**Regional Healthcare Partnership 8**

**Bi-Weekly Conference Call**

**Tuesday, January 21, 2014 • 9:00 a.m. – 10:00 a.m.**

Phone Number: 877-931-8150 **•** Participant Passcode: 1624814

**ATTENDANCE**

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| **Organization** | **Name** |  | **Organization** | **Name** |
| Bell County Public Health District | Renee Stewart | Seton Highland Lakes | Carol Saucedo |
| Chrissy Calvert |
| Bluebonnet Trails | Karen Dorrier |  |
| Mark Janes |
| Melinda Gilley | St. David’s Round Rock Medical Center | Rachel Gilbert |
| Jessica Hector |
| Aaron Diaz |
| Center for Life | Kim Glenn | Williamson County and Cities Health District | Mary Faith Sterk |
| Central Counties Service | Eldon Tietje | Joe Grandbury |
| Ray Helmcamp | Randy Beavers |
| Steve Slaughter |  |
| Robert Walker |
| Keith Morris |
| Hill Country MHMR | David Weden |
| Little River Healthcare | George DeReese | RHP 8 Program Director | Jennifer Bienski |
| Scott & White -Llano | Bill Galinsky | RHP 8 Program Assistant | Gina Lawson |
| Scott & White –Memorial | Bill Galinsky |  |  |

**AGENDA**

*Purpose of Meeting: RHP 8 Providers will promote collaborative learning around shared or similar projects. Participation may include: 1) sharing challenges and any solutions; 2) sharing results and quantitative progress on new improvements that the Provider is testing; and 3) identifying a new improvement and publicly commit to testing it in the week to come.*

1. **Welcome and Introductions**
2. **Updates from HHSC**
   1. **DY2 October Reporting Review Process**

* On December 23rd HHSC sent out files for October reporting metrics that need more information (NMI) in order to be eligible for payment in July 2014.
* Affected three Providers in RHP 8 and all three submitted their files by Friday, January 17th as requested by HHSC.
* HHSC and CMS will approve or deny the additional information submitted in response to HSHC comments on October reported milestone/metric achievement on or around February 7, 2014.
* HHSC received October reporting for over 1,250 Category 1 or 2 projects for 320 providers (a provider may be counted more than once if in multiple RHPs), 1,800 Category 3 outcomes, and over 150 Category 4 hospital reports. Most metrics (over 93 percent) were approved for the October reporting period for an estimated $1.088 billion in DSRIP payments out of a total of over $1.165 billion that was reported and over $1.688 billion that could have been reported. Actual payments will be dependent on available IGT.
* Reminder, expect October DY 2 DSRIP payments processed in late-January.
  1. **Phase 4 Feedback from HHSC and Next Steps**
* As part of Phase 4, HHSC received over 300 plan modification forms that include over 500 requested changes.
* HHSC is currently reviewing all Phase 4 submissions, using a process similar to that used for reporting reviews (1st and 2nd level reviews).
* Phase 4 feedback to Providers should be available in late January, around the 27th.
  1. **New, 3-Year Projects**
* The target date for feedback to providers is no later than February 12, 2014 (feedback to RHPs will be staggered).
* RHP 8 Anchor team will be working with Providers once feedback is sent to the three Providers who submitted a total of four new projects in RHP 8.
* HHSC’s goal is that projects that are in good shape and that respond fully to the feedback HHSC provides will be able to report in April. Other projects will not be able to report until October.
* For the 3-year projects that are eligible to report in April, they will be in the reporting template and payment will be contingent on CMS approval of the project.
  1. **Category 3**
* HHSC has requested feedback on the proposal by January 17, 2014. The feedback that would be most helpful is on the feasibility of the overall approach, and any feedback on the population focused priority measures and “stretch” activities. Thank you to those Providers in RHP 8 who submitted feedback to HHSC.
* The current Key Dates/Targets timeline specified HHSC would send the revised Cat 3 measures menu to providers on Friday, January 17th (contingent on CMS approval). Although HHSC is making progress with CMS, the Cat 3 Framework and measures menu are not yet finalized.
* Given this change in the timeline, they will allow Providers additional time to select Cat 3 measures. The current target is February 21st, but that will likely change to March 7th.
* It is still planned that providers will be able to report in April as communicated in the HHSC Anchor call on January 10th.
  1. **Category 4**
* HHSC continues to work with their Medicaid External Quality Review Organization (EQRO), Institute of Child Health Policy (ICHP) and CMS to finalize the process for the Cat 4 domains that hospitals will be reporting for which HHSC is providing the data.
* Per the PFM Protocol, the Potentially Preventable Admissions (PPA) and Potentially Preventable Readmissions (PPR) are reported beginning in DY 3, and Potentially Preventable Complications are reported beginning in DY 4.
* 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.
* A reporting template will be provided with updates to companion for April reporting.
* **For UC only hospitals:** HHSC will coordinate with the HHSC Rate Analysis Department on how to report. HHSC anticipates that it will be around the April 2014 reporting period and the last quarter of DY 3.
  1. **UC Tool**
* HHSC anticipates sending the DY2 UC tool to providers this month. HHSC will give providers 30 days to complete and return.
* Providers reported receipt of UC Tool last on January 16 & 17.
* DY2 UC payments are tentatively scheduled for late spring/early summer 2014.
* HHSC will coordinate the DSRIP & UC IGT and payment schedules to stagger them.
* **NOTE: Clarification from HHSC after the call: The deadline for all UC applications /tools is February 28th. Also, a webinar on how to complete the UC tool will not be offered. Contact the UC Tools Waiver team for technical assistance:** [**uctools@hhsc.state.tx.us**](mailto:uctools@hhsc.state.tx.us)

