

December 12, 2014  
1:30 - 3:00 p.m. CST

Call-in: 877-226-9790  
Access Code: 3702236

## 1. General Anchor Communication

- Thank you for all of your continued work, especially completing reporting review!
- RHP Annual Reports are due Dec. 15, 2014. HHSC will add in the data for the table after the reports have been submitted and will send to Anchors in early January.
- HHSC expects to receive from CMS next week a letter that the UC deferral is being lifted.

## 2. DSRIP Implementation

### Category 3

- HHSC is reviewing baseline data submitted during the October reporting period and anticipates this process will require a couple of months to complete (target - end of February). During this process HHSC will be reviewing and working with providers as needed who a) submitted requests for alternate achievement levels, b) reported a low volume denominators, c) baseline performance is significantly lower or higher than benchmarks, d) did not fully submit the required baseline data or whose baseline templates contain errors and e) did not submit the survey administration form for tool/survey based outcomes in ODs 6, 10 or 11. This process will commence with HHSC confirming with providers DY4 and DY5 performance goals for P4P outcomes.
- We have received several questions about providers that need to 'true' up baseline rates. For those providers who have recognized errors in baseline data submitted in October, please send an email to the waiver inbox with subject line- "Updated baseline performance" and include an updated baseline template with the corrected data. In addition, providers should include in the email detail around how the error was recognized and what steps were taken to identify the correct numerator and denominator. Please be as specific as possible. HHSC will review these updates and work with providers through the baseline review process if there is any additional information needed. To be clear, updates to baseline performance will not impact achievement of the baseline reporting milestone if achieved in October 2014. More, this is an opportunity for providers to ensure that DY4/DY5 goals are established from an accurate baseline. **Any provider initiated requests to 'true-up' baseline data must be submitted to the waiver inbox by January 15<sup>th</sup>, 2015.**
- Along with today's anchor notes, we are sending a list of most recent Category 3 selections for all projects statewide. This is intended to be a resource for collaborating with providers with similar Category 3 selections or outcome domains. This list reflects most recent selections as of October 1<sup>st</sup> 2014.

### Category 4 Update

- There are some Category 4 reporting questions that are under review by CMS for providers that have requested variances from reporting requirements. In these cases, HHSC has designated Needs More Info until the determination from CMS is received. We will notify providers as soon as possible for the CMS determinations in these instances.
- HHSC has received Category 4 RHP level information from ICHP on the PPA and PPR reports that were provided for DY 3 reporting. We will be posting this information on the waiver website soon.

### Change Request Process (Plan Modification Requests and Technical Change Requests)

- HHSC is reviewing providers' responses to change request NMIs and plans to send HHSC's

determinations to anchors/providers in early February.

### October Reporting and Review

- HHSC has sent summary information to anchors and providers with the signoff status of each metric. At the request of providers and anchors, HHSC will also send a revised summary to RHPs that differentiates Approved metrics from Provisionally Approved metrics.
  - Unlike during April DY3 reporting, it will not be possible for HHSC to re-review metrics that received a “Needs More Information” determination between Initial and Needs More Information (NMI) review period. Given the additional time provided for reporting into December, in order for payments to be made on time, there was not the timeframe for this additional step. All “Needs More Information” metrics will be reviewed once the December/January provider response period closes based on information submitted to the online reporting system. If a provider has submitted documentation to the Waiver mailbox for re-review, they should instead upload this information to the online reporting system and expect a response after the Needs More Information HHSC review period closes.
  - For metrics marked "Need More Information," providers will have until 11:59 p.m. on Friday, January 16, to submit additional information using the Online Reporting System. HHSC included additional instructions with the summary information sent out on Dec. 10.
  - For metrics that were approved in the current round, or approved but unpaid in previous rounds, IGT will be due from IGT entities on Monday, January 5, and payments will occur on January 30. HHSC Rate Analysis will send out the IGT due based on our review the week of Dec. 15<sup>th</sup> using FMAP of 58.05. Please do not refer to the IGT amounts due that are currently listed in the online reporting system, as they are not accurate. HHSC is working with the consultant to correct this issue.
  - As noted previously, language has been added to the Program Funding and Mechanics Protocol (PFM) to specify that HHSC and CMS may determine that a subset of not less than half of the projects and metrics will be reviewed during the 30 days after a reporting period. In such instances, HHSC and CMS will designate those projects and metrics that are not reviewed within 30 days as “provisionally approved.” Such “provisionally approved” projects and metrics will be reviewed in full by HHSC prior to the next reporting due date in April 2015.
  - For metrics that are “provisionally approved,” the HHSC Signoff will show "Approved," but the HHSC Comment will indicate that the approval was provisional. The Performing Provider is eligible for full DSRIP payment for these metrics in January, and the IGT for these metrics will be included in the request for IGT that is due on January 5. After review of any “provisionally approved” metrics, HHSC will request additional information if necessary, most likely in late February or early March 2015. If the initial supporting documentation, and any additional information, does not form a sufficient basis for actual metric achievement, HHSC will recoup the associated overpayments from the Performing Provider. As described in waiver rules, HHSC will withhold future payments until the recoupment occurs.
  - We understand that some providers are anxious for various reasons, including a handful of recoupments that have needed to take place due to calculation errors or to ensure we only pay for achieved metrics. Please emphasize for your providers that while HHSC had to provisionally approve many metrics for October reporting due to volume and our timelines to make payments in January, if a metric is provisionally approved there is a chance it has not been achieved but it will be eligible for payment in January. When supporting documentation is reviewed and NMI supporting documentation is reviewed for provisionally approved metrics early next year, if achievement isn't demonstrated, HHSC will need to recoup overpayments. Providers should be mindful of this as they receive funds in January and plan continued expenditures for their projects.
  - Some providers have asked about the "Achievement Value" shown under each metric in the Online Reporting System. Please note that the achievement value shows 100% only after the HHSC
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signoff shows "Approved." During previous reporting periods, the reporting templates showed an achievement value of 100% when the provider reported "Yes-Completed" for the metric.

