



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: **020834001 - Memorial Hermann Hospital System (The Woodlands)**

Performing Provider Type: **Hospital**

Ownership: **Private**

TIN: **17411525979501**

Physical Street Address: **909 Frostwood Drive**

City: **Houston**

Zip: **77024**

Primary County: **Harris**

Additional counties being served (optional):

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:	Kord Quintero	Steve Hand	
Street Address:	909 Frostwood Drive Suite 3:505	909 Frostwood Drive	
City:	Houston	Houston	
Zip:	77024	77024	
Email:	Kord.quintero@memorialhermann.org	steve.hand@memorialhermann.org	
Phone Number:	(713) 338-5715	(713) 338-4191	
Phone Extension:			
Lead Contact or 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: **Memorial Hermann is the largest not-for-profit health system in Southeast Texas. Inpatient, Emergency Department, Maternal Department services are included for Memorial Hermann Southwest, Memorial Hermann Southeast, Memorial Hermann Greater Heights, and Memorial Hermann The Woodlands Hospitals. In addition to these hospital facilities, Memorial Hermann Medical Group Clinics and Memorial Hermann Community Benefit Neighborhood Clinics are also included.**

Overall DSRIP Goals: **Memorial Hermann's overall DSRIP goals are to improve the quality and increase the access of care for the Medicaid and Uninsured populations. Memorial Hermann aims to accomplish these goals by transforming the delivery of care through innovative core activities and projects. Specifically, Memorial Hermann plans to enhance coordination and transitions for patients between primary care and Emergency Departments (ED), increase access to appropriate behavioral health and crisis intervention services, increase access to primary care, and enhance palliative care services, all while improving hospital safety and quality. Memorial Hermann will utilize the existing ER Navigation program to enhance care coordination for patients between the ED and primary care providers. Memorial Hermann's Mental Health Crisis Clinics and Behavioral Health Case Management Program will increase access and provide patient navigation to appropriate behavioral health and crisis intervention services. Memorial Hermann will continue to increase primary care access through our existing provider network. Memorial Hermann's Palliative Care program will continue to drive improvement and provide these much needed services for this at-risk population. Memorial Hermann's Quality & Patient Safety Department will continue to focus on improving safety and care for all patients in all settings.**

Alignment with regional community needs assessment: **Memorial Hermann's DY7-8 RHP Plan Update aligns with the following priority areas identified in the 2017 Community Needs Assessment for RHP3: (1) The Integrated Behavioral & Primary Care and Palliative Care programs align with need to address the lack of primary and specialty care Providers, particularly for uninsured individuals and people requiring behavioral health services, which results in insufficient access to care and frequent long waits for services; (2) The ED Patient Navigation, Nurse Triage, and Palliative Care programs align with the need to address the high prevalence of chronic disease and poor health in the Region, including diabetes, heart disease, asthma, cancer and cardiovascular disease; (3) The Integrated Behavioral & Primary Care and Psych Response Team programs align with the need to address the shortage of behavioral health services throughout the Region, which lacks both the Providers and facilities to adequately meet the demand for behavioral healthcare services; and (4) The ED Patient Navigation, Nurse Triage, Integrated Behavioral & Primary Care, and Psych Response Team programs align with the need to increase care coordination and collaboration to improve patient services that are often fragmented and uncoordinated, which creates challenges for both patients and Providers and contributes to inefficient healthcare delivery.**

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	\$6,345,995.40	\$0.00	\$6,345,995.40	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$3,172,997.70	\$3,172,997.70	\$3,172,997.70	\$3,172,997.70
Category C	\$17,451,487.35	\$23,797,482.75	\$20,624,485.05	\$26,970,480.45
Category D	\$4,759,496.55	\$4,759,496.55	\$1,586,498.85	\$1,586,498.85
Total	\$31,729,977.00	\$31,729,977.00	\$31,729,977.00	\$31,729,977.00

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



Generate Worksheets

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:	020834001 - Memorial Hermann Hospital System (The Woodlands)
Performing Provider Type:	Hospital
Ownership:	Private
Category B valuation in DY7:	\$3,172,997.70
Category B valuation in DY8:	\$3,172,997.70

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.

This required system component includes inpatient services at Memorial Hermann Greater Heights Hospital, Memorial Hermann Southwest Hospital, Memorial Hermann The Woodlands Hospital, and Memorial Hermann Southeast Hospital.

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

Please enter a description of this System Component.

This required system component includes emergency department services at Memorial Hermann Greater Heights Hospital, Memorial Hermann Southwest Hospital, Memorial Hermann The Woodlands Hospital, and Memorial Hermann Southeast Hospital.

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

Please enter a description of this System Component.

