**Regional Healthcare Partnership 8**

**Bi-Weekly Conference Call**

**Tuesday, April 15, 2014 • 9:00 a.m. – 10:00 a.m.**

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

**ATTENDANCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organization** | **Name** |  | **Organization** | **Name** |
| Bell County Public Health District | Renee Stewart | Seton | Melanie Diello |
| Carol Saucedo |
| Seton Harker Heights | Zach Dietz |
| Seton Highland Lakes | Crissy Calvert |
| Bluebonnet Trails | Kate Riznyk | Jennifer Ransier |
| Beth McClary |
| Vicky Hall | St. David’s Round Rock Medical Center | N/A |
|  |
| Center for Life | Joey Smith  Kim Glenn | Williamson County and Cities Health District | Lisa Morse |
| Central Counties Services | Josh Taube | Dina Cavazos |
| Eldon Tietje |
| Keith Morris |
| Steve Slaughter |
| Hill Country MHMR | David Weden |
| Little River Healthcare | George DeReese |
| Scott & White – Llano | N/A | RHP 8 Program Director | Jennifer Bienski |
| Scott & White – Memorial | N/A | RHP 8 Program Assistant | Gina Lawson |

**AGENDA**

**I. Welcome and Introductions**

**II. Updates from HHSC**

**April DY3 Reporting**

* April DY3 reporting instructions and templates, including the QPI template, have been posted on the HHSC waiver website.
* As a reminder, reports will be due to Deloitte by 5:00 p.m. CST on April 30th.
  + Reminder: send copies of ALL completed DY3 reporting templates to the Anchor team (the Anchor does not need copies of your supporting document attachments.)
* An updated version of the DY 2 Carry forward Template has also been posted today (noted as updated 4/11/14). Anchor sent updated template to Providers who requested DY2 carry forward via email 4/14/14.
* The DY3 April Reporting Webinar Presentation hosted by HHSC on April 8 is posted on the HHSC Waiver website.
* When reporting, there are separate forms to attach for reporting on QPI metrics (optional pilot version for April), Category 3 Status Reports (DY2 and DY3), and Category 4.
* Remember, Providers have the OPTION to submit the QPI metrics template – it is NOT REQUIRED for April DY3 reporting. IF a Provider is reporting **completion on a QPI metric** in DY3 April report timeframe, AND Provider does not submit QPI Excel template, Provider MUST answer Question #1 fully on the Reporting Coversheet template.

Reporting Coversheet Reference:



* As a reminder, do not report a Category 1 or 2 metric as completed until it is completed.
* HHSC provided guidance in the webinar regarding metrics that could be reported in April vs. October. Please follow the guidance in the webinar and companion.
* If there is a question on a certain metric, please send an email to the waiver mailbox and include the Project ID, the metric, the goal and the question on why it is not clear whether the metric is ok to report in April vs. October.
* If a Provider is uncertain about whether to report in April, HHSC advises Providers to wait until October.
* In June, HHSC Rate Analysis will notify IGT Entities of the IGT required for DSRIP payments and DSRIP monitoring.
* The file will allow IGT Entities to enter the actual IGT amount to transfer and calculate the amounts for DSRIP payments versus DSRIP monitoring.
* IGT Entities must enter the correct IGT amounts in two separate categories in TexNet by RHP, otherwise payments may be delayed.
* As mentioned at the RHP 8 regional meeting April 2, Providers should be in communication with their respective IGT Entities during this DY3 April reporting period. IGT Entitles should be informed of what the Provider intends to report as ‘completed in April’, along with what Providers plan to report in ‘October’.
* Providers should be planning these meetings with IGT Entities, as some of the IGT Entities in RHP 8 will be working on their budgets in the next few months (e.g., counties).
* The Anchor team is happy to meet with Providers and IGT Entities – please reach out to the Anchor team if there are any questions.
* Core Component Documentation only needs to be submitted if a core component is also included in a project metric/milestone. In this instance, supporting documentation can be included. Otherwise, core components only need to be reported in the qualitative response in each Project Summary section “*Progress on Core Components*” field.

