Regional Updates

RHP 10 Learning Collaborative
June 30th, 2016

Shelly Corporon, Director 1115 Waiver Administration

Heather Beal, RHP 10 Program Manager

Regional Updates

- Congratulations to RHP 10, we only had 1 NMI as a Region!

- 179 metrics were approved by HHSC

- RHP 10 Providers achieved $72,064,453 in metrics during April DY 5 reporting.

- Responses to NMIs are due by 11:59 p.m. on Wednesday, July 6, 2016.

April DY 5 Regional Reporting

IGT Updates

- July 1, 2016 – IGT settlement date for April reporting DSRIP payments.
- July 15, 2016 – April reporting DY5 DSRIP payments processed for transferring hospitals and top 14 IGT Entities.
- July 29, 2016 - April reporting DY4 DSRIP payments processed for all providers and DY5 DSRIP payments processed for remaining providers that were not paid on July 15, 2016.

DY 6 Anchor Requirements

- Develop and submit a 5 year Learning Collaborative Plan at the beginning of DY6

- Update Community Needs Assessment

- Update Region 10's RHP Plan (AKA 2400 page document)

- Work with HHSC on proposals & protocols for continuing and replacing projects
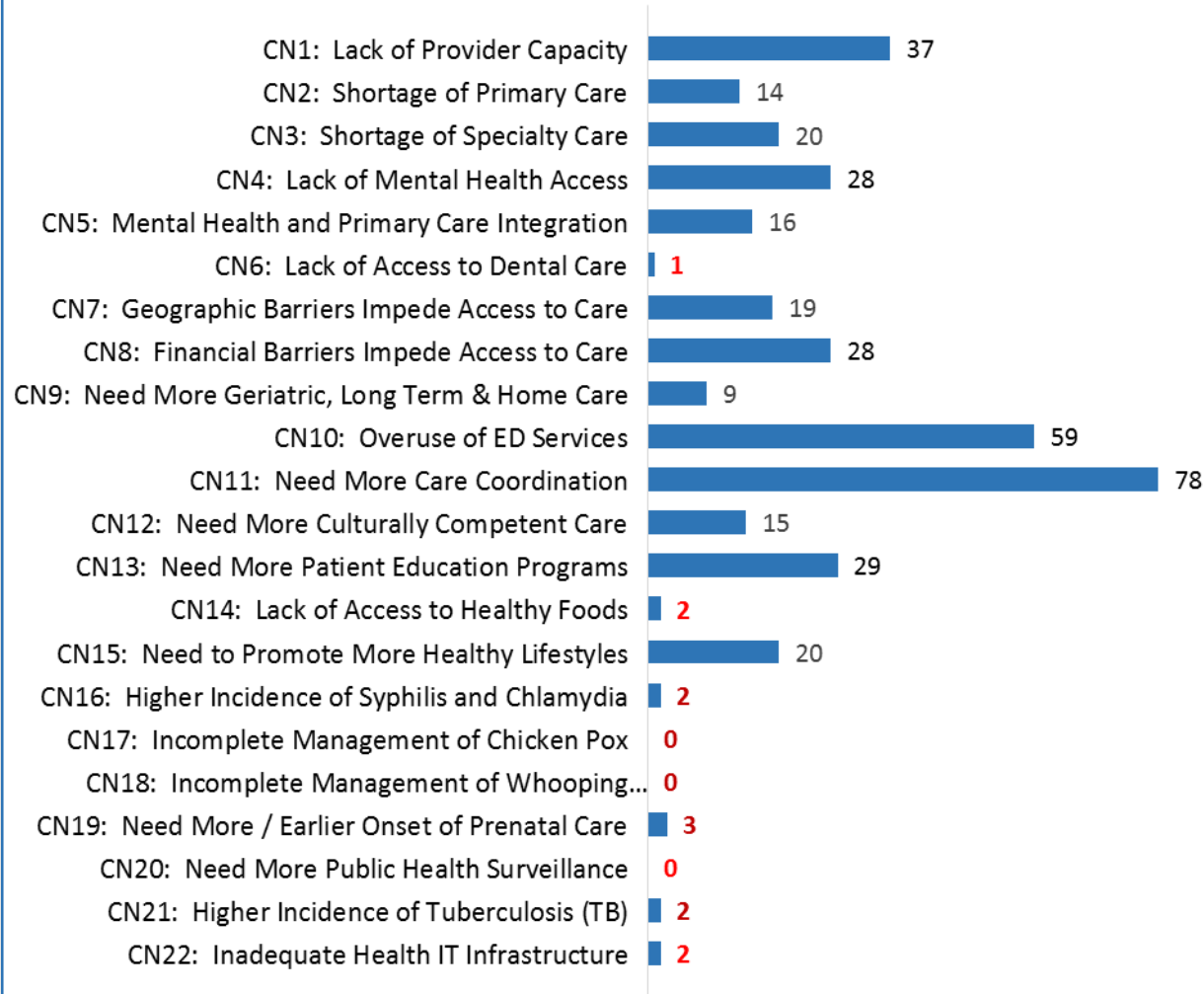
We value your input!

