Anchor Conference Call

AGENDA

1. General Anchor Communication

- Thank you for the work you continue to do for health care transformation in Texas.
- Thank you for submiting the updated MLIU split percentages. We have received the information from all regions and will be reposting the information after completion of Change Requests review.
- As a reminder, the expedited rules to align DSRIP administrative rules with the most recent PFM Protocol will go to MCAC and the HHSC Council as information items next Thursday and Friday for adoption by September 30, 2014.
- We have a new project officer at CMS for the waiver, Brenda Blunt, RN. She, Paul Boben, Rob Nelb (now with MACPAC), Rene Spencer (CMS regional office) and hopefully Cindy Mann, will be at the Statewide Learning Collaborative Summit.

2. DSRIP Implementation

DSRIP Project Status
- As of July 29, 2014 there are 1,491 approved and active DSRIP projects.
  - 1,274 active 4-year projects
  - 217 active 3-year projects
- HHSC has posted an updated descriptive project list on the website. It includes tabs for 3-year and 4-year projects, and tentative Cat 1 & 2 values for DYs 4-5 along with the approved Cat 1 & 2 values for DYs 2-3.

April DY3 Reporting
- NMIs have been reviewed and the final review files have been sent to anchors and providers.
- Providers should review the final files carefully and note that HHSC updated reporting status in many instances to "Did Not Report," which means that providers will have an opportunity in October to report metric achievement for those metrics they were not able to document achievement of prior to April 2014.
- The criteria for HHSC changing a metric to Did Not Report included annual metrics that the provider should not have reported in April, metrics that include multiple metric goals and the provider did not meet them all, QPI metrics that were confusing to providers, and when there is an error with a metric that needs to be cleaned up prior to provider reporting.
- Payment for metrics achieved in April reporting (and for which IGT was received) was sent out by July 31st. Providers received approximately $693 million all funds for DY2 and DY3 metrics reported and achieved (for a total of over $2.5 billion all funds paid so far for DY1-3).

Category 3 Review
- HHSC has completed the initial reviews of the Category 3 selections for all regions and feedback has been sent to providers with a copy to the anchors.
- HHSC is reviewing provider responses to HHSC feedback and will notify providers whether protocol requirements have been met.
- We have had many providers request to participate in the 3M/HHSC TA call around risk adjusting. We are working to schedule that call now and will send notification as soon as the date has been confirmed. We anticipate the webinar will be scheduled for late August .

- In extenuating circumstances, providers have sent notification of a baseline measurement period of less than 6 months or a baseline rate of "0." HHSC has received those notices and are working with providers to determine how baselines will be structured. As the Category 3 team's focus for this week and next is the approval of outcomes, the majority of the baseline TA will occur in the week of 8/18. Please let your providers know they should move forward with the baseline plans proposed in their emails.

Category 4 Update
- HHSC is still working with CMS to develop a minimum subset of measures for Category 4 Optional Domain 6 reporting.   Based on information received from 13 providers, HHSC sent CMS about three weeks ago a proposal regarding a minimum subset for reporting RD-6 and will let you know when we have CMS response.

July/August Change Request Process (Plan Modification Requests and Technical Change Requests)
- There has been some confusion regarding the cumulative QPI goals for QPI metrics, so HHSC has decided to remove the cumulative QPI goals from the QPI metrics. We will begin this process during the review of plan modification requests. If a plan modification request impacts milestones/metrics, we will remove the cumulative QPI goal language from the "Baseline/Goal" for the QPI metric. However, for the "Numeric Goal" cell, we will still convert the annual QPI goal that you entered into the Change Request Form to the cumulative goal. This is so that we can convert all "Numeric Goals" for QPI metrics to annual goals at one time, after the change request process is completed. Therefore, providers who submit a plan modification request that impacts milestones/metrics will see two different goals for their QPI metric in the updated milestones/metrics workbook: the annual goal in the "Baseline/Goal" cell, and the cumulative goal in the "Numeric Goal" cell.

