

HEALTH MANAGEMENT ASSOCIATES



RHP 4  
Learning Collaborative

November 8, 2016

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# **ANNUAL ANCHOR REPORT & DY6 LEARNING COLLABORATIVE PLAN REQUIREMENTS**

# Learning Collaborative Plan Requirements

- Learning Collaborative plan due December 15<sup>th</sup> and must include:
  - Topics for each learning collaborative, dates and locations (if known)
  - Goals for learning collaboratives and how they will be achieved
  - Key design elements for improvement design (such as PDSA or IHI Model for Improvement)
  - Participant involvement (including plans for including non-DSRIP participants such as managed care organizations or community partners)
  - How to share information and data
  - Learning Collaborative format and frequency

## Learning Collaborative Requirements

- Plan must include a focus on DSRIP integration, value-based purchasing and/or alternative payment methods and sustainability strategies for low-income uninsured
- Our current plans are to continue conducting quarterly learning collaborative meetings during 2017, with two separate workgroups
  - DSRIP integration into managed care and sustainability
  - Payment strategies and sustainability
- No required “raise the floor” initiative at this time

## Annual Report Requirements

- 2016 report also due December 15
- Template is identical to the 2015 requirements, which include:
  - Summary information on progress, including project-specific highlights
  - Lessons learned
  - PDSA Improvement process
  - Learning collaborative challenges and strengths
  - Program challenges at regional level and project/provider level
  - Recommendations for future statewide learning collaborative

## Annual Report Requirements

- HMA will develop report
- Will rely on prior reporting where possible
- As in 2015, will request input from providers on:
  - Describe any challenges in administering, facilitation, or participating in a Learning Collaborative
  - Describe any strengths and challenges of the Learning Collaborative model as a tool for quality improvement
  - Describe any recommendations for the next statewide learning collaborative.

# Community Needs Assessment Requirement

- Updated CNA due June 2017
- Must update 2012 CNA to reflect major changes, including changes to priority needs
- Will begin process in January
  - Request existing reports, documents, community assessments you or others in the community may have
  - Include annual reports from your organization and any other
- HMA will supplement the information you provide to finalize the report
- Public stakeholder meetings will be conducted to review report; revisions will be incorporated and final documented submitted in June

# WAIVER UPDATES AND LEGISLATIVE SESSION



# Waiver Updates

- HHSC continues negotiations with CMS on waiver renewal for DY 7-DY 10
- CMS interest for future DSRIP projects:
  - Transformation, incentives, outcomes – not processes or operations
  - Support DSRIP projects through managed care delivery system
  - Need to move forward from where we are today to where we need to be for a transformed health care delivery system

## Uncompensated Care Study

- HMA completed the UC study required by CMS as a condition of the waiver extension
- Report submitted end of August and available on HHSC website
- As noted in recent Anchor call, HHSC is now in the initial stages of reviewing report findings with HHSC and discussing implications for waiver renewal

## Study Components

- Scope of the report determined by CMS requirements
  - Description of current Medicaid hospital payments and funding sources
  - Estimate of uncompensated care cost
  - Evaluation of Medicaid payment adequacy, with and without supplemental payments, and in comparison to other states
  - Impact of recent economic and environmental trends
  - Estimate the effects on hospitals of a Medicaid expansion, DSH cuts

## Defining Uninsured Cost

- Two areas where HHSC policy and CMS' view differ
  1. Source of information: In Florida and California, CMS used worksheet S-10 from the Medicare cost report as the source of truth
  2. Treatment of bad debt: In Florida and California, CMS excluded bad debt from uninsured patient accounts
- Uninsured Cost used in HMA analyses relies on HHSC's DSH/UC model (not the S-10) and includes uninsured bad debt

FY2013 Data, \$ in Millions	USED	CMS view	Difference
Number of hospitals	356	318	38
<b>Charges</b>	<b>\$22,051</b>	<b>\$10,597</b>	<b>\$11,454</b>
Average cost to charge ratio	.2205	.2311	
Cost before adjustments	\$4,861	\$2,448	\$2,413
Adjustments in DSH/UC model	\$387	\$ -0-	\$387
<b>Uninsured cost</b>	<b>\$5,248</b>	<b>\$2,448</b>	<b>\$2,800</b>

