Anchor Conference Call

AGENDA

April 25, 2014
1:30 - 3:00 p.m. CST

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

1. General Anchor Communication

- Thank you for the work you continue to do for health care transformation in Texas.

- HHSC plans to send DY3 monitoring amounts by DSRIP IGT entity to Anchors soon. HHSC may determine that the full $5M is not required for DY3 and will keep you informed once we have a final determination. For the monitoring amount for DY3, HHSC is planning to request all of it in July (this is an update from what we included in the April reporting webinar.)

- We mentioned in the last anchor call in response to a question that this July may be the last opportunity for a project to submit a plan modification for DY4 - 5. We are still considering this. We will look at this issue further and provide you with additional information soon.

2. DSRIP Implementation

April DY3 Reporting

- As a reminder, reports are due to Deloitte by 5:00 p.m. CST on April 30th.
- As stated on the webinar, April 23rd was the last day for providers to send questions about April reporting in order to guarantee they will receive an answer by the reporting deadline.
- An updated Companion Document has been posted with revisions and clarifications based on questions we have received.
- As a reminder, do not report a Category 1 or 2 metric as completed until it is completed. For any metric/milestone that HHSC does not find sufficient evidence of achievement in the documentation, the provider will only have one opportunity in June to submit additional information. If the provider cannot demonstrate during the June "needs more information" (NMI) period that the metric/milestone was completed by March 31, 2014, the provider will no longer be eligible for payment for that metric/milestone. In addition, if a metric/milestone is reported as completed and is approved by HHSC and CMS, but during the compliance monitoring, it is found that the metric was not completed as reported, the associated DSRIP payment may be subject to recoupment.
- If a provider is uncertain about whether to report in April, we advise you to wait until October. Our goal is that providers are able to earn DSRIP funds for achieved metrics, but if you report them too early, you will forfeit that payment.
- In June, HHSC Rate Analysis will notify IGT Entities of the IGT required for DSRIP payments and DSRIP monitoring. The file will allow IGT Entities to enter the actual IGT amount to transfer and calculate the amounts for DSRIP payments versus DSRIP monitoring. IGT Entities must enter the correct IGT amounts in two separate categories in HSAS by RHP, otherwise payments may be delayed.
- We have heard from some providers that there is confusion around the submission of the Category 3 status report and "completion" of milestones that were previously listed in DY3 (e.g. test and validate data systems, project planning, etc.). Please reiterate to providers that the April milestone for Category 3 is the submission of the Status update. The previously selected milestones for Cat 3 for DY3 have gone away for payment purposes. A provider will earn half of its DY3 Cat 3 funds for each selected outcome measure by completing the status update. HHSC and

CMS still encourage providers to include in the Status update and/or semi-annual reporting questions for Cat 3 the extent to which they've completed the former Category 3 DY3 milestones, such as project planning or testing data.

New 3-year projects

- HHSC feedback on 3-year projects has been sent to all RHPs (the workbooks are posted on the HHSC website on the Tools and Guidelines for Regional Healthcare Partnership Participants page under **New 3-Year DSRIP Projects**).
- HHSC would like to remind anchors and providers that the summary tab for Cat 1 or 2 may have inaccurate information. Providers should not be using the summary tab to view projects' valuation for a specific DY, but should instead review the corresponding tab for the DY.
- Since the priority is for providers to resubmit projects in good shape, HHSC recommends that providers update only the narrative with the most recent information for Category 3. **Providers do not need to update Category 3 information in the workbook.**
- If providers are struggling with HHSC feedback and need assistance, conference calls can be arranged. Please send messages to the mailbox indicating region number and project ID when requesting assistance.
- HHSC is planning to submit two large batches of 3-year projects to CMS in May - around May 1 and May 16. Projects that are not in good shape and cannot be submitted on May 16 will be revisited in June, when HHSC completes its reporting review. These lagging projects will be approved by CMS later than June, as CMS has 45 days from when HHSC submits the projects.
- To speed up the completion of the project review, HHSC is contacting providers with follow up questions. It is in the provider's interest to respond quickly. Information received via email correspondence will be included in the project.
- HHSC will send final versions of the projects to providers and anchors after they are submitted to CMS.
- Soon (sometime in May), HHSC will do the final (formal one-time) redistribution of funds across RHPs that is allowed in the PFM Protocol for the three-year projects based on a handful of additional projects that are being withdrawn. For the purposes of project submission to CMS, HHSC will leave the workbook valuations as they are currently but on the valuation and technical review spreadsheet will indicate to CMS the maximum value the provider is hoping to get for the project if funds are available. HHSC will work to update the workbooks once the final redistribution is done.

