



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: **112672402 - UT MD Anderson Cancer Center**

Performing Provider Type: **Hospital**

Ownership: **State Owned Public**

TIN: **35065065068005**

Physical Street Address: **1515 Holcombe Blvd**

City: **Houston**

Zip: **77030**

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:	Diane Benson	Sonia Gilmore	Mehwish Javaid
Street Address:	Office of Health Policy, 7007 Bertner Avenue, Unit 1677	Office of Health Policy, 7007 Bertner Avenue, Unit 1677	Office of Health Policy, 7007 Bertner Avenue, Unit 1677
City:	Houston	Houston	Houston
Zip:	77030-3907	77030-3907	77030
Email:	dmbenson@mdanderson.org	scgilmor@mdanderson.org	mjavaid@mdanderson.org
Phone Number:	713-745-8370	713-792-8351	(713) 794-4793
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: **The University of Texas MD Anderson Cancer Center is a National Cancer Institute-designated Comprehensive Cancer Center located in the Texas Medical Center in Houston, Texas. Its mission is to eliminate cancer in Texas, the nation, and the world through outstanding programs that integrate patient care, research and prevention, and through education for undergraduate and graduate students, trainees, professionals, employees and the public. The range of services provided includes screening, diagnostic, treatment and follow-up care for cancer. In 2017, MD Anderson provided care for close to 137,000 patients. In fiscal year 2017, the hospital had 28,793 admissions and an average of 681 patient beds. In addition to its main campus in the Texas Medical Center, and research campuses in Bastrop and Smithville, MD Anderson provides cancer care at locations throughout Greater Houston that include Bay Area, Katy, West Houston (diagnostic imaging), Bellaire (diagnostic imaging), Sugar Land, The Woodlands, Memorial City (surgical clinic) and The Woman's Hospital of Texas (gynecologic oncology).**

Overall DSRIP Goals: **The overall goals of DSRIP are to 1) improve patient health care outcomes 2) reduce the costs of health care and 3) improve patients' experience of their health care.**

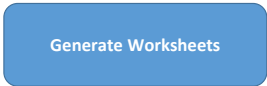
Alignment with regional community needs assessment: **UT MD Anderson Cancer Center aligns closely with the RHP 3 Community Health Needs Assessment (CHNA) by providing specialty care specifically for those with cancer as well as prevention and wellness services through cancer screening, tobacco cessation counseling and dental care including screening for oral cancer. Through its collaboration with Federally Qualified Health Centers, MD Anderson addresses one of the highest priority community needs identified in the 2017 CHNA of insufficient access to services. Through its provision of high quality cancer care, MD Anderson addresses the relatively high burden of chronic diseases such as cancer in the region. MD Anderson's mobile mammography program addresses inadequate transportation by providing women in underserved communities with breast cancer screening and diagnostic services close to home. Its colorectal cancer screening program provides patients with take-home Fits and for those testing positive a network of gastroenterologists provides colonoscopies to patients in their local communities.**

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	\$4,751,829.02	\$0.00	\$4,751,829.02	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$2,375,914.51	\$2,375,914.51	\$2,375,914.51	\$2,375,914.51
Category C	\$13,067,529.81	\$17,819,358.83	\$15,443,444.32	\$20,195,273.34
Category D	\$3,563,871.77	\$3,563,871.77	\$1,187,957.26	\$1,187,957.26
Total	\$23,759,145.11	\$23,759,145.11	\$23,759,145.11	\$23,759,145.11

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:	112672402 - UT MD Anderson Cancer Center
Performing Provider Type:	Hospital
Ownership:	State Owned Public
Category B valuation in DY7:	\$2,375,914.51
Category B valuation in DY8:	\$2,375,914.51

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.

MD Anderson provides inpatient care to cancer patients at its hospital in the Texas Medical Center. The specific units to be included in inpatient services are: P6 - GI Surgical/Sarcoma,P7 - Telemetry/Thoracic Surgery,P8 - Rehab/Neuro,P9 - Urology & Orthopedics, P11 - H&N/Breast Surgery,P12 - GU, GI, Endocrinology,Intensive Care Unit,Pediatrics,Pediatric ICS,G10E - Gynecologic/Radiation,G10W - Melanoma/Sarcoma,G11E - Leukemia, G12 - Leukemia,G12NW - Palliative Care,G15 - Lymphoma/Myeloma,G16 - Leukemia,G17 - Stem Cell,G18 - Stem Cell and G22 - Medical Oncology.