This required system component includes Memorial Hermann Medical Group (MHMG) Clinics and all Memorial Hermann Community Benefit Neighborhood Clinics. These clinics include MHMG Alvin, MHMG Atascocita, MHMG Bellaire, MHMG CCC Katy, MHMG CCC Sienna Plantation, MHMG CCC Spring, MHMG CCC Summer Creek, MHMG Central Pearland, MHMG Clear Lake, MHMG Conoco Phillips, MHMG Conroe, MHMG Copperfield, MHMG Cypress, MHMG Downtown, MHMG El Campo, MHMG Fairfield, MHMG Family Practice, MHMG Fannin, MHMG Firethorne, MHMG Friendswood, MHMG Goodman, MHMG Greater Heights, MHMG Heights, MHMG Imperial Oaks, MHMG Katy, MHMG Kingwood Town Center, MHMG League City, MHMG Manvel, MHMG Memorial City Executive Health, MHMG Memorial City, MHMG Needville, MHMG Northeast, MHMG Pearland, MHMG Phillips 66, MHMG Rosenberg, MHMG Southeast, MHMG Southeast Medical, MHMG Skin, MHMG Sugarland, MHMG Spring, MHMG Sterling Ridge, MHMG Southwest, MHMG Sweetwater, MHMG Texas Medical Center (TMC), MHMG Upper Kirby, MHMG Wharton, MHMG Woodlands, Memorial Hermann Neighborhood Health Center - Northeast, Memorial Hermann Neighborhood Health Center - Greater Heights.

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

Please enter a description of this System Component.

This required system component includes maternal departments at Memorial Hermann Greater Heights Hospital, Memorial Hermann Southwest Hospital, Memorial Hermann The Woodlands Hospital, and Memorial Hermann Southeast Hospital.

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	125,394	119,716
Total PPP	326,063	320,348

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 type="checkbox"/> Insured on the Exchange
<input 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):	122,555
Average Total PPP	323,206
MLIU percentage of Total PPP	37.92%

*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	Note: you must confirm selections at the bottom of the page to finish.	MPT	63
	Yes		Points Selected	64
	Yes		Bundles Selected	6
			Clinical Outcome Selected	Y

Performing Provider Information			
RHP:	3		
TPI and Performing Provider Name:	020834001 - Memorial Hermann Hospital System (The Woodlands)		
Performing Provider Type:	Hospital		
Ownership:	Private		
If regional private hospital participation requirement is met	Category C valuation in DY7:		\$17,451,487.35
	Category C valuation in DY8:		\$23,797,482.75
If regional private hospital participation requirement is <u>not</u> met	Category C valuation in DY7:		\$20,624,485.05
	Category C valuation in DY8:		\$26,970,480.45

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
Yes	B1	Care Transitions & Hospital Readmissions	11

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.

- (1) Memorial Hermann identified B1 as a measure bundle which aligned with community needs and aligned with current DSRIP Projects which could drive improvement within the specified patient populations.
- (2) The measure bundle aligns with Memorial Hermann's DSRIP goals by improving patient transitions between the hospital, the ED, and the primary care clinic. The improvements that this bundle will drive align with community needs and continue to transform care delivery for the MLIU population by emphasizing primary care services, improved patient transitions, and expanding navigation services.
- (3) Memorial Hermann is shifting the current ER Navigation Program and the RN Triage Line Program to support improvement in this measure bundle. Facilities included with this measure bundle are Memorial Hermann Southwest, Southeast, Greater Heights, and The Woodlands Hospitals.

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	B1-124	Medication Reconciliation Post-Discharge	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	B1-141	Risk Adjusted All-Cause 30-Day Readmission for Targeted Conditions: heart failure hospitalization, coronary artery bypass graft (CABG) surgery, CHF, Diabetes, AMI, Stroke, COPD, Behavioral Health, Substance Use	Required	P4P	Clinical Outcome	N/A
N/A - Required	MLIU denominator with significant volume	B1-217	Risk Adjusted All-Cause 30-Day Readmission	Required	P4P	Clinical Outcome	N/A
N/A - Required	MLIU denominator with significant volume	B1-252	Transition Record with Specified Elements Received by Discharged Patients (Emergency Department Discharges)	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	B1-253	Transition Record with Specified Elements Received by Discharged Patients (Discharges from Inpatient Facility)	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	B1-287	Documentation of Current Medications in the Medical Record	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	B1-352	Post-Discharge Appointment	Required	P4P	Process	N/A

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
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.

