



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: **127300503 - St. Luke's Episcopal Hospital**

Performing Provider Type: **Hospital**

Ownership: **Private**

TIN: **17411619384009**

Physical Street Address: **6720 Bertner Ave.**

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:	Bernita "Bernie" Chance	Valerie Baron	Ken Zieren
Street Address:	6720 Bertner, Ste P115K	2457 South Braeswood	3100 Main
City:	Houston	Houston	Houston
Zip:	77030	77030	77030
Email:	bchance@stlukeshealth.org	vbaron@stlukeshealth.org	kziere@stlukeshealth.org
Phone Number:	(713) 325-1341	(832) 355-7120	(832) 355-3862
Phone Extension:			
Lead Contact or Both:	Both	Lead Contact	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: **CHI St. Luke's Health Baylor St. Luke's Medical Center, founded in 1954, is an academic medical center caring for more than one hundred thousand unique patients each year. It is home to one of the top 20 heart centers in the nation. CHI St. Luke's Health, is a member of Catholic Health Initiatives (CHI), a national nonprofit health system that ranks as the nation's third-largest faith-based health system headquartered in Englewood, Colorado. CHI St. Luke's Health Baylor St. Luke's Medical Center is an acute-care, non-profit, inpatient hospital system that provides a multitude of services. Baylor St. Luke's Medical Center is a nationally recognized leader in medical research and treatment and has given rise to powerful breakthroughs in heart, neuroscience, cancer, and transplantation. The services provided within Baylor St. Luke's Medical Center's System include: 1. Hospital inpatient 879 licensed beds, 2. Baylor St. Luke's Medical Center's Emergency Department, 3. Community Emergency Departments, 4. Inpatient 24-bed Rehabilitation Unit, 5. Ambulatory Surgical Centers, 6. Diagnostic and Therapeutic Radiology Department, 7. Outpatient Cardiac Rehab, and 8. Multiple Specialty Care Outpatient Clinics.**

Overall DSRIP Goals: **Our DSRIP goals of transforming the delivery of healthcare services with a focus on the Medicaid, Low-Income and Un-insured patient population is well-aligned with the BSLMC Mission and Vision statements including, "1. Develop creative responses to emerging health care challenges. 2. Create a national Catholic voice that advocates for systematic change and influences health policy with specific concern for persons who are poor, alienated and underserved. 3. Improving the health of the people and communities we serve. 4. Pioneering models and systems of care to enhance care delivery." BSLMC Objectives align very closely with the HHSC/CMS goals stated on the measure bundles for which we have chosen: "1. Implement improvements in care transitions and coordination of care from inpatient to outpatient, post-acute care, and home care settings in order to improve health outcomes, and prevent increased health care costs and hospital readmissions. 2. Improve patient health outcomes and experience of care by improving medication management, reducing the risk of health-care associated infections, and reducing hospital errors."**

Alignment with regional community needs assessment: **As stated in the RHP3 Community Needs Assessment, "Individuals without insurance report problems obtaining needed medical care, including not having a usual source of care, postponing care or going without care or necessary prescriptions drugs due to cost." For DY7-8, BSLMC will continue its relationship with identified Safety Net Clinics to help provide a medical home for our at-risk, uninsured patient population. According to the RHP3 Community Needs Assessment, Harris County also has a continued need for "development of a comprehensive region-wide care coordination system that manages patient needs in the most appropriate setting." For DY7-8, BSLMC plans to further its DY2-6 Care Transitions Model to advance care coordination not only within BSLMC System but also outside of the system once patients are discharged. BSLMC's goal is not only to educate and assist patients increase their health literacy, improving their self-management skills, and decrease readmission rates, improving patient outcomes, but also to continue to identify and coordinate follow-up care for at-risk patients with appropriate medical homes as well as other post-acute intensive models for immediate post-discharge needs to be addressed that will help manage patients' immediately post-acute as well as long-term health needs.**

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	\$1,520,373.20	\$0.00	\$1,520,373.20	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$760,186.60	\$760,186.60	\$760,186.60	\$760,186.60
Category C	\$4,181,026.30	\$5,701,399.50	\$4,941,212.90	\$6,461,586.10
Category D	\$1,140,279.90	\$1,140,279.90	\$380,093.30	\$380,093.30
Total	\$7,601,866.00	\$7,601,866.00	\$7,601,866.00	\$7,601,866.00

Would you like to decrease the total valuation?
No

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



Generate Worksheets

DY7-8 Provider RHP Plan Update Template - Category B

Progress Tracker

Section 1: System Definition

Complete

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

Complete

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	127300503 - St. Luke's Episcopal Hospital
Performing Provider Type:	Hospital
Ownership:	Private
Category B valuation in DY7:	\$760,186.60
Category B valuation in DY8:	\$760,186.60

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.

