



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: **094187402 - CHCA West Houston LP dba West Houston Medical Cent**

Performing Provider Type: **Hospital**

Ownership: **Private**

TIN: **16218013635005**

Physical Street Address: **12141 Richmond Ave**

City: **Houston**

Zip: **77082**

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:	Shannon Evans	Lillian Spuria	Jeff Sliwinski
Street Address:	3737 Buffalo Speedway	2801 Via Fortuna Hiking Trail	3737 Buffalo Speedway
City:	Houston	Austin	Houston
Zip:	77098	78746	77098
Email:	Shannon.Evans2@hcahealthcare.com	spuria@gl-law.com	Jeff.Sliwinski@HCAHealthcare.com
Phone Number:	713-852-1563	512-899-3995	713-852-1534
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: **West Houston Medical Center (WHMC) is a full-service hospital serving the West Houston community for over 30 years. The Joint Commission accredited facility provides a range of care including: emergency services; neurosurgery services; inpatient and outpatient surgery, rehabilitation and diagnostic services; bariatric/weight loss surgery; senior care; wound care; sleep disorder services; cardiovascular care, women's services and more. WHMC is a Certified Primary Stroke Center by The Joint Commission, and a recipient of the TMF Quality Improvement Award.**

Overall DSRIP Goals: **Through WHMC's participation in the 1115 Waiver Program, WHMC is committed to transforming how health care is delivered in Regional Health Partnership 3. Our DSRIP program seeks to establish/expand patient navigation services to targeted patients at high risk of being disconnected from a healthcare institution and to decrease mortality and improve patient health outcomes in the inpatient setting through a focus on hospital safety.**

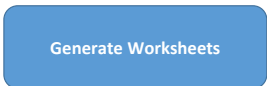
Alignment with regional community needs assessment: **WHMC's core activities seek to increase access to primary care through navigation services, patient education and improved care coordination. Additionally WHMC will work toward decreasing mortality and improving healthcare outcomes in the inpatient setting through its focus on implementation of the Sepsis Bundle. As a result of our efforts we expect to experience reductions in preventable admissions, readmissions, and ED visits for acute and ambulatory care conditions and achieve the regional goals of increased care coordination and access to primary care.**

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	\$1,022,126.20	\$0.00	\$1,022,126.20	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$511,063.10	\$511,063.10	\$511,063.10	\$511,063.10
Category C	\$2,810,847.05	\$3,832,973.25	\$3,321,910.15	\$4,344,036.35
Category D	\$766,594.65	\$766,594.65	\$255,531.55	\$255,531.55
Total	\$5,110,631.00	\$5,110,631.00	\$5,110,631.00	\$5,110,631.00

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



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:	094187402 - CHCA West Houston LP dba West Houston Medical Cent
Performing Provider Type:	Hospital
Ownership:	Private
Category B valuation in DY7:	\$511,063.10
Category B valuation in DY8:	\$511,063.10

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.

West Houston Medical Center (WHMC) is a full-service hospital serving the West Houston community for over 30 years. The Joint Commission accredited facility provides a range of care including: neurosurgery services; inpatient surgery, rehabilitation and diagnostic services; bariatric/weight loss surgery; senior care; wound care; sleep disorder services; cardiovascular care, women's services and more.

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

Please enter a description of this System Component.

West Houston Medical Center has 1 emergency Department located in the main campus

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

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

Please enter a description of this System Component.

Labor and Delivery, Gynecology, and Support and Education Services

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	33,618	33,890
Total PPP	62,399	60,116

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):	33,754
Average Total PPP	61,258
MLIU percentage of Total PPP	55.10%

*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	10
Points Selected	16
Bundles Selected	2
Clinical Outcome Selected	Y

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	094187402 - CHCA West Houston LP dba West Houston Medical Center
Performing Provider Type:	Hospital
Ownership:	Private

If regional private hospital participation requirement is met	Category C valuation in DY7:	\$2,810,847.05
	Category C valuation in DY8:	\$3,832,973.25
If regional private hospital participation requirement is <u>not</u> met	Category C valuation in DY7:	\$3,321,910.15
	Category C valuation in DY8:	\$4,344,036.35

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.

