

May 13, 2016

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

1. General Anchor Communication

- As always, thank you for all of your continued work!

2. DSRIP Implementation

April DY5 Reporting

- April DY5 Reporting Timeline:
 - May 5, 2016 – HHSC Reporting Review begins.
 - May 12, 2016 - HHSC will post estimated IGT due for April reporting.
 - May 20, 2016, 5:00pm - Due date for IGT feedback on their affiliated providers' April reported progress. (Optional)
 - May 27, 2016, 5:00pm - Due date for IGT changes.
 - June 8, 2016 – HHSC will complete the initial reporting review and distribute reporting results.
 - June 17, 2016 - updated IGT file sent to anchors
 - July 1, 2016 – IGT settlement date for April reporting DSRIP payments.
 - July 6, 2016, 11:59pm – Due date for April NMI Reporting submissions
 - July 15, 2016 – April reporting DY5 DSRIP payments processed for transferring hospitals and top 14 IGT Entities.
 - July 29, 2016 - April reporting DY4 DSRIP payments processed for all providers and DY5 DSRIP payments processed for remaining providers that were not paid on July 15, 2016.
 - August 5, 2016 – HHSC will complete NMI Reporting Review and distribute reporting results.
- **Estimated IGT for DY5 Round 1**
 - HHSC has posted the estimated IGT for DY5 Round 1 on the waiver website under April DY5 Reporting, <http://www.hhsc.state.tx.us/1115-Waiver-Guideline.shtml>. Please review the yellow highlighted columns for DY5 Round 1 estimated DSRIP payments and DY5 Monitoring IGT due.
 - The estimated payments for Categories 1, 2, and 4 are based on the assumption that all milestones/metrics reported as achieved in DY5 Round 1 will be approved by HHSC. Category 3 estimated payments are based on Category 3 outcomes that were eligible to report in April DY5 were estimated to be paid 100% of DY5 funds or 100% of remaining DY4 funds. The Category 3 estimated payments will be considerable overestimates due to this approach. For October reporting, HHSC will use the achievement values from the Category 3 templates to have more accurate estimates of IGT needed.
 - The estimates use the current IGT percentage allocations for each project. Providers and IGT Entities may use these estimates to determine the maximum amount of IGT that may be due this round and to determine if IGT changes are needed.
 - Providers should submit any IGT changes by May 27th using the IGT Change Form <http://www.hhsc.state.tx.us/1115-docs/092515/IGTEntityChangeForm.xlsx>. Note that the FMAP used for July 2016 payments is 57.13.

Compliance Monitoring

- MSLC provided HHSC with preliminary results of the review for the majority of Category 1 and 2 projects. HHSC has reviewed the results and requested a follow up for number of projects. Once HHSC reviews information that MSLC will provide after following up with the providers, there will be further communication with providers who could not substantiate reported information.
- Communication regarding possible recoupments will come from HHSC (in June) and providers will have an opportunity to respond prior to the initiation of a recoupment.
- The next round of Category 1 and 2 reviews is starting in May as soon as MSLC finalizes selection of the projects for the review. This review will include DY3 carry forward and DY4 metrics.
- Category 3 performance review will start in the very near future as well.

Anchor Administrative Costs

- The next submission date for reporting administrative costs is May 16, 2016.
- The Cost Template and the Percent-of-Effort spreadsheets are posted on the waiver website at <http://www.hhsc.state.tx.us/1115-Waiver-Guideline.shtml>. Please remember that both documents as well as notarized certification must be submitted.

Category 3

- We received Category 3 reporting templates from all providers! We will be pulling the reporting information and project summaries from the templates to seed the online reporting system before the end of the month.

3. Waiver Renewal

Update on Waiver Extension Application

- As you know, CMS approved HHSC's request for a 15-month initial extension of the waiver, from October 2016 - December 2017.
- During this extension CMS and HHSC will continue negotiations on a longer-term extension.

Waiver Renewal Planning

- HHSC recently spoke with CMS about the 15-month extension and received some clarification and guidance from them and from our leadership:
 - The 15-month extension does not equal a 15-month year. We will treat DY6 as a 12-month, federal fiscal year from October 1, 2016 - September 30, 2017, with reporting on annual metrics for projects. The DSRIP pool for the 12 months of DY6 will be \$3.1 billion, all funds. The three months from October 1, 2017 - December 31, 2017 will be prorated separately and we will continue to work on what happens in DY7.
 - CMS prefers that the existing Category 1 - 4 structure continue in DY6. This means that in DY6 providers would continue to report on Category 3 outcomes and Category 4 domains, instead of changing Cat 3 to P4R and Category 4 to a performance bonus pool (PBP).
 - We do not anticipate any work required for anchors/regions on the PBP in DY6.
 - Providers will not be required to report Medicaid IDs of patients served.
- Additional elements of the HHSC DY6 Transition Plan still in process (pending approval by CMS):
 - Planned next steps proposal to CMS for projects in DY6:
 - Providers will report on a MLIU QPI metric for all projects in DY6. This metric will be P4P or P4R depending on current project requirements or notification by HHSC.
 - Providers will report on their sustainability plans in DY6 using a template HHSC will develop. In addition to previously proposed elements (working with MCOs, collaborating with other community partners, participating in local HIE, etc.),