Baylor St. Luke's Medical Center is an acute-care, non-profit, inpatient hospital system that provides a multitude of services. Baylor St. Luke's Medical Center owns/partially owns:

1. Hospital inpatient 879 licensed beds servicing:

- Cancer Care
- Complementary/Alternative Medicine
- Cosmetic & Reconstructive Surgery
- Ear, Nose & Throat (ENT)
- Emergency Services
- Endocrinology
- Eye Care (Ophthalmology)
- Gastroenterology
- Heart Care
- Imaging
- Infectious Diseases
- Liver Disease
- Neurosciences
- Orthopedic Care
- Pain Management
- Primary Care
- Pulmonology
- Rehabilitation
- Sleep Medicine
- Transplant
- Urology
- Women's Health - gynecology only

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

Please enter a description of this System Component.

4. Baylor St. Luke's Medical Center's Emergency Department

5. Community Emergency Departments

- a. San Felipe
- b. Holcombe
- c. Pearland

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

Please enter a description of this System Component.

6. Ambulatory Surgical Centers

- a. Jamail – Outpatient Surgical Center
- b. McNair – Outpatient Endoscopy Center
- c. O'Quinn – Outpatient Surgical Center
- d. Baylor St. Luke's Medical Center Outpatient Surgical Center

7. Outpatient Cardiac Rehab

8. Diagnostic and Therapeutic Radiology Department

9. Multiple Specialty Care Outpatient Clinics, including:

a. Diagnostic & Treatment Center and Radiation Therapy & CyberKnife®

i. Services include:

- 1. The Cancer Center
 - a. Infusion Therapy
 - b. Radiation Oncology and CyberKnife®
- 2. Radiology Services
- 3. Diagnostic Imaging – MRI, CT, X-Ray
- 4. Peripheral Vascular Laboratory Services
- 5. Diagnostic Imaging
- 6. Center for Sleep Medicine
- 7. Center for Wound Care
 - b. THI Outpatient Clinic
 - c. Transitional Care Clinic
- d. HLTC – Heart, Lung Transplant Treatment Center
- e. Kidney Transplant Program
- f. Abdominal Transplant and Liver Disease Clinic
- g. Executive Health Assessment Program

Required System Component	Business Component?
Maternal Department	Not a Business Component of the Organization
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
Contracted Primary Care Clinics	No
School-based Clinics	No
Contracted Palliative Care Programs	No
Contracted Mobile Health Programs	No
Other	No

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

	DY5	DY6
MLIU PPP	21,552	19,697
Total PPP	108,440	100,740

Please indicate the population included in the MLIU PPP

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

MLIU PPP Goal for each DY (DY7 and DY8):	20,625
Average Total PPP	104,590
MLIU percentage of Total PPP	19.72%

*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
----------------------------------------------------------------------------------------------	----

DY7-8 Provider RHP Plan Update Template - Category C Selection

Progress Tracker		MPT	
Section 2: Selection of Measure Bundles for Hospitals and Physician Practices	Complete	Note: you must confirm selections at the bottom of the page to finish.	15
Minimum Selection Requirements Met	Yes		21
MPT Met	Yes		2
			Y

Performing Provider Information	
RHP:	3
TPI and Performing Provider Name:	127300503 - St. Luke's Episcopal Hospital
Performing Provider Type:	Hospital
Ownership:	Private
If regional private hospital participation requirement is met	Category C valuation in DY7: \$4,181,026.30 Category C valuation in DY8: \$5,701,399.50
If regional private hospital participation requirement is <u>not</u> met	Category C valuation in DY7: \$4,941,212.90 Category C valuation in DY8: \$6,461,586.10

