

# REGION 10

## STAKEHOLDER ENGAGEMENT

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February 4, 2014



# Today's Agenda

- Welcome/Roll Call
- Learning Collaborative Participation
- Overview of DY2 Reporting Statewide
- Region 10 website updates
- Evolving Region 10 Provider Engagement
- Review important information from HHSC & upcoming dates/ deadlines
- Questions

WELCOME/ ROLL CALL

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# LEARNING COLLABORATIVE PARTICIPATION

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# Learning Collaborative Participation

- Thank you to the providers who joined for the first Learning Sessions of DY3
- Presentations are available online
- Full packets to keep on file for reporting purposes will be distributed soon
- Look for communication for next steps from the Learning Collaborative Team soon



# OVERVIEW OF DY2 REPORTING STATEWIDE

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# Statewide DY2 Reporting Achievement

- HHSC received
  - 1,250 Category 1 or 2 projects for 320 providers
  - 1,800 Category 3 outcomes
  - Over 150 Category 4 hospital reports
- About 93% of metrics were approved for October Reporting
- Over \$1.688 billion statewide could have been reported
  - Over \$1.165 was reported as achieved (~69%)
- An estimated \$1.088 billion in DSRIP payments were approved
  - Of the \$1.165 billion reported achieved (~93%)

# Statewide DY2 Reporting Achievement

Region	Tier	DSRIP Allocation	August Reporting Paid DSRIP	August Reporting DSRIP Payment with October (Unpaid from August)	October Reporting DSRIP Payment	Total Payments	Remaining	Percent Achieved
1	3	\$ 86,812,177	\$ 10,002,157	\$ 400,070	\$ 58,436,175	\$ 68,838,402	\$ 17,973,775	79%
2	3	\$ 74,447,286	\$ 5,339,100	\$ (0)	\$ 29,156,055	\$ 34,495,156	\$ 39,952,130	46%
3	1	\$ 451,049,799	\$ 100,973,051	\$ 1,019,904	\$ 265,091,669	\$ 367,084,625	\$ 83,965,175	81%
4	3	\$ 88,703,988	\$ 21,504,663	\$ 3,888,021	\$ 37,852,040	\$ 63,244,724	\$ 25,459,264	71%
5	4	\$ 57,704,510	\$ 2,013,000	\$ -	\$ 34,156,214	\$ 36,169,214	\$ 21,535,296	63%
6	2	\$ 224,193,494	\$ 95,086,198	\$ 0	\$ 104,635,627	\$ 199,721,825	\$ 24,471,669	89%
7	3	\$ 129,210,290	\$ 8,702,818	\$ (0)	\$ 104,052,206	\$ 112,755,024	\$ 16,455,266	87%
8	4	\$ 22,032,548	\$ 5,372,698	\$ (0)	\$ 11,306,810	\$ 16,679,508	\$ 5,353,039	76%
9	2	\$ 261,558,536	\$ 59,282,982	\$ 0	\$ 163,563,963	\$ 222,846,946	\$ 38,711,590	85%
10	2	\$ 191,001,043	\$ 62,874,197	\$ (0)	\$ 103,513,856	\$ 166,388,053	\$ 24,612,990	87%
11	4	\$ 24,555,271	\$ 13,948,728	\$ 847,377	\$ 8,289,714	\$ 23,085,819	\$ 1,469,451	94%
12	3	\$ 75,795,601	\$ 24,366,766	\$ 0	\$ 43,643,032	\$ 68,009,798	\$ 7,785,803	90%
13	4	\$ 14,202,518	\$ 6,302,357	\$ 1	\$ 6,221,122	\$ 12,523,481	\$ 1,679,037	88%
14	4	\$ 49,327,527	\$ 28,408,928	\$ (0)	\$ 17,289,767	\$ 45,698,695	\$ 3,628,833	93%
15	3	\$ 99,158,712	\$ 35,137,816	\$ 0	\$ 50,593,409	\$ 85,731,225	\$ 13,427,487	86%
16	4	\$ 28,888,391	\$ 6,069,144	\$ 0	\$ 14,515,240	\$ 20,584,384	\$ 8,304,007	71%
17	4	\$ 12,944,697	\$ 3,938,432	\$ (0)	\$ 5,581,410	\$ 9,519,842	\$ 3,424,855	74%
18	4	\$ 20,663,185	\$ 2,774,516	\$ (0)	\$ 15,354,359	\$ 18,128,875	\$ 2,534,310	88%
19	4	\$ 20,914,610	\$ 6,196,154	\$ 0	\$ 9,740,725	\$ 15,936,878	\$ 4,977,732	76%
20	4	\$ 10,160,489	\$ 189,894	\$ 0	\$ 3,352,148	\$ 3,542,042	\$ 6,618,447	35%
Statewide		\$ 1,943,324,672	\$ 498,483,600	\$ 6,155,373	\$ 1,086,345,543	\$ 1,590,984,516	\$ 352,340,156	82%



