DY6 DSRIP Participation Template (Summer 2016 Form) Companion Document

Contents

Overview

The *DY6 DSRIP Participation Template* (previously referred to as the Summer 2016 Form) is intended to prepare providers for DY6 requirements. The template displays DSRIP information, including milestone goals that will be used for DY6 and allows limited changes. Note that all references to DY6 are intended to refer to the formal DY6A period of **October 1, 2016 - September 30, 2017** rather than October 1, 2016 - December 31, 2017.

The template is based on the DY6 requirements included in the updated Program Funding and Mechanics (PFM) Protocol posted on the HHSC waiver website: http://www.hhsc.state.tx.us/1115-docs/060816/TexasTransitionYear_PFM_060816.pdf.

The template will allow Performing Providers to:
- Indicate projects that will be continued or discontinued in DY6. Projects that are indicated as "discontinue" may not participate in DY6-10, and the provider will no longer have access to the associated DSRIP funds. Projects that continue in DY6 will be required to take a next step in DY7 that may include a "replacement", pending CMS approval.
- View and confirm the DY6 Quantifiable Patient Impact (QPI) and Medicaid and low-income and/or uninsured (MLIU) milestones.
- Request lower DY6 Total QPI goals if identified by HHSC as eligible for lower Total QPI goals.
- Request lower DY6 MLIU QPI goals with strong justification.
- Request exceptions to reporting MLIU QPI at the individual or encounter level.
- Increase total DY6 provider valuation up to $250,000.
- Enter counties served by each project.
- Update the three lead provider contacts.
- Update the DY6 Intergovernmental Transfer (IGT) information.
- From projects under review:
    - Enter required changes to Total QPI or MLIU QPI goals.
    - Update required next steps.
    - Enter required project updates.

This will be the only opportunity for providers to submit changes for DY6. All requested DY6 changes are subject to HHSC and CMS approval. HHSC is not accepting changes to project narratives through the DY6 DSRIP Participation Template. Project narratives from the initial demonstration period (DY1-5) will continue to be used in DY6.

The template includes the current DY5 Category 3 outcomes that will be used in DY6. Providers can review their Category 3 DY6 goals and milestone structure in the Category 3 Summary Workbook & Goal Calculator to be posted to the waiver website in July. Category 3 milestones for DY6 will be available for review in the online reporting system beginning in October 2016.

The Category 4 Reporting Domains will continue in DY6 with the exception that RD-6 Initial Core Set of Measures for Adults and Children in Medicaid/CHIP will no longer be reported in DY6. Each Reporting Domain will be valued at the same amount as DY5, unless the provider's Category 4 valuation is greater than 10 percent of the provider's total valuation. In this case, RDs 1-5 will be proportionately reduced to 10 percent of the provider's total DY6 valuation, and the funds above the 10 percent of the provider's total DY6 valuation will be allocated proportionately to Category 3.

Timeline

- **June 30, 2016 2:00pm** - HHSC will be holding a DY6 DSRIP Participation Template webinar from 2:00-3:30pm. Please refer to the Transformation Waiver website for dial-in information.
- **July 22, 2016 5:00pm** - Anchors submit the completed DY6 DSRIP Participation Templates to HHSC. Anchors should email the files, or one or more links to the files, to: TXHealthcareTransformation@hhsc.state.tx.us. Note that HHSC cannot accept Dropbox links.
  - Performing Providers must submit their completed DY6 DSRIP Participation Templates to the Anchor prior to July 22 (by the date specified by the Anchor) to compile and send in one submission packet to HHSC.
  - For providers participating in multiple RHPs, please submit one template to one of your Anchors and cc the other RHP Anchors.
- **August 26, 2016** - HHSC will begin providing approval of requested MLIU reporting exceptions, required QPI/MLIU changes, and submitted next steps or request additional information.
- **September 9, 2016 5:00pm** - Anchors submit responses to HHSC requests for additional information, and Category 3 stretch activity selections and alternate achievement requests. Anchors should email the files, or one or more links to the files, to: TXHealthcareTransformation@hhsc.state.tx.us. Note that HHSC cannot accept Dropbox links.
  - Performing Providers must submit responses to HHSC requests for additional information to the Anchor prior to September 9 (by the date specified by the Anchor) to compile and send in one submission packet to HHSC.
- **September 30, 2016** - HHSC will approve or deny the additional information submitted in response to HHSC comments.
- **October 1, 2016** - Approved DY6 projects are effective.

DY6 DSRIP Participation Template

Each Performing Provider must complete a *DY6 DSRIP Participation Template*. A provider participating in multiple RHPs is required to submit one template in one RHP. The template is posted on the HHSC waiver website on the [Tools and Guidelines for Regional Healthcare Partnership Participants](#) page under **DY6 DSRIP Participation.**

The template includes the following tabs:

- *Provider Entry* tab - requires selection of provider, which projects to continue or discontinue, and increase in total DY6 provider valuation up to $250,000 if eligible.
- *Provider-specific* tab(s) - requires selection of counties served by the projects and allows changes to Total QPI and MLIU QPI, subject to eligibility and HHSC approval for the exceptions.
- *DY6 Project Summary* tab - requires provider confirmation of the data included in the workbook.
- *DY6 IGT Information* tab - allows providers to update IGT information for DY6.