Change Request Timeline

- **August 8, 2014, 5:00 pm** – Anchors for RHPs 1, 2, 3, 5, 6, 8, 9, 10, 11, 12, 13, 14, and 17 submit completed Change Request Forms and revised project narratives, as appropriate, to HHSC. Performing providers must submit their completed Change Request Forms and revised project narratives, as appropriate, to the anchor prior to August 8 (by the date specified by the anchor) to compile and send in one submission packet to HHSC by the due date. Anchors should email the files, or one or more links to the files, to: TXHealthcareTransformation@hhsc.state.tx.us. **HHSC will be sending confirmation emails to providers upon receipt of their submissions to let them know that we received them**.
- **August 15, 2014, 5:00 pm -** Anchors for RHPs 4, 7, 15, 16, 18, 19, and 20 submit completed Change Request Forms and revised project narratives, as appropriate, to HHSC. Performing providers must submit their completed Change Request Forms and revised project narratives, as appropriate, to the anchor prior to August 15 (by the date specified by the anchor) to compile and send in one submission packet to HHSC by the due date. Anchors should email the files, or one or more links to the files, to: TXHealthcareTransformation@hhsc.state.tx.us.
- **September 12, 2014** – HHSC: 1) provides feedback to the anchors on change requests; 2) revises the project narratives as appropriate and sends them to the anchors; and 3) updates providers' milestone/ metric workbooks to reflect plan modification requests and posts the updated workbooks to the Transformation Waiver website.
- **September 26, 2014, 5:00 pm** – Anchors submit responses to HHSC feedback and revised narratives, as appropriate. Performing providers must submit responses to HHSC feedback and revised narratives, as appropriate, to the anchor prior to September 26 (by the date specified by the anchor) to compile and send in one submission packet to HHSC by the due date. Anchors should email the files, or one or more links to the files, to: TXHealthcareTransformation@hhsc.state.tx.us.

- **October 14, 2014** - HHSC: 1) provides its preliminary determinations to the anchors (change requests that are substantial reductions in project scope will require additional review by the compliance monitor and possibly CMS); 2) revises the project narratives as appropriate and sends them to the anchors; and 3) updates providers' milestone/ metric workbooks to reflect plan modification requests and posts the updated workbooks to the Transformation Waiver website.

Anchor Administrative Costs
- The updated Percent Effort Spreadsheet with the Cost Template is being finalized and we plan to send this out to anchors by the end of next week. We will schedule a TA session to walk through all the documents soon.
- We sent out a draft copy of the anchor contract for administrative costs and have requested information be provided back to us by August 15 so we can send out the formal contracts for signature. Our goal is to execute the contracts by September 30, 2014.

September 9-10, 2014, Learning Collaborative Summit
- Registration for the Summit is climbing - thank you for continuing to encourage providers in your region to attend. HHSC plans to redistribute some extra slots to anchors in the next few days.
- The deadline for registering for the reserved rooms at the AT&T Center is August 18th.
- The latest working draft agenda for the Summit is attached. We used information from the recent survey to help determine panelists from the RHPs and also are using it to finalize which posters will be exhibited at the event. The response rate to the survey varied by region, and HHSC is working to ensure that we have good representation at the Summit from across the state and also all the provider types.
- THA is assisting to pull together a Snapshot of the 20 RHPs that we plan to include in the opening session of the Summit. Please see the attached template that is just 3 slides per RHP to complete. Where possible, we would encourage RHPs also to include a photo or two in their submission. **Please provide by close of business by August 25th to Stacy Wilson at swilson@tha.org.**
- The first slide represents the uniqueness of your RHP and the 2nd the innovation/collaboration occurring in your region. Highlighting examples – such as significant health disparities in the region, meaning that they can now be addressed, themes in the projects your providers are working on, and unexpected collaboration (i.e. a school district on mobile asthma vans because the school districts saved money by having the kids in school for the day) – will be helpful in demonstrating uniqueness of each RHP and successes and discoveries. The 3rd slide is for an anecdotal story from a provider/patient in your RHP about how DSRIP is benefiting patients. This will help to put a face on the "Why?" of DSRIP as we open the summit.
- Please assist with highlighting the good work in your RHP by giving us info in the attached templates that is just 3 slides. THA and HHSC will help to wordsmith as needed. Please also include any pictures that represent your community and the transformation occurring.
- Some Anchors have communicated that they have a "theme song." We would like to have music at the event to play during breaks, so please send us a song representing your RHP, if you would like.
- Please continue to send your questions about summit registration to the waiver mailbox.

