

November 7, 2014
1:30 - 3:00 p.m. CST

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

1. General Anchor Communication

- Thank you for all of your continued work, especially completing reporting review!
- DY3 RHP Annual Reports are due Dec. 15, 2014. HHSC will send a template for the submission next week.

2. DSRIP Implementation

Category 3

- Since providers from the following RHPs had delays in receiving their templates, we are providing the following extension dates only for the submission of the Category 3 baseline templates. This will occur outside of the automated reporting system. Please submit the template by email to DSRIP@deloitte.com or by mail to Tim Egan, 50 South 6th Street, Suite 2800, Minneapolis, MN 55402 by **11:59 p.m. on the applicable date below**:
 - o RHPs 9 & 10: Nov. 7
 - o RHPs 12, 14, 15 & 17: Nov. 12
 - o RHPs 16, 18, 19 & 20: Nov. 13

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

- We estimate we will provide comments/preliminary determinations to the anchors during the week of November 17. Providers will be asked to respond to HHSC comments on change requests during the week of December 8.

October Reporting and Review

- With the exception of the Category 3 baseline templates for the regions mentioned above, the October DY3 reporting period closed on November 5.
- IGT entities have until November 14 to approve and comment on their affiliated providers' October reported progress on metrics using the "IGT Info" tab for each project in the online reporting system. Instructions are included in the "User Guide for the DSRIP Online Reporting System," pages 19-20. Examples of issues to include are reported progress that was not actually achieved, changes in project scope that were not reported by the provider, and risks to the project that were not reported by the provider. If there are no issues, comments do not need to be submitted and HHSC will assume the IGT Entity has approved the reported information.
- HHSC and CMS have 30 days (until December 5) to review the information submitted by providers.
- During the HHSC review process, users who login to the DSRIP online reporting system will be able to see HHSC's preliminary comments and signoff of "approved" or "needs more information." We want to caution that the review process may include multiple levels of review, and that comments and signoff are not final until the review period closes on December 5.
- Also, due to the volume of projects and metrics, and the requirement to review reports within 30 days to ensure that payments can be made in January, HHSC and CMS have agreed to a new approach for managing the volume of reports.
- Language has been added to the Program Funding and Mechanics Protocol (PFM) to specify that HHSC and CMS may determine that a subset of not less than half of the projects and metrics will be reviewed during the 30 days after the reporting period. In such instances, HHSC and CMS will designate those projects and metrics that are not reviewed within 30 days as "provisionally approved." Such "provisionally approved" projects and metrics will be reviewed in full by HHSC

prior to the next reporting due date in April 2015.

- For metrics that are “provisionally approved,” the Performing Provider will receive full DSRIP payment in January 2015. After review of any “provisionally approved” item, additional information regarding the data reported for each milestone/metric will be requested if necessary, most likely in late February or early March 2015. If the initial supporting documentation, and any additional information, does not form a sufficient basis for actual metric achievement, HHSC will recoup the associated overpayments from the Performing Provider. As described in waiver rules, HHSC will withhold future payments until the recoupment occurs.

Anchor Administrative Costs

- The due date for the DY2 anchor cost claiming report is November 30, 2014. Anchors can also submit their DY3 costs with this initial invoice, but will have the option to carry-forward DY3 costs to the next invoice period.
- The formal anchor contracts for administrative costs have been sent out and we encourage anyone who has not already done so to return their signed contracts as soon as possible.
- Information on administrative cost claiming, including the Percent of Effort Spreadsheet and the Cost Template are available on our website.

CMS DY2 DSRIP Financial Management Review

- HHSC has asked CMS when we should anticipate receiving the draft report for comment (November is originally planned or later).

