



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: **137805107 - Memorial Hermann Hospital Southwest dba Memorial H**

Performing Provider Type: **Hospital**

Ownership: **Private**

TIN: **17411525979064**

Physical Street Address: **909 Frostwood Drive**

City: **Houston**

Zip: **77024**

Primary County: **Harris**

Additional counties being served (optional):

Note: you cannot type county inputs; rather, please select your county from the dropdown menu.

Section 2: Lead Contact Information

	Lead Contact 1	Lead Contact 2	Lead Contact 3
Contact Name:	Kord Quintero	Steve Hand	
Street Address:	909 Frostwood Drive Suite 3:505	909 Frostwood Drive	
City:	Houston	Houston	
Zip:	77024	77024	
Email:	kord.quintero@memorialhermann.org	steve.hand@memorialhermann.org	
Phone Number:	713-338-4226	713-338-4213	
Phone Extension:			
Lead Contact or Both:	Both	Both	

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

Section 3: Optional Withdrawal From DSRIP

Please select an option below. By selecting "Yes - Withdraw from DSRIP," this organization acknowledges it understands that any DY6 DSRIP payments will be recouped as required by the DY6 Program Funding and Mechanics Protocol. This does not include recoupment of DY4-5 payments that may have occurred in DY6 due to allowable carryforward.

Do Not Withdraw from DSRIP

Section 4: Performing Provider Overview

Performing Provider Description: **Memorial Hermann is the largest not-for-profit health system in Southeast Texas. Inpatient and Emergency Department services are included for Memorial Hermann - Texas Medical Center. In addition to these hospital facilities Memorial Hermann's School Based Health Centers and Mental Health Crisis Clinics are included.**

Overall DSRIP Goals: **Memorial Hermann's overall DSRIP goals are to improve the quality and increase the access of care for the Medicaid and Uninsured populations. Memorial Hermann aims to accomplish these goals by transforming the delivery of care through innovative core activities and projects. Specifically, Memorial Hermann plans to enhance coordination and transitions for patients between primary care and Emergency Departments (ED), increase access to appropriate behavioral health and crisis intervention services, increase access to pediatric primary care and dental services, all while improving hospital safety and quality. Memorial Hermann will utilize the existing ER Navigation program to enhance care coordination for patients between the ED and primary care providers. Memorial Hermann's Mental Health Crisis Clinics will increase access and provide patient navigation to appropriate behavioral health and crisis intervention services. Memorial Hermann will continue to increase pediatric primary care access and provide dental services through our existing School Based Health Centers. Memorial Hermann's Quality & Patient Safety Department will continue to focus on improving safety and care for all patients in all settings.**

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

Section 5: DY7-8 DSRIP Total Valuation

	DY7-8 DSRIP Valuation Distribution			
	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is <u>not</u> met	
	DY7	DY8	DY7	DY8
RHP Plan Update Submission	\$5,321,490.80	\$0.00	\$5,321,490.80	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$2,660,745.40	\$2,660,745.40	\$2,660,745.40	\$2,660,745.40
Category C	\$14,634,099.70	\$19,955,590.50	\$17,294,845.10	\$22,616,335.90
Category D	\$3,991,118.10	\$3,991,118.10	\$1,330,372.70	\$1,330,372.70
Total	\$26,607,454.00	\$26,607,454.00	\$26,607,454.00	\$26,607,454.00

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:	137805107 - Memorial Hermann Hospital Southwest dba Memorial H
Performing Provider Type:	Hospital
Ownership:	Private
Category B valuation in DY7:	\$2,660,745.40
Category B valuation in DY8:	\$2,660,745.40

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.

This required system component includes inpatient services at Memorial Hermann Texas Medical Center (TMC) Hospital.

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

Please enter a description of this System Component.

This required system component includes emergency department services at Memorial Hermann Texas Medical Center (TMC) Hospital.

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

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

Please enter a description of this System Component.

This required system component includes maternal departments at Memorial Hermann TMC Hospital.

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

Hospitals - Optional Components

Optional System Component	Would you like to select this component?
Contracted Specialty Clinics	No

Optional System Component	Would you like to select this component?
Contracted Primary Care Clinics	No

Optional System Component	Would you like to select this component?
School-based Clinics	Yes

Please enter a description of this System Component.

This optional system component includes all Memorial Hermann School-based Health Centers located within five school districts in the Greater Houston Area. These Memorial Hermann School-based Health Centers include: Alief Health Center, Burbank Health Center, Elrod Health Center, Hogg Health Center, Kruse Health Center, Lamar Health Center, Nimitz Health Center, Sharpstown Health Center, Terry Health Center, WAVE Health Center. This system component also includes Memorial Hermann's School-based Health Center Mobile Dental van which serves these clinics on a rotating schedule.

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 **Yes**

Please list your "Other" system component.

Mental Health Crisis Clinics

Please enter a description for this "Other" system component.

This optional system component includes all Memorial Hermann Mental Health Crisis Clinics. The three Memorial Hermann Mental Health Crisis Clinics are Spring Brand Mental Health Crisis Clinic, Meyerland Mental Health Crisis Clinic, and Northeast Mental Health Crisis Clinic.

Please list your "Other" system component.

Please enter a description for this "Other" system component.

