1115 WAIVER - RHP 1

FREQUENTLY ASKED QUESTIONS

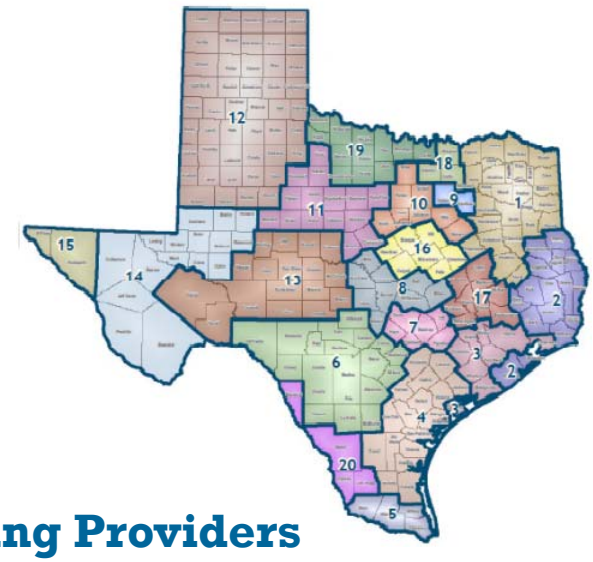
What is the Texas Medicaid 1115 Waiver?

A five-year demonstration program, spanning from 2011 through 2016, that expands risk-based managed care statewide and creates an Uncompensated Care (UC) Pool and a Delivery System Reform Incentive Payment (DSRIP) Pool. Through the DSRIP program, hospitals and other providers earn incentives for investments in delivery-system reforms that increase access to healthcare, improve the quality of care, and enhance the health of patients and families. The Centers for Medicare and Medicaid (CMS) approved a 15-month extension period while it negotiates with the Texas Health and Human Services Commission (HHSC) to continue the 1115 Waiver beyond December 2017.

What is Regional Healthcare Partnership 1?

One of 20 regions in Texas, the Northeast Texas Regional Healthcare Partnership (RHP 1) comprises 28 counties with 24 performing providers, working collaboratively to implement 91 DSRIP projects valued at more than $388.5 million. Projects are designed to address community needs and achieve the Triple Aim goals of improving the patient experience, improving the health of populations, and reducing the per capita cost of care.

DSRIP providers in RHP 1 include public and private hospitals, community mental health centers, public health departments, and an academic health science center. The University of Texas Health Science Center at Tyler (UTHSCT) is the designated "Anchor" for RHP 1 and serves as liaison between HHSC and the DSRIP performing providers.



Who are the eligible Performing Providers participating in DSRIP in RHP 1?

Public Hospitals

Hopkins County Memorial Hospital

Hunt Regional Medical Center

TMC Bonham *(fka Red River Regional Hospital)*

State-Owned Hospital

UT Health Science Center at Tyler

Private Hospitals

East Texas Medical Center Healthcare System (*Athens, Carthage, Fairfield, Henderson, Jacksonville, Pittsburg, Quitman, Trinity, Tyler)*

Good Shepherd Medical Center

Trinity Mother Frances Hospital

Community Mental Health Centers

ACCESS

Andrews Center

Burke Center

Community Healthcore

Lakes Regional MHMR

Texoma Community Center

Local Public Health Departments

Northeast Texas Public Health District

Paris-Lamar County Health District

All DSRIP hospitals participate in the UC Pool, as well as Atlanta Memorial Hospital, CHRISTUS St. Michael Health System, Houston County Medical Center, Longview Regional Medical Center, Palestine Regional Medical Center, Paris Regional Medical Center, Rusk State Hospital, and Wadley Regional Medical Center.

What do all these acronyms and terms mean?

CQI Continuous Quality Improvement. All projects are required to conduct and report on continuous quality improvement activities.

IGT Intergovernmental Transfer. State and local funds derived from taxes, assessments, levies, investments, and other public revenues within the sole and unrestricted control of a governmental entity and eligible for federal match under the 1115 Transformation Waiver. This does not include gifts, grants, trusts, or donations.

