**AGENDA**

**Meeting Attendees**

Ms. Karla Blaine **-**TAMP/Brazos Valley Care Coordination Program

Ms. Cynthia Peterson - TriCounty Behavioral Healthcare

Ms. Sarah Jones - Huntsville Memorial Hospital

Mr. Andrew Karrer - Montgomery County Public Health District

Mr. Michael Smith - Conroe Regional Medical Center/ Kingwood Medical

Ms. Rachel Foster - Texas A&M Health Science Center- Evidence Based Programs

Ms. Morenike Aboaba - BVCOG, Brazos Valley Area Agency on Aging

Ms. Krystle Riley – CHI St. Luke’s The Woodlands Hospital

Ms. Carly McCord – Texas A&M Health Science Center – Telehealth Counseling Clinic

Ms. Martha Fuentes – St. Joseph Regional Hospital

Ms. Shayna Spurlin – RHP 17

Ms. Carmela Perez – RHP 17

**Conference Line**

Ms. Lynn Yeager - The Prenatal Clinic

Ms. Amy Klussmann- Washington County EMS

Ms. Jessica McElroy- St. Joseph Regional Hospital

Ms. Gina Lawson – RHP 8

1. **Welcome and Introductions**

*Shayna Spurlin, RHP 17 Anchor Team*

1. **Update on Cohort Goals and Aims for 2016**

*Shayna Spurlin, RHP 17 Anchor Team*

* 1. Review Anticipated (proposed) Regional/Provider Requirements
     1. Transition Year (DY6-DY7)
     2. Renewal/Extension (DY7-10)

Ms. Spurlin presented information focused on Managed Care Alignment as expressed by HHSC. HHSC is currently working on ways to address the request by CMS for Managed Care Alignment. CMS has also requested HHSC consider financial integration of DSRIP into Managed Care. HHSC does understand that some projects are serving large groups of patients who are uninsured. RHP 17 will focus efforts by requesting providers to share/identify DSRIP Projects and/or additional services that may align with measures MCO’s are held against. These measures include P4Q Measures, Performance Improvement Project (PIP) Topics, HHSC Medicaid Managed Care Quality Initiatives, and any other managed care measures. These are all listed in a handout provided by RHP 17 with meeting materials. Ms. Spurlin also noted that some providers/project may not align with an MCO; however, for some providers this may be an opportunity to explore options for sustainability or project “next steps”. This information provided by providers will be compiled and be presented at the Joint MCO/LC Event in March 2016. After this cohort meeting and the meeting in February, we are planning to create a crosswalk to show the MCO initiatives/measures and RHP 17 DSRIP projects and other services that may impact those measures.

Ms. Spurlin also discussed DY 6 Transition year in regards to Regional Performance Bonus Pools (RPBP). In DY6, 5-10% of each provider’s total DY 6 valuation will be set aside to lay groundwork for RPBPs. DY6 payment earned via regional agreement/selection of performance measures. We anticipate that this will be submitted in the form of a regional plan. All providers are required to participate, and cannot opt out. The Anchor Team recognizes the complexities that come with RPBP including, multi-varied providers, the data that will be used for the measures, projects who served a very larger percentage of uninsured, and providers who have small valuations.

Q&A Regarding Regional Performance Bonus Pools:

Karla Blaine: BVCCP Project is not associated with any hospitals or large clinics and does not bill for services rendered, so if they are going to use HHSC data based on claims to build the measures for RPBP, I have no say in that or how will that benefit me?

Answer: It’s important to remember that although a project may not be reimbursed from MCOs on services rendered, these services may aid in quality measures indirectly.

* 1. Share Proposed Cohort Meeting Schedule for 2016

The Anchor Team provided the tentative cohort meeting schedule for 2016. The schedule is listed in slide 10 of today’s PowerPoint that will be shared along with other meeting materials.

1. **Discuss Latest Updates on Projects, Programs & Services**

*Group discussion & provider sharing facilitated by Anchor Team*

* 1. Review Cohort Members Active Projects & Services
     1. Hear Update from each Member on Programs/Services
     2. Learn more about ongoing/upcoming Member Collaboration(s)

Ms. Spurlin asked for participants to share any updates regarding projects. Also, if any participants are currently collaborating with MCOs, any interest or upcoming in collaborating with MCOS, and/or questions and concerns regarding MCO Alignment.

Mr. Andrew Karrer (Montgomery County Hospital District): Is there a number of collaborations or projects an MCO is required to do? For example, is it one project statewide? Or 1 per RHP?

Answer: Medicaid MCOs are required to complete 2 PIP Topics that are assigned by the state and choose to collaborate with DSRIP Project MCO. The PIP Topics are for duration of 2-3 years. Beyond that, an MCO can choose to can collaborate wherever a partnership can provide a value-added service to their members.

For example, Washington County EMS is contracted with Scott and Health Plan to provide vaccinations.

Ms. Rachel Foster (EBP): What does MCO Alignment “mean”? For example, sponsoring an event or contracting for a constant service? Also, EBP is partnering with College Station Medical Center with Diabetes Accreditation Program to look at A1C reduction. How would I present this data to an MCO?

A: The type of alignment would be decided between you and the MCO. The data would most likely need to be presented in a way that is beneficial to the MCO and how it could impact certain measures or members.

Ms. Spurlin: Are hospitals partnering with MCOs on internal quality initiatives?

Ms. Krystle Riley (CHI St. Luke’s The Woodlands): As a nonprofit hospital we provide care to the vulnerable population/uninsured. However, to then become the “go to” person for Medicaid MCO is not necessarily in the hospital’s best interest from a financial perspective. It’s a fine line to align and difficult to make. In looking at quality measures, a hospital will look at internally to improve upon hospital driven processes.

Ms. Morenike Aboaba (BVCOG)- Works with MCOs by providing education to patient’s regarding services and benefit information about the MCO plan.

Ms. Spurlin: Does Tri-County partner with MCO on any quality measures?

Cynthia Peterson (TriCounty Behavioral Healthcare): No.

Ms. Martha Fuentes (St. Joseph Regional Hospital)- Meeting with UHC soon.

Ms. Spurlin ended the discussion expressing the importance of exploring alternative ways for Managed Care Alignment in order to show due diligence of RHP 17, that as a region we explore efforts to collaborate with MCOs.

1. **Wrap-Up and Action Steps**

*Group discussion led by Anchor Team*

* 1. Discuss Next Steps
  2. Review Upcoming Events/Reminders

Ms. Spurlin discussed that the next step would include participants identifying how or if their DSRIP project or other services provided could align with MCO measures discussed and be able to share that information in the February Cohort Meeting with the goal of creating a cross-walk to share with MCOs in the March event.

Next Call: Thursday, February 11, 2016 (Evaluative Methods)

Next Cohort: Thursday, February 18, 2016 in Montgomery County

***Please be prepared to actively listen and contribute to development of this group involving providers and community partners in the region who seek to positively impact patient care, improve services and access, and strengthen the Region 17 health system infrastructure through collaboration and sharing of multiple perspectives across the spectrum of healthcare.***