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
<p>Attributed Population for Hospital</p> <p>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.</p> <p>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</p> <p>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</p> <p>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</p> <p>d. One ambulatory encounter during the measurement year and one ambulatory encounter during the year prior to the measurement year OR</p> <p>e. Two ambulatory encounters during the measurement year OR</p> <p>f. Other populations managed with chronic disease in specialty care clinics in the performing providers DSRIP defined system</p> <p>g. One emergency department visit during the measurement year OR</p> <p>h. One admission for inpatient or observation status during the measurement year OR</p> <p>i. One prenatal or postnatal visit during the measurement year OR</p> <p>j. One delivery during the measurement year OR</p> <p>k. One dental encounter during the measurement year OR</p> <p>l. Enrolled in a palliative care or hospice program during the measurement year</p>
<p>Please describe any other attributed population (optional).</p> <div style="border: 1px solid black; height: 30px;"></div>

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.

In DSRIP 1.0 BSLMC worked on and successfully improved the Category 3 metric of Reducing CHF 30-day readmissions. The system will be utilizing already set in place mechanisms as well as expanding upon these mechanisms to further reach the system's at-risk and MLIU population. For DY7-8, the same model will be continued but be expanded upon for Bundle B-1: Care Transitions and Hospital Readmissions. Registries have already been built for our most at-risk patient populations – CHF, DM, and COPD patients. Daily reports already exist to also identify hospitalized patients with CHF and DM. Report builds are in process for COPD and post-op patients, BSLMC's other noted at-risk population. Care to the CHF patients, other at-risk patients, and MLIU patients will be expanded upon in DY7-8. The current team structure will be adjusted for growth in volume, including increasing community partnerships, for amplified post-discharge assessment, follow-up, and care provision.

The parts of the BSLMC primary system components that will be used to report on and drive improvements in this measure bundle are:

- Hospital inpatient 879 licensed beds servicing:
 - Cancer Care
 - Complementary/Alternative Medicine
 - Cosmetic & Reconstructive Surgery
 - Ear, Nose & Throat (ENT)
 - Emergency Services
 - Endocrinology
 - Eye Care (Ophthalmology)
 - Gastroenterology
 - Heart Care
 - Imaging
 - Infectious Diseases
 - Liver Disease
 - Neurosciences
 - Orthopedic Care
 - Pain Management
 - Primary Care

Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required	MLIU denominator with significant volume	B1-124	Medication Reconciliation Post-Discharge	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	B1-141	Risk Adjusted All-Cause 30-Day Readmission for Targeted Conditions: heart failure hospitalization, coronary artery bypass graft (CABG) surgery, CHF, Diabetes, AMI, Stroke, COPD, Behavioral Health, Substance Use	Required	P4P	Clinical Outcome	N/A

N/A - Required	MLIU denominator with significant volume	B1-217	Risk Adjusted All-Cause 30-Day Readmission	Required	P4P	Clinical Outcome	N/A
N/A - Required	MLIU denominator with significant volume	B1-252	Transition Record with Specified Elements Received by Discharged Patients (Emergency Department Discharges)	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	B1-253	Transition Record with Specified Elements Received by Discharged Patients (Discharges from Inpatient Facility)	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	B1-287	Documentation of Current Medications in the Medical Record	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	B1-352	Post-Discharge Appointment	Required	P4P	Process	N/A

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
No	B2	Patient Navigation & ED Diversion	3
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.

Healthcare-associated infection (HAI) measures are currently reported to CMS and help the healthcare industry identify which patients per hospital system contract certain infections during their treatment while hospitalized. The HAI infection measures that hospitals are required to report data on to the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) to receive Medicare payments are central line-associated bloodstream infections (CLABSIs), catheter-associated urinary tract infections (CAUTIs), surgical site infections (SSIs), MRSA Bacteremia, and C. difficile laboratory-identified events. Although BSLMC did not utilize the Hospital Safety measures in DSRIP 1.0, the Hospital Safety Measure Bundle aligns well with BSLMC's efforts for reporting and engaging in process-improvement efforts on these measures as well as the other quality measures included in the measure bundle, which also align with BSLMC efforts for quality improvement across the system.