MLIU The Medicaid and low-income or uninsured individuals served by DSRIP projects.

PFM Program Funding and Mechanics Protocol. The primary policy that defines the content of the RHP Plan and how funds are allocated, milestones approved, and payments made.

QPI Quantifiable Patient Impact. A special designation for one milestone within each project that describes its scope, such as number of unique patients or encounters. This milestone is used by CMS to assess the project's total value.

TPI Texas Provider ID. Performing providers must have a Medicaid TPI. This provider's TPI is part of each project ID.

What are the dates of the Demonstration Years (DY)?

Demonstration Year (DY) follows the Federal Fiscal Year, which is Oct 1 to Sept 30, annually.

- **DY1** Oct 1, 2011—Sept. 30, 2012
- **DY2** Oct 1, 2012—Sept. 30, 2013
- **DY3** Oct 1, 2013—Sept. 30, 2014
- **DY4** Oct 1, 2014—Sept. 30, 2015
- **DY5** Oct 1, 2015—Sept. 30, 2016
- **DY6A** Oct 1, 2016—Sept. 30, 2017
- **DY6B** Oct 1, 2017—Dec 31, 2017

Anchoring Entity (Anchor): The IGT entity identified by HHSC as having primary administrative responsibilities on behalf of the RHP.

Category (Cat): The DSRIP program includes four categories. Categories 1 and 2 represent the core DSRIP projects related to infrastructure development and program innovation and redesign. Category 3 includes the outcome measure associated with each project. Category 4 is a set of measures reported by participating hospitals.

DSRIP Menu (RHP Planning Protocol): A menu of HHSC– and CMS-approved projects that contribute to delivery transformation and quality improvement.

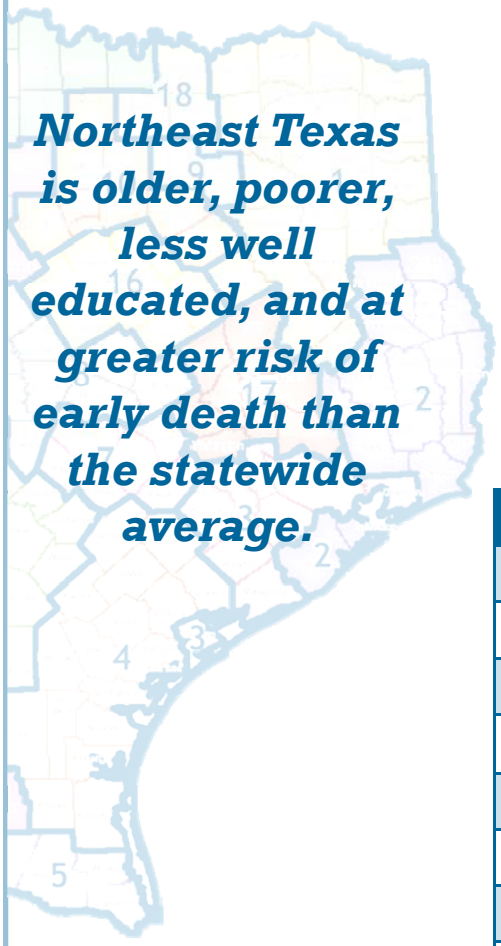
Milestones/Metrics: Quantitative or qualitative indicator of progress toward achieving a milestone from a baseline. DSRIP incentives are tied to achievement of milestones and metrics.

Performing Provider: A participating Medicaid provider that implements DSRIP project(s). Eligible providers include hospitals, community mental health centers, physician providers affiliated with a medical school, and local health departments.

Triple Aim: Originally developed by the Institute for Healthcare Improvement, the Triple Aim is a framework that describes an approach to optimizing health system performance. Adopted by CMS, the goals of the Triple Aim are defined as: Improving the patient experience of care (including quality and satisfaction), improving the health of populations, and reducing the per capita cost of healthcare.

Which counties are included in RHP 1?

