

HEALTH MANAGEMENT ASSOCIATES



RHP 4
Learning Collaborative

April 14, 2016

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HealthManagement.com

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RAISE THE FLOOR INITIATIVES

Raise the Floor Initiatives

- Two Options for Required Raise the Floor Initiatives:
 - Health Fair
 - Social Media
- Must select at least one; can participate in both

Providers Selecting Health Fair Option

- Bluebonnet Trails Community Center
- Citizens Medical Center
- Jackson County Hospital Districts
- Refugio County Memorial Hospital District
- Yoakum Community Hospital
- Border Region Behavioral Health Center
- Rio Grande Regional Hospital
- University of Texas Health Science Center at Houston

Providers Selecting Social Media

- Behavioral Health Center of Nueces County
- Corpus Christi Medical Center
- CC - Nueces County Public Health District
- Christus Spohn - Alice
- Christus Spohn - Beeville
- Christus Spohn - Corpus Christi
- Christus Spohn - Kleberg
- Coastal Plains Community Center
- DeTar Healthcare System
- Driscoll Children's Hospital
- Memorial Hospital
- Otto Kaiser Memorial Hospital
- Harlingen Medical Center
- Valley Regional Medical Center

Status of Health Fair Projects

Provider	Recent Activity
Refugio County Memorial Hospital District	Participated in fair October 28, 2015; Looking to participate in Victoria Health Fair or another fair if available
Citizens Medical Center	Planning in progress
Jackson County Hospital District	Will participate in Victoria Health Fair, May 19
Yoakum Community Hospital	Hosted health screenings in February; plans to host another event in the summer
Border Region Behavioral Health Center	Participated in 2 local health fairs (with Gateway Community Health Center and Veterans Outpatient Clinic); Intends to host future fair at BRBHC
Harlingen Medical Center	Is planning 3 local health fairs throughout the year; has already participated in over 30 events throughout the community

Highlights of Health Fair Projects

Provider	Recent Activity
Rio Grande Regional Hospital	Hospital has authorized hosting of a back to school health fair in August; plans are underway
University of Texas Health Science Center at Houston	Participate in on-going CycloBia (Open Streets) events; Have participated in 3 events since June 2015; intend to participate in several more during this year to promote and recruit participants to MEND.
Bluebonnet Trails Community Services	Working with other providers to plan a local health fair; currently attending all local community health fairs with FQHCs

Challenges Identified by Providers

- Dealing with unpredictable circumstances, like weather
- Staffing multiple events, especially when they occur on weekends
- Process associated with health fair planning
- Following up with attendees is time consuming and of varying success
- Collaborating with providers who are scattered throughout the region

Highlights of Social Media Projects

Provider	Recent Activity
Christus Spohn – Kleberg	Posting events, promoting health literacy and access to care
Coastal Plains Community Center	Using my strength.com account to communicate health info to clients; posting YouTube videos on website
DeTar Healthcare System	Working to receive corporate approval to use social media
Driscoll Children’s Hospital	Using text messaging to educate pregnant women, provide information on availability of urgent care vs ER, encourage oral health and well child visits
Memorial Hospital	Using FB and multiple websites to disseminate health information, provide links to health-related website/information, and inform customers about health issues and upcoming events.
Behavioral Health Center of Nueces County	Using website, Facebook, Twitter, Instagram; have created a YouTube channel.
Otto Kaiser Memorial Hospital	Increasing Facebook interaction by creating separate pages (tabs) for different departments (Kaiser Home Health and Kaiser Wellness Center)since they don’t have their own separate website. Publicizing events and services through Facebook pages

Highlights of Social Media Projects

Provider	Recent Activity
Harlingen Medical Center	Using Facebook to provide ongoing medical updates; improving patient portal to include outpatient services; pharmacists providing bedside consultations; encourage use of E-scribe rather than paper prescriptions; added medication reconciliation to EMR and encouraging increase utilization
Valley Regional Medical Center	Using Facebook to work with clients in Outpatient Diabetes Clinic; posting narratives and pictures on a weekly basis; will be showcasing patients in the future to highlight successes
Corpus Christi Medical Center	Using social media calendar, managing patient feedback to engage patients online and improve patient experience; using Binary Health Analytics to monitor patient feedback, online ratings and reviews, social media posts
Corpus Christi-Nueces County Public Health District	Primarily using Facebook to share ideas, recipes, and programs throughout the community; providing information to recruit individuals to attend MEND
Christus Spohn – Alice, Beeville, Corpus Christi,	Using Facebook as a hub to share community partners’ health events, education and screenings with goal of improving community health literacy and access to medical care

Challenges Identified by Providers

- Difficulties measuring effectiveness of strategies
- Reaching clients who do not have access to a computer, or know how to use social media
- Convincing corporate staff of the value/importance of social media
- Keeping information current and updated
- Advertising and reaching individuals throughout entire community
- Coordinating media activities with multiple staff
- Identifying strategies to more fully engage clients
- Attracting and retaining followers
- Engaging physicians, other providers/staff
- Ensuring media is in compliance with all federal/state health laws and regulations

Follow-Up

- Entire quarterly reports submitted by providers will be available on RHP 4 anchor website
- Health Fair planning – how can we help?

