

# Anchor Conference Call

# AGENDA

January 10, 2014  
3:00 - 4:30 p.m.

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

## 1. General Anchor Communication

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

## 2. RHP Plan Review

### Replacement Projects

- Thank you for all the work to respond to HHSC feedback.
- Replacement projects will be submitted to CMS today.
- Replacement projects that get approved will be eligible to report late DY2 achievement beginning in April 2014 (first DY3 reporting period).
- A request - With regard to replacement projects and some other anchor submissions, HHSC's review is delayed because we're receiving documents in a secure format and do not have the password to open them. **Please do not send emails in the secure form** unless absolutely necessary. If you have to, then you must immediately send the password information to HHSC.

### DY2 October Reporting Review

- On December 23<sup>rd</sup>, HHSC sent out files for October reporting metrics that need more information (NMI) in order to be eligible for payment in July 2014. As a reminder, the responses to the metrics that need more information are due to HHSC by January 17<sup>th</sup>.
- We have received feedback that some providers had difficulty using the files and following required instructions, due in part to security settings on the templates. An email was sent on December 30<sup>th</sup> to anchors and providers with instructions to help resolve an issue around indicating changes in a different text color.
- An additional issue brought to our attention is that it is not possible to view the entire text within a protected cell (namely the HHSC comments) due to the protections on the workbook. For any HHSC comments on metrics not approved or needing more information, the provider is able to view the entire comment on the coversheet. For approved metrics standard language is used. To ensure that providers are able to view all content in the reporting results files, HHSC will send out an unprotected version of the reporting results upon completing the next wave of reviews, by early to mid-March.
- Please contact the waiver mailbox if you have any issues with templates or questions about what information is being requested for NMI metrics.
- HHSC received October reporting for over 1,250 Category 1 or 2 projects for 320 providers (a provider may be counted more than once if in multiple RHPs), 1,800 Category 3 outcomes, and over 150 Category 4 hospital reports. Most metrics (over 93 percent) were approved for the October reporting period for an estimated \$1.088 billion in DSRIP payments out of a total of over \$1.165 billion that was reported and over \$1.688 billion that could have been reported. Actual payments will be dependent on available IGT.

### Phase 4

- As part of Phase 4, HHSC received over 300 plan modification forms that include over 500 requested changes.
- HHSC is currently reviewing all Phase 4 submissions, using a process similar to that used for reporting reviews (1<sup>st</sup> and 2<sup>nd</sup> level reviews).
- Phase 4 feedback for providers should be available in late January.

### New 3-year projects

- HHSC received 234 3-year projects from the RHPs and there are 6 project areas from DSHS being considered for statewide initiatives.
- HHSC is currently reviewing. The target date for feedback to providers is no later than February 12, 2014 (feedback to RHPs will be staggered).
- This timeline is aggressive; therefore HHSC is working with CMS to prioritize the review of projects that currently have a funding source (i.e. are within the RHP's available DSRIP allocation). HHSC's goal is that projects that are in good shape and that respond fully to the feedback HHSC provides will be able to report in April. Other projects will not be able to report until October.
- For the 3-year projects that are eligible to report in April (will be in the reporting template) payment will be contingent on CMS approval of the project.

### DY 4/5 Valuation

- 75 of the 122 projects under review for DY 4-5 valuation were sent cover sheets on December 20<sup>th</sup> with possible options for moving forward with accepting a new valuation or increasing QPI measures. Cover sheet submissions are due to HHSC today.
- As noted in the anchor update email on December 20<sup>th</sup>, there are some projects that accepted a lower valuation for DY 2-3 but weren't among the list of 122 potentially overvalued projects. For some of these, CMS will request that the valuation be proportionally lowered for DY 4-5 as well. HHSC will work to get those projects' coversheets to you as soon as possible (goal is next week).
- At this time, HHSC does not believe that the 47 remaining projects that have been flagged as potentially overvalued will receive a coversheet. We will let you know when that is confirmed.

