

December 6, 2013
2:30-4:00 p.m.

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

1. General Anchor Communication

- Thanks for your continued hard work. We know there have been a lot of big submissions recently and coming up, and we appreciate your time and effort spent on helping ensure things run smoothly.
- There was a request for an updated timeline during the anchor call on November 25th. Please see key dates below. Staff is also working on an update for the key dates and timelines on the waiver website and will provide an update for mid-December.

2. RHP Plan Review

Phase 1 review

- CMS has released their findings from their second review of the 48 remaining Phase 1 projects, and the letters have been forwarded to the relevant RHPs. 46 of the 48 projects were approved, though 11 were approved at a lower value than the provider requested.
- Unless HHSC hears otherwise by COB today (Friday 12/6), we will assume that those projects that received lower values from CMS want to move forward at that lower value. The providers should notify the box directly if they want to withdraw the project, and cc: their anchor. HHSC will be updating the October report amounts to the CMS approved values, and then the Phase 4 amounts once those forms are returned.

Replacement Projects

- HHSC is currently evaluating the submitted replacement projects.
- Replacement projects that get approved will be eligible to report late DY2 achievement beginning in April 2014 (first DY3 reporting period).

DY2 October Reporting Review

- Thank you for responding to the feedback we provided from the August reporting period. Staff have noted improvements overall in the October reporting review.
- IGT notice will go out on December 20th for January payments for October reporting. These notices are sent to the HHSC IGT d-list (including anchors), but please also help us make sure the correct entities get notified in your region.
- Please review timeline at the end of this document for dates HHSC will release results and timelines for submission of information for metrics that need more information.
- The types of results are as follows:
 - Approved and eligible for payment
 - Needs more information
 - Not approved and no longer eligible for payment (this would occur only for providers who reported in August, HHSC requested more information, and the information submitted in October was not responsive to HHSC feedback)
- HHSC has decided to give all projects/metrics that first reported achievement in October a chance to change their metrics marked by HHSC as “Needs More Information” to “carry forward” in the December response period if, based on HHSC’s feedback, they do not think they will be able to substantiate in the December response period that they achieved a metric by the end of DY2. Otherwise, if they don't substantiate the metric achievement in December, the metric will be

denied and no longer eligible for payment. Please note that HHSC does not plan to have this option for DY3-5 reporting, but we're allowing it one more time for first-time October reporters because of the newness of the program and to give providers an opportunity to earn their DY2 funds to help get the projects off to a successful start.

- HHSC also has decided that providers that failed to report on a project in August or October and also failed to request carry forward will have **one** chance to report (either demonstrate achievement or request carry forward) in the December response period. If they report achieved and do not demonstrate that in December, the metric will no longer be eligible for payment.

Phase 4

- Phase 4 workbooks and plan modifications are due today.
- HHSC will review all submissions and provide feedback in mid to late January.

New 3-year projects

- Narratives and workbooks are due to HHSC by December 20, 2013.
- HHSC will provide the redistributed amounts as soon as possible.
- An RHP may choose to submit extra "contingency" projects in case more funding becomes available based on DY4-5 valuation review. Keep in mind that DY4-5 valuation review only will impact valuation for those two years, so in the case that extra projects can be funded, while they will be three year projects and should begin to implement during DY3, HHSC's understanding is that their funding will be for DY4-5 only. These contingency projects must come from the prioritized list of 3-year projects and are due December 20th.
- The final project in an RHP's list that would be underfunded based on available funds can submit the project for full funding in case additional funds become available based on the DY4-5 valuation review. For the "underfunded" project that is eligible to receive the last of the RHP's available allocation, the provider should include the following statement at the end of the one-page summary at the front of the project:

This project is being submitted at its full proposed value (\$X) for DY3-5 even though only \$X currently is available for the project based on RHP X's allocation for 3-year projects. If additional funds do not become available, the provider would/would not be willing to perform the project for the \$X currently available.

DY 4/5 Valuation

- Of the 1271 projects HHSC submitted to CMS for DY4-5 valuation review in September, 122 still are under review as potentially overvalued and 1147 are no longer being reviewed as potentially overvalued. HHSC sent to the anchors today the list of the 122 projects still under review (2 projects have been withdrawn from the list of 124 in the spreadsheet, and noted as such in what HHSC sent out to anchors) and also the full list of projects submitted to CMS for valuation review in September so you can see the project IDs of those that are no longer being reviewed for DY4-5 valuation (i.e. their DY4-5 valuation will be approved pending any changes in the mid-point assessment).
- HHSC will soon contact the 122 projects still under review for DY4-5 valuation to provide them their options. Due to time limitations, there will not be the same back and forth on these projects as there was in Phase 1 for potentially overvalued projects.

Anchor Annual Reports due December 15, 2013

- HHSC sent all anchors today the August reporting data to be included in the table in the RHP annual report. We also included some information for you to help explain how the data was generated.
 - Since HHSC has not finalized cleaning up the October reporting data, anchors will not be required
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to include the October information in the table for the December 15th submission. HHSC will add this information for each region prior to submitting the reports to CMS in early January.

