

Anchor Conference Call

AGENDA

September 5, 2014
1:00 - 2:30 p.m. CST

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

1. General Anchor Communication

- Thank you for all of your continued work! In particular, thanks for all the great info you submitted for the RHP Snapshot. We received from THA and it is very representative of our varied state and the DSRIP work. It will be a powerful way to help kick off the Statewide Learning Collaborative (Summit) on Tuesday morning.

2. DSRIP Implementation

Category 3

- Last week HHSC hosted a webinar with 3M to offer providers an overview of how to apply risk adjustment methods to facility data. We had 470 attendees so thanks to all that participated. On Day 1 of the Summit there will be a break out session to cover the same content with a greater focus on answering providers' specific questions and 1:1 technical assistance for providers.
- There is also a Category 3 Baseline session at the Summit and TA calls will continue next week following the event. We continue to reach out to providers that have notified us of baseline data concerns and have completed TA sessions for approximately 60% of projects that will not have 6 months of baseline data available by the end of DY3.

Category 4 Update

- HHSC is still working with CMS to develop a minimum subset of measures for Category 4 Optional Domain 6 reporting. CMS is reviewing the information regarding a minimum subset for reporting RD-6 and will let you know when we have their response. We think that should be in the next couple weeks.

July/August Change Request Process (Plan Modification Requests and Technical Change Requests)

- As we let you know last week, the timeline for providing feedback on change requests has shifted. We estimate we will provide comments/preliminary determinations to the anchors in late October/early November. Providers will be asked to respond to HHSC comments on change requests in mid-November. We understand that providers would like information as soon as possible and so we are prioritizing the plan modifications over the technical changes.

Anchor Administrative Costs

- The updated Percent Effort Spreadsheet with the Cost Template has been finalized and we plan to send this out to anchors today. We will schedule a TA session to walk through all the documents soon.
- The formal anchor contracts for administrative costs will be sent out early next week. Our goal is to execute the contracts by September 30, 2014.

September 9-10, 2014, Learning Collaborative Summit

- Providers who plan to use the Summit to meet metrics related to learning collaborative participation should be sure to keep documentation of who from the organization attended (whether in-person or online via webstream), what sessions they attended, what they learned from the event and how they plan to apply the information gained to their DSRIP projects. Providers should plan to participate as much as possible, with a minimum of ½ day or 3 sessions.
- As we mentioned previously, representatives from CMS will be available to meet with anchors during

the Summit from 2:45 - 3:45 on September 9th (during the poster sessions). The meeting will be in room 101 at the AT&T Conference Center. The size of the room will accommodate up to two representatives per anchoring entity.

- We're pleased that the anchors will have an opportunity to meet with CMS representatives (Paul Boben, Brenda Blunt - our incoming project officer, and possibly Rene Spencer) at the summit on the first afternoon.
- Cindy Mann and Steve Cha plan to attend the summit in the morning, but their flight leaves late that afternoon, so they will not be at the session with the anchors.
- Many of you submitted questions that you'd like to ask CMS during this session. The staff that will meet with you will not be able to answer specific questions about what CMS wants in the waiver renewal request, though they could comment on general CMS trends in waiver approvals/renewals. HHSC's strong recommendation is that we stay away from these specific questions during that session and keep it to meeting them, explaining your key role in DSRIP, and asking generally about CMS trends in 1115 waivers and themes they'd suggest we focus on for renewal. HHSC will continue to work with you on all your specific questions, but it will be up to the State to make a renewal proposal, and we want to use this session as productively as possible. There also were some questions that HHSC will need to answer rather than CMS, such as around the mechanics of plan mod review and midpoint assessment. If you want to get CMS's take on their goal for the midpoint assessment, they could address that.
- HHSC's other general ask for the Summit is that we keep the focus on all the good that the waiver, and DSRIP in particular is doing, and how best to move forward. We will touch on UC toward the end of the 2nd day when we discuss next steps for waiver renewal, but this summit isn't about DSH/UC, and we don't want those issues to detract from the purpose of the Summit.