### Category 3

- This week HHSC posted updated information about Category 3 on the waiver website. This includes a copy of the state's proposed Category 3 Framework that has been submitted to CMS, which was discussed some on the last Anchor call. The Framework is currently under review by CMS leadership.
  - HHSC's primary goals are to have a framework that is implementable at this stage of the waiver and that provides relevant data to support waiver renewal.
  - HHSC has requested feedback on the proposal by January 17, 2014. The feedback that would be most helpful is on the feasibility of the overall approach, and any feedback on the population focused priority measures and "stretch" activities. If CMS approval of the framework is received soon, then HHSC will request that providers select or verify their Cat 3 measure(s) for each project by late February (February 21 is current target date pending CMS approval).
  - HHSC received initial input on Thursday from provider organization representatives (including THA, THOT, TX Council). HHSC shared some of this group's initial feedback with CMS yesterday and CMS indicated it is receptive to the following: request to remove the standalone/non-standalone requirement to attempt to simplify Cat 3 given how complex it has become; 5% improvement over self each year as the standard for P4P measures that don't have a benchmark; flexibility for a provider to request to deviate from the 10% QSMIC gap closing or 5% improvement over self with justification (for instance, if project population is much smaller than the denominator population).
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### Additional info on the framework proposal

- The proposal includes a balanced approach of a combination of Pay for Reporting (P4R) and Pay for Performance (P4P) (50/50) to gain meaningful data on the impact of Category 1 and 2 projects. This framework also details methods to ensure that a.) data reported is valid and reliable and in alignment with standardized measure specifications, b.) performance measurement does not lead to adverse selection or unintended consequences for patients and c.) performance goals are set in a valid and meaningful manner in accordance with state and national performance benchmarks.
- Additional documents posted on the website include the latest spreadsheet of proposed Cat 3 measures, specifications for ED measures, and a draft Improvement Target Methodology (a variation of the nationally recognized Quality Improvement System for Managed Care, or QISMC). There are also population focused priority measures for Community MH Centers and Physician Practices and proposed stretch activities for those providers who may not have appropriate P4P options or specific population focused measures.
- Due to the complexity of this topic, HHSC plans to schedule a webinar to go over Category 3 once the process has been finalized with CMS and we are working on the operational guide/companion document that will include step-by-step instructions and detail on how to report on each measure. We also will work to make additional technical assistance available, which we know will be needed.
- The proposal is specific to DY 4 & 5. For DY 3, CMS has indicated that it is fine with HHSC's proposal that 50% of the DY3 allocation be made available for April reporting based on providers submitting a status report, detailing such items as the provider's plan to establish a baseline, general understanding of measure use and TA needs (HHSC will develop a new template for this). The remaining 50% of Cat 3 allocation for DY3 will be for providers submitting/validating baseline rates (which will be used to establish DY4 and DY5 performance goals).

### **Category 4**

- We are continuing to work with our Medicaid External Quality Review Organization (EQRO), Institute of Child Health Policy (IHP) 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. Calendar Year 2012 data will be used for the PPAs and PPRs that are reported in DY 3. We will provide additional guidance as soon as available. The plan is still to have data available for the DY 3 April 2014 reporting period.
  - The initial data will likely be sent to providers electronically with web-based access to be established at a later date.
  - A reporting template will be provided with updates to companion for April reporting.
  - For UC only hospitals, we will coordinate with HHSC Rate Analysis Department on how to report. We anticipate that it will be sometime between the April 2014 reporting period and the last quarter of DY 3.
  - There are some providers that have stated that they are exempt incorrectly. We will reach out to these providers to make this change. Providers will not be required to submit data if they do not meet the threshold for statistical significance for a particular measure.
  - Category 4 guidance can be found on the waiver website at the following link: <http://www.hhsc.state.tx.us/1115-docs/category-4-guidance.pdf>. If you have specific questions about Cat 4 not covered in the guidance please let us know.
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### Mid-Point Assessment

- The current timeline is that the vendor would be selected in April and mid-point assessment would be completed by October 31, 2014.
- HHSC held a vendor conference this morning with potential vendors from the TXMAS pre-approved vendor list.
- The vendor's focus in DY3 will be the mid-point assessment; in DY4-5, it will focus on validation of DSRIP project performance, including key items such as QPI and Category 3.

