



## 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: **130959304 - Matagorda County Hospital District dba Matagorda R**

Performing Provider Type: **Hospital**

Ownership: **Non-State Owned Public**

TIN: **17460250693001**

Physical Street Address: **104 7th Street**

City: **Bay City**

Zip: **77414**

Primary County: **Matagorda**

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:	Steve Smith	Amanda Simmons	LaToya Azanga
Street Address:	104 7th Street	104 7th Street	104 7th Street
City:	Bay City	Bay City	Bay City
Zip:	77414	77414	77414
Email:	ssmith@matagordaregional.org	simmonschiro@yahoo.com	lazanga@matagordaregional.org
Phone Number:	879-241-5520	(713) 859-9683	(979) 241-5514
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: **Matagorda Regional Medical Center was established in 1965 to serve the needs of the community of Matagorda County. The hospital district is inclusive of the MRMC short-term acute care hospital and emergency department, the Public Health Clinic, and a WIC clinic and is governed by a seven member Board of Managers. The hospital holds 58 staffed inpatient beds and a Level III trauma center with complimenting departments inclusive of Radiology, Oncology, Rehabilitation, Cardiovascular, ICU, Surgery, and Wound Care.**

Overall DSRIP Goals: **MRCM's mission is to provide our community with quality and compassionate health care. This mission is inclusive for all patient populations to ensure access and quality to our community. The DSRIP program allows MRCM to transform healthcare in a dynamic rural market. Our DSRIP goal is to maximize reform effort funding (1115 Waiver funding) to align our system strategies with the needs of our community as well as the evolving strategies both locally and nationally. The funding available utilizing the DSRIP program allows our rural facility to expand access, implement new programs, align payer and provider incentives, and focus to quality based outcomes alongside active strategic efforts outlined by the Board of Directors.**

Alignment with regional community needs assessment: **The Region 3 SE Texas RHP Community Needs Assessment performed in 2017 outlines a number of factors that affect the community within Matagorda County. The struggles of our community align with socio-economic factors as well as prevalent disease profiles that continue to challenge our provider community. 20.5% of the community are considered poverty with an average annual income of \$45,073 which represents the lowest income in our region. The uninsured rate reflects 22.8% which is the second highest rate of the region. These factors, along with the lack of Medicaid expansion & access to low cost healthcare provide a challenging community to serve. The county is currently ranked 164th of 243 in health outcomes & reports that 22% of our community is in poor health condition. The hospital is above average for the potentially preventable admissions and emergency department utilization due to inadequate access to primary care & specialty care within our community. The limited access to services incentivizes patients to utilize the ED as a primary care setting. The DSRIP program allows our community to increase access of primary care & specialty care utilizing our community FQHC resource who expanded hours to nights and weekends. The continued focus to quality outcomes allows our provider community to collaborate & focus to patient outcomes understanding the struggles of access and patient accountability.**

**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	\$557,346.80	\$0.00	\$557,346.80	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$278,673.40	\$278,673.40	\$278,673.40	\$278,673.40
Category C	\$1,532,703.70	\$2,090,050.50	\$1,811,377.10	\$2,368,723.90
Category D	\$418,010.10	\$418,010.10	\$139,336.70	\$139,336.70
Total	\$2,786,734.00	\$2,786,734.00	\$2,786,734.00	\$2,786,734.00

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

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



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

**Progress Tracker**

Section 1: System Definition

Complete

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

Complete

**Performing Provider Information**

RHP:	3
TPI and Performing Provider Name:	130959304 - Matagorda County Hospital District dba Matagorda R
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public
Category B valuation in DY7:	\$278,673.40
Category B valuation in DY8:	\$278,673.40

**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.

Short term acute care facility - 58 staffed beds utilizing all sub-specialities (cardio, medicine, neurology, ortho, pulmonary, surgery, urology) - general & ICU. Facility includes ancillary departments of Radiology, Rehabilitation, Wound Care, Oncology, and Nuclear Medicine. - Location 104 7th Street, Bay City TX 77414.

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

Please enter a description of this System Component.

Level III Trauma Center - Location 104 7th Street

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

Please enter a description of this System Component.