Linda Wertz

REGIONAL PERFORMANCE BONUS POOL

Measuring DSRIP Success

Performance Bonus Pool (PBP)

- Performance Bonus Pool measures are required for all regions
- HHSC has drafted a list of PBP measures
- HHSC will use state-generated data rather than provider-generated data
- HHSC proposes to set aside 5-10% of each provider's total DY 6 valuation to reward high performing regions in DY 7 forward
- Providers will be paid in DY 6 based on regional agreement on, and selection of, the region's shared performance measures.

Measuring DSRIP Success Performance Based Pool (PBP)

- For the smallest providers (less than \$500,000 in total Category 1-4 DY 5 valuation), 5% of their DY 6 valuation will be set aside for the region's PBP measure selection in DY 6.
- For larger providers (more than \$500,000 in total Category 1-4 DY 5 valuation), 10% of their DY 6 valuation will be set aside.
- For providers not participating in Category 4, the 5% or 10% will be taken from their Category 3 funding.

HHSC Draft PBP Selected Measures

1. Adult Prevention Quality Indicators (PQI)
2. Pediatric Quality Indicator (PD) Asthma Admission Rate
3. Potentially Preventable Emergency Department Visits (PPV)
4. Potentially Preventable Admissions (PPA)
5. Potentially Preventable Readmissions (PPR)
6. Combination 4 immunizations
7. Well visits for 3, 4, 5 and 6 year olds
8. Cervical cancer screening (CCS)
9. Colorectal cancer screening
10. Frequency of ongoing prenatal care
11. Access to postpartum care
12. Initiation and engagement of alcohol and other drug dependence treatment
13. Preventive care and screening for clinical depression and follow-up plan
14. Follow-up after hospitalization for mental illness
15. HEDIS antidepressant medication management (AMM)

RHP 4 DSRIP Performance for selected Proposed PBP Measures in 2014

Measure	RHP 4	Texas	
Cervical Cancer screening	48.21%	50.87%	↓
Frequency of ongoing prenatal care	57.54%	57.64%	↓
Post partum care	51.45%	49.36%	
Initiation & engagement of alcohol and other drug dependence treatment	9.18%	7.46%	
Follow-up after hospitalization for mental illness (within 7 days)	34.90%	39.06%	↓
Follow-up after hospitalization for mental illness (within 30 days)	57.83%	62.49%	↓
Antidepressant medication management (effective acute phase treatment)	38.25%	42.78%	↓
Antidepressant medication management (effective continuation phase treatment)	27.69%	29.01%	↓

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MANAGED CARE INTEGRATION

MCOs in RHP4 and RHP5

MCO	RHP 4	RHP 5
Driscoll Children's Health Plan	X	X
Christus Health Plan	X	
UnitedHealthcare	X	X
Cigna Healthspring		X
Molina		X
Superior	X	X

Managed Care Services Delivery Areas

TEXAS Managed Care Service Areas

(Effective Fall 2016)

STAR Health (statewide) – Superior
CHIP RSA (MRSA Service Areas + Hidalgo) – Molina, Superior

STAR - Aetna, Amerigroup, Cook Children's
STAR+PLUS - Amerigroup, Cigna-HealthSpring
STAR Kids - Aetna, Cook Children's
CHIP - Aetna, Amerigroup, Cook Children's

LUBBOCK

STAR - Amerigroup, FirstCare, Superior
STAR+PLUS - Amerigroup, Superior
STAR Kids - Amerigroup, Superior
CHIP - FirstCare, Superior

MRSA WEST

STAR - Amerigroup, FirstCare, Superior
STAR+PLUS - Amerigroup, Superior
STAR Kids - Amerigroup, Superior

EL PASO

STAR - El Paso First, Molina, Superior
STAR+PLUS - Amerigroup, Molina
STAR Kids - Amerigroup, Superior
CHIP - El Paso First, Superior

TRAVIS

STAR - Blue Cross and Blue Shield of Texas, Sendero, Seton, Superior
STAR+PLUS - Amerigroup, United
STAR Kids - Blue Cross and Blue Shield of Texas, Superior
CHIP - Blue Cross and Blue Shield of Texas, Sendero, Seton, Superior

