

# DSRIP Extension Planning Briefing: Williamson County Commissioners Court

---

John H. Teel, MS RS

Executive Director

Williamson County and Cities Health District

*August 8, 2017*



# Objective:

---

- ▶ Provide sufficient information to the Commissioners Court to advise a decision about the level of continued participation in the Medicaid 1115 Waiver DSRIP program.



# The Medicaid 1115 Waiver

---

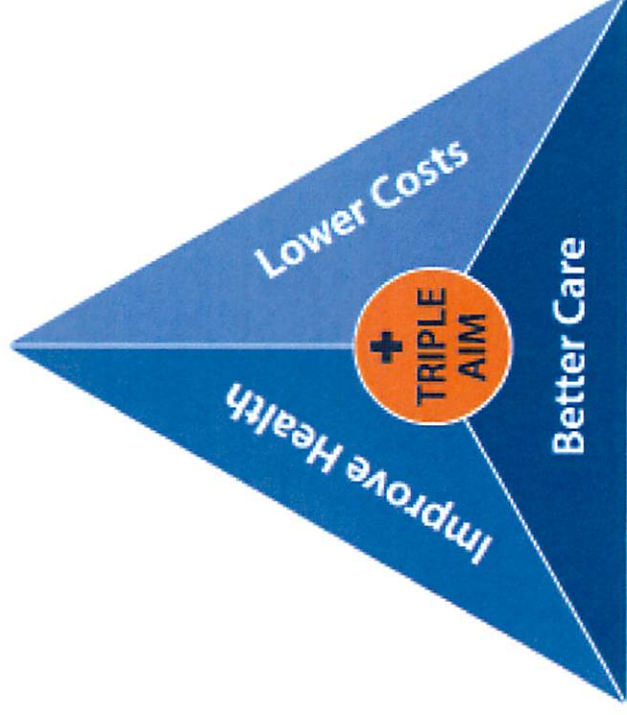
- ▶ In 2011, Texas received federal approval of a **five year** Waiver under section 1115 of the Social Security Act that allows the state to:
  - expand Medicaid managed care while preserving hospital funding,
  - **provide incentive payments for health care improvements**, and
  - direct more funding to hospitals that serve large numbers of uninsured patients.

Two statewide “pools” of money worth a total of \$29 billion over five years:



# Delivery System Reform Incentive Payments

- DSRIP Pool Payments are **incentive** payments to hospitals and other providers that develop programs or strategies to:
  - enhance access to health care,
  - increase the quality of care,
  - increase the cost-effectiveness of care provided, and
  - increase the health of the patients and families served.