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

Please enter a description of this System Component.

MD Anderson provides medical emergency services which include, but are not limited to a sudden change in mental or physical status or development of a new symptom requiring immediate attention. The Emergency Department is located at the hospital in the Texas Medical Center.

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

Please enter a description of this System Component.

These clinics are designed for cancer care and primarily are housed at the main campus in the Texas Medical Center with additional regional clinics located in RHP3 that include Bay Area, Katy and Sugar Land provide cancer diagnostic and treatment services.

Required System Component	Business Component?
Maternal Department	Not a Business Component of the Organization

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	Yes

Please enter a description of this System Component.

This component is comprised of four community primary care clinic locations of Spring Branch Community Health Centers. These are 1) Hillendahl Clinic, 2) Pitner Clinic, 3) West Houston Clinic and 4) the Cy-Fair Clinic. Spring Branch also provides dental services.

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	18,122	18,252
Total PPP	157,200	161,760

Please indicate the population included in the MLIU PPP

<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> Dual Eligible	<input checked="" type="checkbox"/> CHIP	<input type="checkbox"/> Local Coverage Option	<input 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):	18,187
Average Total PPP	159,480
MLIU percentage of Total PPP	11.40%

*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	46
Points Selected	46
Bundles Selected	5
Clinical Outcome Selected	Y

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	112672402 - UT MD Anderson Cancer Center
Performing Provider Type:	Hospital
Ownership:	State Owned Public

If regional private hospital participation requirement is met	Category C valuation in DY7:	\$13,067,529.81
	Category C valuation in DY8:	\$17,819,358.83
If regional private hospital participation requirement is <u>not</u> met	Category C valuation in DY7:	\$15,443,444.32
	Category C valuation in DY8:	\$20,195,273.34

MINIMUM POINT THRESHOLD (MPT): 46
 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.

Addressing care transitions and hospital readmissions will enable us to address our DSRIP goal of improving patients' care experience, as well as improving patient health outcomes and reducing costs associated with preventable readmissions. Additionally, outcomes in this bundle address regional community needs related to inadequate coordination of care. Improving patients' health care outcomes and preventing increased health care cost and hospital readmissions continues to transform healthcare. MD Anderson's hospital will be used to report on and drive improvement in care transitions and hospital readmissions overall.

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	No volume for denominator	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
	Please enter an explanation of why the volume is less than significant.	As a cancer hospital, we do not admit patients with a primary diagnosis of the conditions listed in B1-141.					
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	Requesting to use all-payer denominator with significant volume	B1-352	Post-Discharge Appointment	Required	P4P	Process	N/A
	Please enter an explanation of why the alternative denominator is being requested.	As a cancer hospital, heart failure is not a primary diagnosis for most of our patients according to the specifications for B1-352. We do not have significant volume in this measure for MLIU patients.					

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
No	B2	Patient Navigation & ED Diversion	3
No	C1	Primary Care Prevention - Healthy Texans	12
Yes	C2	Primary Care Prevention - Cancer Screening	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.

This bundle was selected because cancer screening is an essential component in MD Anderson's clinical operations. There is a documented community need for access to cancer screening services. This measure bundle aligns with DSRIP goals of improving patient's experience of care and improving healthcare outcomes. MD Anderson will use best practices established in DY1-6 to continue to transform healthcare for the MLIU population by providing cancer screening services through our contracted primary care clinics. System components used to report on and drive improvement in this measure bundle are the four Spring Branch Community Health Clinic locations.

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	C2-106	Cervical Cancer Screening	Required	P4P	Cancer Screening	N/A
N/A - Required	MLIU denominator with significant volume	C2-107	Colorectal Cancer Screening	Required	P4P	Cancer Screening	N/A
N/A - Required	MLIU denominator with significant volume	C2-186	Breast Cancer Screening	Required	P4P	Cancer Screening	N/A

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
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
Yes	F1	Improved Access to Adult Dental Care	7

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.