BEXAR

STAR - Aetna, Amerigroup, Community First, Superior
STAR+PLUS - Amerigroup, Molina, Superior
STAR Kids - Community First, Superior
CHIP - Aetna, Amerigroup, Community First, Superior

HIDALGO

STAR - Driscoll, Molina, Superior, United
STAR+PLUS - Cigna-HealthSpring, Molina, Superior
STAR Kids - Driscoll, Superior, United

TARRANT

DALLAS

STAR - Amerigroup, Molina, Parkland
STAR+PLUS - Molina, Superior
STAR Kids - Amerigroup, Children's Medical Center
CHIP - Amerigroup, Molina, Parkland

MRSA NORTHEAST

STAR - Amerigroup, Superior
STAR+PLUS - Cigna-HealthSpring, United
STAR Kids - Texas Children's, United

MRSA CENTRAL

STAR - Amerigroup, Scott and White, Superior
STAR+PLUS - Superior, United
STAR Kids - Blue Cross and Blue Shield of Texas, United

JEFFERSON

STAR - Amerigroup, Community Health Choice, Molina, Texas Children's, United
STAR+PLUS - Amerigroup, Molina, United
STAR Kids - Texas Children's, United
CHIP - Amerigroup, Community Health Choice, Molina, Texas Children's, United

HARRIS

STAR - Amerigroup, Community Health Choice, Molina, Texas Children's, United
STAR+PLUS - Amerigroup, Molina, United
STAR Kids - Amerigroup, Texas Children's, United
CHIP - Amerigroup, Community Health Choice, Molina, Texas Children's, United

NUECES

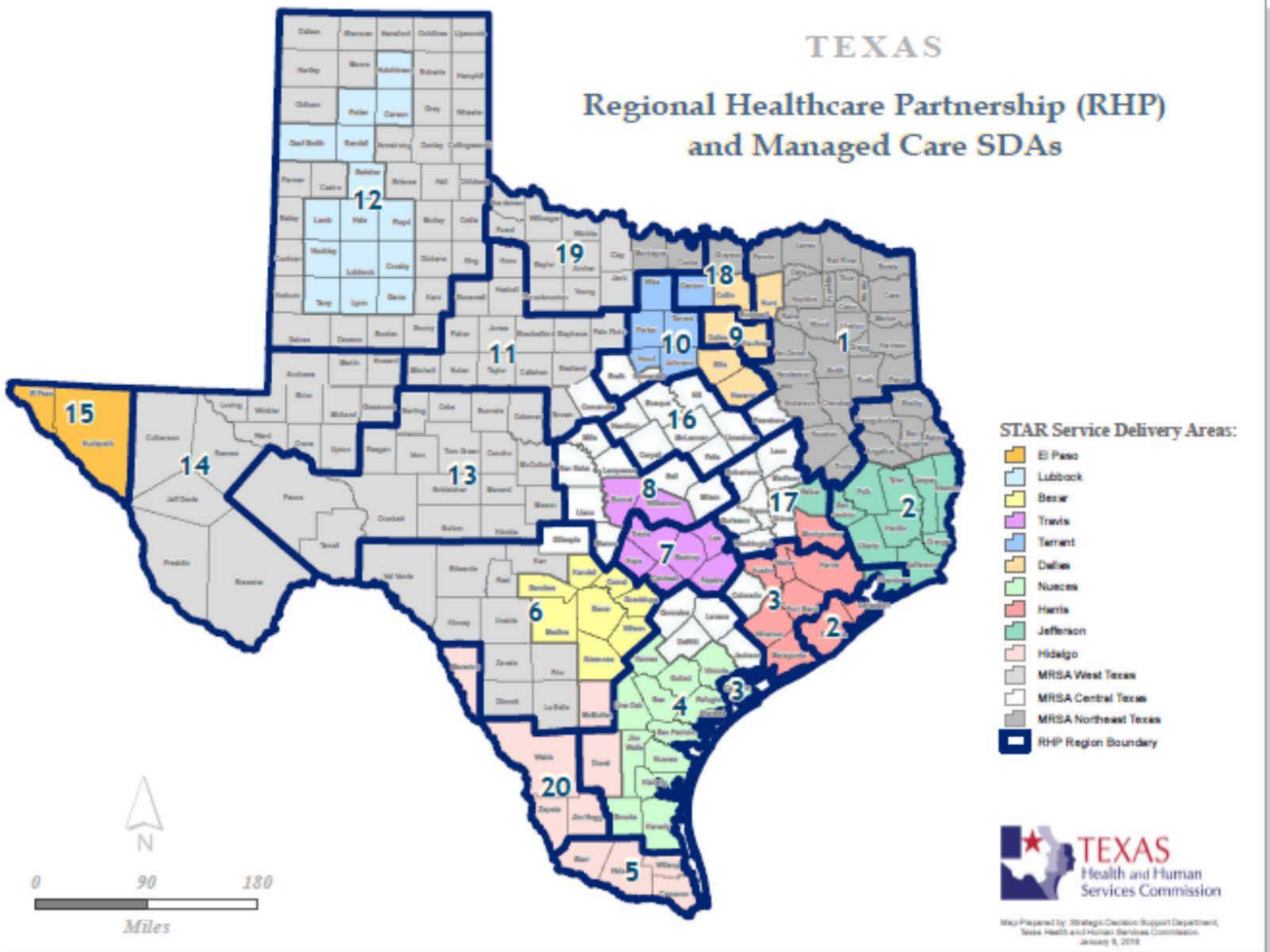
STAR - Christus, Driscoll, Superior
STAR+PLUS - Superior, United
STAR Kids - Driscoll, Superior
CHIP - Christus, Driscoll, Superior