Save the Date! August 1, 2016

» Location TBD

» Region 10 to meet to begin planning LC for DY 6

» Retire Behavioral Health & Care Transition Tracks

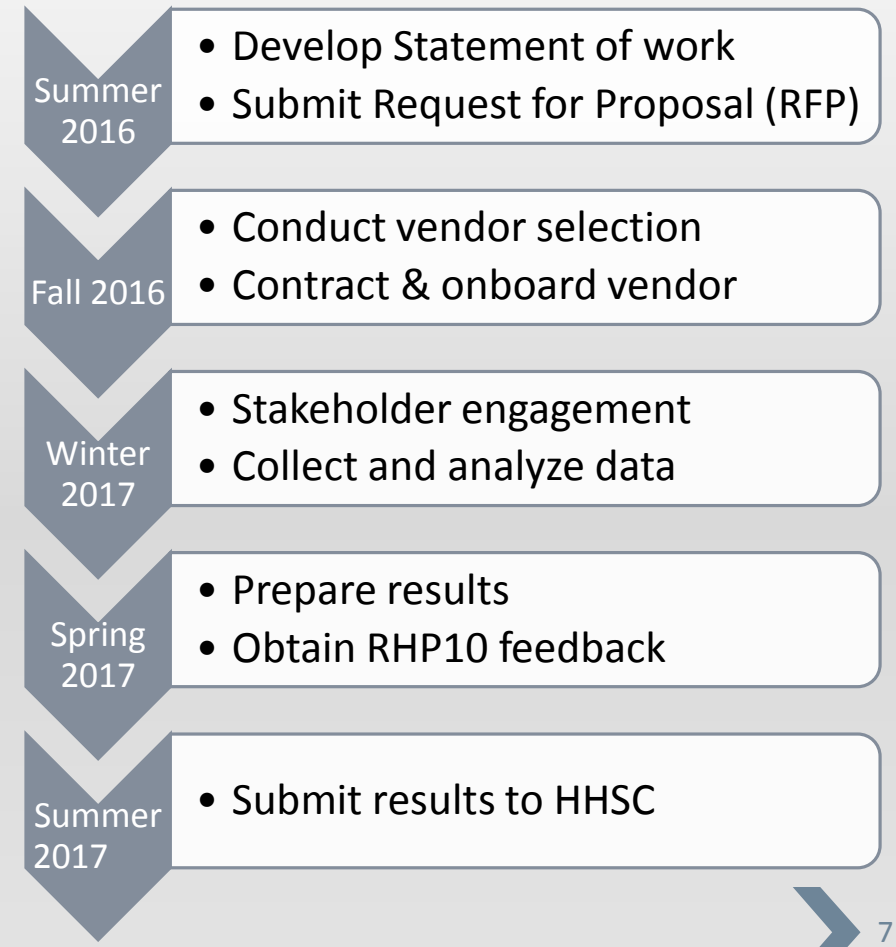» New Focus: MCO Alignment, Sustainability, and Continuous Quality Improvements (CQI)

