

September 13, 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.
- HHSC continues to work on many items as outlined in more detail below. We want to highlight that we're pleased that so far CMS has approved 349 (88%) of the Phase 1 projects at a DY2-3 value of over \$1.4 billion. HHSC continues to work with CMS on Category 3 and also is dedicating a lot of staff time this month to reviewing the information that many of you submitted for August reporting for the first DY2 payment opportunity.

2. RHP Plan Review

Phase 1 review process and coversheets

- As of Tuesday, CMS feedback letters have been received for submitted Phase 1 plan revisions for all RHPs.
- There are 48 projects that were not addressed in the CMS letters (22 from Table 5 and 26 from Table 6). They are still being evaluated by CMS. There are 3 possible scenarios for those projects that did not receive feedback in the letters:
 1. CMS approves the project at the requested amount.
 2. CMS approves the project at a lower valuation. Provider options will be to accept the lower value or pull the project. Providers will not be able to propose replacement projects in lieu of accepting the lower value. If the project is pulled, its DY3-5 funds will be available to the RHP to propose three year projects.
 3. CMS does not approve the project. Providers will be able to submit a replacement project no later than September 30 to be eligible for DY 2 metrics. If the provider opts not to do that, the associated DY3-5 funds will be available to the RHP to propose three year projects.
- Instead of a decision being received for these last projects by September 15th, as we had hoped, HHSC learned this week that final feedback will not come from CMS on these 48 projects until early October.
- Of the projects not yet approved, the ones that may not be approved at all by CMS and would have the ability to submit a replacement project would be those 26 that were not initially approved by CMS (Table 6 in their initial letters from April –May). HHSC will be reaching out to the providers of these outstanding Table 6 projects to let them know that if they would want to submit a replacement project (in case their project is not approved), they should go ahead and do so by September 30th.

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).

Phase 2 – QPI

- HHSC submitted QPI information to CMS on August 30th for almost all projects for CMS to use in the DY4-5 valuation model.
 - We have received submissions for all but 1 of the remaining projects that we mentioned in the anchor update email last Friday.
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- Once those are reviewed by HHSC staff they will be submitted in the full QPI file to CMS for DY4-5 valuation if required issues have been addressed.

DY2 Reporting

- HHSC is reviewing August reports through a three level process.
 - HHSC received approximately 600 Category 1-2 project reports during the August DY2 reporting period. HHSC is currently reviewing provider reports to confirm that goals have been met and that supporting documentation is sufficient. Metrics that do not appear to have sufficient documentation are being reviewed by second and third reviewers. For metrics with insufficient documentation, providers will be asked to submit additional information during the October DY2 reporting period.
 - HHSC recently received verbal CMS guidance regarding DY1 metric achievement (December 11, 2011-September 2012). Contrary to what HHSC previously has communicated on this issue, DY1 achievement of metrics may be allowable if the State deems appropriate; however, providers also should be aware that early achievement of metrics is a criteria for inclusion in the mid-point assessment review.
 - For DY2 reporting, HHSC will accept some variance in metrics such as fewer quarterly meetings or quarterly meetings that are not scheduled quarterly due to the late approval of projects. However, in DY3, HHSC expects meetings to be scheduled and completed as stated in the goals. Beginning in DY3, HHSC will require that metrics regarding meetings include agendas and minutes or summaries of meetings.
- Today is the due date for IGT Entities to submit feedback to HHSC regarding their affiliated provider's reported progress using the IGT Entity Feedback Template: <http://www.hhsc.state.tx.us/1115-docs/IGT-Entity-Feedback-Template.xls>
- HHSC is in the process of reviewing Phase 3 Provider Correction Templates for October reporting. If comments have not been addressed, HHSC will contact the provider directly and provide two days to make corrections. **If changes are not received, the project will not be eligible to report until April 2014 with DSRIP payment estimated in July 2014.** HHSC will not be approving outcomes changes to Category 3 improvement targets because these changes will be handled through a separate process in Phase 4 and plan modifications.
- For October reporting, HHSC will be requesting the following changes:
 - Include dates in supporting documentation (e.g. date a community assessment was completed, date of hire).
 - Clearly differentiate how metrics were met with similar documentation (e.g. if a metric is using the same curriculum across multiple clinics, then demonstrate how different staff were trained on the same curriculum).
 - If a provider is deviating from a metric, then an explanation is required in the Progress Update field (e.g. Project Area 1.3, Metric P-1.1 requires number of patients entered in the registry, provider requests that metric be met with number of patients identified in target population). HHSC will review and submit the request to CMS for approval if deemed appropriate. If approved, payment for the requested deviation would be made in the following reporting period (e.g. requested in October 2013, payment would be made with April 2014 reporting period, estimated in July 2014).
- Changes for October reporting will be included in the updated DY2 Reporting Companion Document.
- October DY2 reporting templates will be posted on the waiver website the first week of October.