(1) Memorial Hermann identified B2 as a measure bundle which aligned with community needs and aligned with current DSRIP Projects which could drive improvement within the specified patient populations.
 (2) The measure bundle aligns with Memorial Hermann's DSRIP goals by improving patient coordination and providing navigation services and diverting patients from the ED and into regular primary care services. The improvements that this bundle will drive align with community needs and continue to transform care delivery for the MLIU population by providing navigation services and improving patient care coordination.
 (3) Memorial Hermann is shifting the current ER Navigation Program and the RN Triage Line Program to support improvement in this measure bundle. Facilities included with this measure bundle are Memorial Hermann Southwest, Southeast, Greater Heights, and The Woodlands Hospitals.

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
No		B2-242	Reduce Emergency Department visits for Chronic Ambulatory Care Sensitive Conditions (ACSC)	Optional	P4P	Clinical Outcome	3
Yes	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		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
No	E2	Maternal Safety	8
No	F1	Improved Access to Adult Dental Care	7
No	F2	Preventive Pediatric Dental	2
Yes	G1	Palliative Care	6

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.

(1) Memorial Hermann identified G1 as a measure bundle which aligned with community needs and aligned with a current DSRIP project which could drive improvement within the specified patient populations.
 (2) The measure bundle aligns with Memorial Hermann's DSRIP goals, the community needs, and the transformation of care for the MLIU population by providing Palliative Care services and improving patient outcomes and quality of life with a focus on relief from symptoms, stress, and pain related to a serious illness.
 (3) Memorial Hermann will expand and alter the current Palliative care program to drive improvement in this measure bundle. Facilities include Memorial Hermann Southwest, Southeast, Greater Heights, and The Woodlands Hospitals.

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	G1-276	Hospice and Palliative Care – Pain Assessment	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	G1-277	Hospice and Palliative Care – Treatment Preferences	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	G1-278	Beliefs and Values - Percentage of hospice patients with documentation in the clinical record of a discussion of spiritual/religious concerns or documentation that the patient/caregiver did not want to discuss	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	G1-361	Patients Treated with an Opioid who are Given a Bowel Regimen	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	G1-362	Hospice and Palliative Care - Dyspnea Treatment	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	G1-363	Hospice and Palliative Care - Dyspnea Screening	Required	P4P	Process	N/A

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
Yes	H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	12

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.

(1) Memorial Hermann identified H1 as a measure bundle which aligned with community needs and Memorial Hermann DSRIP goals.
 (2) The measure bundle aligns with Memorial Hermann's DSRIP goals by providing appropriate behavioral health services and increasing access to behavioral health care. The improvements that this bundle will drive align with community needs and continue to transform care delivery of behavioral health for the MLIU population.
 (3) Memorial Hermann has begun to pilot an integrated behavioral health & primary care program within multiple primary care clinics that will drive improvement in this measure bundle. These clinics are MHMG Kingwood, MHMG Summer Creek, MHMG Northeast, MHMG Atascocita. The pilot implements behavioral health screenings, processes and providers to serve this population in the primary care setting. Memorial Hermann will continue to improve upon and expand this service.

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	H1-146	Screening for Clinical Depression and Follow-Up Plan (CDF-AD)	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	H1-255	Follow-up Care for Children Prescribed ADHD Medication (ADD)	Required	P4P	Clinical Outcome	N/A
N/A - Required	MLIU denominator with significant volume	H1-286	Depression Remission at Six Months	Required	P4P	Clinical Outcome	N/A

N/A - Required	MLIU denominator with significant volume	H1-317	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	Required	P4P	Process	N/A
No		H1-T04	Innovative Measure: Engagement in Integrated Behavioral Health	Optional	P4R	Innovative	0

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
Yes	H2	Behavioral Health and Appropriate Utilization	8

*** Note: you must select one of the following measures to select this bundle: H2-160, H2-216, or H2-510.

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.

(1) Memorial Hermann identified H2 as a measure bundle which aligned with community needs and aligned with current DSRIP Projects which could drive improvement within the specified patient populations.
(2) The measure bundle aligns with Memorial Hermann's DSRIP goals of improving access to appropriate behavioral health services and patient coordination for behavioral health patients in crisis. The improvements that this bundle will drive align with community needs and continue to transform care delivery for the Behavioral Health MLIU population. Interventions offered for this population will increase navigation and case management services outside the acute care setting to ensure these patients are receiving the appropriate care in the appropriate setting.
(3) Memorial Hermann is expanding and adapting the current Psych Response Team Case Management project to align and drive improvement for this measure bundle. Facilities for this measure bundle include Memorial Hermann Southwest, Southeast, Greater Heights, and The Woodlands Hospitals and Memorial Hermann outpatient clinics.