To ensure the template works properly, please be sure to click the *Enable Macros* button if it pops up upon opening the file. Also, confirm that workbook calculations are set to *Automatic.* (Under the *File* tab in Excel, click *Options*, followed by *Formulas*. Under *Calculation Options*, select *Automatic for Workbook Calculation*. Or under the *Formulas* tab, click on *Calculation Options* and select *Automatic*.)

Please note that it may take one or two seconds for the template to calculate after making an entry. If an error occurs, please try to redo the most recent action and wait a few seconds. If you encounter problems with the template, please contact the waiver mailbox at TXHealthcareTransformation@hhsc.state.tx.us with SUBJECT: DY6 Template.

Step-by-Step Instructions for Completing the Template

Yellow cells are fields for provider input. White cells include auto-filled information. Note that the steps below in red font apply to all providers. Steps in green and magenta font only apply to certain providers.
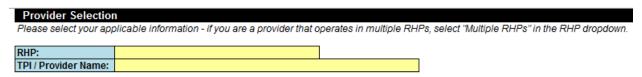
Please complete the steps in order in each tab otherwise there may be errors with the template. If you encounter run-time errors, you will need to close completely out of Excel and start a new template from the beginning.

Provider Entry tab

This tab allows updates to the lead contacts and requires providers to indicate which projects will be continued or discontinued in DY6. The Progress Tracker indicates if all required fields have been completed.

Provider Selection

*Step 1 -*Select your RHP and TPI. The TPI/Provider Name will auto-fill with providers in the selected RHP.

Provider Selection
Please select your applicable information - if you are a provider that operates in multiple RHPs, select "Multiple RHPs" in the RHP dropdown.

RHP:
TPI / Provider Name:

If you participate in multiple RHPs, then please select "Multiple RHPs" in the RHP dropdown. The following providers are included under "Multiple RHPs":

TPI	Provider Name
081771001	Central Counties Center for MHMR Services
081844501	Tri-County Behavioral Healthcare
084434201	MHMR SVCS of Texoma
085144601	University of Texas Health Science Center SA
096166602	Spindletop Center
111810101	Unv of Tx HSC at Houston-UTHSC Sponsored Projects
121988304	Lakes Regional MHMR Center
121989102	Border Region MHMR Community Center
121990904	Camino Real Community Services
126686802	UT Southwestern Medical Center at Dallas
126844305	Bluebonnet Trails Community MHMR Center dba Bluebonnet
127373205	Helen Farabee Centers
130724106	Pecan Valley MHMR Region dba Pecan Valley Centers
130725806	West Texas Centers for MHMR
132812205	Driscoll Children's Hospital
133339505	Central Texas MHMR
133340307	Hill Country Community MHMR dba Hill Country MHDD
135254407	Gulf Bend MHMR Center
136367307	Burke Center

138364812	Permian Basin Community Centers
138910807	Children's Medical Center of Dallas

Contact Information

Step 2 (optional) - Please confirm or correct the contact information of the lead contact(s) for the provider. Changes are highlighted in green. Lead contacts are limited to three individuals, which would be the individuals the provider would list in Section I of the RHP Plan.

All other changes to contact information, which includes updates to the HHSC distribution list or DSRIP Online Reporting System access, may be submitted to HHSC using the Contact Information Change Form posted on the HHSC waiver website, http://www.hhsc.state.tx.us/1115-docs/RHP/Plans/Contact-Change.pdf.

Contact Information

Please confirm or correct the contact information of the lead contact(s) for the provider. Lead contacts are limited to three individuals, which would be the individuals the provider would list in Section I of the RHP Plan. All other changes to contact information, which includes updates to the HHSC distribution list or DSRIP Online Reporting System access, may be submitted to HHSC using the Contact Information Change Form posted on the HHSC waiver website, http://www.hhsc.state.tx.us/1115-docs/RHP/Plans/Contact-Change.pdf.

Contact Name:	Rebecca Helterbrand		Contact Name:	Mike Bernick		Contact Name:	Fred Hines
Street Address:	8535 Tom Slick Drive		Street Address:	8535 Tom Slick Drive		Street Address:	8535 Tom Slick Drive
City:	San Antonio		City:	San Antonio		City:	San Antonio
Zip:	78229		Zip:	78229		Zip:	78229
Email Address:	helterbrandr@claritycgc.org		Email Address:	bernickm@claritycgc.org		Email Address:	hinesf@claritycgc.org
Phone Number:	210-582-6442		Phone Number:	210-582-6476		Phone Number:	210-582-6404
Phone Extension:			Phone Extension:			Phone Extension:	

Provider Information

The DY5 and DY6 provider valuations are shown by Category and in total. The DY6 valuation includes adjustments for combined projects, results from projects under review, and reallocation of Category 4 to Category 3 if Category 4 exceeded 10 percent of total provider valuation. The DY6 max valuation is based on the provider continuing all eligible projects.

