

# 1115 Waiver - RHP 2

## Frequently Asked Questions

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### 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.

### What is Regional Healthcare Partnership (RHP)?

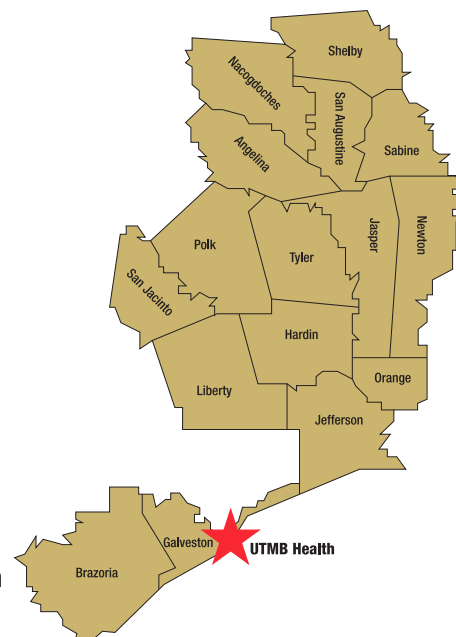
One of 20 regions in Texas, RHP 2 comprises 16 counties with 15 performing providers, working collaboratively to implement 85 DSRIP projects valued at more than \$300 million\*. Projects are designed to address community needs and achieve the Triple Aim goals of improving the patient experience, improving the health of populations, and reducing the per capita cost of care. DSRIP providers in RHP 2 include public and private hospitals, community mental health centers, a public health department, an academic medical center and a physician group practice. UTMB is the designated “Anchor” for RHP 2 and serves as liaison between the Texas Health and Human Services Commission (HHSC) and the DSRIP performing providers.

*\*includes Category 1 and 2 projects for both initial and three-year DSRIP projects*

### Which counties are included in RHP 2?

- |              |                |            |                   |
|--------------|----------------|------------|-------------------|
| 1. Angelina  | 5. Jasper      | 9. Newton  | 13. San Augustine |
| 2. Brazoria  | 6. Jefferson   | 10. Orange | 14. San Jacinto   |
| 3. Galveston | 7. Liberty     | 11. Polk   | 15. Shelby        |
| 4. Hardin    | 8. Nacogdoches | 12. Sabine | 16. Tyler         |

- Population of nearly 1.5 million people
- Covers nearly 14,500 square miles
- Urban and rural with varying infrastructure challenges
- 25% of population is uninsured
- 27% of population is on Medicaid or Medicaid/Medicare (dual eligible)
- More than 50% of the region is designated as a Health Professional Shortage Area in Primary Care and/or Mental Health



### Who are the eligible and participating “Performing Providers” in RHP 2?

#### Community Mental Health Centers

Spindletop Center  
The Burke Center  
The Gulf Coast Center  
Tri-County Services

#### Federally Qualified Health Center (FQHC)

Coastal Health & Wellness

#### Private Hospitals

Baptist Hospitals of Southeast Texas –  
Beaumont  
Brazosport Regional Health System  
Christus Health Southeast Texas –  
St. Elizabeth  
Liberty Dayton Regional Medical Center  
Sabine County Hospital

#### Public Hospitals

Angleton-Danbury Medical Center  
Nacogdoches Memorial Hospital  
Tyler County Hospital

#### State-Owned Hospital

Physician Group, affiliated with an  
Academic Medical Center  
The University of Texas Medical Branch  
(UTMB)

## What are the community needs (CN) being addressed in RHP 2?

**CN.1** Access Barriers: Lack of Personal Resources  
**CN.2** Access Barriers: Lack of Insurance  
**CN.3** Primary Care Physician Shortage  
**CN.4** Specialty Care Physician Shortage  
**CN.5** Mental/Behavioral Health Provider Shortage  
**CN.6** Mental/Behavioral Health Facility Shortage  
**CN.7** Dentist Shortage  
**CN.8** Mid-Level Provider Shortage  
**CN.9** Pharmacist Shortage

