RHP 4
Coastal Bend

DY 9 RHP 4 PLAN UPDATE

November 20, 2019

RHP 4 AGENDA TOPICS

- Summary – RHP 4 Plan Update
- Learning Collaborative Plan DY 9
- Cost Savings & Analysis
- DSRIP Transition Activities

- Public Meeting
  - Draft RHP 4 Plan Update
  - Public Comment

RHP 4 PLAN UPDATE

- RHP 4 includes 18 counties, 16 performing providers (12 hospitals, 3 CMHCs, 1 LHD) and 3 UC-only hospitals
- Statewide DY 9-10 Pool Amounts:
  - DY 9 - $2.910 billion; proportional % reduction 94%
  - DY 10 - $2.490 billion; proportional % reduction 80%
- Total Valuation RHP 4 for DY 9-10:
  - Approximately $247 million
  - Overall reduction of $13 million

MINIMUM POINT THRESHOLD (MPT)

- MPT reduction ranging from 1 to 10 points
- Discontinue measures and/or measure bundles:
  - Allowed, but difficult to meet the "good cause" requirements
    - Merger
    - Loss of significant system component
    - Significant addition of system component
    - Updated community needs

SUMMARY - DRAFT RHP 4 PLAN UPDATE

- Most common measure selections:
  - Hospitals and Physician Practices
    - K1-Rural Preventive, K2-Rural Emergency
    - E2-Maternal Safety, H-Integration of BH,
    - J1-Hospital Safety
- Local Community Health Centers
  - 9 total measures selected; M1-147 (BMI)
- Local Health Department:
  - 1 total measure selected including grandfathered measures (L1-147 BMI)

SUMMARY DRAFT PLAN UPDATE

Core Activities-Most Common Selections:

- Access to Primary Care
- Appropriate levels of BH
- Patient Navigation
- Wellness & Prevention

COMMUNITY NEEDS

- Improved access to affordable primary, specialty, behavioral health and dental care
- Improved access to services for pregnant women, uninsured residents and individuals living in rural communities
- Reduction in rates of avoidable ER utilization
- High prevalence of chronic disease, including diabetes, obesity, heart disease, asthma, hepatitis, cardiovascular disease and cancer.
- Improved care coordination and patient education
- High number of uninsured individuals
- Expanded public transportation options

DY9-10 COMMUNITY NEEDS ASSESSMENT

- For DY 9-10 a Community Needs Assessment is not required for the plan update but a review was required.
- Cursory review of the DY8 Community Needs Assessment completed in 2018 indicate primary categories and needs have not changed significantly for DY9-10.
- However, 75% of the RHP 4 counties received improved rankings:
  - Health Behaviors – includes factors such as % of adults who currently smoke; % of adults reporting BMI of 30 or more, and % of adults who reported binge or heavy drinking.
- 2019 County Health Rankings are available online: www.countyhealthrankings.org

DY 9-10 LEARNING COLLABORATIVE PLANS

- Goals for RHP 4:
  - Share strategies and successes
  - Provide opportunities for participating providers to discuss challenges
  - Identify and discuss common problems and concerns and work together to develop solutions
  - Ensure DSRIP activities are effective in addressing community needs
  - Support development of relationships that ensure community collaboration continues beyond DSRIP

DY 9-10 LEARNING COLLABORATIVE PLANS

- RHPs must conduct at least one learning collaborative each demonstration year
- Subjects to include in discussions include long term sustainability strategies for DSRIP activities, integration into Medicaid managed care, value-based purchasing, alternative payment model

RHP 4 PERFORMING PROVIDER REQUIREMENTS

- Must attend at least one learning collaborative meeting in each DY 9-10 (October-September).
- Must report on what you learned in the second reporting period of each DY (October).
- Lessons learned must be relevant at the provider level and applicable to some of the providers' Core Activities.
- Providers will report on the collaborative activities in the template prescribed by HHSC.
- UC-only hospitals are not required to attend a learning collaborative in DY 9 but must be included in the RHP Plan Update.