Note that the individual Category 4 Reporting Domain (RD) valuations will be posted with the final results of the DY6 DSRIP Participation Template.

For providers with less than $250,000 in DY5 total provider valuation, the maximum DY6 provider valuation includes the increase in total funding to $250,000.

Provider Information

RHP:	6	Provider Type:	Hospital
TPI / Provider Name:	112742503 - Southwest Mental Hlth Ctr (Clarity Child Guidance	Ownership Type:	Private

RHP	Cat 1 or 2 DY5 Provider Valuation	Cat 3 DY5 Provider Valuation	Cat 4 DY5 Provider Valuation	DY5 Total Provider Valuation
6	$637,143.00	$368,873.00	$111,780.00	$1,117,796.00
RHP	**Max Cat 1 or 2 DY6 Valuation**	**Max Cat 3 DY6 Provider Valuation**	**Cat 4 DY6 Provider Valuation**	**Max DY6 Total Provider Valuation**
6	$637,143.00	$368,873.00	$111,780.00	$1,117,796.00

For providers with less than $250,000 in DY5 total provider valuation, the maximum DY6 provider valuation includes the increase in total funding to $250,000.

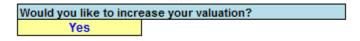## Increase DY6 Provider Valuation up to $250,000 (if applicable)

If not applicable, skip to page 8, Step 3.

This section is only applicable and visible for providers with less than $250,000 in total DY6 provider valuation. These providers are listed below.

RHP	TPI	Provider Name
1	138360606	Northeast Texas Public Health District
3	135033204	Columbus Community Hospital
4	135233809	Lavaca Medical Center
4	136412710	Karnes County Hospital District dba Otto Kaiser Me
10	121794503	Texas Health Harris Methodist Hospital Stephenville
10	216719901	Glen Rose Medical Center
11	094131202	Hamlin Memorial Hospital
11	337991901	Stephens Memorial Hospital dba Stephens County Eme
11	121053602	Knox County Hospital District dba Knox County Hosp
12	094180903	Lynn County Hospital District
12	109588703	Hemphill County Hospital District
12	126840107	Preferred Hosp Leasing, Inc. dba Collingsworth Gen
12	350190001	Muleshoe Area Hospital District dba Muleshoe Area
12	136142011	Plains Memorial Hospital DSH Acct (Castro County)
12	137343308	Parmer County Community Hospital
13	179272301	Preferred Hosp Leasing Eldorado, Inc. dba Schleicher
14	094204701	Winkler County Memorial Hospital
14	176354201	Culberson County Hospital District
17	127267603	St. Joseph Regional Health Center
17	130982504	Brazos Co Treasurer (Brazos County Health Department)
17	135226205	Scott & White Hospital Brenham
19	088189803	Throckmorton County Memorial Hospital
19	127310404	Nocona Hospital District dba Nocona Gen Hospital
20	137908303	Maverick County Hospital District

Step A - Indicate if you would like to increase your valuation - Yes or No. Providers should only indicate Yes, if there has been agreement from your IGT Entities to fund the higher DY6 valuation.

If No, then proceed to the *DSRIP Projects* section. If Yes, then complete the following steps.

Would you like to increase your valuation?
Yes

Step B - Enter an amount up to $250,000 for DY6 total provider valuation. Categories 1-4 are proportionately increased.

DY5 Total Provider Valuation	Increased DY6 Total Provider Valuation
$187,500.00	$200,000.00

Adjusted DY6 Provider Valuations			
Cat 1 or 2 DY6 Provider Valuation	Cat 3 DY6 Provider Valuation	Cat 4 DY6 Provider Valuation	DY6 Total Provider Valuation*
$127,253.33	$72,746.67	$0.00	$200,000.00

Based on the higher total provider valuation, the estimated IGT needed for DY6 is displayed.

Estimated DY6 IGT Needed for Higher Valuation (FMAP 56.18/IGT 43.82)
$87,640.00

Step C - IGT Entity information by project is displayed based on the IGT funding at the DY5 valuation amount rather than the DY5 percentage allocation. Please enter an updated DY6 IGT percentage allocation under "Provider Updated DY6 % Allocation" that matches your agreement with the listed IGT Entities. The IGT Entities listed may also be updated, deleted, and added. Additional IGT Entities may be entered in the blank rows.

IGT Entity Information by Project
DY6% Allocation is based on IGT funding at the same level as the DY5 valuation amount rather than the same IGT percentage allocation. Please update the IGT percentage allocation and entities accordingly up to 100%. Less than 100% IGT may be entered but must be confirmed below.

