

OVERVIEW – FBC-DSRIP

Key Points

- Waiver is approved thru 09/30/2016
- Harris County Hospital District is the Anchor for this region (RHP3)
- \$13 M is available to FBC over 4 years (\$3.25M cap each year)

- **FBC is approved to participate as:**
 - IGT Provider (fund the non-federal share of DSRIP payments)
 - Performing Provider (receive funds for DSRIP projects)
 - Performing Provider must have current Medicaid Provider Identification Number
- **Process** – Stakeholder and Workgroup Meetings
 - Needs identified and prioritized
- **Key Outcome Criteria that must be met:**
 - Increased care for individuals (increased access to care, improved quality of care, enhanced health of patients and families served)
 - Improved care for population
 - Lower costs through improvements
- **Initiative Categories - Initiatives must align with these 4 categories**
 - Infrastructure development (technology, tools, HR...)
 - Program innovation and redesign (piloting, testing...)
 - Quality improvements (outcome reporting, improvements in care)
 - Population-focused improvements (reporting of measures that demonstrate the impact of delivery system reform investments)
- **Key reporting requirements to receive payments**
 - Milestones and Metrics (payments are based on % of metrics achieved)
 - Reporting (2x/yr)
- **Key elements of submitted projects**
 - **identify project, objectives, specific milestones, metrics, measures, associated DSRIP values**
- **What's happened to date: 3 IGTs submitted a total of 19 projects**
 - FBC -3 (* FBC is eligible to receive \$13M over 5 years)
 - OBMC -11
 - Texana – 5
- **Key Upcoming Dates:**
 - Friday, October 5 -IGT Plans due to Anchor
 - Friday, October 19 -RHP3 Plans due to HHSC
 - Wednesday, Oct 31 -Final DSRIP Plans due to CMS