



University
Health System

THINKING
BEYOND

The Texas 1115
Medicaid Waiver:

Going, Going, Gone?
Or
Going, Going Beyond?



RHP6

Texas 1115 Waiver

Improving Health. Transforming Care.

HFMA South Texas Annual Spring Institute

San Antonio, TX

Carol Huber, MBA

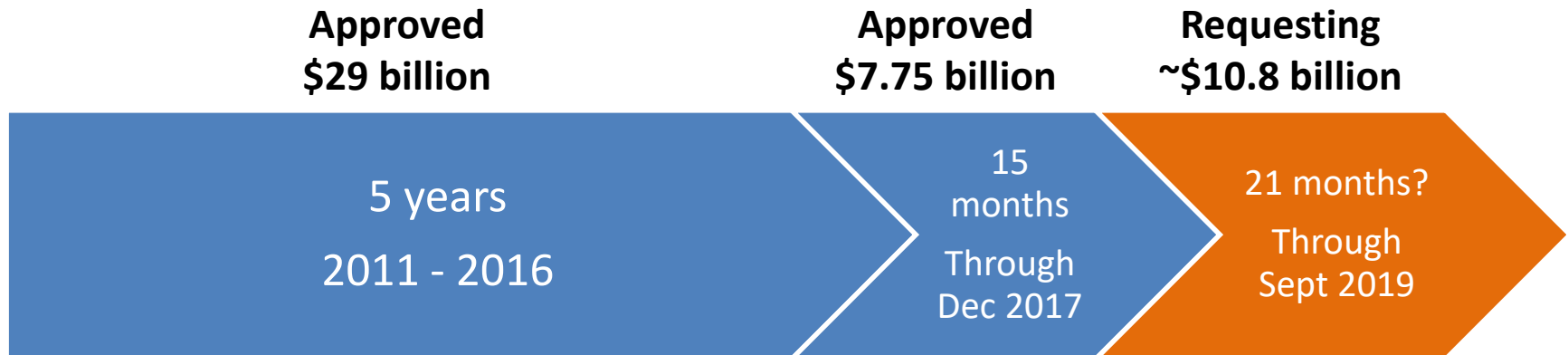
May 23, 2017

Welcome to Waiver World!

- Yes, “non-DSRIP providers” are welcome, too!
- Yes, we have LOTS of acronyms.
- Yes, we are still building the airplane.
- Yes, please ask questions!

*Going,
Going...
Gone?*

Medicaid 1115 Waiver Overview



Expanded Medicaid managed care statewide and created incentive pools:

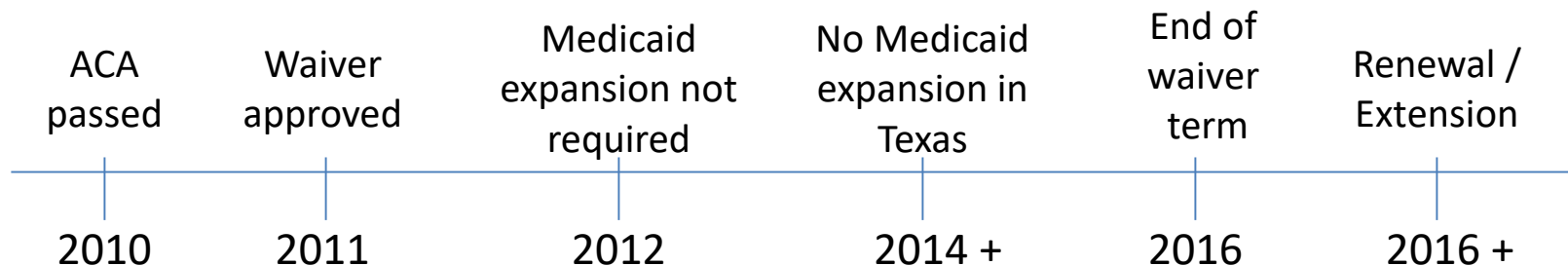
- Uncompensated Care (UC)
- Delivery System Reform Incentive Payment (DSRIP)

Extensions continue programs at level funding and focus on:

- Outcomes
- Sustainability
- Transition to quality-based payment systems across managed care and providers

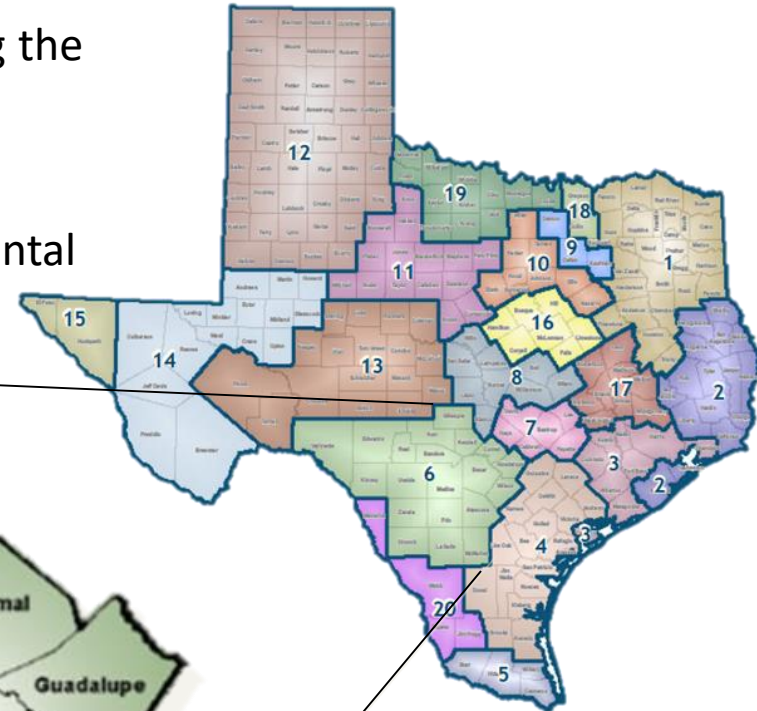
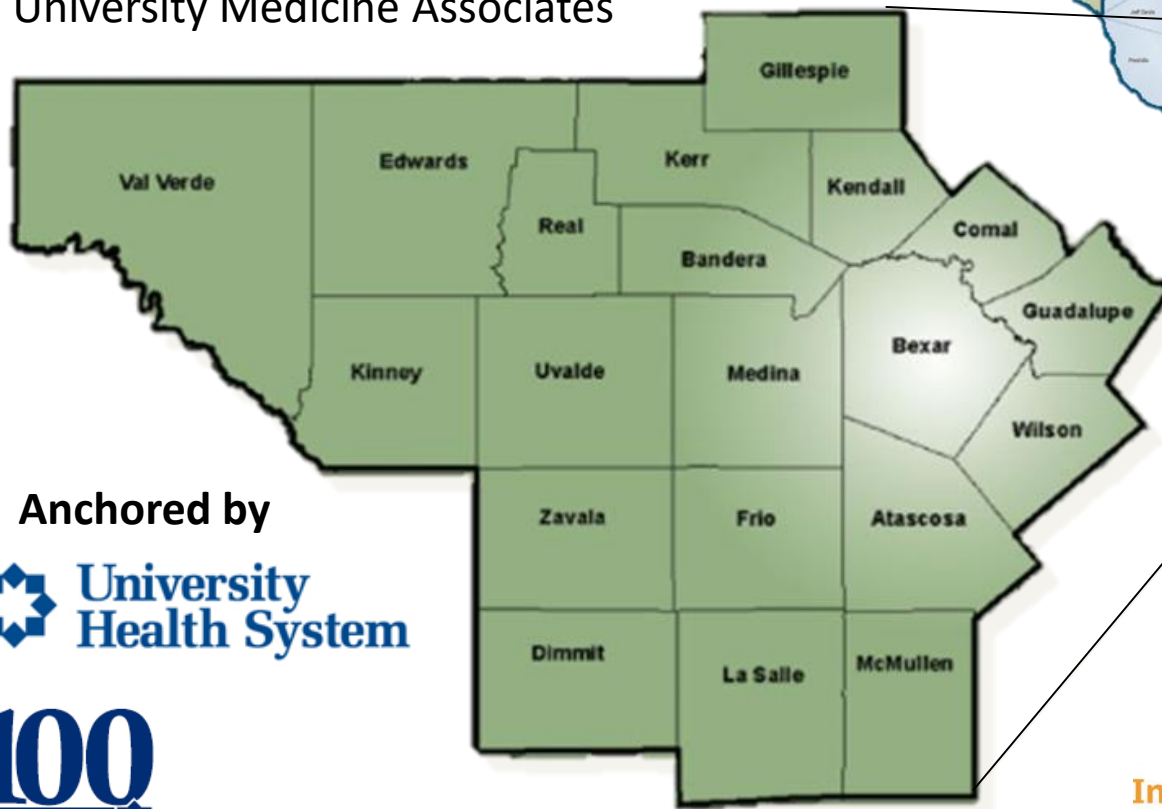
Incentive Pools

