



Regional Healthcare Partnership 20

Regional Learning Collaborative

Friday, September 28, 2018 • 1:00 PM

Agenda

Welcome/Introductions

ANCHOR ENTITY

- ❖ Webb County
Nancy Cadena
Reyna Carrillo
Nora Prado Peñalosa

PERFORMING PROVIDERS

- ❖ Border Region Behavioral Health Center
Maria A. Sanchez
Alda Rendon
- ❖ City of Laredo Health Department
Hector Gonzalez, M.D.
Richard Chamberlain, DrPh
- ❖ Doctors Hospital of Laredo
Elmo Daniel Lopez
- ❖ Laredo Medical Center
Enrique Gallegos
Jorge Leal
Linda Wertz

U/C PROVIDERS

- ❖ Fort Duncan Regional Medical Center
Richard Prati

COUNTY IGT ENTITIES

- ❖ Webb County
Honorable Tano E. Tijerina
- ❖ Zapata County
Honorable Joe Rathmell

I. Compliance Monitoring

- HHSC Update contract with Meyers & Stauffer (MSLC)
 - Procurement for new contract est. 4-6months but could exceed 1 year
 - All documentation retained by MSLC will be forwarded to HHSC
 - Pending reviews will not be completed by MSLC but may be reopened once a new contractor is selected.

II. Category 3

- Updated Cat 3 reporting summaries are posted to DSRIP Online Reporting System.
- If corrections are needed, providers will need to email the Waiver mailbox no later than Oct. 19th with the RHP number and project ID, the outcome measure, the years requiring correction, and a detailed explanation of why the correction is needed.

III. Category A

- HHSC has finalized FAQs for Cat A (attached)
- Attachment A must be completed by Performing Providers with total valuation exceeding \$1million/DY as part of the Cost & Savings analysis
- Attachment B is to be completed by providers requesting approval to use an Alternative Tool.

IV. Category C

- HHSC will post updated Cat C specifications and FAQ once Bulletin Board is back online (attached)

V. Category D

- Data for Cat D reporting for physician practices, community mental health centers and local health departments should have been sent by HHSC to providers this week.

VI. October DY7 Reporting

- DSRIP Online Reporting system will be off-line through Sept. 30th.
- October DY7 Reporting materials will be posted to Bulletin Board after maintenance is completed
- HHSC Webinars (links to be sent via email)
 - Oct. DY7 General Reporting & Cat A, B, & D
Thurs. Oct. 4th from 10AM to 11:30AM
 - Oct. DY7 Cat C Reporting
Thurs. Oct. 4th from 1:30PM to 3:30PM

Wrap-Up/Adjourn

HHSC Communication to DSRIP Providers about MSLC Contract

Status of DSRIP Compliance Monitoring Services

Effective September 1, 2018, Myers & Stauffer (MSLC) will no longer be providing compliance monitoring services for the DSRIP program. The termination of this contract is not related in any way to vendor performance. HHSC originally procured MSLC's compliance monitoring services through the Comptroller of Public Accounts' (CPA) Texas Multiple Award Schedule (TXMAS) program, in 2014. The Comptroller recently notified HHSC of a change to their interpretation of the TXMAS contract policies that impacts the HHSC and MSLC contract. HHSC will begin a procurement process for compliance monitoring services as soon as possible. Please read the information below to understand how this change will impact DSRIP providers.

Impact to DSRIP Providers

- **Gap in Compliance Monitoring Services**
 - There will be a gap in compliance monitoring services until the procurement process is complete and a vendor has been selected.
 - HHSC is currently exploring procurement strategies and will keep DSRIP providers apprised of estimated timeframes when they are known.
 - At a minimum, the gap is expected to last 4-6 months, but it could last 12 months or longer depending on the approved procurement method.
 - All provider reports and data related to DSRIP payments will remain auditable.
 - Supporting documentation retained by MSLC will be transitioned to HHSC.
- **Baseline Reporting and Payment**
 - Many DSRIP providers submitted baselines for demonstration years (DY) 7-8 during the Early Baseline Reporting Period in July-August 2018, and providers will report remaining baselines during the October 2018 and April 2019 reporting periods.
 - The reporting process for baselines will not change.
 - MSLC data support guidance documents will remain available on the DSRIP Online Reporting System Bulletin Board and can still be used to help providers plan for data retention and potential audits. The data support guidance and data support FAQ will not be updated further.
 - The gap in compliance monitoring services will not affect HHSC's ability to approve DSRIP payments.
- **Compliance Monitoring of Baselines**
 - HHSC and DSRIP providers had anticipated that the compliance monitor would begin reviewing a sample of baselines as early as September 2018 and would continue reviewing the sample through early 2019.
 - Unfortunately, the timeline for baseline and other reviews by a compliance monitor will be delayed until the procurement process is complete.
- **Current Rounds of Category 1 and 2 Review and Category 3 Performance Review**
 - MSLC finalized many projects that are included in current rounds of Category 1 and 2 and Category 3 review. HHSC will confirm if all providers with completed reviews received notifications from MSLC.
 - Reviews that are in progress will not be completed at this time, but may be re-opened once a compliance monitor is selected. Providers should stop submitting documentation to MSLC for currently open reviews.
 - HHSC will provide anchors with the list of reviews that are not completed as of September 1.

Updates to Category C specifications

- **G1-278 Beliefs and Values - Percentage of hospice patients with documentation in the clinical record of a discussion of spiritual/religious concerns or documentation that the patient/caregiver did not want to discuss:** Change Additional Information from "Step 1- Identify all patients with serious, life-limiting illness who were discharged from hospice care during the designated reporting period" to "Step 1- Identify all patients with serious, life-limiting illness who qualify for the denominator during the measurement period" to remove requirement for a discharge during the measurement year. Remove sentence from Numerator Inclusion: "The denominator/numerator data is collected within 1 to 12 months following discharge from hospice services."
- **B1-141 Risk Adjusted All-Cause 30-Day Readmission for Targeted Conditions: heart failure hospitalization, coronary artery bypass graft (CABG) surgery, CHF, Diabetes, AMI, Stroke, COPD, Behavioral Health, Substance Use:** Clarify that numerator and denominator are the actual to expected ratio for targeted condition only (actual number of readmissions following targeted admission out all targeted admissions).
- **C1-105, F1-105, K1-105, L1-105, M1-105 Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention:** Added DSRIP Specific Modification to clarify that only one rate is being reported for EHR. Providers should include all eligible individuals in the reported denominator. The numerator would include individuals who were screened for tobacco use, and if identified as a user, received tobacco cessation intervention. This will align the EHR specifications with the current claims specifications.
- **K2-355 Admit Decision Time to ED Departure Time for Admitted Patients:** Clarify that providers will report the MLIU median all-payer Medicaid, rather than the Medicaid and LIU median.
- **J1-221 Patient Fall Rate:** Remove the X1000 multiplier from denominator