Increasing patient access to timely, appropriate dental care aligns with the overall DSRIP goals of improving patient's health care outcomes. There is a demonstrated community need for dental care in our region. Spring Branch provides routine dental care and prophylaxis. Dental care provided at Spring Branch will transform healthcare delivery for the MLIU population by expanding access to dental care. MD Anderson will continue to meet the needs of its patients for specialized dental care and oral cancer screening. Spring Branch Community Health Center locations that have dental services for adults will primarily be used to report on and drive improvement in access to dental care for vulnerable populations.

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	F1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	F1-226	Chronic Disease Patients Accessing Dental Services	Required	P4P	Clinical Outcome	N/A
N/A - Required	MLIU denominator with significant volume	F1-227	Dental Caries: Adults	Required	P4P	Clinical Outcome	N/A
Yes	Requesting to use all-payer denominator with significant volume	F1-T03	Innovative Measure: Preventative Care & Screening: Oral Cancer Screening	Optional	P4R	Innovative	0
	Please enter an explanation of why the alternative denominator is being requested.	Oral Cancer screening is an activity that is being conducted at only the MD Anderson Cancer Center system component which does not have significant MLIU volume for this service.					

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

This bundle was selected because MD Anderson's Department of Palliative, Rehabilitation & Integrative Medicine focuses on the delivery of supportive care, palliative care, physical medicine, rehabilitation and integrative medicine to MD Anderson patients and their families. Addressing the needs of patients and their families for palliative care improves patient's healthcare outcomes and improves patients' experiences of care. MD Anderson will continue to transform healthcare in this measure bundle by recognizing the needs of patients for pain management and other palliative care services. MD Anderson's Hospital and outpatient Services will be used to report on and drive improvement in this Measure Bundles.

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	Requesting to use all-payer denominator with significant volume	G1-276	Hospice and Palliative Care – Pain Assessment	Required	P4P	Process	N/A
	Please enter an explanation of why the alternative denominator is being requested.	MD Anderson Cancer Center does not have significant MLIU volume for this measure's denominator. Only 3.8% of MD Anderson's patients have either Medicaid or are uninsured. There were fewer than 30 MLIU patients seen in the palliative care service.					
N/A - Required	Requesting to use all-payer denominator with significant volume	G1-277	Hospice and Palliative Care – Treatment Preferences	Required	P4P	Process	N/A
	Please enter an explanation of why the alternative denominator is being requested.	MD Anderson Cancer Center does not have significant MLIU volume for this measure's denominator. MD Anderson Cancer Center does not have significant MLIU volume for this measure's denominator. Only 3.8% of MD Anderson's patients have either Medicaid or are uninsured. There were fewer than 30 MLIU patients seen in the palliative care service.					
N/A - Required	Requesting to use all-payer 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

	Please enter an explanation of why the alternative denominator is being requested.	MD Anderson Cancer Center does not have significant MLIU volume for this measure's denominator. Only 3.8% of MD Anderson's patients have either Medicaid or are uninsured. There were fewer than 30 MLIU patients seen in the palliative care service.					
N/A - Required	Requesting to use all-payer denominator with significant volume	G1-361	Patients Treated with an Opioid who are Given a Bowel Regimen	Required	P4P	Process	N/A
	Please enter an explanation of why the alternative denominator is being requested.	MD Anderson Cancer Center does not have significant MLIU volume for this measure's denominator. Only 3.8% of MD Anderson's patients have either Medicaid or are uninsured. There were fewer than 30 MLIU patients seen in the palliative care service.					
N/A - Required	Requesting to use all-payer denominator with significant volume	G1-362	Hospice and Palliative Care - Dyspnea Treatment	Required	P4P	Process	N/A
	Please enter an explanation of why the alternative denominator is being requested.	MD Anderson Cancer Center does not have significant MLIU volume for this measure's denominator. Only 3.8% of MD Anderson's patients have either Medicaid or are uninsured. There were fewer than 30 MLIU patients seen in the palliative care service.					
N/A - Required	Requesting to use all-payer denominator with significant volume	G1-363	Hospice and Palliative Care - Dyspnea Screening	Required	P4P	Process	N/A
	Please enter an explanation of why the alternative denominator is being requested.	MD Anderson Cancer Center does not have significant MLIU volume for this measure's denominator. Only 3.8% of MD Anderson's patients have either Medicaid or are uninsured. There were fewer than 30 MLIU patients seen in the palliative care service.					
Yes	MLIU denominator with significant volume	G1-505	Proportion Admitted to Hospice for less than 3 days (PQRS #457)	Optional	P4P	Clinical Outcome	3
Yes	MLIU denominator with significant volume	G1-507	Proportion Not Admitted to Hospice	Optional	P4P	Clinical Outcome	3

