Anchor Conference Call

AGENDA

March 22, 2013   **Call-in: 877-226-9790**
1:30-3:00 p.m.   **Access Code: 3702236**

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1. General Anchor Communication

HHSC RHP Plan review
- Ten RHP Plans sent to CMS.
- Remaining RHP Plans should be submitted by early April

Posting RHP Plans and Summary Info on HHSC website
- EWC, stakeholders, anchors, Legislature have access to project summary information.
- HHSC is posting RHP Plans on the waiver website once they are submitted to CMS.

2. CMS RHP Plan Review

In March 1 anchor call we provided initial information from CMS that included the following:
- CMS indicated that by the 45-day review it intends to approve projects that do not require changes, and will request additional information from the RHP on the remaining projects.
- CMS is working to identify projects that they may not approve early on in the process. So far, CMS has indicated that projects expanding dialysis services, catheterization labs, or CT scanning (generally in areas 1.9 and 2.5) are highly unlikely to be approved and it's suggested these projects be removed or replaced. This is based on the CMS initial review of projects summaries, and the list of items may grow as CMS reviews projects more in depth.
- At that time we communicated that there likely would not be sufficient time to replace the project after the 45-day review. ***This has changed (see below).***

CMS has stated their areas of focus include:
- Other projects
- Other Category 3 outcomes
- Duplication of federal funds
- Collaborations
- Valuation

In March 12 communication to anchors we provided an update:
- CMS has indicated that they may approve replacement projects as late as September 2013 to apply to DY 2. However, HHSC has not received this information in writing.
- HHSC has sent additional projects to CMS based on their determination from initial summary information. CMS has indicated that they will provide feedback this week on these projects.

Most recent information from CMS:
CMS reviewed the DSRIP projects they considered questionable for approval based on summary information HHSC provided on all projects. HHSC received preliminary feedback through staff level discussion on these projects. CMS has indicated which projects would not likely receive approval and provided additional guidance on what specific information may be needed to approve certain types of projects.

This communication to all the anchors provides the general information on project areas discussed with CMS. We are providing feedback on the specific projects CMS reviewed to individual performing providers via the anchors.

For project areas for which CMS has provided additional guidance, providers can either submit replacement projects or improve the projects based on CMS feedback.

- For projects that providers would propose to improve based on the preliminary feedback, the project would be resubmitted after the formal feedback process from CMS' initial 45-day review. If the project is ultimately not approved, the provider would have the opportunity to submit a replacement project.
- If a provider determines that they would prefer to replace a project before the formal CMS feedback, a replacement project can be submitted. HHSC will begin review process once all RHP Plans are submitted to CMS.
- Replacement projects must meet the guidelines HHSC has provided. (See guidance below).

3.	Project-specific guidance from CMS

Projects CMS has indicated would not be approved

- **Project Option: 1.11.3 Client Health Information Access Portal** - This "Other" project proposed by an MHMR center will likely not be approved as it is focused on providing clients access to tablet computers to gain access to health information.

Projects that would need clarification/enhancement

- **Project Option: 1.9.2 – Expand Access to Specialty Care –** CMS has indicated that projects in the "Access to Specialty Care Projects" that are high-intensity procedures must have a significant focus on the Medicaid/indigent population for the specific services that are included in the proposed project. The need for the access must be clear and focused on Medicaid and indigent.   CMS likely will request that metrics with quantifiable Medicaid/indigent impact be added for these projects if they are to move forward. If there is an access issue in the Medicaid program for certain specialty care services in the region, the project focus should include the enrollment of the specialty physicians in the Medicaid program so that access can be measured specific to Medicaid.
- **Project Option 2.8.1–Apply Process Improvement Methodology –** There are some projects that in this option that are focused on Emergency Departments. CMS would prefer projects focused on earlier access to primary care. However, given the range of providers and needs, they would consider a focus on the ED if a specific evidence-based model is proposed. In addition, a more robust Category 3 outcome than Patient Satisfaction would be required.
- **Project Option 2.5. – Redesigning for Cost Containment –** For projects in the 2.5 project area, CMS requires the specific approach to cost containment and how this approach is expected to improve care for the Medicaid and indigent populations. Many of these projects could be interpreted to mean increased billing, rather than a specific focus on how medical care is improved.

Additional information on projects focused on End Stage Renal Disease (ESRD)

Since providing the initial feedback from CMS ESRD projects, some regions have submitted additional information for consideration to emphasize the importance of the specific project for the region. CMS has indicated that this additional information can be provided for CMS consideration. The information should include the specific impact to the Medicaid and indigent. The project should also include information that would be used to justify "Evidence of Need," such as that which is used in other states that require Evidence of Need in order to build certain types of facilities, such as ESRD.

HHSC will be sending a template for supplemental information to provide to CMS.

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4. Replacement Projects

The following Anchor Talking Points from March 1, are to be used for submitting replacement projects:
If a provider chooses to submit a replacement project for a project CMS has indicated they will not likely approve, the provider has the option to propose replacement projects at the same value or less that could be implemented beginning DY 2. The replacement project has to meet the following requirements:
- Represent an intervention that is in response to community needs identified in the RHP's needs assessment.
- Given the need for timely review, the project must be on the RHP Planning Protocol DSRIP menu and not an "Other" project option and also not include "Other "Category 3 outcome(s).
- Include milestones that represent implementation activities beginning in DY 3 and not just planning activities.
- Submitted along with a completed DSRIP Feedback Changes Electronic Workbook.
- Replacement projects would also need to undergo review by HHSC and subsequently submitted to CMS. CMS would start a new 45-day clock for the replacement projects separate from the initial RHP Plan submission.
- HHSC will provide a template for project replacement at a later date.