DSRIP Automated Reporting System
- HHSC continues to work with Cooper Consulting on the development of an automated system for DSRIP reporting.
- HHSC is determining the extent of the use for the system.
- HHSC is currently in a testing phase for the new system. Many of you have volunteered to assist with testing and have participated in initial tests. HHSC may reach out to volunteers again as testing continues between now and October.

AGENDA

CMS DY2 DSRIP Financial Management Review

- As discussed previously, CMS (Rene Spencer or Jeff Branch) sent letters in June to over 30 IGT entities from 4 RHPs (4, 7, 9 and 10) requesting information and site visit scheduling for the CMS financial management review.
- This week, CMS is beginning to send additional letters/emails to DSRIP providers in these four regions to schedule on-site visits for August and September. RHP 9 and 10 site visits will begin next week, RHP 7 the following week, and RHP 4 site visits will be the second half of September. It appears that many (potentially up to 70) of the DSRIP providers in these four regions that are performing certain types of projects (Options 1.1.1, 1.1.2, 1.9.2, 1.12.2, 2.1.1, 2.2.1, 2.6.1, 2.9.1, 2.10.1, 2.13.1, 2.16.1) may have site visits. At the site visits, CMS will ask that the provider demonstrate how it achieved its DY2 metrics (those that HHSC approved for payment either based on August 2013 or October 2013 reporting) for select projects.
- HHSC provided CMS the "Copy of RHP Plans" requested in the letter. This included the full initial plans submitted to CMS in Spring 2013, plus copies of the most recent narratives and workbooks for all active projects and the Category 3 selections from March 2014.
- HHSC also provided CMS for DY2 our reporting summaries, IGT information, and payment summaries. We expect to get a request soon for Medicaid encounter data so CMS can get a sense of the Medicaid volume that each of the DSRIP performing providers did during DY2.
- HHSC has worked with the CMS reviewers to show them how DSRIP providers report achievement of metrics and how HHSC reviews DSRIP metric achievement reporting.
- The goal is for CMS to provide HHSC a draft report by late October/November. HHSC will have the opportunity to comment on the draft report, and then it will continue through the CMS approval process.

DSRIP Mid-Point Assessment

- HHSC has gotten some questions as to how the CMS DY2 Financial Management Review relates to the DSIRP mid-point assessment. They are two separate reviews. Providers are not yet being contacted regarding the mid-point assessment.
- HHSC and Myers and Stauffer have been holding planning meetings for the mid-point assessment.
- We will get more information out soon on the workplan - currently we expect desk reviews of certain projects (potentially around 300) in August-September, with site visits to certain providers in September-October.
- Myers and Stauffer will provide an overview of the mid-point assessment during breakout sessions for both days of the summit.
- Our goal is to complete the mid-point assessment by December 2014.

Other Information for Anchors

THA Member Showcase
Texas Hospital Association (THA) is inviting THA-member hospitals to participate in the 2015 showcase, which will be a part of the THA Annual Conference in January. This is an opportunity for hospital providers to highlight their work on DSRIP projects. The showcase encompasses both poster presentations as well as brief podium presentations. Go to the THA website (www.tha.org/membershowcase) to complete a short form with basic information about the program and submit by **Friday, August 15th**. All entries will be added to the new THA online Best Practices Center, which will launch on the THA website this month.