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	H2-259	Assignment of Primary Care Physician to Individuals with Schizophrenia	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	H2-266	Independent Living Skills Assessment for Individuals with Schizophrenia	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	H2-305	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-CH)	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	H2-319	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (eMeasure)	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	H2-405	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Required	P4P	Process	N/A
Yes	MLIU denominator with significant volume	H2-160	Follow-Up After Hospitalization for Mental Illness	Optional	P4P	Clinical Outcome	3
Yes	MLIU denominator with significant volume	H2-216	Risk Adjusted Behavioral Health/ Substance Abuse 30-Day Readmission Rate	Optional	P4P	Clinical Outcome	3
Yes	MLIU denominator with significant volume	H2-265	Housing Assessment for Individuals with Schizophrenia	Optional	P4P	Process	1
N/A - Required	Reporting attributed population as P4P	H2-510	Reduce Rate of Emergency Department visits for Behavioral Health and Substance Abuse (Reported as two rates)	Required	P4P	Population Based Clinical Outcome	4

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
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.

(1) Memorial Hermann identified J1 as a measure bundle which aligned with community needs and aligned with Memorial Hermann DSRIP goals.
(2) The measure bundle aligns with Memorial Hermann's DSRIP goals by improving hospital safety and quality for all patients at Memorial Hermann facilities. The improvements that this bundle will drive continue to transform care delivery for the MLIU population.
(3) Memorial Hermann continues to focus on improving hospital safety and overall quality in our facilities. Facilities for this measure bundle include Memorial Hermann Southwest, Southeast, Greater Heights, and The Woodlands Hospitals.

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:	64
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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?
B1-124	Medication Reconciliation Post-Discharge	CY2017: January 1, 2017 - December 31, 2017	No	No	No
B1-141	Risk Adjusted All-Cause 30-Day Readmission for Targeted Conditions: heart failure hospitalization, coronary artery bypass graft (CABG) surgery, CHF, Diabetes, AMI, Stroke, COPD, Behavioral Health, Substance Use	CY2017: January 1, 2017 - December 31, 2017	No	No	No
B1-217	Risk Adjusted All-Cause 30-Day Readmission	CY2017: January 1, 2017 - December 31, 2017	No	No	No
B1-252	Transition Record with Specified Elements Received by Discharged Patients (Emergency Department Discharges)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
B1-253	Transition Record with Specified Elements Received by Discharged Patients (Discharges from Inpatient Facility)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
B1-287	Documentation of Current Medications in the Medical Record	CY2017: January 1, 2017 - December 31, 2017	No	No	No
B1-352	Post-Discharge Appointment	CY2017: January 1, 2017 - December 31, 2017	No	No	No
B2-387	Reduce Emergency Department visits for Behavioral Health and Substance Abuse (Reported as two rates)	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
G1-276	Hospice and Palliative Care – Pain Assessment	CY2017: January 1, 2017 - December 31, 2017	No	No	No
G1-277	Hospice and Palliative Care – Treatment Preferences	CY2017: January 1, 2017 - December 31, 2017	No	No	No
G1-278	Beliefs and Values - Percentage of hospice patients with documentation in the clinical record of a discussion of spiritual/religious concerns or documentation that the patient/caregiver did not want to discuss	CY2017: January 1, 2017 - December 31, 2017	No	No	No
G1-361	Patients Treated with an Opioid who are Given a Bowel Regimen	CY2017: January 1, 2017 - December 31, 2017	No	No	No
G1-362	Hospice and Palliative Care - Dyspnea Treatment	CY2017: January 1, 2017 - December 31, 2017	No	No	No
G1-363	Hospice and Palliative Care - Dyspnea Screening	CY2017: January 1, 2017 - December 31, 2017	No	No	No

H1-146	Screening for Clinical Depression and Follow-Up Plan (CDF-AD)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
H1-255	Follow-up Care for Children Prescribed ADHD Medication (ADD)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
H1-286	Depression Remission at Six Months	CY2017: January 1, 2017 - December 31, 2017	No	No	No
H1-317	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	CY2017: January 1, 2017 - December 31, 2017	No	No	No
H2-160	Follow-Up After Hospitalization for Mental Illness	CY2017: January 1, 2017 - December 31, 2017	No	No	No
H2-216	Risk Adjusted Behavioral Health/ Substance Abuse 30-Day Readmission Rate	CY2017: January 1, 2017 - December 31, 2017	No	No	No
H2-259	Assignment of Primary Care Physician to Individuals with Schizophrenia	CY2017: January 1, 2017 - December 31, 2017	No	No	No
H2-265	Housing Assessment for Individuals with Schizophrenia	CY2017: January 1, 2017 - December 31, 2017	No	No	No
H2-266	Independent Living Skills Assessment for Individuals with Schizophrenia	CY2017: January 1, 2017 - December 31, 2017	No	No	No
H2-305	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-CH)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
H2-319	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (eMeasure)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
H2-405	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	CY2017: January 1, 2017 - December 31, 2017	No	No	No
H2-510	Reduce Rate of Emergency Department visits for Behavioral Health and Substance Abuse (Reported as two rates)	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:	020834001 - Memorial Hermann Hospital System (The Woodlands)
Performing Provider Type:	Hospital
Ownership:	Private

