

Dear Stakeholder:

You are receiving this communication because your nursing facility (NF) has been determined to be provisionally eligible for participation in the NF Minimum Payment Amounts (MPA) program for eligibility period one (March –August 2015).

In order to finalize your eligibility, an individual with signature authority for your governmental entity (GE) must complete and sign the attached revised IGT Responsibility Agreement and submit a scanned copy of the agreement to [rad-Itss@hhsc.state.tx.us](mailto:rad-Itss@hhsc.state.tx.us). The form must be received at the indicated e-mail by **5:00 p.m. on Monday, December 1, 2014**. Please enter “xxxx IGT Responsibility Agreement” in the subject line of your e-mail, where “xxxx” is the 9-digit Medicaid contract number for your NF (if your agreement covers more than one NF, enter the name of the NFs’ controlling entity). The original version of the form must be mailed to HHSC Rate Analysis, Mail Code H-400, P.O. Box 149030, Austin, TX 78714-9030, Attn: Laura Marble.

Differences between the original and revised IGT Responsibility Agreements are as follows:

1. We have clarified that the HHSC Contract Number and Contract Number lines in the upper right hand corner of the agreement are to be completed by HHSC.
2. We have added a line in the upper right hand corner of the agreement for you to enter your NF 9-digit Medicaid contract number(s). If the agreement is intended to cover more than one NF, please include an attachment that lists all 9-digit Medicaid contract numbers covered by the agreement.
3. In Section III, we have added a definition for “Base Period.”
4. In Section V.B., we have replaced the term “Quarter” with the term “Base Period.”
5. In Section V.B.2., we have revised the language to indicate that the “Individual UPL for the Base Period” is the total estimated UPL payment in the base period data used to develop the MCOs’ capitation rates for all Qualified Nursing Facilities owned by GE.
6. In Section V.B.3., we have revised the language to indicate that the “Statewide UPL for Base Period” is the total estimated UPL payment in the base period data used to develop the MCOs’ capitation rates for all Qualified Nursing Facilities approved by HHSC to receive the MPA.
7. In Section VI.A., we have revised the language to indicate that the GE will transfer the entire Contract Amount on or before the first day of the state fiscal quarter in question. The original language indicated that the GE would transfer one-half of the Contract Amount on the first day of the state fiscal quarter in question.
8. Section VIII has been revised to allow for two reconciliations. The first reconciliation will occur no later than 30 days after the end of eligibility period one and the second reconciliation will occur no later than August 31, 2017.
9. In Section XI, we have added space to enter the GE contact and address.
10. We have expanded the signature block to capture the title, phone number and e-mail address of the individual signing the agreement for the GE.

**The requirement to sign and submit the attached, revised IGT Responsibility Agreement and the due date are non-negotiable. NFs whose GEs are unable to complete and submit the Revised IGT Responsibility Agreement by the stated due date will not be eligible for participation in the MPA program for the first eligibility period;** these NFs may be eligible to participate for the second eligibility period (September 2015 – August 2016) if they meet the enrollment deadlines for that eligibility

period. IGT Responsibility Agreements for the second eligibility period will be distributed to stakeholders in December 2014 and will be due to HHSC by February 28, 2015.

Please note that the agreement does not allow the GE any termination rights for the duration of the Contract Period. This means that the GE will be liable for the Contract Amount even in cases where the GE sells its NF(s).

Please direct questions about this communication and required forms to Laura Marble, Senior Rate Analyst, Rate Analysis Department at [laura.marble@hhsc.state.tx.us](mailto:laura.marble@hhsc.state.tx.us) or (512) 707-6078.