**Regional Healthcare Partnership 8**

**Bi-Weekly Conference Call**

**Tuesday, May 27, 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  Bonnie Scurzi | Seton | Melanie Diello |
| Bluebonnet Trails | N/A | Seton Harker Heights | Zach Dietz |
| Seton Highland Lakes | Crissy Calvert |
| Center for Life | Joey Smith | St. David’s Round Rock Medical Center | N/A |
| Central Counties Service | Eldon Tietje |
| Keith Morris |
| Hill Country MHMR | David Weden |
| Kristie Jacoby | Williamson County and Cities Health District | Mary Faith Sterk |
| Lisa Morse |
| Little River Healthcare | N/A |
| Scott & White – Llano | N/A | RHP 8 Program Director | Jennifer Bienski LoGalbo |
| Scott & White – Memorial | N/A | RHP 8 Program Assistant | Gina Lawson |

**AGENDA**

1. **Welcome and Introductions**

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1. **Updates from HHSC**

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| **April DY3 Reporting**  As HHSC staff have begun reviewing documentation submitted by Providers in support of DY3 metric achievement, HHSC has noticed a few issues:   * 1. If a Provider did NOT have 100% achievement on a metric, but submitted documentation and would like HHSC to review the documentation, send an email to the HHSC waiver mailbox in June or later (since HHSC is focused on April reporting review of “100% achieved” metrics now).   2. HHSC noticed a handful of projects that have said they are not reporting/did not achieve metric, but did attach documentation and in some cases everything else in the reporting template makes it appear that the Provider did in fact intend to report 100% achieved. Providers should check the sign-off summaries to make sure they selected appropriately. If there is an error, Providers should let HHSC know as soon as possible that the metric should be changed to "100% achieved" and that the metric should be reviewed.   3. HHSC saw evidence of potential PHI breaches in some documentation submitted. Check what you have submitted for PHI. HHSC will notify Providers when they think there may be a potential PHI breach in documentation, but the burden will be on Providers to remediate any breach and notify HHSC about their remediation plans, per the reporting Companion document. |

**New 3-year Projects**

Friday May 23rd, CMS sent initial letter of approval to RHP 8. Congratulations to the following 3-year project Providers: Central Counties, Seton Harker Heights, and Williamson County and Cities Health District.

**Category 3 Review**

1. HHSC continues to review Category 3 selections and staff is providing TA as needed to prepare for the next step of establishing baselines for October reporting. Much of this TA will be provided in the feedback forms that all Providers will receive form HHSC specific to the outcomes selected for each Category 1 or 2 project.
2. Anchor team sent out draft version of Cat 3 RHP Planning Protocol to Providers on Monday, May 19th.

**DY 4/5 Valuation**

1. CMS has confirmed that they do not have any concerns with the DY4-5 valuations for projects that were not flagged as state or CMS outliers. However, DY4 & DY5 values for ay project may change based on the findings of the mid-point assessment. HHSC has received email confirmation from CMS to this point.

**DY3 IGT for DSRIP Monitoring**

1. HHSC sent an email letting anchors know that HHSC plans to request $4 million IGT to support two forthcoming contracts-one for DSRIP compliance monitoring and one for DSRIP financial monitoring. The Anchor team forwarded this to Providers on Tuesday, May 13th.
2. The IGT for monitoring will be requested at the time of the July DSRIP payment regardless of the whether IGT is due for DSRIP payments. If the full monitor amount is not submitted in July, the HHSC will request the remaining amount in January 2015.

**PFM Protocol Changes**

1. On Friday, May 16th, HHSC provided to the Anchors and the Executive Waiver Committee a draft of the PFM Protocol that they had been discussing with CMS.
2. On Friday, May 23rd, HHSC emailed Anchors letting them know HHSC received notice from CMS Wednesday (May 21) that the changes to the Program Funding and Mechanics Protocol and the RHP Planning Protocol have been approved. HHSC has formatting corrections to make before posting the information on the website.

**III. Q&A**

* Question: Eldon with Central Counties – Their new 3-year project was approved for DY3 only. Providers will be notified of DY4-5 approvals after mid-point assessment takes place. When will mid-point assessment take place?

Answer: A mid-point assessment vendor has not been named. We do not have a clear picture of which Providers will be contacted, or the types of questions to be asked. The Anchor team will certainly share any information received from HHSC regarding the mid-point assessment with Providers.

* Question: Eldon at Central Counties also inquired about the status of exception requested for using an evaluation tool for the Temple ISD not listed on the Cat 3 protocol.

A: The Anchor team requested to address this offline since it was Provider-specific.

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

Updates on lessons learned/best practices/challenges up to this point.

* Williamson County and Cities Health District – Mary Faith Sterk

Their challenge has been communicating a “unified vision” of their DSRIP projects as a whole for their “Operation Transformation” community/staff outreach and marketing initiatives.

* Center for Life Resources (CFLR)–Joey Smith

CFLR had a successful meeting with State Representative Sheffield. CFLR explained the IGT process and showed the direct impact their DSRIP projects have had on the communities in RHP 8, 11 and 13. Another success has been overcoming the internet broadband challenges in this rural area. CFLR now has consistent internet access for their psychiatric telemed projects in each RHP served, having started in RHP 11.

**Reminders:**

Contact the Anchor Team if you:

* Have celebrations, new, success stories, etc. for the monthly newsletter;
* Would like to participate in a cohort; and/or
* Have been in the local news/newspaper.

**V. Next Steps/Adjourn**

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| |  |  | | --- | --- | | **Upcoming Dates (**[**per HHSC website**](http://www.hhsc.state.tx.us/1115-Waiver-Deadlines.shtml)**)** | | | **Date** | **Task** | | **Early June** | HHSC and CMS will complete their review and approval of April reports or request additional information (referred to as NMI) regarding the data reported.  Reminder: if additional information is requested, the DSRIP payment related to the milestone/metric will not be included with July DSRIP payments. | | **July 2014** | RHPs submit plan modifications for DY 4-5 | | **July 9** | Estimated IGT due date for approved April milestone/metric achievement and DY3 monitoring. | | **Mid - July** | Providers submit additional information to HHSC if necessary following April reporting. | | **July 31** | Estimated payment date for Providers for April reporting. | |  |  | | **Mid - August** | HHSC reviews and approves/disapproves additional information submitted by Providers following April reporting. | |