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

Improving medication management, reducing the risk of health-care associated infections and reducing hospital errors will improve patients' experience of care and their health outcomes. Hospital safety addresses the community need for sufficient access to healthcare in a safe environment. MD Anderson's performance in this measure bundle will continue to transform healthcare by meeting community needs for chronic disease care specifically high quality cancer care. MD Anderson's hospital will be used to report on and drive improvement in this area.

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: 46

Are you finished making your selections?
Yes

BY7-8 Provider RHP Plan Update Template - Category C Additional Details

Progress Tracker

Section 1: Measure Exemption Requests and Measure Setting System Components

Complete

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
C2-106	Cervical Cancer Screening	CY2017: January 1, 2017 - December 31, 2017	No	No	No
C2-107	Colorectal Cancer Screening	CY2017: January 1, 2017 - December 31, 2017	No	No	No
C2-186	Breast Cancer Screening	CY2017: January 1, 2017 - December 31, 2017	No	No	No
F1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	CY2017: January 1, 2017 - December 31, 2017	No	No	No
F1-226	Chronic Disease Patients Accessing Dental Services	CY2017: January 1, 2017 - December 31, 2017	No	No	No
F1-227	Dental Caries: Adults	CY2017: January 1, 2017 - December 31, 2017	No	No	No
F1-T03	Innovative Measure: Preventative Care & Screening: Oral Cancer Screening	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
G1-505	Proportion Admitted to Hospice for less than 3 days (PQRS #457)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
G1-507	Proportion Not Admitted to Hospice	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:	112672402 - UT MD Anderson Cancer Center
Performing Provider Type:	Hospital
Ownership:	State Owned Public

If regional hospital participation requirement is met	Category C valuation in DY7:	\$13,067,529.81
	Category C valuation in DY8:	\$17,819,358.83
If regional hospital participation requirement is not met	Category C valuation in DY7:	\$15,443,444.32
	Category C valuation in DY8:	\$20,195,273.34

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	23.91%	17.93%	29.90%	\$3,124,446.38	\$4,260,608.70	\$3,692,527.54	\$4,828,689.86
C2	Primary Care Prevention - Cancer Screening	6	13.04%	9.78%	13.05%	\$1,704,005.89	\$2,323,644.39	\$2,013,825.14	\$2,633,463.64
F1	Improved Access to Adult Dental Care	7	15.22%	11.41%	19.03%	\$1,988,878.04	\$2,712,106.41	\$2,350,492.23	\$3,073,720.60
G1	Palliative Care	12	26.09%	19.56%	32.61%	\$3,405,318.53	\$4,649,070.72	\$4,029,194.62	\$5,268,946.81
J1	Hospital Safety	10	21.74%	16.30%	21.74%	\$2,840,880.97	\$3,873,928.61	\$3,357,404.79	\$4,390,452.43
Total		46	100.00%	N/A	N/A	\$13,067,529.81	\$17,819,358.83	\$15,443,444.32	\$20,195,273.34
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:	112672402 - UT MD Anderson Cancer Center
Performing Provider Type:	Hospital
Ownership:	State Owned Public