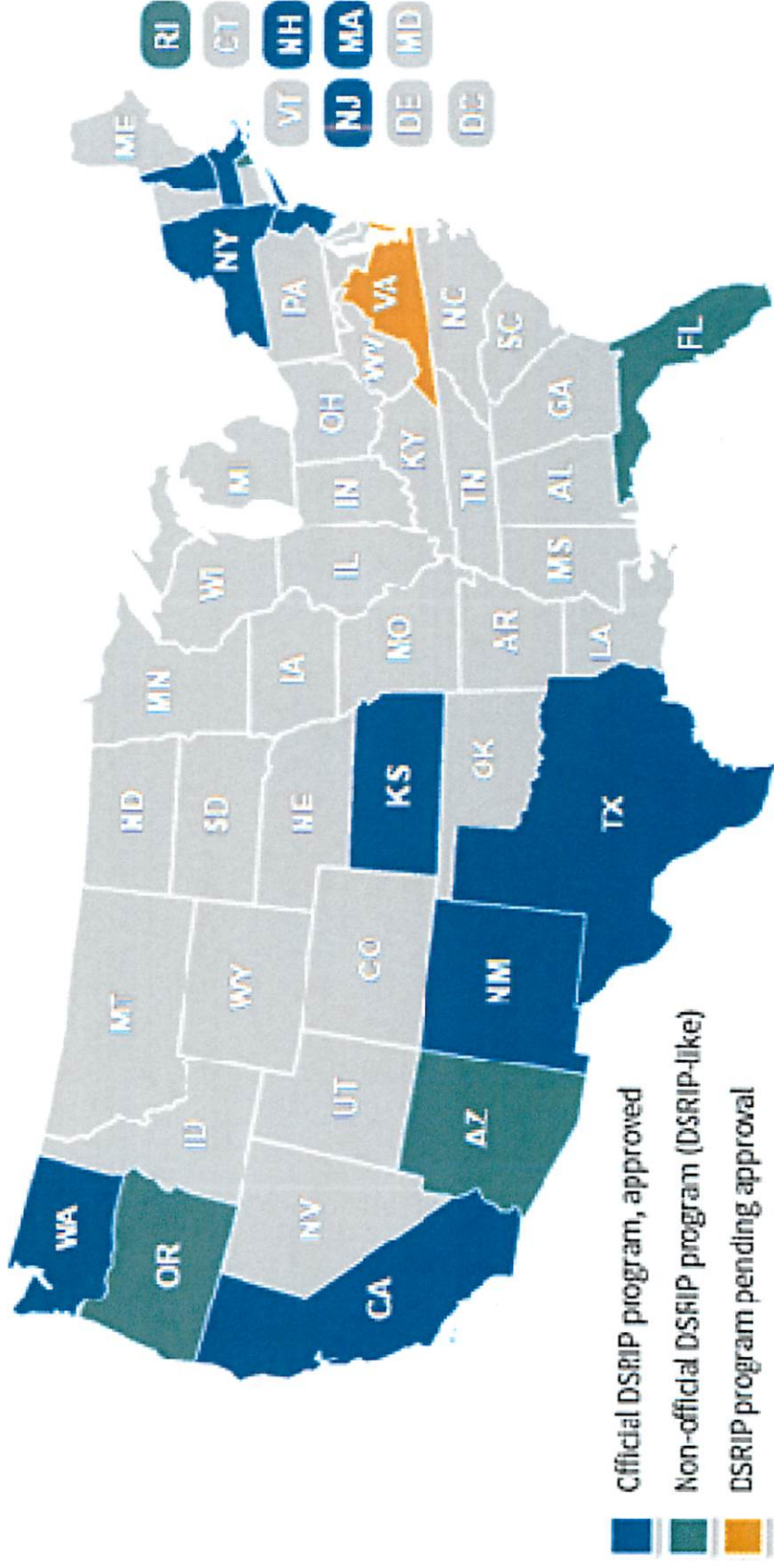




# The National Picture

- ▶ 9 states with an approved DSRIP 1115 Medicaid Waiver
- ▶ 1 state with a pending DSRIP program
- ▶ 4 states with a non-official DSRIP program