# Region 10 DY2 Achievement

## DSRIP DY2 (9/30/13) Reporting Summary - Region 10 (After HHSC Approval 12/20/13)

As of December 20, 2013

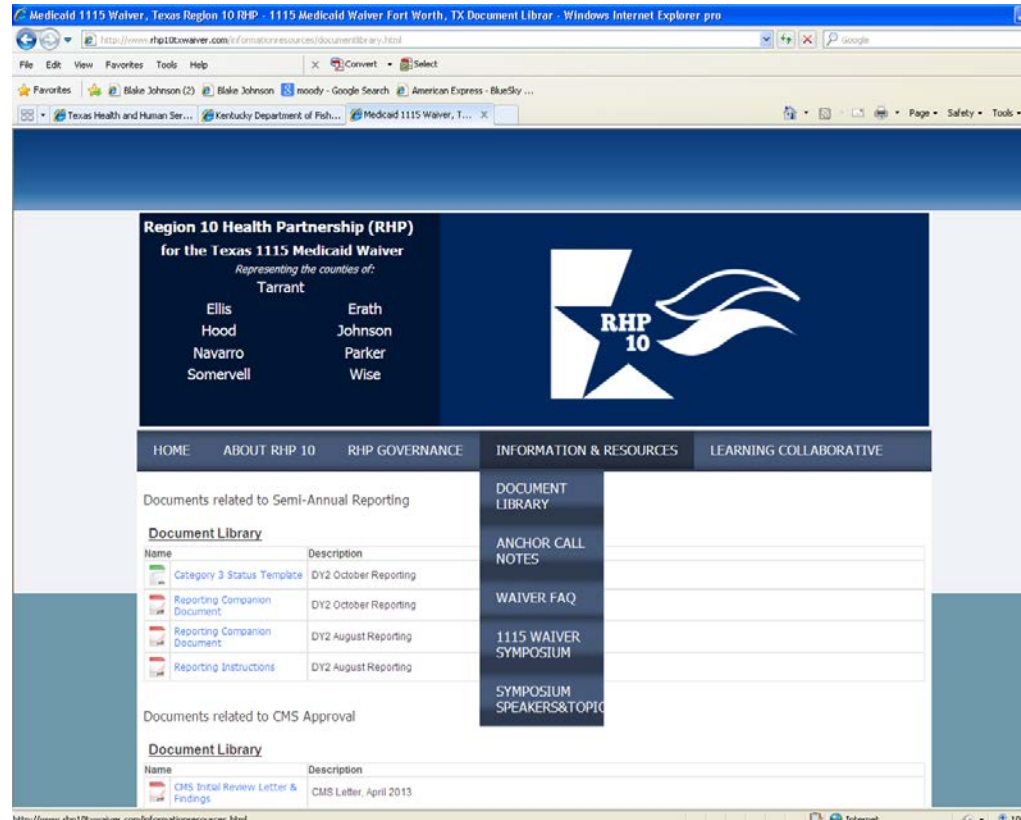
	DY2 Total Submitted In RHP plan	DY2 Total Revised In RHP Plan After Phase 1 Approval Letter 9-9-13	Total DY2 Achleved & HHSC Approved	Total DY2 Achievement %	Estimated IGT (@ .4131)	Net DY 2 DSRIP to Region 10 Providers
<b>Stand Alone IGT/Performing Providers</b>						
TARRANT COUNTY PUBLIC HEALTH	\$ 13,469,626	\$ 10,529,837	\$ 3,691,045	35%	\$ (1,524,771)	\$ 2,166,274
MHMR TARRANT COUNTY	\$ 24,126,794	\$ 23,254,453	\$ 23,254,453	100%	\$ (9,606,415)	\$ 13,648,039
LAKES REGIONAL	\$ 2,601,467	\$ 2,601,467	\$ 2,601,467	100%	\$ (1,074,666)	\$ 1,526,801
HELEN FARABEE	\$ 717,055	\$ 537,143	\$ 309,971	58%	\$ (128,049)	\$ 181,922
PECAN VALLEY	\$ 4,571,127	\$ 4,571,127	\$ 1,463,400	32%	\$ (604,531)	\$ 858,869
UNT HEALTH SCIENCE CENTER	\$ 34,625,164	\$ 16,389,565	\$ 16,389,562	100%	\$ (6,770,528)	\$ 9,619,034
GLEN ROSE MEDICAL CENTER	\$ 139,752	\$ 139,752	\$ -	0%	\$ -	\$ -
<b>Subtotal - Stand Alone IGT/Performing Providers</b>	<b>\$ 80,250,985</b>	<b>\$ 58,023,345</b>	<b>\$ 47,709,898</b>	<b>82%</b>	<b>\$ (19,708,959)</b>	<b>\$ 28,000,939</b>
<b>Performing Providers Supported by Wise Regional IGT Commitments</b>						
WISE CLINICAL CARE ASSOCIATES	\$ 4,277,572	\$ 4,277,572	\$ 2,851,715	67%	\$ -	\$ 2,851,715
DALLAS CHILDRENS	\$ 1,875,000	\$ 1,875,000	\$ 1,875,000	100%	\$ -	\$ 1,875,000
WISE REGIONAL	\$ 6,885,305	\$ 6,854,431	\$ 6,854,431	100%	\$ (4,784,171)	\$ 2,070,260
<b>Subtotal - Wise and Committed Performing Providers</b>	<b>\$ 13,037,877</b>	<b>\$ 13,007,003</b>	<b>\$ 11,581,145</b>	<b>89%</b>	<b>\$ (4,784,171)</b>	<b>\$ 6,796,974</b>
<b>Performing Providers Supported by JPS IGT Commitments</b>						
BAYLOR MEDICAL CENTER AT SOUTHWEST FORT WORTH	\$ 3,552,121	\$ 3,552,122	\$ 2,979,013	84%	\$ -	\$ 2,979,013
