**Agenda**

1. **Welcome and Introductions**

**Overview of Purpose and Goals of Cohort Meeting, Jennifer LoGalbo**

* Outline purpose and goals of today’s meeting
* Moving away from program evaluation as this topic has been discussed in RHP 8 & 17 joint webinars since January 2016, covered at the March, joint learning collaborative event.
* Purpose for today’s meeting:
  + Discuss Rule Packet #2 that are posted so providers can formulate a response to HHSC, and
  + Recap of projects underway in the region – lessons learned up to this point, and what changes are being proposed for Waiver 2.0.
    - As part of this, providers can share ideas/information about benefits of MCO alignment.
* Goals for today’s meeting:
  + Anchor to share update on Waiver extension activities underway through summer 2016, and
  + Cohort members to share information with one another about lessons learned after 5 years of project implementation and what those next steps may look like.

1. **Discussion: Waiver Extension Activities, Jennifer LoGalbo**

* Anchor team to provide short recap of current Waiver extension activities underway
* Members to discuss Rule Packet #2 – concerns/comments/questions
* **Waiver Extension**
  + Reminder: CMS approved 15-month extension for the Texas waiver that runs through

12/31/2017.

* + Referred to in two periods as DY6A (formal 12-month period of DY6 from 10/1/16 thru 9/30/17) and DY6B (the remaining 3-month period of 10/1/17 thru 12/31/17).
  + Rules take effect October 1, 2016.
  + All rules are subject to formal, written CMS approval.
* **DY7 – DY10 Rules**
  + HSHC continues to have routine calls and negotiation with CMS related to long-term

extension/renewal of the waiver.

* + Recent focus of these calls has been approval for the transition year requirements.
  + Updates shared by HHSC as negotiations take place.
  + If providers have feedback or comments for DY7-DY10 they should submit to HHSC.
  + Meghan – Worried about time. If we don’t have rules we can’t make a plan. Hard to start planning for DY7-DY10 when we don’t know what it is going to look like.
    - Jennifer – Anchor team suggests providers look at skinny menu that was used previously as part of DY3 project submissions to start formulating a plan until more information is provided.
  + Question for HHSC from Meghan – If we withdrew a project in 2014 and want to use the funds associated with it can we use those funds in conjunction with a current project for logical next steps?
    - Jennifer – I don’t know answer, but will be happy to submit to HHSC.
* **Summer Renewal Activities (occurring now)** 
  + August: HHSC will send out templates for Cat 3 stretch activity selections and alternate achievement requests for DY6 – hoping by end of this week, originally were supposed to send in early-August.
  + August 26: HHSC will approve or request more info related to MLIU exceptions in summer forms.
  + September 9: Anchors will submit regional responses to HHSC on additional info and the Cat 3 stretch activity requests.
  + September 30: HHSC will approve or deny additional info submissions.
  + October 1: DY6 project changes are effective.
  + Continue/Discontinue Note:
    - While DY6 participation forms were due in July to commit to continuing and hold each project slot for a provider in DSRIP, providers technically have until September 30th to decide if they will discontinue a project and not extend it beyond DY5. Opting to do so means that a provider WILL NOT have those funds available for project activities in DY6 or beyond because you must continue into DY6 to be able to participate in DYs 7-10. However, a provider does have the option to decide it is best to discontinue a project and not extend that program or those funds beyond the end of DY5. Should that be the case, the provider can report their DY5 metrics and would have the ability to carry-forward any unmet DY5 metrics for the one-year period to be able to earn the DY5 funds.
* **Rule Packet #2**
  + Rules for DY6 implementation finalized (Rule Packet #2) and published in Texas Register on Friday, July 29.
  + RHP 8 & 17 Anchor teams sent to stakeholders on Tuesday, 8/2/16.
  + Link to read the online version of the rules:

<http://sos.state.tx.us/texreg/archive/July292016/Proposed%20Rules/1.ADMINISTRATION.html#4>