## States with DSRIP and DSRIP-Like Programs (10/2016)

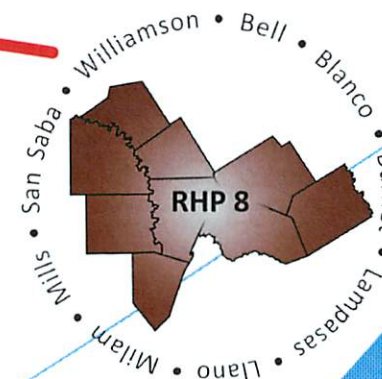
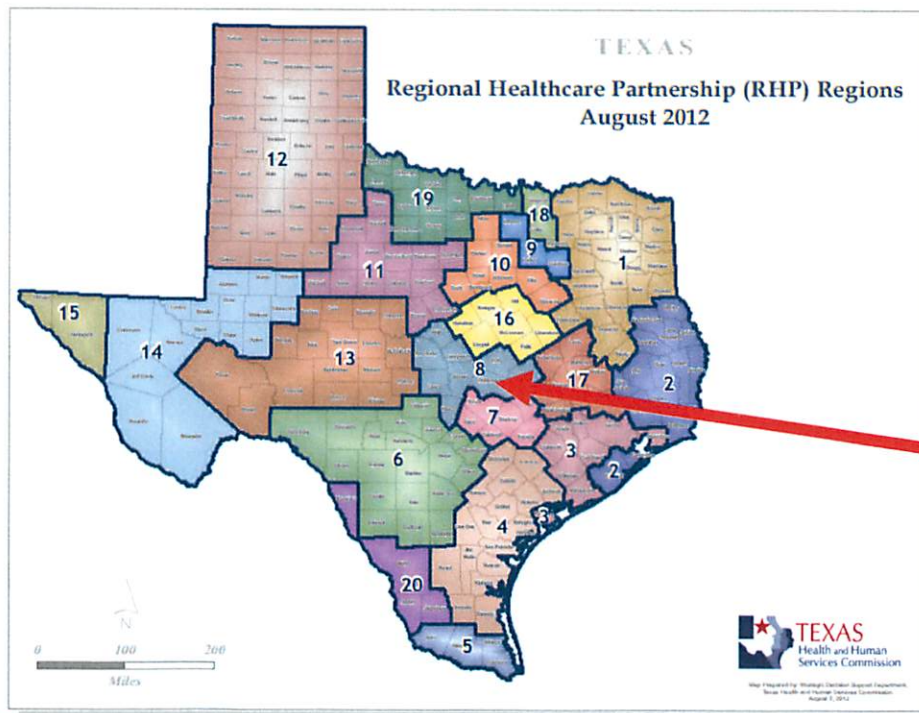




# The Texas 1115 Medicaid Waiver

- ▶ \$6.2 Billion in DY5, DY6 for UC and DSRIP projects (\$3.1 B each)
- ▶ 1,340 DSRIP projects
- ▶ 296 DSRIP providers

Year	Phase
<b>DY1:</b> 10/1/2011 – 9/30/2012	Needs assessment, project definition, planning
<b>DY2:</b> 10/1/2012 – 9/30/2013	Project refinement, infrastructure building
<b>DY3:</b> 10/1/2013 – 9/30/2014	Project finalization, selection of outcome measures, baseline establishment
<b>DY4:</b> 10/1/2014 – 9/30/2015	First year of full project performance
<b>DY5:</b> 10/1/2015 – 9/30/2016	Second year of full project performance