	Dollars in Millions					
	Y1 Transition	Y2	Y3	Y4	Y5	Total
Dollars UC	\$3,700	\$3,900	\$3,534	\$3,348	\$3,100	\$17,582
Dollars DSRIP	\$500	\$2,300	\$2,666	\$2,852	\$3,100	\$11,418
Total Dollars	\$4,200	\$6,200	\$6,200	\$6,200	\$6,200	\$29,000
% UC	88%	63%	57%	54%	50%	61%
% DSRIP	12%	37%	43%	46%	50%	39%
% Total	100%	100%	100%	100%	100%	100%
UPL in 2011	\$2,719					



DSRIP Providers:

- 18 hospitals (9 in Bexar County; 9 rural)
- *Four community mental health centers, including the Center for Health Care Services
- *San Antonio Metropolitan Health District
- UT Health San Antonio – Medical, Nursing, and Dental Schools
- University Medicine Associates

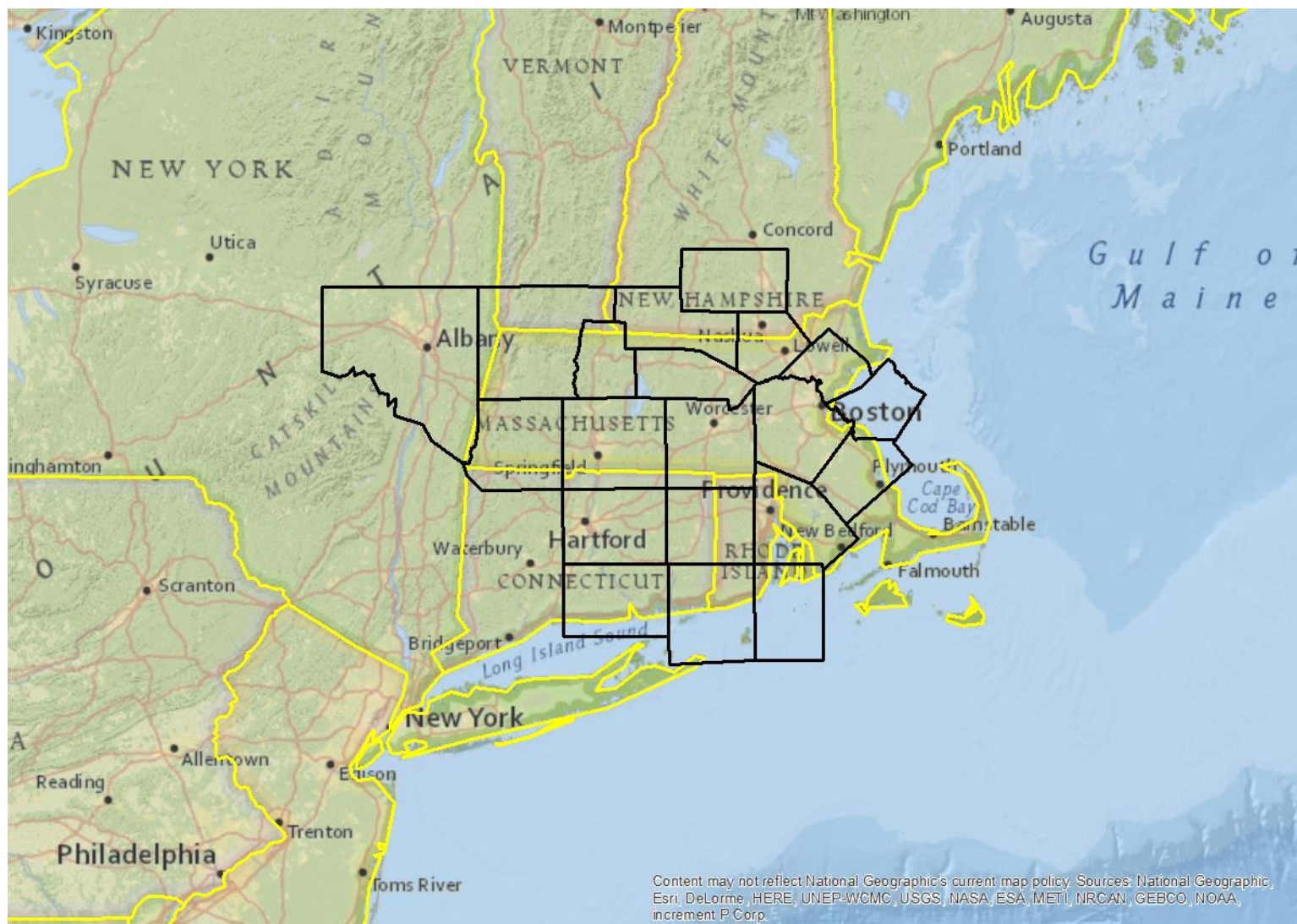


Anchored by

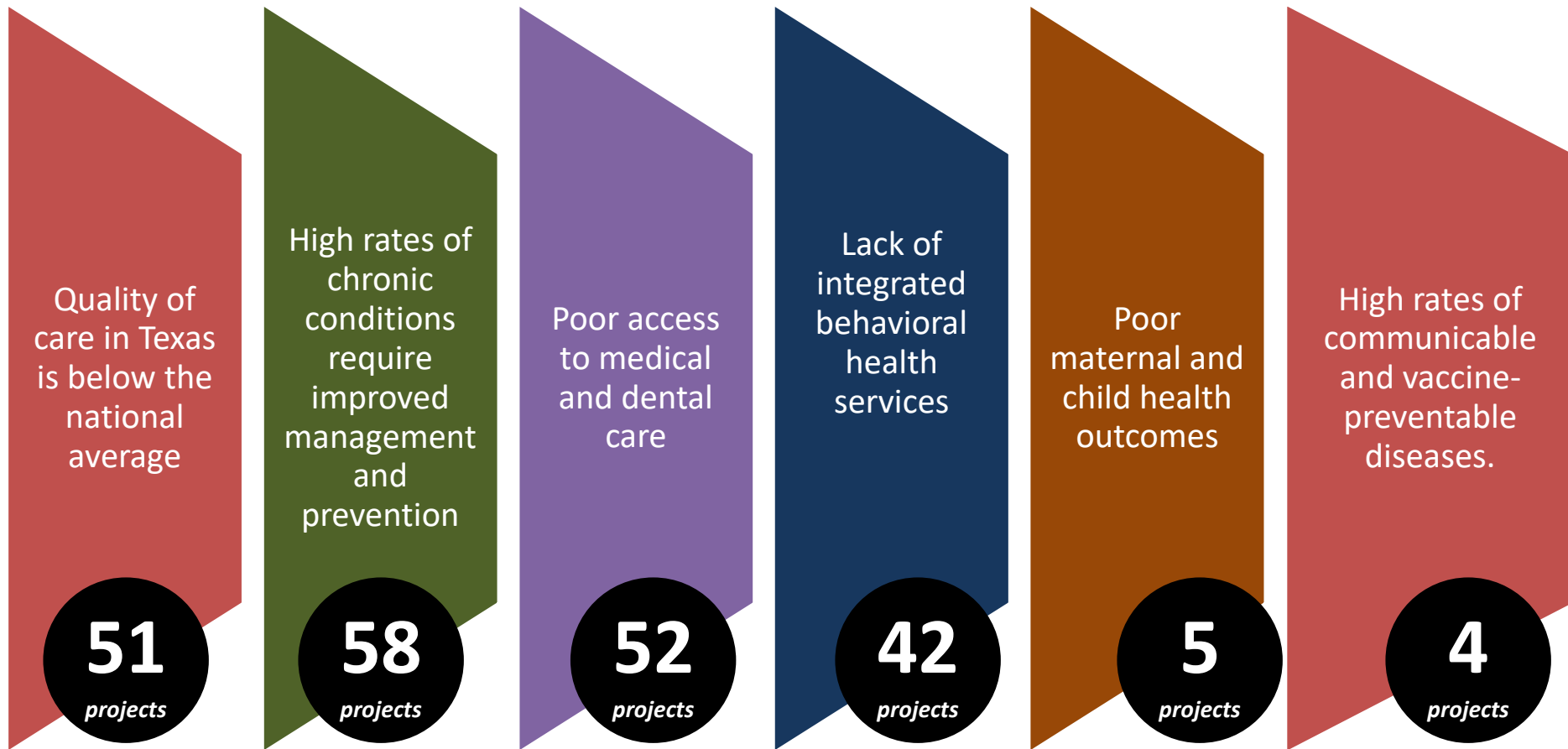


Improving Health. Transforming Care.

www.TexasRHP6.com



RHP 6 Community Needs Addressed through 124 DSRIP Projects and Collaboration



Projects may address more than one community need.

