



Regional Healthcare Partnership 18

Collin, Grayson and Rockwall Counties

1115 Medicaid Waiver Extension

DYs 7 - 8

February 26, 2018

Anchor Team

Leigh Hornsby, PhD

Claudia Coggin, PhD

des Anges Crusier, PhD



Schedule

April 30: Last date to submit RHP Plan Update

March 16: Second stakeholder meeting

March 23: Last day for Providers to submit their Plans to the Anchor

April 10: Post the RHP18 Plan Update for public comment

April 16: Final RHP18 Plan Update provided to the Collin County Commissioners Court

April 23: Plan Update submitted to HHSC

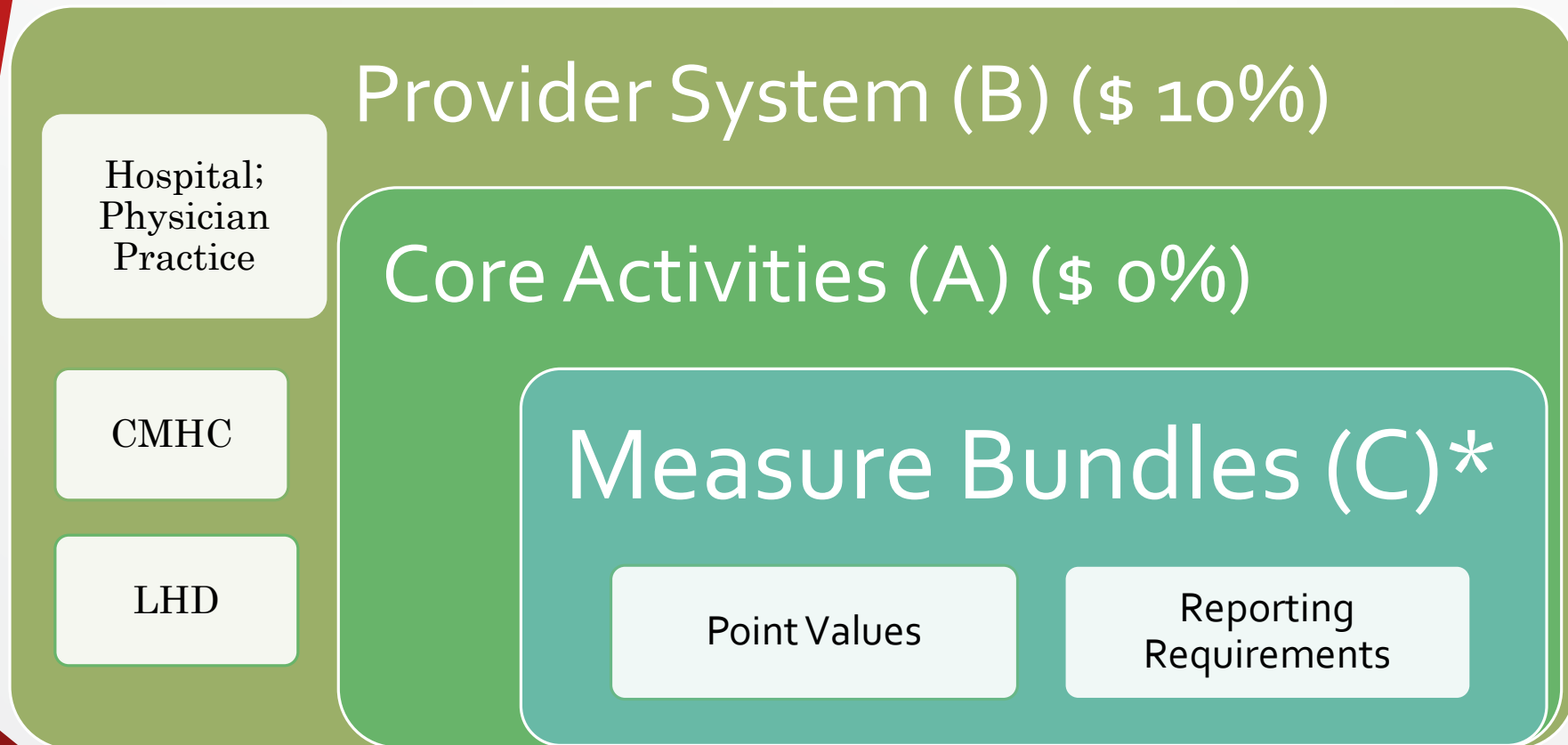


Changes for DYs 7 & 8

1. Categories and their interrelationships
2. Shift from individual project level reporting to provider system and population focused reporting
3. Measures are individual or in “bundles;” vary by provider type and have precise methodologies for calculations
4. Each Provider has a Minimum Point Threshold; MPT determines some requirements
5. Calendar year is performance year; Federal FY is DY
6. Drive toward alternative payment models and “cost savings”