Project ID	IGT Entity	IGT Entity TIN	Affiliation Number	Calculated DY6 % Allocation*	Provider Updated DY6 % Allocation	Estimated DY6 IGT (FMAP 56.18/IGT 43.82)
135033204.1.1	Gonzales County Hospital District	17416250136501	600-12-0000-00215	93.75%		$52,277.26
135033204.3.1	Gonzales County Hospital District	17416250136501	600-12-0000-00215	93.75%		$29,885.24

If less than 100% IGT is available per Project ID as entered under "Provider Updated DY6 % Allocation", then please confirm. IGT information including allocations may also be updated at the end of each reporting period.

Please confirm that there is less than 100% IGT available.*	Yes

* IGT % Allocations may be updated at the end of each reporting period.

Step D - Confirm that you agree to the increased valuation and that the listed IGT is available by entering your name and date.

Please confirm the increase in valuation by filling out the below inputs

I agree to the increase in DY6 valuation and have confirmed the listed IGT is available.	
Name:	Date:

DSRIP Projects

Step 3 - DSRIP projects from DY5 are listed. For each project, indicate whether it will be continued or discontinued in DY6. Projects that are indicated as "discontinue" may not participate in DY6-10. Projects that continue in DY6 will be required to take a next step in DY7 that may include a "replacement", pending CMS approval.

HHSC is proposing a withdrawal window between the second payment period for DY7 and the first reporting period for DY8. If a provider withdraws a DSRIP project during this withdrawal window, HHSC will not recoup any prior DSRIP payments associated with the project due to withdrawal. However, DSRIP payments may be recouped if projects are withdrawn outside of that window.

Note that combined projects are listed as "Discontinue" under "Continue or Discontinue in DY6" with "HHSC Comments" noting the combination. Projects not eligible to continue in DY6 are also listed as "Discontinue" with "HHSC Comments" noting the results from projects under review.

DSRIP Projects

DSRIP projects from DY5 are listed below. Please indicate whether the project will be continued or discontinued in DY6. Projects that are indicated as "discontinue" may not participate in DY6-10. Projects that continue in DY6 will be required to take a next step in DY7 that may include a "replacement". HHSC is proposing a withdrawal window between the second payment period for DY7 and the first reporting period for DY8. If a provider withdraws a DSRIP project during this withdrawal window, HHSC will not recoup any prior DSRIP payments associated with the project due to withdrawal. However, DSRIP payments may be recouped if projects are withdrawn outside of that window.

Continue or Discontinue in DY6	RHP	Category 1 or 2 Project ID	Project Option	Project Description	DY5 Category 1 or 2 Valuation used for DY6 Valuation	DY5 Category 3 Valuation used for DY6 valuation (adjusted for combined projects and maximum of 10% in Category 4)	HHSC Comments (if applicable)
	10	130724106.1.1	1.9.2	This project will expand specialty care access to psychiatrists and other	$2,949,561.00	$823,356.50	Project combined with RHP 11 130724106.1.1
	10	130724106.1.100	1.13.1	Open crisis respite or stabilization 12 bed unit for adults, both male and	$1,121,011.00	$227,133.15	
	10	130724106.1.2	1.12.1	Extend clinic hours in some Pecan Valley Centers outpatient mental health	$1,238,859.00	$302,844.20	
	10	130724106.2.1	2.15.1	This project would integrate primary health care with behavioral health by	$1,007,630.00	$227,133.15	
Discontinue	11	130724106.1.1	1.9.2	Expand specialty care access to psychiatrists & other behavioral health providers, thereby reducing use of ERs for behavioral health issues.			Project was combined into RHP 10 130724106.1.1 so no longer has DY6 valuation. HHSC has pre-populated this project as "Discontinue".

Updated DY6 Total Provider Valuation

Based on the project selected to continue in DY6, the updated DY6 provider valuations are shown. Category 4 will be updated to a maximum of 10% of total provider valuation based on continued projects. The amount over 10% will be included under Category 3. The amounts will show as $0 until "Continue" or "Discontinue" are selected for each project.

Note that the template does not adjust for Category 1 or 2 and Category 3 valuations that are outside the Category funding distribution requirements. HHSC may require additional valuation adjustments if the Categories do not meet the percentage requirements during the HHSC review period.

Updated DY6 Total Provider Valuation

DY6 Provider Valuation has been updated to reflect discontinued projects, any Category 4 adjustments if over 10%, and any increases in valuation up to $250,000. The template does not adjust for Category 1 or 2 and Category 3 valuations that are outside the Category funding distribution requirements. HHSC may require additional valuation adjustments if the Categories do not meet the percentage requirements.

