



**DY9 ROUND ONE
DSRIP APRIL REPORTING**

April 15, 2020

KEY ACTIVITIES UPDATE

- Compliance Audit Requests
 - Myers & Stauffer is the contracted compliance monitoring auditor
 - New rounds of compliance audits are now ongoing
 - Not all RHP 4 providers received audit requests in this first round
 - Updated due date for submitting the requested audit information
 - May 8, 2020
 - TXDSRIP@mslc.com – Myers & Stauffer email address

DY II DSRIP TRANSITION PLAN BEST PRACTICE WORKGROUPS

- HHSC formed workgroups several months ago to help inform potential components of the post-DSRIP system
- Multiple workgroups based on the priority focus areas HHSC outlined in the DSRIP Transition plan document submitted to CMS in December 2019
- Several RHP 4 providers as well as the Anchor are participating in the process
- Two surveys:
 - best practices on delivery system reform; and
 - key practices within focus areas and populations that continue to enhance delivery system reform and quality improvement
- Goal is to inform, not select, measures for post-DSRIP transition plan

MCO VALUE BASED ALTERNATIVES

- Guest Speaker:
Karl Serrao, MD,
FAAP, FCCM
- Driscoll Health Plan
- Chief Medical Officer



COMMUNITY NEEDS ASSESSMENT (CNA) REQUIREMENTS

- Unclear at this time whether HHSC will require a new CNA this year
- In the event they do, we will need information on how COVID-19 may have impacted your projects directly or indirectly
 - For example, fewer patients due to stay-at-home orders
 - Fewer providers available to serve patients due to treating COVID-19 patients
 - Redistribution of resources necessary to deal with patients/changing priorities
- Please make a note of relevant details while the information is fresh so we can collect this information at a later date as necessary for the CNA.
- If your facility/organization publishes any reports on the impact of the illness on your county/medical system, please forward those to Jonny, Dianne and Linda!!

COMMUNITY NEEDS



Improved access to affordable primary, specialty, behavioral health and dental care



Improved access to services for pregnant women, uninsured residents and individuals living in rural communities



Reduction in rates of avoidable ER utilization



High prevalence of chronic disease, including diabetes, obesity, heart disease, asthma, hepatitis, cardiovascular disease and cancer.



Improved care coordination and patient education



High number of uninsured individuals



Expanded public transportation options

COST AND SAVINGS ANALYSIS: NMI UPDATE

- HHSC is still reviewing C&S analysis; expect process to continue through May
- All providers will receive either an email with the Need More Information request or an email informing you that HHSC has no follow-up questions at this time
 - We are unaware of any RHP 4 providers receiving either email from HHSC so far
 - If that is incorrect, please let us know
- HHSC has posted on the Bulletin Board a document highlighting the most common issues identified during C&S reviews to help providers prepare for questions they are likely to receive. Document is available under the “Category A Resources” section

COST AND SAVINGS ANALYSIS: NMI UPDATE

- Depending on the issue identified, your response could be a relatively simple narrative clarification, providing additional information in response to the question OR a corrected re-do of the analysis tool and narrative
- Based on HHSC's common issues document, specific examples that generate the most NMIs include
 1. Year one start date does not begin immediately after the Startup period End Date
 2. Provider did not analyze the required number of years (i.e., 2 years for retrospective analysis and 3 years for a forecasting analysis)
 3. Provider inappropriately used the Recommended Forecasting Tool as all Startup Costs were accrued BEFORE the start date of Calendar Year 2017

COST AND SAVINGS ANALYSIS: NMI UPDATE

4. Provider inappropriately used the Recommended Retrospective Tool as the required years of analysis include dates past October DY8 reporting (October 2019)
5. Provider's Startup Period Start Date is after September 30, 2019 (end of DY8)
6. Provider's tool shows little or no Startup Costs or Startup Costs that equal Year 1 program costs
7. Incomplete tool based on the intervention under examination and/or the scope of data described in the narrative
8. Scope of the analysis is not provider specific and/or not representative of the intervention under examination

COST AND SAVINGS ANALYSIS: NMI UPDATE

9. Provider did not use an appropriate discount rate as part of the analysis
 10. Provider used charges, not costs, for the analysis
 11. Provider did not use a sensitivity range to complete the Recommended Forecasting Tool or used a sensitivity range that is unsupported by an explanation in the narrative
- If/when you receive an email from HHSC, you will be given **5 days** (assume it's working days, not calendar, but not certain) to respond to initial questions and a “reasonable amount of time” to respond to additional questions. We assume this includes re-working the Tool if necessary. You may request additional time by replying to HHSC's email.
 - If you are out of the office, be sure you either forward your messages to another staff member or check emails while you are out to avoid missing this notification.