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_112672402.2.1	2.7.1	Expand a 2-year Colorectal Cancer (CRC) screening program in Federally Qualified Health Centers in Harris County into other RHP3 counties. This project targets low-income and underinsured populations with the intent of increasing adherence by distributing Fecal Immunochemical Test (FIT) take-home tests at the time of annual flu inoculation.	Continuing as Core Activity in DY7-8	
RHP 3_112672402.2.2	2.7.2	Implement an evidence-based smoking cessation program for persons living with HIV/AIDS at the Legacy Community Health Services sites.	Completed in DY2 6	
RHP 3_112672402.2.3	2.7.2	A Smoking Prevention Interactive Experience (ASPIRE) will be utilized to reach underserved, at-risk youth at various access points in RHP3 counties.	Completed in DY2 6	
RHP 3_112672402.2.4	2.7.1	Expand Project VALET (Providing Valuable Area Life-Saving Exams in Town), a breast cancer screening mammography service for uninsured, low-income, and Medicaid-eligible women ages 40 to 69 in Houston, to the RHP 3 coverage area.	Continuing as Core Activity in DY7-8	
RHP 3_112672402.2.5	2.7.2	Ask Advise Connect (AAC) will be delivered to 4 FQHCs in Harris County by implementing clinical practice guidelines and promoting health system supports in electronic health records. Based on questions of adult patients regarding smoking, connections to the Quitline are made by clicking an automated link in the electronic health record (EHR) that sends smokers' names and phone numbers to the Quitline within 24 hours. Patients are contacted by the Quitline within 48 hours of receipt of their contact information.	Completed in DY2 6	
RHP 3_112672402.2.101	2.7.5	This project will provide an evidence-based childhood obesity prevention program to children and parents of Harris Health System school-based clinics, elementary and middle schools affiliated with the clinics and surrounding communities. There are three components to the proposed evidence-based We Can! Program (1): child, parent and community. Children and parents will receive health promotion programming that will increase knowledge of physical activity and healthy diets and children will engage in physical activity play time.	Completed in DY2 6	
RHP 3_112672402.2.102	2.7.1	This project will provide evidence-based, culturally-relevant and literacy-appropriate skin cancer health education to non-Hispanic whites and Hispanics (English and Spanish speakers). Skin cancer health education will be provided through one-on-one or group education sessions in collaboration with community organizations.	Completed in DY2 6	

Section 2: Core Activities

Please enter your organization's number of Core Activities:

1) Please select the grouping for this Core Activity.

a) Please select the name of this Core Activity.

b) Please enter a description of this Core Activity

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

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

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

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

c) Please select the Measure Bundles or measures impacted by this Core Activity. If this core activity is

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.

Having a PCP documented in the record will lead to better care transitions by increasing the percentage of discharged patients whose records contain the specified elements. Two specific examples of this improvement in bundle B1 is are measures B1-252 Transition Record with Specified Elements Received by Discharged Patients (Emergency Department Discharges) and B1-253 Transition Record with Specified Elements received by Discharged Patients (Discharges from Inpatient Facility).

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.

Access to Primary Care Services

a) Please select the name of this Core Activity.

Provision of screening and follow up services

b) Please enter a description of this Core Activity

This core activity is comprised of screening, diagnostic follow-up and navigation to treatment for cancer as appropriate for breast and colorectal cancers. This core activity will be conducted at MD Anderson Hospital as well as four locations of Spring Branch Community Health Centers. Providers dedicated to the intervention are two physicians and one radiologist.

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

Continue offering breast cancer screening and appropriate diagnostic follow-up through Project VALET mobile mammography program.

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

Use patient reminder calls to decrease the no-show rates for screening services in the mobile mammography van.

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).

Continue screening patients for colorectal cancer using take-home FITs and provide appropriate diagnostic follow-up to patients who test positive and are diagnosed with cancer.

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

Provide refresher trainings for clinic staff regarding FIT testing guidelines and procedures.

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

--

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

--

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.

C2			
----	--	--	--

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

These activities will increase access to cancer screening in the primary care setting. MD Anderson provides breast and colorectal cancer screening services that might otherwise be unavailable or severely limited at Spring Branch Community Health Center locations and other FQHCs outside our system definition.

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

Yes

i) Please explain.

MD Anderson provides mobile mammography and diagnostic follow-up services and colorectal cancer screening and diagnostic follow-up to several other clinics/clinic systems in RHP3 in addition to services provided at MD Anderson Hospital and Spring Branch Community Health Centers which are included in the Category B System Definition. We excluded clinics from our system definition primarily due to data limitations. For example, some clinics do not collect financial class information or accept insurance. One clinic system recently changed its EHR and had not yet entered in legacy data into its new system. Another clinic uses a sliding scale to assess patient fees, but does not retain evidence of or document income status in the patient's electronic health record once income is verified. One clinic reported being unable to comply with the requirements of data collection according to measure specifications.

