

# NORTHEAST TEXAS REGIONAL HEALTHCARE PARTNERSHIP

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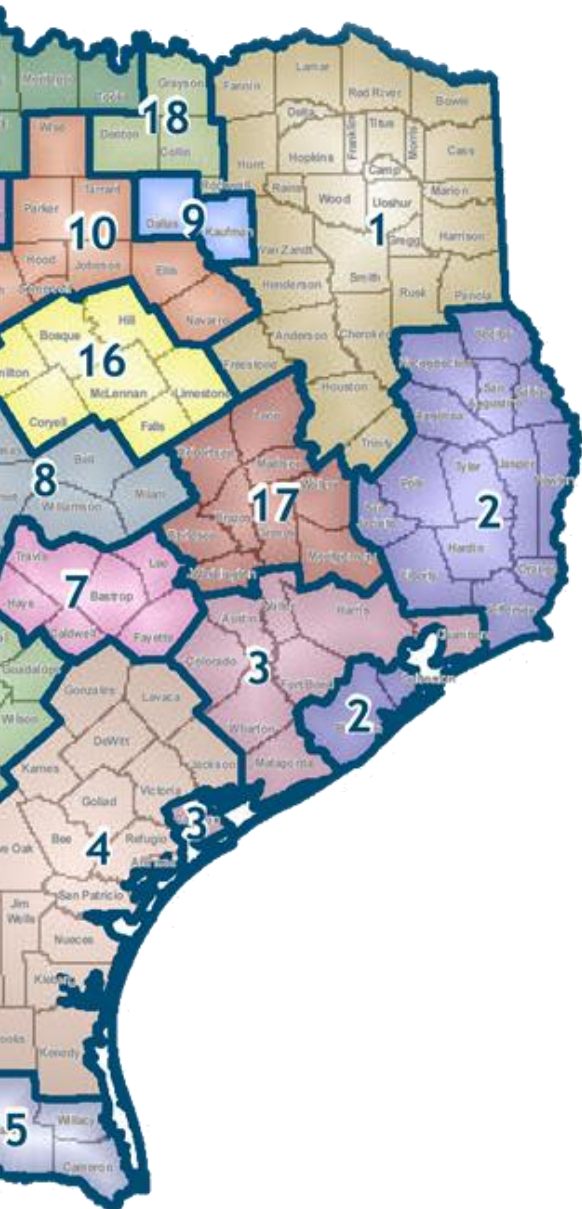
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# NORTHEAST TEXAS REGIONAL HEALTHCARE PARTNERSHIP

## STAKEHOLDER WEBINAR JANUARY 25, 2013

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# TOPICS COVERED

- **Plan Review Update**
- **Guidance Regarding Collaboration**
- **Anchor Call Update**
- **Questions & Answers**

*As always, we will follow up with an email containing the presentation and any documents referenced during this presentation.*

# PLAN REVIEW UPDATE: TIMELINES

- We expect to receive feedback from HHSC's review late next week or early the following week.
- Regions have 15 days to provide changes to the RHP plan based on HHSC feedback.
- Anchors may request one 15 day extension.
- HHSC will either submit the revised regional health plan to CMS with presumptive state approval or request additional changes if the RHP does not adequately address HHSC's feedback.

# PLAN REVIEW UPDATE: WHAT TO EXPECT

- **HHSC technical review was extensive, but reviewers may not have identified all issues that will need to be addressed for final approval by CMS.**
- **HHSC feedback will be sent directly to Anchors, and Anchors will distribute to individual performing providers.**
- **Performing providers will receive a notice from HHSC that one or more projects had feedback from HHSC.**

# PLAN REVIEW UPDATE: WHAT TO EXPECT

- **Feedback will be both general to the regional health plan and specific to individual projects.**
- **Revisions may be required at both the Anchor level and the individual performing provider level.**
- **For projects with substantial issues, regions may discuss with HHSC an option to replace the project, with limitations. Valuation for the replaced project cannot exceed the value of the original project.**

# PLAN REVIEW UPDATE: WHAT TO EXPECT

- **HHSC will also provide feedback related to valuation.**
- **Providers should work to quantify in the project summary the estimated patient impact by DY, including the impact on the Medicaid/Indigent population.**
- **CMS is particularly interested in the patient impact of projects.**
- **Refer to HHSC' document on valuation.**

# GUIDANCE REGARDING COLLABORATIONS

- In December 2011, HHSC and CMS reached final agreement on the Program Funding & Mechanics Protocol that included a provision to allow providers to collaborate and share allocation on DSRIP projects.
- In January 2013, CMS expressed concern that some collaborations may create the appearance of an impermissible provider related donation.
- The specific area of highest concern to CMS are collaborations in which a private entity is sharing allocation with a public entity **and that public entity is providing IGT** as the basis of either UC or DSRIP waiver payments.