- sustainability plans could include a project evaluation if providers have completed or wish to complete one. Project evaluations are not proposed to be required for Category 3 reporting in DY6.
 - Additional next steps in DY6 will be required for a few projects previously notified by HHSC.
 - HHSC will also continue to work with CMS on what would be planned to begin in DY7.
- Category 3 P4P/P4R continues with additional details TBD, including the gap closure percentage for P4P in DY6.
- Cat 4 continues as it is currently for hospitals as P4R.
- We anticipate that projects that were approved earlier this year by HHSC to combine in DY6 may still combine. There may be an additional opportunity at a later date for providers to request projects to combine.
- We still plan on setting an optional minimum valuation of \$250,000 per provider, if IGT is available.
- Although we won't be working on a PBP, HHSC is still interested in a statewide analysis of certain measures and will continue to work with our External Quality Review Organization, ICHP, on development of that analysis.
- CMS continues to be very interested in progression of moving toward Alternative Payment Methods and moving certain DSRIP projects into Medicaid managed care, although questions still remain about how this will be operationalized and how it will impact the low-income uninsured.
- HHSC is still proposing that Anchors receive a one-time payment in DY6.
- As a part of their work in DY6, Anchors will need to submit an updated CNA.

DY 6 Rule Packets

Since HHSC is still in negotiations with CMS on renewal, both of the following packets are subject to change, as specified in the rules.

Transition Year Rule Packet #1 (effective June 2016)

- Rule packet #1 pertains to actions in preparation for extension of DSRIP.
 - HHSC published the rules in this first rule packet as proposed in the *Texas Register* on March 25, 2016.
 - The public comment period ended April 25, 2016.
 - HHSC received several comments regarding proposed §354.1645(e), which specifies that if after choosing to continue a DSRIP project in the transition year, a provider decides not to continue or replace that project, HHSC will recoup any DY6 payments that the provider received. Providers expressed concern about having to decide whether to continue their project without knowing what the requirements would be for DYs 7-10.
 - HHSC understands this concern, so in the adopted version of this rule, HHSC will revise this language to provide for a withdrawal window between the second payment period for DY7 and the first reporting period for DY8. Projects withdrawn during this withdrawal window will not have their DY6 payments recouped due to withdrawal, subject to CMS approval.
 - HHSC also received several comments opposing the requirement in §354.1649(a)(2) for performing providers to submit the Medicaid IDs for Medicaid-enrolled individuals served by the DSRIP project because it would pose a significant administrative burden. The commenters stated that in some cases, Medicaid IDs may not be easily available to providers or included in their medical record data. Submitting Medicaid ID data to HHSC could require additional system changes for certain providers.
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- HHSC understands these concerns, so in the adopted version of this rule, HHSC will remove the Medicaid ID reporting requirement.

Transition Year Rule Packet #2 (effective September 30, 2016)

- Rule packet #2 pertains to requirements for the DSRIP program transition year.
- HHSC plans to revise these rules as negotiations continue with CMS on protocols for DY 6.
- HHSC will continue to update and solicit feedback from stakeholders on these rules.

4. Other Information for Anchors

2016 Statewide Learning Collaborative Summit - August 30-31

- Registration for the SLC is open! HHSC sent registration information to anchors earlier this week; please let us know if you did not receive it. We appreciate you coordinating with your providers on registration.
- As in previous years, every DSRIP performing provider will have an opportunity for at least one representative to attend in person. Performing providers with 10 - 19 active projects may send two representatives, and those with 20 or more projects are invited to send three. Anchors have 2 SLC slots. We will keep an eye on registration and reallocate additional slots, if any are available, later in the summer.
- As we develop the SLC agenda, we will be reaching out to anchors for ideas and possible projects to highlight. More information to come!

May Clinical Champions Meeting

- The Clinical Champions workgroup will meet May 16, from 1:30-3:00 at Ashbel Smith Hall (ASH) 208, 201 West 7th Street.
- Development of the SLC agenda will be discussed.

DSRIP Statewide Events Calendar

June 2016

RHP	Date	Topic	Contact
3	6/8-9	RHP 3 DY5 Learning Collaborative Register Here	RHP 3 Anchor
11, 13, 16 & 19	6/21	2016 Rural Learning Collaborative More information: texasrlc.com	Kathy Lee

August 2016

RHP	Date	Topic	Contact
HHSC	8/30-31	2016 Statewide Learning Collaborative Summit	Transformation Waiver

September 2016

RHP	Date	Topic	Contact
2	9/15	RHP 2 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.