



## RHP Plan Update Provider Form

*This page provides high-level information on the various inputs that a user will find within this template.*

Cell Background	Description
Sample Text	Required user input cell, that is necessary for successful completion
Sample Text	Pre-populated cell that a user CANNOT edit
Sample Text	Pre-populated cell that a user CAN edit
Sample Text	Optional user input cell

**DY7-8 Provider RHP Plan Update Template - Provider Entry**

**Progress Indicators**

Section 1: Performing Provider Information	Complete
Section 2: Lead Contact Information	Complete
Section 3: Optional Withdrawal From DSRIP	Complete
Section 4: Performing Provider Overview	Complete
Section 5: DY7-8 DSRIP Total Valuation	Complete

**Section 1: Performing Provider Information**

RHP: **3**

TPI and Performing Provider Name: **020817501 - CHCA Bayshore LP dba Bayshore Medical Center**

Performing Provider Type: **Hospital**

Ownership: **Private**

TIN: **16218013593000**

Physical Street Address: **4000 Spencer Highway**

City: **Pasadena**

Zip: **77504**

Primary County: **Harris**

Additional counties being served (optional): **Brazoria Fort Bend**

Note: you cannot type county inputs; rather, please select your county from the dropdown menu.

**Section 2: Lead Contact Information**

	Lead Contact 1	Lead Contact 2	Lead Contact 3
Contact Name:	Jeff Sliwinski	Shannon Evans	Lillian Spuria
Street Address:	3737 Buffalo Speedway	3737 Buffalo Speedway	2801 Via Fortuna Hiking Trail
City:	Houston	Houston	Austin
Zip:	77098	77098	78746
Email:	Jeff.Sliwinski@HCAHealthcare.com	Shannon.Evans2@hcahealthcare.com	spuria@gl-law.com
Phone Number:	713-852-1534	713-852-1563	512-899-3995
Phone Extension:			
Lead Contact or Both:	Both	Both	Both

Please note that a contact designated "Lead Contact" will be included in the RHP Plan and on the DSRIP Provider Distribution List. A contact designated as "Both" will be included in the RHP Plan, on the DSRIP Provider Distribution List, and will be given access to the DSRIP Online Reporting System.

**Section 3: Optional Withdrawal From DSRIP**

Please select an option below. By selecting "Yes - Withdraw from DSRIP," this organization acknowledges it understands that any DY6 DSRIP payments will be recouped as required by the DY6 Program Funding and Mechanics Protocol. This does not include recoupment of DY4-5 payments that may have occurred in DY6 due to allowable carryforward.

**Do Not Withdraw from DSRIP**

**Section 4: Performing Provider Overview**

Performing Provider Description: **Bayshore Medical Center is a full service, acute care, 345-bed hospital situated in Pasadena, Texas. The facility is located in the Houston-Sugarland-Baytown MSA, which serves a population of approximately 6,000,000 people. Bayshore Medical Center's services include Bariatrics, Behavioral Health, Cardiovascular, Imaging, Rehabilitation, Sleep Medicine, Women's Care and Wound Care**

Overall DSRIP Goals: **Bayshore Medical Center's DSRIP goals include providing access to maternal care and midwifery services for the Houston-Sugarland-Baytown MSA. Additionally, Bayshore seeks to improve maternal health outcomes throughout the various stages of pregnancy and post natal care through the development of new community partnerships and the implementation of new processes, procedures and interventions designed to improve key quality indicators**

Alignment with regional community needs assessment: **While the Region has many specific objectives and improvement targets based on stakeholder input and community needs assessments, the overarching goals that have guided many of our decisions include the following:**

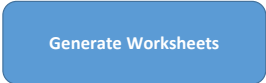
- Develop a regional approach to health care delivery that leverages and improves on existing programs and infrastructure, is responsive to patient needs throughout the entire region, and improves health care outcomes and patient satisfaction.
- Increase access to primary and specialty care services, with a focus on underserved populations, to ensure patients receive the most appropriate care for their condition, regardless of where they live or their ability to pay.
- Transform health care delivery from a disease-focused model of episodic care to a patient-centered, coordinated delivery model that improves patient satisfaction and health outcomes, reduces unnecessary or duplicative services, and builds on the accomplishments of our existing health care system, and
- Develop a culture of ongoing transformation and innovation that maximizes the use of technology and best-practices, facilitates regional collaboration and sharing, and engages patients, providers, and other stakeholders in the planning, implementation, and evaluation processes.