If regional hospital participation requirement is met	Category C valuation in DY7:	\$17,451,487.35
	Category C valuation in DY8:	\$23,797,482.75
If regional hospital participation requirement is not met	Category C valuation in DY7:	\$20,624,485.05
	Category C valuation in DY8:	\$26,970,480.45

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
B1	Care Transitions & Hospital Readmissions	11	17.17%	12.89%	21.49%	\$2,996,420.38	\$4,086,027.79	\$3,541,224.08	\$4,630,831.49
B2	Patient Navigation & ED Diversion	6	9.38%	7.03%	11.72%	\$1,636,949.51	\$2,232,203.88	\$1,934,576.70	\$2,529,831.07
G1	Palliative Care	6	9.38%	7.03%	9.38%	\$1,636,949.51	\$2,232,203.88	\$1,934,576.70	\$2,529,831.07
H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	12	18.75%	14.06%	23.44%	\$3,272,153.88	\$4,462,028.02	\$3,867,090.95	\$5,056,965.08
H2	Behavioral Health and Appropriate Utilization	19	29.69%	22.26%	37.11%	\$5,181,346.59	\$7,065,472.63	\$6,123,409.61	\$8,007,535.65
J1	Hospital Safety	10	15.63%	11.71%	15.63%	\$2,727,667.48	\$3,719,546.55	\$3,223,607.01	\$4,215,486.09
	Total	64	100.00%	N/A	N/A	\$17,451,487.35	\$23,797,482.75	\$20,624,485.05	\$26,970,480.45
	Difference between selected percent and 100%:		9.00%						

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:

TPI and Performing Provider Name:

Performing Provider Type:

Ownership:

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_020834001.1.1	1.1.1	Increase number of school-based primary care sites in low income communities for people with limited access. Expand Memorial Hermann Health Centers for Schools program by 3 health centers & 1 mobile dental van.	Continuing as Core Activity in DY7-8	
RHP_3_020834001.1.2	1.6.2	Implement a region-wide 24-hour nurse triage line that will assist patients considering an ER visit in determining what level of care they need to access & connect them to an appropriate resource. Goal is to ensure efficient use of the system's ED & reduce unnecessary visits.	Continuing as Core Activity in DY7-8	
RHP_3_020834001.1.3	1.12.2	Expand home health service to include psychiatric services. Includes specialized training & certifications for nurses & addition of social work services to link clients to additional community care programs. Goal is to provide support of patients with mental health issues, to better manage their care in the home & community, & reduce number of visits to EDs for psychiatric care that could be managed in the home/community environment.	Continuing as Core Activity in DY7-8	
RHP_3_020834001.1.4	1.1.2	Create neighborhood centers that integrate all ambulatory services in a highly coordinated, efficient and accessible manner for the greater Houston MSA. Target population is patients in the greater Houston MSA that would benefit from seeking ambulatory care at ambulatory facility rather than acute care facility.	Continuing as Core Activity in DY7-8	
RHP_3_020834001.2.1	2.2.5	Provide a 24/7 liaison to act as an adjunct to the Psych Response Team and provide case management of post-discharge behavioral health patients. Case management will identify individuals whose chronic mental illness predicts they will likely have repeat visits to the ER and connect them with case management services for follow-up after discharge.	Continuing as Core Activity in DY7-8	

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).

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.

B1: Care Transitions & Hospital Readmission – the objective of this bundle is to implement improvement in care transitions and coordination of care from inpatient to outpatient, post-acute care, and home care settings in order to improve health outcomes and prevent increased health care costs and hospital readmission. This core activity improves care transition and coordination of care for patients in our community by providing navigation and follow up services by phone that could direct patients to the appropriate level of care for their current symptoms and/or concern.

B2: Patient Navigation & ED Diversion – the objective of this bundle is to utilize patient navigators (community health workers, case managers, or other types of professionals) and/or develop other strategies to provide enhanced social support and culturally competent care to connect high risk patients to primary care or medical home sites, improve patient outcomes, and divert patients needing non-urgent care to appropriate settings. This core activity improves patient outcomes and diverts high risk patients from the ED setting to appropriate care setting by utilizing specially trained CHWs and Registered Nurses (RN) to navigate patients to the appropriate level of care for their current symptoms and concerns.

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

2) 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).

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.

