[redacted]

Subject: 1115 Transformation Waiver Update: Map & Anchor List

The following email was sent to UNTHSC, Cope Health Solutions and liaisons to UTMB and the DFW Hospital Alliance.

Bill

From: Bill Bilyeu
Sent: Monday, June 04, 2012 9:45 PM
Cc: Frank Ybarbo; Candy Blair
Subject: FW: 1115 Transformation Waiver Update: Map & Anchor List

The Commissioners Court approved contracting out the RHP administrative duties at tonight's meeting. They have asked me to gather letters of interest along with the proposed project team with resumes, scope of duties, costs, and a proposed contract. The cost proposal should include costs to complete the initial HHSC required submissions for the period from 6/21/12 until 8/31/12 and another cost proposal for full ongoing support from 9/1/2012-8/31/2013. The County's overriding understanding of the proposed scope of duties is that all required documentation and reports be created by the selected contractor for all 4 counties in RHP 18 and provided to Collin County for approval and signature as the anchor for submission to HHSC. This is a full turnkey contract. If decisions must be made by the RHP anchor regarding the various HHSC submissions, the contractor must provide details of the options and their ramifications along with the contractor's recommendation.

Additional information can be found below and attached to this email.

We are working under a short timeframe, but I need information returned to me no later noon on Thursday, June 7th. The Court wants to discuss the proposals at their next meeting on June 14th and proceed to the contract phase on June 21st.

Thanks,
Bill Bilyeu
County Administrator
Collin County
[redacted]

From: Bill Bilyeu
Sent: Thursday, May 31, 2012 11:52 AM
To: Keith Self Judge
Subject: Duties

I believe the next 3-4 months will be the busiest period to attend meeting, review draft HHSC policies, and hold conference calls with the counties. After the ramp up period passes, the contractor will only provide work product in response to DSRIP proposals or annual reporting requirements. They will be the point of contact for all issues or questions related to the waiver. The amount of work after the ramp up period would be contingent on the number of DSRIP proposals and whether or not they write DSRIP's on our behalf.

1. Represent, attend and participate in Medicaid 1115 discussions with HHSC, CMS, local medical providers and other interested parties on behalf of RHP 18. Disseminate waiver information as needed to counties and answer questions and make recommendations.

2. Community Health Assessment for the region – this is a comparison of population to the number of doctors, specialists, hospital beds, emergency rooms, births, WIC participants, Medicaid and Medicaid enrollment, etc. by community/zip code. This utilizes current data that is available from multiple sources. The assessment compares the data to generally accepted ratios or standards and points out shortfalls or successes.

3. Liaison to all 4 counties.

4. Public Hearings – Hold a public hearing in each County (probably in conjunction with a comm. court meeting) to receive input on the community assessment

5. Draft and recommend DSRIP protocols for RHP 18 utilizing state recommendations and customizing to meet RHP 18 requirements. (DSRIP submitted via email to Dr. Cruser, 6 copies, court order attached, etc.)

6. Create a website or email account for submissions and updates

7. Compare DSRIP proposals to the adopted health assessment to determine compliance with protocols (measured outcomes, projected cost, etc.)

8. Make recommendations on DSRIP proposals to the anchor. (all properly formatted DSRIP proposals will be submitted to the State)

9. Collect DSRIP reporting information. Track measurements and submit annual or required reports to the anchor and the State

10. Vet and write DSRIP proposals on behalf of the RHP counties (optional but necessary)

11. Attend Commissioners Court or other meetings as needed in support of the RHP to answer questions as needed.

From: HHSC Texas Healthcare Transformation and Quality Improvement Program [redacted]
Sent: Monday, June 04, 2012 4:24 PM
To: HHSC Texas Healthcare Transformation and Quality Improvement Program
Subject: 1115 Transformation Waiver Update: Map & Anchor List

Attached to this email are the Regional Healthcare Partnership map and contact information for the anchors listed below.

RHP 1 - The University of Texas Health Science Center at Tyler (UTHSCT)
RHP 2 - University of Texas Medical Branch
RHP 3 - Harris County Hospital District
RHP 4 - Nueces County Hospital District
RHP 5 - Hidalgo County
RHP 6 - University Health System
RHP 7 - Travis County Healthcare District (dba Central Health)
RHP 8 - Texas A&M Health Science Center
RHP 9 - Dallas County Hospital District (dba Parkland Health and Hospital)

RHP 10 - Tarrant County Hospital District (dba JPS Health Network)
RHP 11 - Palo Pinto General Hospital District
RHP 12 - Lubbock County Hospital District - University Medical Center
RHP 13 - McCulloch County Hospital District
RHP 14 - Ector County Hospital District (dba Medical Center Health System)
RHP 15 - University Medical Center of El Paso (El Paso Hospital District)
RHP 16 - Coryell County Memorial Hospital Authority
RHP 17- Texas A&M Health Science Center
RHP 18 - Collin County
RHP 19 - Electra Hospital District (dba Electra Memorial Hospital)
RHP 20 - Webb County

In developing the map and anchor list, HHSC worked with the regions in contention and held a public hearing on May 17, 2012. Please note that to reflect patient flow, an IGT entity may fund a performing provider in a contiguous RHP based on certain principles. For instance, total computable payment must stay with the recipient, and the project must be included in the performing provider's RHP plan.

In order to meet the September 1, 2012 RHP plan submission deadline, HHSC encourages all RHPs to begin or continue developing plans—including assessing community needs, reviewing the draft Delivery System Reform Incentive Payment (DSRIP) project menu and draft Program Funding and Mechanics (PFM) Protocol, and estimating possible funding levels. In June and July, HHSC plans to negotiate with our federal partner, the Centers for Medicare and Medicaid Services, detailed waiver requirements including both the DSRIP menu and PFM Protocol. Because CMS approval of RHP plans is contingent on these protocols, HHSC will continue to update stakeholders on a regular basis regarding the CMS negotiations.

HHSC recognizes the timeline for implementing the 1115 Transformation waiver is very tight and very much appreciates your patience in this new process. For updated materials and to sign up for email alerts, please refer to the waiver website: http://www.hhsc.state.tx.us/1115-waiver.shtml. Should you have any questions, please email waiver staff at TXHealthcareTransformation@hhsc.state.tx.us.