Each DSRIP project earns financial incentives tied to performance on activities and outcomes.

Providers are **collaborating** to achieve the “**Triple Aim**” with improvements in access, diabetes control, readmission rates, preventive visits, cancer screenings, dental care, palliative care, patient satisfaction, and more.



**Patient navigation,
care coordination, and
behavioral health services**

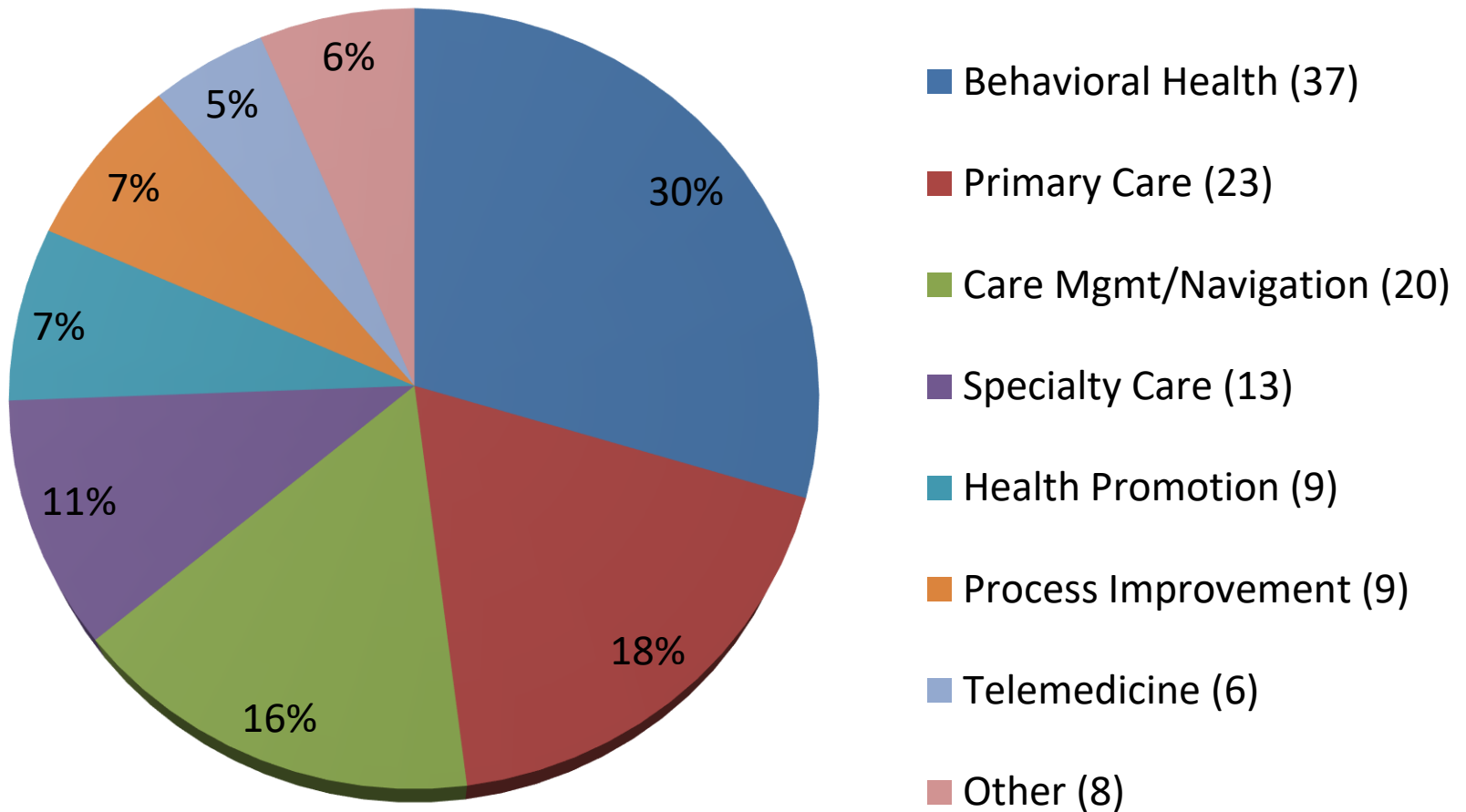


**School-based health, prevention,
after-hours care, and
mobile services**



**Telemedicine and integration
of clinical services**

RHP 6 DSRIP Projects: 124 project by 25 providers



Texas: 1,430 projects by more than 300 providers

RHP 6 Interactive Tool

<http://www.texasrhp6.com/rhp6-public-meeting/>

RHP 6's 124 DSRIP projects are organized by provider, county, project focus, and outcome measure.

Select an option by clicking one of the boxes below.

Hint: These four navigation buttons are found on each page of the tool

To return to your previous slide

To return to this menu

To learn more about the waiver

To exit

•There are 25 providers with active DSRIP projects, including:

- Hospitals
- Community Mental Health Centers
- Physician practices
- Local public health

•An additional five providers are participating in the Uncompensated Care (UC) pool.

Provider

RHP 6 Quick Facts:

- 20 counties
- 24,734 square miles
- 2.3 million residents
- 54% Hispanic / 37% Anglo
- 16% live below poverty line
- 24% without health coverage
- \$36,000 per capita income
- 20% did not complete high school

County

•Providers selected project areas from a menu called the RHP Planning Protocol

•For this tool, the 33 project areas have been organized into 12 focus areas.

•All proposed projects were reviewed and approved by HHSC and CMS.

•Incentives are paid for achieving approved milestones and metrics.

Project Focus

•190 outcome measures were selected by RHP 6 providers and approved by HHSC in Demonstration Year (DY) 3.

•Baselines were set in DY3.

•DY4 incentives will be paid for reporting and performance.

•DY5 incentives will be paid for performance only.