The primary system components used to report on and drive improvements in this measure are:

- Hospital inpatient 879 licensed beds servicing:
 - Cancer Care
 - Complementary/Alternative Medicine
 - Cosmetic & Reconstructive Surgery
 - Ear, Nose & Throat (ENT)
 - Emergency Services
 - Endocrinology
 - Eye Care (Ophthalmology)
 - Gastroenterology
 - Heart Care
 - Imaging
 - Infectious Diseases
 - Liver Disease
 - Neurosciences
 - Orthopedic Care
 - Pain Management

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 (CLABSIs) 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: 21

Are you finished making your selections?
 Yes

DY7-8 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
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:	127300503 - St. Luke's Episcopal Hospital
Performing Provider Type:	Hospital
Ownership:	Private

If regional hospital participation requirement is met	Category C valuation in DY7:	\$4,181,026.30
	Category C valuation in DY8:	\$5,701,399.50
If regional hospital participation requirement is not met	Category C valuation in DY7:	\$4,941,212.90
	Category C valuation in DY8:	\$6,461,586.10

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	52.38%	39.28%	65.48%	\$2,190,021.58	\$2,986,393.06	\$2,588,207.32	\$3,384,578.80
J1	Hospital Safety	10	47.62%	35.71%	47.62%	\$1,991,004.72	\$2,715,006.44	\$2,353,005.58	\$3,077,007.30
	Total	21	100.00%	N/A	N/A	\$4,181,026.30	\$5,701,399.50	\$4,941,212.90	\$6,461,586.10
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:	127300503 - St. Luke's Episcopal Hospital
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_127300503.2.1	2.12.1	Build a bridge from the acute inpatient setting to a stable primary care-based medical home for patients with congestive heart failure.	Continuing as Core Activity in DY7-8	Maintain and increase partnerships with post-acute care providers to better service various patient needs.
RHP_3_127300503.2.2	2.2.2	Provide screening and treatment for a defined population of pts at risk for and/or diagnosed with Hepatitis C.	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).

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).

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

Implement care transition pilot interventions for patients needing post-acute care management.

- A) Please list the first Change Idea for the above Secondary Driver (required).
Implement a pilot of High-frequency Home Care for extremely high-risk patients. This program will be developed to provide rapid follow-up post-discharge, within 2-3 days, and increased frequency of follow-up, 2-3 visits per week, for those extremely high-risk patients.
- B) Please list the second Change Idea for the above Secondary Driver (optional).
Implement a pilot of Hospice/Palliative Care. This program intends to better identify those patients at-risk who would also benefit from earlier inpatient and/or outpatient hospice and palliative care intervention.
- C) Please list the third Change Idea for the above Secondary Driver (optional).
Implement a pilot of Home Health Preferred Providers
i. Expand preferred providers, train them in BSLMC processes for patient education, medication reconciliation, post-discharge assessment, and readmission risk mitigation
ii. Provide guidance to the Preferred Providers on BSLMC's Strategic Pathways/Protocols
- D) Please list the fourth Change Idea for the above Secondary Driver (optional).
Investigate implementation of a pilot for Telephonic Intervention and Remote-location monitoring, education, and assessment for at-risk patients.
- E) Please list the fifth Change Idea for the above Secondary Driver (optional).

iii) Please describe the third Secondary Driver for the above Core Activity (optional).
Enhance services through further development of a multi-disciplinary care transitions team. The team must include medical director(s), nurse practitioner(s), nurse navigator(s), pharmacy, case management, and clerical assistant(s). Utilize the team to risk stratify patients and improve discharge planning to mitigate readmission risks by implementing a risk stratification model.

- A) Please list the first Change Idea for the above Secondary Driver (required).
Improve selection of interventions for successful and efficient discharge planning through a risk-stratification model that utilizes the BSLMC EMR. Align the model with triggers for early identification and mitigation of patient risk. Improve risk mitigation during patients' inpatient experience based on risk identifiers noted by the risk-stratification model.
- B) Please list the second Change Idea for the above Secondary Driver (optional).
Expand the current team to include inpatient management of improved medication reconciliation and post-discharge care coordination.
- C) Please list the third Change Idea for the above Secondary Driver (optional).

