Anchor Conference Call

AGENDA

August 9, 2013
1:30-3:00 p.m.

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

1. General Anchor Communication

- Thanks for the continued work on many fronts.
- Please carefully review the info that HHSC sent out August 7th regarding Phases 1 & 2 and be sure to share with all your DSRIP providers. It will be critical that HHSC receives any revised Phase 2 QPI spreadsheets by next Friday, August 16th.
- As requested, a webinar on DY 2 Reporting has been scheduled for 1:30 - 3:00 pm CST on Thursday, August 15th. Webinar access information can be found below under DY2 Reporting.

2. RHP Plan Review

Phase 1 review process and coversheets

- HHSC continues to work to get projects with Phase 1 issues to CMS as soon as possible. There are 435 Phase 1 projects, and many are requiring substantial review, so HHSC's review is taking longer than expected. CMS also was not able to accept projects for official submission until the second week in July.
- We understand providers with Phase 1 projects are anxious to get their projects and valuation approved for DY2-3 so they can feel comfortable beginning to implement these projects.
- HHSC previously told stakeholders that CMS feedback on Phase 1 projects would be on a project-by-project basis depending on when each project is submitted to CMS (vs. on the Regional Healthcare Partnership [RHP] level).
- However, CMS recently informed HHSC that it will wait to start the 15-day clock for each RHP's projects until it receives <u>all</u> Phase 1 projects for that RHP other than replacement projects.
- WHAT THIS MEANS FOR DSRIP PROVIDERS: If your project was submitted to CMS more than 15 days ago and you have not heard back, that does not mean there is a problem with your project. It means that your RHP's 15-day clock hasn't ended yet. HHSC is working to get RHPs "on the clock" as soon as possible.
- On Tuesday, August 6th, HHSC received from CMS the first formal letter in response to Phase 1, and has sent the letter along to that RHP. Four other RHPs' 15-day clock has started based on HHSC's submissions to CMS this week.
- HHSC also received from CMS a preliminary list of 66 Phase 1 projects in 15 RHPs that have no issues and should be approved when the formal letter comes for those RHPs. This list was shared with you via email on August 7th. CMS has indicated that there are other projects that HHSC has submitted that don't appear to have any issues, so these projects will also be added to this preliminary list and HHSC will share this with you when we receive it.

Replacement Projects

- HHSC will accept replacement projects through September 30, 2013.
- Replacement projects that get approved will be eligible to report late DY2 achievement beginning in April 2014 (first DY3 reporting period).
- For the Phase 1 projects re-submitted to CMS, CMS has indicated that if a project is disapproved, the provider may submit a replacement. If a project is approved at a lower valuation than originally proposed, the provider may choose to take that lower value or the funds for that project will go back into the RHP's pool of funds for new three-year projects. *The provider will not have the option*

of submitting a replacement project for projects that were re-submitted to CMS for Phase 1 and get approved at a lower value than the provider initially requested.

Phase 2 – QPI

- HHSC sent a test file to CMS on August 5th with those QPI submissions that were technically correct, in order for CMS to begin testing their valuation model.
- As HHSC reviews QPI submissions, particularly in comparison to Phase 1 projects, it is apparent that due to the complexity of the Phase 2 exercise, some providers did not fill out the QPI spreadsheet correctly. HHSC plans to work with providers in the next couple weeks to clean up as many data issues as possible before CMS formally runs the model.
- However, since HHSC does not have time to do an in-depth review of every spreadsheet, a provider will be allowed to resubmit its QPI spreadsheet if it believes it filled it out incorrectly. Clarifying information to assist providers with evaluating whether they need to resubmit their spreadsheet was sent to you on August 7th.
- Please encourage all your DSRIP providers to carefully review the information HHSC sent on August 7th to make sure they filled out the spreadsheet correctly. Key points from that document:
    - The goal of the QPI information is to show the patient benefit from the project compared to what would have occurred that year in the absence of the project. For example, how many patients will be served in a DY or how many visits/encounters will be provided in a DY over and above what would have occurred without the project?
    - The information submitted in the QPI spreadsheet will supersede the latest version of the project already submitted, including Phase 1 revisions. HHSC will add the QPI information to the metrics for project reporting.
    - QPI information submitted in the spreadsheet for DY3-5 should not reduce the patient impact of the project either from what was submitted to CMS or from the latest Phase 1 submission for Phase 1 projects.
    - For projects that have metrics both for total patients/visits and specific to Medicaid/low-income uninsured patients/visits, HHSC encourages the provider to show the total patients/visits in the QPI spreadsheet to capture the full patient scope of the project.
    - If a provider adds a new QPI metric, that will be in addition to the existing project metrics. At this point, providers can't delete metrics.
- Unlike the initial submission of the spreadsheets, HHSC requests that this round of submissions come back to HHSC through the anchor no later than next Friday, August 16th. We know timelines are tight, and appreciate your help working with us to get the data to CMS as clean as possible.
- We are still missing QPI spreadsheets for a handful of providers. If a provider doesn't submit QPI information, then HHSC and CMS will need to decide how to handle. Projects without QPI metrics may not be able to be included in the initial DY4-5 valuation review, which means it will take longer to get their values approved.
- Because it is taking HHSC longer than expected to get QPI information to CMS, HHSC does not expect to have results of the model by September 1 as targeted; HHSC hopes to be able to share results of the regression model with providers in early-mid September.
- If a project is an outlier in the DY4-5 regression model, then CMS has indicated it would like HHSC to review and provide any additional document to support the original proposed value, as applicable.