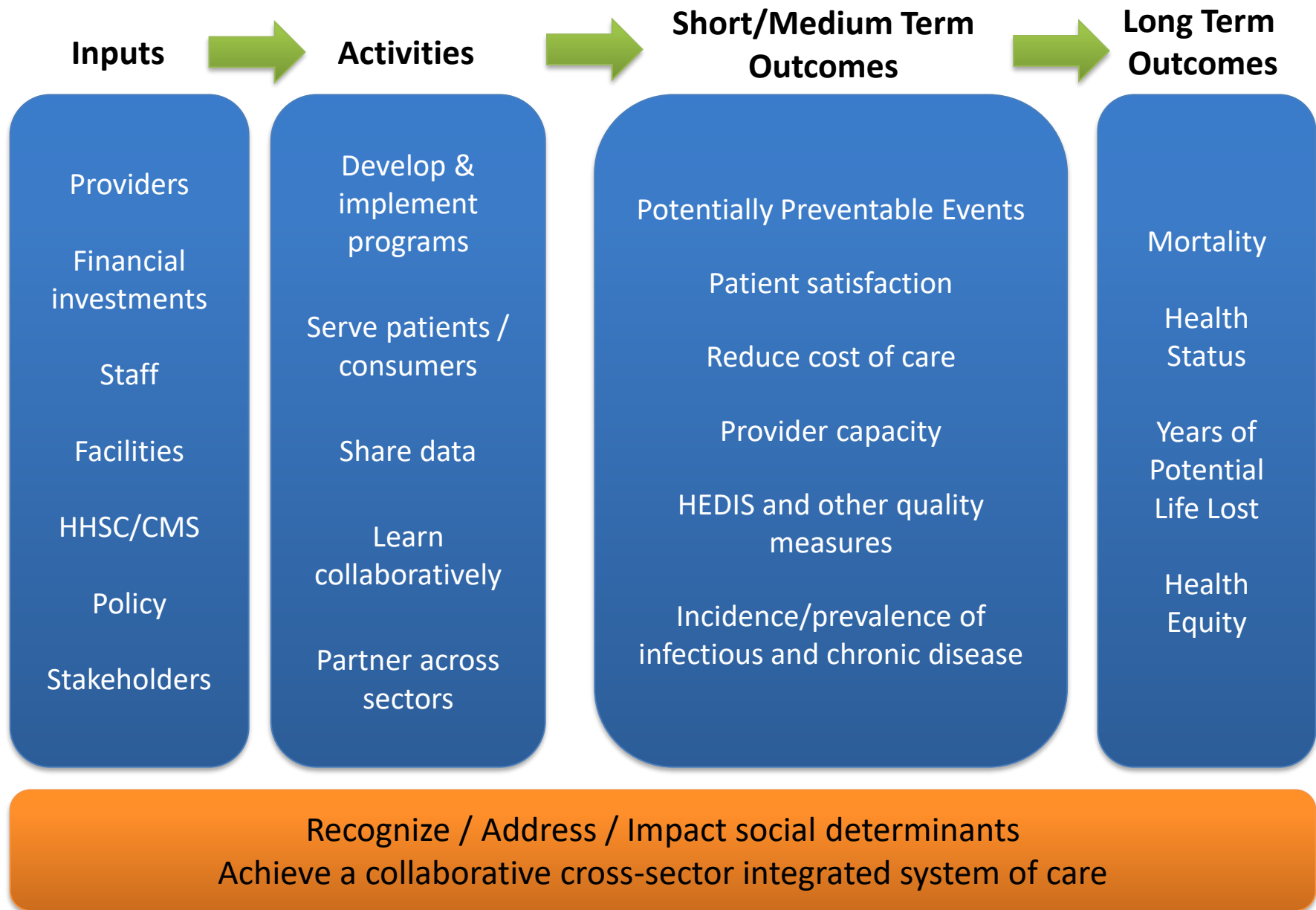
Outcome Measure

View incentives earned by providers for Years 1-4

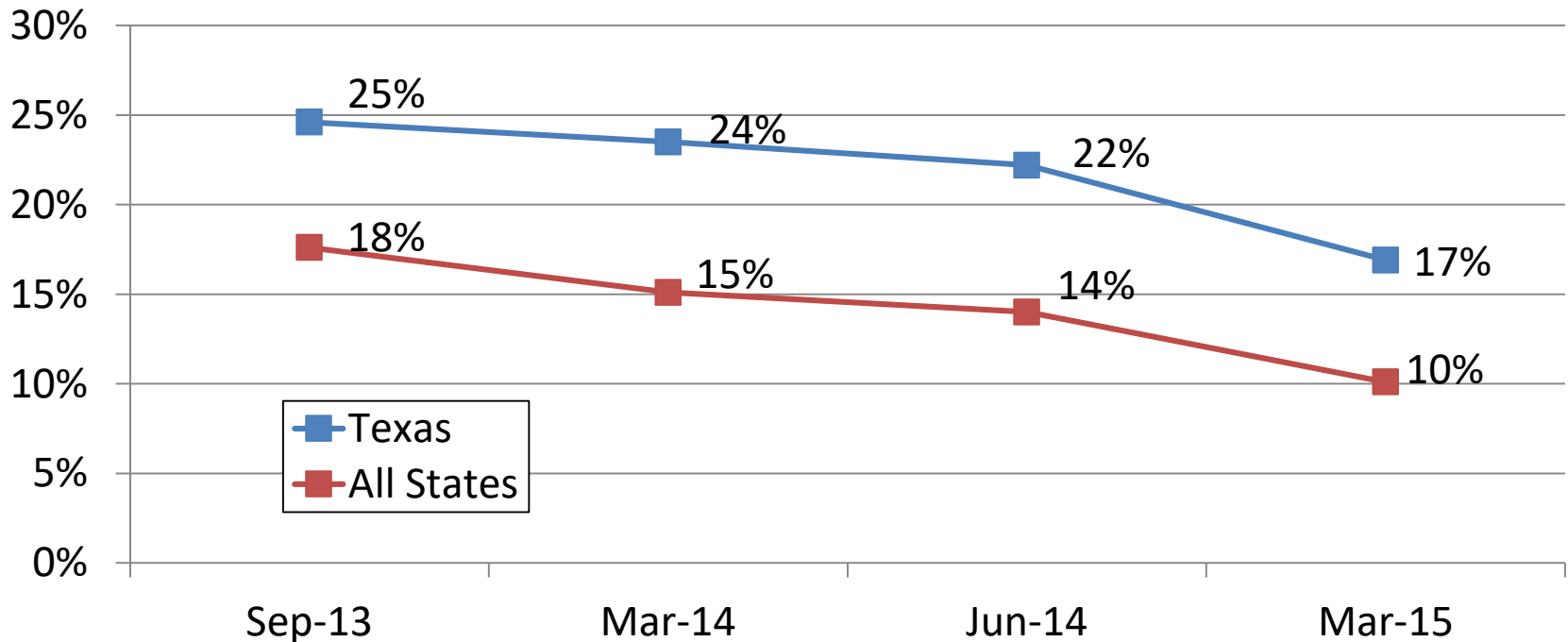
Back to Instructions

Back to Start

RHP 6 Path to Success



Trends in Uninsurance for Texas Adults Ages 18-64

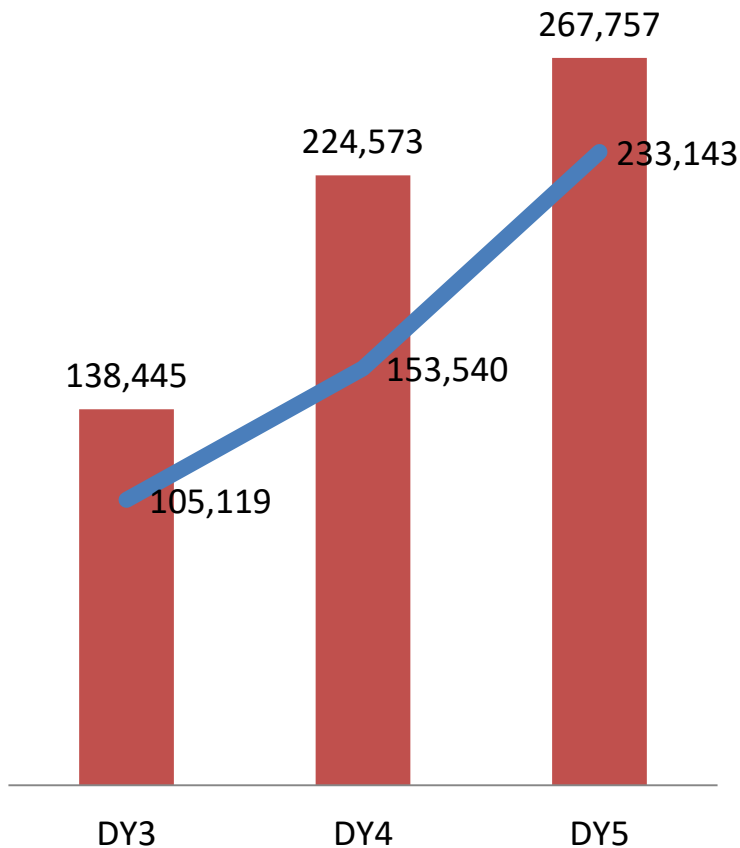


Rice University Baker Institute – April 30, 2015

RHP 6 Quantifiable Patient Impact (QPI)