MRMC operates a Medical Assistance Program (MAP Clinic) for low-income and uninsured patients to receive primary and preventative care services. The clinic originated as a public health clinic but now operates as an indigent clinic for Matagorda residents. Those that do not qualify for MAP (residence status, income, and resources) are referred to the local FQHC (MEHOP) for services. This clinic does not bill for services but does document in a paper medical record as it is an indigent requirement of the hospital district.

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

Please enter a description of this System Component.

The maternity department is a part of the hospital inpatient or emergency department and is not representative of an outpatient or ambulatory setting.

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.

The existing contract that was established through the DSRIP Primary Care Expansion project (1.3) will continue with Matagorda Episcopal Health Outreach Program (MEHOP) which is the local FQHC who extended hours to nights and weekends for the DSRIP program.

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

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

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

<b>Optional System Component</b>	<b>Would you like to select this component?</b>
Other	No

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

	DY5	DY6
MLIU PPP	15,407	16,310
Total PPP	24,770	27,238

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

MLIU PPP Goal for each DY (DY7 and DY8):	15,859
Average Total PPP	26,004
MLIU percentage of Total PPP	60.98%

\*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	Complete
Minimum Selection Requirements Met	Yes
MPT Met	Yes

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

MPT	6
Points Selected	11
Bundles Selected	1
Clinical Outcome Selected	Y

Performing Provider Information	
RHP:	3
TPI and Performing Provider Name:	130959304 - Matagorda County Hospital District dba Matagorda R
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public
If regional private hospital participation requirement is met	Category C valuation in DY7: \$1,532,703.70 Category C valuation in DY8: \$2,090,050.50
If regional private hospital participation requirement is <u>not</u> met	Category C valuation in DY7: \$1,811,377.10 Category C valuation in DY8: \$2,368,723.90

**MINIMUM POINT THRESHOLD (MPT):** 6  
 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	
<b>Attributed Population for Hospital</b>	
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				
Yes	A1	Improved Chronic Disease Management: Diabetes Care	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.							
The existing DSRIP Primary Care Expansion program allowed MRMCC to establish a contractual relationship with the local FQHC which allows for connectivity and process improvement efforts to combine a hospital facility with the ambulatory sector that influences the quality outcomes of the diabetes population of Matagorda County.							
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	A1-112	Comprehensive Diabetes Care: Foot Exam	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	A1-115	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Required	P4P	Clinical Outcome	N/A
N/A - Required	MLIU denominator with significant volume	A1-207	Diabetes care: BP control (<140/90mm Hg)	Required	P4P	Clinical Outcome	N/A
No	MLIU denominator with significant volume	A1-111	Comprehensive Diabetes Care: Eye Exam (retinal) performed	Optional	P4P	Process	1
N/A - Required	Requesting to report as P4R	A1-500	PQJ 93 Diabetes Composite (Adult short-term complications, long-term complications, uncontrolled diabetes, lower-extremity amputation admission rates)	Required	P4P	Population Based Clinical Outcome	4
		The MPT for MRMCC at 6 is below the state expectation for Population Based Clinical Outcome expectations to be accountable for Pay for Performance and this composite will be a new strategy for the system to report as well as focus to for an improvement strategy.					
N/A - Required	Requesting to report as P4R	A1-508	Reduce Rate of Emergency Department visits for Diabetes	Required	P4P	Population Based Clinical Outcome	4
		The MPT for MRMCC at 6 is below the state expectation for Population Based Clinical Outcome expectations to be accountable for Pay for Performance and A1-112, A1-115, and A1-207 meet the minimum point threshold.					

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
No	A2	Improved Chronic Disease Management: Heart Disease	8

No	B1	Care Transitions & Hospital Readmissions	11
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
No	J1	Hospital Safety	10

<b>Total overall selected points:</b>	11
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Are you finished making your selections?