1. Anderson
2. Bowie
3. Camp
4. Cass
5. Cherokee
6. Delta
7. Fannin
8. Franklin
9. Freestone
10. Gregg
11. Harrison
12. Henderson
13. Hopkins
14. Houston
15. Hunt
16. Lamar
17. Marion
18. Morris
19. Panola
20. Rains
21. Red River
22. Rusk
23. Smith
24. Titus
25. Trinity
26. Upshur
27. Van Zandt
28. Wood



Northeast Texas is older, poorer, less well educated, and at greater risk of early death than the statewide average.

What are the Community Needs (CN) identified in Northeast Texas?

CN.1 Insufficient Access to Primary and Specialty Health Care Services

CN.2 Insufficient Access to Mental and Behavioral Health Services

CN.3 High Rates of Chronic Disease, including Diabetes, Heart Disease, Asthma, Obesity, and Cancer

CN.4 High Costs Due to Potentially Preventable Hospitalizations

CN.5 Inappropriate Emergency Department Utilization

CN.6 Efficiency in and Effectiveness of Health Care Delivery

	Northeast Texas	Texas
Population	1.3 million	25.1 million
Counties	28	254
Rural Population	53.9%	17.5%
Median Age	41	33.6
Per Capita Income	$19,386	$24,870
Bachelor's Degree	13.2%	25.8%
Minority Population	24.8%	29.6%
Hispanic Origin	13.1%	37.6%

How were stakeholders engaged in the development of the RHP Plan?

The University of Texas Health Science Center at Tyler (UTHSCT) travelled throughout the region, meeting one-on-one and hosting large public meetings with stakeholders including public hospitals, governmental entities, county officials, local mental health authorities, county medical societies, large private hospital systems and many others from across Northeast Texas.

As Anchor, UTHSCT's overall approach to participant engagement was to be responsive and accessible and to tailor outreach efforts to the unique challenges in rural Texas. This was accomplished through public meetings, behavioral health work sessions, webinars, and technical assistance calls. In all, UTHSCT conducted over three dozen public outreach activities in 15 different communities in RHP 1.

Ongoing communication and participant engagement is accomplished through telephone, regular e-mail blasts, and semi-annual regional meetings.

How were DSRIP projects selected?

Each performing provider selected projects from a menu known as the RHP Planning Protocol. The menu was developed and approved by HHSC and the Centers for Medicare and Medicaid Services (CMS). A statewide committee of Clinical Champions contributed to its development.

Each project option included a list of core components and a series of milestones and metrics from which the provider could choose. Providers selected projects that met the greatest needs of their patients, service areas and/or communities.

How is DSRIP project impact measured?

Quantifiable Patient Impact (QPI) metrics are intended to show the impact of DSRIP on healthcare access and quality in Texas, particularly for Medicaid and low-income, uninsured individuals. QPI metrics are intended to capture the additional individuals served, or encounters provided, in a given year as a result of the DSRIP project. Whether a project's QPI is individuals depends on the type of project. For example, a project to expand access to primary care would count additional encounters provided, while a project to provide chronic disease management would count individuals served.

What is the impact of Region 1 DSRIP Projects?

Each project is broadly categorized using a Primary Project Type as outlined below. Projects are further identified with multiple secondary project types, serving patients and individuals across multiple community needs and focus areas. The table below represents the anticipated and cumulative impact through the first DY 4 mid-year reporting, within each primary project type area.

Primary Project Type	Individuals		Encounters	
	Anticipated	Impacted*	Anticipated	Completed*
Behavioral/Mental Health Services	10,638	2,534	21,619	22,314
Chronic Care Management and/or Health Promotion	8,249	2,542	1,440	324
Patient Navigation and/or Care Coordination	33,119	9,685	35,490	10,551
Primary Care and/or Patient Centered Medical Home	106,747	1,405	204,376	117,300
Process Improvement and/or Patient Experience	22,590	6,476	N/A	N/A
Specialty Care and/or Oral Health	5,866	1,778	87,607	14,892
All Projects	**187,209**	**24,420**	**349,767**	**165,381**

** As of April DY4 Reporting*

How do providers report success?

