**Regional Healthcare Partnership 8**

**Monthly Conference Call**

**Tuesday, October 13, 2015 • 10:00 a.m. – 11:00 a.m.**

Phone Number: 877-931-8150 **•** Participant Passcode: 1624814

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**ATTENDANCE**

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| --- | --- |
| **Organization** | **Name(s)** |
| Bell County Public Health District | N/A |
| Bluebonnet Trails | Meghan Nadolski  Morgan Starr |
| Center for Life | N/A |
| Central Counties Services | Tia Mays  Robert Walker  Donna Flannery |
| Hill Country MHMR | Kristie Jacoby |
| Little River Healthcare | George DeReese |
| Baylor Scott & White | Kim Schroeder |
| Seton Harker Heights | Zach Dietz |
| Seton Highland Lakes | N/A |
| St. David’s Round Rock Medical Center | N/A |
| Williamson County and Cities Health District | Victoria Lippman  Matt Richardson |
| RHP 8 Anchor Team | Angie Alaniz  Gina Lawson |
| Other Stakeholders | N/A |

**MINUTES**

1. **Welcome and Introductions**
   * Reminder: Please copy the Angie Alaniz ([alalaniz@sph.tamhsc.edu](mailto:alalaniz@sph.tamhsc.edu)), Gina Lawson ([GLawson@tamhsc.edu](mailto:GLawson@tamhsc.edu)) and Jennifer LoGalbo ([logalbo@tamhsc.edu](mailto:logalbo@tamhsc.edu)) on DSRIP correspondence.
2. **Upcoming Face-to-Face Learning Collaborative Opportunities**
   1. RHP 4, [Nueces County Hospital District](http://nchdcc.org/1115-waiver-information.cfm), Thursday, November 19 (Corpus Christi area)

Contact [Jonny Hipp](mailto:Jonny.hipp@nchdcc.org) for more information.

* 1. RHP 3, [Harris Health System](http://www.setexasrhp.com/go/doc/6182/2056886/), Wednesday, December 9 (Houston area)

Contact [Nicole Lievsay](mailto:Nicole.lievsay@harrishealth.org) for more information.

* 1. RHP 17, monthly learning collaborative conference call, Thursday, November 12.   
     Topic: Program evaluation. Contact [Shayna Spurlin](mailto:spurlin@tamhsc.edu) for more information.
  2. RHP 8 will host another face-to-face learning collaborative next year. Let us know if you have any topics you would like to discuss or speakers you would like to hear from.

1. **Open Provider Discussion – Performance Monitoring** 
   1. Overall process
   2. Reporting Category 3 achievement
   3. Lessons learned/advice for providers

**Providers shared “Common Themes” with the Anchor team prior to the call:**

* + - * All providers will have their Cat 3 project selected for monitoring at some point. Eight of 12 RHP 8 providers are currently being monitored by Myers and Stauffer (MSLC).
      * MSLC has found some data extraction errors that have been helpful to providers to help reset their queries for data extractions that will be done for baseline revision, periodic status checking, and for future reporting periods.
      * Some providers have disagreed with their feedback/Corrective Active Plans (CAP) and have responded to both MSLC and HHSC directly.
      * The anchor team has heard from other regions that many providers across the state are receiving CAPs.
      * CAPs are affecting providers who have other projects with similar metrics that are not under review. Thus, affecting their ability to report achievement in October for multiple projects.
      * Communication between HHSC and MSLC seems limited.
      * When emailing HHSC and/or MSLC be sure to use the [HHSC compliance mailbox](mailto:TXHealthcareTransformationDSRIP_Compliance@hhsc.state.tx.us) to send HHSC an email and reply directly to the MSLC contact and copy the RHP 8 Anchor team (Angie Alaniz, Jennifer LoGalbo, and Gina Lawson).