**CN.10** High Emergency Department Utilization Rates  
**CN.11** 30-Day Readmission Rates  
**CN.12** Chronic Diseases: Diabetes  
**CN.13** Chronic Diseases: Obesity  
**CN.14** Chronic Diseases: Heart & Vascular-Related Diseases & Disorders  
**CN.15** Chronic Diseases: Pulmonary Diseases  
**CN.16** Mental/Behavioral Health-Related Mortality  
**CN.17** Mental/Behavioral Health-Related Morbidity  
**CN.18** Cancer Incidence (all)

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## 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

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## 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 providers could choose. Providers selected projects that met the greatest needs of their patients, service areas and/or communities.

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## When were projects submitted and approved?

<b>Dec. 21, 2012</b>	RHP Plan submitted to HHSC
<b>Feb. 28, 2013</b>	Revised RHP Plan submitted to HHSC in response to HHSC feedback
<b>May 9, 2013</b>	RHP 2 received initial findings from CMS
<b>June 11, 2013</b>	“Phase 1” project revisions resubmitted to HHSC. These included projects that were initially disapproved by CMS, projects that had adjustments to value, and projects with overlapping milestones
<b>June 17, 2013</b>	Providers corrected/confirmed DY2 milestones (“Phase 3”)
<b>Aug. 16, 2013</b>	Providers confirmed/corrected Quantifiable Patient Impact milestones (“Phase 2”)
<b>Sept. 9, 2013</b>	CMS provided initial approval on remaining (“Phase 1”) projects
<b>Dec. 6, 2013</b>	Providers submitted technical corrections and DY3-5 plan modifications
<b>Dec. 20, 2013</b>	RHP Plan amendment submitted with newly proposed three-year projects
<b>March 10, 2014</b>	Providers submitted new/revised Category 3 outcome measures
<b>May 22, 2014</b>	CMS provided initial approval for three-year projects

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## How was the community engaged in the development of the RHP plan?

UTMB reached out to healthcare organizations, local government representatives, community organization and other interested stakeholders to provide education on the Transformation Waiver. In addition, a regional website was developed to communicate waiver related information throughout the Region 2 in 2012.

In order to promote the development of a vision for the future of healthcare delivery within the region, participating organizations formed a structure comprised of communication channels, a region-wide meeting structure and a dedicated Regional Steering Committee (RSC) representing leadership from all key stakeholder groups to aid in communication, collaboration and decision-making. With the help of UT Houston, UTMB's Center for the Elimination of Health Disparities and the local Texas Area Health Education Center (AHEC-East), an extensive community needs assessment (CNA) was

undertaken to better understand the current state of health and health services at the regional, county and local levels. Based on this, the regional partners decided to focus the majority of efforts on primary care and prevention (including mental and behavioral health) and care management strategies. Projects were developed by local provider groups at the community level and were presented to the RSC. They were then further refined based on the feedback from the RSC and other regional stakeholders in region 2. The final selection of projects for the RHP plan sought to protect and support the stability of the existing health care safety net infrastructure while seeking new ways to allocate resources to address challenges and improve the overall health of the entire region.

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## When were milestones reported and funds received?

<b>Aug. 31, 2013</b>	First reporting opportunity for DY2 milestones
<b>Oct. 28, 2013</b>	DSRIP payments received for approved August-reported milestones
<b>Oct. 31, 2013</b>	Second reporting opportunity for DY2 milestones, submission of additional documentation for August-reported milestones designated by HHSC as needing more information (NMI)
<b>Jan. 17, 2014</b>	Submission of additional documentation for October NMI milestones
<b>Jan. 22, 2014</b>	DSRIP payments for approved October-reported milestones and approved August NMI milestones
<b>April 30, 2014</b>	First reporting opportunity for DY3 milestones and any DY2 milestones that were “carried forward” Going forward, reporting periods will be in April and October, annually.

