# AGENDA

**I.    Welcome and Introductions**

**II.   Brief Overview of Phase 4 Activities & Documents**
   a.   Phase 4 Overview
   b.   Phase 4 Documents
        i.    Master Project List for Providers
        ii.   Phase 4 Companion Document
        iii.  Plan Modification Form
        iv.   HHSC Phase 4 Webinar Slides
        v.    Category 1 & 2 Core Component List
        vi.   Category 1 & 2 Milestones & Metrics List

**III.  Priority Technical Corrections**
   a.   What is covered under "priority technical corrections"
   b.   What to review and complete

**IV.   Modifications to Existing Projects**
   a.   What is covered under "plan modifications"
   b.   What to review and complete

**V.    "Full-Project" Review (Narratives, Components, DY3-5 Milestones & Metrics)**
   a.   All metrics must be clear and quantifiable for payment
   b.   Need to confirm all transferred information is accurate (Phase 1, Phase 2 and Phase 3)
   c.   What to review and complete
        i.    QPI data – cumulative for reporting
        ii.   How to add new milestones and metrics

**VI.   Open Forum for Provider-Specific Questions & Assistance**

**VII.  Next Steps/Updated Timeline**

**Adjourn**

**ALL TECHNICAL CORRECTIONS ARE <u>DUE TO RHP 17 ANCHOR TEAM</u> BY 5 PM, WEDNESDAY, NOV. 27, 2013**
(**NOTE:** Any workbook issues/ technical questions for HHSC must be submitted to them by Friday, Nov. 22, 2013)

**This information is to be used as a reference to assist in completing the various components of Phase 4 review and does not represent formal instructions for completing the Phase 4 modification process for priority technical corrections. For detailed instructions and formal guidance, please refer to the following HHSC documents that have been shared and are available on the HHSC website:**
- Master Project List (specific to each Performing Provider)
- Phase 4 Companion Document
- HHSC Phase 4 Webinar Slides
- Category 1 & 2 Core Components List

## WHAT IS COVERED UNDER PRIORITY TECHNICAL CORRECTIONS?
- Provider did not include at least one process milestone and one improvement milestone
- All project components, if required, were not included in the narrative or milestones (including CQI)
- Project lacks clearly defined milestones/metrics, including lack of a QPI metric for DYs 4 and 5
- Any other priority technical correction CMS specifies for a project in the RHP Plan initial approval letter
- Any other priority technical correction identified by HHSC needed to clarify a Cat 1 or 2 project in order to make payment, e.g.,  clearly defined milestones and metrics

## WHAT TO REVIEW AND COMPLETE:
- **REVIEW:** Phase 4 Companion Document, Core Components List
- **COMPLETE and SUBMIT:**
  - Provider's  Master Project List workbook ([http://www.hhsc.state.tx.us/1115-Phase-4-Regional-Folders.shtml)](http://www.hhsc.state.tx.us/1115-Phase-4-Regional-Folders.shtml) including any changes to metrics
    - *[** Providers MUST review/complete the Master Project List Template for associated projects, as this will be the <u>ONLY</u> opportunity in DY3 to address any revisions]*
  - Revisions to "clean" copy of Project Narrative (if applicable)

## MASTER PROJECT LIST WORKBOOK REVIEW AND COMPLETION
**'Project Narrative and Core Comp' Tab**
- Identifies areas of the project(s) that require technical corrections related to the core components and narrative
  - Pay specific attention to cells highlighted in **orange**; these cells identify if the project has technical correction areas identified by HHSC/CMS and need to be addressed
  - Changes to address required core components that are missing or add information related to continuous quality improvement (CQI) will be made to your Project Narrative documents
    - Highlight any additions to the narrative and use strikethrough feature to outline any deletions
  - Once all changes made, enter the date of revision in the '**Provider Change Date'** column of the '**Project Narrative and Core Comp'** tab and describe changes to the project in the '**Provider Change Comment'** column
    - Be advised that any Phase 1, 2 or 3 changes incorporated by HHSC into this Master Project List require confirmation be documented in the 'Provider Change Comment' field.