DY 9-10 COST SAVINGS ANALYSIS

- All providers with total valuation of one million dollars or more MUST submit the Cost and Savings Analysis in October 2020.
- The final revised PFM requires to analyze EITHER
  - a different Core Activity than was used for DY 7-8 reporting OR
  - a different aspect of the same Core Activity analyzed in DY 7-8.
- As was the case this past year, you will be required to identify the Core Activity you intend to analyze as part of the April reporting, as well as whether you will do a forecasted analysis or retrospective.
  - Forecasted analysis demonstrates potential savings or losses; must include at least a three year forecast period
  - Retrospective analysis demonstrates actual savings or losses incurred and must include at least two years of data in the analysis

RHP 4 PROVIDER COST/SAVINGS ANALYSIS SELECTIONS REPORTED IN OCTOBER 2018

- As providers begin to receive feedback/NMIs from HHSC regarding the cost and reporting, we will ask that you provide a brief summary of the NMIs which we will use to provide additional guidance for next year's reporting.
- Suggest that you begin to review what core activity you will evaluate as early as possible so you can begin tracking data you will need to complete the template next year.
- For example, Baseline average annual cost data including inpatient, ED, outpatient Laboratory, Pharmacy, Home-Based Care and Program Cost Data. These are the primary numbers used to generate the results based on the tool calculations.
- Anticipate that most of the HHSC NMIs will be based on narrative responses rather than the actual tool/data inputs. Our review of the narratives sent to us in advance did not include the level of detail HHSC requested. Think about what information you might need next year to respond adequately to the narrative request.

DSRIP TRANSITION ACTIVITIES

- DSRIP funding ends October 2021 (PY 4) with some carryforward options
- HHSC and stakeholders are pursuing alternative ideas to maintain the $3 billion DSRIP funds
- HHSC submitted a draft transition plan to CMS in October 2019 with a final document due March 2020
- HHSC makes final decision on strategies – March-December 2021
- HHSC considering multiple ways to approach transition:
  - Directed managed care payments
  - State plan policy changes
  - Other waiver programs

KEY FOCUS AREAS FOR POST-DSRIP EFFORTS

- Sustain access to critical health care services
- Behavioral health
- Primary care
- Patient navigation, care coordination, and care transitions, especially for patients with high costs and high utilization
- Chronic care management
- Health promotion and disease prevention
- Maternal health and birth outcomes, including in rural areas of the state
- Pediatric care
- Rural health care
- Integration of public health with Medicaid
- Telemedicine and telehealth
- Social drivers of health

RHP PLAN UPDATE NEXT STEPS

Written public comments ends at noon on Friday, November 22, 2019

RHP 4 Anchor Goal - submit final RHP 4 Plan Update no later than Monday, November 25, 2019

SOURCES

- DSRIP PFM
- Measure Bundle Protocol
- Category C Measure Specifications General Overview
- Category C Measure Specifications
- Presentations to Legislative Committees
- Category A
- Category B
- Category C
- Category D
- HHSC Webinars

PUBLIC TESTIMONY

November 20, 2019

PUBLIC TESTIMONY

- **PLEASE SHARE YOUR COMMENTS ON:**
  - DRAFT RHP 4 Plan Update

- Public Comment Period will close at noon, **Friday, November 22, 2019**
- Submit comments to Jonny Hipp at jonny.hipp@nchdcc.org or Linda Wertz at lkwertz@gmail.com

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COMMUNITY NEEDS ASSESSMENT (CNA) REQUIREMENTS

- First DSRIP CNA conducted in 2012
- 2018 update required to inform program development under the waiver renewal
- Goals:
  - Identify and review local health/social/economic factors that impact health care to understand how community can improve health outcomes
  - Identify community needs to inform development of DSRIP plan

COMMUNITY NEEDS

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RHP ACCOMPLISHMENTS UNDER DSRIP

- Improved collaboration and coordination among providers
- Improved access to health care due to increased number of providers, addition of new clinic locations and expanded office hours, improved transportation services, expansion of telemedicine, implementation of mobile crises services
- Advances in care coordination through physical and behavioral health integration initiatives, use of electronic medical records, improved communication and planning between inpatient hospital staff and outpatient/community providers
- Implemented strategies to reduce avoidable ER admissions, including improved access to primary care and alternative options for treating BH crises
- Expanded and improved patient education services

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