Planning DY 6 Learning Collaborative ›

» RHP10 Community Needs Assessment

of RHP 10 Projects Addressing Each Community Need
Less than 5 RHP 10 Projects may indicate a Gap in Community Needs

Community Need	# of Projects
CN1: Lack of Provider Capacity	37
CN2: Shortage of Primary Care	14
CN3: Shortage of Specialty Care	20
CN4: Lack of Mental Health Access	28
CN5: Mental Health and Primary Care Integration	16
CN6: Lack of Access to Dental Care	1
CN7: Geographic Barriers Impede Access to Care	19
CN8: Financial Barriers Impede Access to Care	28
CN9: Need More Geriatric, Long Term & Home Care	9
CN10: Overuse of ED Services	59
CN11: Need More Care Coordination	78
CN12: Need More Culturally Competent Care	15
CN13: Need More Patient Education Programs	29
CN14: Lack of Access to Healthy Foods	2
CN15: Need to Promote More Healthy Lifestyles	20
CN16: Higher Incidence of Syphilis and Chlamydia	2
CN17: Incomplete Management of Chicken Pox	0
CN18: Incomplete Management of Whooping...	0
CN19: Need More / Earlier Onset of Prenatal Care	3
CN20: Need More Public Health Surveillance	0
CN21: Higher Incidence of Tuberculosis (TB)	2
CN22: Inadequate Health IT Infrastructure	2

Timeline to Update RHP10 CNA

Summer 2016
- Develop Statement of work
- Submit Request for Proposal (RFP)

Fall 2016
- Conduct vendor selection
- Contract & onboard vendor

Winter 2017
- Stakeholder engagement
- Collect and analyze data

Spring 2017
- Prepare results
- Obtain RHP10 feedback

**Summer 2017**
- Submit results to HHSC

Preparing for the DY 6 Transition Year

- On June 23, 2016, CMS sent to HHSC a letter approving the proposed DY6 PFM protocol language.

- The only substantive change that HHSC made to the version of the DY6 PFM protocol language that HHSC sent to anchors for feedback on June 8, 2016, is related to Category 3. For Category 3 outcomes designated as P4R with an associated stretch activity in DY5, HHSC revised the language to give providers a second option.

  - Maintain the Category 3 outcome designated as P4R from DY5 and select a new stretch activity.

  - Select a population focused priority measure (PFPM) that is P4P.