RHP	Category 1 or 2 DY6	Category 3 DY6 Provider Valuation	Category 4 DY6 Provider	DY6 Total Provider Valuation
6	$4,368,702.21	$2,529,248.67	$766,438.99	$7,664,389.87

Step 4 - After you have completed selecting which projects will be continued or discontinued in DY6, please select "Yes" for "Are you finished making your selections".

Are you finished making your selections?
Yes

Step 5 - Click the button to generate the project-specific worksheets. This may take a couple minutes to generate the tabs. There is an indicator at the bottom left corner of the workbook that shows how many tabs are being generated.

Note that once you complete this step, you may not go back and change selections of projects from continue to discontinue. If you change a project from continue to discontinue after this step, the generated project tab will remain.

If you change a project from discontinue to continue, the project tab can be generated by clicking the button again.
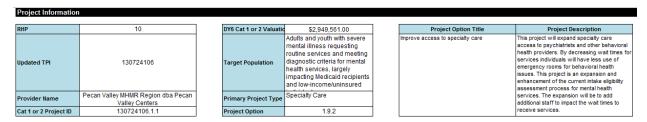
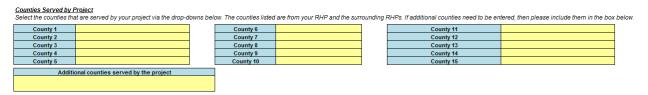| Generate Project-Specific Worksheets |
|---|

Project-specific tab

This tab displays the Category 1 or 2 project information along with the related Category 3 outcomes. Providers may request changes to Total QPI and MLIU QPI, subject to eligibility for exceptions on this tab. Required changes or updates from projects under review must also be completed on this tab.

Project Information

This section displays summary project information including the most recent project description and target population.

Project Information

RHP	10		DY6 Cat 1 or 2 Valuatic	$2,949,561.00		Project Option Title	Project Description
Updated TPI	130724106		Target Population	Adults and youth with severe mental illness requesting routine services and meeting diagnostic criteria for mental health services, largely impacting Medicaid recipients and low-income/uninsured		Improve access to specialty care	This project will expand specialty care access to psychiatrists and other behavioral health providers. By decreasing wait times for services individuals will have less use of emergency rooms for behavioral health issues. This project is an expansion and enhancement of the current intake eligibility assessment process for mental health services. The expansion will be to add additional staff to impact the wait times to receive services.
Provider Name	Pecan Valley MHMR Region dba Pecan Valley Centers		Primary Project Type	Specialty Care			
Cat 1 or 2 Project ID	130724106.1.1		Project Option	1.9.2			

Step 6 **-** Select the counties served by the project. The counties listed in the drop-downs are from the RHP of the project and the surrounding RHPs. If the project serves more than 15 counties, then please list the additional counties in the provided field.

Counties Served by Project
Select the counties that are served by your project via the drop-downs below. The counties listed are from your RHP and the surrounding RHPs. If additional counties need to be entered, then please include them in the box below.

County 1			County 6			County 11	
County 2			County 7			County 12	
County 3			County 8			County 13	
County 4			County 9			County 14	
County 5			County 10			County 15	

Additional counties served by the project

Milestone Valuation - displays the valuation of the four DY6 Category 1 or 2 milestones. The DY6 milestones are equally valued.

Milestone Valuation

Total Quantifiable Patient Impact (QPI)	Medicaid and Low-income or Uninsured (MLIU) QPI	Core Component Reporting	Sustainability Planning
$106,915.63	$106,915.63	$106,915.63	$106,915.61

Total QPI Milestone

This section displays the DY6 Total QPI milestone information based on DY5 QPI. Combined projects will display the combined Total QPI information. Information includes the milestone number, grouping (individuals or encounters), Total QPI pre-DSRIP baseline, the Total QPI goal, and milestone description. *[If the provider has not yet reported on a QPI metric, the pre-DSRIP baseline for Total QPI will be "NA" and the pre-DSRIP baseline for MLIU QPI will be "#VALUE!". We will work with this provider at a later date to finalize pre-DSRIP baselines.]* If a provider has multiple QPI metrics in DY5, the pre-DSRIP baselines and goals have been combined. Please note, the milestone descriptions have been streamlined to include the Total QPI numeric goal, limited description of the individuals or encounters being counted, and a statement indicating the goal is above the pre-DSRIP baseline. Percentage targets and secondary goals will no longer be included in the milestone baseline/goal statements.

Step: Increase Total QPI (if applicable) **-** If a project was required to increase Total QPI, then the following box appears. Please enter the higher Total QPI goal and provide an explanation for the selected increase.

Please Note - You are required to increase your Total QPI Numeric Goal.

HHSC Comments	Revised DY6 Total QPI Numeric Goal	Please provide an explanation for the DY6 Total QPI Numeric Goal change:
The project is required to increase the QPI goal for DY6 based on projects under review and was notified of this in January 2016.		

If a project previously submitted an increase or change in Total QPI based on projects under review, then this is noted under "HHSC Comments".