RSA: Rural Service Area
MRSA: Medicaid Rural Service Area



Map Prepared by: Strategic Decision Support Department,
Texas Health and Human Services Commission. MRL
October 1, 2015

Overlay of RHPs on MCO Service Delivery Areas



Why Collaborate?

- Meet CMS goals
- Impacts renewal of 1115 Waiver and DSRIP projects
- MCO contract requirement
- National and statewide movement toward paying for value with a "Value-based Purchasing" model or "Alternative Payment Model"
 - The goal of VBP or APMs is to pay for value instead of quantity.

DSRIP Projects Going Forward

- Sustainability after quality improvements are achieved
- Transition year (DY6 – 10/1/2016 – 9/30/2017)
- Cat 1/2 sustainability planning
 - HHSC will develop template for reporting
 - Providers required to submit qualitative descriptions of planning efforts
- Evaluation
- Health Information Exchange
- Integration with managed care

What can DSRIP providers do?

- Reach out to MCOs in the service areas
- Develop Health Information Technology capacity
- Focus on achieving outcomes
- Work toward increasing number of Medicaid clients
- What if project does not lend itself to high Medicaid participation? The APM model is applicable with other community partners –grants, county funding, non-profits

What can MCOs do?

- Reach out to DSRIP projects in their area
- Develop VBP/ APM models
- Use flexibility of MCO contracting to encourage VBP
- Support provider attainment of enhanced Health Information Technology capacity
- Participate in local Health Information Exchanges

RHP 4 Providers Capability & Interest Summary

- Required Medicaid Quality indicators, including:
 - W34: Well-child Visits in the 3rd - 6th Years of Life
 - PPC: Prenatal and Postpartum Care
 - AMM: Antidepressant Medication Management
 - CDC: HbA1c Control <8
 - PPA: Potentially Preventable Admissions
 - PPV: Potentially Preventable ER Visits
- Performance Improvement Topics
 - Access/Utilization Outpatient Care - Reduce PPVs due to URTIs
 - Improve Care Transition/Coordination: Reduce BH-related admissions/readmissions
- Other Broad Areas of Potential interest, including
 - Access to Care
 - Behavioral Health
 - Chronic Care Management
 - Health Promotion/Disease Prevention
 - Patient Navigation, Care Coordination/Transitions
 - Process Improvement/Patient Experience
 - Quality Indicators
 - Telemedicine
 - Workforce Development
- Data Capability and Covered Status
 - Ability to determine MCO members served (Medicaid IDs)?
 - Current MCO contracted/covered Provider?
 - Data Exchange Capability: EMR/EHR facility?
 - Data Exchange: Formal data sharing w/any organizations?

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UPDATES & CLOSING REMARKS

Updates/Reminders

- April 22, 2016 – Final date to submit questions regarding April reporting and inform HHSC of any issues with DY5 data in the reporting system.
- MSLC continues its work in all compliance monitoring areas: Cat 1 and 2 review and Cat 3 baseline review
- HHSC will not accept baseline corrections via email or phone outside of the three currently available channels of correcting prior Category 3 reporting. The three currently available channels of correcting a previously reported baseline or performance rate are an Interim Correction Period, a Reporting Period, or an MSLC review.

Waiver Renewal Updates

- UC Study is underway – due August 2016
- CMS notification on initial extension (12- 18 months) or the full five years – NLT September 2016
- Transition year (DY6): providers decision on continuing existing projects or propose replacement projects
 - HHSC is working on a "template" and tentatively plans for providers to submit in July 2016, pending CMS feedback.
- HHSC drafting proposals for DY7-10 including continuing projects, next steps and replacement projects requirements. Share high-level plan in the summer with the detailed draft protocols in the fall/winter 2016.
- HHSC Statewide Learning Collaborative:
 - Aug 30-31, 2016

Questions?

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