Anchor Conference Call

AGENDA

March 23, 2018
1:30 - 3:00 p.m. CST

1. General Anchor Communication

- Thanks for your continued work!
- As the Uncompensated Care (UC) rules are being developed for DY9-11, a couple of questions have come up: 1) Should UC-only hospitals continue to be required to participate annually in a regional learning collaborative or stakeholder meeting; and 2) for UC, should providers continue to be required to notify the RHP Anchor when there are IGT entity changes? Please let us know by Wednesday, March 28, if you have a preference.
- Anchors asked whether organizations that may qualify for the UC program but that are not currently in UC can participate, specifically physician practices. Rate Analysis confirmed that only physician practices that were grandfathered into the physician practice UC program from the former physician UPL program are eligible to participate. These would be the same physician practices that participated in DY6. There are no plans to change this for DY7-11.

2. DSRIP Implementation

October DY6 Reporting

- Extended NMI reporting results were sent to providers and anchors this morning. Please note that only providers who were eligible and took advantage of the extended NMI reporting period will receive this communication and updated reporting summaries, as well as their anchors.

April DY7 Reporting

- Reporting materials for April DY7 will start being posted at the end of March. Providers will be reporting on DY6 carryforward milestones and metrics. If a provider has no DY6 carryforward to report, they will not have to report any information to HHSC during the April reporting period.

Category 3

- HHSC has updated the Category 3 summary workbooks posted to the online reporting system with Category 3 reporting as of the October DY6 Extended NMI reporting period and MSLC reviews closed prior to February. Providers should review for accuracy and notify HHSC of any errors only (not needed corrections) **by March 30th**. Providers do not need to confirm with HHSC if prior reporting is accurate.
- There will not be an opportunity for an interim corrections period prior to April reporting, so providers will need to make any corrections in the Category 3 reporting template during April DY7 or October DY7 reporting.
- Providers who need to make corrections should email the Waiver mailbox during the April reporting period with the RHP and project ID, the outcome measure, the years requiring correction, and a detailed explanation of why the correction is needed (i.e., why the information reported previously is inaccurate and how the corrected information is calculated). Once this information is reviewed, HHSC will provide instructions on how to make a correction in the reporting template. Please contact HHSC as early as possible in the reporting period, **no later than April 20th**, so that we have time to review your information and respond before the reporting period closes.

Compliance Monitoring

- MSLC is continuing its work with Category 1 and 2 and has started the review of projects that were deferred to February due to Hurricane Harvey. Expected completion date for the review of most projects is May 2018.
- MSLC continues to work with providers on Category 3 Round 3 Performance Reviews. We anticipate that Round 3 reviews will be completed by May 2018 for most projects.

3. Waiver Extension - DY7-8

RHP Plan Update

- The Anchor Template has issues with the data populating the data from the provider templates. Specifically, the *Regional Valuation* tab Performing Provider Type table is not populating the correct valuation for public hospitals, the *Regional Category B* tab is not correctly populating CMHC system components, and the *Regional Category C Summary* tab is not including all providers in the MPT Summary if there are more than 23 providers. Anchors may use the version sent with today's notes or may send in what they have started to HHSC to correct.

Category A

- Anchors noted that the template will not really show whether a DSRIP project is continuing, and asked if HHSC plans to poll providers outside of the plan submission process to assess what is continuing from Waiver 1.0.
    - Based on the responses included in the templates, HHSC will get a high level picture of what initiatives are continuing via Core Activities. HHSC is not planning to poll providers at this time, but Anchors may do so if helpful to the region.

Category C

- The fourth round of FAQ on the Measure Specifications was posted on the DSRIP Online Reporting System bulletin board this week. We are continuing to review questions regarding Measure Specifications and plan to update the FAQ every other week through the end of March. You may submit **NEW** questions to the waiver mailbox, but we ask that you first check the posted FAQs and the measure specifications (especially the Introduction, which is Section 1 of the Cat C Measure Specifications) before sending additional questions.
    - Note that we usually rephrase questions when we post them so that they are more generally applicable to all providers, so please read all of the FAQs related to the measure you inquired about for an answer to your specific question.
    - If the answer to a question can be found in the Measure Bundle Protocol or measure specifications, we usually will not include it in the FAQs.
    - Questions that result in a change in measure specifications will not be included in the FAQ document, but will instead be reflected in updated measure specifications as highlighted text.
- Updated Category C Specifications for all provider types will be posted to the online reporting system bulletin board next week. Most corrections are minor. Significant corrections (corrections that may impact a provider's understanding of measure specifications) are highlighted below, and all corrections are outlined in the change log of the Excel version of the specifications.

