



NOTE FROM THE ANCHOR:

Welcome to February, the month of cupid, hearts and love. No doubt this instantly makes you think of DSRIP and the 1115 Waiver. If you think about it, our evolving relationship with the Waiver is much like a new love - there are a lot of unknown variables; we spend some time trying to decide if it is worth staying; and, there is hope for great service and fulfillment. The good news is, we are closer to that part of a relationship where we can be ourselves - do what our organizations are best at doing - providing quality healthcare to those most in need.

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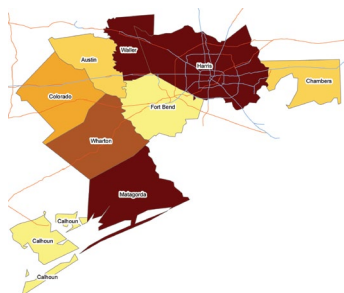
ANCHOR UPDATES

DY2 REPORTING RESULTS:

The Demonstration Year 2 (DY2) reporting might have seemed like your final exams, for which you prepared all semester long. Since then, you have anxiously awaited your results. Now is the time we showcase and celebrate your success. See the bar graph and table on PAGE 2.

95% of metrics were approved in DY2 resulting in an estimated \$286,873,924 in incentive payments for Region 3. The table on page 2 provides this information by Category. Congratulations on such a successful first year of reporting! [CLICK HERE](#) for a further breakdown of success of region by provider: "RHP 3: DY2 October Reporting Feedback Report Per Provider".

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PROJECT SPOTLIGHT



GULF BEND

Gulf Bend has an integrated healthcare program targeting children and adolescents, who have co-morbid conditions of asthma, diabetes, and behavioral healthcare conditions in Calhoun County, Port Lavaca Texas. The creation of a pediatric healthcare network and integrated care practice that incorporates technology, EHR, regular staffing and ongoing provider support was realized through the 1115 Waiver. The largest challenge faced was the appropriate sharing of confidential patient information between diverse providers to best serve the patient by cultivating continuity of care. Their new facility named "Place 4 Counseling" will staff four full-time licensed professional counselors with specialties in children and adolescents, sexual abuse services and substance abuse disorders. Televideo technology will be used to assist in psychiatric medication management, a critical component in behavioral healthcare.

[CLICK HERE](#) to read the full interview. [CLICK HERE](#) to read about their opening in the Victoria Advocate. ■

Ribbon Cutting Ceremony at Gulf Bend's new facility for integrated care "Place 4 Counseling"



LEARNING MOMENT

BREAKDOWN ON EMERGENCY CENTER VISITS IN HARRIS COUNTY

As we move forward with reporting requirements we interviewed Dr. Charles Begley, Professor at University of Texas School of Public Health and RHP3 Anchor Advisor. Dr. Begley and his colleagues have completed several studies in Harris County related to Emergency Center (EC) visits. We asked him what are the top 5 most important things you learned from your EC study?

- 1) Total EC visits at Harris County hospitals are about 1.2 to 1.3 million per year and are increasing at the same rate as the population.
- 2) Primary care-related EC visits - defined as non-urgent, primary care treatable, or avoidable - account for about 40% of all EC visits.
- 3) Most primary care-related EC visits are non-urgent or primary care treatable.
- 4) Uninsured adults and children have higher rates of primary care-related EC visits than those who are privately insured.
- 5) Despite many efforts to prevent and/or divert these visits, the proportion of EC visits that are primary care-related has remained about the same over the last 10 years.



Professor and Co-Director,
Center for Health Services Research
Director, Houston Health Services Research
Collaborative University of Texas School of
Public Health

[CLICK HERE](#) to read the full interview. [CLICK HERE](#) to help us update these results and expand to information about the entire RHP3 by participating in our EC Cohort study. Please pass it on to front line workers in your EC to complete. ■

TIMELINE

REGION 3 DSRIP TIMELINE

*All dates are subject to change. Please refer to HHSC for the most recent updates: <http://www.hhsc.state.tx.us/1115-Waiver-Deadlines.shtml>.

- Late February, 2014** - RHPs respond to HHSC feedback on New 3-Year Projects.
- February 24, 2014** - HHSC completes Phase 4 review.
- March 7, 2014** - Providers return selected Category 3 measures to HHSC.
- March 14, 2014** - HHSC submits New 3-Year Projects to CMS (those that will be eligible for April reporting).
- April 2014** - Full RHP Plan submission to HHSC (target).
- Late April, 2014** - Results from CMS on New 3-Year Projects (target).
- April 2014** - First DY3 (or carry forward DY2) reporting opportunity.
- April 30, 2014** - April DY3 milestone/metric achievement reporting and Semi-Annual Progress Reports due from providers.
- April 30, 2014** - Anchors submit administrative costs for DY 2 and partial year for DY 3 (target pending CMS approval of Anchor Administrative Costs Protocol).
- May 9, 2014** - Due date for IGT entities to notify HHSC of any issues with affiliated providers' reports.
- Early June 2014** - HHSC approves April reports or requests additional information from providers.
- June 30, 2014** - RHPs submit plan modifications for DY4-5.
- July 9, 2014** - Estimate IGT due date for April DY3 milestone/metric achievement.
- Mid-July 2014** - Providers supply additional information if necessary following April DY3 reporting.
- July 24, 2014** - Estimated due date for IGT for Anchor Administrative Costs.
- July 31, 2014** - HHSC reviews and approves or disapproves additional information submitted by providers following April DY3 reporting.
- July 31, 2014** - Estimated payment date for April DY3 reporting.
- August 14, 2014** - Estimated payment date for Anchor Administrative Costs.



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CONTINUED FROM PAGE 1: DY2 REPORTING RESULTS:

The Anchor Project Management Office (PMO) recognizes the dynamic nature of teams, the complexity of the Waiver and the continuous learning associated with DSRIP projects. Region 3's Anchor-provided project management software, *Performance Logic*, can help address these challenging situations. In order to make the best use of this software, project information needs to be updated regularly. Training has been set up to provide guidance and assistance in using *Performance Logic* for such updates. As a reminder, the following details should be included in *Performance Logic*.

Category	Estimated DY2 October Incentive Payment
Category 1	\$152,319,788.52
Category 2	\$88,084,495.75
Category 3	\$42,533,532.78
Category 4	\$3,936,107.00
Total for RHP3	\$286,873,924.05

- Monthly Status Reports - Enter project updates at least monthly.
- Tracking Milestones - Update measures to show progress in achieving milestones. Monthly updates are preferred, however depending on the milestone, quarterly updates may be appropriate.
- Tracking Financial Impact - Enter the incentives earned by report period.