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

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

B1

i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.
a. The Care Transitions and Hospital Readmissions Bundle is a multi-faceted bundle aiming at reducing 30-day hospital readmissions, improving medication identification and reconciliation, and connecting patients and post-acute caregivers to the hospital experience.
b. All of the change ideas and secondary drivers listed above speak to:
i. Improving inpatient risk stratification and mitigation, helping identify and mitigate readmission risks.
ii. Addressing medication reconciliation needs during the patient's hospitalization and post-acute care.
iii. Improving patient connectivity to post-acute provider follow-up to avoid unnecessary readmissions.

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

i) Please explain.
Although the majority of the activities will be performed and/or coordinated by providers within the BSLMC System Definition, not ALL of the activities will be performed by providers within the System Definition. Some of the post-acute care services will be coordinated by providers within the BSLMC System but will officially be provided by contracted entities outside of the BSLMC System Definition. As these contracted entities have multiple other patient populations of which BSLMC has no executive leadership, control, or ownership/partial ownership AND has no data sharing nor rationale for data sharing over the patient populations outside of the BSLMC Total PPP, these entities are not included in the BSLMC System Definition.

2) Please select the grouping for this Core Activity.
Other

i) Please enter the name of this "Other" grouping.
From the Transformational Extension Menu - 2.4 Redesign to Improve Patient Experience

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

i) Please enter the name of this "Other" Core Activity.
From the Transformational Extension Menu - 1. 2.4.1 Implement processes to measure and improve patient experience

b) Please enter a description of this Core Activity
1. BSLMC is committed to utilization of a multi-disciplinary approach to improve Hospital Safety measures, thus improving the patient experience by avoiding unnecessary infection or patient safety occurrences that lengthen hospital stay, increase healthcare costs, and negatively affect patient outcomes. Each measure has been tasked to various Quality team members and sponsoring

physician, is reported on monthly to the Quality Committee, and has various, evidence-based action items to improve outcomes.

2. Number of providers committed to the intervention include all personnel within the BSLMC system but in particular physicians, nurses, nurse managers, clinical ancillary staff, transportation/dietary personnel and unit secretaries within the BSLMC system.

3. The CORE Team for this initiative is:

- a. BSLMC Quality Team including:
 - i. Director of Infection Control
 - ii. Director of Quality
 - iii. Quality Program Manager
 - iv. Quality Nurses for Patient Safety and Quality Review
- b. Nursing executive Leadership, Nursing Management, and Bedside Nurses
- c. Pharmacy team

4. The number of Locations Impacted totals 6 and are as follows:

- a. Hospital inpatient 879 licensed beds
- b. Inpatient 24-bed Rehabilitation Unit
- c. Baylor St. Luke's Medical Center's Emergency Department
- d. Three Community Emergency Departments

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

Create a multi-disciplinary team to review all hospital safety measures, develop a routine monitoring and reporting mechanism for each, design strategies for improving outcomes, and create an implementation process to include adjustments and changes to action items as needed

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

Create a multi-disciplinary team that meets monthly to review hospital safety measures, including CLABSI, CAUTI, SSI, Patient Fall Rates, and Post-Op Sepsis Rates, review cases, determine fall-out cases and create action plans.

1. An executive sponsor, a physician champion, nursing leadership, Quality/Safety, Infection Prevention, Environmental Services supervisors, education staff are all included on the team.
2. Ad hoc members include: pharmacy, lab, materials/supply, IT

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

Implement routine monitoring to prevent infection (CLABSI, CAUTI, SSI):

1. Hand hygiene
2. Contact Precaution compliance to mitigate hospital-based infection
3. Antibiotic Stewardship

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

Monitor the completion of Routine Rounds (CLABSI, CAUTI, Fall)

1. Maintenance/prevention Rounds
2. Device Rounds

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

Monitor the routine education of hospital staff to ensure inclusion of:

1. Annual staff education regarding infection transmission, infection rates, and infection prevention interventions with routine updates monthly

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

Monitor implementation of the CLABSI Prevention Action Items:

1. Prompt removal femoral lines
2. Roll-out of Swab Caps on high-risk units
3. Physician team reviewing PI practices for HD tunneled lines
4. "I Save the Line" campaign assessing line patency

