

GENERAL INFORMATION

Today's public meeting is being recorded so that stakeholders and the public who are unable to attend can review the content of the meeting.

TOPICS COVERED

- **RHP Plan Update**
- **Pass 1 Regional Summary**
- **Pass 2 Requirements & Status**
- **Common Questions**
- **Deadlines & Deliverables**
- **Stakeholder Feedback / Q & A**

RHP PLAN UPDATE: COMMUNITY NEEDS

Identification Number	Brief Description
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.

RHP PLAN UPDATE: VISION & GOALS

- **Improve quality of care and patient satisfaction**
- **Improve the health of populations**
- **Reduce the cost of health care**
- **Improve access to health care services – physical, mental, and behavioral health**

RHP PLAN UPDATE: PROVIDER PARTICIPATION

- **Currently, the following entities are participating as performing providers in Pass 1:**
 - **5 local mental health authorities**
 - **7 public hospitals**
 - **1 academic health science center**
 - **11 private hospitals**
 - **2 local public health departments**
- **Other providers are participating as collaborative partners.**

PASS 1: REGIONAL SUMMARY

- **Required:** At least 8 projects from Categories 1 and 2 combined, with at least 4 of the 8 selected from Category 2.

	Number of Projects*
Category 1	38
Category 2	35
Total	73

**Estimate only. Final number may change.*

PASS 1: REGIONAL SUMMARY

- **Required: Project valuation for each performing provider complies with DSRIP Category Funding Distribution:**

Hospital Performing Providers				
	DY 2	DY 3	DY 4	DY 5
Category 1 & 2	≤ 85%	≤ 80%	≤ 75%	≤ 57%
Category 3	≥ 10%	≥ 10%	≥ 15%	≥ 33%
Category 4	5%	10% - 15%	10% - 15%	10% - 15%

Non - Hospital Performing Providers				
	DY 2	DY 3	DY 4	DY 5
Category 1 & 2	95% -100%	≤ 90%	≤ 90%	≤ 80%
Category 3	0% - 5%	≥ 10%	≥ 10%	≥ 20%

PASS 1: NEXT STEPS

- **We are reviewing plans for compliance with the Anchor Checklist.**
- **Lock Pass 1 Workbooks (October 31). No changes that impact the workbook can be made to Pass 1 projects after this date.**
- **Post Pass 1 projects for public comment (November 5-9).**
- **Public hearing on Pass 1 projects (November 9)**
- **Submit Pass 1 projects to HHSC (November 16)**

PASS 2: REQUIREMENTS & STATUS

- **In order to advance to Pass 2, a region must meet each of the following requirements:**
 - 1. All Pass 1 Requirements**
 - 2. Broad Hospital Participation Target**
 - 3. Major Safety Net Hospital Participation Target**

PASS 2: REQUIREMENTS & STATUS

- **Requirement: Broad hospital participation - RHPs must demonstrate a minimum level of participation by private hospitals.**

	Requirement	Current RHP 1 Status
Private Hospital Participation	At least 15%	66.2%

PASS 2: REQUIREMENTS & STATUS

- **Requirement: Major safety net participation - RHPs must demonstrate a minimum level of participation by major safety net hospitals.**
 - **Region 1 has two major safety net hospitals (Good Shepherd Medical Center in Longview and Mother Frances Hospital in Tyler).**
 - **Both hospitals must participate in DSRIP in order for the region to advance to Pass 2.**
- **At this time, we expect the region will meet this requirement and advance to Pass 2.**

PASS 2: CALCULATION OF ALLOCATION

- **Unused DSRIP amounts from Pass 1 are allocated to providers for new projects in Pass 2 using the following calculations:**
 - **15% reserved for hospital performing providers that did not participate in Pass 1.**
 - **10% reserved for physician practices not affiliated with an academic health science center.**
 - **75% reserved for performing providers that participated in Pass 1.**
- **Anchor will distribute Pass 2 electronic workbooks by November 5.**

PASS 2: PROJECT REQUIREMENTS

- Performing providers may implement **new** DSRIP projects that compliment the projects from Pass 1 and address outstanding community needs.
- One performing provider must implement each DSRIP project, but any performing provider may combine their individual Pass 2 DSRIP allocations to fund a project.
- Projects must still comply with RHP Planning Protocol requirements and must have a source of IGT to be included in the regional health plan.

COMMON QUESTIONS: PLAN CERTIFICATIONS

- **Any entity providing state match (IGT) or receiving pool payments must sign the certification form in Section VI of the RHP Plan Template.**
- **Each entity will determine which person is the appropriate person to sign the certification.**
- **Participation certifications are due by the time of final plan submission (no later than December 31).**

COMMON QUESTIONS: AFFILIATION FORMS

- **HHSC needs an Indigent Care Affiliation Agreement and Certification Form (private and government) if a private hospital is entering into an affiliation with a governmental entity.**
- **Certification forms are available on HHSC's website.**
- **Affiliations for IGT payments must be considered in an open meeting of the governing board.**
- **The submission deadline for UC tools, affiliation agreements and certification forms has been extended to November 9.**

COMMON QUESTIONS: COLLABORATIVE AGREEMENTS

- **Providers that choose to collaborate and share allocation in either Pass 1 or Pass 2 must include a signed agreement with Pass 1 and Pass 2 project submissions.**
- **Agreement must state that the allocations are shared freely and for the purposes of regional transformation.**
- **A provider must have allocation and IGT in order for a project to be included in the regional health plan.**

COMMON QUESTIONS: UNUSED PASS 2 FUNDS

- **If there are unused funds after Pass 2, the Anchoring Entity may collaborate with RHP Performing Providers to determine which additional DSRIP projects to include in the RHP.**
- **Projects must still comply with RHP Planning Protocol requirements and must have a source of IGT to be included in the regional health plan.**

DEADLINES & DELIVERABLES

October 31, 2012: Sections I, II, III due to HHSC.

November 16, 2012: Pass 1 DSRIP (including applicable RHP Plan sections, Pass 1 Workbook, and Anchor Checklist)

December 31, 2012: Complete RHP Plan (including RHP Plan, Workbooks, and Anchor Checklist)

With regional consensus, regions may submit sooner than the required deadlines.

DEADLINES & DELIVERABLES

- **November 5: Anchors generate Pass 2 funding for all performing providers.**
- **November 5 – 9: Anchors post Pass 1 DSRIP for public comment.**
- **November 9: Public Hearing on Pass 1 Projects**
- **November 16: Pass 1 DSRIP (including applicable RHP Plan sections, Pass 1 Workbook, and Anchor Checklist)**
- **November 20: Pass 2 DSRIP plans, including workbooks due to Anchor.**

DEADLINES & DELIVERABLES

- **December 7 - 14:** Anchors identify any DSRIP funding available after Pass 2, if applicable, in collaboration with performing providers and IGT entities.
- **December 17 - 21:** Anchors post final RHP plan for public comment.
- **December 21:** Public hearing on full regional health plan.
- **December 31:** Complete RHP Plan due to HHSC.
- **January 2:** HHSC 30-day review begins
- **February 5:** CMS 45-day review begins.

RESOURCES

- **Meeting follow-up email will include:**
 - **Link to video/audio from today's meeting**
 - **Slides from today's meeting**
 - **FAQ document from HHSC**
- **Webinar with CMS regarding data collection and benchmarking.**
- **Regional webinars every Friday at 3:15pm.**

Please use the wireless microphones provided so that everyone can hear your question.

CONTACT INFORMATION

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