Regional Health Partnership: 10
Provider Name: EKKA

Please Give Your Feedback On:

Program and Funding Mechanics Protocol:

Transformational Extension Protocol (Menu):

- Expand transportation services to facilitate continuity of care at discharge and post discharge in the community
- Improve accessibility to prescription medications, simplify preauthorization requirements

Performance Bonus Pool:

February 9, 2016
Please Give Your Feedback On:

Program and Funding Mechanics Protocol:

Transformational Extension Protocol (Menu):

Performance Bonus Pool:

1. d
   HF admissions would not be a successful measure. The data from AHA/HFSA shows new HF diagnosis of HF annually.

February 9, 2016
Regional Health Partnership: 10  Provider Name: ____________________________

Please Give Your Feedback On:

Program and Funding Mechanics Protocol:

Transformational Extension Protocol (Menu):

Performance Bonus Pool:

February 9, 2016
Regional Health Partnership: ___________________ Provider Name: ___________________

Please Give Your Feedback On:

Program and Funding Mechanics Protocol:

Transformational Extension Protocol (Menu):

Performance Bonus Pool:

1. Gap - No measures related to integration of physical + mental health
2. For extension year select measures that are in progress; DSRIP may change under new president and HHS Secretary
3. Measures selected should not be easy but also not way out of reach - need RHP's to perceive some opportunity to earn bonus + it should be a meaningful amount

February 9, 2016
Please Give Your Feedback On:

Program and Funding Mechanics Protocol:

No feedback at this time

Transformational Extension Protocol (Menu):

The menu is limited but I believe it provides an adequate selection for both adult and pediatric facilities to utilize.

Performance Bonus Pool:

Data sharing is the biggest concern.
Program and Funding Mechanics Protocol:

Performance pool needs to be based on recent data.

Transformational Extension Protocol (Menu):

Be sure DY7 is a logical extension of DY6.

Performance Bonus Pool:

February 9, 2016
Regional Health Partnership: 10  Provider Name: MAMR Tarant

Please Give Your Feedback On:

Program and Funding Mechanics Protocol:

Transformational Extension Protocol (Menu):

Performance Bonus Pool:

- Will all providers need to meet all assigned measures for region to get paid? (PCPs, hospitals, behavioral health providers)
- How will state generated data capture ICU %?
- What happens to PBPs dollars if region does not meet measure goal?
- How are PBP dollars divided if we have multiple measures? If we meet one measure but not another, do we get a portion of the dollars.

February 9, 2016
Regional Health Partnership: 9  Provider Name: PARKLAND

Please Give Your Feedback On:

Program and Funding Mechanics Protocol:

Transformational Extension Protocol (Menu):
- Reporting MLHU goals makes sense, however, MLHU goals seem counterproductive and unnecessary. Reducing MLHU is counterproductive to Medicaid expansion, and increasing MLHU seems counterproductive to procuring commercial insurance and ACA.

Performance Bonus Pool:

February 9, 2016
Regional Health Partnership: 10  Provider Name: JPS

Please Give Your Feedback On:

Program and Funding Mechanics Protocol:

Really like the change to MLU 4 goals instead of MLU 2 goals

Transformational Extension Protocol (Menu):

Skinny menu too skinny. For hospital options

Performance Bonus Pool:

Concern over 2 year lag between available Medicaid claims data and performance measurement

February 9, 2016
Program and Funding Mechanics Protocol:

For Cat 1 & 2, if the population is 100% Medicaid - will the project be penalized for the QPS & MEIU metrics measuring the same population?

Need further clarification of how Regional Performance Pool works & how it affects payments. For instance, if RPP is taken from Cat 3, but provider doesn't meet or report Cat 3, does RPP come out of Cat 1/2?

Transformational Extension Protocol (Menu):

Will projects have to prove use of evidence based models?

There are very limited options for Behavioral Health when one size doesn't fit all.

Performance Bonus Pool:

Current menu not designed for non-hospital providers.

The population analysis is not representative of many of our project population since it is restricted to Medicaid. If we have MEIU requirements that have new definitions, the measurement must match.
Regional Health Partnership: 9
Provider Name: Metrocare

Please Give Your Feedback On:

Program and Funding Mechanics Protocol:

Lacked stats update on waiver 2.0. As information was redundant to previously held MHS learning collaborative.

Transformational Extension Protocol (Menu):

Excited to see new options for evidence-based program models of care.

Performance Bonus Pool:

Lacked metrics for integrated care.

February 9, 2016
Program and Funding Mechanics Protocol:

Please - don't renew programs -

Extend Medicaid in the State of Texas and

Enforce one single data point!

Enforce all to give/submit data in one location

for all to access with State management.

Transformational Extension Protocol (Menu):

Repeat of above!

Performance Bonus Pool:

Repeat of above!
Please Give Your Feedback On:

Program and Funding Mechanics Protocol:

How is it going to be measured? How do we continue to date measurements change? How can we measure what we do not know?

Transformational Extension Protocol (Menu):

There are very few options.

Performance Bonus Pool:

- How can we be graded on past (old data)?
- Is the measurement of the measure? This would be one size fits all... of which is not the case.
- Rural, city, urban
Please Give Your Feedback On:

Program and Funding Mechanics Protocol:

Would like clarification on Core Components reporting? Does it just include OY to work or providers work?

Transformational Extension Protocol (Menu):

Performance Bonus Pool:

24 month lag for Bonus Pool means you are not in position to actually change the metric you are being held accountable for. We need to be measured on items that are current or in future, not the past.

Because regions are often very diverse, some measures might not really be suitable for providers through the regions.
Program and Funding Mechanics Protocol:

To continue these programs in the future, allow billing for care coordination by those other than the physician, AMNORTH.
Allow billing in the community for home visits of all medical/clinical reconciliation. Allow billing for diabetes checks, education at home. Allow billing for social services determinants linking to social services such as housing, food, etc.
Allow chronic disease management by nurses to be paid through the FMRS.

Transformational Extension Protocol (Menu):

The menu is too "thin". Particularly for behavioral health and intellectual and developmental disabilities.

Performance Bonus Pool:

As a behavioral health provider there need to be enough project choices as well as it will be very difficult for

February 9, 2016