Anchor Conference Call

AGENDA

1. General Anchor Communication

Thank you for all the RHP coordination work.

As a reminder, today is Carisa Magee's last day with the Transformation Waiver Team. Amanda Broden will be your primary communicator for Anchor calls. Please continue to use the Waiver mailbox to submit your questions.

We also have another new staff member to introduce – Kimberly Tucker. She is initially working with Sheila Dhir Hughes on the Quantifiable Patient Impact (Phase 2)

Request for A Short List of Some Projects that Are Underway in Each RHP
- HHSC leadership has requested a list of projects in each RHP that are underway, as they are interested in visiting some projects in person.
- HHSC would like each anchor to submit a list of at least 4 projects to the waiver email box, and larger RHPs (Tiers 1 & 2) may submit up to 10 projects. Please submit these lists by July 8. No more than ½ of the projects should be performed by the anchor, and please try to select strong projects from a variety of providers (public/private hospitals, community mental health centers, academic health science centers, and local health departments) that serve a large proportion of Medicaid/indigent patients.
- HHSC also has received one Dallas media request for projects that are underway, and may receive additional requests, so this same list will be used for media inquiries.

Two Upcoming Webinars – July 9
- CMS will conduct a Learning Collaborative webinar from 9-10. a.m CST
- HHSC will conduct a webinar on Phase 2 – how to verifiy/complete information on Quantifiable Patient Impact and Medicaid/Indigent impact – from 1:30-3:30 p.m. CST
- More details on the webinars are below.

Waiver Evaluation
- HHSC has contracted with Texas A&M to complete the required DSRIP waiver evaluation.
- Anchors will soon be receiving a letter from HHSC, and will also be contacted by Texas A&M for next steps on the evaluation. Please be responsive.
- Texas A&M will also be contacting a sample of providers, likely 2.9.1 projects, for a more in-depth review.

Financial Arrangements
- HHSC is developing a standard, comprehensive certification form for all governmental entities, although the main focus will be on those entities (primarily community mental health centers and local health departments) that have not already signed a certification form.
- More information will be forthcoming.

2. RHP Plan Review

Phase 1 review process and coversheets
- Please encourage providers to read the companion document!
- RHPs should send all materials related to a project, including coversheets, appendices, projects, Category 3, and any other supporting materials, in one file.

- HHSC will send the first formal Phase 1 submissions to CMS the week of July 8th. We will notify RHP Anchors on the projects submitted for formal CMS review. Please notify the providers when you receive the notification.
- Make sure all changes are clear – don't insert new information or delete information (particularly milestones) without identifying the change.
- Providers should not be weakening metrics or the narrative as part of the project revisions. Major substantive project changes should be made in response to CMS and HHSC feedback only.
- In the "CMS Comments" section of the cover sheet, all CMS comments were included, even if they appeared in the section about technical corrections that need to occur by October 2013. We want to emphasize that those technical comments do not need to be addressed at this stage and will not be reviewed at this time. For Phase 1, providers are responsible for correcting the issues that appear in the tables on the cover sheet and that are identified in the HHSC Comments as directly affecting project approvability, valuation, or overlap of improvement milestones and improvement targets.
- When addressing duplications between improvement milestones and improvement targets, providers should consider whether the change they are making will impact the way quantifiable patient impact (QPI) is reflected in their project. Try to replace rather than completely remove any milestones if they were the only ones that represented the project's QPI.
- Common reasons for which HHSC is returning projects to RHPs:
  - o Providers did not fill out a required appendix: When responding to Appendix questions, do so in a Question and Answer format in which the provider states the question followed immediately by the answer to that question. CMS has specifically asked for these Appendix questions to be answered in certain circumstances, and this format will best facilitate efficient CMS project review. Use the companion to determine if appendix is required.
  - o Providers did not submit changes in the proper format: Start from the clean version of the project as initially submitted to CMS. Strike through deletions. Highlight additions. These revisions SHOULD be made using the font strikethrough and font highlight functions in Word. Projects should NOT include any track changes. Submit documents to HHSC in Word format (not PDF).
  - o For 6D projects not initially approved due to the provider needing to further define specialists – providers must include Appendix C and should define the TYPE of specialists being hired, including in milestones. At a minimum, if the type is not determined, the provider should note all specialist types that are being considered.

Phase 2 – QPI

- HHSC will begin sending QPI/ Medicaid and indigent benefit spreadsheets to anchors next week. Anchors will receive a separate spreadsheet for each DSRIP provider in their region. These should be forwarded to providers as soon as possible, so they have the maximum opportunity for review.
- A webinar will be held for anchors and providers on July 9th from 1:30 – 3:30 pm to review the spreadsheet and instructions and to answer questions. Please be sure all providers have received their spreadsheets and have had ample opportunity to review them PRIOR to the webinar.
- Call-in details for the QPI Webinar:

  1115 Waiver: Quantifiable Patient Impact
  Tuesday, July 9, 2013 from 1:30 - 3:30pm CST
  1) Go to www.webex.com
  2) Click on Attend Meeting
  3) Enter Meeting Number: 800 766 742 (no password necessary)
  4) Call 1-800-396-3172 (no password necessary).
  You will be placed directly into the audio conference.

  Participants can choose to log in online to view the slides and listen to the audio conference OR to call in only for the audio portion. Participants should dial in to the audio portion of the meeting 15 minutes prior to the start of the Webinar. They automatically will be connected to the meeting room and will hear music until the start of the webinar.

  If you experience technical difficulties accessing the webinar or should you have any questions,

please email waiver staff at: TXHealthcareTransformation@hhsc.state.tx.us.

- Providers will have 2 weeks from the date of the webinar to complete the spreadsheet.