Standard DY 6 Project Structure
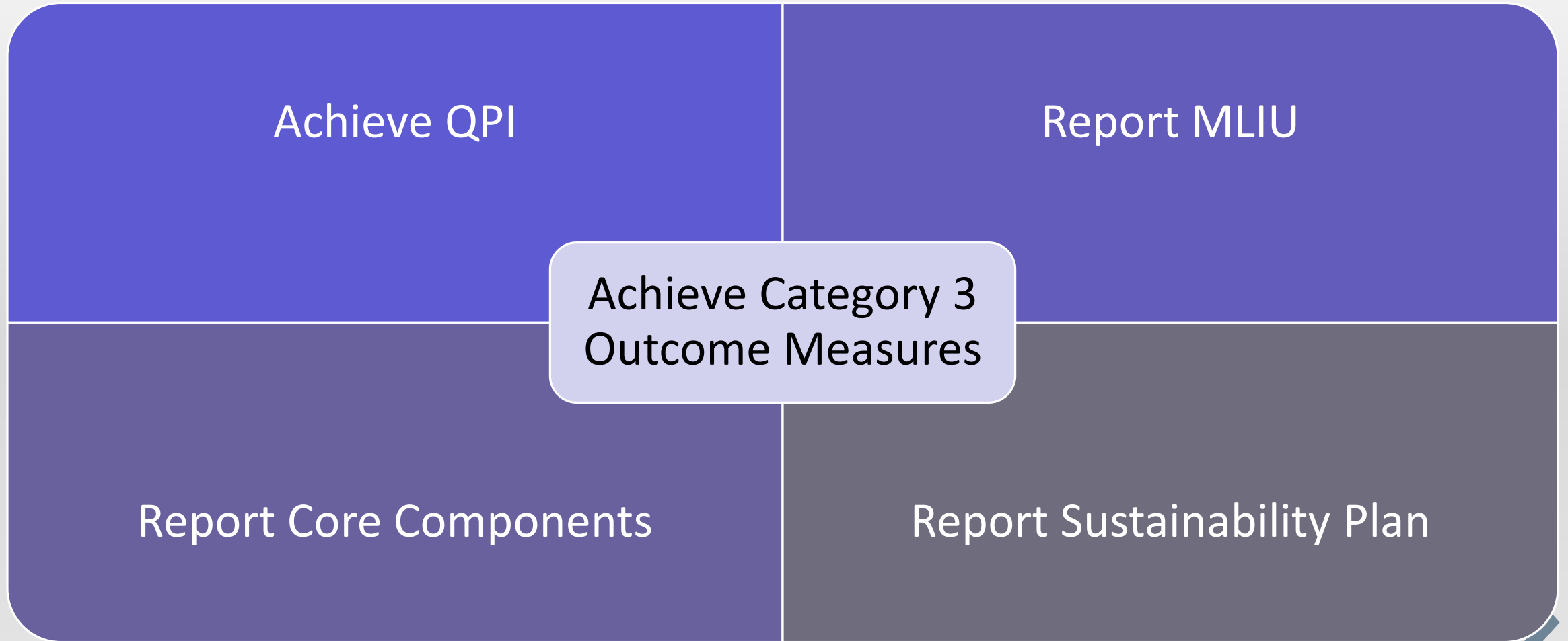
Preparing for the DY 6 Transition Year

- HHSC will be updating the RHP Planning Protocol for DY6 to make sure it is consistent with requirements in the DY6 PFM and rules.

- HHSC will begin negotiations with CMS regarding DY6B and beyond shortly.

- HHSC posted the DY6 DSRIP Participation Template (Summer 2016 Form) along with the Companion Document and hosted a webinar on Wednesday, June 29, 2016.

DY 6 DSRIP Participation Template Timeline

The Companion Document will include additional details.

- **July 22, 2016 5:00pm** - Anchors submit the completed DY6 DSRIP Participation Templates to HHSC.

- **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.

- **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.

04 September 2013

Heather Beal, RHP 10 Program Manager

Waiver Renewal Planning & DY 6 PFM Updates

Waiver Renewal Planning

- The UC Study is underway with contractors with a planned completion date of August 2016.

- CMS has requested an initial high-level work plan for integration into managed care, which HHSC is developing and will share with stakeholders before formal submission to CMS. The work plan will specify that a subset of projects will be identified for integration into managed care that could be either continuing or replacement projects.

Waiver Renewal Planning

Project Withdrawal updates:

- If a DSRIP project is withdrawn prior to the second payment period for DY7, HHSC will recoup all prior extension period DSRIP payments associated with the DSRIP project.

- If a DSRIP project is withdrawn after the second payment period for DY7, but before the first reporting period for DY8, no prior extension period DSRIP payments associated with the DSRIP project will be recouped due to withdrawal.

- If a DSRIP project is withdrawn after the first reporting period for DY8, any DSRIP payments made after that period will be recouped.

DY 6 Transition Year PFM Updates

Category 4 Updates:

- The provider's Category 4 value for DY6 will be equal to the provider's Category 4 value for DY5, unless the provider's DY5 Category 4 value is greater than 10 percent of the provider's total DY5 value.

