

REGIONAL HEALTHCARE PARTNERSHIP

RHP Region 4 Health Plan

(As Submitted December 31, 2012)

Nueces County Commissioners Court
February 27, 2013

<http://www.nchdcc.org/1115-waiver-information.cfm>



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Information

- THHSC Waiver Information:
<http://www.hhsc.state.tx.us/1115-waiver.shtml>
- Region 4 Health Plan:
<http://www.nchdcc.org/pdf/RHP4DSRIPPlanDec2012.pdf>



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Anchor Entity

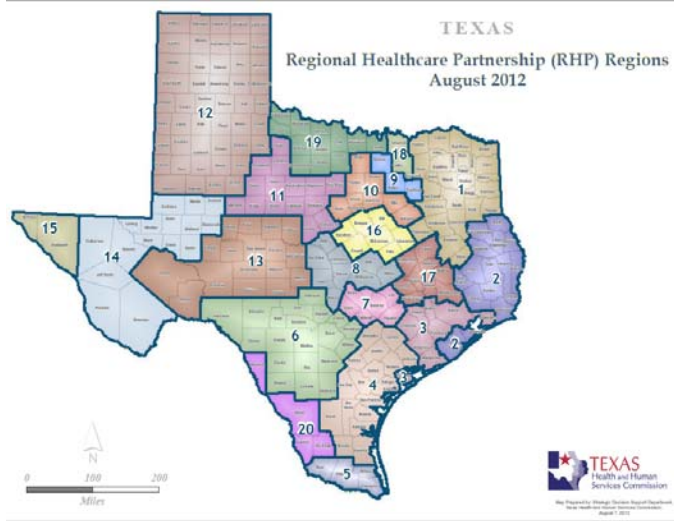
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Regional Healthcare Partnership
Region 4 Anchor Entity
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RHP Regions



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RHP 4 Counties

- Aransas
- Bee
- Brooks
- DeWitt
- Duval
- Goliad
- Gonzales
- Jackson
- Jim Wells
- Karnes
- Kenedy
- Kleberg
- Lavaca
- Live Oak
- Nueces
- Refugio
- San Patricio
- Victoria



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Counties with Hospital(s)

- Aransas
- Bee
- DeWitt
- Gonzales
- Jackson
- Jim Wells
- Karnes
- Kleberg
- Lavaca
- Nueces
- Refugio
- Victoria



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Counties without a Hospital

- Duval
- Goliad
- Kenedy
- Live Oak
- San Patricio



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Local Mental Health Authorities

- Coastal Plains:
 - Aransas County
 - Bee County
 - Brooks County
 - Duval County
 - Kenedy County
 - Kleberg County
 - Jim Wells County
 - Live Oak County
 - San Patricio County
- Gulf Bend:
 - DeWitt County
 - Goliad County
 - Jackson County
 - Lavaca County
 - Refugio County
 - Victoria County



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Local Mental Health Authorities continued...

- Bluebonnet Trails:
 - Gonzales County
- Camino Real:
 - Karnes County
- Nueces:
 - Nueces County



Demonstration Project

- **Social Security Act, Section 1115 (42 U.S.C. 1315):**
 - Provides the Secretary of Health and Human Services broad authority to waive statutory and regulatory provisions of federal health and welfare programs, including Medicaid and SCHIP.
 - For experimental, pilot, or demonstration projects likely to assist in promoting program objectives.
 - Waivers required to be budget neutral for the federal government.



Purpose

- **Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver:**
 1. **Managed care expansion:**
 - Allows statewide Medicaid managed care services.
 2. **Replaces Upper Payment Limit (UPL) Program:**
 - Uncompensated care (UC) pool.
 - Delivery system reform incentive payment (DSRIP) pool.
 - Texas has potential to receive up to \$29 billion over 5 years.
 - \$14 billion more than former UPL program.