Step: Decrease Total QPI (HHSC identified) **-** HHSC identified projects that may be eligible to request a decrease in total QPI based on projects under review or under achievement of QPI. Underachievement of QPI was determined by projects valued at or less than $1000 per MLIU individual or $500 per MLIU encounter with 66 percent or less achievement of their DY4 QPI goal as of the first DY5 reporting period. Per MLIU individual or encounter valuation is based on the following formula: (DY4 + DY5 Category 1 or 2 valuation) / [DY4-5 Total MLIU % * (DY4 + DY5 Total QPI goal)].

Please enter a requested lower Total QPI goal for HHSC consideration and provide a justification for the requested decrease. The MLIU QPI goal will be proportionally decreased based on the lower Total QPI goal.

Please Note - You are allowed to lower your Total QPI Numeric Goal if you choose. If so, please fill out the below inputs. The MLIU QPI Numeric Goal will be proportionately lowered.

HHSC Comments	Revised DY6 Total QPI Numeric Goal	Please provide a justification for the DY6 Total QPI Numeric Goal change:	Proportionally Decreased MLIU QPI Goal
Meets HHSC criteria for reduction			

HHSC will review requests to determine if a lower valuation would result from the change.

MLIU QPI Milestone

This section displays the DY6 MLIU QPI milestone information based on DY5.

Step 7 (optional) **-** Update the "DY6 Data Source" for the MLIU QPI milestone. The data source was auto-filled based on the DY5 QPI milestone data source. HHSC does not expect providers to implement new systems to track the MLIU encounters or individuals. However, HHSC does expect the provider to have a documented methodology for collecting this data. The provider should describe the methodology that will be used for collecting MLIU data, including if the provider estimates the percentage of eligible MLIU population that is under 200% of FPL.

DY6 Milestone #	DY6 Milestone Description	DY6 MLIU QPI Goal	DY6 Data Source*
MQ-1.1	MLIU Quantifiable Patient Impact	4,301 encounters provided to MLIU patients above the MLIU QPI pre-DSRIP baseline.	Registry, EHR, claims or other Performing Provider source

Providers may edit the DY6 data source for MLIU QPI reporting

The basis for the MLIU goal is listed under "MLIU QPI Goal Calculation". The options include:

- *DY5 MLIU% multiplied by the Total QPI goal* - For example, if the Total QPI goal is 15,390 and the MLIU% is 64%, then the MLIU QPI goal is 15,390 * .64 = 9,850.
- *Pre-existing DY5 MLIU QPI goal* - the DY6 MLIU QPI goal is based on the DY5 MLIU QPI goal where MLIU achievement was required to be reported or was specified in the metric description.

- *Combined project MLIU QPI goal* - the MLIU QPI goal was based on the approved combined project.
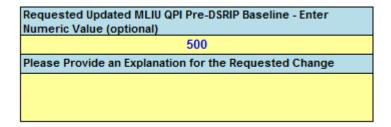
DY6 QPI Grouping	DY6 MLIU QPI Pre-DSRIP Baseline	DY6 MLIU QPI Numeric Goal	MLIU QPI Goal Calculation
Encounters	44,125	9,850	DY5 MLIU% multiplied by Total QPI goal
			DY5 Total MLIU %
			64.0%

Each MLIU QPI Milestone is identified as pay-for-reporting (P4R) or pay-for-performance (P4P). If the MLIU QPI milestone is P4P, then a reason is provided next to the P4P designation. If a project had required MLIU reporting in DY5, then the MLIU QPI milestone in DY6 is P4P. The PFM Protocol paragraph 41.a.iii.C.4 lists the additional projects with MLIU QPI required as P4P in DY6.

- All Project Area 1.9 DSRIP projects, as described by the RHP Planning Protocol;
- DSRIP projects that did not achieve the estimated MLIU percentage in DY3, DY4, or DY5, and that caused them to have a higher than expected value per MLIU individual/ encounter;
- DSRIP projects for which HHSC notified the Performing Provider that the project was eligible to continue with changes, but the project's MLIU QPI milestone must be P4P; and
- DSRIP projects that included an MLIU goal in their QPI metric Baseline/Goal statement of their own choosing or that were required to address MLIU to receive CMS initial DSRIP project approval.

P4R or P4P*	MLIU QPI is required as pay-for-performance (P4P) in
P4P	DY6 because it is a Project Area 1.9 project.

*Pay-for-reporting (P4R) or Pay-for-performance (P4P)

Step 8 (optional) **-** If the MLIU QPI Milestone is P4P, then the provider may request to update the MLIU QPI pre-DSRIP baseline. Please provide a detailed justification for the requested change.

Requested Updated MLIU QPI Pre-DSRIP Baseline - Enter Numeric Value (optional)
500
Please Provide an Explanation for the Requested Change

Step: Increase MLIU QPI (if applicable) **-** If a project was required to increase MLIU QPI, then the following box appears. Please enter the higher MLIU QPI goal and provide an explanation for the selected increase.

