

HEALTH MANAGEMENT ASSOCIATES

A large white serif letter 'H' centered on a blue-tinted background of a hospital room with medical equipment.A large white serif letter 'M' centered on a green-tinted background of a hallway with columns.A large white serif letter 'A' centered on a dark red-tinted background of a conference room.

6/26/2014

RHP4 Learning Collaborative

HealthManagement.com

Meeting Overview

- Raise the Floor Initiative and Reporting Reminder
- Provider Presentations
- Project Challenges Breakout Discussions
- Lunch
- Workgroup Sessions
 - Improving Patient Engagement and Responsibility
 - Improving Access to Care
- DSRIP Discussion/ HHSC Updates
- Upcoming meetings

Reporting Timelines and Requirements

- All RHP 4 Providers required to submit quarterly reporting templates for:
 1. Raise the Floor Initiative *and*
 2. Workgroup Improvement initiatives
- RHP 5 Providers who are using participation in RHP 4 Learning Collaborative to meet project metric requirements also need to submit quarterly reports to meet HHSC/CMS requirements
- First reports due in September

Reporting Template Requirements

Contact Information	
Provider Organization:	
Primary Contact:	Email:
Goals	
Goal(s):	
Plan	
Plan for Implementation and Achievement:	
Do	
Actions Taken:	
Study	
Review and Evaluate:	
Progress Towards Goal(s):	
Challenges:	
Act	
Next Steps:	
Collaborate	
Share Successes and/or Request Assistance	

Next Steps

Presenters and Discussion Recommendations for future workgroup meetings

- Topics of discussion – what would be most beneficial?
- Presentations by providers
 - At each future meeting, we will ask providers to present a 10 to 15 minute overview of a specific project
- Other suggestions?
 - We welcome ideas for future speakers or topics for presentations

DSRIP Project Updates

Performing Providers

Notes from HHSC

- **CMS is conducting a review** of the DSRIP program
 - RHP4 has received notification of onsite CMS financial review. According to the 5/30/14 Anchor Notes, HHSC believed then that CMS plans to go onsite in Dallas, Fort Worth, and Austin.
- **April Reporting:** in instances where it was clear that a provider should not have reported in April, such as achievement not occurring by March 31st, 2014, HHSC changed the reporting status to "Did not report." This information is noted on cover sheets.
 - Please be aware that HHSC will not be able to do these same types of changes with October reporting once they start using the automated system.
- **Plan Modifications:** HHSC is moving the due date for submitting plan modification and technical change requests back to late July.
 - The July 2014 change request period will be the last time for providers of 4-year projects to initiate plan modification requests and technical change requests for DY4-5 for most issues. There will be some additional plan modifications initiated by HHSC/the compliance monitor during the midpoint assessment review (e.g. if a project achieved its DY5 QPI goal in DY3, it will need to increase its future goal(s)).
 - Will likely happen at the same time as Category 3 NMI requests
- HHSC continues to get quite a few questions asking about **allowable uses for DSRIP funds:** DSRIP funds are incentive payments paid to the DSRIP provider for achieving project metrics. Neither HHSC nor CMS are prescribing how DSRIP funds are spent once they are earned, though HHSC certainly encourage providers to use them to improve healthcare services, particularly for the Medicaid and low-income uninsured populations.

DSRIP Updates

- July 9, 2014: Estimated IGT due date for approved April milestone metric achievement and DY3 monitoring
- July 11, 2014: RHP4 April DY 3 reporting comments due to HHSC
- Mid July 2014: Initial Category 3 review completed
 - Files for RHPs 3,9,1,6 were already or nearly sent; feedback for the rest of the regions will proceed in the following order: RHP 10, 17, 14, 13, 12, 11, 8, 5, 2, 20, 15, 4, 19, 18, 7, 16.
 - 14 days to respond
 - Region-wide TA call will be scheduled during those 14 days
- July 27, 2014: Waiver extension/renewal options will be discussed with the Executive Waiver Advisory Committee and with anchors on the anchor call.
- July 31, 2014: Plan Modifications requests due
- July 31, 2014: Estimated payment date for April reporting

DSRIP Updates Continued

- Late Summer to Early Fall: Myers & Stauffer, LLC to begin mid-point assessments
- Mid-August 2014: HHSC reviews and approves or disapproves additional information submitted following April reporting
- September 9-10: Annual statewide learning collaborative in Austin
- September 30, 2015: HHSC must submit DSRIP waiver renewal request to CMS to extend the waiver
- October 2014: HHSC expects to have its automated DSRIP reporting system deployed in time to accommodate October DY3 reporting
- Fall (TBD) 2014 : Full RHP plan submission to HHSC
- January 2015: Estimated payment date for Anchor administrative costs

Upcoming Learning Collaboratives

- September 9 and 10 – HHSC Learning Collaborative Summit in Austin
 - HHSC wants every DSRIP provider to have the opportunity to send someone to the summit in person if they so choose.
 - Live survey open until 7/1/14 to offer input on Summit:
<http://surveyconsole.com/console/t/ApFLZDeUV>
- September 25 – RHP4 Learning Collaborative
 - TBD if in-person or webinar based – depending on above HHSC LC Summit

Questions and Contact Info

- Linda Wertz:
 - lwertz@healthmanagement.com
- Dianne Longley
 - dlongley@healthmanagement.com
- Catie Hilbelink
 - chilbelink@healthmanagement.com
- Phone for all: 512-473-2626