**Open Discussion:**

**Williamson County and Cities Health District (WCCHD), Matt Richardson**

Project: Reduce hypertension

* MSLC noted two data extraction errors due to age requirement and blood pressure level out of range causing the baseline to change to a higher level.
* Protected health information (PHI) is sent over a secure FTP site.
* MSLC requested baseline supporting documentation including patients’ diagnosis the previous year. However, this was difficult to provide due to the fact that this was a new population served.
* Questions sent to MSLC take a long time to receive responses; some questions are still pending a response from MSLC.

**Seton Medical Center Harker Heights (SMCHH), Zach Dietz**

Project: Reduce hypertension

* SMHH shared similar experience as WCCHD, lengthy wait times and similar data extraction errors.
* Received resubmission request from MSLC during October reporting with a short turnaround time. They could possibly request an extension to submit data by end of October.

**Bluebonnet Trails Community Services, Meghan Nadolski**

Projects under review in multiple RHPs

* MSLC preliminary approved one Cat 3 project
* MSLC suggested changing a Cat 3 project to pay for reporting
* A CAP is causing a delay in reporting achievement.
* BTCS plans to submit a statement from the clinical team regarding CAP disagreement.
* BTCS scheduled a TA call with HHSC. Hopefully some resolution will come in time for October reporting.
* Providers will have an opportunity in DY5 to receive payment for any amount recouped for less than full achievement per MSLC review if measure is met in DY5.

Anchor Note:

* The timing of MSLC monitoring has presented a challenge for many providers in feeling comfortable reporting achievement. HHSC is strongly suggesting that reporting on Cat 3 achievement be carried forward to DY5 if the provider has any concern at all regarding their baselines or achievement status.

1. **DY4 October Reporting Reminders**
   1. **Key dates/deadlines**

* **October 23, 2015** – Final date to submit questions and inform HHSC of any issues with DY4 prepopulated data in the reporting system. **Please schedule any technical assistance (TA) calls by October 23 so that any questions can be sent to the HHSC Waiver mailbox by this deadline.**
* **October 31, 2015, 11:59pm** – End of October reporting. Late submissions will not be accepted.
* **November 6, 2015** - 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 20, 2015, 5:00pm**
  + Due date for IGT Entities to approve and comment on their affiliated providers’ reported progress on metrics using the "IGT Info" tab for each project. The IGT tab is NOT an opportunity to identify technical errors entered in the reporting system. Examples of issues to include are: 1) reported progress that was not actually achieved, 2) changes in project scope that were not reported by the provider, and 3) risks to the project that were not reported by the provider. If there are no issues/comments the IGT Entity does NOT need to submit anything and HHSC will assume the IGT Entity has approved the reported information.
  + Due date for submission of any IGT changes in entities or proportion of IGT. Email the HHSC Waiver mailbox ([TXHealthcareTransformation@hhsc.state.tx.us](mailto:TXHealthcareTransformation@hhsc.state.tx.us)) using the IGT Entity Change Form located on the HHSC Waiver website (link will be posted to the minutes) at: <http://www.hhsc.state.tx.us/1115-docs/092515/IGTEntityChangeForm.xlsx>.
* **December 9, 2015** – HHSC and CMS will complete their review and approval of October reports or request additional information (referred to as NMI). If a metric/milestone is marked NMI, the DSRIP payment will NOT be included with January DSRIP payments.
* **January 4, 2016** – IGT due for October reporting DSRIP payments.
* **January 15, 2016, 11:59pm** – (We confirmed this date with HHSC.) Due date for providers to submit responses to HHSC for NMI requests). Be sure to include "NMI" in the file name when uploading documentation in response to NMI requests.
* **January 29, 2016** - October reporting DY3 carryforward & DY4 DSRIP payments processed
* **February 17, 2016** – HHSC and CMS will approve or deny NMI metrics/milestones. Approved reports will be included for payment in the next DSRIP payment period, estimated for July 2016 (April DY5 reporting round).
* **February 19, 2016** – Provisionally Approved metrics – we had these last reporting period. HHSC and CMS will complete their review of **provisionally approved** metrics/milestones and approve or request NMI.
* **March 9, 2016** – Then you’ll have until March 9 to submit responses to **provisionally approved** milestone/metrics.
* **March 30, 2016** – HHSC and CMS will approve or deny the provisionally approved NMI milestone/metrics.