Many patients do not have a primary care provider, information regarding care alternatives, or access to an ambulatory setting. As part of this bundle, West Houston will focus on increasing awareness of community resources so that patients in these vulnerable populations can seek care in a more appropriate venue. Additionally, WHMC had great success during the first iteration of the Waiver with its senior care and ED navigation program and we want to build on those successes by modifying our current approach to include a more disease specific approach for greater impact. These efforts will help improve care coordination, reduce inappropriate ED utilization and improve the management of chronic conditions, which is in line with regional community needs. Participation in this bundle will contribute towards healthcare delivery transformation by improving the quality of care that is delivered in our hospital as well as improving patient health outcomes, while also reducing costs associated with prolonged or repeated hospitalizations.

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

No	E2	Maternal Safety	8
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	I1	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.

Hospital Safety has always been a core focus area within WHMC. In addition to DSRIP goals, WHMC remains focused on facility and corporate goals for improvement in the same quality measures, allowing for automatic alignment of quality focus areas and an additional driver for improvement. Our selection is in line with regional and statewide goals to reduce potentially preventable complications, admissions, readmissions and improving patient satisfaction.

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 (CLABS) 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:	16
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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?
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
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:	094187402 - CHCA West Houston LP dba West Houston Medical Cent
Performing Provider Type:	Hospital
Ownership:	Private

If regional hospital participation requirement is met	Category C valuation in DY7:	\$2,810,847.05
	Category C valuation in DY8:	\$3,832,973.25
If regional hospital participation requirement is not met	Category C valuation in DY7:	\$3,321,910.15
	Category C valuation in DY8:	\$4,344,036.35

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	37.50%	28.12%	46.88%	\$1,054,067.64	\$1,437,364.97	\$1,245,716.31	\$1,629,013.63
J1	Hospital Safety	10	62.50%	46.87%	62.50%	\$1,756,779.41	\$2,395,608.28	\$2,076,193.84	\$2,715,022.72
	Total	16	100.00%	N/A	N/A	\$2,810,847.05	\$3,832,973.25	\$3,321,910.15	\$4,344,036.35
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:	094187402 - CHCA West Houston LP dba West Houston Medical Cent
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_094187402.2.1	2.9.1	Improve the patient throughput, overall experience & quality of care for geriatric patients through a designated "Senior Care Entrance" at hospital & assign special hospital beds to accommodate geriatric population. Train & maintain a Senior Care Coordinator dedicated to overseeing protocol-driven geriatric care, assisting seniors in managing appointments, maintaining individual healthcare regimens, & accessing available support through the hospital and the community. In addition, HCA will focus on ensuring that ED patients without a PCP are enrolled and given educational materials about available resources in the community.	Continuing as Core Activity in DY7-8	Patient Navigation and ED Reduction

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).

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).

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).

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

D) Please list the fourth 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).

[Redacted]

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

[Redacted]

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.

B2

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

Through modification of our current navigation services we will be able to reduce the number of inappropriate non-emergent 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.

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 WHMC 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).

Implement Sepsis Bundle protocol to 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).

[Redacted]

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

[Redacted]

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: 094187402 - CHCA West Houston LP dba West Houston Medical Cent
 Performing Provider Type: Hospital
 Ownership: Private

If regional hospital participation requirement is met	Category D valuation in DY7	\$766,594.65
	Category D valuation in DY8	\$766,594.65
If regional hospital participation requirement is <u>not</u> met	Category D valuation in DY7	\$255,531.55
	Category D valuation in DY8	\$255,531.55

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)	\$153,318.93	\$51,106.31
Potentially preventable 30-day readmissions (PPRs)	\$153,318.93	\$51,106.31
Potentially preventable complications (PPCs)	\$153,318.93	\$51,106.31
Potentially preventable ED visits (PPVs)	\$153,318.93	\$51,106.31
Patient satisfaction	\$153,318.93	\$51,106.31
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: 084187-802 - CHLA West Houston LP dba West Houston Medical Cent
 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	529-08-0236-00011