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Payments to Providers

- **Waiver Payment Pools:**
 - **Uncompensated Care (UC):**
 - Reimburse hospitals for the cost of care for Medicaid and uninsured patients for which the hospitals do not receive payment (DY 1 – 5).
 - **Delivery System Reform Incentive Payments (DSRIP):**
 - Payments to hospitals, local mental health authorities, public health departments, and certain physician groups upon their achieving certain goals intended to improve quality and lower the cost of care (DY 2 – 5).



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Project Categories Overview

- **Category 1: Infrastructure Development**
 - Lays the foundation for the delivery system through investments in people, places, processes, and technology. Pay for performance.
- **Category 2: Program Innovation & Redesign**
 - Pilots, tests, and replicates innovative care models. Pay for performance.



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Project Categories Overview continued...

- **Category 3: Quality Improvements**
 - Disseminates up to four interventions in which major improvements can be achieved within four years. Pay for reporting, then performance.
- **Category 4: Population-based Improvements**
 - Requires all hospitals (only) to report on the same measures. Pay for reporting.



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Health Plan Organization

- **Section I: RHP Organization**
 - Key partners and performing providers in 18-county region.
- **Section II: Executive Overview**
 - Overview, key health challenges, and Pass 1 projects performing providers propose to implement in the next 4 years (DY 2 – 5).
- **Section III: Community Needs Assessment**
 - Health needs addressed by RHP Plan's projects.



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Health Plan Organization continued...

- **Section IV: Stakeholder Engagement**
 - Description of stakeholder engagement process.
- **Section V: DSRIP Projects**
 - Project descriptions of proposed Pass 1 & 2 projects:
 - Category 1: Infrastructure development.
 - Category 2: Program innovation and redesign.
 - Category 3: Quality improvements.
 - Category 4: Population-focused improvements (hospitals only).



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Health Plan Organization continued...

- **Section VI: RHP Participation Certifications**
 - Certifications of performing providers.
- **Section VII: Addendums**
 - Private hospital certifications.
 - DSRIP projects considered, but not selected.
 - Collaboration agreements.



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Key Health Challenges

- **Extreme Levels of Economic and Health Disparities:**
 - Access barriers to care.
 - Chronic diseases.
 - Mental health illnesses and substance abuse.



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Community Needs Addressed

- **Inadequate Access:**

- Primary medical care.
- Specialty medical care.
- Behavioral health services.
- Dental care.
- Services for pregnant women, particularly for low-income women.
- Health care services in rural areas.



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Community Needs Addressed continued...

- **High Rates:**

- Inappropriate Emergency Department utilization and dissatisfaction with ED services.
- Preventable hospital admissions.
- Poor dental health and related medical issues.
- Poor birth outcomes and low birth-weight babies.
- Diabetes, including gestational diabetes.



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Community Needs Addressed continued...

- **Shortages:**
 - Specialty care physicians.
 - Primary care physicians.
- **High Incidences:**
 - Mortality and cost associated with COPD.
 - Mortality from sepsis and severe sepsis.



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Community Needs Addressed continued...

- **Lack of Services:**
 - Patient navigation.
 - Patient and family education.
 - Information programs to prevent illness and increase utilization of health.
 - Integration of physical and behavioral health.
- **Inadequate Provision and Coordination:**
 - Health care services for persons with chronic conditions.



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Community Needs Addressed continued...

- **Negative Outcomes:**
 - Mental health, such as suicide or mental health admissions in jail/prisons.



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Performing Providers

- **Regional Healthcare Partnership Entities (21):**
 - **Hospitals (15):**
 - ✓ Safety Net Hospitals (3):
 - CHRISTUS Spohn Hospital – Corpus Christi
 - Corpus Christi Medical Center – Bay Area
 - Driscoll Children's Hospital
 - ✓ Critical Access Hospitals (4):
 - Jackson County Hospital District, Edna
 - Lavaca Medical Center, Hallettsville
 - Otto Kaiser Memorial Hospital, Kenedy
 - Refugio County Memorial Hospital District, Refugio



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Performing Providers continued...