**Section 5: DY7-8 DSRIP Total Valuation**

	DY7-8 DSRIP Valuation Distribution			
	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is <u>not</u> met	
	DY7	DY8	DY7	DY8
RHP Plan Update Submission	\$2,384,962.05	\$0.00	\$2,384,962.05	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$1,192,481.03	\$1,192,481.03	\$1,192,481.03	\$1,192,481.03
Category C	\$6,558,645.65	\$8,943,607.70	\$7,751,126.68	\$10,136,088.73
Category D	\$1,788,721.54	\$1,788,721.54	\$596,240.51	\$596,240.51
Total	\$11,924,810.27	\$11,924,810.27	\$11,924,810.27	\$11,924,810.27

Would you like to decrease the total valuation?  
**No**

Have you reviewed and confirmed the valuations listed in the table above and identified available IGT to fund these DSRIP amounts?  
**Yes**



**DY7-8 Provider RHP Plan Update Template - Category B**

**Progress Tracker**

Section 1: System Definition

Complete

Section 2: Medicaid Low-income Uninsured (MLIU) Patient Population by Provider (PPP)

Complete

**Performing Provider Information**

RHP:	3
TPI and Performing Provider Name:	020817501 - CHCA Bayshore LP dba Bayshore Medical Center
Performing Provider Type:	Hospital
Ownership:	Private
Category B valuation in DY7:	\$1,192,481.03
Category B valuation in DY8:	\$1,192,481.03

**Section 1: System Definition**

**Hospitals - Required Components**

Required System Component	Business Component?
Inpatient Services	Business Component of the Organization

Please enter a description of this System Component.

Bayshore Medical Center's services include Bariatrics, Behavioral Health, Cardiovascular, Imaging, Rehabilitation, Sleep Medicine, Women's Care and Wound Care

Required System Component	Business Component?
Emergency Department	Business Component of the Organization

Please enter a description of this System Component.

Bayshore has 3 Emergency departments. One ED is located on Bayshore Medical Center's main campus and there are 2 additional free standing emergency departments.

Required System Component	Business Component?
Owned or Operated Outpatient Clinics	Business Component of the Organization

Please enter a description of this System Component.

Midwifery Clinics- Three Clinic locations that specialize in the wellbeing of women during pregnancy, labor, birth, and the postpartum period. Services include the following: Basic Primary Care for Women, Well Woman Care and Exams, Delivery Services , Pregnancy Tests, Gynecological Evaluations, Pre-conception, Prenatal and Post-partum follow up, HIV and STD Screenings, Family Planning and Contraception Planning

Required System Component	Business Component?
Maternal Department	Business Component of the Organization

Please enter a description of this System Component.

Inpatient units and services consisting of Labor & Delivery, Obstetrics and Gynecology, and outpatient Midwives clinics.

Required System Component	Business Component?
Owned or Operated Urgent Care Clinics	Not a Business Component of the Organization

**Hospitals - Optional Components**

Optional System Component	Would you like to select this component?
Contracted Specialty Clinics	No

Optional System Component	Would you like to select this component?
Contracted Primary Care Clinics	No

Optional System Component	Would you like to select this component?
School-based Clinics	No

Optional System Component	Would you like to select this component?
Contracted Palliative Care Programs	No

Optional System Component	Would you like to select this component?
Contracted Mobile Health Programs	No

Optional System Component	Would you like to select this component?
Other	No

**Section 2: Medicaid Low-income Uninsured (MLIU) Patient Population by Provider (PPP)**

	DY5	DY6
MLIU PPP	72,764	68,309
Total PPP	112,416	104,102

Please indicate the population included in the MLIU PPP

<input checked="" type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> Dual Eligible	<input checked="" type="checkbox"/> CHIP	<input type="checkbox"/> Local Coverage Option	<input checked="" type="checkbox"/> Insured on the Exchange
<input checked="" type="checkbox"/> Low-Income	<input checked="" type="checkbox"/> Self-Pay	<input checked="" type="checkbox"/> Uninsured	<input type="checkbox"/> Other (please explain below)	

MLIU PPP Goal for each DY (DY7 and DY8):	70,537
Average Total PPP	108,259
MLIU percentage of Total PPP	65.16%

\*The MLIU percentage is for informational purposes and will help HHSC determine allowable MLIU PPP variation.

Would you like the MLIU PPP Goal to be based on DY5 or DY6 only (as opposed to the average)?	No
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**DY7-8 Provider RHP Plan Update Template - Category C Selection**

**Progress Tracker**

Section 2: Selection of Measure Bundles for Hospitals and Physician Practices  
 Minimum Selection Requirements Met  
 MPT Met

Complete
Yes
Yes

Note: you must confirm selections at the bottom of the page to finish.

MPT	24
Points Selected	24
Bundles Selected	3
Clinical Outcome Selected	Y

**Performing Provider Information**

RHP:	3
TPI and Performing Provider Name:	020817501 - CHCA Bayshore LP dba Bayshore Medical Center
Performing Provider Type:	Hospital
Ownership:	Private

If regional private hospital participation requirement is met	Category C valuation in DY7:	\$6,558,645.65
	Category C valuation in DY8:	\$8,943,607.70
If regional private hospital participation requirement is <u>not</u> met	Category C valuation in DY7:	\$7,751,126.68
	Category C valuation in DY8:	\$10,136,088.73

**MINIMUM POINT THRESHOLD (MPT):**   
 Each Performing Provider must select Measure Bundles/measures to meet or exceed their MPT to maintain their valuation that was confirmed on the Provider Entry tab

**Section 1: Attributed Population**

**Attributed Population for Hospital**

For Hospital organizations and Physician Practices, the DSRIP attributed population includes individuals from the DSRIP system defined in Category B that meet at least one of the criteria below. Individuals do not need to meet all or multiple criteria to be included.