**NOTE:** Cells that are modified on the 'Project Narrative and Core Comp' tab will not change color. HHSC has asked that you manually highlight cells you modify in **green**

**'DY2-5 Category 1' and 'DY2-5 Category 2' Tabs (DY2-5 Category 4 tabs for HOSPITALS ONLY)**
- Identifies milestones and metrics that require confirmation and/or revision
- Each demonstration year has its own Category 1 and Category 2 tab with metrics for that year listed for all projects
    - Verify all values on Master Project List Template align with plan and final electronic workbooks as submitted for the Anchor workbook during initial plan submission to HHSC
    - Verify QPI milestones, metrics, and goals
        - Update project plans as necessary based on Phase 2 (QPI) changes
        - Verify number of metrics and milestones in plans align with Master Project List template
        - Review metric, milestone, goals
            - **If you need to add a metric or milestone to your Master Project List, be sure and review pp. 16-18 of the Companion Document for step-by-step instructions! The process is detailed.**
        - Identify any necessary plan modifications to ensure you clearly state what you intend to measure and report on
            - Plan Modifications are changes you identify and desire to make but were not requested by HHSC or CMS through any of the previous reviews or Phase 1, 2, 3 modification processes
            - See "Modification to Existing Projects" guidance for more information
    - Review IGT tabs for correct TPI, TIN, and amounts per IGT entity *(changes to IGT entities will require completion and submission of an IGT Change Form)*
    - Once all changes made, enter the date of revision in the '**Provider Change Date'** column of the applicable **'DY2-5 Category 1 or 2'** tab and describe changes to the project in the '**Provider Change Comment'** column
        - Be advised that any Phase 1, 2 or 3 changes incorporated by HHSC into this Master Project List require confirmation be documented in the 'Provider Change Comment' field.

**NOTE:** When comments or metric changes are entered on the spreadsheet, the cells should change to green (if this is not happening for metric revisions, HHSC should be contacted to fix the file)

**NOTE:** Summary Tabs (Cat 1, Cat 2, Cat 3) and the 'DY2-5 Category 3' tabs are for information only and **SHOULD NOT be edited** or revised in anyway. Category 3 revisions and modifications will take place at a later date through a separate process.

**HHSC General Notes for Working with the Master Projects List:**
- The Master Projects List does not include CMS feedback on DY4-5 project valuation since this review is still in process or Phase 1 replacement projects.
- Do not use the filters to sort projects as this will cause data to be misaligned
- You may widen columns or use formatting option of wrap text; however, do not delete any columns as this will cause errors on the Summary tabs
- If the Summary tabs do not appear to be working, go to:  File → Options → Formulas and ensure that 'Automatic' is selected for 'Workbook Calculation'
- Main items to be updated for goals/data sources on metrics are columns labeled: Metric #X Baseline Goal (DYx),   Metric #X Type, Numeric Goal, Metric #X Data Source,  Data Source Provider Manual Desc (if needed)

**ALL PLAN MODIFICATIONS ARE <u>DUE TO RHP 17 ANCHOR TEAM</u> BY 5 PM, WEDNESDAY, NOV. 27, 2013**
(**NOTE:** Any workbook issues/ technical questions for HHSC must be submitted to them by Friday, Nov. 22, 2013)

**This information is to be used as a reference to assist in completing the various components of Phase 4 review and does not represent formal instructions for completing the Phase 4 modification process for plan modifications to existing projects. For detailed instructions and formal guidance, please refer to the following HHSC documents that have been shared and are available on the HHSC website:**
- Master Project List (specific to each Performing Provider)
- Phase 4 Companion Document
- HHSC Phase 4 Webinar Slides
- Plan Modification Form
- Category 1 & 2 Core Component List
- Category 1 & 2 Milestones and Metrics List