g. **Contact updates for new reporting system – Section I**

* HHSC sent out the Section I file on Friday the 17th requesting updates to contact information from Providers, IGT Entities, and Anchors and will be used to help prepare for data seeding the new reporting system.
* **Updated Excel documents are due the Anchor team no later than 5 pm, Tuesday, January 28th.**  Email both [glawson@tamhsc.edu](mailto:glawson@tamhsc.edu) & [bienski@tamhsc.edu](mailto:bienski@tamhsc.edu) even if no corrections are needed.

1. **Q&A**

**Requests for shared tools and templates:**

* Health Risk Appraisal document samples.
  + RAND 36 being used by Bluebonnet
* E-referral tools/software for patient navigation/provider referrals.
  + IHS Indigent Health Care Solutions out of Conroe, TX – Offers eligibility, case management, reports, etc. recommended by Seton Highland Lakes.
  + SHAREPOINT – Communication/referral tool formatted for Williamson County’s and partners’ specified patient data collection/sharing needs.

1. **Providers Share Updates on RHP 8 Projects**

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| **Provider:** | **Seton Highland Lakes** |
| **Goal:** | Use patient navigators to reduce Emergency Dept. (ED) utilization and identify medical home for frequent users of the ED. |
| **Update:** | Project is on track. Enrolling patients and noting success stories. |
| **Lesson Learned/Best Practices:** | Identify a good provider referral process. |

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| **Provider:** | **Central Counties Services** |
| **Goal:** | Various behavioral health projects. |
| **Update:** | Computer virus impact on DSRIP projects. |
| **Lesson Learned/Best Practices:** | Evaluate your agencies security systems because a computer virus may have erased much of the DSRIP project data. They are working on restoring data. |

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| **Provider:** | **Williamson County and Cities Health District** |
| **Goal:** | Implement project to enhance collection, interpretation, and / or use of REAL data (race, ethnicity, language) to identify and close the gap on local health disparities. Implementing evidenced-based training for REAL data. |
| **Lesson Learned/Best Practices:** | Recipients of training will soon report on the impact the training has had on their practice and share examples of missing/updated REAL data to the system. |

1. **Next Steps/Adjourn**

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| January 2014 | |
| 27 | Phase 4: HHSC provides feedback on Phase 4 submissions |
| 24 | DY2 October Payment to Providers (estimated) |
| 31 | HHSC reviews learning collaborative plans and sends to CMS with waiver annual report |
| February 2014 | |
| 4 – by Noon | **DUE DATE: Phase 4: Providers submit completed documents to Anchor team to compile and submit to HHSC by 2/7/14 due date** |
| 7 | **DUE DATE: Phase 4: Anchors submit responses to HHSC feedback** |
| HHSC and CMS will approve or deny the additional information submitted in response to HSHC comments on October reported milestone/metric achievement |
| Mid-February | **DUE DATE: Providers submit New 3-Year project completed documents to Anchor team to compile and submit to HHSC** |
| 12 (Staggered) | HHSC provides feedback to RHPs regarding New 3-Year Projects |
| 24 | HHSC completes Phase 4 review |
| Late-February | **DUE DATE: Anchors respond to HHSC feedback on New 3-Year Projects** |

**Blue – Anchor Red- Providers**