DSRIP Mid-Point Assessment

- As previously mentioned, all providers with projects selected for mid-point assessment received an email from HHSC with several attachments including a letter explaining which projects were selected and the description of the review. HHSC will not be sending out hard copies of the letters in the mail.
- Communication regarding mid-point assessment is coming from a new mailbox: TXHealthcareTransformationDSRIP_Compliance@hhsc.state.tx.us.
- Myers and Staffer LC (MSLC) is reviewing projects based on the reported information and is finalizing the request for additional information for the following RHPs: 8, 11, 13, 16, 17, 18, 19, 20. MSLC will be contacting providers in these regions during the week of November 10th.
- MSLC will also be contacting anchors and providers regarding site visits. Tentative dates are available for the following regions:
 - RHP 13- site visit week of November 17-November 20
 - RHP 16- site visit week of November 17-November 20
 - RHP 19 - site visit for the week of Nov 17
 - RHP 18 - site visit for the week of Dec 1
 - RHP 8 - site visit week of December 1-December 5MSLC will work with regions to determine final dates with regions.
- If you have questions related to mid-point assessment, send them to the DSRIP_compliance mailbox and either HHSC or Myers and Stauffer staff will respond to your questions

3. Other Information for Anchors

Update on Unspent DY2 DSRIP Funds

- CMS has indicated that the waiver amendment would not be considered while the UC Deferral is under review. Please respond to the request from the last Anchor call as specified below, so that HHSC will have the information on next steps should we be able to move forward.

- The public notice for the waiver amendment was published in the Texas Register on Friday, October 31, 2014. HHSC plans to submit the amendment by December 1, 2014. The public notice reflects the framework we've previously discussed (projects in good standing can add metrics in DY5). HHSC wants to point out that the public notice states that HHSC may prioritize the DY2 funds for projects related to primary and preventive care, BH care, and chronic care management, and in particular may prioritize the funding for 58 DSRIP providers who also are DSHS contractors for primary health care or BH care. This is to build on the GR investments Texas has made in these areas. HHSC will use the information submitted through the spreadsheet to help determine next steps in how to distribute the funds once they're secured through the amendment. At this stage, HHSC is requesting information for all projects other than those in 1.10, 2.4, 2.5 and 2.8 regarding interest in adding on to projects to earn a portion of the remaining DY2 funds.
- Please remember that responses to HHSC's request for the providers in your RHP to indicate which projects are interested in adding certain metrics in DY5 and whether they have a confirmed funding source to do so is due (through the anchors) by **November 21st**.

UC Deferral

- A meeting occurred this week with Cindy Mann and other senior level staff at CMS. HHSC impressed on CMS how critical this issue is to the Texas safety net and the need for speedy resolution with upcoming DSRIP payments. HHSC sent CMS a letter in advance of the meeting and also left with CMS a good deal of information that shows the history of the program including private hospital UPL state plan approval correspondence, 2007-8 deferral correspondence, the certifications, etc. CMS said they would review this additional information.
- HHSC is working to submit to CMS the additional documents they requested related to the deferral letter soon (most if not all by next week).
- HHSC staff will work with our leadership to provide information to stakeholders on next steps, including reaching out to elected officials, etc.
- HHSC will continue working directly with the affected regions and providers and holding bi-weekly calls every other Friday at 1 pm to discuss (as needed) with the anchors, EWC members, and hospital associations for any updates on deferral.

Waiver Renewal

- HHSC sent out the DSRIP Waiver renewal survey to our stakeholder lists on Monday, November 3rd. Stakeholders include anchors, performing providers, EWC members, IGT entities, UC-only hospitals, and general stakeholders who have ever requested information on the 1115 waiver.
 - It is fine for multiple people within an organization to complete surveys, or for an organization to submit a more coordinated response (preferred, but not required).
 - The survey will close November 26, 2014.
 - HHSC is also organizing a "Clinical Champions" work group for coordination on waiver renewal activities to focus on review of promising practices.
 - We will be requesting representatives from provider associations and other key experts on quality measurement.
 - This group will review data, both submitted through DSRIP metrics and additional data, for peer review.
 - The group can also make recommendations for innovations to consider for managed care quality alignment.
 - An initial step with communication to CMS on waiver renewal is through the STC 48, which is a pool (both UC and DSRIP) transition plan due March 31, 2015. HHSC presented a draft outline to the EWC and this outline will be sent with the Anchor notes. HHSC has requested feedback on the outline from EWC members, and other entities may also provide input to the waiver mailbox.
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*For waiver questions, email waiver staff: TXHealthcareTransformation@hhsc.state.tx.us.
Include "Anchor (RHP#):" followed by the subject in the subject line of your email so staff can identify your request.*