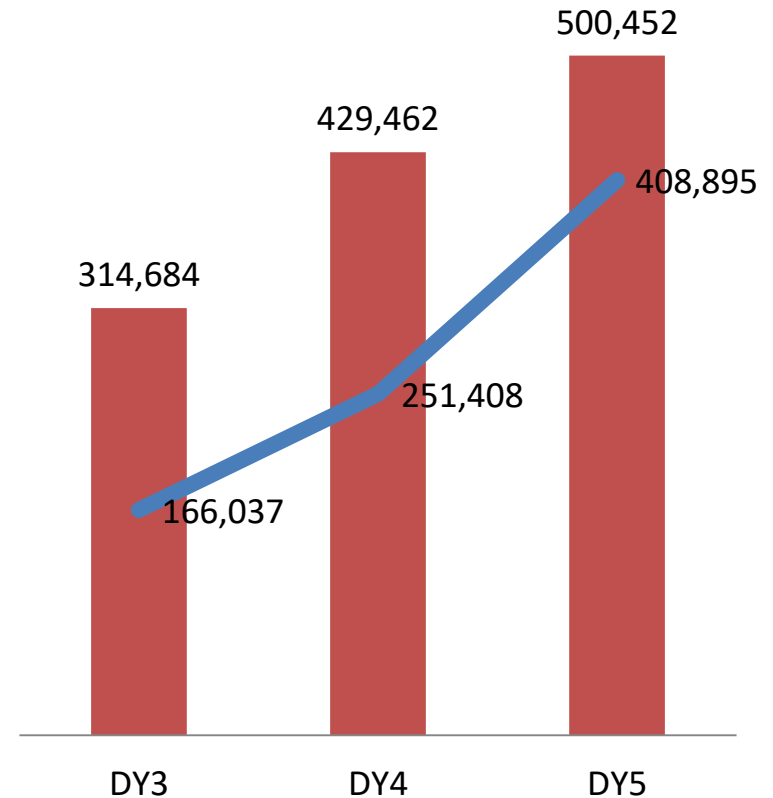
Individuals

Achieved Goal



Encounters

Achieved Goal

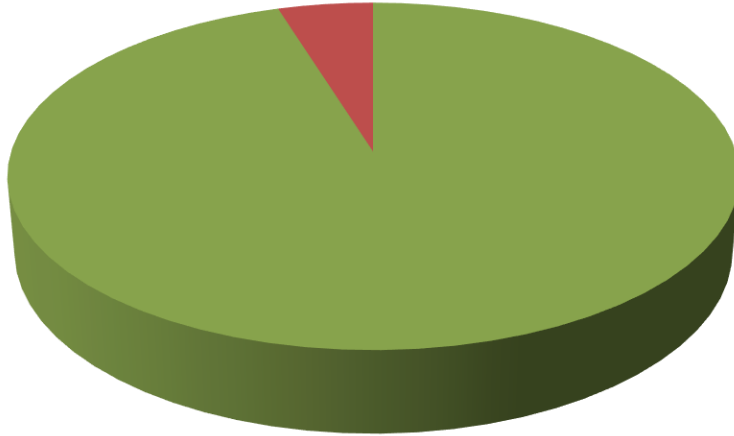


DSRIP Funds Earned by RHP 6 Providers (DYs 2-5)

As of January 2017, \$9.9 billion in DY1-5 incentives have been earned statewide.

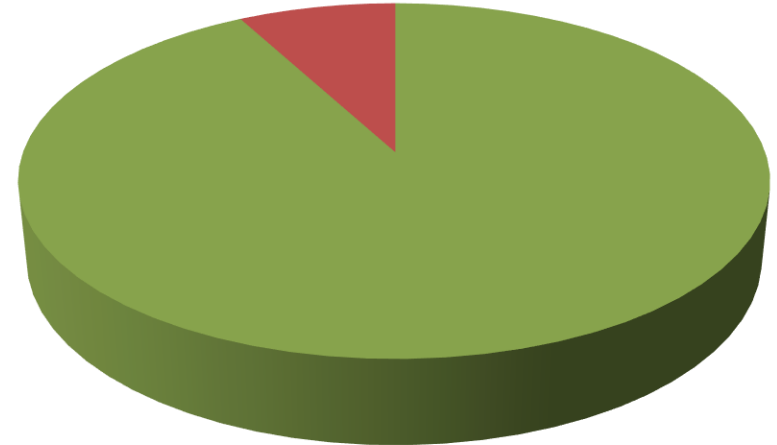
Bexar County Public Entities

Value: \$768.7M



Bexar County Private Hospitals

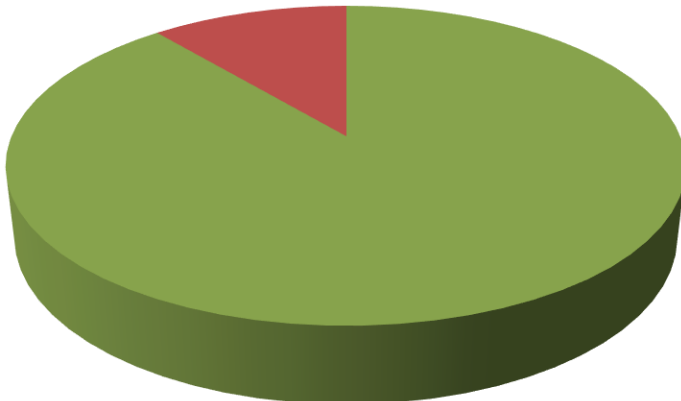
Value: \$211M



■ Total paid ■ Funds Remaining

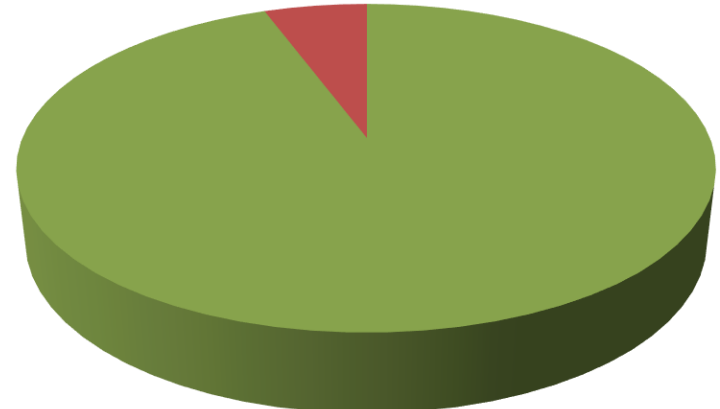
Rural Hospitals

Value: \$88.8M

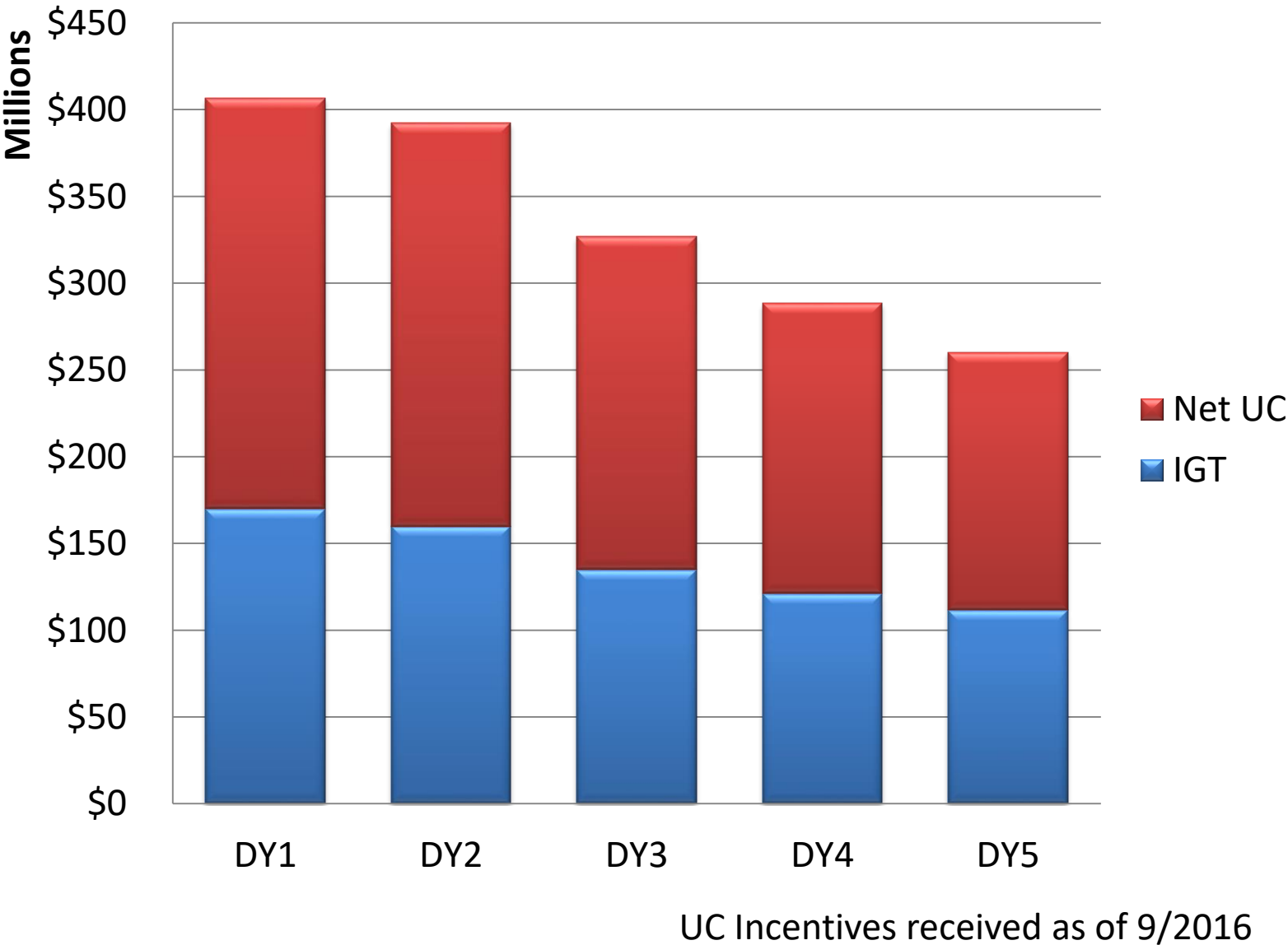


Community Mental Health Centers

Value: 40.9M



RHP 6 Uncompensated Care Pool



*Going,
Going...
Beyond!*

Transformation is...