DY9RI APRIL REPORTING

- Reporting due April 30, 2020 at 11:59 p.m.
- All resources have been posted to the DSRIP Bulletin Board Online System
- Key documents:
 - Companion Guidance Document
 - DY9RI User's Guide
 - HHSC Webinar dated April 6, 2020

KEY DATES

- April 24, 2020 Last date to submit Category C questions & data issues
- April 28, 2020 Last date to submit Category A, B, and D questions & data issues
- April 30, 2020 April DY9RI reporting due
- May 20, 2020 IGT entities notify HHSC of any issues
- June 1, 2020 Deadline for any IGT entity changes (new change form)
- July 2, 2020 IGT Settlement date for April DSRIP reporting payments
- July 31, 2020 DY9RI DSRIP payment to providers

COVID-19 PROVISIONAL APPROVAL ALLOWANCES

- Provisional Approvals for:
 - Category B – DY8 Carryforward PPP
 - Category C – DY7 AM.7.x Milestone
 - DY8 milestone RM-3
 - Note: Provider can only request provisional approval on ONE of the Cat C milestones per measure
 - You cannot have an open TA
- If you file a Provisional Approval Template, you will receive 100% of the measure valuation based on DY 8; data reporting will be due before October DY9R2 reporting; and possible recoupment if final data submittal does not meet the goals.
- Provisional template is submitted via EMAIL by April 30, 2020

SEMI-ANNUAL REPORTING (SAR)

- Must be reported in April DY9R I:
 - Semi-annual progress reporting
 - High-level overview of current progress, key issues or challenges, findings and outcomes achieved
 - Form available on the Provider Summary Tab on the Provider's Home Page

CATEGORY A REPORTING

- Category A is not eligible to report in April, but will report in October.
- In DY 9 must attend at least one learning collaborative, stakeholder forum or other stakeholder meeting (10/1/19-9/30/2020).
- Face to Face Meeting is not required - will allow webinar, conference calls, etc. to meet the requirement
- Will need agenda, attendance list, what you learned, etc. for whichever meeting you choose to participate
- Next RHP 4 scheduled meeting: September 23, 2020

CATEGORY A - COST SAVINGS ANALYSIS

- No April reporting, but will report in October 2020
- Multiple items to keep track of:
 - Will report progress in October 2020 on DY7-8 intervention
 - Will select a new intervention from DY9-10 Core Activities; should be considering that decision now
 - Will submit final report of DY9-10 costs and savings during DY10 (October 2021)

CATEGORY B REPORTING

- Must report DY 8 carryforward in April 2020 (10/1/19-9/30/20) or submit provisional approval template
- DY 9 Category B metric is not eligible for reporting; will report in October 2020

CATEGORY C REPORTING

- E2-A01 DY 8 milestone – April 2020 is the last opportunity to report
- E2-A01 has a separate reporting template and must be emailed to HHSC
- Be sure to use the naming convention outlined by HHSC
- Slides 39-41 from HHSC DY9RI webinar; helpful information related to Category C reporting – encourage you to review

CATEGORY C REPORTING

- You can correct previously reported baselines, if necessary
- You should not report performance against a baseline that you know is incorrect
- If you are correcting a baseline, you should not change the measurement period without HHSC approval
- You cannot report if you have an outstanding TA flag

CATEGORY C REPORTING

- Upload the Category C template
- All providers must submit a Category C reporting template, regardless of reporting eligibility
- Category C Certification – CMO signature is not required this reporting period, but Certification form must be completed with box checked and typed name of CMO or person authorizing its content and uploaded to the online system

CATEGORY D REPORTING

- May report in April or October OR
- May request provisional approval for Category D, BUT
 - You must use the April DY9 Provisional Approval Template and submit via email
 - Still must complete the April DY 9 Category D online reporting template
- Must respond to qualitative questions
- If you had past TAs on the qualitative questions, be sure to use this information to respond

THANK YOU

- Be sure to use the naming convention on all uploaded templates as outlined in the HHSC Companion Guide and the April 6th webinar
- Please call or email if you have questions
- Please update us if you have new DSRIP contacts that were not reported in the DY9 RHP Plan Update