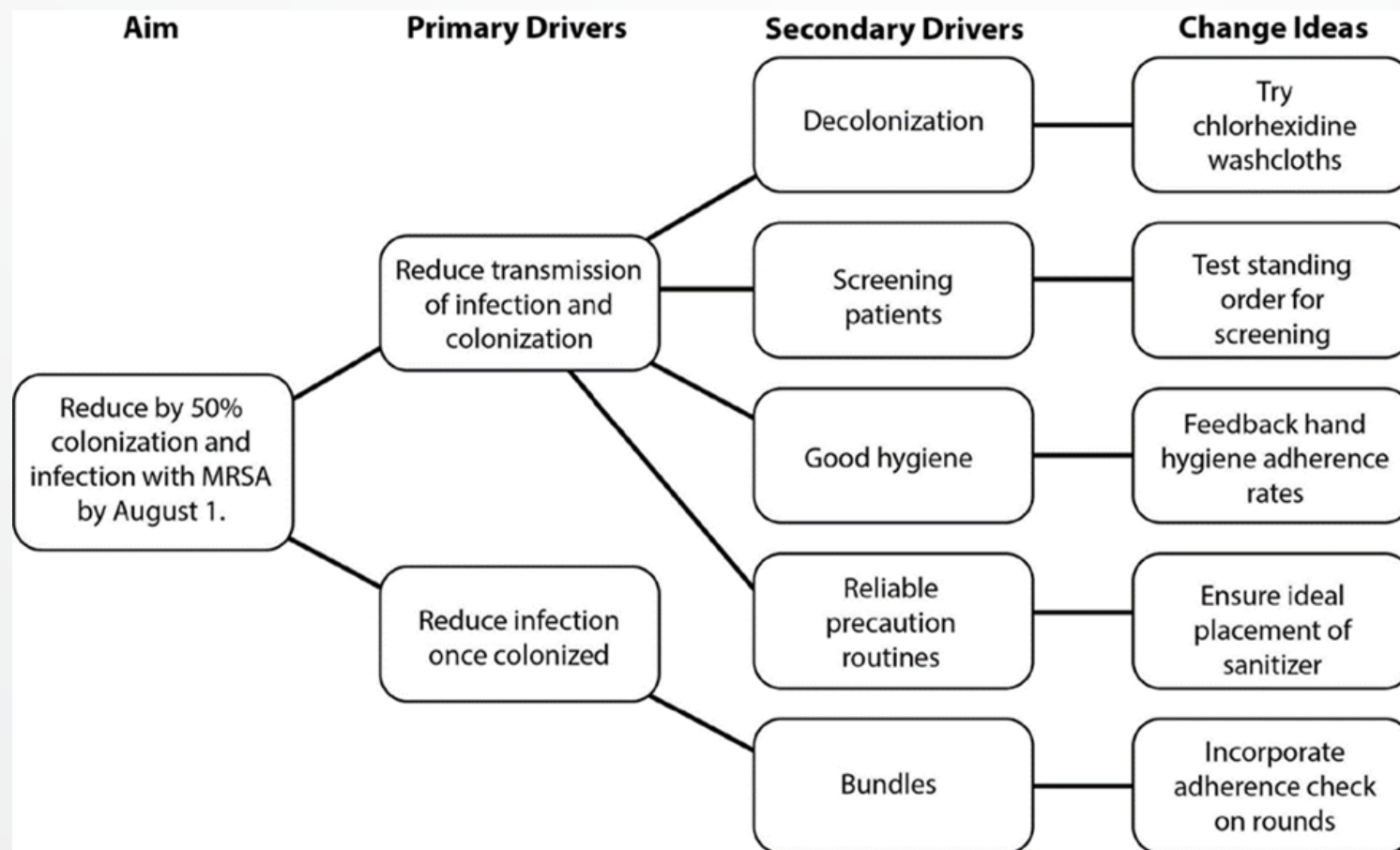


Extension Period Categories



* DY7 55 or 65%; DY8 75 or 85%

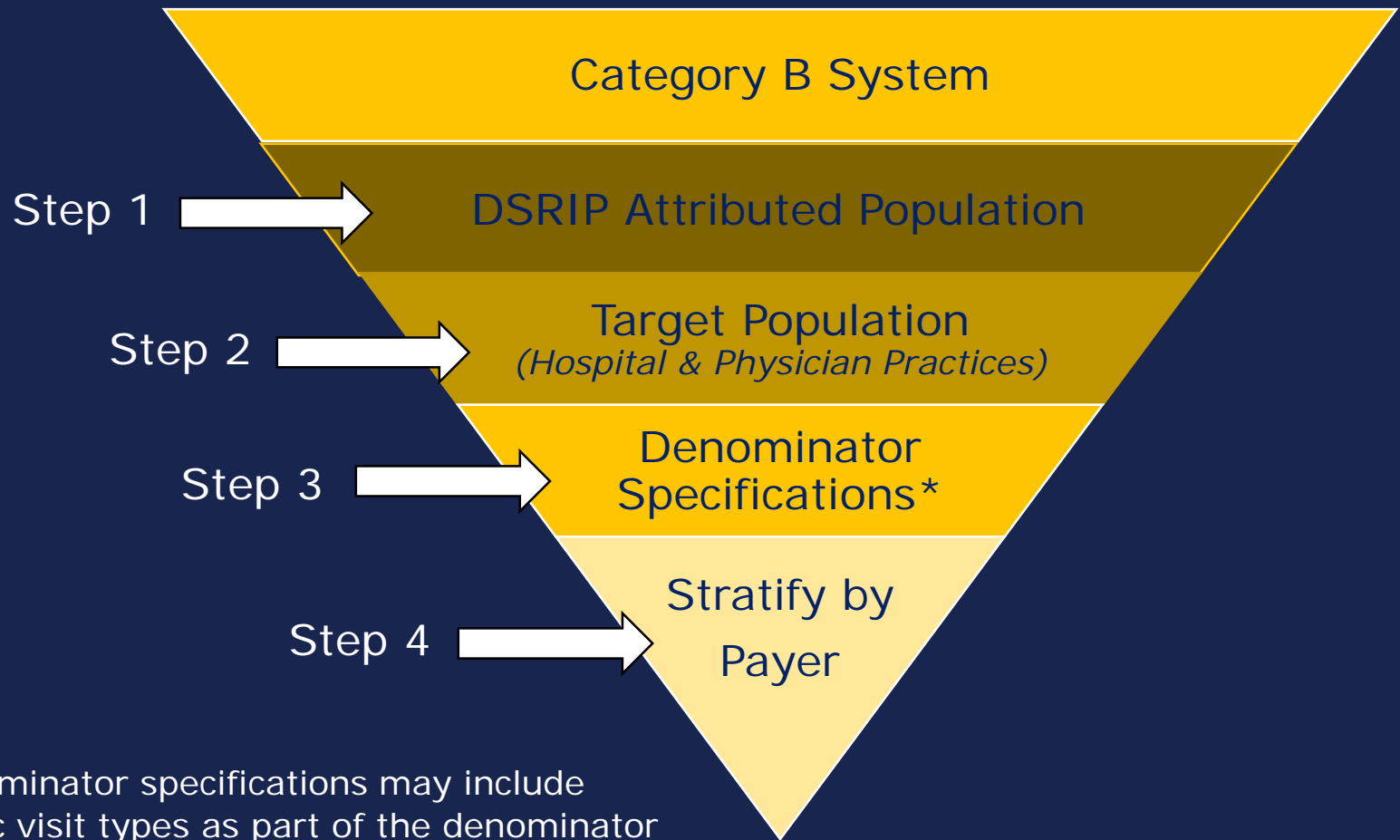
Driver Diagram Example





TEXAS
Health and Human
Services

Cat C Attribution



* Denominator specifications may include specific visit types as part of the denominator inclusion criteria.



Provider Plans

REQUIREMENTS

1. Define the System and Populations
2. Select Measures, Core Activities, Describe Strategies and Methodologies
3. Define populations using EHRs
4. Establish baselines for improvement goals
5. Provide assurance of reporting in Cat D
6. Verify valuations and distributions across measures
7. Assure IGT access
8. Acknowledge additional reporting requirements



RHP Plan Update Anchor Template

REQUIREMENTS

1. Provider Plans (except home option providers)
2. New Provider Plans
3. Community Needs Assessment
4. Public comment and stakeholder Plan reviews
5. Learning Collaborative Plan
6. Regional portraits for
 - Valuations
 - Systems (Cat B)
 - Measures (Cat C)



Future Expectations

DYs 7 & 8 (2018 & 2019):	\$3.1B each year
DY9 (2020):	\$2.91B
DY10 (2021):	\$2.49B
DY11 (2022):	\$0