DSRIP Automated Reporting System

- HHSC continues to work with Cooper Consulting on the development of an automated system for DSRIP reporting.
- HHSC is currently in a testing phase for the new system. Many of you have volunteered to assist with testing and have participated in initial tests, and we thank you for assisting.
- HHSC is determining the extent of the use for the system, and will provide further information prior to the October reporting period.

CMS DY2 DSRIP Financial Management Review

- As discussed previously, CMS (Rene Spencer or Jeff Branch) sent letters in June to over 30 IGT entities from 4 RHPs (4, 7, 9 and 10) requesting information and site visit scheduling for the CMS financial management review.
 - CMS continues to send a few additional letters/emails to DSRIP providers in these four regions to schedule on-site visits for September and likely some in October. A subset of the DSRIP providers in these four regions that are performing certain types of projects (Options 1.1.1, 1.1.2, 1.9.2, 1.12.2, 2.1.1, 2.2.1, 2.6.1, 2.9.1, 2.10.1, 2.13.1, 2.16.1) may have site visits. At the site visits, CMS will ask that the provider demonstrate how it achieved its DY2 metrics (those that HHSC approved for payment either based on August 2013 or October 2013 reporting) for select projects.
 - HHSC provided CMS the "Copy of RHP Plans" requested in the letter. This included the full initial plans submitted to CMS in Spring 2013, plus copies of the most recent narratives and workbooks for all active projects and the Category 3 selections from March 2014.
 - HHSC also provided CMS for DY2 our reporting summaries, IGT information, and payment summaries. We expect to get a request soon for Medicaid encounter data so CMS can get a sense of the Medicaid volume that each of the DSRIP performing providers did during DY2, though we haven't received that request formally yet.
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- HHSC has worked with the CMS reviewers to show them how DSRIP providers report achievement of metrics and how HHSC reviews DSRIP metric achievement reporting.
- The goal is for CMS to provide HHSC a draft report by late October/November. HHSC will have the opportunity to comment on the draft report, and then it will continue through the CMS approval process. (Based on the timing of the site visits, HHSC wouldn't be surprised if this date slips a little, though CMS hasn't indicated that yet.)
- If any of the anchors in the regions under review have more information to share with your fellow anchors on how the reviews are going today, that would be great.
- HHSC understands there's some anxiety around this audit, and we want to reiterate that CMS Regional Staff has a steep learning curve in trying to understand well all the details of Texas' approved DSRIP program and protocols. We continue to work to inform them about the program rules, and HHSC will be prepared to respond when the draft report arrives.

DSRIP Mid-Point Assessment

- HHSC and Myers & Stauffer, LLC are getting ready to start the mid-point assessment review in the very near future.
- Myers & Stauffer is finalizing the list of projects selected for the mid-point assessment.
- Based on the current estimates, between 700 and 800 projects are selected for the review based on the following: a) project options that were requested to be reviewed by CMS - 1.10, 2.4, 2.5 and 2.8 and projects that were approved under "other" project option, b) projects flagged by HHSC during approval, plan modification and reporting reviews, c) projects selected via random sampling.
- Myers & Stauffer will provide an overview of the mid-point assessment during breakout sessions for both days of the Summit.
- Our goal is to notify the anchors about projects selected in their regions for the review prior to the Summit. Providers with the projects selected for the review are encouraged to attend one of the breakout sessions dedicated to the mid-point assessment.
- HHSC is also planning to send out letters to the providers whose projects will be reviewed with additional information about the process for mid-point assessment.
- Our goal is to complete the mid-point assessment by December 2014.

Update on Unspent DY2 DSRIP Funds

- As some of you have heard, Representative Coleman recently met with CMS representatives to request that Texas be allowed to access about \$345 million in unspent DY2 DSRIP funds, and CMS was receptive. Some of the ideas discussed were related to BH and care for veterans.
- HHSC will need to submit a revised waiver amendment request to ask to use these funds, and the request to move money between demonstration years requires OMB approval.
- HHSC will be working on a proposal for how to use these funds in a way that is transformative, builds on existing DSRIP projects, and is not overly administratively burdensome for providers, anchors and the State.
- We welcome your thoughts on this and will share the proposal with you in advance of submitting the amendment request to CMS.

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.