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**Regional Healthcare Partnerships 8 and 17**

**Joint Monthly Learning Collaborative Webinar**

**Thursday, February 16, 2017 • 10:00 a.m. – 11:30 a.m.**

**ATTENDANCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organization** | **Name(s)** |  | **Organization** | **Name(s)** |
| Bell County Public Health District | Renee Stewart | Prenatal Clinic | Lynn Yeager |
| Bluebonnet Trails | Meghan Nadolski; Morgan Starr; Amber Hildebrand; James TysonCorinne Turmelle; Raven Thousand  | Scott & White – Brenham | Gabby Mendez |
| Brazos County Health District  | Sara Mendez | Scott & White – Llano  | Blake Barnes |
| Brazos Valley Council of Governments  |  | Scott & White – Memorial  | Gabby Mendez |
| Center for Life | Ranita Oliver | Seton Harker Heights |  |
| Central Counties Services | Nicole Williams; Tia Mays;Ray Helmcamp; Robert Walker | Seton Highland Lakes | Cynthia Sanchez |
| College Station Medical Center/ Washington County EMS |  | St. David’s Round Rock Medical Center |  |
| Conroe Regional Medical Center & Kingwood | Shannon Evans | St. Joseph Regional | Martha Fuentes |
| Health for All | Elizabeth Dickey  | St. Luke’s | Krystle Riley |
| Hill Country MHMR | Kristie Jacoby-Tupling | Texas A&M Physicians  | Debbie Muesse; Leigh Rhodes; Donnie Kleine-Kracht; Samuel Towne; Shinduk Lee |
| Hospice Brazos Valley |  | Tri-County Behavioral Healthcare | Cynthia Peterson  |
| Huntsville Memorial Hospital | Lisa Prochaska | Williamson County and Cities Health District | Matt Richardson  |
| Little River Healthcare | George DeReese | RHP 8 Anchor Team | Jennifer LoGalbo; Shawna Jiles |
| MHMR Authority of Brazos Valley |  | RHP 17 Anchor Team | Shayna Spurlin; Carmela Perez |
| Montgomery County Public Hospital District | Andrew Karrer | Other Stakeholders | John Sneed; Michelle Sevilla; Pauline VanMeurs; Mike Knipstein – Williamson County EMS Jack Buckley – Texas A&M Health Science Center  |

**MINUTES**

# Welcome and Introductions/Roll Call

1. **Raise Performance – Focus Area and Open Discussion**
	1. **February Spotlight: DY6 Reporting Preparation and Understanding DY7-8 Components**

The call kicked off with a welcome from the TAMHSC Anchor teams, and then standard roll call of those on the conference line. The TAMHSC Anchor teams provided a presentation on the following areas:

* DY6 General Reporting: reporting timeline; templates; and what to anticipate with reporting Round 2
	+ Intra-presentation Q – Conroe Regional Medical Center & Kingwood: Are providers able to report MLIU in April?
		- A – TAMHSC Anchor: Confirmed with HHSC, if DY5 QPI has been achieved or forfeited, the DY6 (P4R) MLIU QPI can be reported for payment. DY6 QPI can be reported for payment if goal achieved. (See presentation slide 3 for more information).
	+ Intra-presentation Q – Bluebonnet Trails Community Services: Core components and sustainability quadrants are locked in online reporting system. Are we not doing semi-annual reporting in the same way? What about a project overview?
		- A – TAMHSC Anchor: Core component and sustainability milestones will be locked during April reporting. We expect HHSC will ask providers to report some sort of update in addition to the provider summary.
	+ Intra-presentation Q – Central Counties Services: Is sustainability template independent of QPI?
		- A – TAMHSC Anchor: The [draft sustainability template](https://hhs.texas.gov/sites/hhs/files/documents/laws-regulations/policies-rules/1115-docs/sustainability-template-questions-12-7-16.pdf) indicates providers will be able to share information with HHSC on activities that have taken place during DY6 (providers can indicate what has/has not occurred at the organization). The QPI template allows providers to share information about why numbers are high/low.
* Review of HHSC draft PFM: shift from reporting on project-level intervention metrics and associated project outcomes to provider-level measure bundles in DY7 and DY8; proposed transition per HHSC’s draft PFM and webinar; funding shift (current Category 1-4 vs. proposed Category A-D); break-down of Category A-D proposed requirements and reporting; general reporting timeline; requirements for updated RHP Plans; and planning timeline
	+ Documents referenced during the presentation include:
		- [Draft DSRIP DY 7-8 PFM](https://hhs.texas.gov/sites/hhs/files/documents/laws-regulations/policies-rules/1115-waiver/DRAFT-PFM-Protocol-DY7-8_20170131.pdf)
		- [Measure Bundle Overview](https://hhs.texas.gov/sites/hhs/files/documents/laws-regulations/policies-rules/1115-waiver/DY7-8-Measure-Bundle-Overview_20170131.pdf)
		- [Summary of Draft DY7-8 Requirements](https://hhs.texas.gov/sites/hhs/files/documents/laws-regulations/policies-rules/1115-docs/011316/Summary-Draft-DY7-8-Requirements.pdf.pdf)
	+ Stakeholders are encouraged to provide feedback using the [HHSC survey](https://www.surveymonkey.com/r/MMBZ6P7). The survey will close Tuesday, February 28.
	1. **Open Discussion:**