- A2-509 Reduce Rate of Emergency Department visits for CHF, Angina, and Hypertension: Update code I10 for "hypertensive urgency", "hypertensive emergency" and "hypertensive crisis, unspecified" to code I16 "hypertension" category to reflect the FY 2018 CMS updates.
- C1-147 & L1-147 Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up: The measure source (eCQI and MIPS) updated the allowable time frame for BMI screening and follow-up plan for numerator inclusions. Specifications previously allowed BMI screening and follow-up plan documented within six months prior to the visit. Corrected specifications allow a BMI screening and follow-up plan documented within the 12 months prior to the visit in which a BMI is out of range. *NOTE: HHSC did not update M1-147 at this time to maintain alignment with the CCBHC specifications and will be following up with the CCBHC team at HHSC.*
- B2-392 Reduce Emergency Department visits for Acute Ambulatory Care Sensitive Conditions (ACSC): Remove code C835 from numerator inclusions list and replace with "Z9622".
- B2-242 Reduce Emergency Department visits for Chronic Ambulatory Care Sensitive Conditions (ACSC): Update code I10 for "hypertensive urgency", "hypertensive emergency" and "hypertensive crisis, unspecified" to code I16 "hypertension" category to reflect the FY 2018 CMS updates.
- B2-393 Reduce Emergency Department visits for Dental Conditions: Update code I10 for "hypertensive urgency", "hypertensive emergency" and "hypertensive crisis, unspecified" to code I16 "hypertension" category to reflect the FY 2018 CMS updates.
- L1-347 Latent Tuberculosis Infection (LTBI) treatment rate: In the "Additional Information" field modified the prescribed dates for index period for Isoniazid were corrected to reflect an index period of 90 days. Baseline index period corrected from 04/06/2017 - 04/05/2017 to 04/06/16 - 04/05/2017. Performance years similarly corrected.
- M1-342 Time to Initial Evaluation: Evaluation within 10 Business Days: Modify measurement period for performance years so PY1, PY2, and PY3 do not overlap with baseline or year prior. No change to baseline measurement period which includes a six month lookback.
- M1-390 Time to Initial Evaluation: Mean Days to Evaluation: Modify measurement period for performance years so PY1, PY2, and PY3 do not overlap with baseline or year prior. No change to baseline measurement period which includes a six month lookback.

- The MSLC Guidance for Texas DSRIP Risk-Adjusted Measures has been updated for DY7-8. In addition, a Risk Adjusting Template has been created by MSLC as an optional tool for providers. Instructions for use of the risk adjusting template are available in the first two tabs of the template. Please direct any TA questions about the risk adjusting template to MSLC.
- Anchors asked if there will be an option to change to a delayed baseline measurement period after RHP plan update templates have been submitted and approved. Providers will be able to make this change as part of their baseline reporting template. Changes must be made no later than the October DY7 reporting period. Additional changes may be made after baseline review only at HHSC request.
- HHSC will not be approving any provider-specific specifications modifications for DY7 and DY8.
- HHSC has received a few concerns from providers related to inclusion of individuals seen only in an unrelated specialty care setting in the denominators for outpatient focused measure bundles for hospitals and physician practices. HHSC is currently reviewing options for addressing this concern.
- HHSC is finalizing specifications changes to J1-220 SSI rates with MSLC, and will share update specifications as soon as possible. Providers will be reporting a SIR for J1-218 CLABSI Rates, J1-219, CAUTI Rates, and J1-220 SSI rates,

4. Other Information for Anchors

DSRIP Statewide Events Calendar

March 2018			
RHP	**Date**	**Topic**	**Contact**
12	3/23	RHP 12 Learning Collaborative	Sandra James
1	3/27	RHP 1 Regional Meeting/Stakeholder Forum	Brittney Nichols
2	3/28	RHP 2 Public Stakeholder Forum	Susan Seidensticker

May 2018			
RHP	**Date**	**Topic**	**Contact**
9, 10, 18	5/22 & 23	RHP 9, 10 & 18: Collaborative Connections - Impacting Care Learning Collaborative Click to Register	Margaret Roche Heather Beal

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.