

November 9, 2016
1:00 - 2:00 p.m. CST

1. General Anchor Communication

- As always, thank you for all of your continued work!
- We sent the DY5 Anchor Annual Report template out last Friday, but unfortunately some RHPs were left off of the drop-down box in the template - sorry about that! We will send out a corrected version today with the anchor notes.

2. DSRIP Implementation

October DY5 Reporting

- Review & Payment Timeline:
 - **November 1, 2016** – HHSC will begin the review of October reporting submissions.
 - **November 18, 2016** – HHSC will post the estimated IGT due for October reporting based on milestones and metrics reported as achieved. Final IGT due will be based on HHSC review and approval.
 - **November 21, 2016, 5:00pm** – Due date for IGT Entities to approve and comment on their affiliated providers' October reported progress on metrics. This process is optional.
 - **December 2, 2016, 5:00pm** – Due date for submission of any IGT changes in entities or proportion of IGT among entities submitted to HHSC using the IGT Entity Change Form.
 - **December 9, 2016** – HHSC and CMS will complete their review and approval of October reports or request additional information (referred to as NMI) regarding the data reported.
 - **January 3, 2017** – IGT settlement date for October reporting DSRIP payments.
 - **January 13, 2017** – October reporting **DY5 DSRIP payments** processed for **transferring hospitals and top 14 IGT Entities**.
 - **January 16, 2017, 11:59pm** – Due date for providers to submit responses to HHSC requests for additional information (NMI requests)
 - **January 31, 2017** – October reporting **DY4 DSRIP payments** processed for all providers and **DY5 DSRIP payments** processed for remaining providers that were not paid on January 13, 2017. **Note that there are separate transactions for each payment for each DY.**
 - **February 24, 2017** – HHSC and CMS will approve or deny the additional information submitted in response to HHSC's NMI requests from October reporting.

Compliance Monitoring

- **Cat 1 and 2.** As we shared in the last call, MSLC is starting additional follow up with providers with projects that have DY3 carryforward metrics requiring additional validation. MSLC will send out emails to providers if not this week, then early next week. Providers should attempt to submit necessary information within the time specified by MSLC.
 - This work was not initially anticipated, that is why this may impact the timing for Round 3. We will keep you updated as we plan for the next rounds of work.
 - HHSC is preparing the summary for Round 1 and will send it to anchors when completed.
 - Work on Round 2 Cat 1 and 2 continues for some projects. Based on the recent MSLC updates there are still 9 projects in progress. Providers should submit last pieces of information since the review is going to be finished in the near future.
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Anchor Administrative Costs

- The next submission date for reporting administrative costs is November 15, 2016.
- The Cost Template and the Percent-of-Effort spreadsheets are posted on the waiver website at <https://hhs.texas.gov/laws-regulations/policies-and-rules/waivers/medicaid-1115-waiver/tools-and-guidelines-regional-healthcare-partnership-participants>. Please remember that both documents as well as notarized certification must be submitted.

3. Waiver Renewal

Initial 15-month extension

- We've gotten several questions about the Community Needs Assessment requirements and due date. The PFM gives the due date is June 2017 or another date specified by HHSC. That date may need to be changed as we begin negotiations with CMS and get more information about what longer term waiver renewal looks like. HHSC sent a draft CNA template to anchors in April 2016 to get feedback; many elements of that (including the due date) will need to be updated, but in general, the types of questions should remain the same. Anchors can begin working on plans for updating their regional community needs assessment and HHSC will continue to keep you updated.

Longer term waiver renewal

- For negotiations with CMS, on October 21 2016 a face-to-face meeting occurred in Washington DC with CMS. Key areas for negotiations include:
 - The size of the Uncompensated Care (UC) Pool
 - Size and evolution of the DSRIP pool
 - CMS supports the foundation of the waiver that is the managed care delivery model for Texas Medicaid.
 - Whether a new 5-year waiver period begins 1/1/2018.

Specific to DSRIP

- CMS focus is on payment reform for current 1115 waivers that include DSRIP.
- CMS' guiding principles on DSRIP indicate DSRIP should be about incentives, start-up funds and capacity building, not ongoing program operations.
- CMS expressed interest in integration of funding into Medicaid managed care.
- CMS also indicated a portion of DSRIP could continue outside of managed care for the uninsured.
- HHSC will be working with CMS to understand their definitions of value-based purchasing and on reasonable timeframes for transition.

4. Other Information for Anchors

Value-Based Payment and Quality Improvement Advisory Committee

- Information can be found at this link and stakeholder involvement is welcome.
<https://hhs.texas.gov/about-hhs/leadership/advisory-committees/value-based-payment-and-quality-improvement-advisory-committee>

DSRIP Statewide Events Calendar

February 2017

RHP	Date	Topic	Contact
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Anchor Conference Call

AGENDA

9 & 10	2/22-23	2017 Collaborative Connections - Impacting Care Learning Collaborative Information and Registration	RHP 9: Margie Roche RHP 10: Yvonne Kyle
2	2/24	Behavioral Health Learning Collaborative	Susan Seidensticker

*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.*

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