Phase 3:
- Most regions have received their FINAL Phase 3 Provider Correction templates and remaining regions should receive their files by Tuesday. HHSC has reviewed the files and approved, modified, or identified as not meeting requirements for clearly defined milestones and metrics for DY2 August reporting. HHSC has also identified which Table 5 projects are eligible for August DY2 reporting.
  - This is the final opportunity for providers to confirm/correct DY2 milestones for August reporting. If no further changes are required, the provider's template does not need to be submitted.
- A similar Phase 3 process for remaining Table 5 projects and Table 6 projects will begin in August.

DY2 Reporting
- August reporting is not required, but is an option for providers to report progress and be eligible for DSRIP payment.
- All providers are required to report progress on projects in October regardless of whether metrics have been completed.
- Along with the FINAL Phase 3 Provider Correction templates, HHSC sent a list of our most up-to-date contact information for Anchors, IGT Entities, and Performing Providers that will be used to create SharePoint user accounts for DY2 reporting in August and October.
  - Please submit any updates to the contacts by the due date included in the email.
  - Information for accessing SharePoint will be sent out at the end of July. Note that all Anchors, Performing Providers, and IGT Entities will receive their user information at this time regardless of whether they are reporting in August or October.
  - Updated contact information will only be used for SharePoint access. If you have other contact changes for receiving waiver information, please use the *RHP Contact Change Form* located on the waiver website at: http://www.hhsc.state.tx.us/1115-docs/RHP/Plans/Contact-Change.pdf.
- We will be sending you a DRAFT DSRIP Payment calendar as an attachment to the talking points. RAD is working on an updated UC and DSH payment calendar.

IGT Entity Changes
- Reminder: IGT Entity changes must be submitted to HHSC no later than August 31, 2013 for August DY2 DSRIP payment processing using the *IGT Entity Change Form* located on the waiver website at: http://www.hhsc.state.tx.us/1115-docs/RHP/Plans/IGT-Change.xlsx. Any changes received after August 31, 2013, will go into effect for the October DY2 DSRIP reporting and payment for the impacted projects will be delayed until that time.

Monitoring
- The proposed rule related to using up to 1% of DSRIP IGT for waiver monitoring was published in the Texas Register today for the 30-day comment period. HHSC already has received many comments from DSRIP IGT entities and other stakeholders on the proposed rule and continues discussions with CMS on how this may be done to maximize the DSRIP funds Texas providers are able to earn.

Learning Collaboratives
- CMS and HHSC are hosting a webinar to assist regions in the development of learning collaboratives on July 9, from 9 am to 10 am CST.
- To access webinar:
  1) Go to www.webex.com
  2) Click on Attend Meeting
  3) Enter Meeting Number: 806 153 202 (no password necessary)
  4) Call 1-800-396-3172 (no password necessary).

You will be placed directly into the audio conference.

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- CMS will develop a template for inclusion in the RHP Plan on learning collaboratives due by October 1, 2013.
- The CMS host is an expert on Learning Collaboratives, but does not know the details of the Texas Waiver and DSRIP projects, so please focus any questions just on Learning Collaboratives. The questions that RHP 17 had sent in have been provided to CMS and we will attach to these talking points. If there are any additional questions, please submit to the Waiver mailbox by COB Tuesday July 2nd, and we will send on to CMS. The webinar is for 1 hour so we want to maximize the time.

New 3-year projects
- HHSC likely will push back the new project submission date. The prioritized list likely will be due by mid-September, and the full projects due by mid/late October.
- CMS is open to accepting the milestones and metrics table in Excel instead of embedded in the Word documents. We will talk to RHPs further about this process. It would be applied to both new projects and Phase 4 revisions to existing projects.

Key Dates for RHP Plans through March 2014
- Submit replacement projects if applicable no later than July 31.
- Submit Phase 2 spreadsheets regarding quantifiable patient impact. (Dates to be determined in July.)
- Verify DY2 milestones/metrics (Phase 3), and submit any changes. (July)
- Make any necessary revisions to DY4-5, in light of anticipated CMS feedback regarding valuation by September 1, 2013. (September-October, or longer as needed)
- Phase 4 –
  - o Submit Category 3 outcome revisions based on the updated Category 3 Menu no later than October 1.
  - o HHSC and CMS also must agree on the standard Cat 3 target setting methodology by October 1, so HHSC will work with DSRIP providers regarding either accepting the standard methodology or requesting a variance once the standard methodology is set.
  - o Submit priority technical corrections no later than October 1.
- Through March 31, 2014, HHSC will work with the RHPs to clean up any outstanding issues from Phase 4 and the CMS valuation review.

The full plan will not need to be resubmitted as a single document until March 2014.

3. Other Information for Anchors

State Innovation Models (SIM) Initiative and DSRIP
- As part of the State Innovation Models (SIM) initiative, Health Management Associates (HMA) is organizing a call with the RHP anchors to provide an update on the project and get feedback on their experiences with innovative models and potential opportunities to build off of DSRIP. HMA soon will reach out to anchors concerning the SIM call scheduled for **July 16, 2-3pm**.

Community Health Worker (CHW) project resources from DSHS

- The DSHS Promotor(a) or Community Health Worker Training and Certification Program has a number of resources available to assist Regional Healthcare Partnerships as they move forward with DSRIP projects involving promotores and community health workers. See the website at **http://www.dshs.state.tx.us/mch/chw.shtm**
- Staff is also available to provide information and technical assistance for Regional Healthcare Partnerships as they plan and implement DSRIP projects involving promotores or community health workers.
- More information will be included in an attachment accompanying the anchor talking points.

For waiver questions, email waiver staff: TXHealthcareTransformation@hhsc.state.tx.us.
Include "Anchor:" followed by the subject in the subject line of your email so staff can identify your request.