## Study Conclusions

- Estimated \$8.7 billion in UC costs in 2015
- Based on population growth trends and demographics, projected DSH cuts, underlying market factors, UC costs will continue to grow
- Medicaid expansion would blunt UC costs, but not eliminate them
- Without waiver payments, hospitals would still incur \$8.2 billion in UC costs *even with expansion*

## Legislative Session

- Begins January 10th
- Legislature faces significant budget shortfall due to decreased revenue from oil
- Priorities: education funding, CPS funding
- Timing of CMS decision and legislative deadlines critical
  - If CMS decision re. UC funding comes late in session, opportunities to resolve with legislation could be limited

## Legislative Session Key Dates

- Pre-filing of legislation begins November 14
- Session begins January 10
- Last day for new bills: March 10
- Final day of session: May 29

Managed Care Integration, Value Based Purchasing and  
Alternative Payment Strategies

# **SUSTAINABILITY**



# Sustainability

- In DY 6, there is a sustainability planning milestone valued at 25% of each DSRIP project's Category 1 or 2 value.
- HHSC has said they will provide a template
- **Program Sustainability Assessment Tool**
  - Many factors can affect sustainability, such as financial and political climates, organizational characteristics, and elements of evaluation and communication.
  - The tool allows stakeholders to rate their programs on the extent to which they have processes and structures in place that will increase the likelihood of sustainability.
  - Assessment results can then be used to identify next steps in building program *capacity* for sustainability in order to position efforts for long term success.
  - <https://sustaintool.org/>



# Program Sustainability Assessment Tool

Log In

Contact Us

Assess Your Program Now!

Home

Understand

Assess

Plan

Services



**Building Programs that Last** - Create a group assessment, involve your team, and get different perspectives on your program's sustainability capacity. Receive a summary sustainability report.

Welcome to the online Program Sustainability Assessment Tool.

Let us help you rate the sustainability capacity of your program across a range of factors.

Start a new assessment

1 > Understand

Understand the factors that

2 > Assess

Use the Program

3 > Review

View results from your

4 > Plan

Develop an Action Plan to

# Program Sustainability Tool

- **What is the purpose of this tool?**
  - This tool will enable you to assess your program's current capacity for sustainability across a range of specific organizational and contextual factors.
  - Your responses will identify sustainability strengths and challenges.
- **Rated areas include:**
  - Environmental Support
  - Funding Stability
  - Partnerships
  - Organizational Capacity
  - Program Evaluation
  - Program Adaptation
  - Communication
  - Strategic Planning

# Environmental Support Domain Example

**Environmental Support:** Having a supportive internal and external climate for your program

	To little or no extent					To a very great extent		Not able to answer
1. Champions exist who strongly support the program.	1	2	3	4	5	6	7	NA
2. The program has strong champions with the ability to garner resources.	1	2	3	4	5	6	7	NA
3. The program has leadership support from within the larger organization.	1	2	3	4	5	6	7	NA
4. The program has leadership support from outside of the organization.	1	2	3	4	5	6	7	NA
5. The program has strong public support.	1	2	3	4	5	6	7	NA

# Sample Results

## Interpreting the Results:

- The table presents the average rating for each sustainability domain based on the responses that you provided.
- There is no minimum rating that guarantees the sustainability of your program.
- Lower ratings do indicate opportunities for improvement that you may want to focus on when developing a plan for sustainability.

<b>Overall Capacity for Sustainability</b>	<b>3.9</b>
Environmental Support	3.0
Funding Stability	3.6
Partnerships	5.0
Organizational Capacity	5.0
Program Evaluation	4.0
Program Adaptation	3.0
Communications	3.8
Strategic Planning	3.6
1 = to little or no extent / 7 = to a great extent	

## Next Steps

- These results can be used to guide sustainability planning for your efforts.
- Areas with lower ratings indicate that there is room for improvement.
- Address domains that are most modifiable, quicker to change, and have data available to support the needed changes.
- Develop strategies to tackle the domains that may be more difficult to modify.
- Make plans to assess the sustainability of your efforts on an ongoing basis to monitor changes as you strive for an ongoing impact.

# MCO Integration

- Key Factors to MCO integration
- MCO Entities
  - Driscoll Children's Health Plan
  - Superior Health Plan
  - United Health Care
  - Christus Health Plan
- Next steps