- In this case, the provider's DY6 Category 4 value will be reduced to 10 percent of the provider's total DY5 value, and the funds above the 10 percent of the provider's total DY5 value will be allocated to Category 3 in DY6.

- Requirements for Category 4 in DY6 are the same as the requirements for Category 4 Reporting Domains (RDs) 1 - 5 in DY5.

- The optional RD6 will be removed in DY6 as it was required to value Category 4 at the 15 percent maximum in DYs 3-5.

DY 6 Transition Year PFM Updates

Category 3 Updates:

- The Category 3 outcome values for DY6A are the same as the Category 3 outcome values for DY5 unless the Performing Provider's Category 4 value is greater than 10 percent of their total value, the additional funds will be proportionately redistributed to Category 3.

- If a Category 3 outcome is designated as Pay for Performance (P4P) in DY5, 100 percent of the value in DY6 is P4P.

- If a Category 3 outcome is designated as Pay for Reporting (P4R) or Maintenance in DY5 and has a Population Focused Priority Measure, 100 percent of the value in DY6 is P4P of the Population Focused Priority Measure.

DY 6 Transition Year PFM Updates

Category 3 Updates Continued:

If a Category 3 outcome is designated as P4R in DY5 with an associated Stretch Activity, 50 percent of the Category 3 outcome's value is P4R of the Category 3 outcome and 50 percent is for completion of a stretch activity in DY6. A. A stretch activity may be selected from the following if it was not selected in DY5

1. Program evaluation (Alternate approaches to program and outcome linkages).

2. New participation in Health Information Exchange (HIE), or improvement of existing HIE structure.

3. Cost analysis and value-based purchasing planning.

DY 6 Transition Year PFM Updates

Category 3 Updates Continued:

- If a Category 3 outcome is designated as Maintenance in DY5 with an associated Stretch Activity, 100 percent of the value in DY6 is for statistically significant maintenance of the approved baseline rate.

- For most Category 3 outcomes, DY6 goals will be set as an improvement over the baseline approved in DYs 3-5 to be achieved in the Performing Provider's third 12-month performance year (PY) following baseline.

- For outcomes designated as QISMC with a baseline between the HPL and the MPL, PY3 goals will be set as a 25 percent gap closure towards the HPL used for goal setting in DYs 3-5, or with a minimum improvement floor for outcomes with a baseline close to the HPL. For outcomes with a baseline below the MPL, PY3 goals will be a 15% gap closure between the MPL and the HPL.

DY 6 Transition Year PFM Updates

Category 3 Updates Continued:

- For outcomes designated as IOS, DY6 goals will be set as a 12.5 percent gap closure towards perfect over baseline.

- HHSC will develop an alternate DY6 goal-setting methodology for outcomes designated as IOS - Survey.

- Partial payment for DY6 will be measured over the PY1 goal.

DY 6 Transition Year PFM Updates

MLIU QPI Exceptions:

A DSRIP project for which the Performing Provider did not assess the DSRIP project participants' health insurance coverage or financial status prior to September 30, 2015, and instead used a proxy to estimate the MLIU population served in their October DY4 QPI Reporting Template, and:

- 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; or

- The Performing Provider is a Local Health Department that does not bill Medicaid for the types of services provided through the DSRIP project.

Any other DSRIP project that HHSC determines has a strong justification for an exception.

DY 6 Transition Year PFM Updates

Planned next steps proposal to CMS for projects in DY6:

- Providers will report on a MLIU QPI metric for all projects in DY6.

- Providers will report on their sustainability plans in DY6 using an HHSC-developed template.

- Additional next steps would be planned to begin in DY7 that are under development. Additional next steps in DY6 will be required for a few projects previously notified by HHSC.

DY 6 Transition Year PFM Updates

- All previous Rule Packets are likely to change due to these updates from CMS.