- a. Medicaid beneficiary attributed to the Performing Provider during the measurement period as determined by assignment to a primary care provider (PCP), medical home, or clinic in the performing providers DSRIP defined system OR
- b. Individuals enrolled in a local coverage program (for example, a county-based indigent care program) assigned to a PCP, medical home, or clinic in the performing providers DSRIP defined system OR
- c. One preventive service provided during the measurement period (Includes value sets of visit type codes for annual wellness visit, preventive care services - initial office visit, preventive care services - established office visit, preventive care individual counseling) OR
- d. One ambulatory encounter during the measurement year and one ambulatory encounter during the year prior to the measurement year OR
- e. Two ambulatory encounters during the measurement year OR
- f. Other populations managed with chronic disease in specialty care clinics in the performing providers DSRIP defined system
- g. One emergency department visit during the measurement year OR
- h. One admission for inpatient or observation status during the measurement year OR
- i. One prenatal or postnatal visit during the measurement year OR
- j. One delivery during the measurement year OR
- k. One dental encounter during the measurement year OR
- l. Enrolled in a palliative care or hospice program during the measurement year

Please describe any other attributed population (optional).

**Section 2: Selection of Measure Bundles for Hospitals and Physician Practices**

**Measure Bundles for Hospitals & Physician Practices**

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
No	A1	Improved Chronic Disease Management: Diabetes Care	11
No	A2	Improved Chronic Disease Management: Heart Disease	8
No	B1	Care Transitions & Hospital Readmissions	11
Yes	B2	Patient Navigation & ED Diversion	3

\*\*\* Note: you must select one of the following measures to select this bundle: B2-242, B2-387, or B2-393.

Please describe your rationale for selecting this Measure Bundle, and describe the primary system components (clinics, facilities) that will be used to report on and drive improvement in this Measure Bundle.

Bayshore would like to focus on reducing inappropriate ED utilization to ensure that patients in need of emergent services ultimately have access to those programs and assist patients in receiving services in the most appropriate care setting.

Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required	MLIU denominator with significant volume	B2-392	Reduce Emergency Department visits for Acute Ambulatory Care Sensitive Conditions (ACSC)	Required	P4P	Clinical Outcome	N/A
Yes	MLIU denominator with significant volume	B2-242	Reduce Emergency Department visits for Chronic Ambulatory Care Sensitive Conditions (ACSC)	Optional	P4P	Clinical Outcome	3
No	MLIU denominator with significant volume	B2-387	Reduce Emergency Department visits for Behavioral Health and Substance Abuse (Reported as two rates)	Optional	P4P	Clinical Outcome	3
No	MLIU denominator with significant volume	B2-393	Reduce Emergency Department visits for Dental Conditions	Optional	P4P	Clinical Outcome	3

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
No	C1	Primary Care Prevention - Healthy Texans	12
No	C2	Primary Care Prevention - Cancer Screening	6
No	C3	Hepatitis C	4
No	D1	Pediatric Primary Care	14
No	D3	Pediatric Hospital Safety	10
No	D4	Pediatric Chronic Disease Management: Asthma	9
No	D5	Pediatric Chronic Disease Management: Diabetes	8
No	E1	Improved Maternal Care	10
Yes	E2	Maternal Safety	8

Please describe your rationale for selecting this Measure Bundle, and describe the primary system components (clinics, facilities) that will be used to report on and drive improvement in this Measure Bundle.

Bayshore has a robust maternal health program that includes both an outpatient and inpatient component. In the first iteration of the Waiver, Bayshore developed programs that sought to improve outpatient services. We plan to build on the gains made with our Midwives clinics and incorporate our inpatient Maternal department to improve Maternal Safety outcomes for the patients who ultimately deliver in our facilities and improve patient outcomes for mother and child(ren).

Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required	MLIU denominator with significant volume	E2-150	PC-02 Cesarean Section (Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section)	Required	P4P	Clinical Outcome	N/A
N/A - Required	MLIU denominator with significant volume	E2-151	PC-03 Antenatal Steroids	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	E2-A01	OB Hemorrhage Patient Safety Activities	Required	P4R	Quality Improvement Collaborative Activity	N/A

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
No	F1	Improved Access to Adult Dental Care	7
No	F2	Preventive Pediatric Dental	2
No	G1	Palliative Care	6
No	H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	12
No	H2	Behavioral Health and Appropriate Utilization	8
No	H3	Chronic Non-Malignant Pain Management	10
No	H4	Integrated Care for People with Serious Mental Illness	5
No	J1	Specialty Care	2
Yes	J1	Hospital Safety	10

Please describe your rationale for selecting this Measure Bundle, and describe the primary system components (clinics, facilities) that will be used to report on and drive improvement in this Measure Bundle.

Bayshore is currently focused on improving hospital safety outcomes, including CAUTI, CLABSI, patient falls, SSIs, and Sepsis as a function of our core business activities, as such our current activities are aligned with the selection of the hospital safety bundle.

Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required	All-payer denominator with significant volume	J1-218	Central line-associated bloodstream infections (CLABSI) rates	Required	P4P	Hospital Safety	N/A
N/A - Required	All-payer denominator with significant volume	J1-219	Catheter-associated Urinary Tract Infections (CAUTI) rates	Required	P4P	Hospital Safety	N/A
N/A - Required	All-payer denominator with significant volume	J1-220	Surgical site infections (SSI) rates	Required	P4P	Hospital Safety	N/A
N/A - Required	All-payer denominator with significant volume	J1-221	Patient Fall Rate	Required	P4P	Hospital Safety	N/A
N/A - Required	All-payer denominator with significant volume	J1-506	PSI 13 Post Operative Sepsis Rate	Required	P4P	Hospital Safety	N/A

Total overall selected points: 24

Are you finished making your selections?  
Yes

DY7-8 Provider RHP Plan Update Template - Category C Additional Details

Progress Tracker

Complete

Section 1: Measure Exemption Requests and Measure Setting System Components

Section 1: Measure Exemption Requests and Measure Setting System Components

In order to be eligible for payment for a measure's reporting milestone, the Performing Provider must report its performance on the all-payer, Medicaid-only, and LIU-only payer types. Performing Providers may request to be exempted from reporting a measure's performance on the Medicaid-only payer type or the LIU-only payer type with good cause, such as data limitations. Note that reporting a measure's all-payer performance is still required to be eligible for payment for a measure's reporting milestone.

Bundle-Measure ID	Measure Name	Baseline Measurement Period	Requesting a shorter or delayed measurement period?	Requesting a reporting milestone exemption?	Requesting a baseline numerator of zero?
B2-242	Reduce Emergency Department visits for Chronic Ambulatory Care Sensitive Conditions (ACSC)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
B2-392	Reduce Emergency Department visits for Acute Ambulatory Care Sensitive Conditions (ACSC)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
E2-150	PC-02 Cesarean Section (Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
E2-151	PC-03 Antenatal Steroids	CY2017: January 1, 2017 - December 31, 2017	No	No	No
E2-A01	OB Hemorrhage Patient Safety Activities	CY2017: January 1, 2017 - December 31, 2017	No	No	No
J1-218	Central line-associated bloodstream infections (CLABSI) rates	CY2017: January 1, 2017 - December 31, 2017	No	No	No
J1-219	Catheter-associated Urinary Tract Infections (CAUTI) rates	CY2017: January 1, 2017 - December 31, 2017	No	No	No
J1-220	Surgical site infections (SSI) rates	CY2017: January 1, 2017 - December 31, 2017	No	No	No
J1-221	Patient Fall Rate	CY2017: January 1, 2017 - December 31, 2017	No	No	No
J1-506	PSI 13 Post Operative Sepsis Rate	CY2017: January 1, 2017 - December 31, 2017	No	No	No

**DY7-8 Provider RHP Plan Update Template - Category C Valuation**

**Progress Tracker**

Section 1: Measure Bundle/Measure Valuation

Complete

**Performing Provider Information**

RHP:	3
TPI and Performing Provider Name:	020817501 - CHCA Bayshore LP dba Bayshore Medical Center
Performing Provider Type:	Hospital
Ownership:	Private

If regional hospital participation requirement is met	Category C valuation in DY7:	\$6,558,645.65
	Category C valuation in DY8:	\$8,943,607.70
If regional hospital participation requirement is not met	Category C valuation in DY7:	\$7,751,126.68
	Category C valuation in DY8:	\$10,136,088.73

**Section 4: Measure Bundle/Measure Valuation**

**Valuation for Selected Measure Bundles - Hospitals & Physician Practices**

Measure Bundle ID	Measure Bundle Name	Points	Desired Valuation Percentage	Minimum Valuation % of Total	Maximum Valuation % of Total	If regional private hospital participation requirement is met		If regional private hospital participation requirement is not met	
						Category C Valuation in DY7	Category C Valuation in DY8	Category C Valuation in DY7	Category C Valuation in DY8
B2	Patient Navigation & ED Diversion	6	25.00%	18.75%	31.25%	\$1,639,661.41	\$2,235,901.93	\$1,937,781.67	\$2,534,022.18
E2	Maternal Safety	8	33.33%	25.00%	41.67%	\$2,185,996.60	\$2,980,904.45	\$2,583,450.52	\$3,378,358.37
J1	Hospital Safety	10	41.67%	31.25%	41.67%	\$2,732,987.64	\$3,726,891.32	\$3,229,894.49	\$4,223,708.18
<b>Total</b>		<b>24</b>	<b>100.00%</b>	<b>N/A</b>	<b>N/A</b>	<b>\$6,558,645.65</b>	<b>\$8,943,607.70</b>	<b>\$7,751,126.68</b>	<b>\$10,136,088.73</b>
Difference between selected percent and 100%:			0.00%						

Your valuation allocations add to 100%.

Are you finished allocating your Category C valuations across your selected measure bundles?

