NORTHEAST TEXAS REGIONAL HEALTHCARE PARTNERSHIP

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NORTHEAST TEXAS REGIONAL HEALTHCARE PARTNERSHIP

STAKEHOLDER WEBINAR
FEBRUARY 15, 2013

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TOPICS COVERED

• Plan Review Update
• Pass 3b Process
• Deadlines & Deliverables
• Anchor Call Update
• Questions & Answers

As always, we will follow up with an email containing the presentation and any documents referenced during this presentation.
• HHSC feedback was distributed to the RHP 1 Anchor on February 8.

• Individual RHP 1 providers received a copy of the feedback on February 8.

• RHP 1 requested and was granted a one-time 15 day extension of the deadline to respond to HHSC feedback.

• A revised regional health plan for RHP 1 is due no later than 5pm on Monday, March 11, 2013.
PLAN REVIEW UPDATE

• In general, the most common issue was not quantifying the patient impact of the project or that the patient impact was not reflected in milestones and metrics tables.

• Some projects did not include all required core-components or a statement of why a non-included component is not addressed by the projects.

• All but three TINs were incorrect.

• Inconsistency of unique ID numbers.
As a reminder:

- **Unique RHP Project Identification Number:** TPI.Category Number.Sequential Project Number (Example: A provider with two category 2 projects would number those projects as follows: TPI.2.1 and TPI.2.2.)

- **RHP Planning Protocol Reference:** Example: Include milestone reference number (P-10) and metric reference number (P-10.2) from RHP Planning Protocol.
For projects included on the *RHP 1 Approvable Feedback* document, please be sure to address these concerns completely. HHSC determined that those projects are not approvable unless the indicated issues are resolved.

HHSC provided to each RHP in formal feedback the projects HHSC recommends the performing strengthen the justification of valuation.

Refer to the January 16 *Valuation Feedback* document for additional information on valuation review at CMS.
Plan Review Update

- For new projects in which the project plan was to establish a baseline in DY 2 and increase the patient impact each year, HHSC recommends that you make your best evidence based estimate of the patient impact, and insert that number in the tables and narrative.

- HHSC wants to see the same patient impact reflected in your narrative and in the tables.

- Even if you do have quantifiable patient impact, but the valuation looks like an outlier, HHSC will flag for additional review at CMS.
In January 2013, CMS expressed some concern over some collaborations in regional health plans across the state.

As a result of that guidance, regions had two options for collaborative projects:

1. Justify in the narrative and project description the collaboration.

2. Withdraw the collaboration for consideration in a new Pass 3B.
As discussed on the January 25 regional webinar, the only projects eligible for consideration in Pass 3B are those collaborative projects that were withdrawn or projects that are on the region’s list of projects considered but not included in the regional health plan.

As of Tuesday, February 12, the vast majority of collaborations have been withdrawn to Pass 3B.

Providers with collaborative projects that were withdrawn should follow the instructions on the January 25 technical guidance document from HHSC.
PASS 3B PROCESS

• If the only projects submitted for consideration in Pass 3B are collaborative projects that were withdrawn, then the Anchor intends to re-allocate DSRIP funds to those projects to fully restore the projects to the regional health plan.

• If additional projects are submitted in Pass 3B, then external project reviewers will be used to score projects based on the DSRIP Project Scoring Tool used in Passes 1, 2, and 3.

• Those scores will be submitted as recommendations to the Anchor.
To submit a project for consideration in Pass 3B, providers must submit by noon on February 21:

1. A complete project narrative and tables using the RHP Plan Template. All projects must meet the same requirements as Pass 1, 2, and 3 projects, including alignment with the RHP Planning Protocol.

2. A complete Category 3 narrative and tables as required by the RHP Planning Protocol.

3. Confirmed IGT source.
**DEADLINES & DELIVERABLES**

- **February 21 by noon:** Pass 3B project plans and related Category 3 outcomes are due to the Anchor.

- **February 25 – 26:** Pass 3B project review period (if necessary).

- **February 28 by 5pm:** Final revised project plans for ALL projects are due to Anchor.

- **March 11 by 5pm:** Revised regional health plan due to HHSC.
ANCHOR CALL UPDATE

• For most regions, DY 1 payments will occur in April or May.

• If a provider is decreasing project value based on HHSC feedback, you do not need to send a new workbook. Add comments in the valuation tab in Excel file and make a highlight in the narrative.

• Funding options for state monitoring of DSRIP performance are under consideration.
ANCHOR CALL UPDATE

• Uncompensated Care – HHSC expects to post the spreadsheet for UC payment information. This spreadsheet will request specific IGT information in order to estimate statewide UC cap.

• HHSC will circulate a draft payment schedule for DY 1 payments and UC.

• HHSC has proposed a rule to govern the process by which UC payments will be reduced if the state exceeds the statewide UC cap.
To ask a question, click the “Raise Hand” icon below the participant box.