Monitor implementation of the CAUTI Prevention Action Items

1. Nurse-driven protocol for indwelling catheter removal to curb CAUTI
2. Nurse Manager rounding/daily indwelling catheter audits
3. Pilot PUREwick external female catheter

Monitor implementation of the SSI Prevention action Items:

1. Pre-op Blood Glucose testing on all patients
2. Chlorhexidine Gluconate (CHG) pre-op bathing as nurse-drive protocol to mitigate SSI
3. Using ClipVac for intraoperative hair removal

Monitor implementation of the Fall Prevention Action Items:

1. Fall Management policy and procedure revised to incorporate a patient population based approach to falls prevention and fall related injury
2. Bathroom modifications to include raised toilets, grab bars, and more bedside commodes
3. Universal Fall Precautions for all patients
4. Reviewing injury risk tools to better identify patients at risk
5. Hourly nurse rounding to include:
 - a. Monitored restroom for fall-risk patients
 - b. Bed alarm check

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.

In order to successfully improve the patient experience, BSLMC has committed to implement processes to improve patient outcomes, especially related to infection prevention, identification and management. By creating a multi-disciplinary team to collect data, monitor, report, and create action items to improve on each metric that meets and relays findings and changes to processes on a routine basis, BSLMC hopes to improve on all outcomes in the Hospital Safety Bundle. Daily monitoring with real-time interventions in place when action is required has been proven to help improve on all Hospital Safety Bundle items.

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: 127300503 - St. Luke's Episcopal Hospital
 Performing Provider Type: Hospital
 Ownership: Private

If regional hospital participation requirement is met	Category D valuation in DY7	\$1,140,279.90
	Category D valuation in DY8	\$1,140,279.90
If regional hospital participation requirement is <u>not</u> met	Category D valuation in DY7	\$380,093.30
	Category D valuation in DY8	\$380,093.30

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)	\$228,055.98	\$76,018.66
Potentially preventable 30-day readmissions (PPRs)	\$228,055.98	\$76,018.66
Potentially preventable complications (PPCs)	\$228,055.98	\$76,018.66
Potentially preventable ED visits (PPVs)	\$228,055.98	\$76,018.66
Patient satisfaction	\$228,055.98	\$76,018.66
Requesting HCAHPS exemption - my organization does not report HCAHPS as part of the Medicare Inpatient Prospective Payment System due to low volume or other exempt status	No	

Section 2: Verification

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

I understand

DY7-8 Provider RHP Plan Update Template - IGT Entry

Progress Tracker

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

Performing Provider Information

RHP:	
TPA and Performing Provider Name:	177.000501 - St. Luke's Episcopal Hospital
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					
3	Texas Higher Education Coordinating Board	082006001	1741100550001	600-14-0000-00017					
Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both	
1	Ed Buchanan	1200 E. Anderson Lane	Austin	78752	Ed.Buchanan@THECC.state.tx.us	(512) 427-6156		Both	
2									
3									
IGT RHP	IGT Name	IGT TPI (if available)	IGT TIN	Affiliation Number					
3	West Wharton County Hospital District	N/A	17604881205000	529-10-0005-00121					
Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both	
1	Nathaniel Harvey	303 Sandy Corner Road	El Campo	77437	nharvey@wchd.org	979-643-2951		Both	
2	Nathan Taylor	303 Sandy Corner Rd	El Campo	77437	ntaylor@wchd.org			Both	
3									
IGT RHP	IGT Name	IGT TPI (if available)	IGT TIN	Affiliation Number					
3									
Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both	
1									
2									
3									