Improving health and quality outcomes through DSRIP projects

85%

**Process & Improvement
Milestones Achieved - DY5**

- Patients served
- Encounters provided
- Staff/providers hired & trained
- Quality improvement initiatives

70%

Outcome Targets Achieved – DY5

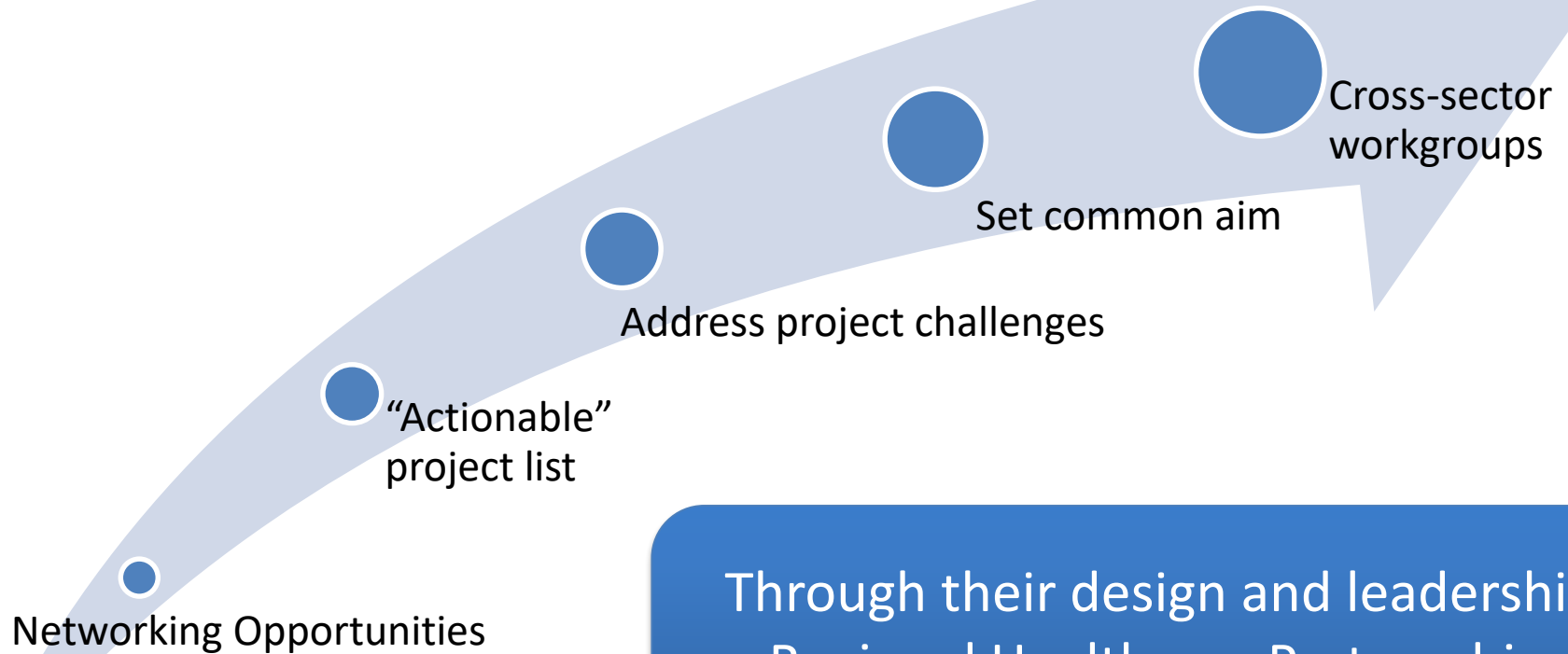
- Diabetes care and control
- Readmissions
- Cancer screenings
- Dental care
- Patient satisfaction
- Blood pressure control
- Preventive Care

Statewide Outcome Success on PY 1 (DY4) - Selected Measures

Outcome Measure	Statewide Success Rate (PY 1)	RHP 6 Success Rate (PY 1)*
Diabetes Care: HbA1c Poor Control	74%	100%
Emergency Department Visits for Diabetes	93%	100%
Cancer Screening Rates (Breast, Cervical, or Colorectal)	69%	91%
Hospital Readmissions	75%	86%
Follow up after Hospitalization for Mental Illness	100%	100%
Palliative Care Processes	98%	100%

Transformation is...

Increasing collaboration among providers and stakeholders



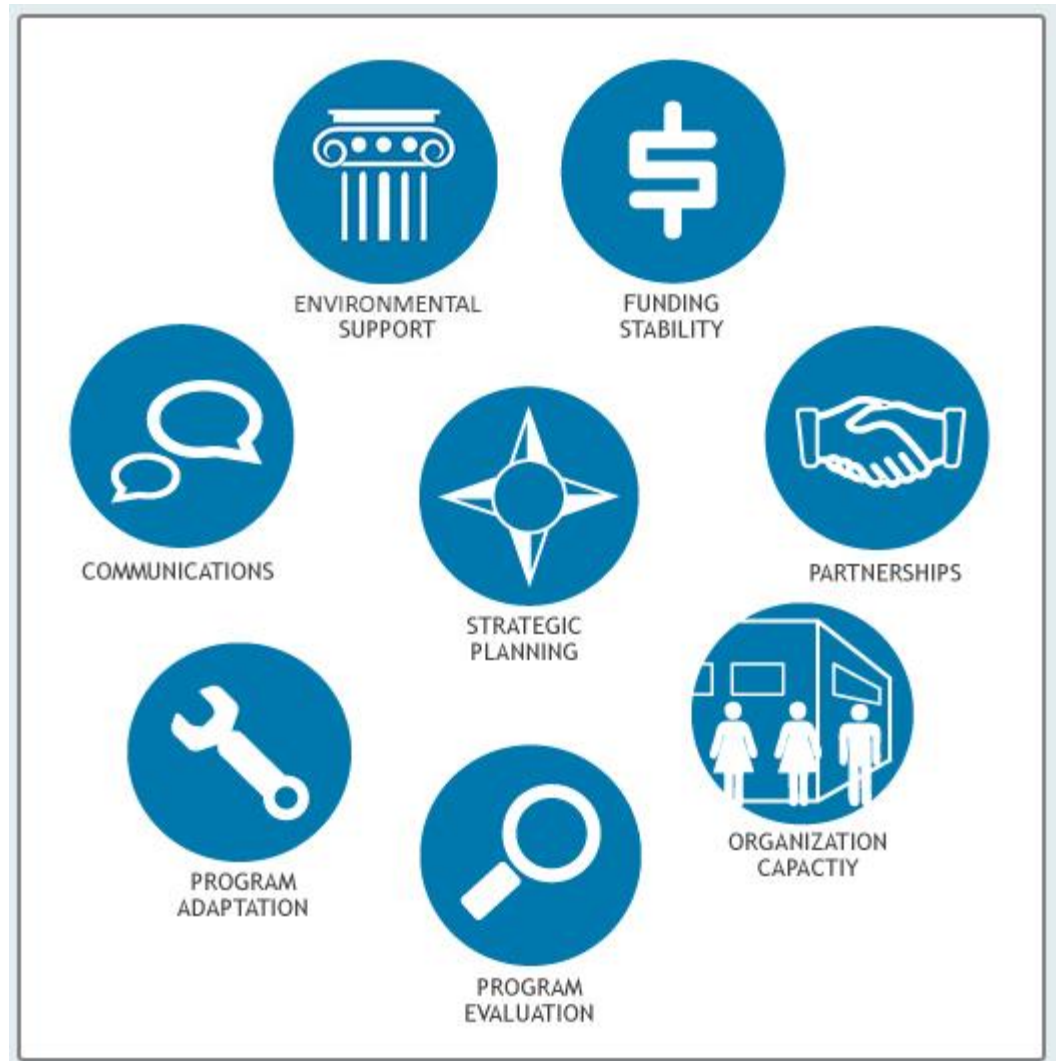
Through their design and leadership,
Regional Healthcare Partnerships
drive collaboration and transformation.

