The Webinar will begin soon.

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STAKEHOLDER WEBINAR
DECEMBER 7, 2012

Daniel Deslatte
UT Health Science Center Tyler
• Regional Update

• Final Submission Reminders

• Executive Waiver Committee Update

• Questions & Answers

As always, we will follow up with an email containing the presentation and any documents referenced during this presentation.
REGIONAL UPDATE: PASS 2 & PASS 3

• Pass 2 project values are locked as of December 5.

• Any changes to projects cannot impact the workbooks without direction from the Anchor or HHSC.

• Providers used $39.3 million in allocation for Pass 2 projects.

• Approximately $4.4 million remains for use for Pass 3 projects.
On November 28, we conducted a survey to determine the projects remaining after Pass 1 and Pass 2 and the status of IGT capacity in the region.

Most providers indicated that they did not have projects remaining for Pass 3.

IGT entities reported that IGT capacity is very limited.

The PFM instructs the Anchor, in collaboration with the IGT entities, to allocate Pass 3 funds.
Because of limited IGT capacity and the small total allocation available for Pass 3, the Anchor proposed (and IGT entities approved) a methodology for distributing Pass 3 allocation.

Pass 3 allocation will be distributed to IGT entities with remaining IGT capacity based on the relative percentage of IGT that entity has contributed to themselves and others for DSRIP in Pass 1 and Pass 2.

IGT entities can freely share allocation, just as occurred in Pass 1 and Pass 2.
The following items are required of ALL performing providers, unless a specific exemption exists:

1. Project Summaries (narratives and tables) for all Category 1 and 2 projects, Category 3 outcomes, and Category 4 reporting. Please use the templates and instructions distributed on December 3.

2. Pass 1, Pass 2, and Pass 3 workbooks (as applicable).

3. Signed collaboration agreements for each instance of allocation sharing in all Passes.
The following items are required of ALL performing providers, unless a specific exemption exists:


4. Summary table of projects by performing provider (see Section 2 of the template) for all projects in Pass 1, Pass 2, and Pass 3.

5. A list and brief summary of all projects considered by not included in the regional health plan.
The following items are required of ALL performing providers, unless a specific exemption exists:

7. Signed certification of participation (see Section 6 of the template).

8. Letters of support for the regional health plan (optional).

9. UC certifications and affiliations submitted directly to HHSC.
IMPORTANT

• HHSC requires a certification in every instance in which a public entity and a private entity (including a physician practice) is affiliating under the Waiver.

• This includes DSRIP only arrangements for IGT.

• Links to public and private affiliation forms are found online at http://www.hhsc.state.tx.us/1115-Waiver-Guideline.shtml under “Other Planning Tools.”
• December 17 – 21: Public comment period.

PUBLIC MEETING
Friday, December 21 at 10:00am
UT Health Science Center at Tyler
(directions to follow)

• During the public comment period, the Anchor will provide a daily summary of public comment received. As with Pass 1, the Anchor will provide substantive responses to each public comment.
Executive Waiver Committee Update

• Statewide category distribution is:
  - Category 1: 459 projects totaling $2.9 billion
  - Category 2: 456 projects totaling $2.6 billion
  - Category 3: 1259 outcomes totaling $1.2 billion

• Top Project Options:
  - 1.1 – Expand Primary Care Capacity (156)
  - 1.9 – Expand Specialty Care Capacity (101)
  - 2.9 – Establish/Expand Patient Care Navigation Program (66)
  - 2.2 – Expand Chronic Care Management Models (56)
EXECUTIVE WAIVER COMMITTEE UPDATE

• Statewide Provider Participants:
  - 200 Hospitals (44 Safety Net, 111 Private Hospitals, 70 UC only hospitals)
  - 39 Community Mental Health Centers
  - 20 Local Health Departments
  - 12 Physician Practices Affiliated with Academic Health Science Centers
EXECUTIVE WAIVER COMMITTEE UPDATE

• Two-State Review Process at HHSC

• Stage 1: High level review of “approvable projects.” Also includes “flags” for certain elements included in projects.

• Stage 2: Detailed technical review.
EXECUTIVE WAIVER COMMITTEE UPDATE

Approvable Project Criteria

• Project is in the RHP Planning Protocol/DSRIP Menu.

• Project ties to RHP’s community needs assessment.

• All required core components are included, if applicable.

• Project implementation begins by DY 3.

• Project benefits Medicaid/indigent population.
Flagged Project

- Project is valued at $15 million or more.
- Project utilizes other federally-funded initiative(s) along with DSRIP.
- Project includes capital or transportation.
- “Other” projects or “Other” outcome improvement targets.
- Hospital provider does not include Category 3 outcome.
Detailed Technical Review

• Projects meet requirements defined in the Program Funding and Mechanics and RHP Planning Protocols.

• RHP Plan adheres to the RHP Plan Template specifications.

• Workbook aligns with RHP Plan narrative.
HHSC Next Steps

• HHSC will begin the 30-day formal review period from the date of full plan submission.

• RHPs will have 15 days to address HHSC’s formal comments.

• HHSC approval of a full RHP plan will trigger the DY 1 DSRIP payment process.
CMS Next Steps

• CMS will begin the 45-day formal review period upon receipt of HHSC approved plans.

• RHPs and HHSC will have 30 days to address CMS’ formal comments.

• May 1, 2013 or 15 days after receipt of revised plan, CMS will approve or deny all RHP plans.

• If an RHP deletes a project without an approved replacement by May 1, 2013, HHSC will recoup DY 1 DSRIP payments associated with the project.
To ask a question, click the “Raise Hand” icon below the participant box.

**NORTHEAST TEXAS REGIONAL HEALTHCARE PARTNERSHIP**

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