Anchor Conference Call

AGENDA

December 9, 2016
1:30 - 3:00 p.m. CST

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1. General Anchor Communication

- As always, thank you for all of your continued work!
- Just a reminder that the DY5 Anchor Annual Report and the DY6A Learning Collaborative Plan Template are due to HHSC by December 15, 2016.

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2. DSRIP Implementation

October DY5 Reporting
- HHSC has completed the initial review of October DY5 Reporting submissions. Providers and Anchors should receive a summary of the initial reporting review results by COB today with additional instructions on submitting information for "Need More Information" (NMI) requests.
- The additional reporting period will open on Saturday, December 10th.
- Review & Payment Timeline:
  - **December 19, 2016 -** Estimated date that Rate Analysis will send IGT notification
  - **January 3, 2017** – IGT settlement date for October reporting DSRIP payments.
  - **January 13, 2017** – October reporting **DY5 DSRIP payments** processed for **transferring hospitals and top 14 IGT Entities**.
  - **January 17, 2017, 11:59pm** – Due date for providers to submit responses to HHSC requests for additional information (NMI requests)
  - **January 31, 2017** – October reporting **DY4 DSRIP payments** processed for all providers and **DY5 DSRIP payments** processed for remaining providers that were not paid on January 13, 2017. *Note that there are separate transactions for each payment for each DY.*
  - **February 24, 2017** – HHSC and CMS will approve or deny the additional information submitted in response to HHSC's NMI requests from October reporting.

Compliance Monitoring
- **Cat 1 and 2.** MSLC is finalizing work for some of the Round 2 projects with DY3 carryforward metrics requiring additional validating. MSLC will forward the results to HHSC for review. Overall, the review of the Round 2 MSLC results is still ongoing.
- There are still some outstanding projects from Round 2 Category 1 and 2 reviews (4 metrics), where providers did not submit needed information to the compliance monitor. Once HHSC receives the information about these projects from MSLC, determination will be made if payments for these metrics will be recouped. HHSC will let impacted providers know when we receive MSLC information and review it.
- Random sampling selection of the projects for Round 3 review will not be happening before January. We will update anchors once we have the revised timelines in place.

Category 3
- **Cat 3 NMI due to Data Lag:** As a reminder, DY5 R2 reporting is the last opportunity to report for achievement of DY4 milestones and DY4 milestone cannot be further carried forward into DY6. A number of Category 3 outcomes have received NMI determinations in DY5 R2 because DY4 achievement milestone AM-1.x has been reported as less than 100% achieved in PY1, and PY2 has not yet been reported. These outcome received an NMI determination to give providers the

opportunity to report PY2 during the NMI reporting period for possible achievement of DY4 AM-1.x. HHSC is only accepting PY2 reporting during the NMI reporting period for outcomes with a DY4 AM-1.x milestone that has been less than fully achieved and has not reported PY2 (or PY1 in some cases). Impacted providers that do not report PY2 during the NMI response period will be able to report PY2 in April DY6, but will not be eligible to receive payment for DY4 milestones.

- **Cat 3 Achievement Milestone Approvals in DY5 R2:**
  - Category 3 achievement milestones that were fully achieved based on performance rates submitted in the Category 3 Reporting Template have been marked as "Approved."
  - Achievement Milestones that were reported and did not fully meet their goal were marked
    - "Partially Achieved and Carryforward Approved" if only the first PY associated with an achievement milestone has been reported
    - "Partially Achieved" if both PYs associated with an achievement milestone have been reported and the achieved value is greater than 0%.
    - "Not Approved" if both PYs associated with an achievement milestone have been reported and the achieved value is 0%. Please note that AM-1.1 achievement milestones that were partially achieved when reporting PY1 in DY4, and 0% achieved when reporting PY2 in DY5 have been marked as "Not Approved" in DY5, but will still show as partially achieved in the DY4.

      Example A: a provider reported both PY1 and PY2 with 50% achievement of their PY1 goal, AM-1.1 would be marked as "Partially Achieved" with no carryforward as there are no further performance years for achievement of AM-1.1.

      Example B: a provider reported both PY2 and PY3 in DY5 R2 with 0% achievement of their PY2 goal in both PYs, AM-2.1 would be marked as "Not Approved" with no carryforward.

      Example C: a provider reported PY1 in D4 R2 with 50% achievement of AM-1.1, and then reported PY2 in DY5 R2 with 0% achievement of AM-1.1. AM-1.1 would be marked as "Not Approved" with no carryforward in DY5 R2, and there would be no change to D4 R2 payments which will still show AM-1.1 as 50% achieved in DY4 R2.