Transformation is... Planning for and achieving sustainability

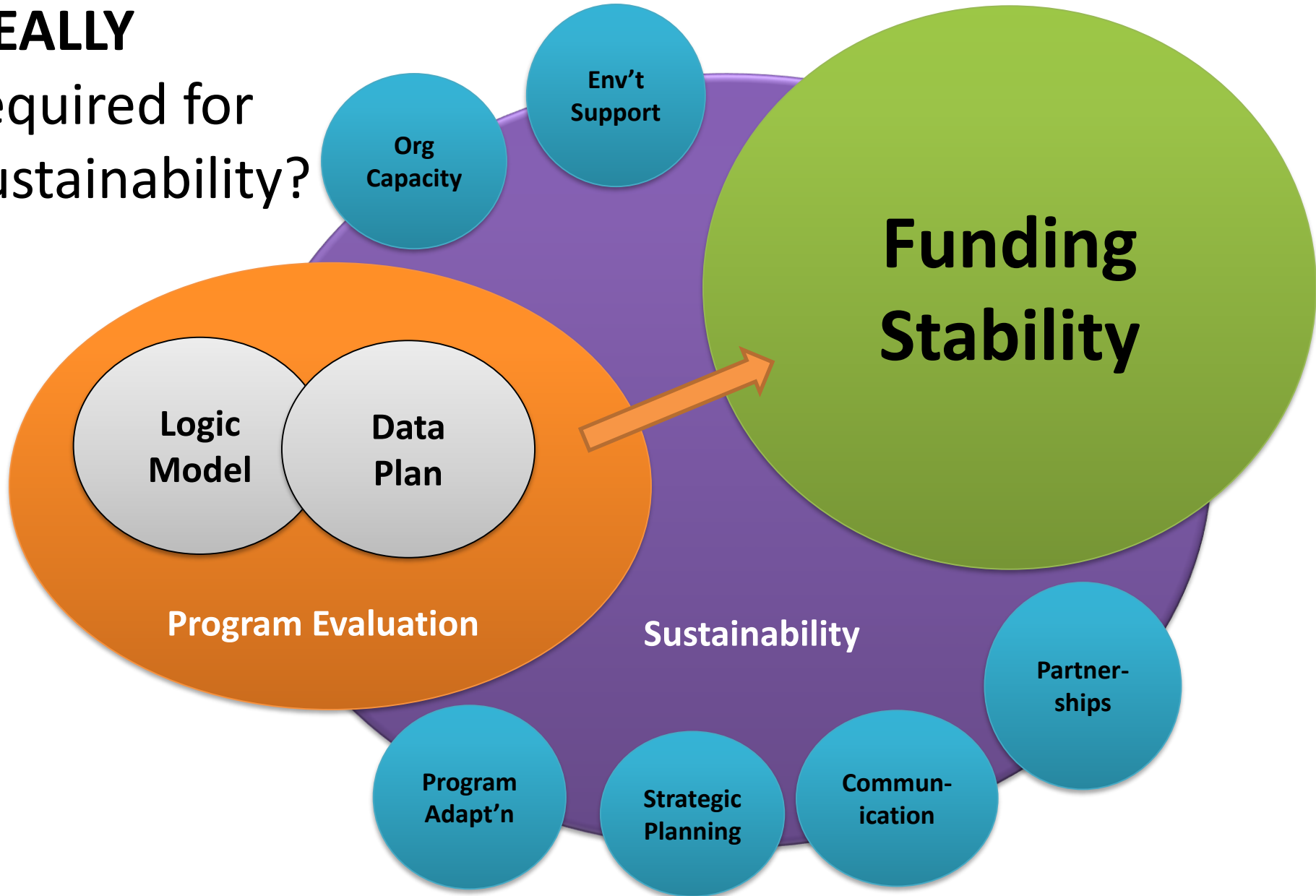
- It takes more than just money.



<https://sustaintool.org/>



What is
REALLY
required for
sustainability?



Transformation

is...

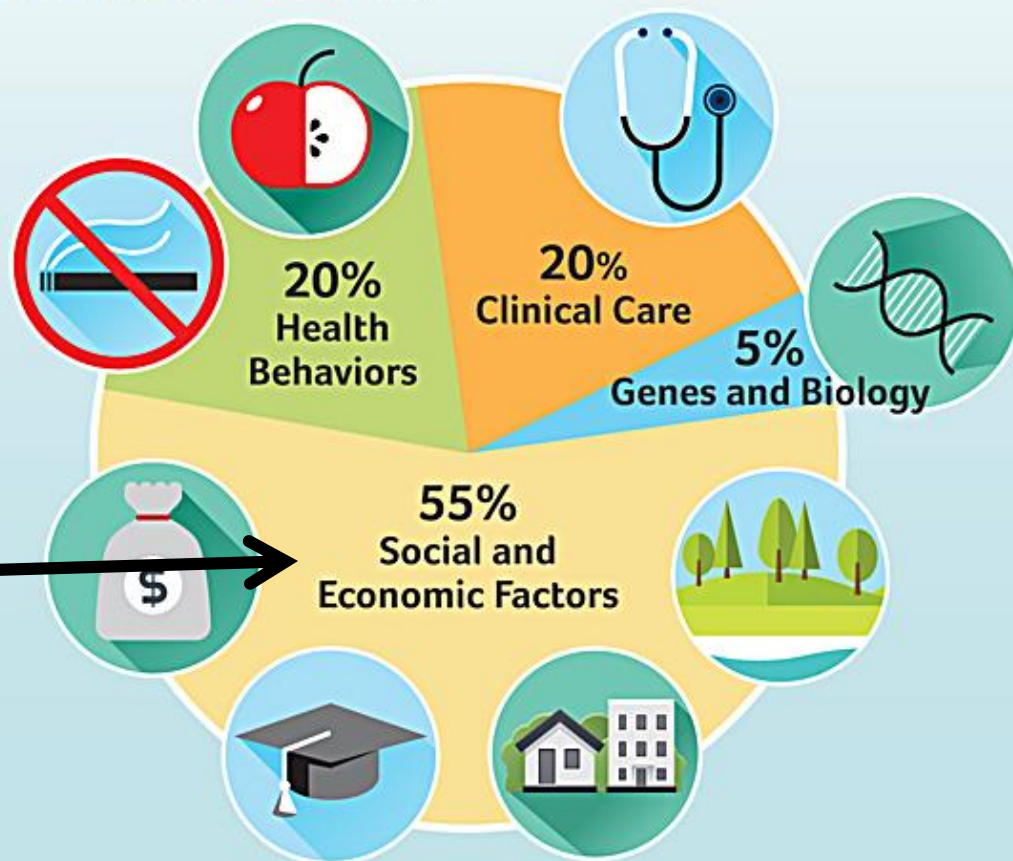
An expanded
perspective on health

Need greater
focus and
investment here



Health starts where we live, learn, work
and play.

WHAT MAKES US HEALTHY?



Adapted from <http://www.cdc.gov/socialdeterminants/FAQ.html>

Are we there yet?

**No, but we are
working hard to
make progress.**

**What else can
we do together?**

- Close the gaps
 - Local practice to best practice
 - Funding
 - Data
 - Equity
 - Insurance coverage
- Collaborate across all sectors
- Prepare for DYs 7 and 8

DSRIP Terminology 101

DYs 1-6	DYs 7-8 (Proposed)
Category 1 – “Projects” Category 2 – “Projects” 30%	Category A – Narrative on Core Activities, Alternative Payment Models, Costs & Savings, and Collaborative Activities 0%
	Category B – “Patient Served in System” 10% (Focus on maintaining MLIU number and percentage)
Category 3 – “Outcomes” 60%	Category C – “Outcomes” 75% or 85%*
Category 4 – “Hospital reporting” 10%	Category D – “All provider reporting” 5 or 15% (Higher allocation percentage here if private hospital participation is maintained)

* Draft PFM Protocol provides 20% of DY7 allocation for submission of RHP Plan Update - due January 31, 2018

Original Waiver DY 2-6

Address Community Needs

We picked Cat 1 or 2 “projects”

We invested resources, hired people, opened clinics, etc.