**New, 3-Year Projects**

**Category 3**

* HHSC will continue Category 3 selection review and will continue with technical assistance as needed to prepare for the next step of establishing baselines for October reporting.
* The review process has begun and is occurring by region. Feedback will be sent directly to Providers to the contact listed in the Category 3 selection tool, with a cc to the Anchor.
* Initial feedback is scheduled to go out from late April to late May.
* Providers will have 10 business days to respond to this initial round of feedback, either providing the additional information requested by HHSC -or- confirming HHSC’s understanding of the use of the measure.
  + If the Category 3 point of contact receiving the email notice is out of the office during this time, be sure someone is monitoring emails due to the 10-day turn around.
* All Providers will receive feedback and will be required to respond, even if just to confirm the measure selection. HHSC will review the Provider responses to HHSC feedback and approve the measure or request the Provider continue to revise their selection.
* The timelines are planned for Category 3 review to be finalized by July 1st, 2014.
* Information will then be provided to CMS and if there are any questions we will follow up as needed.
* The final Category 3 compendium versions will be released with the revised RHP Planning Protocol, which is targeted for mid-June.
* Category 3 Compendium Updates will include benchmarks where possible, shift of measures from QISMC to IOS and minor clarifications to specifications based on the questions HHSC has received.
* When possible HHSC will provide any updates on if measures are categorized as QISMC or IOS as well as any updates to benchmark values during the review period in the Category 3 feedback to Providers.
* UC hospitals are also required to send Domains 1 & 2 to be eligible for DY 3 UC payments. HHSC will advise the date for those reports to be provided to HHSC.

**Category 4**

* For Domains 1 & 2 (PPAs and PPRs), HHSC will send individually to Providers to the email HHSA has on file on or around today, April 15th.
* The data will include all Medicaid and CHIP. HHSC has confirmed contacts for Providers and will notify Anchors once the reports are sent.
* Given the delay in providing PPE data for Cat 4, CMS has agreed for Domains 1 and 2, Providers will not be required to include a qualitative report on these domains for April.
* Reporting for Domain 3 begins in DY 4 (Potentially Preventable Complications).
* The qualitative report will be required in April for Domains 4 and 5.
* RD 5: HHSC received questions from Providers on this measure and found a discrepancy in the RD 5 measure specifications on the NQF site. The intent of the measure per the measure steward is to find “the median time from admit decision time to time of departure from the emergency department (ED) for ED patients admitted to inpatient status.” NQF incorrectly states this measure as having a traditional numerator and denominator, both of which are described as the same continuous variable and, if used as described, would always result in a rate of 100% and not provide any detail about the number of admissions from the ED considered in the calculation. Please see [here](http://www.qualitymeasures.ahrq.gov/content.aspx?id=46482) for the actual measure guidelines.
* HHSC posted a revised template and is asking for the following information.
* Median Time (in minutes) from admit decision time to time of departure from the emergency department for admitted patients
* Number of emergency department (ED) patients seen and used to calculate median time in minutes from admit decision time to time of departure from the ED for admitted patients.
* **Anchor sent updated Category 4 template to DSRIP Hospital Providers via email 4/14/14.**

**Other News**

**House County Affairs Hearing**

April 22nd, 9 am - HHSC will provide a DSRIP update; some DSRIP anchors/participants also will present

Live streaming link: <http://www.capitol.state.tx.us/>

**Statewide Learning Collaborative**

* The event is scheduled for September 9 & 10 at the AT&T Center in Austin.
* HSHC is planning to web-stream the event for those not attending in person and will work with Anchors on the number of in-person participants that will be invited from each RHP. At this time Anchors and DSRIP Providers can plan for 1 in-person participant each, at a minimum.
* A survey is in development for DSRIP participants and other stakeholder feedback for the agenda.

**HHSC Survey Regarding Certain Expenditures**

* Providers in RHP 8 have asked the Anchor team about emails received from HHSC last week – if you receive a request from HHSC to answer survey questions. Here is some background information…
* This survey is from the HHSC Rate Analysis area and HHSC is required to collect the survey information per Rider 43 from the FY14-15 General Appropriations Act (see attachment).
* The survey will go to all DSRIP Providers (both hospitals and non-hospitals), along with DSH, UC, and Indigent Care Providers.
* Rider 43 is an update to Rider 46 from the 2011 Legislative session, and as noted in the email that went out with the survey, the results of the Rider 46 survey are available on HHSC’s website.
* Rider 43 requires that HHSC collect information from Providers about DSRIP payments and how those funds were expended. So, if a Provider earned $2 million DSRIP in FFY2013 (DY2), the Provider would report that $2 million payment and include in the survey how the funds were expended (e.g. patient care, Medicaid healthcare services, etc.). The survey is not asking about the cost of the DSRIP project; rather it’s asking about the amount of DSRIP funds earned and how they were expended.
* Non-hospital Providers that are getting this survey for the first time may find it helpful to look at the historical results of the Rider 46 survey on the website to get a sense of how hospitals filled out that survey. See this link from the HHSC website related to this survey, previous results, and additional guidance/information (Rider 46 – FY2011):  <http://www.hhsc.state.tx.us/rad/hospital-svcs/index.shtml>.