Yes

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

Progress Tracker

Complete

Section 1: Measure Exemption Requests and Measure Setting System Components

**Section 1: Measure Exemption Requests and Measure Setting System Components**

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

Bundle-Measure ID	Measure Name	Baseline Measurement Period	Requesting a shorter or delayed measurement period?	Requesting a reporting milestone exemption?	Requesting a baseline numerator of zero?
A1-112	Comprehensive Diabetes Care: Foot Exam	CY2017: January 1, 2017 - December 31, 2017	No	No	No
A1-115	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
A1-207	Diabetes care: BP control (<140/90mm Hg)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
A1-500	PQI 93 Diabetes Composite (Adult short-term complications, long-term complications, uncontrolled diabetes, lower-extremity amputation admission rates)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
A1-508	Reduce Rate of Emergency Department visits for Diabetes	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:	130959304 - Matagorda County Hospital District dba Matagorda R
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

If regional hospital participation requirement is met	Category C valuation in DY7:	\$1,532,703.70
	Category C valuation in DY8:	\$2,090,050.50
If regional hospital participation requirement is not met	Category C valuation in DY7:	\$1,811,377.10
	Category C valuation in DY8:	\$2,368,723.90

**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
A1	Improved Chronic Disease Management: Diabetes Care	11	100.00%	75.00%	100.00%	\$1,532,703.70	\$2,090,050.50	\$1,811,377.10	\$2,368,723.90
	Total	11	100.00%	N/A	N/A	\$1,532,703.70	\$2,090,050.50	\$1,811,377.10	\$2,368,723.90
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:	130959304 - Matagorda County Hospital District dba Matagorda R
Performing Provider Type:	Hospital
Ownership:	Non-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_130959304.1.1	1.9.2	Establish the CDSC (Chronic Disease Specialty Clinic) to provide access to specialty services and physicians that support care for a number of key chronic conditions.	Completed in DY26	
RHP_3_130959304.1.3	1.1.2	Provide an alternative to care at the right time and right setting primary and urgent care services will be expanded to evenings and weekends. A nurse advice line manned with RN professionals trained in pediatric as well as adult triage will promote the use of the expanded primary and urgent care services.	Continuing as Core Activity in DY7-8	The MPMC & MEHOP contract for extended hours access will continue and be refined to include potential risk based arrangements to ensure process improvement efforts & actual improvement to quality outcomes.
RHP_3_130959304.2.1	2.9.1	Patient Care Navigation Service will utilize community health workers, case managers and/or other types of health care professionals to provide enhanced social support and culturally competent care.	Completed in DY26	

**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).

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

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

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

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

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

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.

A1	A1	A1	A1
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i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.

As identified in the community needs assessment completed for the region as well as the local CHNA performed during the development of the DSRIP Specialty Care Expansion, diabetes is an attributed population that is utilizing the emergency department as a point of primary care and is highly uncontrolled due to access, education, and patient coordination issues. The hospital's ability to impact this attributed population will be by ensuring connectivity to an ambulatory provider and/or network to implement population health techniques. The Core activity will continue the MEHOP contract and begin to develop population health strategies to link the hospital district to additional ambulatory resources.

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: 130959304 - Matagorda County Hospital District dba Matagorda R  
 Performing Provider Type: Hospital  
 Ownership: Non-State Owned Public

If regional hospital participation requirement is met	Category D valuation in DY7	\$418,010.10
	Category D valuation in DY8	\$418,010.10
If regional hospital participation requirement is <u>not</u> met	Category D valuation in DY7	\$139,336.70
	Category D valuation in DY8	\$139,336.70

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

Measure	Category D valuation <b>per DY</b> distributed across measures (if regional hospital participation valuation is met)	Category D valuation <b>per DY</b> distributed across measures (if regional hospital participation requirement is <b>not</b> met)
Potentially preventable admissions (PPAs)	\$83,602.02	\$27,867.34
Potentially preventable 30-day readmissions (PPRs)	\$83,602.02	\$27,867.34
Potentially preventable complications (PPCs)	\$83,602.02	\$27,867.34
Potentially preventable ED visits (PPVs)	\$83,602.02	\$27,867.34
Patient satisfaction	\$83,602.02	\$27,867.34
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

RIP:	130929304 - Matagorda County Hospital District dba Matagorda R
TPJ and Performing Provider Name:	Hospital
Performing Provider Type:	Hospital
Ownership:	Non-Sole 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	Matagorda County Hospital District	N/A	17460250693001	100-13-0000-00126

  