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

3) 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

Memorial Hermann Health and Primary Care: New to the setting.

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

Increasing the education and management of psychiatric medications for this population.

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

Process improvement on education and follow up for patients prescribed psychiatric medications.

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.

H2

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

H2: Behavioral Health and Appropriate Utilization – The objective of this bundle is to provide specialized and coordinated services to individuals with serious mental illness and/or a combination of behavioral health and physical health issues to reduce emergency department utilization and avoidable inpatient admission and readmissions. This core activity provides specialized and coordinated services to patients with serious mental/behavioral health illness by providing services addressing mental and psychiatric health needs in the patient's home. These services better coordinate care for the patient and reduce unnecessary ED visits, hospital admission, and hospital readmission.

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

No

4) Please select the grouping for this Core Activity.

Availability of Appropriate Levels of Behavioral Health Care Services

a) Please select the name of this Core Activity.

Utilization of Care Management function that integrates primary and behavioral health needs of individuals

b) Please enter a description of this Core Activity

Integrated Behavioral Health & Primary Care: this core activity is a new pilot program at Memorial Hermann that provides psychiatric services to patients in a primary care setting. This core activity currently consists of a pilot program at four MHMG clinics with plans for improvement and expansion. Staff and resources for this core activity will be able to provide regular behavioral health screenings and interventions for this population in the primary care setting. Staffing models for this core activity's pilot have not been finalized and are still undergoing the proof of concept process.

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

Expand the integrated behavioral health and primary care program to additional primary care clinics

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

Analyze pilot program performance and identify additional locations where these services are needed.

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.

H1

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

H1 Integration of Behavioral health in a Primary or Specialty Care Setting - The objective of this bundle is to implement depression, substance abuse disorder, and behavioral health screening and multi-modal treatment in a primary care or non-psychiatric specialty care setting. This core activity is new pilot program that implements these psychiatric services and screenings into our primary care clinics.

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

No

5) Please select the grouping for this Core Activity.

Access to Primary Care Services

a) Please select the name of this Core Activity.

Expanded Practice Access (e.g., increased hours, telemedicine, etc.)

b) Please enter a description of this Core Activity

Convenient Care Centers: This core activity increased access to care for Medicaid and uninsured patients by increasing the number of providers accepting this patient population and expanding hours and convenient care center clinics. This core activity impacts four facilities and utilizes anywhere from 30-40 providers.

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

Managing medications for patients diagnosed with a chronic disease

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

Increase the education on medications prescribed for chronic conditions.

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

Promote the RN Triage Line to be used for any additional questions

C) Please list the third 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.

B1

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

B1: Care Transitions & Hospital Readmission – the objective of this bundle is to implement improvement in care transitions and coordination of care from inpatient to outpatient, post-acute care, and home care settings in order to improve health outcomes and prevent increased health care costs and hospital readmission. This core activity increases access to primary care and improves coordination of care by providing a setting and physicians that provide primary care services to the MLIU population with some appointments available during extended hours.

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

No

6) Please select the grouping for this Core Activity.

Palliative Care

a) Please select the name of this Core Activity.

Provision of coordinated palliative care to address patients with end-of-life decisions and care needs.

b) Please enter a description of this Core Activity

Palliative Care Program: This core activity provides palliative care services to Medicaid and uninsured patients by specially trained palliative MDs and mid-level providers. This improves patient and family relations with end of life decisions and quality of life for the patient. This core activity includes services historically not provided for the Medicaid and uninsured patient population. This core activity has the staff and resources to potentially impact all hospital facilities in the system and utilizes a palliative care team of approximately 15 providers.

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

Increase the number of patients utilizing palliative care.

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

Continue to educate physicians on palliative care services that are available for their patients.

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.

G1

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

G1: Palliative Care – the objective of this bundle is to provide palliative care services to patients and their families and/or caregivers to improve patient outcomes and quality of life with a focus on relief from symptoms, stress, and pain related to serious, debilitating or terminal illness. This core activity improves patient outcomes and quality of life by providing palliative care services to hospitalized patients, which focus on relief from symptoms, stress, and pain related to serious, debilitating or terminal illness.

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

No

7) Please select the grouping for this Core Activity.

Other

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

Improving hospital safety and quality of care

a) Please select the name of this Core Activity.

Other

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

Creating an environment in healthcare to improve hospital safety and quality

b) Please enter a description of this Core Activity

This core activity focuses on creating an environment to improve patient health outcomes and experience by reducing hospital related risks and errors. This environment anticipates potential problems, promotes early detection of problems, and always makes responses early. This core activity impacts all hospitals in the system and will impact the large number of staff and providers employed and/or associated with these hospitals.

employed and/or associated with these hospitals.