Category 3

- HHSC will continue Category 3 selection review and will continue with TA as needed to prepare for the next step of establishing baselines for October reporting.
    - The review process has begun and is occurring by region. Feedback will be sent directly to providers to the contact listed in the Category 3 selection tool, with a cc to the Anchor.
    - Initial feedback is scheduled to go out throughout May.
    - Providers will have 10 business days to respond to this initial round of feedback, either providing the additional information requested by HHSC -or- confirming HHSC's understanding of the use of the measure**.** (Providers may request extensions due to competing deliverables). **All providers will receive feedback and will be required to respond, even if just to confirm the measure selection**.
    - HHSC will review the provider responses to HHSC feedback and approve the measure or request the provider continue to revise their selection.
    - The timelines are planned for Category 3 review to be finalized by July 1st, 2014.
    - Information will then be provided to CMS and if there are any questions we will follow up as needed.

- HHSC will be using the information submitted by providers in the Category 3 Status update to inform the review process. Providers are encouraged to clarify any information they have received as TA from the Waiver mailbox within this status report. Also, if providers selected the wrong measure in error, they can indicate this within their Status report.
- Continue to send questions to the waiver mailbox, using the Category 3 designation in the subject heading.
- The final Category 3 compendium versions will be released with the revised RHP Planning Protocol, which is targeted for mid-June.
    - Updates will include benchmarks where possible, shift of measures from QISMC to IOS and minor clarifications to specifications based on the questions we have received.
    - When possible HHSC will provide any updates when measures are categorized as QISMC or IOS as well as any updates to benchmark values during the review period in the Category 3 feedback to providers.

Category 4

- For Domains 1 & 2 (PPAs and PPRs), HHSC has sent all reports to providers. As a reminder, rather than submitting individual hospital PPE data to CMS, HHSC will submit data to CMS at the RHP level based on state confidentiality requirements for individual hospital data.
- Given the delay in providing PPE data for Cat 4, CMS has agreed for Domains 1 and 2, providers will not be required to include a qualitative report on these domains for April. Reporting for Domain 3 begins in DY 4 (Potentially Preventable Complications).
- The qualitative report will be required in April for Domains 4 and 5, as well as 6, if applicable.
- RD 5: We have received some questions from providers on this measure and have found a discrepancy in the RD 5 measure specifications on the NQF site. The intent of the measure per the measure steward is to find "the median time from admit decision time to time of departure from the emergency department (ED) for ED patients admitted to inpatient status." NQF incorrectly states this measure as having a traditional numerator and denominator, both of which are described as the same continuous variable and, if used as described, would always result in a rate of 100% and not provide any detail about the number of admissions from the ED considered in the calculation. Please see here for the actual measure guidelines. We are posting a revised template and are asking for the following information.
    - Median Time (in minutes) from admit decision time to time of departure from the emergency department for admitted patients
    - Number of emergency department (ED) patients seen and used to calculate median time in minutes from admit decision time to time of departure from the ED for admitted patients.
- HHSC has received questions on the optional RD 6, given that many of the measures are ambulatory and hospitals may not be collecting this data. We have designated which are ambulatory and proposed to CMS that only hospitals that have outpatient clinics would report these measures. CMS is still reviewing this request. HHSC advises that hospitals report on this optional domain in April only if they can report on all the measures. We will continue to work with CMS on this issue. For the HEDIS measures in RD-6, hospitals can modify and report on "patient" rather than "member," given this is hospitals reporting rather than health plans.
- UC hospitals are also required to send Domains 1 & 2 to be eligible for DY 3 UC payments. We will advise the date for those reports to be provided to HHSC.

Anchor Administrative Match Protocol

- HHSC is continuing to work with CMS on the Protocol. A call is scheduled next week with CMS to discuss the "Percent Effort Timesheet" that we shared after the last Anchor call.

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Other Information for Anchors

Carryforward and Payment Timing

- Thank you for the input some of you and your providers sent regarding carryforward reporting and payment. HHSC is discussing this issue with CMS to determine the latest possible date after a DY ends that payments may be made from that DY's DSRIP pool. We will keep you posted when we know more.

Withdrawing Projects

- We want to give you a heads up that HHSC also is discussing with CMS putting more details into the PFM Protocol regarding the withdrawal of projects and possible recoupment. HHSC will advocate strongly that all changes made in this regard be prospective so that providers know prior to withdrawing a project what the possible ramifications are.
- For now, HHSC advises that providers with approved and active projects wait to withdraw them. There will be an opportunity to do so after the mid-point assessment (and prior to the first DY4 payment period). Providers must do the semi-annual reporting for all active projects even if not reporting metrics/milestones achievement.

Statewide Learning Collaborative

- The event is scheduled for September 9 & 10 at the AT&T Center in Austin.
- We are planning for 500 participants at the Center and web-streaming for those not attending in person and will work with Anchors on the number of in-person participants that will be invited from each RHP. At this time Anchors and DSRIP providers can plan for 1 in-person participant each, at a minimum.
- A survey is in development for DSRIP participants and other stakeholder feedback for the agenda and look forward to your insights.

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.