3) Please select the grouping for this Core Activity.

Expansion or Enhancement of Oral Health Services
--

a) Please select the name of this Core Activity.

Expanded use of existing dental clinics for underserved population
--

b) Please enter a description of this Core Activity

Dental services are provided in MD Anderson's Dental Oncology clinic and in the dental clinics of

Spring Branch Community Health Centers. The program includes routine dental procedures including prophylaxis, fillings and radiographs at Spring Branch Community Health Centers only and oral cancer screening in the MD Anderson system component. One dentist and one nurse at MD Anderson and one dentist at Spring Branch Community Health Centers are committed to this intervention.

i) Please describe the first Secondary Driver for the above Core Activity (required).
Provide patients at FQHCs with information on the importance of oral health and oral cancer screening

A) Please list the first Change Idea for the above Secondary Driver (required).
Documentation of community outreach activities including distribution of education materials at community dental clinics.

B) Please list the second Change Idea for the above Secondary Driver (optional).
[Empty box]

ii) Please describe the second Secondary Driver for the above Core Activity (optional).
[Empty box]

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.

F1 [Empty box] [Empty box] [Empty box]

i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.
Providing patients at FQHCs with educational materials on the importance of oral health and oral cancer screening will expand the use of dental services to an underserved population.

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.
Palliative Care

a) Please select the name of this Core Activity.
Utilization of services assisting individuals with pain management.

b) Please enter a description of this Core Activity
This Core Activity addresses the needs of patients in managing their pain while identifying and mitigating risk of opioid abuse in patients with cancer related pain. A comprehensive checklist for assessing pain in patients taking opioids will be implemented. This includes a targeted intervention to address patient pain and actively engage patients in finding effective treatments for their pain. This core activity will be implemented at MD Anderson Cancer Center's hospital. There are five physicians committed to this intervention.

i) Please describe the first Secondary Driver for the above Core Activity (required).
Implement a system for pain management in patients taking opioids.

A) Please list the first Change Idea for the above Secondary Driver (required).
Document findings of a comprehensive pain assessment for patients taking opioids

B) Please list the second Change Idea for the above Secondary Driver (optional).
Actively engage patients in decision making to find effective alternatives for pain management.

C) Please list the third Change Idea for the above Secondary Driver (optional).
[Empty box]

ii) Please describe the second Secondary Driver for the above Core Activity (optional).
[Empty box]

B) Please list the second Change Idea for the above Secondary Driver (optional).
[Empty box]

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 [Empty box] [Empty box] [Empty box]

i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.
This Core Activity impacts the measure bundle by enhancing patients utilization of services for pain management by identifying patients at risk for opioid abuse and actively engaging them in finding safe and effective alternatives for pain management. The core activity will be implemented with patients at MD Anderson Cancer Center. The core activity also specifically impacts G1-276 Hospice and Palliative Care -Pain Assessment.

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.
Other

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

a) Please select the name of this Core Activity.
Other

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

Maintain inpatient CAUTI infection rates and CLABSI infection without MBI rates

b) Please enter a description of this Core Activity

The aim of this activity is to: 1) maintain inpatient Catheter-associated Urinary Tract Infections (CAUTI) rates and 2) maintain inpatient Central Line Associated Bloodstream Infections without mucosal barrier injury or MBI (CLABSI) rates. Primary drivers are 1) compliance with the institutional inpatient CAUTI insertion checklist for CAUTI or compliance with the institutional inpatient central venous catheter (CVC) insertion checklist for CLABSI and 2) Compliance with the institutional inpatient CAUTI Maintenance Checklist for CAUTI or Compliance with the institutional CVC maintenance checklist for CLABSI. There are two physicians and one nurse committed to this intervention.

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

Compliance with Hand Hygiene for CLAUTI and CLABSI without MBI

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

Feedback on Hand Hygiene rates for both CLAUTI and CLABSI without MBI

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

Electronic Health Record data capture in OneConnect system

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.