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Bryan Prochnow	104 7th Street	Bay City	77414	bprochnow@matagordaregional.org	979-241-5529		Both
2	Windy Klock	104 7th Street	Bay City	77414	wklock@matagordaregional.org	979-241-5512		Both
3	Steve Smith	104 7th Street	Bay City	77414	smith@matagordaregional.org	979-241-5521		Both

  

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

  

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

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

Section 2: IGT Funding

RHP Plan Update Submission	IGT Name	IGT TIN	IGT Affiliation #	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	Matagorda County Hospital District	17460250693001	100-13-0000-00126	100.00%	100.00%	\$240,337.64	\$118,937.81	\$240,337.64	\$118,937.81
AT-12	Matagorda County Hospital District	17460250693001	100-13-0000-00126	100.00%	100.00%	\$176,240.49	\$267,410.07	\$176,240.49	\$267,410.07
AT-115	Matagorda County Hospital District	17460250693001	100-13-0000-00126	100.00%	100.00%	\$176,240.49	\$267,410.07	\$176,240.49	\$267,410.07
AT-207	Matagorda County Hospital District	17460250693001	100-13-0000-00126	100.00%	100.00%	\$66,090.18	\$44,601.68	\$66,090.18	\$44,601.68
AT-500	Matagorda County Hospital District	17460250693001	100-13-0000-00126	100.00%	100.00%	\$66,090.18	\$44,601.68	\$66,090.18	\$44,601.68
AT-508	Matagorda County Hospital District	17460250693001	100-13-0000-00126	100.00%	100.00%	\$180,245.96	\$178,406.71	\$180,245.96	\$178,406.71
Category D	Matagorda County Hospital District	17460250693001	100-13-0000-00126	100.00%	100.00%	\$1,201,639.70	\$1,189,378.07	\$1,201,639.70	\$1,189,378.07
<b>Total</b>	Matagorda County Hospital District	17460250693001	100-13-0000-00126	100.00%	100.00%	\$1,201,639.70	\$1,189,378.07	\$1,201,639.70	\$1,189,378.07

Your funding allocations sum to 100%.

Have the IGT Entities and funding percentages been updated?	Yes
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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:	Bryan Prochnow
IGT Organization:	Matagorda County Hospital District
Date:	8/11/2018

**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:	130959304 - Matagorda County Hospital District dba Matagorda R
Performing Provider Type:	Hospital
Ownership:	Non-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	\$557,346.80	\$0.00	\$557,346.80	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$278,673.40	\$278,673.40	\$278,673.40	\$278,673.40
Category C	\$1,532,703.70	\$2,090,050.50	\$1,811,377.10	\$2,368,723.90
Category D	\$418,010.10	\$418,010.10	\$139,336.70	\$139,336.70
Total	\$2,786,734.00	\$2,786,734.00	\$2,786,734.00	\$2,786,734.00

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	15,407	24,770	62.20%
DY6	16,310	27,238	59.88%
DY7 Estimated	15,859	26,004	60.98%
DY8 Estimated	15,859	26,004	60.98%

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
A1	Improved Chronic Disease Management: Diabetes Care	0	0	0	11	\$1,532,703.70	\$2,090,050.50	\$1,811,377.10	\$2,368,723.90
Total	N/A	0	0	0	11	\$1,532,703.70	\$2,090,050.50	\$1,811,377.10	\$2,368,723.90

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
A1	Improved Chronic Disease Management: Diabetes Care	Expanded Practice Access (e.g., increased hours, telemedicine, etc.)

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**

Measure	Category D valuation <b>per DY</b> distributed across measures ( if regional hospital participation requirement is met)	Category D valuation <b>per DY</b> distributed across measures (if regional hospital participation requirement is <b>not</b> met)
Potentially preventable admissions (PPAs)	\$83,602.02	\$27,867.34
Potentially preventable 30-day readmissions (PPRs)	\$83,602.02	\$27,867.34
Potentially preventable complications (PPCs)	\$83,602.02	\$27,867.34
Potentially preventable ED visits (PDVs)	\$83,602.02	\$27,867.34
Patient satisfaction	\$83,602.02	\$27,867.34

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 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: Bryan Prochnow  
Performing Provider: Matagorda Regional Medical Center  
Date: 4/11/2018

## 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