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

Section 2: IGT Funding

RHP Plan Update Submission	IGT Name	IGT TIN	IGT Affiliation #	DY7 % IGT Allocated	DY8 % IGT Allocated	If regional private hospital participation requirement is met		If regional private hospital participation requirement is not met	
						Total Estimated DY7 Allocation (FMAP % 86/IGT 43.12)	Total Estimated DY8 Allocation (FMAP % 72/IGT 47.68)	Total Estimated DY7 Allocation (FMAP % 86/IGT 43.12)	Total Estimated DY8 Allocation (FMAP % 72/IGT 47.68)
RHP Plan Update Submission	Texas Higher Education Coordinating Board	N/A	600-14-0000-00017	66.00%	66.00%	\$432,686.05	\$432,686.05	\$432,686.05	\$432,686.05
RHP Plan Update Submission	West Wharton County Hospital District	17604881205000	529-10-0005-00121	34.00%	34.00%	\$221,899.87	\$221,899.87	\$221,899.87	\$221,899.87
Category B	Texas Higher Education Coordinating Board	N/A	600-14-0000-00017	66.00%	66.00%	\$216,343.02	\$216,343.02	\$216,343.02	\$216,343.02
Category B	West Wharton County Hospital District	17604881205000	529-10-0005-00121	34.00%	34.00%	\$111,449.44	\$111,449.44	\$111,449.44	\$111,449.44
B1-124	Texas Higher Education Coordinating Board	N/A	600-14-0000-00017	66.00%	66.00%	\$89,037.52	\$120,175.87	\$109,226.16	\$136,599.32
B1-124	West Wharton County Hospital District	17604881205000	529-10-0005-00121	34.00%	34.00%	\$45,867.81	\$61,908.78	\$54,207.41	\$70,163.29
B1-141	Texas Higher Education Coordinating Board	N/A	600-14-0000-00017	66.00%	66.00%	\$89,037.52	\$120,175.87	\$109,226.16	\$136,599.32
B1-141	West Wharton County Hospital District	17604881205000	529-10-0005-00121	34.00%	34.00%	\$45,867.81	\$61,908.78	\$54,207.41	\$70,163.29
B1-217	Texas Higher Education Coordinating Board	N/A	600-14-0000-00017	66.00%	66.00%	\$89,037.52	\$120,175.87	\$109,226.16	\$136,599.32
B1-217	West Wharton County Hospital District	17604881205000	529-10-0005-00121	34.00%	34.00%	\$45,867.81	\$61,908.78	\$54,207.41	\$70,163.29
B1-252	Texas Higher Education Coordinating Board	N/A	600-14-0000-00017	66.00%	66.00%	\$89,037.52	\$120,175.87	\$109,226.16	\$136,599.32
B1-252	West Wharton County Hospital District	17604881205000	529-10-0005-00121	34.00%	34.00%	\$45,867.81	\$61,908.78	\$54,207.41	\$70,163.29
B1-253	Texas Higher Education Coordinating Board	N/A	600-14-0000-00017	66.00%	66.00%	\$89,037.52	\$120,175.87	\$109,226.16	\$136,599.32
B1-253	West Wharton County Hospital District	17604881205000	529-10-0005-00121	34.00%	34.00%	\$45,867.81	\$61,908.78	\$54,207.41	\$70,163.29
B1-287	Texas Higher Education Coordinating Board	N/A	600-14-0000-00017	66.00%	66.00%	\$89,037.52	\$120,175.87	\$109,226.16	\$136,599.32
B1-287	West Wharton County Hospital District	17604881205000	529-10-0005-00121	34.00%	34.00%	\$45,867.81	\$61,908.78	\$54,207.41	\$70,163.29
B1-352	Texas Higher Education Coordinating Board	N/A	600-14-0000-00017	66.00%	66.00%	\$89,037.52	\$120,175.87	\$109,226.16	\$136,599.32
B1-352	West Wharton County Hospital District	17604881205000	529-10-0005-00121	34.00%	34.00%	\$45,867.81	\$61,908.78	\$54,207.41	\$70,163.29
J1-218	Texas Higher Education Coordinating Board	N/A	600-14-0000-00017	66.00%	66.00%	\$113,324.80	\$152,956.95	\$133,929.31	\$173,851.21
J1-218	West Wharton County Hospital District	17604881205000	529-10-0005-00121	34.00%	34.00%	\$58,379.44	\$78,796.00	\$68,993.89	\$90,302.14
J1-219	Texas Higher Education Coordinating Board	N/A	600-14-0000-00017	66.00%	66.00%	\$113,324.80	\$152,956.95	\$133,929.31	\$173,851.21
J1-219	West Wharton County Hospital District	17604881205000	529-10-0005-00121	34.00%	34.00%	\$58,379.44	\$78,796.00	\$68,993.89	\$90,302.14
J1-220	Texas Higher Education Coordinating Board	N/A	600-14-0000-00017	66.00%	66.00%	\$113,324.80	\$152,956.95	\$133,929.31	\$173,851.21
J1-220	West Wharton County Hospital District	17604881205000	529-10-0005-00121	34.00%	34.00%	\$58,379.44	\$78,796.00	\$68,993.89	\$90,302.14
J1-221	Texas Higher Education Coordinating Board	N/A	600-14-0000-00017	66.00%	66.00%	\$113,324.80	\$152,956.95	\$133,929.31	\$173,851.21
J1-221	West Wharton County Hospital District	17604881205000	529-10-0005-00121	34.00%	34.00%	\$58,379.44	\$78,796.00	\$68,993.89	\$90,302.14
J1-506	Texas Higher Education Coordinating Board	N/A	600-14-0000-00017	66.00%	66.00%	\$113,324.80	\$152,956.95	\$133,929.31	\$173,851.21
J1-506	West Wharton County Hospital District	17604881205000	529-10-0005-00121	34.00%	34.00%	\$58,379.44	\$78,796.00	\$68,993.89	\$90,302.14
Category D	Texas Higher Education Coordinating Board	N/A	600-14-0000-00017	66.00%	66.00%	\$324,514.54	\$321,203.16	\$308,173.51	\$307,067.72
Category D	West Wharton County Hospital District	17604881205000	529-10-0005-00121	34.00%	34.00%	\$167,174.16	\$165,464.30	\$155,724.72	\$155,156.10
Total						\$3,277,924.62	\$3,244,476.41	\$3,277,924.62	\$3,244,476.41