Yes



**DY7-8 Provider RHP Plan Update Template - Category A Core Activities**

**Progress Tracker**

Section 1: Transition from DY2-6 Projects to DY7-8 Provider-Level Outcomes and Core Activities  
 Section 2: Core Activities  
 All Selected Measure Bundles/Measures Associated with at Least One Core Activity

Complete
Complete
Complete

**Performing Provider Information**

RHP:	3
TPI and Performing Provider Name:	020817501 - CHCA Bayshore LP dba Bayshore Medical Center
Performing Provider Type:	Hospital
Ownership:	Private

**Section 1: Transition from DY2-6 Projects to DY7-8 Provider-Level Outcomes and Core Activities**

DY6 Project ID	Project Option	Project Summary	Completed/Continuing	Enter a description for continuation (optional)
RHP_3_020817501.1.1	1.1.2	Expand OB/GYN care capacity in HCA's OB clinics in East Houston by: 1) recruiting 2 new OB/GYNs; 2) hiring additional support staff; 3) expanding service hours in existing clinics; and 4) relocating a clinic in order to allow for better care coordination and access.	Continuing as Core Activity in DY7-8	
RHP_3_020817501.1.2	1.7.1	Expand existing telemedicine program to establish a 24/7 tele-psychiatry program in HCA's Bayshore ED and implement telemedicine capabilities in HCA's other local hospital EDs.	Completed in DY2 6	

**Section 2: Core Activities**

Please enter your organization's number of Core Activities:

1) Please select the grouping for this Core Activity.

a) Please select the name of this Core Activity.

b) Please enter a description of this Core Activity

i) Please describe the first Secondary Driver for the above Core Activity (required).

A) Please list the first Change Idea for the above Secondary Driver (required).

B) Please list the second Change Idea for the above Secondary Driver (optional).

ii) Please describe the second Secondary Driver for the above Core Activity (optional).

A) Please list the first Change Idea for the above Secondary Driver (required).

B) Please list the second Change Idea for the above Secondary Driver (optional).

iii) Please describe the third Secondary Driver for the above Core Activity (optional).

A) Please list the first Change Idea for the above Secondary Driver (required).

B) Please list the second Change Idea for the above Secondary Driver (optional).

iv) Please describe the fourth Secondary Driver for the above Core Activity (optional).

c) Please select the Measure Bundles or measures impacted by this Core Activity. If this core activity is not associated with any measure bundles or measures, please select "None" in the first dropdown.

i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.

presentations to the ED and assist patient in accessing the appropriate services in the appropriate care setting. Ultimately, our efforts should result in reductions for ACSC conditions presenting to ED.

d) Is this Core Activity provided by a provider that is not included in the Category B System Definition?

No

2) Please select the grouping for this Core Activity.

Maternal and Infant Health Care

a) Please select the name of this Core Activity.

Implementation of evidence-based strategies to reduce low birth weight and preterm birth (Evidence-based strategies include Nurse Family Partnership, Centering Pregnancy, IMPLICIT: Interventions to Minimize Preterm and Low birth weight Infants through Continuous Improvement Techniques among others)

b) Please enter a description of this Core Activity

Bayshore Medical Center will focus on implementing a Healthy Babies are Worth the Wait campaign in partnership with the March of Dimes to educate women on the benefits of waiting to deliver until after babies are at least at 39 weeks gestation.

i) Please describe the first Secondary Driver for the above Core Activity (required).

Ensure all pregnant moms receive education regarding early elective C-sections.

A) Please list the first Change Idea for the above Secondary Driver (required).

Have nurse midwives and clinical staff in the office and emergency setting provide education to all pregnant moms regarding the potential harm of early elective delivery prior to 39 weeks gestation as well as the benefits of waiting.

B) Please list the second Change Idea for the above Secondary Driver (optional).

ii) Please describe the second Secondary Driver for the above Core Activity (optional).

Reduce the instance of OB Hemorrhage and efficiently and effectively address OB Hemorrhage when it occurs.

A) Please list the first Change Idea for the above Secondary Driver (required).

Participate in the OB Hemorrhage Safety Bundle Collaborative

B) Please list the second Change Idea for the above Secondary Driver (optional).

Implement OB Hemorrhage Safety Bundle Recommendations

C) Please list the third Change Idea for the above Secondary Driver (optional).

iii) Please describe the third Secondary Driver for the above Core Activity (optional).

c) Please select the Measure Bundles or measures impacted by this Core Activity. If this core activity is not associated with any measure bundles or measures, please select "None" in the first dropdown.

E2

i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.

Through a renewed focus on both inpatient and outpatient maternal care we intend to improve hospital safety, clinical outcomes for mother and child, and improve patient satisfaction.

d) Is this Core Activity provided by a provider that is not included in the Category B System Definition?

No

3) Please select the grouping for this Core Activity.

Other

i) Please enter the name of this "Other" grouping.

Sepsis Program

a) Please select the name of this Core Activity.

Other

i) Please enter the name of this "Other" Core Activity.

Sepsis Program

b) Please enter a description of this Core Activity

Implement standardized evidence based identification and care management protocols for sepsis patients for any patient of BMC that is identified with sepsis or has the potential to develop sepsis.

i) Please describe the first Secondary Driver for the above Core Activity (required).