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

Continue to monitor risks, errors, and near misses in the hospital.

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

Utilize systems including EMR reports to track outstanding risks, errors, or potential errors in the hospital.

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.

J1: Hospital Safety Improve – the objective of this bundle is to improve patient health outcomes and experience of care by improving medication management, reducing the risk of health-care associated infections, and reducing hospital errors. This core activity directly impacts the bundle objective by creating an environment in which potential problems are anticipated, detected early, and virtually always responded to early enough to prevent catastrophic consequences.

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: 020834001 - Memorial Hermann Hospital System (The Woodlands)
 Performing Provider Type: Hospital
 Ownership: Private

If regional hospital participation requirement is met	Category D valuation in DY7	\$4,759,496.55
	Category D valuation in DY8	\$4,759,496.55
If regional hospital participation requirement is <u>not</u> met	Category D valuation in DY7	\$1,586,498.85
	Category D valuation in DY8	\$1,586,498.85

Section 1: Statewide Reporting Measure Bundle for Hospitals

Measure	Category D valuation per DY distributed across measures (if regional hospital participation valuation is met)	Category D valuation per DY distributed across measures (if regional hospital participation requirement is not met)
Potentially preventable admissions (PPAs)	\$951,899.31	\$317,299.77
Potentially preventable 30-day readmissions (PPRs)	\$951,899.31	\$317,299.77
Potentially preventable complications (PPCs)	\$951,899.31	\$317,299.77
Potentially preventable ED visits (PPVs)	\$951,899.31	\$317,299.77
Patient satisfaction	\$951,899.31	\$317,299.77
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:

TPA and Performing Provider Name:

Performing Provider Type:

Ownership:

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
	Harris County Hospital District	N/A	17415369366324	529-08-0236-00074

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Jessica Hall	5250 Kirby Drive	Houston	77054	jessica.hall@harrishealth.org	713-634-1166		Both
2	Michelle Eunice	525 Holly Hall St	Houston	77054	michelle.eunice@harrishealth.org	713-666-6565		Both
3	Mike Nerby	5252 Holly Hall Drive	Houston	77054	mike.nerby@harrishealth.org	713-666-6750		Both

IGT RHP	IGT Name	IGT TPI (if available)	IGT TIN	Affiliation Number

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 #	D7 % IGT Allocated	D8 % IGT Allocated	If regional private hospital participation requirement is met		If regional private hospital participation requirement is not met	
						Total Estimated D7 Allocation (FMAP 56.88)/IGT	Total Estimated D8 Allocation (FMAP 57.32)/IGT	Total Estimated D7 Allocation (FMAP 56.88)/IGT	Total Estimated D8 Allocation (FMAP 57.32)/IGT
Category B	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	43,741	42,681	43,741	42,681
BT-124	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	52,786,393.32	51,368,196.63	52,786,393.32	51,368,196.63
BT-141	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	518,579.49	529,139.95	518,579.49	529,139.95
BT-217	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	518,579.49	529,139.95	518,579.49	529,139.95
BT-252	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	518,579.49	529,139.95	518,579.49	529,139.95
BT-253	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	518,579.49	529,139.95	518,579.49	529,139.95
BT-287	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	518,579.49	529,139.95	518,579.49	529,139.95
BT-352	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	518,579.49	529,139.95	518,579.49	529,139.95
BT-387	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	582,926.31	5476,352.31	582,926.31	5476,352.31
BT-392	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	582,926.31	5476,352.31	582,926.31	5476,352.31
BT-276	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	517,642.11	5158,784.10	517,642.11	5158,784.10
BT-277	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	517,642.11	5158,784.10	517,642.11	5158,784.10
BT-278	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	517,642.11	5158,784.10	517,642.11	5158,784.10
BT-304	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	517,642.11	5158,784.10	517,642.11	5158,784.10
BT-362	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	517,642.11	5158,784.10	517,642.11	5158,784.10
BT-369	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	517,642.11	5158,784.10	517,642.11	5158,784.10
BT-146	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	582,926.31	5476,352.31	582,926.31	5476,352.31
BT-255	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	582,926.31	5476,352.31	582,926.31	5476,352.31
BT-286	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	582,926.31	5476,352.31	582,926.31	5476,352.31
BT-317	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	582,926.31	5476,352.31	582,926.31	5476,352.31
BT-360	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	582,926.31	5476,352.31	582,926.31	5476,352.31
BT-216	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	528,244.07	5335,060.41	528,244.07	5335,060.41
BT-259	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	528,244.07	5335,060.41	528,244.07	5335,060.41
BT-265	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	528,244.07	5335,060.41	528,244.07	5335,060.41
BT-266	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	528,244.07	5335,060.41	528,244.07	5335,060.41
BT-305	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	528,244.07	5335,060.41	528,244.07	5335,060.41
BT-319	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	528,244.07	5335,060.41	528,244.07	5335,060.41
BT-305	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	528,244.07	5335,060.41	528,244.07	5335,060.41
BT-510	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	528,244.07	5335,060.41	528,244.07	5335,060.41
BT-218	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	528,244.07	5335,060.41	528,244.07	5335,060.41
BT-220	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	528,244.07	5335,060.41	528,244.07	5335,060.41
BT-222	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	528,244.07	5335,060.41	528,244.07	5335,060.41
BT-506	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	528,244.07	5335,060.41	528,244.07	5335,060.41
Category D	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	52,052,294.91	52,011,353.13	52,052,294.91	52,011,353.13
Total						513,681,966.08	513,542,354.18	513,681,966.08	513,542,354.18

