**Regional Healthcare Partnership 8**

**Bi-Weekly Conference Call**

**Tuesday, April 29, 2014 • 3:00 p.m. – 4:00 p.m.**

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

**ATTENDANCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organization** | **Name** |  | **Organization** | **Name** |
| Bell County Public Health District | Renee Stewart | Seton | Melanie Diello |
| Seton Harker Heights | N/A |
| Seton Highland Lakes | Crissy Calvert |
| Bluebonnet Trails | N/A |
|  |
| St. David’s Round Rock Medical Center | N/A |
| Center for Life | N/A | Williamson County and Cities Health District | N/A |
| Central Counties Services | Josh Taube |
| Eldon Tietje |
| Keith Morris |
| Ray Helmcamp |
| Kristen Zajicek |
| Robert Walker |
| Hill Country MHMR | Kristie Jacoby |
| Little River Healthcare | George DeReese |
| Scott & White – Llano | Judy Landers | RHP 8 Program Director | N/A |
| Scott & White – Memorial | N/A | RHP 8 Program Assistant | Gina Lawson |

**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**

**APRIL REPORTING UPDATE:**

* All DY3 April reporting documents are due to Deloitte no later than 5 p.m., tomorrow, Wednesday, April 30. Late submissions will not be accepted. Submit completed templates and supporting documentation using **one** of the following methods:
1. Email the completed files to 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 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. Documents to submit include: Completed DY2 April carryforward templates, DY3 April reporting templates, Cat 3 status updates (DY2 and DY3), and Cat 4 reporting templates to the Anchor team (of course, depending on which templates are applicable to your organization’s DY3 April reporting). The Anchor team does not require copies of your supporting documentation. Please let the Anchor team know if you have any questions.

* Category 3 Outcomes Progress Reporting section of the April Reporting Template clarification: The milestone and data source for Category 3 is the submission of the Category 3 Status Update. Therefore, you would mark “YES” on “Achieved in April Reporting” IF you have submitted the Category 3 Status Update Template. Remember to list this as a supporting document attachment. A provider will earn half of its DY3 Category 3 funds for each selected outcome measure by completing the Cat 3 status update.
* An updated companion document was posted with a 04/22/14 revision date on the HHSC website.
* Per HHSC, if a provider is uncertain about whether to report a metric/milestone as completed in April reporting, they advise to wait until October so that providers are able to earn DSRIP funds for achieved metrics. If you report a metric/milestone as “completed” in April and you are requested to provider more information in June but are not able to provide complete documentation of 100% achievement, the provider will no longer be eligible for payment for that metric/milestone.
* Be sure to review the April 25 Anchor Call notes.

**CATEGORY 3 SELECTION REVIEW UPDATE**

* HHSC feedback will start in May and be sent to the Category 3 contact listed in the Category 3 Selection Tool. Providers will have 10 business days to respond and that includes confirming the selected measure or supplying requested additional information.
* Target completion for Category 3 review is July 1st, 2014.
* HHSC will be using the Category 3 Status Update Templates submitted in April reporting to inform the review process.
* Continue to send questions to the HHSC waiver mailbox, using “Category 3 designation” in the subject heading and cc the Anchor team.

**CATEGORY 4 UPDATE FOR HOSPITAL PROVIDERS:**

Related to April reporting:

* HHSC has sent all Domain 1 & 2 reports to providers.
* HHSC will submit individual hospital PPE data to CMS separated by RHP.
* Qualitative reports on Domains 1 & 2 are NOT required by CMS given the PPE data delay.
* Qualitative April reports are only required for Domains 4 & 5.
* RD 5: HHSC found a discrepancy in the RD 5 measure specifications on the NQF site. See the HHSC Category 4 template dated 04/14/14 for the most current Category 4 template and revised RD 5 measure specifications.
* 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.

**WITHDRAWING PROJECTS**

HHSC is discussing putting more details into the PFM Protocol regarding the withdrawal of projects and possible recoupment with CMS. HHSC will advocate strongly that all changes made in this regard be prospective so that providers know prior to withdrawing a project what the possible ramifications are. For now, HHSC advises that providers with approved and active projects wait to withdraw them. There will be an opportunity to do so after the mid-point assessment and prior to the first DY4 payment period.

Reminder: Providers must do the semi-annual reporting for all active projects even if not reporting metrics/milestones achievement.

**STATEWIDE LEARNING COLLABORATIVE**

* September 9 - 10
* AT&T Center in downtown Austin
* Approx. 500 participants
* Web-streaming available
* Providers can plan for 1 in-person participant each, at a minimum.

 A survey is forthcoming for agenda feedback.

**RHP 6’s Summit and Learning Collaborative** is on May 21st – 22nd in San Antonio. Topics include: Improving Population Health, Behavioral Health, Primary Care, and Readmissions. The Registration deadline is May 1. See the “RHP 6 Summit” tab on [www.texasrhp6.com](http://www.texasrhp6.com). Please email the Anchor Team if you attend this event. We welcome topic and speaker suggestions for RHP 8 learning collaboratives and sharing what you learned from RHP 6’s event on the RHP 8 bi-weekly conference calls.

1. **Q&A**
* Eldon Tietje with Central Counties inquired about supporting documentation needed for learning collaborative metrics. See the April DY3 Reporting Companion Document top of p. 18 for instructions on required supporting documentation:  <http://www.hhsc.state.tx.us/1115-Waiver-Guideline.shtml> (link to most current version)
1. **Other news**
2. **Providers Share Lessons Learned/Best Practices on RHP 8 Projects**

**Topics of Discussion:**

**Best Practices** – In general now that we are half-way through DY3, what are 1 or 2 best practices your organization has learned over the past few months now that projects are being implemented?

* Central Counties Services hosted a learning collaborative today specifically on the Breakthru Central project which serves adults (18 and older) with high-functioning autism and Asperger’s. Ray Helmcamp offered to include best practices shared at this event in the RHP 8 May newsletter.

**Success Stories** – Are there any Providers who would like to highlight a project and share a success story about how the patients’ lives are improving due to the implementation of a transformational project by your organization?

* Seton Highland Lakes is celebrating their one year anniversary coordinating the County Indigent Health Care Program for Burnet County. Patient navigation has helped provide a consistent medical home for the patients they serve. Crissy Calvert will submit information about their success for the RHP 8 May newsletter as well.
1. **Next Steps/Adjourn**

Reminders:

* 1. Be sure to send cohort sign-up cards to Gina Lawson (glawson@tamhsc.edu). We will have more info on meeting plans in the first or second week of May.
	2. If you have any celebrations, patient success stories, news, project planning tools to share in the newsletter, please email the anchor team.

**Key dates for DY3 April reporting:**

|  |  |
| --- | --- |
| **Date** | **Task** |
| **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 (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 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) 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. |