**III. Q&A**

**IV. Providers Share Lessons Learned/Best Practices on RHP 8 Projects**

**Topics of Discussion:**

1. With regards to the DY3 April reports being submitted at the end of the month, how are Providers capturing continuous quality improvement (CQI) activities at the project level?

CQI examples:

* 1. Bluebonnet Trails uses PDSA.
  2. Analyzing survey data, meeting with team members to develop a solution to common issue: Ex. Privacy in waiting rooms was a common patient concern. The staff developed a form for patients to complete in waiting rooms. Provider will re-assess patient satisfaction scores to see how well the new change has positively impacted patient satisfaction.

1. Anchor team will review with participants a review of information shared at the RHP 8 Learning Collaborative Kick-Off Event April 2 – discussion about 2 cohorts and interested stakeholders in the community.

Anchor team hopes that DSRIP Providers will consider participating in one or both of the RHP 8 collaboratives:

1. Behavioral Health/Primary Care
2. Care Transitions/Navigation

Cohorts are open to all stakeholders in the RHP – Providers, subcontractors, IGT Entities, etc. Stakeholders may join a cohort at any time during the life of the Waiver (DY3-5). RHP 8 just introduced the cohorts to the region at the April 2nd meeting – at this point we are looking for interested participants and facilitators.

We expect in the next few months for there to be conference calls, and participation in the RHP 8 bi-weekly phone calls.

Everyone is involved with such great projects – we could use the cohorts as a springboard for bringing people together and sharing simple-to-adapt changes in the healthcare system. If you are unable to be involved, but have staff members who may be interested, please let the Anchor team know ASAP. We hope to have the first meetings in May.

The Commitment Form is attached.

**V. Next Steps/Adjourn**

**Key dates for DY3 April reporting:**

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| --- | --- |
| **April Reporting Timeline** | |
| **Date** | **Task** |
| **April 23** | Last day to email HHSC with any questions related to April DY3 reporting. |
| **April 30, 5:00pm** | Due date for Providers’ April DY 3 DSRIP reporting documents to Deloitte. Late submissions will not be accepted.  Submit completed templates and supporting documentation using one of the following:   1. Email the completed files to [DSRIP@deloitte.com](mailto:DSRIP@deloitte.com) (files may not exceed 5MB, please zip large files) with SUBJECT: RHP [XX], Provider [TPI: XXXXXXXXX]; OR 2. Email a link(s) to the files to [DSRIP@deloitte.com](mailto:DSRIP@deloitte.com) if you have access to an FTP site (e.g. SharePoint, Dropbox) with SUBJECT: RHP [XX], Provider [TPI: XXXXXXXXX]; OR 3. Mail a CD containing all files to: Tim Egan, 50 South 6th Street, Suite 2800, Minneapolis, MN 55402   Deloitte will notify Providers of received materials within two business days |
| **May 1** | HHSC will begin review of the April reports and supporting documentation. |
| **May 7** | HHSC will share regional summary files of Providers’ reported progress from the April Provider templates for IGT Entities and Anchors to review.  If supporting documentation is needed, IGT Entities and Anchors must request them from their Performing Providers directly. |
| **May 16, 5:00pm** | Due date for IGT Entities to notify HHSC ([TXHealthcareTransformation@hhsc.state.tx.us](mailto:TXHealthcareTransformation@hhsc.state.tx.us)) of issues with their affiliated Providers’ April reported progress on metrics using the IGT Entity Feedback template. If there are no issues, a template does not need to be submitted. |
| **June 20** | HHSC and CMS will complete their review and approval of April reports or request additional information (referred to as NMI) regarding the data reported.  If additional information is requested, the DSRIP payment related to the milestone/metric will not be included with July DSRIP payments. |
| **Early July** | IGT due for April reporting DSRIP payments. |
| **July 11** | Due date for Providers to submit responses to HHSC requests for additional information on April reported milestone/metric achievement. |
| **Late July** | April reporting DSRIP payments processed. |
| **August 15** | HHSC and CMS will approve or deny the additional information submitted in response to HHSC comments on April reported milestone/metric achievement.  Approved reports will be included for payment in the next DSRIP payment period, estimated for January 2015. |

**Attachments:**

1. Learning Collaborative “Raise the Floor” Commitment Form.
2. Bluebonnet’s DSRIP Project April Reporting Data Collection Tool for Project Managers – shared sample template