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## What is a Learning Collaborative?

All RHP 2 DSRIP performing providers are encouraged to participate in Learning Collaborative activities centers on topic selected by the Anchor, with input from the regional stakeholders. The collaboratives are designed to facilitate sharing best practices, lessons learned, challenges, solutions and results. Individuals and organizations can participate by posting and/or accessing resources online and attending in-person and/or web events.

RHP 2 has two active topics: (1) Preventable 30-day Readmissions, which held its first in-person meeting on Jan. 23, 2014 and its second on May 14, 2014 in Beaumont, Texas; and (2) Integration of Behavioral Health and Primary Care, which kicked off March 20, 2014 in Galveston, Texas. Both collaboration workgroups have twice-a-month touchpoint phone calls to share challenges and successes, thus keeping the participating providers engaged in their collaborative learning journey.

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## What do all these acronyms and terms mean?

<b>“Cat”</b>	Category. Category 1 and 2 represent the core DSRIP projects related to infrastructure development and program innovation and redesign, respectively. Category 3 includes the outcome measures associated with each project. Category 4 involves population-focused improvements associated with Category 1 and 2 projects and Category 3 outcomes.
<b>CQI</b>	Continuous Quality Improvement. All projects are required to conduct and report on continuous quality improvement activities.
<b>CMS</b>	The Centers for Medicare and Medicaid Services. CMS granted the 1115 Transformation Waiver to Texas, approved protocols and RHP plans, and held Texas accountable to the Waiver Standard Terms and Conditions.
<b>DSRIP</b>	Delivery System Reform Incentive Payment. Incentive payments available for projects under the Transformation Waiver to enhance access to healthcare and to increase the quality of care, the cost-effectiveness of care provided and the health of the patients and families served. Projects eligible for incentive payments must come from the DSRIP menu, be included in an HHSC and CMS-approved RHP plan, and have corresponding metrics and milestones.
<b>DY</b>	Demonstration Year. The waiver demonstration years are consistent with Federal Fiscal Years. The first DY involved submission of the RHP Plan. Projects are implemented and outcomes reported during the remaining four DYs.
<b>HHSC</b>	The Texas Health and Human Services Commission. HHSC is responsible for working with CMS to design and implement the 1115 Waiver.
<b>IGT</b>	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, the use of which is conditioned on supplying a benefit solely to the donor or grantor of the funds.

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<b>NMI</b>	Needs more information. The designation given to milestones submitted to HHSC that are not initially approved. Providers have one chance to submit additional supporting documentation for milestone approval. If HHSC does not approve the milestone following this submission, the incentive dollars associated with that milestone are lost.
<b>PFM</b>	Program Funding and Mechanics Protocol. The primary policy that defines content of the RHP Plan and how funds are allocated, milestones approved, and payments made.
<b>PHI</b>	Protected Health Information. Patient-level data that is to be safeguarded.
<b>QPI</b>	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.
<b>RHP</b>	Regional Healthcare Partnership. A DSRIP feature unique to Texas which allows interested participants working collectively to develop and implement a regional plan for health care delivery system reform.
<b>TPI</b>	Texas Provider ID. Performing Providers must have a Medicaid TPI. The provider's TPI is part of each project ID.
<b>UC</b>	Uncompensated Care. The funding pool available to RHP participants under the waiver to defray uncompensated care costs.
<b>UPL</b>	Upper Payment Limit. Historic supplemental payments made to certain hospitals and providers to make up the difference between what Medicaid actually paid for Medicaid clients and what Medicare would have paid for the same services.

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

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

**Intergovernmental Transfer (IGT) Entity:** A governmental entity that provides an IGT to fund the waiver.

**Metric:** Quantitative or qualitative indicator of progress toward achieving a milestone from a baseline.

**Milestone:** An objective for DSRIP performance comprised of one or more 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
- Reducing the per capita cost of healthcare



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