COOK CHILDRENS MEDICAL CENTER	\$ 7,177,016	\$ 7,177,016	\$ 2,636,362	37%	\$ -	\$ 2,636,362
MEDICAL CENTER OF ARLINGTON	\$ 1,854,466	\$ 1,854,466	\$ 1,330,861	72%	\$ -	\$ 1,330,861
COLUMBIA HCA NORTH HILLS HOSPITAL	\$ 426,655	\$ 426,655	\$ 426,655	100%	\$ -	\$ 426,655
PLAZA MEDICAL CENTER OF FORT WORTH	\$ 1,572,270	\$ 1,572,270	\$ 1,064,769	68%	\$ -	\$ 1,064,769
METHODIST MANSFIELD MEDICAL CENTER	\$ 738,455	\$ 738,455	\$ 738,455	100%	\$ -	\$ 738,455
TEXAS HEALTH ARLINGTON MEMORIAL HOSPITAL	\$ 2,828,704	\$ 2,828,704	\$ 2,171,698	77%	\$ -	\$ 2,171,698
TEXAS HEALTH HARRIS METHODIST HOSPITAL AZLE	\$ 445,651	\$ 445,651	\$ 348,282	78%	\$ -	\$ 348,282
TEXAS HEALTH HARRIS METHODIST HOSPITAL FORT WORTH	\$ 6,438,610	\$ 6,438,610	\$ 5,711,196	89%	\$ -	\$ 5,711,196
TEXAS HEALTH HARRIS METHODSIT HOSPITAL HURST-EULESS-	\$ 1,347,485	\$ 1,347,485	\$ 1,335,334	99%	\$ -	\$ 1,335,334
TEXAS HEALTH HARRIS METHODIST HOSPITAL SOUTHWEST FORT WORTH	\$ 1,742,674	\$ 1,742,674	\$ 1,525,168	88%	\$ -	\$ 1,525,168
TEXAS HEALTH HARRIS METHODIST HOSPITAL CLEBURNE	\$ 272,096	\$ 272,096	\$ 42,924	16%	\$ -	\$ 42,924
TEXAS HEALTH HARRIS METHODIST HOSPITAL STEPHENVILLE	\$ 25,957	\$ 25,957	\$ 20,491	79%	\$ -	\$ 20,491
HUGULEY MEMORIAL MEDICAL CENTER	\$ 297,950	\$ 297,950	\$ 297,950	100%	\$ -	\$ 297,950
JPS PG	\$ 3,457,419	\$ 3,457,419	\$ 3,457,419	100%	\$ (1,428,260)	\$ 2,029,159
ENNIS REGIONAL MEDICAL CENTER	\$ 260,112	\$ 260,112	\$ 242,771	93%	\$ -	\$ 242,771
JPS Health Network	\$ 92,590,193	\$ 85,248,549	\$ 82,767,659	97%	\$ (42,813,513)	\$ 39,954,145
<b>Subtotal - JPS and Committed Providers Combined</b>	<b>\$ 125,027,834</b>	<b>\$ 117,686,191</b>	<b>\$ 107,097,006</b>	<b>91%</b>	<b>\$ (44,241,773)</b>	<b>\$ 62,855,233</b>
<b>Total Region 10</b>	<b>\$ 218,316,696</b>	<b>\$ 188,716,539</b>	<b>\$166,388,050</b>	<b>88%</b>	<b>\$ (68,734,903)</b>	<b>\$ 97,653,146</b>
<b>Net Payments</b>						<b>\$ 97,653,146</b>