### Full Plan Submission (likely not until April 2014 or later)

- Pending confirmation with CMS, HHSC believes that the current March 1, 2014 deadline for re-submitting full plans will be pushed back, including because the 3-year projects will still be under review.
- Sections that require updates include: Stakeholder Engagement; Community Needs (for any new that were identified for 3-year projects); participants.
- Organize by Provider
- No tables for Milestones and Metrics (Excel spreadsheet replaces)
- Will include new 3-year projects
- Please note that later in January, we will be sending RHPs Section I for updates. This is an earlier timeline because we need the info for data seeding for the automated reporting system.

### Anchor Administrative Match Protocol

- The protocol has been submitted to CMS and is under review. Please continue to use the methodology you described in your narratives. The key dates below include estimates for submission of costs and estimated payment dates contingent on CMS approval of the protocol.

### Updated Key Dates for RHP Plans through August 2014

- **January 6, 2014** – IGT due for October DY 2 DSRIP payments (FMAP 58.69).
  - **January 10, 2014** – DY4-5 valuation response due from providers.
  - **January 17, 2014** – Providers submit additional information if necessary for October DY2 progress reporting.
  - **January 17, 2014** – HHSC sends revised Category 3 measures menu to providers (target pending CMS approval).
  - **January 20-27, 2014** – Phase 4: HHSC provides feedback on Phase 4 submissions.
  - **Late January 2014** – October DY 2 DSRIP payments processed.
  - **January 31, 2014** – HHSC reviews learning collaborative plans and sends to CMS with waiver annual report.
  - **By January 31 / February 12, 2014 (staggered)** – HHSC provides feedback to RHPs re: New 3-Year Projects.
  - **February 3-7, 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.
  - **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.
  - **February 15, By late February 2014 (staggered)** – RHPs respond to HHSC feedback on New 3-Year Projects.
  - **February 21, 2014** – Providers return selected Category 3 measures to HHSC (target pending CMS approval).
  - **February 24, 2014** – HHSC completes Phase 4 review.
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- **By March 14, 2014** – HHSC submits New 3-Year Projects to CMS (those that will be eligible for April reporting).
- **March April 2014** – Full RHP Plan submission to HHSC
- **March 31, Late April 2014** – Results from CMS on New 3-Year Projects (target).
- **April 2014** – First DY3 (or carry forward DY2) reporting opportunity.
- **April 30, 2014** – April DY3 milestone/metric achievement reporting and Semi-Annual Progress Reports due from providers.
- **April 30, 2014** – Anchors submit administrative costs for DY 2 and partial year for DY 3 (target pending CMS approval of Anchor Administrative Costs Protocol).
- **May 9, 2014** – Due date for IGT entities to notify HHSC of any issues with affiliated providers' reports.
- **Early June 2014** – HHSC approves April reports or requests additional information from providers.
- **June 30, 2014** – RHPs submit plan modifications for DY4-5.
- **July 9, 2014** – Estimate IGT due date for April DY3 milestone/metric achievement.
- **Mid-July 2014** – Providers supply additional information if necessary following April DY3 reporting.
- **July 24, 2014** – Estimated due date for IGT for Anchor Administrative Costs.
- **July 31, 2014** – HHSC reviews and approves or disapproves additional information submitted by providers following April DY3 reporting.
- **July 31, 2014** – Estimated payment date for April DY3 reporting.
- **August 14, 2014** – Estimated payment date for Anchor Administrative Costs.

### 3. Other Information for Anchors

#### UC Update

- HHSC anticipates sending the DY2 UC tool to providers this month. We will give the providers 30 days to complete and return to us. DY2 UC payments are tentatively scheduled for late spring/early summer 2014. HHSC will coordinate the DSRIP & UC IGT and payment schedules to stagger them.

#### Waiver Renewal

- HHSC is beginning to receive questions about planning for waiver renewal.
- We will work closely with anchors and other key DSRIP stakeholders on waiver renewal strategies later this year, but focused work on renewal will not begin in the next couple of months.

#### Descriptive Analysis of BH Projects

- The Meadows Foundation and UT School of Social Work have been working on a descriptive analysis of DSRIP BH projects. HHSC will be sending a separate email and the draft analysis to anchors to provide an opportunity to give feedback regarding the draft analysis.

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*For waiver questions, email waiver staff: [TXHealthcareTransformation@hhsc.state.tx.us](mailto:TXHealthcareTransformation@hhsc.state.tx.us).*

*Include "Anchor:" followed by the subject in the subject line of your email so staff can identify your request.*