### WHAT IS COVERED UNDER MODIFICATIONS TO EXISTING PROJECTS?
- Any **change outside those required by HHSC/CMS,** may include:
  - Change in type/scope of services provided;
    - HHSC reminds Providers that reductions in scope and impact of a project may result in HHSC/CMS revisiting the project's valuation and reducing it
  - Change in valuation (if decreasing);
    - No requests to increase valuation will be allowed. If a Provider cannot carry out a project based on the approved valuation, they may request a plan modification to narrow the scope of the project and maintain the current valuation which HHSC/CMS will review. This should be clearly outlined and strong rationale (justification) provided when completing the Plan Modification Form
  - Change in QPI over life of the waiver, either individuals or encounters (if decreasing);
  - Change in percent Medicaid/indigent benefit/target population;
  - Material changes to the Project Program – change in core components or other changes that cause program to vary from the project option on the menu
- Should only submit modifications that are specific to DY3 at this time

**NOTE:** If unsure whether a modification or a priority technical correction, can err on the side of caution and submit Plan Modification Form.

**NOTE:** While HHSC will accept DY4-5 plan modifications, they will not be prioritized and may result in duplicate work for Providers. DY4-5 modifications can be made in June 2014.

### WHAT TO REVIEW AND COMPLETE:
- **REVIEW:** Phase 4 Companion Document, Core Components List  and  Cat 1 & 2 Milestone/Metrics List (as applicable)
- **COMPLETE and SUBMIT:**
  - Plan Modification Form outlining each DY3 modification requested (one form allows up to 10 modifications)
  - Revisions to "clean" copy of Project Narrative (if changing/updating narrative or core components, programmatics, etc., of project)
    - Highlight additions to the narrative; use strikethrough to outline any deletions
  - Provider's Master Project List workbook (any changes to milestones and metrics must be made in the workbook; do not revise and submit a modified Word table)

**PLAN MODIFICATION DOCUMENT REVIEW AND COMPLETION**

**Plan Modification Form**

- Outlines the requested modifications to a specific project (up to 10 modifications in one form)
  - <u>One form</u> should be completed <u>for each Category 1 or 2 project</u> being modified
  - Each individual modification requires the provider to address 8 questions:
    - Complete plan modification type being requested
    - List demonstration year(s) the modification applies to
    - Provide brief narrative description of the change requested and rationale (justification) for the change
    - List/describe any milestones or metrics impacted by the change
      - Must make changes to the milestones/metrics in the Master Project List workbook and include explanation/note plan modification in the 'Provider Change Comment' field
    - Describe (if applicable) any impact to completing required core components and CQI associated with the modification
    - Describe any change to QPI associated with the modification
    - Describe any change to % Medicaid/indigent associated with the modification
    - Describe any change to scope or level of services provided
  - Save each completed form with file name including RHP number and Project ID

**Revised Project Narrative**

- Each modified project should have a revised summary/narrative included with the completed Plan Modification Form
  - Any language added to the narrative should be highlighted
  - Any deletions made to the narrative should be indicated using the strikethrough feature in Word to ensure the original text can still be viewed by HHSC

**NOTE:** If changes are only being made to a milestone/metric, a revised narrative may not be required. Each Provider should be sure to read through narrative and summary to ensure the modified milestone/metric wasn't referenced anywhere that would require updates. Provider should be sure and document the fact that the milestone/metric change did not require narrative revision in both the Plan Modification Form and in the 'Provider Comment Change' field for the associated project in the Master Project List workbook.

**Master Project List Workbook**

- Any modifications that include changes to a milestone or metric require the revisions to the milestones/metrics be updated and documented in the Phase 4 Master Project List workbook for the Provider.
  - Provider should make any changes to the associated areas of the milestones/metrics
  - Providers wishing to <u>add a new milestone/metric</u> need to follow the step-by-step instructions on <u>pp. 16-18 of the Phase 4 Companion Document</u> to complete this process in the Master Project List workbook.
  - Provider should be sure to document the change and note that it is part of a plan modification request in the 'Provider Change Comment' field for that project
    - **REMINDER:** When changing a milestone/metric that was used in multiple demonstration years, you MUST go to each DY tab for that project and document the change for that demonstration year (as applicable).
  - Provider should enter the date of the request in the 'Provider Change Date' field