# REGION 10 WEBSITE UPDATES

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# New website pages

- Anchor Report
- Document Library
- Anchor Call Notes
- Information & Resources
  - If text does not wrap around – switch to compatibility mode in web-browser and page will adjust itself
- Feedback
  - Changes you'd like to see
  - Information you're not getting
  - Let us know!



# EVOLVING REGION 10 PROVIDER ENGAGEMENT

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# Stakeholder Engagement

....I want to talk with you more than about deadlines 😊

- Region 10 goals...

- Come and see your projects in action!
- Meet your project teams!
- Start to highlight project team success online & in possible newsletters
- Begin to showcase patient impact stories from DSRIP projects

If you have stories or teams to highlight now please let our office know!

Also -- HHSC frequently gets asked by the media and other entities for examples of waiver projects that are doing well or that could be highlighted - HHSC wants each Anchor would send us an updated list of up to 10% of the projects in their RHP (These would be projects that are well underway, are serving the target waiver population (Medicaid and/or low-income uninsured) and provide good examples of how healthcare is being transformed locally under the waiver. Please send your lists to the RHP mailbox by February 7th.

REVIEW IMPORTANT  
INFORMATION FROM HHSC  
& UPCOMING DATES/  
DEADLINES

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# General Updates

- Anchor notes available on our website; calls from January 10 & 27 contain lots of great information!
- DY2 October Reporting review – Needs more info
  - Under review, to be completed 2/7/14
  - NMI metrics approved will be paid in July 2014
- An update to the Master project summary list has been completed and will be posted on the HHSC waiver website this week.
- CMS has confirmed that carry-forward of achievement can occur for DY 5 metrics for Category 1 and 2 projects, and for Category 3 outcome measures. Providers will have two opportunities to report for late achievement that occurs from October 1, 2016 to September 30, 2017. This will apply to both 4-year and 3-year projects.

# Phase 4

- HHSC received over 300 plan modification forms that include of 500 requested changes state wide
- Phase 4 feedback was distributed on January 28 – only a small number of RHP10 providers did not have 100% approval
- Responses to Phase 4 feedback due to Anchor by 5:00 pm today (2/4/14)
  - Anchor will compile and submit to HHSC

## Section 1 Table

- Section 1 Table updates for Providers, IGT Entities & UC Only Hospitals is due to RHP by 5:00 tomorrow
- Only 3 lead contacts per organization; unlimited amount of users available
- Anchor submitted questions to HHSC regarding switch to online reporting tool & communicated to Region



# 3-Year Projects

- HHSC is currently reviewing the 3-year project proposals.
- Based on how HHSC's review is going most RHPs, 3-year projects will not be able to report until October.

# DY4-5 Valuation Changes

- For the providers that received DY4-5 valuation coversheets and either accepted a lower valuation or changed QPI/% Medicaid/low income uninsured, HHSC incorporated those changes into your Phase 4 feedback
- The January coversheets (3 RHP10 projects) will not be reflected in the Phase 4 feedback this week.
- For those projects that provided a qualitative justification of why the project should retain the originally proposed valuation, it will take more time for HHSC and CMS to review.
- For RHPs with projects that accepted a lower valuation, the freed up funds for DY4-5 will be available to support the 3-year projects submitted by the RHP that did not have a funding source.