- Same overall framework
- Measures continue with options for new measures.
- HHSC must submit to CMS the PFM updates by 03/31/19 and MBP updates by 7/31/19.
- Late 2018: HHSC begins work with stakeholders to:
 - Determine how the reduced funding pools for DY9-10 will be distributed
 - Update to the Category C menu for DY9-10



DY7 Total DSRIP Funds

Participating Provider	DY7 Value	Approximate IGT
Baylor Scott & White Centennial Medical Center	\$ 781,297.00	\$ 336,895
Women's Clinic McKinney (Brock Pierce, MD)	\$ 412,500.00	\$ 177,870
Texoma Community Center	\$ 4,473,907.00	\$ 1,929,149
Helping Hands, Rockwall County	\$ 185,529.00	\$ 80,000
LifePath Systems	\$ 12,294,144.00	\$ 5,301,235
Texoma Medical Center	\$ 5,000,000.00	\$ 2,156,000
Lakes Regional MHMR	\$ 2,342,584.00	\$ 1,010,122
UT Southwestern	\$ 1,662,760.00	\$ 716,982
Children's Health	<u>\$ 7,959,459.00</u>	\$ 3,432,119
	\$ 35,112,180.00	



DYs 2 – 6

Values, Collected and Remaining Funds

All Years	
Values All Categories	\$ 153,861,099.00
Paid All Categories	<u>\$ 139,720,235.00</u>
Remaining uncollected*	\$ 14,140,864.00
*A large portion will be collected from carry forward metrics this year.	