Texas Healthcare Transformation and Quality Improvement Program
Medicaid 1115 Waiver

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February 2012
1115 Waiver Basics

- Resulted from mandate to HHSC from the 82nd Texas Legislature to:
  - Expand managed care (cost reduction)
  - Preserve hospital supplemental payments
- Submitted by the Texas HHSC to Centers for Medicare and Medicaid Services (CMS) on July 15, 2011
- Approved by CMS on December 12, 2011
- Expires on September 30, 2016
1115 Waiver Basics

- Expands existing Medicaid managed HMO model to achieve cost savings
  - 2 million people already in risk-based managed care programs
  - Moves remaining 1 million people into STAR and STAR+PLUS

- Preserves locally funded supplemental payments to hospitals
  - New funding pools replace the Upper Payment Limit (UPL) supplemental payment program
    - Uncompensated care pool (UC)
    - Delivery System Reform Incentive Pool (DSRIP)
  - New funding pools could potentially double the amount of federal funding for Medicaid

- Creates Regional Healthcare Partnerships (RHP) anchored by public hospitals, counties, or other governmental entities (such as UTMB)

- Establishes new quality initiatives for hospitals and state Medicaid HMOs
Funding Pool Overview

• IGT must be generated locally and matched with federal dollars through the state of Texas HHSC
  • Expense alleviation funds flow model remains the same
  • Definition of IGT is under further development by HHSC

• Uncompensated Care (UC) Pool
  • Reimburses hospitals for uncompensated care based on costs, not charges
  • Includes new non-hospital services in definition of uncompensated care, such as clinics and pharmacy costs
  • HHSC working on final UC report form for hospitals

• Delivery System Reform Incentive Pool (DSRIP)
  • Created to incentivize delivery system reform
  • Based on the triple aim:
    • Improving the experience of care (more effective care management)
    • Improving the health of populations (better outcomes and increased access)
    • Containing costs
**Delivery System Reform Incentive Pool (DSRIP)**

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Delivery System Reform Incentive Pool (DSRIP)

In early years, emphasis on infrastructure improvements:
- Technology
- Workforce
- Pilots that test innovative care models

Later years, emphasis will shift to improvement measures with focus on:
- Population health
- Clinical improvements
- Access to care
Eligibility to receive UC or DSRIP funds

Eligibility for the UC Pool

• Hospital or physician group; and
• Provide care to Medicaid or unsponsored patients; and
• Participate in planning process for the Regional Health Plan; and
• Submit UC application/report by September 30th of each year

Eligibility for DSRIP Pool

• Hospitals that provide IGT or have IGT transferred for them; and
• Participate in the planning process for the Regional Health Plan; and
• Develop programs or strategies that enhance access to health care, increase quality of care, or improve the cost-effectiveness of care; and
• Report on the successful achievement of goals in the programs as identified in the regional health plan
Regional Healthcare Partnerships

- Membership includes
  - IGT providers
  - Hospital providers
  - Local governmental entities
  - Other healthcare providers
  - Private hospitals, if IGT is transferred on their behalf

- RHP members collaboratively create 5-year coordinated regional health plan that:
  - Identifies all participating entities
  - Includes regional assessment of community health needs
  - Outlines projects and interventions that support delivery system reform and are tailored to the needs of the regional population
  - Identifies goals, milestones, metrics, and expected results from the interventions
  - Outlines the funding distribution, including any private hospitals
RHP Anchors

• Anchor must be a single state or local governmental entity such as:
  • County
  • Hospital District
  • Hospital Authority
  • University-owned hospital

• Anchor cannot be:
  • Private hospital
  • For-profit or nonprofit corporation
  • Multiple hospitals
  • Multiple governmental entities

• Anchor responsibilities include:
  • Coordination of planning efforts in the creation of a regional health plan
  • Serve as a single point of contact for HHSC for reporting purposes
  • Anchor is not funds manager or broker; Each RHP participant receives funds directly from HHSC
  • May contract with other entities for administrative tasks, but there must be adequate controls and safeguards to avoid conflict of interest
Development of the UTMB Proposal

• Proposal submitted in October 2011
• Based on historic relationships throughout the region
• Considered the strengths of the organization
  • Transparency
  • Accountability
  • Reporting
  • Experience in innovative care models
• Over-arching focus for UTMB plans related to 1115 waiver is to
  
  *Increase access to care*
UTMB’s Statewide Impact

FY10
Number of Patients Treated
- 0
- 1 - 50
- 51 - 100
- 101 - 250
- 251 - 500
- 501 - 1,000
- 1,001 - 5,000
- Over 5,001

- Community Clinic
- Regional Maternal and Child Health Clinic
- Telemedicine Clinic
- Educational Affiliation
- East Texas Area Health Education Center
- Contracted County for Indigent Care
- TDCJ Prison Clinic
- Federal Bureau of Prisons Clinic
- TYC Facility Clinic
UTMB Health Sites in Southeast Texas Region