Increase sepsis bundle compliance for patients that have a case of sepsis or are at risk of developing sepsis.

A) Please list the first Change Idea for the above Secondary Driver (required).

Increase the number of patients who receive the 3 hour (severe sepsis) and/or 6 hour (septic shock) resuscitation and management bundles after presenting with symptoms of sepsis or septic shock.

B) Please list the second Change Idea for the above Secondary Driver (optional).

ii) Please describe the second Secondary Driver for the above Core Activity (optional).

c) Please select the Measure Bundles or measures impacted by this Core Activity. If this core activity is not associated with any measure bundles or measures, please select "None" in the first dropdown.

J1

i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.

The implementation of the sepsis bundle administration on a consistent basis should reduce the instance of sepsis and improve mortality for patients that do have severe sepsis, improving hospital safety.

d) Is this Core Activity provided by a provider that is not included in the Category B System Definition?

No

**DY7-8 Provider RHP Plan Update Template - Category D**

**Progress Tracker**

Section 1: Statewide Reporting Measure Bundle for Hospitals  
 Section 2: Verification

Complete  
 Complete

**Performing Provider Information**

RHP: 3  
 TPI and Performing Provider Name: 020817501 - CHCA Bayshore LP dba Bayshore Medical Center  
 Performing Provider Type: Hospital  
 Ownership: Private

If regional hospital participation requirement is met	Category D valuation in DY7	\$1,788,721.54
	Category D valuation in DY8	\$1,788,721.54
If regional hospital participation requirement is <u>not</u> met	Category D valuation in DY7	\$596,240.51
	Category D valuation in DY8	\$596,240.51

**Section 1: Statewide Reporting Measure Bundle for Hospitals**

Measure	Category D valuation <b>per DY</b> distributed across measures (if regional hospital participation valuation is met)	Category D valuation <b>per DY</b> distributed across measures (if regional hospital participation requirement is <b>not</b> met)
Potentially preventable admissions (PPAs)	\$357,744.31	\$119,248.10
Potentially preventable 30-day readmissions (PPRs)	\$357,744.31	\$119,248.10
Potentially preventable complications (PPCs)	\$357,744.31	\$119,248.10
Potentially preventable ED visits (PPVs)	\$357,744.31	\$119,248.10
Patient satisfaction	\$357,744.30	\$119,248.11
Requesting HCAHPS exemption - my organization does not report HCAHPS as part of the Medicare Inpatient Prospective Payment System due to low volume or other exempt status	No	

**Section 2: Verification**

Please indicate below that you understand that Category D reporting requires qualitative reporting and data will be provided by HHSC as indicated in the Measure Bundle Protocol.

I understand

DY7-8 Provider RHP Plan Update Template - IGT Entry

Progress Tracker

Section 1: IGT Entities	Complete
Section 2: IGT Funding	Complete
Section 3: Certification	Complete

Performing Provider Information

RHP: \_\_\_\_\_  
 TPI and Performing Provider Name: 020817501 - CHCA Bayshore LP dba Bayshore Medical Center  
 Performing Provider Type: Hospital  
 Ownership: Private

Section 1: IGT Entities

In order to delete an existing IGT, delete the name of the IGT from cell G21, G29, etc.

IGT RHP	IGT Name	IGT TPI (if available)	IGT TIN	Affiliation Number
1	Harris County Hospital District	N/A	17415369366324	529-08-0236-00008

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Jessica Hall	2525 Holly Hill Drive	Houston	77054	jessica.hall@harrishealth.org	713-634-1148		Both
2	Michelle Eunice	2525 Holly Hill Drive	Houston	77054	michelle.eunice@harrishealth.org	713-566-6056		Both
3	Mike Noeby	2525 Holly Hill Drive	Houston	77054	michael.noebv@harrishealth.org	713-566-6790		Both

IGT RHP	IGT Name	IGT TPI (if available)	IGT TIN	Affiliation Number
1				
2				
3				

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1								
2								
3								

Please note that a contact designated "Lead Contact" will be included in the RHP Plan and on the DSRIP IGT Distribution List. A contact designated as "Both" will be included in the RHP Plan, on the DSRIP IGT Distribution List, and will be given access to the DSRIP Online Reporting System.