* + PUBLIC COMMENT PERIOD: Open through Sunday, August 28, 2016
    - Submit in person (see hearing info below); or
    - Submit via email to [Kimberly.tucker@hhsc.state.tx.us](mailto:Kimberly.tucker@hhsc.state.tx.us); or
    - Submit via fax to: 512-730-7479; or
    - Submit via postal mail to:

Kimberly Tucker

Health & Human Services Commission

Medicaid/CHIP Transformation Waiver Operations

Brown-Heatly Building

4900 N. Lamar Blvd., Mail Code H-425

Austin, TX 78751

* + PUBLIC HEARING: Friday, AUGUST 26, 2016 at 9 AM (hearing expected to be webcast)
    - Public hearing scheduled in Austin:

Brown Heatly Building

Public Hearing Room

4900 N. Lamar Blvd

Austin, TX 78751

* + Any questions/comments/concerns about Rule Packet #2?
  + Meghan – Re: page 11, last 3 lines. Does that apply to BTCS? Did we miss an option to adjust our QPI’s?
    - Jennifer – Providers with the option to lower QPIs were noted on the DY6 Participation template. These were providers who reported less than 66% achievement of DY4 QPI metric AND either the value of the MLIU/individual is less than or equal to $1,000 OR the value of the MLIU/encounter is less than or equal to $500.
  + Nicole – HHSC will be doing all the Cat 3 calculations correct?
    - Jennifer – Yes. The numbers were available in the Cat 3 summary workbook posted on the HHSC website earlier this summer.
  + Nicole – Re: pg. 13 letter C. Non-QPI metrics will only be reported annually? Only reported in October?
    - Jennifer – Yes. This could impact providers given 50% of Cat 1/2 funding for DY6A would only be able to report on this for payment in October. Anchor encourages providers to submit feedback on Rule Packet #2 outlining concerns, and if they feel they would like the option to report on non-QPI metrics with in April or October for payment – similar to how QPI is currently reported. For example, if provider reported on sustainability planning in April for achievement, HHSC could then ask for status update in October to get a feel for how the remainder of the DY6A year went.
    - Nicole – Not being able to report on non-QPI metrics, and having metrics that continue to be carried-forward, means that for some of our projects there wouldn’t be any payment until January.

1. **Recap of DSRIP Projects in RHP 8 and Lessons Learned, Meghan Nadolski and Nicole Williams**

Providers to share short recap of DSRIP project(s) underway in the Region, lessons learned as end of DY5 nears, and “next steps” Providers may wish to implement to improve project efficiency and effectiveness

* As part of Waiver extension and sustainability planning, any thoughts members would like to share about RHP 8 & 17 learning collaborative panel presentation?
* Jennifer – If providers are looking at choosing cost-analysis and VBP planning as the Cat 3 stretch activity, would it be worthwhile to have a Cohort workshop covering cost-analysis planning?
  + Meghan – We are mirroring ours on what we have already done for other projects previously with cost-analysis. We may be able to provide some guidance.
* Jennifer – Would it be helpful to have more MCO one-on-ones as part of Cohort meetings during DY6?
  + Pauline – Yes, every time we have these meetings I learn more.
  + Meghan – Thinks discussions with MCO reps is illuminating.
  + Cohort members – Currently MCOs have no incentive to align; need more incentive to link with DSRIP providers.
  + Nicole – Felt discouraged by the MCO panel.
  + Beth – It was good to hear directly from MCO reps about what they are looking for re: alignment. It was eye opening.
  + Meghan – Our metrics are not always aligned with the MCO’s. HHSC should recognize this challenge

1. **Next Steps: Review Action Items and Adjourn, Jennifer LoGalbo**

* Cohort Team Charter updated for DY5 – shared with participants at meeting for review and feedback.
* No meeting in September or October – RHP 8 & 17 teams consolidating LC activities to alleviate burden on providers.
* Reminder, HHSC Summit in downtown Austin, August 30-31, webcast sessions hosted in Ballroom for those unable to attend.