*Number inside of dot represents the number of clinics in that location
**Includes Women, Infants and Children’s Clinics
Proposed Southeast Regional Healthcare Partnership

- Shelby
- Sabine
- San Augustine
- Nacogdoches
- Angelina
- Newton
- Jasper
- Tyler
- Polk
- Trinity
- Houston
- Walker
- San Jacinto
- Liberty
- Hardin
- Orange
- Jefferson
- Galveston
- Montgomery
- Waller
- Austin
- Colorado
- Wharton
- Fort Bend
- Brazoria
- Matagorda
- Chambers
DSRIP – Focus on Access Across RHP

Primary Care
Telemedicine (Primary and Tertiary Care)
Community Health Program
Area Health Education Centers
Health Professions Training
Trauma Care
East Texas Geriatric Education Center
Regional Maternal and Child Health Program
Southeast TX Regional Health Needs

- High prevalence rates of chronic diseases\(^1\)
  - High blood pressure, cholesterol, cancer rates higher than state average
  - Diabetes prevalence rates at the state average
- High mortality rates for chronic diseases\(^1\)
  - Heart disease, diabetes, stroke, cancer higher than state average
- Medicaid enrollment approximately 300,000 in the region\(^2\)
- Lack of access to care\(^3\)
  - 14 counties designated as Primary Care Health Professional Shortage Area (HPSA)
  - 2 counties partially designated as HPSA
  - 9 counties have special populations designated as HPSA

1. Texas Chronic Disease Burden Report, 2010, Department of State Health Services
2. Monthly Medicaid Eligibles File Extract, October 2011, Texas HHS
3. Federally Designated Primary Health Professional Shortage Areas, March 23, 2011, Center for Health Statistics, Texas DSHS
Infrastructure

- Electronic Health Record
  - Patient & physician portal
- Telemedicine
  - Expanded infrastructure to increase access to new locations and more specialties
- Expansion of data reporting capabilities
  - Meaningful Use
  - Group Practice Reporting Option/Physician Quality Reporting System
- Health Information Exchange
  - UTMB is a member of the Greater Houston Healthconnect HIE, encompassing a 14 county area
- Level 1 Trauma certification
- Regional Maternal Child Health Program & OB Network
  - Utilize advanced practice clinicians
  - Explore opportunities to increase access to primary and specialty care through telemedicine
Program Innovation and Redesign

- Community Health Program
  - Outpatient chronic disease care management program
  - Utilizes RNs, Community Health Workers, Social Workers, and Nutritionists
  - Provides assistance in navigating the health care system, accessing community resources, and setting self-management strategies
- St. Vincent's Hope Clinic
  - Utilizes advanced practice clinicians
  - Provides primary care to patients
- Primary Care Medical Home
- Telemedicine
- Utilization and Operating Efficiency
- Evidence Based Practice
Population Focused Improvement

- Greater Houston Healthconnect HIE
  - Galveston County HIE merged under Greater Houston
  - UTMB is a member of the HIE with 5 other providers that utilize the EPIC electronic medical record
  - Clinical data repository could be used in population management

- UTMB 3-Share/Multi-Share Plan
  - Benefits plan for 500 working uninsured individuals in Galveston County

- Community Health Plan
  - Provides outpatient chronic disease management
Urgent Clinical Improvements

- Culture of Safety and Quality
- Readmissions reduction project
- Disclosure and apology seminars
- Reorganization of infrastructure for Clinical Effectiveness and Patient Safety
DSRIP Ideas

• Encourage patient-centered medical homes
• Reduce hospital readmissions
• Reduce hospital-acquired infections
• Boost immunization rates
• Expand school-based clinics
• Increase primary care access
• Enhance healthcare infrastructure such as graduate medical education, electronic health records and telemedicine
DSRIP – Growing the “Pie” in Partnership

- Health Professions Training
- Area Health Education Centers
- East Texas Geriatric Education Center
- Trauma Care
- Regional Maternal and Child Health Program
- Telemedicine
- Community Health Program
- Primary Care

Red = Current funding received
Green = Possible future match funding through 1115 Waiver
1115 Waiver milestones

March 1, 2012 - Uncompensated Care Protocol/form due to CMS from HHSC

March 31, 2012 - HHSC submits to CMS a description of the state’s plan for forming RHPs, identifying the anchors in each RHP, and the general menu of projects and quality measures to be addressed in the RHPs.

August 31, 2012 – DSRIP project plans, including payment protocols, due to CMS

• April 1, 2012 – HHSC releases DSRIP project menu for use by RHPs
• June 1, 2012 – HHSC releases payment protocols for use by RHPs

October 31, 2012 - Final DSRIP plans to the HHSC and CMS for approval

• August 1, 2012 - Urban RHP plans due to HHSC
• September 1, 2012 – Rural RHP plans due to HHSC
Next Steps

• Determine participation in a regional healthcare partnership and develop planning structure and process among members
• Local community needs assessment for the regional plan
• Consider potential DSRIP projects