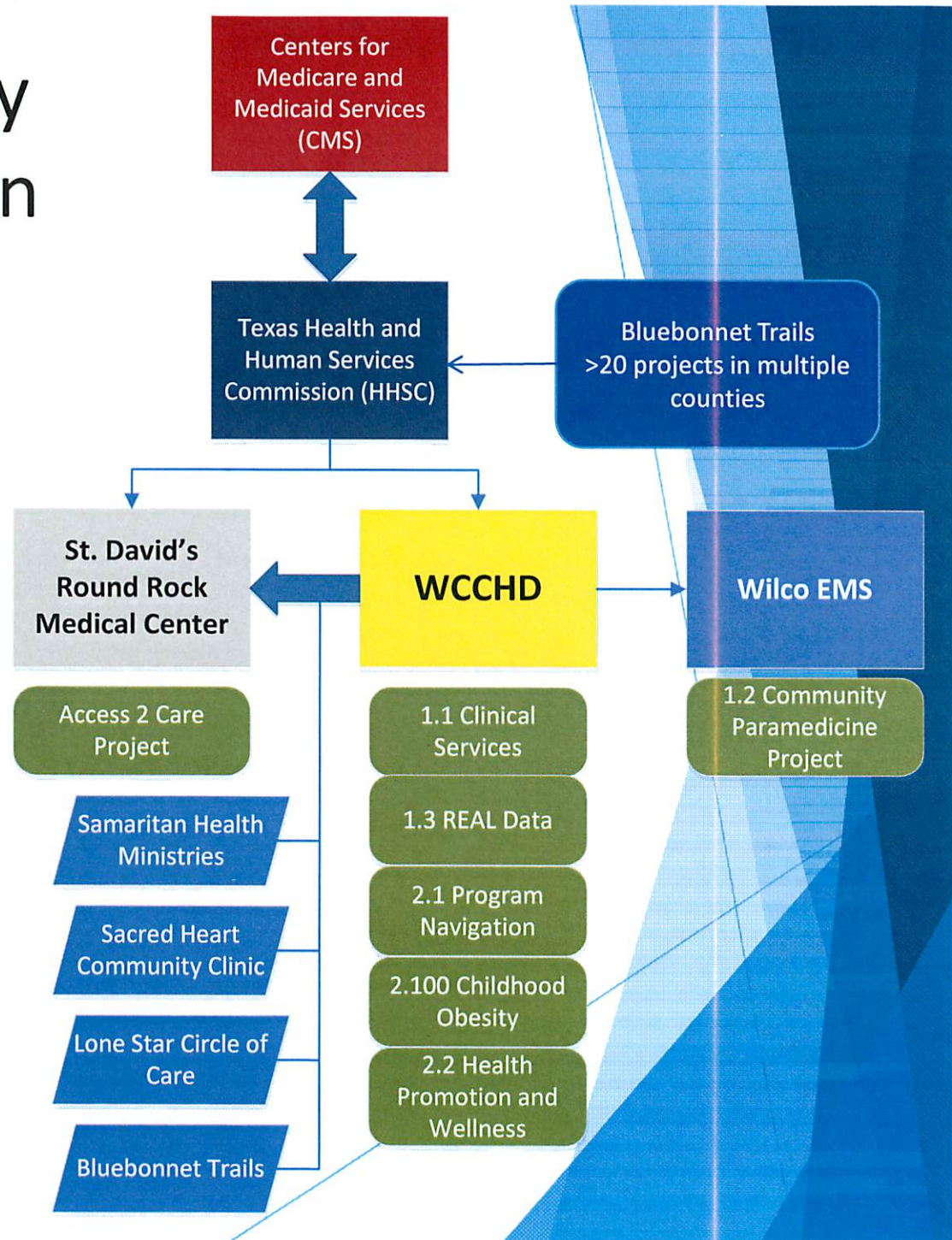




# Williamson County DSRIP Participation

- ▶ **WCCHD is the performing provider for six projects:**
  - ▶ - Clinical Services
  - ▶ - REAL Data
  - ▶ - Program Navigation
  - ▶ - Childhood Obesity
  - ▶ - Health Promotion and Wellness
  - ▶ - **Wilco EMS Community Health Paramedicine**

Additionally, we receive \$350K each year to enroll clients into the Access 2 Care program and aggregate and report data for St. David's Round Rock Medical Center.





# Williamson County Current Projects (2012-2017)

Project Name	Responsible Agency/Division	Total Valuation	IGT required	Incentive Payment	Project Purpose	Meets Metrics?
<b>Clinical Preventive Services</b>	WCCHD Clinical Services	\$1,296,972.44	\$570,667.87 (WCCHD)	\$726,304.57	Increase access to preventive care by increasing the number of available appointments and providers.	Yes
<b>Race, Ethnicity, and Language (REAL) Data</b>	WCCHD Quality and Strategic Management	\$232,462.04	\$102,283.30 (WCCHD)	\$130,178.74	Consistently collect data on REAL elements to allow for detection of health disparities.	Yes
<b>Patient Navigation</b>	WCCHD Program Eligibility and Social Services	\$263,665.04	\$116,012.62 (WCCHD)	\$147,652.42	Connect clients to available resources and services, including eligibility for the County Indigent Health Care Program (CIHCP).	Most - blood pressure project has been discontinued.
<b>Childhood Obesity</b>	WCCHD Marketing and Community Engagement	\$145,888.44	\$64,190.91 (WCCHD)	\$81,697.53	Reduce childhood obesity through education, measurement of Body Mass Index, nutrition counseling, and physical activity counseling.	At risk to not achieve this year, but still in progress.
<b>Health Promotions &amp; Wellness</b>	WCCHD Marketing and Community Engagement	\$489,042.30	\$215,178.61 (WCCHD)	\$273,863.69	Reach at least 10% of the county's population with health promotion and wellness messaging through outreach events and social media engagement.	Most - blood pressure project has been discontinued.
	<b>Totals for WCCHD:</b>	<b>\$2,428,030.26</b>	<b>\$1,068,333.31</b>	<b>\$1,359,696.95</b>		
<b>Community Health Paramedicine</b>	Williamson County Emergency Medical Services	\$1,191,708.70	<b>\$524,351.83 (Wilco)</b>	\$667,356.87	Reduce 911 abuse and hospital readmissions for high utilizers	Yes