**Participants were provided an opportunity to pose questions to the group, share feedback and comments related to DY6, as well as share comments, concerns, anticipated challenges and successes operating under the new DSRIP structure proposed for DY7-8.**

**Open Discussion/Q&A**

* Q – Central Counties Services: Proposal for DY7 and beyond. If we are going to transition to partial payment it doesn’t seem we should carry-forward for DY6 because then we may not be able to get the 50% partial payment. We would be starting behind in DY7 and not be able to get the most of the payment in DY7 (i.e., QPI)?
	+ A – TAMHSC Anchor: We will want to think through carry-forward. Direct patient impact is not project level reporting in DY7. If you did not meet goal/receive payment in DY6, there shouldn’t be too many negative repercussions for carry-forward into DY7.
* Comment – Conroe Regional Medical Center & Kingwood: A couple of observations: 1) opportunities to withdraw and associated recoupment, 2) no mention of ramp down at the end of this 2 year period.
	+ A – TAMHSC Anchor: As far as withdrawal and how that fits with recoupment - there will be open window January-March 2019. If you withdraw before that window, they would recoup for DY6 but not DY5. If you withdraw before April 2017, and have no DY6 payments, then there is nothing to recoup. Perhaps offer feedback there should be another window. We also agree, a ramp down should be included for those providers that cannot fit in with new waiver requirements. We feel opportunity to ramp down should be allowed for providers that cannot transition to new rules.
	+ Comment – Montgomery County Public Hospital District: If you withdraw between January-March 2019, you would not be able to report in April (DY8)/no incentive payment.
	+ A – TAMHSC Anchor: Correct, if you withdraw during that window, you wouldn’t report for achievement, there is nothing to recoup. Definitely something people should look at, especially with the shift to calendar years.
* Q – Bluebonnet Trails Community Services: Regarding Category D, for CMHCs that cover multiple RHPs, is it your understanding those measure would be region- or state-wide?
	+ A – TAMHSC Anchor: Our understanding, it is not at the regional level, more at provider level and tracked at state level. It has been said it will be very similar to Category 4 for hospitals. If they keep reporting format the same for Category D as was done for Category 4, they may try to find things the state is already tracking so they can look at it at a state-wide level.
* Q – Bluebonnet Trails Community Services: Regarding Category D, if we are in multiple regions, and allocation changes from 5% to 10% based on region, how does that impact CMHC valuation?
	+ A – TAMHSC Anchor: In draft PFM, proposed to report at provider-level, and caps are assigned at the regional-level. This is a question for HHSC. HHSC has told us they want provider level data. We have not been told bundle funding will be tied to regions. You could very well end up being in two regions where one is at 5% and the other at 10%.
* Q – Baylor Scott & White Health: Regarding Category A, we want to know what HHSC means by “cost” because it is complicated and we are not getting paid for reporting this Category. We need more information. What do they mean by “allowable variation?” Regarding, Category C, having to submit measurement bundles before approval from CMS poses a potential problem. We want flexibility in choosing the measures. Providers would not report and receive payment until the next DY, and this poses a financial difficulty in terms of sustaining those projects. Also, difficult to determine what fields will be available in current EHRs.
	+ Comment – Bluebonnet Trails Community Services: Regarding Category A, this will require a lot of resources for reporting, and will need funding attached to it. We are trying to be very specific and give suggestions on what we think should happen instead of things we don’t like. We are happy to send Anchors feedback we are sending in the survey.
	+ A – TAMHSC Anchor: Great comments. Shared Anchor-level comments with HHSC earlier this week. Encourage providers to submit comments/feedback through [HHSC survey](https://www.surveymonkey.com/r/MMBZ6P7).
* Q – Conroe Regional Medical Center & Kingwood: One of our concerns is around cost reporting, particularly CMS and HHSC looking at MLIU to determine costs in the future. Category C outcome measures and the number of measures a provider could potentially end up with increases the administrative burden on providers.
	+ A – TAMHSC Anchor: Yes, most providers in the two regions have one, Category 3 outcome per the Category 1/2 project.This new version of the waiver would increase number of outcome measures providers have to collect data on and report. Gets more complicated for subcontractors.
1. **Upcoming Joint RHP 8 & 17 Events**
	1. **Thursday, March 9, 2017, 10:00 a.m.: Regional Update Meeting via WebEx**
	2. **Wednesday, March 22, 2017, 9 a.m.: Face-to-Face Learning Collaborative Event**
	3. **Thursday, April 20, 2017, 10 a.m.: Regional Learning Collaborative Call**
2. **Next Steps & Adjourn**