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:	Ed Buchanan
IGT Organization:	Texas Higher Education Coordinating Board
Date:	07/7/2018

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:	Nathan Taylor
IGT Organization:	West Wharton County Hospital District
Date:	07/7/2018

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:	127300503 - St. Luke's Episcopal Hospital
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	\$1,520,373.20	\$0.00	\$1,520,373.20	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$760,186.60	\$760,186.60	\$760,186.60	\$760,186.60
Category C	\$4,181,026.30	\$5,701,399.50	\$4,941,212.90	\$6,461,586.10
Category D	\$1,140,279.90	\$1,140,279.90	\$380,093.30	\$380,093.30
Total	\$7,601,866.00	\$7,601,866.00	\$7,601,866.00	\$7,601,866.00

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	21,552	108,440	19.87%
DY6	19,697	100,740	19.55%
DY7 Estimated	20,625	104,590	19.72%
DY8 Estimated	20,625	104,590	19.72%

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

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

Yes

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

Bundle-Measure ID	Measure Bundle/Measure Name	# of Measures with Requested Achievement of Alternative Denominators	# of Measures with Requested Shorter or Delayed Measurement Periods	# of Measures with Requested Reporting Milestone Exemptions	Points	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is not met	
						DY7 Valuation	DY8 Valuation	DY7 Valuation	DY8 Valuation
B1	Care Transitions & Hospital Readmissions	0	0	0	11	\$2,190,021.58	\$2,986,393.06	\$2,588,207.32	\$3,384,578.80
J1	Hospital Safety	0	0	0	10	\$1,991,004.72	\$2,715,006.44	\$2,353,005.58	\$3,077,007.30
Total	N/A	0	0	0	21	\$4,181,026.30	\$5,701,399.50	\$4,941,212.90	\$6,461,586.10

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	
J1	Hospital Safety	

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 <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 not met)
Potentially preventable admissions (PPAs)	\$228,055.98	\$76,018.66
Potentially preventable 30-day readmissions (PPRs)	\$228,055.98	\$76,018.66
Potentially preventable complications (PPCs)	\$228,055.98	\$76,018.66
Potentially preventable ED visits (PDVs)	\$228,055.98	\$76,018.66
Patient satisfaction	\$228,055.98	\$76,018.66

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:

Dr. David Berger

Performing Provider:

Baylor St. Luke's Medical Center

Date:

3/7/2018

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
-----------------------------------------------------------------------------	----------

Category C Valuation

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

Category A Core Activities

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

Category D

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

IGT Entry

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

Summary and Certification

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