

September 1, 2017
1:30 - 3:00 p.m. CST

1. General Anchor Communication

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

2. DSRIP Implementation

Hurricane Response

- Our hearts go out to all of our DSRIP friends impacted by the hurricane.
- HHSC has requested from CMS and/or the Governor waivers to dismiss or suspend certain regulatory requirements during this disaster situation.
- The DSRIP team is analyzing options for DSRIP but would need CMS approval for anything outside the parameters of the DY6 Program Funding and Mechanics Protocol (PFM) and program rules.
- If you have specific proposals or requests related to October reporting, please let us know.
- HHSC will also work with the compliance monitor to take hurricane response into account in planning FY18 auditing activities.

October DY6 Reporting

- The Sustainability Planning Template and Sustainability Template Reporting Companion have been posted on the [1115 Medicaid Waiver Tools and Guidelines](#) page on the waiver website and on the bulletin board of the DSRIP Online Reporting System.

Compliance Monitoring

- HHSC completed additional reviews related to results of past audits.
- Ongoing work: HHSC is working with MSLC to go through results of MSLC's most recent reviews on Categories 1, 2 and 3.

DY6A Anchor Reporting

- HHSC sent out a template for anchors to report implementation of their DY6A Learning Collaborative plan. The template is due to HHSC by October 31, 2017. This template will satisfy the requirement in the PFM to demonstrate implementation of the DY6A learning collaborative plan in order to be eligible for the DY6A Anchoring Entity allocation. Implementation of the learning collaborative plan is 80% of the DY6 anchor allocation.
- HHSC has gotten questions from anchors about the timing of the required stakeholder engagement forum for the RHP Plan Update. The DY6A PFM currently requires anchors to conduct an extension stakeholder engagement forum once CMS and HHSC agree on a longer term extension and to post the updated RHP Plan on the RHP's website prior to the forum. The PFM also requires anchors to submit documentation during October 2017 that demonstrates that the Anchoring Entity conducted an extension stakeholder forum. Since the updated plan submission has been pushed to January 2018, HHSC understands the need for flexibility on the timing of an extension stakeholder engagement forum and documenting that a forum has been held. We have not defined what a "forum" would need to look like, and will leave it to the RHP to determine what is appropriate and feasible given the timelines. HHSC anticipates that anchors will hold some sort of stakeholder input process after we have more certainty on protocols and agreements with CMS but prior to the RHP Plan Update submission so there is some opportunity for stakeholders to provide feedback.

Planning can start prior to the release of the RHP Plan Update template. Documentation that the RHP had a stakeholder feedback opportunity will be included in the RHP Plan Update template submission. If an anchor needs to hold a forum after the RHP Plan Update has been submitted, it should be held fairly soon after, within a month or so.

3. Waiver Renewal

System Definition

- We continue to receive questions regarding system definition in the waiver mailbox. HHSC will develop a Frequently Asked Questions (FAQ) resource page for providers and anchors and post it on the website on September 15. We will update the FAQ regularly. In the meantime, please also review the HHSC responses to provider feedback on the Measure Bundle Protocol. Many questions have been addressed therein.

DY7-8 MLIU

- The DY7-8 PFM defines MLIU as the following:
 - Medicaid and Low-income or Uninsured (MLIU)
 - i. To qualify as a Medicaid individual for purposes of MLIU Patient Population by Provider (PPP), the individual must be enrolled in Medicaid at the time of at least one encounter during the applicable DY.
 - ii. To qualify as a low-income or uninsured individual for purposes of MLIU PPP, the individual must either be below 200 percent of the federal poverty level (FPL) or must not have health insurance at the time of at least one encounter during the applicable DY.
 - iii. If an individual was enrolled in Medicaid at the time of one encounter during the applicable DY, and was low-income or uninsured at the time of a separate encounter during the applicable DY, that individual is classified as a Medicaid individual for purposes of MLIU PPP.
- In response to provider feedback on the PFM, HHSC clarified the following:
 - The MLIU definition remains the same as the DY6 definition: Medicaid, Low-income (under 200% FPL), or uninsured. Medicaid may include individuals with Medicaid as secondary coverage and individuals that are dual-eligible for Medicaid and Medicare. Low-income may include patients at or below 200% FPL, including patients that have insurance coverage through a local coverage option, CHIP, or a plan in the Federal exchange. Providers who do not have systems in place to evaluate income status do not need to include low-income in their MLIU count. A provider would be authorized to only count individuals with Medicaid and individuals without insurance. Since Category B will be a maintenance goal, providers need to ensure that they use the same criteria for counting the MLIU population for the baseline period and achievement period reporting. However, providers will not be penalized for their initial MLIU population volume submitted in the RHP Plan Update.
 - Providers may not use a proxy estimate for determining their MLIU or Total PPP for DY7-8.

Rules

- The DSRIP rules for DY7-8 were published as proposed in the August 25, 2017 issue of the *Texas Register* available at <https://www.sos.state.tx.us/texreg/index.shtml>. The public comment period for these rules ends on September 25, 2017.
- These rules are intended to mirror the Program Funding and Mechanics (PFM) protocol for DY7-8. However, changes have been made to the PFM since these rules were submitted for review and

publication, so they do not reflect the most recent version of the PFM that HHSC submitted to CMS on August 4, 2017. Also, CMS has not yet approved the PFM. Therefore, HHSC will revise these rules on adoption or amend them after adoption to make them consistent with the PFM approved by CMS.

- HHSC will present the overall DSRIP DY7-8 policy outlined in the protocols at the HHSC Executive Council meeting on September 7 at 10:00 am.
- The DSRIP DY7-8 Rules Public Hearing will be held on September 21 at 9:30 am in the Brown-Heatly Building, Public Hearing Room, located at 4900 North Lamar Boulevard, Austin, TX 78751. The public hearing can be viewed live via webcast at <https://hhs.texas.gov/about-hhs/communications-events/live-archived-meetings>.
- HHSC anticipates that the rules will be effective December 1, 2017.
- If you have any questions or comments on these rules, please submit them to the Transformation Waiver mailbox at TXHealthcareTransformation@hhsc.state.tx.us by September 25, 2017.

Waiver Negotiations Update

- Communications are still ongoing with CMS and updates will be provided as they are available, including timelines.
- Thank you to Anchors for submitting specific suggestions related to timelines.
- Current timelines assume approval of both the PFM and Measure Bundle Protocol (MBP) no later than September 30, 2017. We are working on timeline contingency plans if approval is later than that. For example, as Anchors have suggested, the RHP Plan Updates could be moved further into spring of 2018.

4. Other Information for Anchors

Disallowance Update

- CMS responded by the 8/25 deadline to the brief filed by the state with the HHS Departmental Appeals Board. HHSC Legal is currently going through the brief CMS filed in response, and may request an extension to provide more time for review.

DSRIP Statewide Events Calendar

September 2017

RHP	Date	Topic	Contact
6	9/21	RHP 6 Learning Collaborative Summit and Stakeholder Forum	Carol Huber
1	9/27	RHP 1 Learning Collaborative	Stephanie Fenter
12	9/28	RHP 12 Learning Collaborative	Sandy James

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.