- **Regional Healthcare Partnership Entities (21):**

- **Hospitals (15) continued:**

- ✓ **Community Hospitals (8):**

- Christus Spohn Hospital – Alice
- Christus Spohn Hospital – Beeville
- Christus Spohn Hospital – Kleberg
- Citizens Medical Center (Victoria)
- Cuero Community Hospital
- DeTar Healthcare System (Victoria)
- Gonzales Memorial Hospital
- Yoakum Community Hospital



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Performing Providers continued...

- **Regional Healthcare Partnership Entities (21):**

- **Community Mental Health Centers (5):**

- Bluebonnet Trails Community Center, Round Rock
- Camino Real Community Center, Lytle
- Coastal Plains Community Center, Portland
- Gulf Bend Community Center, Victoria
- Nueces County Community Center, Corpus Christi

- **Local Public Health Department (1):**

- Corpus Christi-Nueces County Public Health District



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Selected Project Areas

- **Top Infrastructure Development Projects (Cat. 1):**
 - 1.1 – Primary Care Capacity (11 projects)
 - 1.7 – Telemedicine/Telehealth (8 projects)
 - 1.9 – Specialty Care Capacity (8 projects)
 - 1.3 – Chronic Disease Management Registry (6 projects)



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Selected Project Areas continued...

- **Top Program Innovation & Redesign Projects (Cat. 2):**
 - 2.11 – Conduct Medication Management (8 projects)
 - 2.8 – Process Improvement for Quality/Efficiency (7 projects)
 - 2.12 – Care Transitions Programs (6 projects)
 - 2.15 – Integrate Primary & Behavioral Services (6 projects)



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Selected Project Areas continued...

- **Top Quality Improvement Projects (Cat. 3):**
 - 9 – Right Care, Right Setting (24 projects)
 - 1 – Primary Care & Chronic Disease Management (22 projects)
 - 3 – Potentially Preventable Re-Admissions (17 projects)
 - 4 – Potentially Preventable Complications (17 projects)



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Project Areas

- **Category 1 – Infrastructure Development Projects:**
 - 1.1 – Primary Care Capacity (11 projects)
 - 1.2 – Primary Care Workforce (2 projects)
 - 1.3 – Chronic Disease Management Registry (6 projects)
 - 1.7 – Telemedicine/Telehealth (8 projects)
 - 1.8 – Dental Services (1 project)
 - 1.9 – Specialty Care Capacity (8 projects)
 - 1.12 – Service Availability Behavioral Health Care (3 projects)
 - 1.13 – Behavioral Health Crisis Stabilization (2 projects)



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Project Areas continued...

- **Category 2 – Program Innovation & Redesign Projects:**

- 2.1 – Medical Homes (1 project)
- 2.2 – Chronic Care Management Models (1 project)
- 2.5 – Redesign for Cost Containment (3 projects)
- 2.6 – Health Promotion Programs (4 projects)
- 2.7 – Disease Prevention Programs (4 projects)
- 2.8 – Process Improvement for Quality/Efficiency (7 projects)
- 2.9 – Patient Care Navigation Programs (1 project)
- 2.10 – Palliative Care Programs (1 project)
- 2.11 – Conduct Medication Management (8 projects)



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Project Areas continued...

- **Category 2 – Program Innovation & Redesign Projects, continued:**

- 2.12 – Care Transitions Programs (6 projects)
- 2.13 – Prevent Behavioral Health Unnecessary Use (1 project)
- 2.15 – Integrate Primary and Behavioral Services (6 projects)
- 2.18 – Mental Health Peer Support Services (1 project)
- 2.19 – Care Management Primary & Behavioral Health (4 projects)



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Project Areas continued...