- The next information that will be requested of providers for the waiver extension will be Summer 2016 (possibly July), when providers will be asked whether they plan to continue existing projects or propose replacement projects

Heather Beal, RHP 10 Program Manager

Technical Updates

Compliance Monitoring

- Work for Category 1 and 2 - Round 1 for projects where additional work was requested by HHSC is still underway. HHSC anticipates that the work will be done by the end of the month and HHSC will communicate to providers and anchors about potential recoupments. Providers will have an opportunity to respond prior to the initiation of a recoupment.

- Category 1 and 2 Round 2 review is underway and all providers were notified about which metrics were selected for the review and the deadlines for submitting the information to MSLC.

- Category 3 Performance review is also underway and all of the providers should have received notifications from MSLC.

- Timelines for Category 1 and 2 and Category 3 review are built in a way that would allow MSLC to complete these rounds of review by October. Short term extensions can be requested if providers cannot complete collection of the requested information in time. However, if providers request multiple extensions for the same metric or outcome, this can push the timelines and metrics/measures will either be not validated or providers will need to provide required information by or at the beginning of the reporting period.

Compliance Monitoring Summary

- As a Region we have 34 Category 1 or 2 metrics under review

- We have 22 Category 3 milestones under review with 31 data requests.

- Overall we have 65 data request from MSLC as a Region.

Category 1 & 2 Milestones Under Review

RHP	Project ID	Provider Name	Project Option	Milestone	Metric	DY
10	021184901.1.1	Cook-Fort Worth Children's Medical Center	1.1.1	I-12	I-12.1	3
10	021184901.1.2	Cook-Fort Worth Children's Medical Center	1.1.1	I-12	I-12.1	4
10	021184901.1.3	Cook-Fort Worth Children's Medical Center	1.8.6	I-101	I-101.1	4
10	022817305.2.8	Tarrant County	2.7.2	I-5	I-5.1	3
10	081599501.1.2	MHMR of Tarrant County	1.13.1	I-101	I-101.1	4
10	081599501.2.1	MHMR of Tarrant County	2.13.1	I-101	I-101.1	4
10	081599501.2.100	MHMR of Tarrant County	2.13.1	I-6	I-6.1	4
10	081599501.2.2	MHMR of Tarrant County	2.15.1	I-8	I-8.1	4
10	081599501.2.3	MHMR of Tarrant County	2.19.1	I-25	I-25.1	4
10	112677302.2.4	Harris Methodist Fort Worth Hospital	2.8.11	I-101	I-101.1	4
10	121988304.1.1	Lakes Regional MHMR Center	1.13.1	I-12	I-12.1	4
10	126675104.1.2	Tarrant County Hospital District dba JPS Health Ne	1.6.2	I-13	I-13.1	3
10	126675104.1.2	Tarrant County Hospital District dba JPS Health Ne	1.6.2	I-13	I-13.1	4
10	126675104.1.3	Tarrant County Hospital District dba JPS Health Ne	1.9.2	I-23	I-23.1	3
10	126675104.1.4	Tarrant County Hospital District dba JPS Health Ne	1.12.2	I-11	I-11.1	3
10	126675104.1.4	Tarrant County Hospital District dba JPS Health Ne	1.12.2	I-11	I-11.1	4
10	126675104.1.5	Tarrant County Hospital District dba JPS Health Ne	1.10.2	P-101	P-101.1	3
10	126675104.1.5	Tarrant County Hospital District dba JPS Health Ne	1.10.2	P-101	P-101.1	4
10	126675104.2.100	Tarrant County Hospital District dba JPS Health Ne	2.6.1	I-6	I-6.2	4
10	126675104.2.101	Tarrant County Hospital District dba JPS Health Ne	2.6.1	I-6	I-6.2	3
10	126675104.2.101	Tarrant County Hospital District dba JPS Health Ne	2.6.1	I-6	I-6.2	4
10	126675104.2.102	Tarrant County Hospital District dba JPS Health Ne	2.12.1	I-11	I-11.2	4
10	126675104.2.104	Tarrant County Hospital District dba JPS Health Ne	2.13.1	I-6	I-6.1	4
10	126675104.2.7	Tarrant County Hospital District dba JPS Health Ne	2.17.1	I-40	I-40.1	3
10	126675104.2.7	Tarrant County Hospital District dba JPS Health Ne	2.17.1	I-44	I-44.1	4
10	130724106.1.1	Pecan Valley MHMR Region dba Pecan Valley Centers	1.9.2	I-23	I-23.1	3
10	135036506.1.1	Baylor All Saints Medical Center	1.1.2	I-12	I-12.1	4
10	138980111.1.2	UNTHSC at Fort Worth	1.1.3	I-12	I-12.1	4
10	138980111.1.4	UNTHSC at Fort Worth	1.2.1	I-101	I-101.1	4
10	138980111.1.7	UNTHSC at Fort Worth	1.2.2	I-101	I-101.1	4
10	138980111.2.100	UNTHSC at Fort Worth	2.11.2	I-9	I-9.1	3
10	138980111.2.100	UNTHSC at Fort Worth	2.11.2	I-9	I-9.1	4
10	138980111.2.6	UNTHSC at Fort Worth	2.13.1	I-101	I-101.1	4
10	112677302.2.3	Harris Methodist Fort Worth Hospital	9.1	I-6	I-6.2	4

