a score of 4 or 5 to the list of the projects for HHSC review and notified providers about that.

- **Category 1 and 2 metrics review.** As we previously notified, due to the expansion of the work on Category 3 baseline review, MLSC delayed its review of the reporting for Category 1 and 2 metrics until October. We will communicate to you when this work resumes.
- Please continue sending all questions related to compliance monitoring to the designated mail box:
TXHealthcareTransformationDSRIP_Combpliance@hhsc.state.tx.us.

3. Other Information for Anchors

Statewide Learning Collaborative Summit

- Thank you for your participation at the 2015 Statewide Learning Collaborative Summit! We really appreciate your help bringing everything together and we thought it turned out to be a great conference.
- HHSC will be sending out a Survey Monkey link requesting feedback on both the content and structure of the event. This survey will be open and emailed to participants, planned by Tuesday, September 8th and will remain open until Friday October 2nd. Please encourage your providers to respond as this feedback is very helpful as we identify ways to continue to improve the event.
- We would like to ask if any Anchor(s) would be willing to host the recordings from the Summit on their website(s). For HHSC to host them, they would all need to be close captioned in order to be ADA compliant, which is not really feasible. We are unable to utilize Dropbox to store the files, but we could upload the files to someone else's Dropbox or an alternative location. Please let us know if you are willing and able to assist with this!

Waiver Renewal Planning

- HHSC has submitted the waiver extension packet to the Governor's office for submission to CMS by September 30, 2015. The extension packet includes a summary of the public comments received through August 5th, many of which concern details that will be handled through the protocols. HHSC didn't make substantive changes to the extension packet based on comments received.
- The DSRIP protocol webinar is tentatively planned for Wednesday, September 30, 2015 from 1:30 p.m. - 3:00 p.m. We will follow up with confirmation of this date/time and call-in information. HHSC will provide additional details on areas such as combining projects, plans for the transition year if one is needed, and additional information on the proposed switching of Cat 3 and Cat 4.
- As a reminder, the waiver extension and protocols are all subject to CMS approval.
- HHSC will be posting the proposed extension menu for replacement projects and a survey for feedback soon. Existing projects with no flags can continue, regardless of the revised menu options. The only project options which are not planned for waiver extension for existing projects are 2.4, 2.5, 2.8 and 1.10 [except for 1.10 for learning collaborative purposes]. Other changes to the protocols may require "next steps" for existing projects.
- HHSC also plans a survey for feedback on the Statewide Analysis plan after the webinar, to include Categories 3 and 4 and the performance bonus pool.
- For overall planning HHSC will stagger the feedback loop to account for providers reporting in October, and HHSC's review of reporting in November, for the planned timeline of protocol

submissions to CMS in early 2016.

Update on Private Hospital Deferral Financing Issue

- HHSC doesn't have additional updates at this time, but will keep you apprised when more info is available.

Clinical Champions

- The Clinical Champions workgroup continues to review those projects that submitted a Transformational Impact Summary, with many promising practices emerging from this process.

Alignment with Managed Care

- HHSC has requested managed care organizations provide us with the best contact person in their health plan for coordinating with RHP anchors. We hope to have all plans' information in next week and will distribute the contact list.

Tableau Dashboard

- Just a reminder that HHSC posted a [DSRIP Tableau Dashboard](#) searchable statewide DSRIP database (along with the user reference guide) on the [Regional Healthcare Partnership \(RHP\) Plans](#) page. The DSRIP Tableau Dashboard presents Category 1-3 data in summaries and graphs. It allows project filters based on RHP, Provider Name, Provider Type, Project Option, Primary Project Type, and Category 3 Outcome. Please let your providers know!

DSRIP Statewide Events Calendar

September 2015			
RHP	Date	Topic	Contact
14	9/11	RHP 14 Learning Collaborative	Jan Ramos Jramos3@echd.org
1	9/15	RHP 1 Learning Collaborative	Stephanie Fenter Stephanie.fenter@uthct.edu
17	9/16	RHP 17 Learning Collaborative - Population Health and Outcome Measures	Shayna Spurlin Spurlin@sph.tamhsc.edu
12	9/23	RHP 12 Regional Learning Collaborative	Bobbye Hrcirik Bobbye.hrcirik@umchealthsystem.com
9	9/24	RHP 9 Biannual Learning Collaborative Event	Margie Roche Margaret.roche@phhs.org
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)
February 2016			
RHP	Date	Topic	Contact
9 & 10	2/9-10	2 nd Annual RHP 9 & RHP 10 Collaborative Connections - Impacting Care	RHP 9: Margie Roche Margaret.roche@phhs.org RHP 10: Meredith Oney

*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.*