Category 3

- HHSC is making progress with CMS on the new measures proposed for the Category 3 menu, and on the performance methodology. HHSC's primary goal is to have a strategy that is operationally feasible at this stage of the waiver.
 - HHSC laid out two primary issues raised by CMS at the Executive Waiver Committee and provided in Anchor Talking Points in October:
 - Using a denominator for Category 3 that is broader than the population served by the project (or put another way, a denominator that does not change based on the number enrolled in the project)
 - Using a combination of pay for reporting and pay for performance in Category 3.
 - In addition, a key theme in discussions with CMS continues that CMS wants to ensure Category 3 data reported is valid and reliable, and does not lead to adverse selection or unintended consequences for patients. This applies to both the allowable measures on the menu and how the denominator is defined for each measure.
 - CMS has indicated it will approve many of the measures proposed in the revised Cat 3 menu (including some modified/custom measures).
 - New information:
 - CMS is adding a designation of pay for performance, or pay for reporting only, for the Category 3 measures.
 - HHSC recently submitted a policy strategy to CMS that we will send to you with these talking points. CMS has agreed to HHSC requesting stakeholder feedback on the elements of the proposal, but HHSC has not yet received approval of the strategy.
 - For allocation formula, HHSC has proposed that 50 percent of Category 3 funding annually in DY 4 and DY 5 be allocated to pay for performance and the remaining 50 percent be allocated to pay for reporting (DY 3 would be pay for reporting only).
 - For Category 3 measures that CMS has not approved for pay for performance, hospital providers would select from a subset of potentially preventable admissions (PPAs) or Potentially Preventable Readmissions (PPRs) for pay for performance that would not have to directly tie to the Category 1 or 2 project. Non-hospital providers would have either a subset of measures or other activities, such as collaborations to promote increase in validity and reliability of measures and data sharing. HHSC has been in contact with stakeholder contacts to develop a list of measures that physician practice groups and community mental health centers could select.
 - The goals outlined in the document are:
 - DSRIP providers report accurate, meaningful and uniform quality and outcome measures related to their projects;
 - A meaningful percentage of Category 3 DSRIP incentive payments is tied to performance;
 - Given the late date, the measurement is practical and facile to implement by early 2014;
 - DSRIP providers are given adequate time, tools, and instruction to implement the measurement strategy; and
 - The strategy is designed to inform DSRIP measurement approaches for consideration at the next waiver renewal period.
 - We are asking anchors, providers and other stakeholders to hold their questions on Category 3 until we release the Category 3 measures with proposed "Pay for Performance" or "Pay for Reporting" designations. We will convene a conference call or webinar at that time when more complete information is available.
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Category 4

- We are working with our Medicaid External Quality Review Organization (EQRO), Institute of Child Health Policy (ICHP) and CMS to finalize the process for the Category 4 PPE domains that the hospitals will be reporting for which HHSC is providing the data. Per the PFM Protocol, the Potentially Preventable Admissions (PPAs) and Potentially Preventable Readmissions (PPRs) are reported beginning in DY 3, and Potentially Preventable Complications (PPCs) are reported beginning in DY 4. We will provide additional guidance as soon as available. The plan is to have data available for the DY 3 April 2014 reporting period.
- For UC only hospitals, we will coordinate with HHSC Rate Analysis Department on how to report. We anticipate that it will be some time between the April 2014 reporting period and the last quarter of DY 3.

State Initiatives

- The Department of State Health Services (DSHS) has proposed several statewide DSRIP projects. A description of the proposed projects can be found here: <http://www.hhsc.state.tx.us/1115-Waiver-Initiatives.shtml>.
- DSHS is soliciting stakeholder comment on these initiatives. Comments may be submitted using the following link: <http://dsripstatewidefeedback.questionpro.com>. The comment period will be open until **Monday, December 16, 2013 at 12:00 pm (CST)**.
- HHSC has received some questions from anchors about the proposed statewide projects. We want to clarify that these projects will not use DY3-5 funds; they will only use unused DY2 funds (that otherwise would be lost to the state) pending CMS approval. Also, DSHS plans to implement these projects through its existing contractors (for primary care, immunizations, tobacco cessation, BH).

Key Dates for RHP Plans through March 2014

- **December 15, 2013** — Anchor annual reports due to HHSC.
 - **December 20, 2013** — RHPs submit full project descriptions for new three-year projects.
 - **December 23, 2013** – HHSC provides results of DY 2 October reporting reviews, including requests for metrics that need more information (NMI).
 - **Early January 2014** - IGT due for October DY 2 DSRIP payments if October reports are approved by HHSC and CMS on December 6, 2013 (FMAP 58.69).
 - **Mid to Late January 2014** -- Phase 4: HHSC provides feedback on Phase 4 submissions.
 - **January 17, 2014** – Providers respond to DY 2 October reporting “Needs More Information” (NMI) requests.
 - **February 7, 2014** -- HHSC and CMS will approve or deny the additional information submitted in response to HHSC comments on October reported milestone/metric achievement. (Approvals will be processed in April for payment in July.)
 - **Mid-January 2014** – HHSC will request confirmation of lead contacts, related to Section I. of the RHP Plan
 - **Late January 2014 (21st - 27th)** - October DY 2 DSRIP payments processed.
 - **Late January - Early February 2014** -- Phase 4: RHPs submit responses to HHSC feedback. Performing providers must submit responses to HHSC feedback to the Anchor to compile and send in one submission packet to HHSC by the due date.
 - **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**, or possibly later contingent on CMS approval of pushing back this deadline.
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3. Other Information for Anchors

As you know, HHSC has contracted the Texas A&M School of Public Health to evaluate how the DSRIP-funded projects affect health system outcomes. In October, you assisted the team in identifying appropriate contacts for each of your DSRIP performing providers and their corresponding IGT entities. The evaluation team will begin contacting these representatives in early December to schedule phone-administered surveys related to collaboration among organizations. It is very important that we have full participation of the organizations in your RHP, as this will allow us to present information back to the Centers for Medicare and Medicaid Services (CMS) about the waiver. Please encourage participation among your RHP members. If you have any questions about this phase of data collection, please contact Liza Creel at Texas A&M at creel@srph.tamhsc.edu.

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.