* 1. **Online resources/templates/Requirements of all providers**

**Templates/Guidance as provided by HHSC on the** [**HHSC Waiver website**](http://www.hhsc.state.tx.us/1115-Waiver-Guideline.shtml) **(Summary/Reminders):**

* **October DY4 Reporting Companion Document** – Review this prior to entering data online and completing templates.
* **Online Reporting System User Guide** - A general overview of how the online system is set up and helpful tips.
* **Coversheet** – Is ONLY for Category 1 or 2 projects for DY4 or DY3 carry-forward marked “Yes-Completed.” The coversheet explains how your supporting documentation demonstrates achievement and where it is posted in the online system.
* **Learning Collaborative (LC) Template** –For those who have LC attendance as a metric AND you are reporting this metric as completed. The template is optional, but if you are using a different type of document instead of the template as supporting documentation to report completion, be sure the information listed on the template is included.
* **QPI** – Be sure to review the separate QPI companion document, the instructions tab in the QPI template and the QPI PowerPoint presentation before completing the QPI template. Be sure you click on the “enable editing” and “enable content” icons after you download any template in order to work in the template and save your work. **The QPI template IS REQUIRED for ALL QPI metrics** even if you reported completion last April; QPI must reflect all individuals/encounters from DY4 (October 1, 2015 through September 30, 2015). The QPI template includes documentation for DY3 carryforwards as well.
* **Category 3** – Review the Category 3 FAQ document, the PowerPoint presentation, Companion Document, and the Compendium instructions related to your selected measure.
  + Complete the Cat 3 Reporting Template prior to entering data into the online reporting system because the template provides an “Online Reporting Instructions” tab once the template is complete.
  + For those with a DY3 Category 3 carryforward you will have to complete the DY3 Category 3 Status Report (PM-8).
  + The new DY4 Category 3 Reporting Template is one spreadsheet for completing PM-9 (which is baseline setting, if you still need to do this). The template also allows you to correct your numerator and denominator.
  + PM-10 is the Category 3 DY4 Reporting Template. The Category 3 FAQ document has a 2-page table that helps you determine what is required for October reporting for achievement, or not reporting achievement based on the type of Category 3 measure you have. For instance, if you have a pay-for-reporting or pay-for-performance measure, if you were approved to use DY4 to set your baseline, etc.
  + The Category 3 Reporting Template “Summary” tab must be printed, signed and uploaded along with the Template.
  + If you plan to use a DY4 measurement period to set your baseline, you must have approval in writing from HHSC.
* **Category 4** – For hospitals ONLY. Review the companion document and PowerPoint presentation. All RHP 8 hospital providers will need to complete this template. For, domains already reported in April, the template will say “Information was already submitted during April reporting”.
* **Reminder:** HHSC posted four separate PowerPoint presentations on the HHSC Waiver website – 1 for general reporting, 1 for QPI reporting, 1 for Category 3 and 1 for Category 4.
* **In regards to online reporting system requirements**, all providers are required to complete the following in the DSRIP Online Reporting System for every project regardless of whether the milestone/metric is reported for payment in October. DSRIP payments may be withheld until all required components are submitted.
* The “**Provider Summary**” must be completed.
* The **QPI Template** is required for DY3 Carryforward QPI metrics reporting “Yes-Completed,” as well as for **all DY4 QPI metrics**.
* Again, for Category 3 reporting, review the 2-page table in the Category 3 FAQ for required documentation specific to your projects.
* And, for each individual project:
* The “**Project Summary**” tab –this is where all questions must be answered for each Category 1 or 2 DSRIP project.
* The “**Progress Update**” field – must be completed for each Category 1 or 2 metric AND each Category 3 milestone.

**Next Steps/Adjourn**

Next Conference Call: **Tuesday, November 10, 10:00 - 11:00 a.m.**