IGT Entity Changes

- The IGT Entity changes, either in Entity or proportion of payment among IGT Entities, must be submitted to HHSC no later than October 31, 2013 for October DY2 DSRIP payment processing
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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 October 31 will go into effect for the April DY3 DSRIP reporting and payment for the impacted projects will be delayed until that time.

Monitoring

- Because CMS is allowing for the monitoring funds to be on top of the 100% DSRIP payment, HHSC will 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.
- A waiver amendment was approved by CMS as of September 6, 2013 that notes in the PFM Protocol that IGT will be used for the non-federal share of the waiver monitoring contract(s). The waiver amendment (with updated PFM) has been added to the HHSC website.
- 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

- The revised template and guidelines were sent out on August 30th. Your feedback on the draft versions really helped inform the final versions, so thank you for your help.
- We did receive feedback from a couple of regions that would prefer to submit their own narrative to describe their learning collaborative plan, rather than using the template. CMS has expressed a preference for all RHPs to use the same template.
- As a reminder, learning collaborative plans are due to HHSC no later than October 1st, as specified in the Program Funding and Mechanics Protocol.

Category 3

- HHSC is continuing to work with CMS on the new measures proposed for the Category 3 menu. HHSC has received feedback from CMS that, of the measures proposed, CMS did not have comments or questions on 75% of the measures, which means that these look approvable to add to the menu. HHSC has also submitted additional information to CMS on assessment tools that have been proposed by providers. This information has been posted on the waiver website.
 - CMS has notified HHSC that, given the delay in finalizing the revised Cat 3 menu, providers will not be required to select or confirm their Cat 3 measure(s) by October 1, 2013 as planned. HHSC is continuing to work with CMS on both the Category 3 menu and reporting of achievement and will provide additional information as soon as available.
 - Therefore, for the DY 2 October 2013 reporting, all providers that have an approved Cat 1 or 2 project can still report Cat 3 process measures and improvement target achievement. For providers that don't yet have a CMS approved measure, they can report which measure(s) they would like to use off the draft revised menu, how they will prepare to report, and what their fallback measure(s) would be (from the original Cat 3 measures or those 75% of proposed new measures without CMS comments) if their preferred measure(s) don't get approved for the menu by CMS.
 - For providers that have an approved Cat 1 or 2 project and proposed a Cat 3 improvement target that is not yet approved, and set an achievement level, the provider can report the work as a Cat 3 process milestone and be eligible for DY 2 payment.
 - This reporting will be considered satisfactory to meet the Cat 3 DY2 process requirements since providers do not have more information on Category 3 at this time.
 - Providers do not need to change the Phase 3 spreadsheets for these Category 3 issues that are due to delay in approvals. HHSC will provide instruction to providers to for how to complete Cat 3
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reporting with the October templates.

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)
- HHSC plans to provide instructions and templates for completing the prioritized list in late September and for drafting full projects in October.

Key Dates for RHP Plans through March 2014

- 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 October 2013.
- Phase 4 –
 - Category 3 outcomes based on the updated Category 3 Menu are not likely to be approved by CMS to meet the October 1 timeline. Updates will be provided on timelines as soon as available.
 - 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, corrections to non-quantifiable/TBD goals, 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

- As a reminder, Anchor Admin Narratives and budget estimates previously submitted (with updates, as applicable) are due to HHSC by COB today, September 13th.
- This timeline gives us the opportunity to roll up all RHPs into a single package to submit to CMS no later than October 1, 2013.

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.