# Transition and Possible Extension

---

- The original Waiver ended 9/30/2016.
- Texas is currently in the last months of the 15-month Transition (DY6)
- Projects continue in DY6 at DY5 levels while a new Waiver is negotiated

Year	Phase
<b>TRANSITION (Approved)</b> <b>DY6:</b> 10/1/2016 – 12/31/2017	Continue at DY5 levels, provide baseline data on impact to the Medicaid and Low-Income Uninsured (MLIU) population. Define “next step” outcome measures for DY7, make any adjustments. Collect baseline data for outcome measures.
<b>EXTENSION (Pending approval)</b> <b>DY7:</b> 1/1/2018 – 12/31/2018	First year of full outcome measure performance
<b>EXTENSION (Pending approval)</b> <b>DY8:</b> 1/1/2019 – 12/31/2019	Second year of full outcome measure performance



# DSRIP Extension Proposal

---

- ▶ The Texas Health and Human Services Commission (HHSC) has formally asked the U.S. Center for Medicare and Medicaid Services (CMS) for a 21-month extension on the 1115 Waiver. **The extension is not yet approved and would run through 9/30/2019.** Negotiations are ongoing, with a decision expected this Fall.
- ▶ Providers participating in the Transition committed to participate in at least the first year (DY7) of an Extension. The Williamson County Board of Health voted on 7/18/2016 to direct WCCHD to continue all existing DSRIP projects through the extension period, requiring a minimum of DY7 participation.
  - ▶ However, the Board directed the Executive Director of WCCHD “to diligently seek other sources of revenue for the Clinical Services DSRIP PROJECT” - \$726,304.57 in total.
- ▶ The next “exit point” without payback of incentives is March 2019.
- ▶ Pulling out of DSRIP prior to March 2019 would require repaying the Federal government for funds earned in DY6, up to approximately \$2,027,053.82 for all projects.
- ▶ Change from project-level to provider-level (e.g., system) reporting.
- ▶ Providers must define a system and select outcome measures that the system will work to improve.



# Two Possible Paths for the Waiver Extension

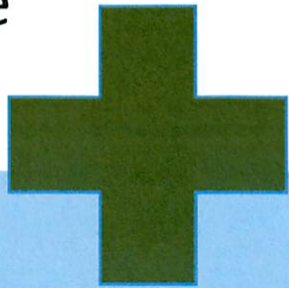
- ▶ Without an extension, all six of Williamson County's projects end on 12/31/2017. The last incentive payment will be received in early Spring 2018.
- ▶ With an extension, all projects are replaced with outcome-based performance measures valued up to the total valuation of the current projects (\$3.6 million for WCCHD).
  - ▶ Local health departments must choose from a menu of 31 outcome measures, each of which is worth 1, 2, or 3 points.
  - ▶ The minimum point threshold (MPT) for WCCHD is seven points. Each point is equivalent to \$500,000 in total valuation (including the local contribution known as an intergovernmental transfer or IGT). ***WCCHD can select up to seven points worth of outcome measures. Selecting fewer points results in lower total valuation, and lower commitments of IGT funds.***
  - ▶ The selected measures must:
    - ▶ Support the community needs identified in the 2017-2019 CHIP,
    - ▶ Have available baseline data for 2016 and 2017, including the Medicaid percentage, Low Income Uninsured percentage, and All Payer data,
    - ▶ Be within our scope of services as a system,
    - ▶ Have a minimum of 30 active clients' worth of baseline data, and
    - ▶ Be "doable" – are we sure we can be successful at driving improvement in those outcomes?