Please Note - You are required to increase your MLIU QPI Numeric Goal. Please fill out the below inputs.

HHSC Comments	Revised DY6 MLIU QPI Goal		Please provide an explanation for the DY6 MLIU QPI Numeric Goal change:
The project is required to increase the MLIU QPI goal for DY6 along with the increase in Total QPI.	15,000		

If a project previously submitted an increase or change in MLIU QPI based on projects under review, then this is noted under "HHSC Comments".

Step 9 (optional) **-** Providers may request a lower MLIU QPI goal for HHSC consideration. Please select a reason for the lower MLIU QPI goal and provide a justification for the requested decrease. Projects that

are underperforming on MLIU or the MLIU definition for the extension period will impact their ability to achieve the existing goal may request lower MLIU QPI goals. Other DSRIP projects may request lower MLIU QPI goals with strong justification. These requests should be limited as project valuation is partially based on the number of MLIU population served; lowering the MLIU QPI goal could ultimately impact project valuation. HHSC will approve only those with a strong justification for this exception.

Note that if you enter in "0", there will be a run-time error and the template will no longer function properly. To correct the error, you will need to close completely out of Excel and start a next template from the beginning.

HHSC Comments	Revised DY6 MLIU QPI Goal	Reason for Lowering MLIU QPI Goal
NA		

Please Note - You may request to lower the project's MLIU QPI Numeric Goal with strong justification. HHSC will review the request and determine whether to approve based on the provider's justification and valuation.

HHSC will review requests to determine if a lower valuation would result from the change.

MLIU QPI Reporting Exception Requests

Step 10 (optional) **-** This section allows providers to request an exception to reporting MLIU individuals served or encounters provided at the individual or encounter level for HHSC consideration. HHSC will approve only those with a strong justification for this exception.

If requesting an exception, please indicate "Yes", select a reason, and provide an explanation for the request. The reasons included in the drop-down are:

- Utilizes an intervention site that is a school, non-medical social service office (i.e., shelter), or community health fair;
- Is in Project Area 1.6 (Enhance Urgent Medical Advice), 2.6 (Implement Evidence-based Health Promotion), or 2.7 (Implement Evidence-based Disease Prevention Programs) as described by the RHP Planning Protocol;
- The Performing Provider is a Local Health Department that does not bill Medicaid for the types of services provided through the DSRIP project; or
- Other.

MLIU QPI Reporting Exception Requests (Optional)

You have the option to request a reporting exception. If you choose to do so, please select 'Yes' below and fill out the remaining inputs for HHSC consideration. Please note, HHSC will approve only those with a strong justification for this exception

Requesting exception to reporting MLIU individuals served or encounters provided at the individual or encounter level	Yes

Please Select a Reason for the Requested Exception	Please Provide Additional Explanation for the Requested Exception for HHSC consideration.

If the requested exception is approved, then the DY6 MLIU QPI goal will remain as the DY5 Total MLIU percentage as displayed. If the provider also requested a lower MLIU QPI goal, then HHSC may consider updating the MLIU percentage; however, it will not be reflected in the displayed percentage.

If the requested exception is approved, then the DY6 MLIU QPI goal will remain as the DY5 Total MLIU percentage	100.00%

DY6 Next Steps (if applicable)

Step: Next Steps - If a project is required to take a next step in DY6 based on projects under review, then the previously submitted next step is auto-filled and may include HHSC comments. Please enter an updated next step if applicable and provide an explanation for the update.

HHSC strongly recommends that providers select next steps that are achievable within DY6. Next steps will be reported under the Core Components milestone and cannot be carried forward.

DY6 Next Steps	
Provider Submitted Next Step	**Updated Next Step (Optional)**
HHSC Comments: Please specify and describe the added new service, including any staffing, DY6 patient impact, and the rationale for the selected service. This must be achievable in DY6. Add a new service line for the Grand Prairie clinic.	Update
	Explanation for Updated Next Step

Required Project Update (if applicable)

Step: Project Update - If a project is required to provide an update on DY5 progress to be eligible for DY6 continuation based on projects under review, then the HHSC Comments are auto-filled and a project update must be entered.

Required Project Update	
HHSC Comments	**Project Update**
DY6 continuation is dependent on hiring the replacement general surgeon in DY5 and the surgeon providing services in DY5. Please provide an update on the hiring of the general surgeon.	

Category 3

This section displays the Category 3 outcomes that will continue in DY6. For combined projects, the Category 3 outcomes from the original projects will continue unless noted. Category 3 project IDs may have been changed to account for projects combined into different RHPs or different providers. Category 3 outcomes with an updated project ID will be noted in the HHSC comments column of the Category 3 section. Where possible, HHSC has combined identical Category 3 P4R measures and Population Focused Priority Measures under the same Category 1 or 2 project. An explanation of the combination is provided in the HHSC comments column of the Category 3 section. The Category 3 section is for review only. Providers do not need to respond to any HHSC comments in the form.