Category 3 Milestones Under Review

RHP	Category 3 ID	Provider Name	IT Selection	Category 3 Review Phase
10	109574702.3.100	Texas Health Huguley dba Huguley Memorial	IT-1.18	DY4 Performance
10	109574702.3.103	Texas Health Huguley dba Huguley Memorial	IT-12.6	DY4 Performance
10	109574702.3.104	Texas Health Huguley dba Huguley Memorial	IT-12.2	Baseline and DY4 Performance
10	109574702.3.105	Texas Health Huguley dba Huguley Memorial	IT-12.3	Baseline and DY4 Performance
10	112677302.3.100	Texas Health Harris Methodist Hospital Ft Worth	IT-13.5	Baseline and DY4 Performance
10	112677302.3.104	Texas Health Harris Methodist Hospital Ft Worth	IT-2.21	DY4 Performance
10	120726804.3.1	Texas Health Harris Methodist Hospital SW Ft Worth	IT-1.10	DY4 Performance
10	120726804.3.101	Texas Health Harris Methodist Hospital SW Ft Worth	IT-13.6	Baseline and DY4 Performance
10	121988304.3.3	Lakes Regional MHMR Center	IT-10.1.b.iii	Baseline and DY4 Performance
10	126675104.3.109	John Peter Smith Hospital	IT-3.22	DY4 Performance
10	126675104.3.11	John Peter Smith Hospital	IT-1.11	Baseline and DY4 Performance
10	126675104.3.14	John Peter Smith Hospital	IT-12.3	DY4 Performance
10	126675104.3.18	John Peter Smith Hospital	IT-9.2	DY4 Performance
10	126675104.3.19	John Peter Smith Hospital	IT-3.3	DY4 Performance
10	126675104.3.201	John Peter Smith Hospital	IT-6.1.d.iv	DY4 Performance
10	126675104.3.22	John Peter Smith Hospital	IT-2.21	Baseline and DY4 Performance
10	126675104.3.51	John Peter Smith Hospital	IT-6.2.b	Baseline and DY4 Performance
10	126675104.3.52	John Peter Smith Hospital	IT-2.21	Baseline and DY4 Performance
10	135036506.3.200	Baylor All Saints Medical Center Ft Worth	IT-12.3	DY4 Performance
10	136326908.3.1	Texas Health Harris Methodist Hospital HEB	IT-1.10	DY4 Performance
10	138980111.3.208	UNT Health Science Center	IT-1.21	DY4 Performance
10	162334001.3.2	JPS Physician Group	IT-6.2.b	DY4 Performance

Category 3

- HHSC is reviewing baselines that were submitted or corrected during the April DY5 reporting period, and will notify providers of any TA needed by the end of the month.