1. Mental Health	2. Access to Healthcare	4. Active Living	5. Chronic Disease
Follow-Up After Hospitalization for Mental Illness	Childhood Immunization Status (CIS)	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Controlling High Blood Pressure
Post-Partum Follow-Up and Care Coordination	Third next available appointment		Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention
Decrease in mental health admissions and readmissions to criminal justice settings such as jails or prisons	Well-Child Visits in the First 15 Months of Life (6 or more visits)		Colorectal Cancer Screening
Reduce Emergency Department visits for Behavioral Health and Substance Abuse	Reduce Emergency Department (ED) visits for Ambulatory Care Sensitive Conditions (ACSC)		Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
	Pneumonia vaccination status for older adults		Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
	Preventive Care and Screening: Influenza Immunization		Breast Cancer Screening
	Immunization for Adolescents- Tdap/TD and MCV		Diabetes care: BP control (<140/90mm Hg)
	Adults (18+ years) Immunization status		Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
	Latent Tuberculosis Infection (LTBI) treatment rate		
	Chlamydia Screening in Women (CHL)		
	Syphilis positive screening rates		
	Follow-up after Treatment for Primary or Secondary Syphilis		
	Gonorrhea Positive Screening Rates		
	Follow-up testing for N. gonorrhoeae among recently infected men and women		
	Dental Sealant: Children		
	Dental Caries: Children		
	Dental Caries: Adults		
	Preventive Services for Children at Elevated Caries Risk		



## Two Possible Paths for Waiver Extension: Bottom Line



With an extension, all projects end and are replaced with 21 months to drive outcome-based performance measures valued up to the total valuation of the current projects (\$3.6 million for WCCHD).

WCCHD must pick new outcome measures to meet the minimum point threshold (MPT). WCCHD must have sufficient IGT funds to support the outcome measure incentive payments (\$1.6 million).