J1

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

This core activity positively impacts Hospital Safety by reducing the number of infections in hospitalized patients. Specific measures impacted by the intervention include J1-218 Hospital Safety Central line-associated bloodstream infections (CLABSI) and J1-219 Hospital Safety Catheter- Associated Urinary Tract Infections (CAUTI).

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: 112672402 - UT MD Anderson Cancer Center
 Performing Provider Type: Hospital
 Ownership: State Owned Public

If regional hospital participation requirement is met	Category D valuation in DY7	\$3,563,871.77
	Category D valuation in DY8	\$3,563,871.77
If regional hospital participation requirement is <u>not</u> met	Category D valuation in DY7	\$1,187,957.26
	Category D valuation in DY8	\$1,187,957.26

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)	\$712,774.35	\$237,591.45
Potentially preventable 30-day readmissions (PPRs)	\$712,774.35	\$237,591.45
Potentially preventable complications (PPCs)	\$712,774.35	\$237,591.45
Potentially preventable ED visits (PPVs)	\$712,774.35	\$237,591.45
Patient satisfaction	\$712,774.37	\$237,591.46
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: 124672402 - UT MD Anderson Cancer Center
 Performing Provider Type: Hospital
 Ownership: State owned Public

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	UT MD Anderson Cancer Center	N/A	17460011186005	900-12-0000-00003

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Diane Benson	7007 Bertner Avenue, Unit 1677	Houston	77030-3907	dbenson@mdanderson.org	(713) 845-8370		Both
2	Sonia Gilmore	7007 Bertner Avenue, Unit 1677	Houston	77030	sgilmor@mdanderson.org	(713) 792-8151		Both
3	Mehwish Javadi	7007 Bertner Avenue, Unit 1677	Houston	77030	mjavadi@mdanderson.org	(713) 794-4793		Both

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

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

Section 2: IGT Funding

RHP Plan Update Submission	IGT Name	IGT TIN	IGT Affiliation #	DY7 % IGT Allocated	DY8 % IGT Allocated	If regional private hospital participation requirement is met		If regional private hospital participation requirement is not met	
						Total Estimated DY7 Allocation (FMAP 56.88/IGT)	Total Estimated DY8 Allocation (FMAP 57.32/IGT)	Total Estimated DY7 Allocation (FMAP 56.88/IGT)	Total Estimated DY8 Allocation (FMAP 57.32/IGT)
Category B	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$2,486,360.67	\$2,486,360.67	\$2,486,360.67	\$2,486,360.67
B1-124	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$1,024,494.34	\$1,024,494.34	\$1,024,494.34	\$1,024,494.34
B1-141	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$224,543.55	\$303,071.30	\$265,369.65	\$343,480.80
B1-217	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$244,543.55	\$303,071.30	\$265,369.65	\$343,480.80
B1-252	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$224,543.55	\$303,071.30	\$265,369.65	\$343,480.80
B1-252	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$224,543.55	\$303,071.30	\$265,369.65	\$343,480.80
B1-287	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$224,543.55	\$303,071.30	\$265,369.65	\$343,480.80
B1-352	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$244,543.55	\$303,071.30	\$265,369.65	\$343,480.80
C2-106	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$244,543.55	\$303,071.30	\$265,369.65	\$343,480.80
C2-107	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$244,543.55	\$303,071.30	\$265,369.65	\$343,480.80
C2-186	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$244,543.55	\$303,071.30	\$265,369.65	\$343,480.80
F1-105	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$244,543.55	\$303,071.30	\$265,369.65	\$343,480.80
F1-226	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$244,543.55	\$303,071.30	\$265,369.65	\$343,480.80
F1-227	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$244,543.55	\$303,071.30	\$265,369.65	\$343,480.80
F1-703	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$122,514.80	\$165,365.00	\$146,790.32	\$187,499.13
G1-276	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$183,762.27	\$248,027.92	\$217,173.59	\$281,008.31
G1-277	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$183,762.27	\$248,027.92	\$217,173.59	\$281,008.31
G1-278	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$183,762.27	\$248,027.92	\$217,173.59	\$281,008.31
G1-363	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$183,762.27	\$248,027.92	\$217,173.59	\$281,008.31
G1-363	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$183,762.27	\$248,027.92	\$217,173.59	\$281,008.31
G1-363	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$183,762.27	\$248,027.92	\$217,173.59	\$281,008.31
G1-505	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$183,762.27	\$248,027.92	\$217,173.59	\$281,008.31
G1-507	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$183,762.27	\$248,027.92	\$217,173.59	\$281,008.31
J1-218	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$244,543.55	\$303,071.30	\$265,369.65	\$343,480.80
J1-219	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$244,543.55	\$303,071.30	\$265,369.65	\$343,480.80
J1-220	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$244,543.55	\$303,071.30	\$265,369.65	\$343,480.80
J1-221	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$244,543.55	\$303,071.30	\$265,369.65	\$343,480.80
J1-506	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$244,543.55	\$303,071.30	\$265,369.65	\$343,480.80
Category D	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	\$1,536,261.61	\$1,536,261.61	\$1,536,261.61	\$1,536,261.61
Total						\$10,244,943.37	\$10,140,403.13	\$10,244,943.37	\$10,140,403.13

