Anchor Conference Call

AGENDA

1. General Anchor Communication

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

2. DSRIP Implementation

April DY3 Reporting
- HHSC has completed the review of DSRIP April reporting. Coversheets are being developed and are scheduled to be sent to providers on June 20th. Providers will have three weeks from the date the coversheet is sent to respond to NMI requests.
- Similar to prior reporting periods, HHSC was able to approve the majority of metrics reported.
- As noted in the last Anchor call, in instances where it was clear that a provider should not have reported in April, such as achievement not occurring by March 31st, 2014, HHSC changed the reporting status to "Did not report." This information is noted on cover sheets. Providers can contact the waiver mailbox with any questions.

New 3-year projects
- HHSC continues to work with anchors to confirm the valuation for each project so that HHSC can confirm project values with CMS and do the redistribution among regions. Once that is done, we will know which of the 3-year projects have funding.
- Thanks to those of you that responded regarding the project values file sent last week, and to those that have confirmed a couple additional project withdrawals.
- Based on that information, HHSC will work to get out the final redistribution information next week and then will work with those anchors that can't fund all of your projects to confirm how the region would like to proceed. In some cases, we understand there may be an agreement for one project to take a lower value if needed to help fund another project in the RHP.
As a reminder, the Category 3 information at the project level in the file sent last week was for reference only. HHSC separated out Cat 3 funds for the Cat 3 re-selection in March, and in many cases, the Cat 3 funding at the individual project level has shifted between projects based on the % distribution providers indicated in their Cat 3 selection tools. For 3-year projects that do not move forward (either withdrawn already or once the redistribution is done, there is not enough funding in the RHP for the project to continue), HHSC will proportionately update Category 3 based on the removal of the original Category 3 value that was submitted in the new 3-year projects workbook and the percentages used in the Category 3 Selection Tool. This may result in the two DY3 Cat 3 milestones (submission of status update, submission of baseline information) being valued differently because this valuation adjustment will be done in between the April and October reporting periods.

Category 3 Review
- RHPs 3 & 9 have received feedback on their Category 3 selections.
- Once RHPs are sent feedback, HHSC is coordinating with the anchor entity to schedule a TA call with providers to inform the provider response period.
- Feedback will continue to be emailed to the contact listed in the Cat 3 selection tool with a copy to

the anchors. The email will specify which projects require a response and will include a deadline for responses.

- o Each Category 3 outcome has one of the three following statuses, which is listed in the email to the provider
    - Approved as described- no response required: for these projects HHSC does not have any additional requests for information, however providers are encouraged to respond if there is any component in the feedback from that they wish to clarify OR if provider wishes to change the selection for any reason (e.g. preliminary baseline rates demonstrate high achievement on the selected measure).
    - Approved with additional clarification- response required: for these project HHSC is requesting the provider to strengthen or clarify some component of the selected measure. Often this is for cases where outcome selected is clearly a good fit for the project, however the provider rationale for the selection needs to be strengthened.
    - Measure is not currently approved as described- response required: in these instances the outcome is either not a clear fit for the project or there is additional clarification needed around the proposed subset. In these cases HHSC made recommendations for alternate measures, however if the provider believes that their selection is the best fit for the project the provider should respond to HHSC and provide that justification. In some cases, this justification may center around data limitations, which the provider should clearly describe. NOTE: This status does NOT imply the measure is not approvable, however HHSC requests substantial justification or clarification regarding the fit of the measure to the Category 1 or 2 project.
- RHP 1 and RHP 6 will be the next two regions to receive feedback and we anticipate that feedback will go out no later than the end of next week. Feedback for the rest of the regions will procede in the following order: RHP 10, 17, 14, 13, 12, 11, 8, 5, 2, 20, 15, 4, 19, 18, 7, 16.
- All regions will recive feedback by mid-July and will have 14 days to respond to HHSC's requests for additional information.

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

- HHSC is moving the due date for submitting change requests (plan modification requests and technical change requests) back to late July to give us and providers more time to complete this important task.
- The July 2014 change request period will be the last time for providers of 4-year projects to initiate plan modification requests and technical change requests for DY4-5 for most issues. There will be some additional plan modifications initiated by HHSC/the compliance monitor during the midpoint assessment review (e.g. if a project achieved its DY5 QPI goal in DY3, it will need to increase its future goal(s)).
- Please emphasize to your providers that while HHSC hasn't sent out the change request information yet (coming soon), they should begin to think about plan modifications and technical changes they'll want to request now as July will be the last opportunity to make these requests (with the exceptions noted above.)
- If a provider is achieving QPI goals two years early (i.e. achieved DY5 goal in DY3), HHSC recommends that the provider proactively increase its future QPI targets through a plan modification request rather than having the compliance monitor require that change as part of the midpoint assessment.
- HHSC likely will need to send change request files to providers prior to the Category 3 review being completed, so the plan will be for Cat 3 back-and-forth between HHSC and providers to continue on a separate track, i.e., requests to switch Cat 3 outcome measures will be handled through the

Cat 3 review process rather than the change request process. Although the change request and Category 3 processes are separate, providers may submit a change request for revisions to the narrative to reflect their planned changes to their Category 3 outcome measures. Also, HHSC may provide feedback to providers through the Category 3 process that the provider should submit a change request through the change request process. For example, if a milestone/ metric is duplicative of a Category 3 outcome measure, HHSC may ask the provider to submit a change request through the change request process to delete the duplicative milestone/ metric.

Anchor Administrative Costs
- HHSC will be scheduling a TA session on the final protocol to walk through all the documents, including the Percent Effort spreadsheet. This will be coordinated with the assistance of Texas A&M which is currently using the spreadsheet to document time.
- We are working with HHSC Legal to refine the contract and will be sending to Anchors.
- Carol Sanchez-Cuellar has joined the HHSC waiver team and will be the point person for Anchor Administrative Costs.

September 9-10, 2014, Learning Collaborative Summit
- HHSC will be sending out soon (likely next week) a survey for anchors and DSRIP providers regarding the September Statewide Learning Collaborative Summit. We want to get input on topics for speakers and panels, and also want to get a sense of which strong projects are interested in being represented at the Summit either on a display poster or as part of a panel. We are looking for projects that are particularly innovative, are demonstrating early success (particularly for Medicaid and low income uninsured individuals), and may include best practices that could be replicated in other projects.
- HHSC has been coordinating with THOT on its pre-summit event for anchors next Friday, and understand that THOT also sent a survey to anchors on specific topics. We will work for our survey to complement rather than duplicate the questions in that survey, as both will help inform our Summit planning.
- HHSC is working on the invitation list for the summit, and will work to let you know soon how many initial slots we have for you and your DSRIP providers so we can confirm how many your RHP plans to use. We want every DSRIP provider to have the opportunity to send someone to the summit in person if they so choose.

DSRIP Automated System
- HHSC continues to work with Cooper Consulting on the development of an automated system for DSRIP reporting.
- The new system should be deployed in time for October DY3 reporting.
- HHSC is currently in a testing phase for the new system, and has reached out to anchors in RHPs 1, 3, 6, and 10 to assist with testing. If others would like to participate in testing, please let us know, as there may be additional testing opportunities between now and October.

Other Information for Anchors

- Waiver extension/renewal options will be discussed at a high level with the Executive Waiver Advisory Committee at its next meeting on June 27th, and we also will plan to discuss with anchors on the anchor call that afternoon.