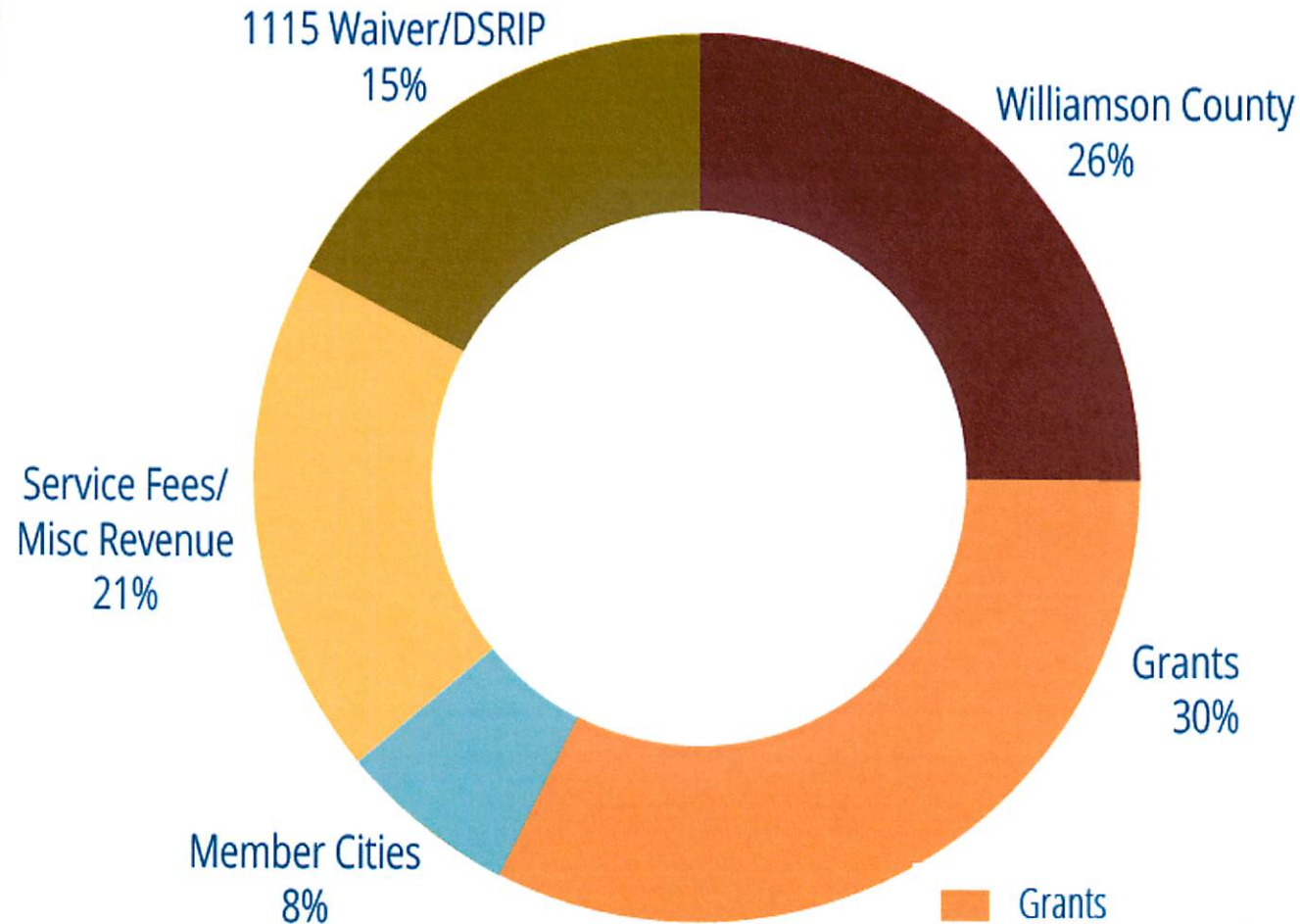


Without an extension, all six of WCCHD's projects end on 12/31/2017. The last incentive payment will be received in early Spring 2018.

15.4 full-time equivalent staff at WCCHD lose their funding, as do eight full-time equivalent staff at Wilco EMS.



## Total FY2017 Working Budget, last revised 05-04-17, unaudited



Grants	\$2,724,484
1115 Waiver - DSRIP	\$1,336,794
Williamson County	\$2,378,146
Member Cities	\$ 696,308
Service Fees/Misc Revenue	\$1,902,950
TOTAL	\$9,038,682



# Current DSRIP funded staff (WCCHD)

Position	Number of Positions with full or partial DSRIP Funding
Public Health nurses	7
Eligibility Specialists	4
Program Navigators	3
Program Navigator Team Lead	1
Research Specialist	1
Medical Director/Health Authority	1
Director of Clinical Services	1
Family Nurse Practitioner	1
Public Health and Prevention Specialist	1
Wilco Wellness Alliance Coordinator	1
Health Educator	1
Medicaider Specialist	1
Human Services Specialist	1
Navigation and Case Management Supervisor	1
Program Eligibility and Social Services Director	1
Marketing and Community Engagement Director	1
<b>Grand Total</b>	<b>27 (15.4 FTEs)</b>



# DSRIP Successes in Wilco

---

- We have achieved all of the expected outcomes and achieved our key metrics every year.
- **Offset \$1.2 million in reductions to state contracts**
- 151,327+ health promotions encounters
- 36,674+ clinical encounters
- 12,155+ patients navigated to healthcare resources
- 1,205+ children received evidence-based childhood obesity prevention interventions
- 85% reduction in EMS activations for patients in the Community Paramedicine project
- WCCHD transitioned from paper medical records to an EHR
- Doubled the HPV vaccination completion rate in our clients, preventing many cases of cancer among these vaccinated children
- Increased screening of at-risk women for Chlamydia, resulting in appropriate treatment.



# Conclusion

---

- If the Commissioners Court makes a policy decision to “stay in the 1115 Medicaid Waiver” through 2018 and 2019, WCCHD would be allowed to submit “fresh new” outcome measures totaling a value of \$3.6 million
- However, this policy decision would bind the county to committing annual IGT (seed money) payments of approximately \$525,000.