Performing Providers are eligible to report achievement of DSRIP milestones and metrics twice per demonstration year. These reporting periods occur in April and October, annually. Semi-annual reporting summaries and additional documentation to support the achievement of milestones is reviewed by HHSC. If approved, providers receive incentive payments for improvements and positive outcomes as outlined in the Regional Health Plan.

What is a Learning Collaborative?

A Learning Collaborative organizes multiple providers into a process of group learning where teams share best practices, and learn from each other's successes and challenges. The Learning Collaborative structure is based on the Breakthrough Series Collaborative model, which was developed by the Institute for Healthcare Improvement and has been proven effective internationally since 1994.

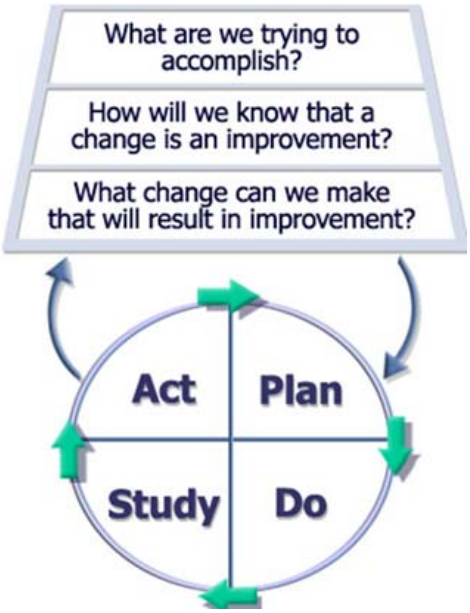
All RHP 1 DSRIP performing providers are encouraged to participate in Learning Collaborative activities. This collective learning and sharing opportunity is designed to help participating organizations improve patient outcomes and accelerate quality improvement at the organizational and/or regional level. Teams utilize the Model for Improvement to set achievable goals and measure progress, and participate by attending in-person and web events.

What are the RHP 1 Topic Areas?

As the Anchor of RHP 1, UT Health Science Center at Tyler is committed to hosting annual Learning Collaboratives with activities centered on topics that are most in line with the Community Needs of the region and with input from regional stakeholders. These topics were chosen based upon key healthcare challenges in Northeast Texas related to medically underserved areas/populations, health professional shortages in primary care and behavioral health, high chronic disease burden, and high rates of potentially preventable hospitalization.

RHP 1 has two active topics: (1) Integration of Behavioral Health and Primary care, which began November 11, 2014; and (2) Chronic Disease, which began February 10, 2015.

Model for Improvement



The Plan-Do-Study-Act Cycle represents one small test of a change in a care process. It can quickly show an improvement team what can and cannot work for their patients or communities.

Primary and Behavioral Health Integration

While there are approximately 85,000 people in the region with serious mental illness, there is a significant shortage of mental health providers. In addition, the co-morbidity between mental and physical illness leads to poor health outcomes including risk of early death.

RHP 1 chose to focus on Primary Care and Behavioral Health Integration as evidence shows that integrated care increases access and leads to improved patient outcomes. Teams include primary care providers and mental health authorities.

The primary goals set by participating teams include:

- Improved Cross-Specialty Screening Rates
- Improved Coordination between Behavioral Health and Primary Care Services
- Improved Engagement and Health Status of Patients

Chronic Disease

To address the high regional rates of chronic disease, the Anchor partnered with TMF Health Quality Institute to host a collaborative that addressed this significant community need.

Healthcare providers and county health departments were partnered with community organizations to focus on reduction of tobacco use and the management of hypertension in the population. This approach increases regional collaboration through the inclusion of DSRIP and non-DSRIP providers and organizations.

The primary goals set by participating teams include:

- Increasing the Number of Patients with Well-Controlled Hypertension
- Increased Screening and Referrals of Smokers to the Texas Quit Line