DY2 Reporting

- DY2 reporting templates were posted on the HHSC Transformation Waiver website on August 7th.
    - Please have providers check if templates include the information expected that was verified in Phase 3. If you have any questions, please email the waiver mailbox at TXHealthcareTransformation@hhsc.state.tx.us and include the region and project in

question.

- A companion document was also posted that provides high level information on supporting documentation for metric achievement. An updated version with Category 4 guidance has been posted on the website.
- An updated Category 4 template was sent out on Tuesday. A slightly updated version will be posted on the waiver website today (no substantive change, just a line deleted to help avoid confusion).
- A webinar on how to complete the DY2 reporting template has been scheduled.
  DSRIP Reporting
  Presenter: Linda Huynh
  Thursday, August 15, 1:30 – 3:00 PM CST
  1) Go to www.webex.com
  2) Click on Attend Meeting
  3) Enter Meeting Number : 805 854 523 (no password necessary)
  4) Call (no password necessary)

  To join the audio conference: All participants should dial 800-396-3172 (no passcode required). 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 .

- Phase 3 in which HHSC will work with providers on clarifying DY2 metrics for October reporting will begin in late August.
- HHSC is working with Cooper Consulting on developing the web-based portal for DY3-5 reporting.

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 30-day public comment period for the rules allowing HHSC to use up to 1% of DSRIP IGT for monitoring closed on July 28th.
- Because CMS is allowing for the monitoring funds to be on top of the 100% DSRIP payment, HHSC plans to withdraw and re-propose the monitoring rules to reflect that change and some more details about how HHSC plans to calculate what each IGT entity will pay for monitoring.
- HHSC also is working with CMS to note in the PFM Protocol that IGT will be used for the non-federal share of the waiver monitoring contract(s).
- Assessing IGT for monitoring will begin with DY3 payments for the April 2014 reporting period.
- HHSC has not issued an RFP for monitoring yet, and plans to do so through the TXMAS pre-approved vendors list. We will keep you updated as more information is available.

Learning Collaboratives

- Thank you for your feedback on the draft Learning Collaboratives plan template and guidelines we sent out to you for comment.
- We are revising the template and guidelines and will send them back to you soon.

Category 3

- The proposed Category 3 revisions are still under review with CMS.
- HHSC has heard from some stakeholders that the revised menu lacks good outcomes for pediatric-focused projects, and we will try to address that.

New 3-year projects

- CMS requested that each RHP use a "scoring process" or rubric – similar to what RHP 1 did for the initial plan (though doesn't need to be as detailed), for 3-year projects.
- CMS understands that despite a project's score, projects are dependent on having an IGT source, but hopes that the public scoring process will increase transparency in the region and cause providers to focus their efforts on the areas of greatest community need.
- Given everything that is going on in the next couple of months, the new "scoring" requirement above and the delay in the CMS valuation review, HHSC plans to push back the dates for new project submissions.
    - Prioritized list of projects for each RHP due sometime in October (exact date TBD)
    - Full projects due early December (exact date TBD)

Key Dates for RHP Plans through March 2014

- Submit any Phase 2 spreadsheets that require correction regarding quantifiable patient impact (QPI) by Friday, August 16th.
- Submit replacement projects if applicable no later than September 30, 2013.
- Make any necessary revisions to DY4-5, in light of anticipated CMS feedback regarding valuation by September 2013. (September-October, or longer as needed)
- Phase 4 –
    - Submit Category 3 outcomes based on the updated Category 3 Menu no later than October 1.
    - 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.
    - Submit priority technical corrections, Category 3 improvement target achievement levels, and requests for plan modifications by a date being negotiated with CMS (no later than Dec 1, 2013).
- Submit new three-year projects – exact date TBD, likely early December 2013.
- 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

Anchor Administrative Claiming Protocol

- Thank you for your submissions. We will be using this information as a foundation for the full protocol submissions to CMS on behalf of each anchor.
- For the next step, HHSC will send documents to each anchor including draft cost principles that will provide additional detail on what allowable costs within the six activity areas. A draft indirect costs document will also be provided. You will be able to update the estimates you have provided based

on this additional information if needed.

- CMS has requested that a narrative is provided along with the budget template explaining what staff and contract costs are included in the administrative claiming, how much of their time is devoted to the waiver vs. other activities, and the structure of how administrative tasks are being completed. There will also be a narrative requirement regarding how the indirect cost rate was calculated (e.g. if square footage is included for waiver administrative staff).
- IGT agreements will also be required.
- HHSC will provide a framework and additional instructions for this next step.

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.