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Jessica Hall	2825 Holly Hall Drive	Houston	77054	jessica.hall@harrishealth.org	713-634-1146		Both
2	Michelle Eunice	2825 Holly Hall Drive	Houston	77054	michelle.eunice@harrishealth.org	713-566-6056		Both
3	Mike Nothy	2825 Holly Hall Drive	Houston	77054	michael.nothy@harrishealth.org	713-566-6790		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

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	529-08-0236-00011	100.00%	100.00%	\$449,749.82	\$449,749.82	\$449,749.82	\$449,749.82
B2-242	Harris County Hospital District	17415369366324	529-08-0236-00011	100.00%	100.00%	\$226,370.61	\$218,121.73	\$220,870.61	\$218,121.73
B2-302	Harris County Hospital District	17415369366324	529-08-0236-00011	100.00%	100.00%	\$227,236.98	\$306,733.69	\$268,576.44	\$347,631.51
J1-218	Harris County Hospital District	17415369366324	529-08-0236-00011	100.00%	100.00%	\$181,504.66	\$204,489.12	\$179,050.96	\$281,754.84
J1-219	Harris County Hospital District	17415369366324	529-08-0236-00011	100.00%	100.00%	\$181,504.66	\$204,489.12	\$179,050.96	\$281,754.84
J1-220	Harris County Hospital District	17415369366324	529-08-0236-00011	100.00%	100.00%	\$181,504.66	\$204,489.12	\$179,050.96	\$281,754.84
J1-221	Harris County Hospital District	17415369366324	529-08-0236-00011	100.00%	100.00%	\$181,504.66	\$204,489.12	\$179,050.96	\$281,754.84
J1-206	Harris County Hospital District	17415369366324	529-08-0236-00011	100.00%	100.00%	\$181,504.66	\$204,489.12	\$179,050.96	\$281,754.84
Category D	Harris County Hospital District	17415369366324	529-08-0236-00011	100.00%	100.00%	\$390,555.51	\$390,555.51	\$390,555.51	\$390,555.51
Total						\$2,203,704.09	\$2,181,217.31	\$2,203,704.09	\$2,181,217.31

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: Michael Nothy
 IGT Organization: Harris County Hospital District
 Date: 8/29/2018

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:	094187402 - CHCA West Houston LP dba West Houston Medical Cent
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	\$1,022,126.20	\$0.00	\$1,022,126.20	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$511,063.10	\$511,063.10	\$511,063.10	\$511,063.10
Category C	\$2,810,847.05	\$3,832,973.25	\$3,321,910.15	\$4,344,036.35
Category D	\$766,594.65	\$766,594.65	\$255,531.55	\$255,531.55
Total	\$5,110,631.00	\$5,110,631.00	\$5,110,631.00	\$5,110,631.00

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	33,618	62,399	53.88%
DY6	33,890	60,116	56.37%
DY7 Estimated	33,754	61,258	55.10%
DY8 Estimated	33,754	61,258	55.10%

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	\$1,054,067.64	\$1,437,364.97	\$1,245,716.31	\$1,629,013.63
J1	Hospital Safety	0	0	0	10	\$1,756,779.41	\$2,395,608.28	\$2,076,193.84	\$2,715,022.72
Total	N/A	0	0	0	16	\$2,810,847.05	\$3,832,973.25	\$3,321,910.15	\$4,344,036.35

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)
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 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 <u>not</u> met)
Potentially preventable admissions (PPAs)	\$153,318.93	\$51,106.31
Potentially preventable 30-day readmissions (PPRs)	\$153,318.93	\$51,106.31
Potentially preventable complications (PPCs)	\$153,318.93	\$51,106.31
Potentially preventable ED visits (PDVs)	\$153,318.93	\$51,106.31
Patient satisfaction	\$153,318.93	\$51,106.31

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: Toni Cotton
 Performing Provider: West Houston Medical Center
 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
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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