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: Ben Molinas
 IGT Organization: UT MD Anderson Cancer Center
 Date: 6/9/2018

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:	112672402 - UT MD Anderson Cancer Center
Performing Provider Type:	Hospital
Ownership:	State Owned Public

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	\$4,751,829.02	\$0.00	\$4,751,829.02	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$2,375,914.51	\$2,375,914.51	\$2,375,914.51	\$2,375,914.51
Category C	\$13,067,529.81	\$17,819,358.83	\$15,443,444.32	\$20,195,273.34
Category D	\$3,563,871.77	\$3,563,871.77	\$1,187,957.26	\$1,187,957.26
Total	\$23,759,145.11	\$23,759,145.11	\$23,759,145.11	\$23,759,145.11

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

Yes

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

	MLIU PPP	Total PPP	MLIU Percentage of Total PPP
DY5	18,122	157,200	11.53%
DY6	18,252	161,760	11.28%
DY7 Estimated	18,187	159,480	11.40%
DY8 Estimated	18,187	159,480	11.40%

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	1	0	0	11	\$3,124,446.38	\$4,260,608.70	\$3,692,527.54	\$4,828,689.86
C2	Primary Care Prevention - Cancer Screening	0	0	0	6	\$1,704,005.89	\$2,323,644.39	\$2,013,825.14	\$2,633,463.64
F1	Improved Access to Adult Dental Care	1	0	0	7	\$1,988,878.04	\$2,712,106.41	\$2,350,492.23	\$3,073,720.60
G1	Palliative Care	6	0	0	12	\$3,409,318.53	\$4,649,070.72	\$4,029,194.62	\$5,268,946.81
J1	Hospital Safety	0	0	0	10	\$2,840,880.97	\$3,873,928.61	\$3,357,404.79	\$4,390,452.43
Total	N/A	8	0	0	46	\$13,067,529.81	\$17,819,358.83	\$15,443,444.32	\$20,195,273.34

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
C2	Primary Care Prevention - Cancer Screening	Provision of screening and follow up services
F1	Improved Access to Adult Dental Care	Expanded use of existing dental clinics for underserved population
G1	Palliative Care	Utilization of services assisting individuals with pain management.
J1	Hospital Safety	Other - Maintain inpatient CAUTI infection rates and CLABSI infection without MBI rates

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?

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 <i>per DY</i> distributed across measures (if regional hospital participation requirement is met)	Category D valuation <i>per DY</i> distributed across measures (if regional hospital participation requirement is <u>not</u> met)
Potentially preventable admissions (PPAs)	\$712,774.35	\$237,591.45
Potentially preventable 30-day readmissions (PPRs)	\$712,774.35	\$237,591.45
Potentially preventable complications (PPCs)	\$712,774.35	\$237,591.45
Potentially preventable ED visits (PDVs)	\$712,774.35	\$237,591.45
Patient satisfaction	\$712,774.37	\$237,591.46

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: Ben Melson
 Performing Provider: MD Anderson Cancer Center
 Date: 4/4/2018

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