Section 2: IGT Funding

RHP Plan Update Submission	IGT Name	IGT TIN	IGT Affiliation #	DY7 % IGT Allocated	DY8 % IGT Allocated	If regional private hospital participation requirement is met		If regional private hospital participation requirement is not met	
						Total Estimated DY7 Allocation (FMAP 56.88/IGT 43.12)	Total Estimated DY8 Allocation (FMAP 57.32/IGT 42.68)	Total Estimated DY7 Allocation (FMAP 56.88/IGT 43.12)	Total Estimated DY8 Allocation (FMAP 57.32/IGT 42.68)
Category B	Harris County Hospital District	17415369366324	529-08-0236-00008	100.00%	100.00%	\$1,018,395.64	\$1,018,395.64	\$1,018,395.64	\$1,018,395.64
B2-242	Harris County Hospital District	17415369366324	529-08-0236-00008	100.00%	100.00%	\$516,197.82	\$508,959.90	\$516,197.82	\$508,959.90
B2-302	Harris County Hospital District	17415369366324	529-08-0236-00008	100.00%	100.00%	\$383,511.00	\$477,141.47	\$477,141.47	\$540,760.33
E2-250	Harris County Hospital District	17415369366324	529-08-0236-00008	100.00%	100.00%	\$283,511.00	\$477,141.47	\$477,141.47	\$540,760.33
E2-251	Harris County Hospital District	17415369366324	529-08-0236-00008	100.00%	100.00%	\$314,209.58	\$424,083.34	\$371,327.95	\$480,627.79
J1-218	Harris County Hospital District	17415369366324	529-08-0236-00008	100.00%	100.00%	\$314,209.58	\$424,083.34	\$371,327.95	\$480,627.79
J1-219	Harris County Hospital District	17415369366324	529-08-0236-00008	100.00%	100.00%	\$245,692.85	\$318,119.76	\$278,546.10	\$360,535.79
J1-220	Harris County Hospital District	17415369366324	529-08-0236-00008	100.00%	100.00%	\$245,692.85	\$318,119.76	\$278,546.10	\$360,535.79
J1-221	Harris County Hospital District	17415369366324	529-08-0236-00008	100.00%	100.00%	\$245,692.85	\$318,119.76	\$278,546.10	\$360,535.79
J1-506	Harris County Hospital District	17415369366324	529-08-0236-00008	100.00%	100.00%	\$245,692.85	\$318,119.76	\$278,546.10	\$360,535.79
Category D	Harris County Hospital District	17415369366324	529-08-0236-00008	100.00%	100.00%	\$771,236.73	\$763,428.35	\$747,098.91	\$754,475.46
Total						\$5,141,978.19	\$5,089,509.02	\$5,141,978.19	\$5,089,509.02

Your funding allocations sum to 100%.

Have the IGT Entities and funding percentages been updated?	Yes
---	-----

Section 3: Certification

By my signature below, I certify the following facts:  
 • I am legally authorized to sign this document on behalf of my organization;  
 • I have read and understand this document;

Name: Mike Noeby  
 IGT Organization: Harris County Hospital District  
 Date: 02/29/2018

**DY7-8 Provider RHP Plan Update Template -Summary and Certification**

**Progress Tracker**

Section 1: DY7-8 DSRIP Valuation  
 Section 2: Category B Medicaid Low-income Uninsured (MLIU) Patient Population by Provider (PPP)  
 Section 3: Category C Measure Bundles/Measures Selection and Valuation  
 Section 4: Category A Core Activities Associated with Category C Measure Bundles/Measures  
 Section 5: Category D Valuations  
 Section 6: Certification

Complete
Complete
Complete
Complete
Complete
Complete

**Performing Provider Information**

RHP:	3
TPI and Performing Provider Name:	020817501 - CHCA Bayshore LP dba Bayshore Medical Center
Performing Provider Type:	Hospital
Ownership:	Private

**Section 1: DY7-8 DSRIP Valuation**

	DY7-8 DSRIP Valuation Distribution			
	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is not met	
	DY7	DY8	DY7	DY8
RHP Plan Update Submission	\$2,384,962.05	\$0.00	\$2,384,962.05	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$1,192,481.03	\$1,192,481.03	\$1,192,481.03	\$1,192,481.03
Category C	\$6,558,645.65	\$8,943,607.70	\$7,751,126.68	\$10,136,088.73
Category D	\$1,788,721.54	\$1,788,721.54	\$596,240.51	\$596,240.51
Total	\$11,924,810.27	\$11,924,810.27	\$11,924,810.27	\$11,924,810.27

Do you confirm the information in this section and acknowledge the understanding of limited allowed changes as described in the Program Funding and Mechanics Protocol and Measure Bundle Protocol?

Yes

**Section 2: Category B Medicaid Low-income Uninsured (MLIU) Patient Population by Provider (PPP)**

	MLIU PPP	Total PPP	MLIU Percentage of Total PPP
DY5	72,764	112,416	64.73%
DY6	68,309	104,102	65.62%
DY7 Estimated	70,537	108,259	65.16%
DY8 Estimated	70,537	108,259	65.16%

Were DY7-8 maintenance goals based on DY5 or DY6 only?  No

Do you confirm the information in this section and acknowledge the understanding of limited allowed changes as described in the Program Funding and Mechanics Protocol and Measure Bundle Protocol?

