

September 21, 2018

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

1. General Anchor Communication

- Thanks for your continued work!

2. DSRIP Implementation

October DY7 Reporting

- October DY7 reporting webinars have been scheduled for October 4, 2018:

October DY7 General Reporting + Categories A, B & D

Date: October 4, 2018

Time: 10:00AM-11:30AM, Central Daylight Time

To join the online meeting:

- 1) Go to [Join WebEx meeting](#)
- 2) Click on Attend Meeting (Meeting Number: 731 994 911)
- 3) Call 877-331-7677

October DY7 Category C Reporting

Date: October 4, 2018

Time: 1:30PM-3:30PM, Central Daylight Time

To join the online meeting:

- 1) Go to [Join WebEx meeting](#)
- 2) Click on Attend Meeting (Meeting Number: 736 980 828)
- 3) Call 877-331-7677

- The DSRIP Online Reporting System will be down from September 21st through the 30th for maintenance. Users will not be able to access the reporting system during this time.
- If a provider needs to request access to the reporting system for additional staff, they should complete the RHP Contact Change Form, making sure to check the option for DSRIP Website (User) under "Location of Change," and submit it to the waiver mailbox at TXHealthcareTransformation@hhsc.state.tx.us. HHSC Staff will make the requested updates once the DSRIP Online Reporting System is back up.
- October DY7 reporting materials will be posted to the Bulletin Board in the DSRIP Online Reporting System after maintenance.

Category 3

- Updated Category 3 reporting summaries have been posted to the bulletin board of the DSRIP Online Reporting System. These summaries contain the most recent reporting information submitted to HHSC as of 9/17/18. Providers should review the data and check for accuracy.
- There will not be an interim corrections period prior to October DY7 reporting. Instead, providers will need to make any needed corrections in the October DY7 Category 3 reporting template. Providers who

need to make corrections should email the Waiver mailbox during the reporting period with the RHP number 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 correction information is calculated). Once this information is reviewed, HHSC will provide instructions on how to make corrections. Please contact HHSC as early as possible in the reporting period and no later than October 19, so that we have time to review your information and respond before the reporting period closes.

Category A

- HHSC is in the process of developing FAQs related to Cost and Savings. Anchors will be updated on when it is posted on the bulletin board.

Category C

- For measures marked as “Flagged for TA” from early baseline review, HHSC will send a written summary of issues identified in the baseline review to providers via email by the end of September.
 - Depending on the identified issues, HHSC may request a response in writing or request a conference call.
 - Some of the changes that could result from TA include:
 - Changes to the milestone structure, baseline measurement period, approved approximate baseline, or baseline numerator of zero;
 - Requiring that a correction be submitted in October DY7 or prior to PY1 reporting.
- HHSC will be posting updated Category C specifications and Category C Specifications FAQ to the online reporting system bulletin when it is back online. Updates to the specifications are listed below:
 - **G1-278 Beliefs and Values - Percentage of hospice patients with documentation in the clinical record of a discussion of spiritual/religious concerns or documentation that the patient/caregiver did not want to discuss:** Change Additional Information from "Step 1- Identify all patients with serious, life-limiting illness who were discharged from hospice care during the designated reporting period" to "Step 1- Identify all patients with serious, life-limiting illness who qualify for the denominator during the measurement period" to remove requirement for a discharge during the measurement year. Remove sentence from Numerator Inclusion: "The denominator/numerator data is collected within 1 to 12 months following discharge from hospice services."
 - **B1-141 Risk Adjusted All-Cause 30-Day Readmission for Targeted Conditions: heart failure hospitalization, coronary artery bypass graft (CABG) surgery, CHF, Diabetes, AMI, Stroke, COPD, Behavioral Health, Substance Use:** Clarify that numerator and denominator are the actual to expected ratio for targeted condition only (actual number of readmissions following targeted admission out all targeted admissions).
 - **C1-105, F1-105, K1-105, L1-105, M1-105 Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention:** Added DSRIP Specific Modification to clarify that only one rate is being reported for EHR. Providers should include all eligible individuals in the reported denominator. The numerator would include individuals who were screened for tobacco use, and if identified as a user, received tobacco cessation intervention. This will align the EHR specifications with the current claims specifications.
 - **K2-355 Admit Decision Time to ED Departure Time for Admitted Patients:** Clarify that providers will report the MLIU median all-payer Medicaid, rather than the Medicaid and LIU median.
 - **J1-221 Patient Fall Rate:** Remove the X1000 multiplier from denominator

- **C2-106 Cervical Cancer Screening:** Remove requirement that self-reported labs are not allowed as communicated in the Category C Specs FAQ.
- **D3-330 Pediatric CLABSI:** Clarified that for DSRIP reporting purposes, only one rate is reported (Number of CLABSIs per 1000 central line days (Numerator/Denominator))
- HHSC has posted PPR norms for All-Payer data of CY2016 and for Medicaid+CHIP data of CY2017 as a resource to providers on the DSRIP online reporting system. Providers may elect to utilize the updated normative values for risk-adjusting measures, if appropriate. HHSC asks that if a provider utilizes the updated norms for baseline reporting that they continue to use those for performance year reporting.

Category D

- PPE reports were sent to providers this week. HHSC will post the regional summaries to the HHSC website.
- The questions related to Category D reporting will be sent with the final anchor notes this afternoon.
- HHSC will send the data for Category D reporting for Physician Practices, Community Mental Health Centers and Local Health Departments next week.

Compliance Monitoring

- On September 20, HHSC issued communication related to the provision of compliance monitoring services under the contract with MSLC. Please refer to that communication for the status of DSRIP compliance monitoring services.

3. Other Information for Anchors

DSRIP Statewide Events Calendar

September 2018			
RHP	Date	Topic	Contact
8 & 17	9/24/18	RHP 8 & 17 Joint Learning Collaborative	Shayna Spurlin

November 2018			
RHP	Date	Topic	Contact
7	11/13/18	RHP 7 Stakeholder Meeting	Katie Coburn

December 2018			
RHP	Date	Topic	Contact
3	12/6/18	RHP 3 Regionwide Learning Collaborative	Jessica Granger

May 2019			
RHP	Date	Topic	Contact
9, 10 & 18	5/14-15/19	5 th Annual RHPs 9, 10, and 18 Collaborative Connections - Impacting Care: A Learning Collaborative Summit Register at 2019 Learning Collaborative	Margie 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.