## RHP 17 Phase 4 Guidance
### "Full Project" Review – Clear & Quantifiable Milestones/Metrics

**ALL PROJECT REVISIONS ARE <u>DUE TO RHP 17 ANCHOR TEAM</u> BY 5 PM, WEDNESDAY, NOV. 27, 2013**
(**NOTE:** Any workbook issues/ technical questions for HHSC must be submitted to them by Friday, Nov. 22, 2013)

**This information is to be used as a reference to assist in completing the various components of Phase 4 review and does not represent formal instructions for completing the Phase 4 modification process for full project review and ensuring all DY 3-5 metrics are clear and quantifiable for payment. For detailed instructions and formal guidance, please refer to the following HHSC documents that have been shared and are available on the HHSC website:**

- Master Project List (specific to each Performing Provider)
- Phase 4 Companion Document
- HHSC Phase 4 Webinar Slides
- Category 1 & 2 Core Component List
- Category 1 & 2 Milestones and Metrics List
- Provider's Phase 2 (QPI) July 2013 submission (recommended for comparison)

### WHAT IS COVERED UNDER "FULL PROJECT" REVIEW (DY3-5 METRICS)?

- Primary task is to ensure ALL remaining metrics (DYs 3-5) are clear and quantifiable for payment
- Review/Confirm any changes made during Phase 1, Phase 2 or Phase 3 have been accurately incorporated into the Master Project List workbook
  - Any changes made as part of Phase 1 and Phase 2 should be noted by HHSC in the 'HHSC Comment' field and Providers are required to document review/confirmation in the 'Provider Change Comment' field
  - Data in the Master Project List workbook will be used as the basis for payment in DY 3-5 so Providers need to ensure it is correct
  - Changes to DY2 metrics (Phase 3 data) will not be allowed in this workbook and should have been reviewed/corrected during October DSRIP reporting – BUT – Providers who carried forward metrics are encouraged to review this information to ensure accuracy and report any discrepancies
- Review/Confirm project contact information is correct for each Provider
- Review/Confirm IGT entity information is correct for each project
- Explanations of each Cat 1 and 2 field are listed on pp. 18-20 of the Phase 4 Companion Document

### WHAT TO REVIEW AND COMPLETE:

- **REVIEW:** Phase 4 Companion Document, HHSC Phase 4 Webinar Slides, Provider's previous Phase 1/2/3 submissions (Phase 2 – QPI – highly recommended)
- **COMPLETE and SUBMIT:**
  - Provider's Master Project List workbook
    <u>REMINDER:</u> Providers MUST review/complete the Master Project List Template for associated projects, as this will be the <u>ONLY</u> opportunity in DY3 to address any revisions

### MASTER PROJECT LIST WORKBOOK REVIEW AND COMPLETION
#### 'Project Narrative and Core Comp' Tab

- Review and confirm that all issues highlighted by HHSC related to narratives/core components have been addressed and the 'Provider Change Date' and 'Provider Change Comment' fields have been completed if applicable
  - Be sure any changes made to this tab have the cells highlighted in **green**
  - Be sure revised narratives/summaries are submitted with the completed Master Project List workbook (and Plan Modification Form, if appropriate)