# Category 3

- The new approved framework and the 'final' menu of measures will be posted to the website soon.
- The measures will have a designation for P4P (pay for performance) or P4R (pay for reporting).
- CMS is requiring 3 non-standalone measures, but allowing to cross domains. Providers will still have to select at least one standalone measure, or 3 non-standalone measures.
- CMS has agreed to 5% improvement over self each year in DY 4 (5% over baseline) and DY 5 (10% over baseline) as the standard for P4P measures that don't have a benchmark.
- CMS has approved the use of denominator subsets based on age, gender, payer, ethnicity/race, facility and co-morbid conditions as appropriate for a measure. Additional guidance will be provided on these subsets and minimum numerator/denominators for measure specifications.

# Category 3 – Next Steps

- The revised protocol, companion document and detailed description of measure specifications and benchmarks (“compendium”) is planned to be available to providers in the second week of February
- Providers will be receiving tools and opportunities for technical assistance in the coming weeks to assist with the selection of their measures
- HHSC will host a webinar in mid-February
- HHSC requests sending questions regarding *specific measure specifications* to the mailbox until the compendium is released
- The PFM and RHP Planning Protocols will be amended with the Category 3 changes.

The date for providers to submit their selected Category 3 selections is now **March 7th** and HHSC will be providing a workbook to facilitate the selection and approval process.

# Category 3 – DY3 Reporting

- The plan for DY 3 Reporting is as follows:
  - 50% of the DY3 allocation will be made available for April reporting based on providers submitting a status report
    - Detailing such items as the provider's plan to establish a baseline, general understanding of measure use and TA needs (HHSC will develop a new template for this).
  - The remaining 50% of Cat 3 allocation for DY3 will be reported in October for providers submitting/validating baseline rates
    - Which will be used to establish DY4 and DY5 performance goals.
    - In October reporting, any request to deviate from standard achievement based on proportion of intervention population to the denominator specification of the selected measures would also be proposed.

# Category 4

- HHSC is continuing to work with our Medicaid External Quality Review Organization (EQRO), Institute of Child Health Policy (ICHP) and CMS to finalize the process for the Category 4 PPE domains
- Calendar Year 2012 data will be used for the PPAs and PPRs that are reported in DY 3.
- HHSC will provide additional guidance as soon as available.
- The plan is still to have data available for the DY 3 April 2014 reporting period.
  - The initial data will likely be sent to providers electronically with web-based access to be established at a later date.
  - A reporting template will be provided with updates to companion for April reporting.
- For UC only hospitals, we will coordinate with HHSC Rate Analysis Department on how to report. We anticipate that it will be sometime between the April 2014 reporting period and the last quarter of DY 3.

# Region 10 / HHSC Update -Key Dates through August 2014

Date	Item
February 4	Phase 4 Responses due to Anchor by 5:00 pm
February 5	Section 1 Table Updates due to Anchor by 5:00 pm
February 7	Phase 4: RHPs (through Anchor) submit responses to HHSC Feedback Section 1 Table: RHPs (through Anchor) submit responses to HHSC
February 7	HHSC and CMS will approve or deny the additional information submitted in response to HHSC comments on October reported milestone/ metric achievement
Mid February	HHSC Webinar on Cat 3 Protocol
By late February	(Staggered) HHSC provides feedback to RHPs on 3-year projects
Early March	(Staggered) RHPs respond to HHSC feedback on new 3-year projects
March 7	Providers return Selected Cat 3 measures to HHSC (target pending CMS approval)

# Region 10 HHSC Update -Key Dates through August 2014

Date	Item
March 14	HHSC submits new 3-year projects to CMS
April	Full resubmission of RHP plan to HHSC
Late April	Results from CMS on new 3-year projects (Target)
April 30	April DY3 milestones/ metric achievement reporting & Semi-annual progress reports due from Providers
Early June	HHSC approves April reports or requests additional information from providers
June 30	RHPs submit plan modifications for DY4-5
Mid July	Providers provide additional information if necessary from April reporting
July 9	Estimated IGT date for April reporting
July 31	<ul style="list-style-type: none"><li>- HHSC reviews and approves or disapproves additional information submitted by providers from April</li><li>- Estimated payment date for April reporting</li></ul>

# QUESTIONS

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