

RHP18

Regional Health Partnership

2012

- ▶ Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver:
 - ▶ Managed care expansion
 - ▶ Allows statewide Medicaid managed care services
 - ▶ Includes legislatively-mandated pharmacy carve-in & dental managed care
 - ▶ Hospital financing component
 - ▶ Preserves upper payment limit (UPL) hospital funding under a new methodology (UPL is now referred to as Uncompensated Care, UC)
 - ▶ Creates Regional Healthcare Partnerships
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- ▶ **HHSC is Responsible for:**
 - ▶ Developing Regional Health Partnerships (RHPs)
 - ▶ Expanding range of reimbursement eligible uncompensated care services
 - ▶ Developing delivery system improvements incentives



- ▶ Under the Waiver, UPL Funds are Distributed Using Historic Trends (through two pools):
 - ▶ Uncompensated Care (UC) Pool
 - ▶ Delivery System Reform Incentive Payments (DSRIP)



- ▶ Many RHPs are formed around public hospitals that are currently receiving UPL
- ▶ Anchors serve as the single point of contact and coordinate RHP activities
- ▶ RHPs develop plans to address local delivery system concerns with a focus on improved access, quality, cost-effectiveness and coordination
- ▶ RHPs should reflect delivery systems and geographic proximity
- ▶ UC and DSRIP pools are dependent on RHP plan participation



- ▶ The RHP Anchor:
 - ▶ Is the single point of contact
 - ▶ Facilitates RHP meetings
 - ▶ Holds public hearings regarding plan
 - ▶ Ensures inclusion of key stakeholders
 - ▶ Coordinates/develops/submits RHP plan
 - ▶ Coordinates required reporting
 - ▶ Provides technical assistance to coordinating providers



- ▶ The IGT Providers/Contributors are:
 - ▶ Cities/Counties
 - ▶ Hospital Districts
 - ▶ Hospital Authorities
 - ▶ Academic Health Science Centers



- ▶ Behavioral Health:
 - ▶ Mental Health/Mental Retardation & Substance Abuse
 - Coordinated effort across the state
 - A major provider in this process



- ▶ Role of IGT Entities:
 - ▶ Determines use of public IGT funds, consistent with state requirements
 - ▶ Participates in the RHP planning process
 - ▶ Selects projects and provides baseline metrics
 - ▶ Estimates IGT available for the four years of the plan
 - ▶ Provides IGT match for its own projects and for sponsored projects
 - ▶ Coordinates with private hospitals to provide IGT
 - ▶ Provides valuation of projects for the first year
 - ▶ Provides reports to the Anchor



- ▶ Role of Private Hospitals (that choose to participate in the waiver program):
 - ▶ Participate in the RHP planning process
 - ▶ Coordinate with other IGT providers to offer services
 - ▶ Perform a project & reach metrics



- ▶ Role of Other Non-Hospital Providers:
 - ▶ Would need to contract with an IGT provider in order to participate
 - ▶ If they partner, they would need to provide services or uncompensated care
 - ▶ Must provide documentation that service was provided



- ▶ RHP #18 Consists of Three Counties:
 - ▶ Collin
 - ▶ Grayson
 - ▶ Rockwall



- ▶ **RHP #18 Project Team Implementing Comprehensive, Multi-level Outreach Approach:**
 - ▶ June – July: Individual interviews with identified potential provider participants
 - ▶ July – Aug. – Two workshops with identified stakeholders
 - ▶ June- Aug. – Consistent communication with HHSC
 - ▶ Aug. – Meeting with identified stakeholders to review draft plan
 - ▶ Late Aug. – Public Hearings
 - ▶ Late Aug. – Finalize RHP Plan



- ▶ **RHP Plans include:**
 - ▶ Regional community needs/health assessments
 - ▶ Participating local public entities
 - ▶ Hospitals receiving incentives and yearly performance measures
 - ▶ Incentive projects by DSRIP categories

- ▶ **RHPs and RHP Plans do not:**
 - ▶ Require four-year local funding commitments
 - ▶ Determine health policy, Medicaid program policy, regional reimbursement or managed care requirements



- ▶ RHP #18 is classified as a Tier 4 anchor
- ▶ Four DSRIP categories:
 - ▶ 1 - Infrastructure Development
 - ▶ 2 - Program Innovation & Redesign
 - ▶ 3 - Quality Improvements
 - ▶ 4 - Population-focused Improvements



- ▶ RHP #18 is Focusing on the First Two Categories:
 - ▶ Infrastructure Development
 - ▶ Program Innovation & Redesign



- ▶ **Category I: Infrastructure Development**
 - ▶ Investments in people, places, processes and technology
 - ▶ Increase behavioral health care access
 - ▶ Expand primary and specialty care access
 - ▶ Improve performance and reporting capacity
 - ▶ Develop and expand telemedicine use
 - ▶ Increase prenatal and healthy birth care access
 - ▶ Enhance health promotion and disease prevention



- ▶ Category 2: Program Innovation & Redesign
 - ▶ Piloting, testing, replicating and expansion of innovative care models
 - ▶ Disease registry management
 - ▶ Medical home models and care coordination Initiatives
 - ▶ Innovations in pregnant women care and infant delivery
 - ▶ Health promotion and disease prevention improvements
 - ▶ Appointment redesign and referral processes
 - ▶ Post-discharge coordination models
 - ▶ Reduce inappropriate ER use
 - ▶ Alternative financing models
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- ▶ **Upcoming Deadlines**

- ▶ Aug. 31 – RHP Plans due to HHSC

- ▶ Oct. 31 – HHSC submits all RHP plans to CMS