# GUIDANCE REGARDING COLLABORATIONS

- **Regions have two options to address recent CMS concerns on collaborations:**
  1. **Withdraw some or all of the collaborations, with the allocations flowing to Pass 3b. Only projects eligible for consideration in Pass 3b are the removed collaborative projects or projects that were considered but not included in the regional health plan.**
  2. **Leave collaborations in the regional health plan and explain the nature of the collaboration and the transformational impact achieved by the collaboration.**
- **Regardless of the option, the revised regional health plan must still be submitted on time.**

# GUIDANCE REGARDING COLLABORATIONS

## Perspective on Region 1 Collaborations:

- The vast majority of collaborations in Region 1 do **not** involve IGT.
- Most of the collaborations involve multiple providers working together to solve a regionally significant problem that require an integrated approach.
- Other collaborations involve fewer partners, but have a clear, rational explanation for the collaboration.
- A very small number of collaborations involve IGT.

# GUIDANCE REGARDING COLLABORATIONS

- Based on conversations with HHSC, an analysis of existing collaborations in Region 1, and a survey of collaborations in other regions, Region 1 appears to have relatively low risk collaborations.
- HHSC is fully supportive of collaborations and believes there are collaborations that are approvable.
- Providers should carefully examine their collaborations and decide whether they want a collaborative project withdrawn from the regional health plan.
- **IMPORTANT: Nothing is certain, so each provider needs to decide how best to address CMS' concerns.**

# ANCHOR CALL UPDATE

- For most regions, DY 1 payments will occur in April or May.
- HHSC will use DY 1 DSRIP IGT information to make IGT requests at the time of payment processing.
- If less IGT is provided, then that provider and IGT entity's DY 1 payments will be proportionally reduced.

# ANCHOR CALL UPDATE

- **Category 1 & 2** - In general, try to avoid using TBD or X% for milestones in Category 1 and 2.
- **Category 3** - CMS requested a modification to approval of Category 3 achievement targets. CMS plans to partially approve plans with full approval once Category 3 benchmarks are established. So, focus on the choice of Category 3 outcomes, not necessarily the achievement level.
- **Category 4** - Be sure to link back to specific ID numbers for project relationships.

# 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 is also preparing a payment schedule for providers to plan for cash flow related to IGT draws.**

# STAKEHOLDER FEEDBACK | QUESTIONS & ANSWERS

To ask a question, click the “Raise Hand” icon below the participant box.

The screenshot displays the Elluminate Live! interface for a webinar titled "REGION 1 WAIVER WEBINAR". The interface is divided into several sections:

- Participants Panel (Left):** Lists participants including "Anchor Test (Moderator, Me)" and "NETnet (Moderator, Profile)". Below the list, there are icons for raising a hand (circled in yellow), a microphone, and a video camera. It indicates "2 Participants".
- Whiteboard (Center):** Titled "Whiteboard - Main Room (Scaled 115%)", it shows a map of Northeast Texas divided into 18 numbered regions. To the right of the map, the text reads: "NORTHEAST TEXAS REGIONAL HEALTHCARE PARTNERSHIP", "The Webinar will begin soon.", "For audio, please follow the instructions below:", and a list of instructions: "1. Dial 1-877-526-1243", "2. Access Number: 1992587#", and "3. Please **mute** your line". A logo for "THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER RECTOR" is visible in the bottom right corner of the whiteboard.
- Chat Panel (Bottom Left):** Shows a "Show" dropdown set to "All" and a message: "Joined on August 20, 2012 at 11:09 AM".
- Audio Panel (Bottom):** Includes a "Teleconference available" button and a volume control slider.

The bottom right corner of the application window displays the text "In session for 24 minutes."