### Anchor Administrative Costs

- HHSC is reviewing submissions for admin costs from Anchors and we plan to send out any request for additional information in December to allow for responses in January to stay on schedule for payments.

### CMS DY2 DSRIP Financial Management Review

- HHSC has not received an update from CMS as to when we should anticipate receiving the draft report for comment (November was the original target).

### DSRIP Mid-Point Assessment

- The schedule for onsite visits and entrance conferences for the remaining regions has not changed since last Friday's email update (see below for most recent schedule). Myers and Stauffer will be contacting regions to schedule these.
  - Week of December 8th: RHPs 4 and 5
  - Week of December 15<sup>th</sup> : RHPs 2
  - Week of January 5<sup>th</sup>: RHPs 3,7,9,10,12,14 and 15 (tentative)
  - Week of January 19<sup>th</sup>: RHP 6 (tentative- may be contacted earlier in January)
- Please continue sending questions related to mid-point assessment to the DSRIP\_compliance mailbox and either HHSC or Myers and Stauffer staff will respond to your questions
- HHSC will begin receiving RHP level reports from Myers and Stauffer soon and will provide additional information on what to expect with next steps.

### Project Withdrawal Window

- Based on the PFM, performing providers will have a period of time after the mid-point assessment to determine if the provider wishes to continue with a project or withdraw a project from DSRIP.
- HHSC will propose to CMS that that the window to withdraw the projects is from February 1 through May 1 of 2015.
- HHSC will communicate any updates related to this timeline after discussions with CMS.

## 3. Other Information for Anchors

### Update on Unspent DY2 DSRIP Funds

- Thank you for your responses to HHSC's request for the providers in your RHP to indicate which projects are interested in adding certain metrics in DY5 and whether they have a confirmed funding source.
- The amendment was submitted to CMS on December 1<sup>st</sup> and we will keep you informed on further communication.

### UC Deferral

- As previously communicated, CMS plans to lift the deferral in order to allow a year for HHSC to work with CMS to resolve its concerns about financing of UC/DSRIP for private hospitals. HHSC sent a letter to CMS this week detailing our position, and expects to get a response from CMS later this year or early next year, which will help us to better understand CMS' specific concerns to enable more detailed discussions with them on next steps.

### Waiver Renewal

- We received 318 responses to the waiver renewal survey, and we are reviewing them and will summarize the feedback and use for input as we work on waiver renewal. We will share more information about that with you as soon as possible.
- HHSC is also reviewing the nominations we received for a "Clinical Champions" work group for coordination on waiver renewal activities to focus on review of promising practices. This group will review data, both submitted through DSRIP metrics, and additional data, for peer review. The group can also make recommendations for innovations to consider for managed care quality alignment. We plan to make notifications and schedule an initial meeting.

### DY4 Monitoring IGT

- Just a reminder that the DY4 Monitoring IGT will be calculated based on IGT commitments as of January 1, 2015. If IGT Entities have changes in funding DSRIP projects, please submit an IGT Entity Change Form prior to January 1, 2015. The form is located on the waiver website at: <http://www.hhsc.state.tx.us/1115-docs/DY3-Templates/April2014/IGT-Entity-Change-Form.xlsx>.

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*For waiver questions, email waiver staff: [TXHealthcareTransformation@hhsc.state.tx.us](mailto: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.*