- The Category 3 interim correction form will be available by July 7th, and will be due back to HHSC July 29th.

- As a reminder the interim correction period is intended for making corrections to:
  - P4P outcomes that have previously reported performance
  - Outcomes that have a custom goal
  - P4P outcomes that have not been reviewed by MSLC

- The DY5 R2 interim correction period will allow corrections to previously reported and approved baseline, PY1, PY2, and PY3 due to errors in measure interpretation or data collection.

Category 3

- HHSC will be releasing an updated Category 3 Summary Workbook & Goal Calculator prior to the interim correction period. This update will include DY5 R1 reporting.
- HHSC will be reviewing baselines newly reported or corrected through the April DY5 reporting template in June and contacting providers individually if any follow up TA is needed. HHSC hopes to have this review complete by mid-July.
- HHSC has identified that the Minimum Performance Level for IT-12.2 Cervical Cancer Screening was incorrectly seeded into the Category 3 reporting companion. The MPL has been changed from .6837 to .6137. For most providers, this results in lowered goals in DY4 and DY5. HHSC has updated their internal database with the corrected MPL and adjusted DY4 and DY5 goals for impacted providers.

Shelly Corporon, Director 1115 Waiver Administration

Heather Beal, RHP 10 Program Manager

Upcoming Events

NAMI Walk

- When: Saturday, October 1st
- Where: Trinity Park, Fort Worth
- Start Time: 9 AM
- Register at the NAMI Walk website
- Our team name is RHP 10 Providers
- We will be providing t-shirts for those who register by September 1st.

HHSC Statewide Learning Collaborative

- The primary goal of the Summit for 2016 is to share outcome data and best practices from projects, highlight effective systems of care and discuss next steps as we look to the future of the 1115 Healthcare Transformation Waiver.

- HHSC will broadcast the conference online so that individuals not able to attend in-person can watch presentations and hear discussions.

- Every DSRIP performing provider will have an opportunity for at least one representative to attend in person. Performing providers with 10 - 19 active projects may send two representatives, and those with 20 or more projects are invited to send three.

- The deadline to register is **Monday, August 8th**.

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HHSC Statewide Learning Collaborative

Video and PowerPoint Submissions:

HHSC would particularly like to highlight the specific impact on the uninsured population and those in the Medicaid program

- These video stories should be no more than 2 minutes. HHSC prefers not to have patient narrative stories. Videos should discuss a particular DSRIP project and its impact on the uninsured and/or Medicaid enrollees.
- For hospitals and other providers that do not have the capability of submitting a video, the other option is to submit two PowerPoint slides. The first slide should give a brief project description and the second slide should detail outcomes for the uninsured and/or those in the Medicaid program.

PowerPoint slides and videos should be submitted to Stephanie Limb at the Texas Hospital Association at slimb@tha.org no later than **July 31**.

Videos should be uploaded to **https://www.dropbox.com/request/wzumAfiA9jh2HZHeZwLu**

Heather Beal, RHP 10 Program Manager

Calendar Overview

Date	Item
June 8th, 2016	HHSC and CMS will complete their review and approval of April reports or request additional information
June 30th, 2016	RHP 10 Learning Collaborative at the Riley Center
July 1st, 2016	IGT settlement date for April reporting DSRIP payments
July 6th, 2016	Due date for providers to submit responses to HHSC requests for additional information
July 15th, 2016	April reporting DY5 DSRIP payments processed for transferring hospitals and top 14 IGT Entities
July 20th, 2016	Tentative due date for Category 3 Interim Correction template
July 29th, 2016	April reporting DY4 DSRIP payments processed for all providers and DY5 DSRIP payments processed for remaining providers that were not paid on July 15
August 5th, 2016	HHSC and CMS will approve or deny the additional information submitted in response to HHSC comments on April reported milestone/metric achievement
August 30th and 31st, 2016	Date for the Statewide Learning Collaborative in Austin