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5. Additional information

Revisions to RHP Plans
- Now that all RHPs have submitted their plan in response to formal feedback, providers should not make substantive changes to projects unless at the request of HHSC or CMS. (This includes the project narrative – CMS has emphasized that project narratives are important parts of the plan.)
- When revisions are made, RHPs can work from the clean copy of their plans. Providers will highlight or include strikethroughs for revisions made *at the request of HHSC or CMS*.

DY2 Reporting Format
HHSC is in the process of transferring all milestones and metrics into Excel for DY2 reporting and will verify information with Performing Providers. For the manual DY2 reporting, Performing Providers will use an Excel template to report progress on each metric, e.g. a metric is to draft a plan, the Performing Provider would enter Yes/No for the metric and attach the plan to the ShareFile site that is being set up. ShareFile users will be based on information provided in Section I. of the RHP Plan. HHSC will provide additional information on the template in April.

Patient Satisfaction Outcomes
Guidance is forthcoming about OD-6, Patient Satisfaction. This will clarify the use of IT-6.1 versus IT-6.2 and the use of supplemental CAHPS modules as outcomes.

DY 3 Project Planning
We are getting questions about funding of DY 3 projects through the plan modification process and also about what form DY2 metric reporting will take. We understand both of these issues are very important and are working to provide more information soon.

Modifications to information in Section I Organization Table to update contact information. If there are contact information changes that may impact notifications for payment, please use following process:

- Modify the existing contact information to include the email address of the new CEO and Director – if it would be helpful to the new leadership in place, also provide a back up email to someone at both facilities that has worked on the RHP Plan and is familiar with the process. They will be able to assist with the transition.
- Send the notification to both the Waiver mailbox at TXHealthcareTransformation@hhsc.state.tx.us and Rate Analysis Division mailbox at UCTools@hhsc.state.tx.us

RHP Plan Monitoring

As previously communicated, HHSC may propose to retain a small amount (less than 1%) of all DSRIP payments for monitoring purposes – the details are under development and more information will be provided when available.

6.   Timelines and Next Steps

We are currently reviewing regions' responses to formal feedback for submission to CMS. Your region will be informed when your plan is sent to CMS and the anchor will receive a copy of the submission.

HHSC review of revised plan submissions:

- Any critical changes that providers do not make in response to feedback could risk that HHSC will not move the plan or a particular project forward to CMS. Examples of critical issues: IGT not identified, plan not signed, project does not serve Medicaid/indigent, no patient benefit.
- HHSC will identify priority items in projects for which regions have not responded to feedback and also note more minor issues requiring technical clean-up.
- For plans that can move forward, HHSC is submitting the clean version of the RHP Plan to CMS with presumptive state approval.
- HHSC is informing RHPs when their plan is submitted to CMS and providing a copy of the HHSC comments submitted with the plan.

HHSC valuation review

- Upon re-review of projects, some may remain flagged for CMS for valuation if the provider did not include quantifiable patient benefit in the milestones or if a project is an outlier (appears overvalued) based on the milestones and patient scope of the project.
- Some projects like QI/REAL and workforce projects will be noted for CMS since they do not translate as cleanly to demonstrate quantifiable patient benefit.
- HHSC is focusing on higher valued projects (e.g. $5 million for a Tier 4 RHP) when flagging projects for valuation. However, technical review is focused on all projects.

HHSC technical review

- Upon re-review of projects, HHSC will identify all projects with outstanding priority issues, regardless of valuation. These issues may include Category 1 or 2 milestones that duplicate Category 3 improvement targets; core components not addressed; and no outcome improvement target identified by hospital providers.

DY1 DSRIP Payment Schedule

- For DY 1 DSRIP, please refer to the draft schedule below:

Payment Type	Response to Feedback Submitted to HHSC	IGT Due	Estimated Payment Date

DY1 DSRIP (RHP 14, 17)	By 2/4/13	3/7/13	3/28/13
DY1 DSRIP (est. 4 RHPs)	By 2/25/13	3/22/13	4/30/13
DY1 DSRIP Clean-Up (est. remaining 14 RHPs)	By 3/16/13	4/24/13	5/15/13

DY1 DSRIP

- HHSC is sending each Anchor a list of DY1 DSRIP payments and available IGT based on the RHP Plan submitted to CMS. RHPs may request that HHSC retain a portion of the DY1 DSRIP payment until final CMS approval for potentially risky projects. HHSC will only request the IGT for the partial payment. Delayed DY1 DSRIP will be paid during the scheduled DSRIP payment period following CMS approval, e.g. May DY1 DSRIP payment, September DY2 DSRIP payment, or November DY2 DSRIP payment.
- If a Performing Provider has a pending TPI, HHSC will not pay DY1 DSRIP until a TPI is obtained. HHSC will not request IGT until an active TPI has been established. The last date to obtain a TPI for DY1 DSRIP payment in May is April 17th.
- Rate Analysis will contact the IGT Entity representatives listed in Section I of the RHP Plan to notify them of the timelines and process for submitting IGTs.

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.