**'DY2-5 Category 1' and 'DY2-5 Category 2' Tabs (DY2-5 Category 4 tabs for HOSPITALS ONLY)**
- Review every DY tab for each Category to ensure metric goals and data sources are clear and quantifiable for payment and all information associated with metrics is correct as listed
  - Verify number of metrics and milestones, metric type, and stated goals in plans align with Master Project List template
    - If you added metrics as part of Phase 1 or Phase 2, be sure those new metrics have been listed in the Master Project List template
  - Review HHSC comments if available, but also double-check every metric without a comment
    - Every goal must be clearly quantifiable for payment – if goal listed but quantity or deliverable not outlined, the goal must be updated
    - All TBD goals must be updated to include a number, percent, or deliverable
    - Examples and more information on pp. 13-16 of Phase 4 Companion Document
  - Double-check and update data sources to be accurate for what will be used as supporting documentation
  - Verify QPI milestones, metrics, and goals
    - Each Cat 1 or 2 project should have a designated QPI milestone for DY4 and DY5 (minimum) – you assigned or added this in Phase 2
    - Review QPI data in template and compare to your July Phase 2 data, noting the following:
      - In Phase 2, you were asked to provide QPI data for each year and that was totaled
      - HHSC is going to require cumulative QPI data be reported every year because of metric carry-forward
        - Master Project List template has been populated with cumulative QPI data in each demonstration year (so DY5 numbers will be a sum of all figures – DY5 plus DY4 (and DY3 and DY2, if applicable); the figures shown for DY4 should be the DY4 total plus DY3 and DY2 (if applicable)
          - Examples and more information on pp. 11-12 of Phase 4 Companion Document
  - Review/Confirm percent impact to Medicaid/low-income uninsured patients is correct as listed
  - If milestones/metrics need to be changed, make the change needed in the applicable cell (which should turn **green** once complete) and document the change and reason for the change in the 'Provider Change Comment' field
    - If milestone/metric being changed as part of a Plan Modification request, be sure to note that in the 'Provider Change Comment' field as well and include the completed Plan Modification Form (and revised narrative, if appropriate) with the Master Project List workbook
- Review IGT tabs for correct TPI, TIN, and amounts per IGT entity *(changes to IGT entities and/or IGT funding amounts will require completion and submission of an IGT Change Form)*
- Once all changes made, enter the date of revision in the '**Provider Change Date'** column of the applicable **'DY2-5 Category 1 or 2'** tab and describe changes to the project in the '**Provider Change Comment'** column


**NOTE:** Providers are strongly encouraged to read through the Phase 4 Companion Document and HHSC Phase 4 Webinar slides to ensure nothing gets missed in this complicated and detailed process of project review and confirming all DY3-5 metrics.

# RHP 17 – DSRIP Provider Timeline

## *Overview of Upcoming Tasks and Due Dates*

| | |
|---|---|
| TBD | Anchor Annual Report template released by HHSC (mid Nov) |
| | HHSC Releases Templates For New DY3 Projects (Mid November) |
| | HHSC/CMS Release Information on DY4-5 Valuation |
| | New DY3 Full Project Preparation by Providers Ongoing |
| 5 | HHSC Provided Phase 4 spreadsheets and plan modification guidance to regions (priority technical corrections, non-quantifiable milestones & metrics, project narrative comments and core components) <br> Note: Will Replace Word Tables and Must be Submitted in Full Project Submissions Due 12/2/13 |
| 6 | HHSC Phase 4 webinar |
| 12 | DY2 DSRIP (August Reporting) Payment to Providers |
| 15 | IGT Entity Feedback Due to HHSC for October DY2 Reports |
| 27 | All Phase 4 Revisions & Modification Requests Due From Providers to Anchor Team |
| 28-29 | Thanksgiving Holiday |
| **December 2013** | |
| TBD | HHSC to Release Information Related to Finalized Category 3 Menu, Approved Tools and Instructions for Selecting New Outcome Measures |
| 6 | HHSC Approval or Additional Information Requests to Providers for DY2 October Rpts |
| | Consolidated Phase 4 Regional Submissions Due to HHSC from Anchor |
| 20 | Full Submission of New DY3 Projects to HHSC from Providers |
| 23-31 | TAMHSC closed for holiday break |
| **January 2014** | |
| TBD | Category 3 Revisions Due to HHSC from Providers – Requests for New Measures, Changes to Existing Measures, and Set Improvement Targets |
| 1 | TAMHSC closed for holiday break |
| 3 | Additional Information for DY2 October Reports due to HHSC |
| 6 | IGT due via TexNet for October DY2 Report metrics approved 11/30/13 |
| 24 | DY2 DSRIP (October Reporting) Payment to Providers |

*Last Updated: 11/12/13*