Anchor Administrative Costs
- HHSC is completing review of the anchor administrative cost reports.
- The tentative due date for IGT is January 27, 2017, with payments expected to be made on February 10, 2017

3.	Waiver Renewal

Initial 15-month extension
- We've gotten several questions about the Community Needs Assessment requirements and due date. The due date in the PFM is June 2017 or another date specified by HHSC. That date is being postponed until November 2017. HHSC sent a draft CNA template to anchors in April 2016 to get feedback; many elements of that will need to be updated, but in general, the types of questions should remain the same. Anchors can begin working on plans for updating their regional community needs assessment and HHSC will continue to keep you updated.
- The Anchor DY6A payment will not require the same claiming methodology as the anchor administrative claiming payment system has for previous DYs; for example, time sheets will not be required. Anchor requirements for receiving the DY6A Anchor payment are laid out in the updated

PFM. The last 3 months of the 15-month extension, referred to as DY6B, will be considered part of DY7 and the anchor claiming system has not yet been determined for DY7 and beyond. Additionally, if providers are claiming DY5 carryforward costs in DY6A, the criteria for DY5 anchor administrative claiming will apply.

- HHSC is posting the draft questions for the DY6 Sustainability Planning milestone template to the Waiver website (and we will attach to the Anchor Notes). Please feel free to review the questions and let HHSC know of any concerns or feedback via the waiver mailbox by January 30. The questions will be formatted into a template to be filled out for reporting in October 2017. The template will utilize some drop-down menu options to streamline the data collection.

Longer term waiver renewal

- As you are aware, HHSC has an approved extension through 12/31/2017 and continues to work with CMS on a longer term renewal.
- The HHSC waiver team is currently working on draft Program Funding and Mechanics (PFM) protocol for DY 7, which begins on 10/1/2017 to align state goals and consistent with information above specific to DSRIP.
- The plan is to have a draft to stakeholders by the end of January 2017, with program rules planned to be proposed in February to be effective in August 2017.
- Although the PFM will be specific to DY 7 at this time, the plan is to lay the groundwork for up to four additional DYs.
- HHSC encourages stakeholder feedback on the draft proposal when released.

HHSC communicated the following information on the previous anchor call specific to DSRIP from the 10/21/16 meeting with CMS:

- CMS focus is on payment reform for current 1115 waivers that include DSRIP.
- CMS' guiding principles on DSRIP indicate DSRIP should be about incentives, start-up funds and capacity building, not ongoing program operations.
- CMS expressed interest in integration of funding into Medicaid managed care.
- CMS also indicated a portion of DSRIP could continue outside of managed care for the uninsured.
- HHSC will be working with CMS to understand their definitions of value-based purchasing and on reasonable timeframes for transition.

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4. **Other Information for Anchors**

Value-Based Payment and Quality Improvement Advisory Committee

- Information can be found at this link and stakeholder involvement is welcome. https://hhs.texas.gov/about-hhs/leadership/advisory-committees/value-based-payment-and-quality-improvement-advisory-committee.

Palliative Care Interdisciplinary Advisory Committee

- The Palliative Care Interdisciplinary Advisory Council met on Monday, December 5, 2016 to review its first year of work and prepare for its second year.   During its first year, the Council developed recommendations for raising awareness about the benefits of palliative care and expanding access to these services. The Council's goals are to help all Texans in need receive the benefits of palliative care, especially through early supportive and palliative care consultation, and to promote an understanding of palliative care that makes it clear that palliative care is not just for end-of-life; but can be beneficial for individuals at any stage of a serious of illness. During the upcoming year, the

Council will work with HHSC staff to establish two deliverables, a palliative care information and education website and a continuing education initiative.

- The Council plans to hold its next in-person meeting in early April of 2017.
- More information can be found at this link: https://hhs.texas.gov/about-hhs/leadership/advisory-committees/palliative-care-interdisciplinary-advisory-council.

DSRIP Statewide Events Calendar

February 2017			
RHP	**Date**	**Topic**	**Contact**
3	2/7	RHP 3 Learning Collaborative	RHP 3
9 & 10	2/22-23	2017 Collaborative Connections - Impacting Care Learning Collaborative Information and Registration	RHP 9: Margie Roche RHP 10: Yvonne Kyle
2	2/24	Behavioral Health Learning Collaborative	Susan Seidensticker

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.