
RHP 4

Learning Collaborative

May 19, 2015

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Raise the Floor Initiative

June 2014 – June 2015

- Increase use of social media to communicate health information to patients/clients

July 2015 – September 2016

- Organize and host community wide/regional health fair to promote DSRIP improvement activities

Social Media Challenges

- Receiving executive approval to engage in social media activities
- Staff training / responsibility
- Ongoing responsibility for keeping media/web pages current and fresh
- Clients without access to phone/computers
- Increasing readership/likes
- Delays in getting information posted
- Content limitations due to internal policies and procedures

Challenges cont.

- Continuing to grow the program/increase participants
- Concerns regarding legal liability associated with information posted using social media

Opportunities for Collaboration and Technical Assistance

- Share examples of promotional materials and information that have been successful
- Coordinate with other hospitals throughout region to view and “like” web pages and share health and wellness information throughout the collaborative
- Policies/procedures related to posting of staff pictures

Strategies Used to Improve Participation

- Paying to promote Facebook site
- Using surveys/questions to engage site

Health Fair Planning

- Next LC meeting, will begin subcommittees for Health Fair planning
 - Marketing
 - Logistics
 - Activities
 - Sponsors/Partners
- Priority: Determine date/location for Health Fair
 - Send suggestions to HMA (Catie, Linda or Dianne)

Current Events

- **Clinical Champions:** DSRIP performing providers will have an opportunity to submit a template for their project(s) to a.) identify and share promising practices with like projects around the state, b.) inform the transformative impact of DSRIP projects and the development of content for the Statewide Learning Collaborative, c.) support Waiver extension/renewal efforts with CMS, and d.) help inform ways to better evaluate projects in the next phase of the Waiver.
- **Change Request Process (Plan Modification Requests and Technical Change Requests):** In June, HHSC will provide an opportunity for 3-year projects to submit change requests for DY5 only. This 3-year project change request process will be similar to the Summer 2014 change request process.
- **Myers and Stauffer Compliance Monitoring:** Will begin shortly with M&S first validating a random sampling of common Cat 3 measures.

Waiver Renewal/Extension Timeline

- October 1, 2013 – September 30, 2014 DY 3
- October 1, 2014 – September 30, 2015 DY 4
 - March 31, 2015 HHSC transition plan due to CMS
 - Public transparency process
 - March 31, 2015 Waiver under Section (a) Request due to CMS
 - September 30, 2015 Waiver Extension (e) Request due to CMS
- October 1, 2014 – September 30, 2016 (waiver expires) DY 5
 - Negotiations: from request through approval no later than 10/1/2016

CMS Letter to Florida

- Florida has a Low Income Pool (LIP) that serves a similar purpose to Texas' UC pool.
- CMS granted Florida a one-year extension of its pool last year, but in April sent Florida a letter with the following three points.
 - Coverage rather than uncompensated care pools is the best way to secure affordable access to health care for low-income individuals, and UC pool funding should not pay for costs that would be covered in a Medicaid expansion.
 - Medicaid payments should support services provided to Medicaid beneficiaries and low-income uninsured individuals.
 - Provider payment rates must be sufficient to promote provider participation and access, and should support plans in managing and coordinating care.
- The Florida letter is consistent with HHSC conversations with CMS staff – CMS prefers higher Medicaid rates and coverage expansion to ongoing supplemental funds for uncompensated care.

CMS Letter to Florida

- CMS contacted the eight other states with UC pools, including Texas, to let them know CMS intends to use the three guiding principles in the FL letter as UC pools come up for renewal.
- CMS noted that each state's situation is unique and the need for transition time.
- Texas has not received anything formal in writing from CMS regarding its UC pool. Rather, CMS staff indicated that the future of the pool will be handled as part of Texas' waiver renewal negotiations.
 - CMS said it wants to better understand Texas specifics to inform negotiations and that it will require Texas to contract for an independent report of its UC program similar to the report that it required of FL.

Private Hospital Financing Issue

- CMS is concerned about how the non-federal share of private hospital UC and DSRIP payments is financed in Texas.
 - Public entities (e.g. hospital districts, counties) put up the non-federal share of UC and DSRIP payment through intergovernmental transfers (IGT).
 - The non-federal share of Medicaid payments must be public dollars. Private entities that receive Medicaid payments are not allowed to return a portion to the public entities that put up the non-federal share.
- CMS issued guidance in May 2014 concluding that the community benefits private hospitals provide to public entities in Texas may constitute impermissible provider-related donations, even though CMS has allowed this model of private hospital IGT financing in Texas since 2007.
- Based on review of four RHPs, CMS issued a deferral letter in September 2014 related to private hospital UC payments in several areas of the state.
- In January 2015 CMS lifted the deferral and gave Texas until December 2015 to address its concerns.

Summary of Goals from Transition Plan Submitted to CMS

- When Texas submits its extension request in September 2015, HHSC plans to request
 - 1) to continue at least the demonstration year (DY) 5 funding level for DSRIP (\$3.1 billion annually) and
 - 2) a UC pool equal to the unmet UC need in Texas. Based on current projections, the funding levels between the two pools could be increased and still allow Texas to remain within federal budget neutrality for future waiver years.

Goals for the Waiver Renewal Period

- Continue to support the healthcare safety net for Medicaid and low income uninsured Texans.
- Further incentivize transformation and strengthen healthcare systems across the state by building on the Regional Healthcare Partnership (RHP) structure.
- Maintain program flexibility to reflect the diversity of Texas' 254 counties, 20 RHPs, and approximately 300 DSRIP providers.
- Improve project-level evaluation to identify the best practices in DSRIP to be sustained and replicated.
- Further integrate DSRIP efforts with Texas' Medicaid managed care quality strategy and other value based payment efforts.
- Work to streamline the DSRIP program to lessen the administrative burden on providers while focusing on collecting the most important types of information.

Questions and Contact Information

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