- **Category 3 – Quality Improvement Projects:**
 - 1 – Primary Care & Chronic Disease Management (22 projects)
 - 2 – Potentially Preventable Admissions (5 projects)
 - 3 – Potentially Preventable Re-Admissions (17 projects)
 - 4 – Potentially Preventable Complications (17 projects)
 - 5 – Cost of Care (5 projects)
 - 6 – Patient Satisfaction (11 projects)
 - 7 – Oral Health (1 project)
 - 8 – Perinatal Outcomes (3 projects)
 - 9 – Right Care, Right Setting (24 projects)



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Project Areas continued...

- **Category 3 – Quality Improvement Projects,
continued:**
 - 10 – Quality of Life/Functional Status (2 projects)
 - 11 – Address Health Disparities (No projects)
 - 12 – Primary Care & Primary Prevention (No projects)
 - 13 – Palliative Care (3 projects)



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Nueces County Providers

- **Christus Spohn Hospital – Corpus Christi:**
 - **40 Projects, Total value = \$157,239,981**
 - Average value: \$3,930,999
 - Value range: \$229,899 - \$14,887,155
 - **Projects:**
 - Category 1 - Infrastructure Development = 6
 - Category 2 - Innovation & Redesign = 11
 - Category 3 - Quality Improvements = 17
 - Category 4 - Population-Focused Improvement = 6



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Nueces County Providers continued...

- **Corpus Christi Medical Center:**
 - **26 Projects, Total value = \$53,407,268**
 - Average value: \$2,054,125
 - Value range: \$0 - \$4,662,663
 - **Projects:**
 - Category 1 - Infrastructure Development = 5
 - Category 2 - Innovation & Redesign = 2
 - Category 3 - Quality Improvements = 13
 - Category 4 - Population-Focused Improvement = 6



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Nueces County Providers continued...

- **Driscoll Children's Hospital:**
 - **21 Projects, Total value = \$88,998,134**
 - Average value: \$4,238,006
 - Value range: \$0 - \$13,412,500
 - **Projects:**
 - Category 1 - Infrastructure Development = 4
 - Category 2 - Innovation & Redesign = 3
 - Category 3 - Quality Improvements = 8
 - Category 4 - Population-Focused Improvement = 6



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Nueces County Providers continued...

- **Nueces County MHMR Center:**
 - **12 Projects, Total value = \$13,450,230**
 - Average value: \$1,120,852
 - Value range: \$109,834 - \$5,478,357
 - **Projects:**
 - Category 2 - Innovation & Redesign = 4
 - Category 3 - Quality Improvements = 8



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Nueces County Providers continued...

- **Corpus Christi-Nueces County Public Health District:**
 - **8 Projects, Total value = \$16,519,130**
 - Average value: \$2,064,891
 - Value range: \$234,000 - \$7,401,720
 - **Projects:**
 - Category 1 - Infrastructure Development = 2
 - Category 2 - Innovation & Redesign = 2
 - Category 3 - Quality Improvements = 4



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Current Steps – State

- **Texas Health & Human Services Commission:**
 - Final RHP Plans due to THHSC by **December 31, 2012.**
 - THHSC begins 30-day review period upon receipt.
 - RHPs will have 15 days to address any THHSC comments.
 - THHSC approval of RHP Plan triggers DY1 DSRIP payments.



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Next Steps – Federal

- **Centers for Medicare & Medicaid Services:**
 - CMS initiates 45-day review period upon receipt of THHSC-approved RHP Plans.
 - RHP and THHSC will have 30 days to address any CMS comments.
 - **May 1, 2013 or 15 days after receipt of revised plan** – CMS approves or denies all RHP Plans.



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General Information

- **Texas Health & Human Services Commission:**
 - **Waiver Information:**
<http://www.hhsc.state.tx.us/1115-waiver.shtml>
 - **Waiver Comments/Questions:**
TXHealthcareTransformation@hhsc.state.tx.us
- **RHP Region 4:**
 - **Health Plan:**
<http://www.nchdcc.org/regional-healthcare-partnership-plan.cfm>
 - **Health Plan Public Meeting Notices:**
<http://www.nchdcc.org/public-notice.cfm>



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Contact

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