Your funding allocations sum to 100%.

Have the IGT Entities and funding percentages been updated?

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:
 IGT Organization:
 Date:

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:	020834001 - Memorial Hermann Hospital System (The Woodlands)
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	\$6,345,995.40	\$0.00	\$6,345,995.40	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$3,172,997.70	\$3,172,997.70	\$3,172,997.70	\$3,172,997.70
Category C	\$17,451,487.35	\$23,797,482.75	\$20,624,485.05	\$26,970,480.45
Category D	\$4,759,496.55	\$4,759,496.55	\$1,586,498.85	\$1,586,498.85
Total	\$31,729,977.00	\$31,729,977.00	\$31,729,977.00	\$31,729,977.00

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	125,394	326,063	38.46%
DY6	119,716	320,348	37.37%
DY7 Estimated	122,555	323,206	37.92%
DY8 Estimated	122,555	323,206	37.92%

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
B1	Care Transitions & Hospital Readmissions	0	0	0	11	\$2,996,420.38	\$4,086,027.79	\$3,541,224.08	\$4,630,831.49
B2	Patient Navigation & ED Diversion	0	0	0	6	\$1,636,949.51	\$2,232,203.88	\$1,934,576.70	\$2,529,831.07
G1	Palliative Care	0	0	0	6	\$1,636,949.51	\$2,232,203.88	\$1,934,576.70	\$2,529,831.07
H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	0	0	0	12	\$3,272,153.88	\$4,462,028.02	\$3,867,090.95	\$5,056,965.08
H2	Behavioral Health and Appropriate Utilization	0	0	0	19	\$5,181,346.59	\$7,065,472.63	\$6,123,409.61	\$8,007,535.65
J1	Hospital Safety	0	0	0	10	\$2,727,667.48	\$3,719,546.55	\$3,223,607.01	\$4,215,486.09
Total	N/A	0	0	0	64	\$17,451,487.35	\$23,797,482.75	\$20,624,485.05	\$26,970,480.45

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
B1	Care Transitions & Hospital Readmissions	Enhancement in coordination between primary care, urgent care, and Emergency Departments to increase communication and improve care transitions for patients ; Expanded Practice Access (e.g., increased hours, telemedicine, etc.)
B2	Patient Navigation & ED Diversion	Enhancement in coordination between primary care, urgent care, and Emergency Departments to increase communication and improve care transitions for patients

G1	Palliative Care	Provision of coordinated palliative care to address patients with end-of-life decisions and care needs.
H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	Utilization of Care Management function that integrates primary and behavioral health needs of individuals
H2	Behavioral Health and Appropriate Utilization	Increasing access to services by utilizing staff with the following qualifications: Wellness and Health Navigation: Bachelors level professional with experience in mental health and/or wellness initiatives or a peer specialist who has successfully completed the DSHS certification program for peer specialists; Increasing access to services by utilizing staff with the following qualifications: Wellness and Health Navigation: Bachelors level professional with experience in mental health and/or wellness initiatives or a peer specialist who has successfully completed the DSHS certification program for peer specialists
J1	Hospital Safety	Other - Creating an environment in healthcare to improve hospital safety and quality

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 per DY distributed across measures (if regional hospital participation requirement is met)	Category D valuation per DY distributed across measures (if regional hospital participation requirement is not met)
Potentially preventable admissions (PPAs)	\$951,899.31	\$317,299.77
Potentially preventable 30-day readmissions (PPRs)	\$951,899.31	\$317,299.77
Potentially preventable complications (PPCs)	\$951,899.31	\$317,299.77
Potentially preventable ED visits (PDVs)	\$951,899.31	\$317,299.77
Patient satisfaction	\$951,899.31	\$317,299.77

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: Kord Quintero
 Performing Provider: Memorial Hermann Health System
 Date: 3/4/2018

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
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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