Yes

**Section 3: Category C Measure Bundles/Measures Selection and Valuation**

Bundle-Measure ID	Measure Bundle/Measure Name	# of Measures with Requested Achievement of Alternative Denominators	# of Measures with Requested Shorter or Delayed Measurement Periods	# of Measures with Requested Reporting Milestone Exemptions	Points	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is not met	
						DY7 Valuation	DY8 Valuation	DY7 Valuation	DY8 Valuation
B2	Patient Navigation & ED Diversion	0	0	0	6	\$1,639,661.41	\$2,235,901.93	\$1,937,781.67	\$2,534,022.18
E2	Maternal Safety	0	0	0	8	\$2,185,996.60	\$2,980,904.45	\$2,583,450.52	\$3,378,358.37
J1	Hospital Safety	0	0	0	10	\$2,732,987.64	\$3,726,801.32	\$3,229,894.49	\$4,223,708.18
Total	N/A	0	0	0	24	\$6,558,645.65	\$8,943,607.70	\$7,751,126.68	\$10,136,088.73

Do you confirm the information in this section and acknowledge the understanding of limited allowed changes as described in the Program Funding and Mechanics Protocol and Measure Bundle Protocol?

Yes

**Section 4: Category A Core Activities Associated with Category C Measure Bundles/Measures**

Bundle-Measure ID	Measure Bundle/Measure Name	Associated Core Activities
B2	Patient Navigation & ED Diversion	Provision of navigation services to targeted patients (e.g., patients with multiple chronic conditions, cognitive impairments and disabilities, Limited English Proficient patients, the uninsured, those with low health literacy, frequent visitors to the ED, and others)
E2	Maternal Safety	Implementation of evidence-based strategies to reduce low birth weight and preterm birth (Evidence-based strategies include Nurse Family Partnership, Centering Pregnancy, IMPLICIT: Interventions to Minimize Preterm and Low birth weight Infants through Continuous Improvement Techniques among others)
J1	Hospital Safety	Other - Sepsis Program

Do you confirm the information in this section and acknowledge the understanding of limited allowed changes as described in the Program Funding and Mechanics Protocol and Measure Bundle Protocol?

Yes

**Section 5: Category D Valuations**

Statewide Reporting for Hospitals

Measure	Category D valuation <b>per DY</b> distributed across measures (if regional hospital participation requirement is met)	Category D valuation <b>per DY</b> distributed across measures (if regional hospital participation requirement is <b>not</b> met)
Potentially preventable admissions (PPAs)	\$357,744.31	\$119,248.10
Potentially preventable 30-day readmissions (PPRs)	\$357,744.31	\$119,248.10
Potentially preventable complications (PPCs)	\$357,744.31	\$119,248.10
Potentially preventable ED visits (PDVs)	\$357,744.31	\$119,248.10
Patient satisfaction	\$357,744.30	\$119,248.11

Do you confirm the information in this section and acknowledge the understanding of limited allowed changes as described in the Program Funding and Mechanics Protocol and Measure Bundle Protocol?

Yes

**Section 6: Certification**

By my signature below, I certify the following facts:

- I am legally authorized to sign this document on behalf of my organization;
- I have read and understand this document;
- The statements on this form regarding my organization are true, correct, and complete to the best of my knowledge and belief.

Name: Ohme Entin  
Performing Provider: Bayshore Medical  
Date: 4/13/2018

## DY7-8 Provider RHP Plan Update Template - Overall Template Progress

### PROVIDER RHP PLAN UPDATE TEMPLATE PROGRESS: **Template is COMPLETE!**

Please confirm that the Provider RHP Plan Update template progress shows complete above. If it shows that the template is not ready for submission, please complete any missing steps and correct any outstanding issues before submitting to HHS.

#### Provider Entry

Section 1: Performing Provider Information	Complete
Section 2: Lead Contact Information	Complete
Section 3: Optional Withdrawal From DSRIP	Complete
Section 4: Performing Provider Overview	Complete
Section 5: DY7-8 DSRIP Total Valuation	Complete

#### Category B

Section 1: System Definition	Complete
Section 2: Medicaid Low-income Uninsured (MLIU) Patient Population by Provider (PPP)	Complete

#### Category C Selection

Section 2: Selection of Measure Bundles for Hospitals and Physician Practices	Complete
Minimum Selection Requirements Met	Yes
MPT Met	Yes

#### Category C Additional Details

Section 1: Measure Exemption Requests and Measure Setting System Components	Complete
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#### Category C Valuation

Section 1: Measure Bundle/Measure Valuation	Complete
---	----------

#### Category A Core Activities

Section 1: Transition from DY2-6 Projects to DY7-8 Provider-Level Outcomes and Core Activities	Complete
Section 2: Core Activities	Complete
All Selected Measure Bundles/Measures Associated with at Least One Core Activity	Complete

#### Category D

Section 1: Statewide Reporting Measure Bundle for Hospitals	Complete
Section 2: Verification	Complete

#### IGT Entry

Section 1: IGT Entities	Complete
Section 2: IGT Funding	Complete
Section 3: Certification	Complete

#### Summary and Certification

Section 1: DY7-8 DSRIP Valuation	Complete
Section 2: Category B Medicaid Low-income Uninsured (MLIU) Patient Population by Provider (PPP)	Complete
Section 3: Category C Measure Bundles/Measures Selection and Valuation	Complete
Section 4: Category A Core Activities Associated with Category C Measure Bundles/Measures	Complete
Section 5: Category D Valuations	Complete
Section 6: Certification	Complete