Category 3				
DY5 Category 3 Valuation for Category 1 or 2 Project		**DY6 Category 3 Valuation for Category 1 or 2 Project (may have been adjusted to account for discontinued projects and increase in provider valuation up to $250,000)**		
$1,443,808.90		$1,443,808.90		

Category 3 Project ID	**IT Reference #**	**Measure Title**	**DY6 Outcome Valuation**	**HHSC Comments (if applicable)**
112672402.3.101	IT-10.1.a.v	Pediatric Quality of Life Inventory (PedsQL)	$1,443,808.90	DY6 milestone structure is P4P.

DY6 Project Summary tab

This tab summarizes the Total QPI and MLIU QPI information from the previous project-specific tabs.

Step 11 - Confirm the listed Total QPI and MLIU QPI information. HHSC has pre-populated the Total QPI and MLIU information based on DY5 information, requirements from projects under review, and results from combined projects. Limited exceptions are allowed as described in this Companion document and

indicated in the template. After reviewing these items, if you still do not agree with the displayed information, then please provide a detailed explanation for HHSC consideration.

Do you agree to the Total QPI and MLIU QPI information listed in this template and summarized above that will be used for DY6, subject to HHSC and CMS approval?

<--- Note: You must make a selection to indicate whether or not you agree with the displayed DY6 values

HHSC has pre-populated the Total QPI and MLIU information based on DY5 information, requirements from projects under review, and results from combined projects. Limited exceptions are allowed as described in the "DY6 DSRIP Participation Template (Summer 2016 Form) Companion Document" and indicated in this template. Please review the Companion Document and template and if you disagree with the information, please provide a detailed explanation below.

DY6 IGT Information tab

This tab displays the IGT Information from DY5 that is used for DY6 Categories 1-4. Note that if you are a provider that selected to increase DY6 total provider valuation up to $250,000, then this tab will not appear because the IGT Information was entered in the *Provider Entry tab.*

Step 12 (optional) - Update DY6 IGT Information including adding/deleting IGT Entities or changing IGT percentage allocations. Changes will be highlighted in green. The IGT Entities listed may be updated, deleted, and added. Additional IGT Entities may be entered in the blank rows. IGT changes may also be submitted at the end of each reporting period.

IGT Summary

RHP	Project ID	IGT Entity	IGT Entity TIN	Affiliation Number	DY6 % Allocation	Total IGT Needed	Estimated DY6 IGT
4	094118902.1.1	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	$250,060.58	$250,060.58
4	094118902.1.3	TAMUS Health Science Center	37097097093000	600-12-0000-00165	100.00%	$903,568.40	$903,568.40
4	094118902.2.1	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	$330,895.78	$330,895.78
4	094118902.2.2	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	$157,945.25	$157,945.25
4	094118902.3.612	TAMUS Health Science Center	37097097093000	600-12-0000-00165	100.00%	$240,168.98	$240,168.98
4	094118902.3.14	TAMUS Health Science Center	37097097093000	600-12-0000-00165	100.00%	$240,168.98	$240,168.98
4	094118902.3.1	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	$240,168.99	$240,168.99
4	094118902.3.2	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	$240,168.99	$240,168.99
4	094118902.3.3	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	$240,168.99	$240,168.99
4	094118902.3.4	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	$240,168.99	$240,168.99
4	094118902.3.5	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	$240,168.99	$240,168.99
4	094118902.3.6	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	$240,168.99	$240,168.99
4	094118902.3.7	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	$240,168.99	$240,168.99
4	094118902.3.8	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	$240,168.99	$240,168.99
4	094118902.4	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	$0.00	$0.00

Instructions for Submitting the Template

After the required entries in the template have been completed, the Progress Indicator "Overall Workbook Status" on the *Provider Entry* tab will show as "Complete".

Overall Workbook Status	Complete

Please save the file with your RHP number and TPI, e.g. "RHP20_013242649_DY6 Form".

Submit the DY6 DSRIP Participation Template to your Anchor by the date specified by the Anchor. Providers participating in multiple RHPs must submit one template to one of the Anchors. Please cc the other RHP Anchors on your submission.

Anchors must submit the completed DY6 DSRIP Participation Templates to HHSC by **July 22, 2016, 5:00pm**. Anchors should zip and email the files or email one or more links to the files to: TXHealthcareTransformation@hhsc.state.tx.us. Note that HHSC cannot accept Dropbox links.

If you need to submit the files through the HHSC SharePoint, then please email the waiver mailbox to request access at TXHealthcareTransformation@hhsc.state.tx.us, SUBJECT: SharePoint Access.

HHSC will send a confirmation to the Anchors that the templates have been received within two business days after receipt. If a confirmation email is not received, please contact HHSC through the waiver mailbox at TXHealthcareTransformation@hhsc.state.tx.us.