60% upon completion

We selected and achieved Cat 3 measures related to the projects

30% upon achievement

HHSC approves selections and plan mods

Rapid Cycle Improvement

We select outcome measure bundles important to our “system”

55-85% upon achievement

We implement current or new “core activities” to achieve those bundles

0%

Invest accordingly. Engage the entire “system.”

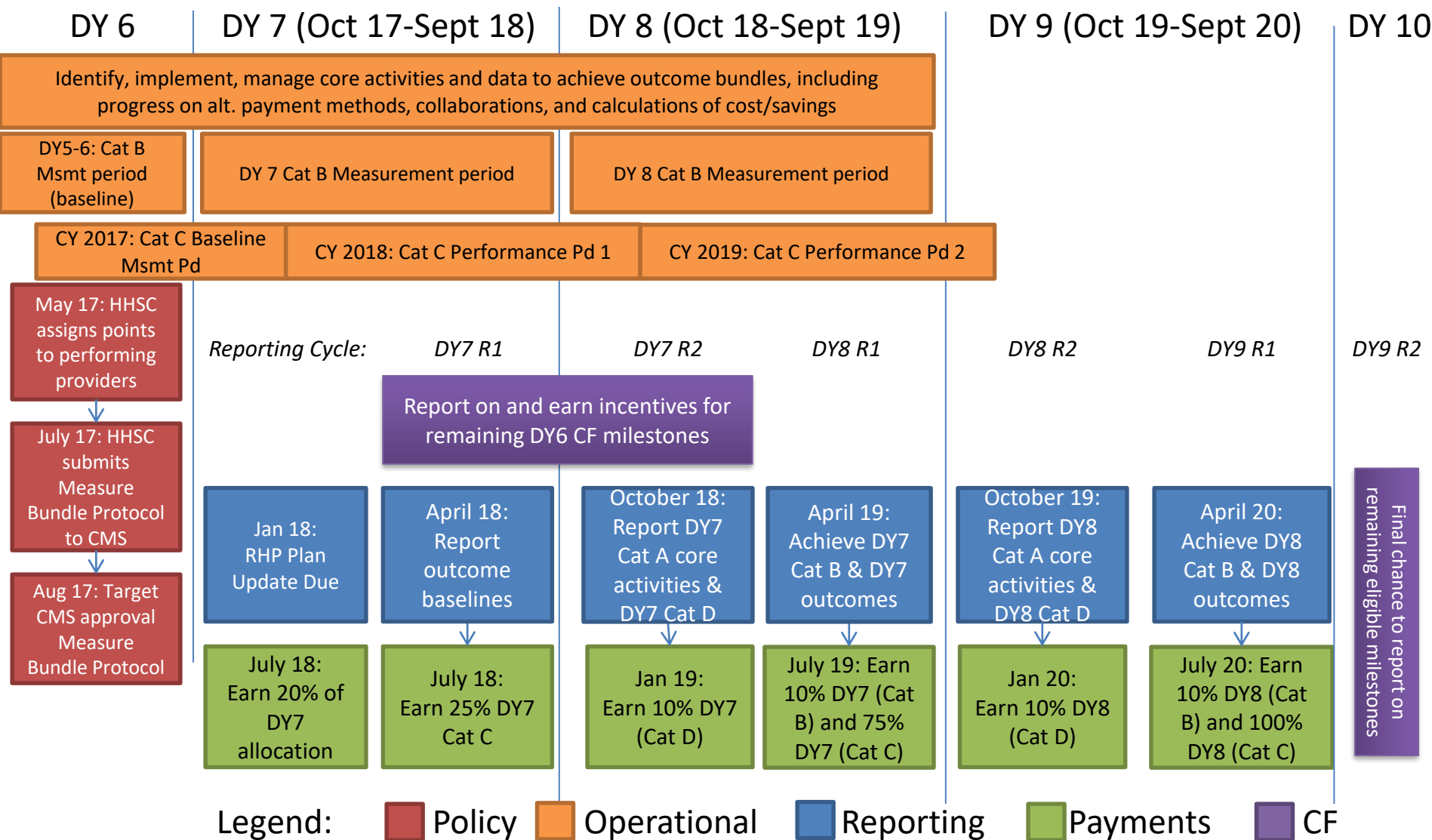
Address Community Needs

Proposed for DY7-8

DY 7 – 8 Proposed PFM Protocol:

* All subject to change

Reporting and Payment Timeline



Preparing for DY 7 and 8

Obtain CMS approval for continuation!

May 17: HHSC
assigns points to
performing
providers

May/June 17:
HHSC seeks
input on
revised PFM
and Measure
Bundle
Protocols

July 17: HHSC
submits
Measure
Bundle
Protocol to
CMS

Aug 17:
Target CMS
approval PFM
and Measure
Bundle
Protocols

**RHP PLAN
UPDATE**

**DUE
Jan 31,
2018**

Category C Baseline Measurement Period (CY 2017)

Identify, implement, manage core activities and data to achieve outcome bundles, including progress on alt. payment methods, collaborations, and calculations of cost/savings

Update Community Needs Assessment

RHP 6 “Minimum Point Thresholds”

Point Range	Providers
2-9	Frio Hospital, Hill Country Memorial Hospital, Clarity Child Guidance Center, Connally Community Med Center, SWG, Medina Healthcare System, Dimmit Memorial Hospital, Peterson Memorial Hospital, DSHS/TCID
10-18	Uvalde Memorial Hospital, Guadalupe Reg Med Center, Val Verde Reg Med Center, University Medicine Associates, Camino Real Community Services*
25-35	Nix Health, CHOSA/CHRISTUS Health, Baptist Health System, Methodist Healthcare System, Hill Country MHDD*
38-40	Bluebonnet Trails Community Services*, San Antonio Metro Health Department, The Center for Health Care Services
75	UT Health San Antonio*, University Health System

* Also has DY 1-6 projects outside of RHP6

Outcome Measure Bundles

Bundle Advisory Team	Hospital Measure Bundles
Chronic Disease	Disease Management: Diabetes Care
	Disease Management: Heart Disease
Care Transitions & ED Diversion	Care Transitions & Hospital Readmissions
	Patient Navigation & ED Diversion
Primary Care and Prevention	Primary Care Prevention
	Cancer Screening & Follow Up
	Hepatitis C
Pediatric	Pediatric Primary Care
	Pediatric Access to Specialty Care
	Pediatric Hospital Safety
	Disease Management: Asthma
	Disease Management: Diabetes

Bundle Advisory Team	Hospital Measure Bundles
Maternal Care	Improved Maternal Care
Dental	Improved Access to Adult Dental Care
	Preventive Pediatric Dental
Palliative Care	Palliative Care
Behavioral Health and Chronic Pain Management	Integration of Behavioral Health in a Primary Care Setting
	Behavioral Health and Appropriate Utilization
	Chronic Non-Malignant Pain Management
Specialty Care	Access to Specialty Care
Hospital Safety	Hospital Safety
Rural Hospitals	Rural Hospital Care

How will providers adjust to the new DSRIP model?

Keep the
trains running

“Zero-based
Bundling”

Or both?

If providers select outcome measure bundles that do not align with a current DSRIP project, that doesn't mean the project must end.

Selecting Outcome Measure Bundles

- To what extent...
 - are data available to produce a baseline on a Calendar Year 2017 measurement period?
 - is the size of the **MLIU** denominator population manageable?
 - does the provider have room to improve?
 - is the provider likely to achieve the target?
 - is this set of bundles aligned with other quality programs or strategic priorities of the provider?
 - is this set of bundles aligned with quality programs or strategic priorities of Medicaid managed care organizations?

Challenges / Lessons Learned

- Data, Data, Data
- Financial
 - state match & cash flow considerations
- Workforce – recruitment & turnover
- Organizational constraints and attributes
- Collaboration and alignment
 - Providers, payers, community partners, other quality programs

Will CMS approve the continuation of the extension as proposed?

- New administration
- ACA / AHCA?
 - Medicaid Block Grants / Per Capita Caps?
- How much money?
 - Budget neutrality calculations
- General expectations / requirements
 - Value based purchasing?
 - Integration with managed care?
 - Long term outlook – programs and financing

Are you prepared to Go Beyond?

- Learn from Waiver 1.0
 - Be proactive
 - Know your data
 - Collaborate early and often
 - Be flexible and plan for sustainability
- Join us!
 - Learning Collaborative Summit on September 21
 - www.TexasRHP6.com
 - Carol.Huber@uhs-sa.com