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

	DY5	DY6
MLIU PPP	73,344	73,160
Total PPP	192,703	191,871

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):	73,252
Average Total PPP	192,287
MLIU percentage of Total PPP	38.10%

*The MLIU percentage is for informational purposes and will help HHSC determine allowable MLIU PPP variation.

Would you like the MLIU PPP Goal to be based on DY5 or DY6 only (as opposed to the average)? **No**

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	53
Points Selected	58
Bundles Selected	5
Clinical Outcome Selected	Y

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	137805107 - Memorial Hermann Hospital Southwest dba Memorial H
Performing Provider Type:	Hospital
Ownership:	Private

If regional private hospital participation requirement is met	Category C valuation in DY7:	\$14,634,099.70
	Category C valuation in DY8:	\$19,955,590.50
If regional private hospital participation requirement is <u>not</u> met	Category C valuation in DY7:	\$17,294,845.10
	Category C valuation in DY8:	\$22,616,335.90

MINIMUM POINT THRESHOLD (MPT): 53
 Each Performing Provider must select Measure Bundles/measures to meet or exceed their MPT to maintain their valuation that was confirmed on the Provider Entry tab

Section 1: Attributed Population

Attributed Population for Hospital

For Hospital organizations and Physician Practices, the DSRIP attributed population includes individuals from the DSRIP system defined in Category B that meet at least one of the criteria below. Individuals do not need to meet all or multiple criteria to be included.

- a. Medicaid beneficiary attributed to the Performing Provider during the measurement period as determined by assignment to a primary care provider (PCP), medical home, or clinic in the performing providers DSRIP defined system OR
- b. Individuals enrolled in a local coverage program (for example, a county-based indigent care program) assigned to a PCP, medical home, or clinic in the performing providers DSRIP defined system OR
- c. One preventive service provided during the measurement period (Includes value sets of visit type codes for annual wellness visit, preventive care services - initial office visit, preventive care services - established office visit, preventive care individual counseling) OR
- d. One ambulatory encounter during the measurement year and one ambulatory encounter during the year prior to the measurement year OR
- e. Two ambulatory encounters during the measurement year OR
- f. Other populations managed with chronic disease in specialty care clinics in the performing providers DSRIP defined system
- g. One emergency department visit during the measurement year OR
- h. One admission for inpatient or observation status during the measurement year OR
- i. One prenatal or postnatal visit during the measurement year OR
- j. One delivery during the measurement year OR
- k. One dental encounter during the measurement year OR
- l. Enrolled in a palliative care or hospice program during the measurement year

Please describe any other attributed population (optional).

Section 2: Selection of Measure Bundles for Hospitals and Physician Practices

Measure Bundles for Hospitals & Physician Practices

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
No	A1	Improved Chronic Disease Management: Diabetes Care	11
No	A2	Improved Chronic Disease Management: Heart Disease	8
Yes	B1	Care Transitions & Hospital Readmissions	11

Please describe your rationale for selecting this Measure Bundle, and describe the primary system components (clinics, facilities) that will be used to report on and drive improvement in this Measure Bundle.

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

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
Yes	D1	Pediatric Primary Care	14

Please describe your rationale for selecting this Measure Bundle, and describe the primary system components (clinics, facilities) that will be used to report on and drive improvement in this Measure Bundle.

- (1) Memorial Hermann identified D1 as a measure bundle which aligned with community needs and aligned with current DSRIP Projects which could drive improvement within the specified patient populations.
- (2) The measure bundle aligns with Memorial Hermann's DSRIP goals by increasing primary care access and improving quality of care, with this measure specifically the pediatric population. The improvements that this bundle will drive align with community needs and continue to transform care delivery for the MLIU population by emphasizing primary care services and providing a medical home.
- (3) Memorial Hermann is utilizing the existing School Based Health Care program to support improvement in this measure bundle. This measure includes all Memorial Hermann School Based Health Care Clinics. These Memorial Hermann School-based Health Centers include: Alief Health Center, Burbank Health Center, Elrod Health Center, Hogg Health Center, Kruse Health Center, Lamar Health Center, Nimitz Health Center, Sharpstown Health Center, Terry Health Center, WAVE Health Center.

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	Insignificant volume for denominator	D1-108	Childhood Immunization Status (CIS)	Required	P4P	Immunization	N/A
Please enter an explanation of why the volume is less than significant. The School Based Health Centers are geared towards school-aged children and do not serve patients 2 years old and younger.							
N/A - Required	MLIU denominator with significant volume	D1-211	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	D1-212	Appropriate Testing for Children With Pharyngitis	Required	P4P	Clinical Outcome	N/A
N/A - Required	Insignificant volume for denominator	D1-237	Well-Child Visits in the First 15 Months of Life (6 or more visits)	Required	P4P	Process	N/A
Please enter an explanation of why the volume is less than significant. The School Based Health Centers are geared towards school-aged children and do not serve patients in this young of an age range.							
N/A - Required	MLIU denominator with significant volume	D1-271	Immunization for Adolescents	Required	P4P	Immunization	N/A
N/A - Required	MLIU denominator with significant volume	D1-284	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	D1-400	Tobacco Use and Help with Quitting Among Adolescents	Required	P4P	Process	N/A
No		D1-301	Maternal Depression Screening	Optional	P4P	Process	1
Yes	MLIU denominator with significant volume	D1-389	Human Papillomavirus Vaccine (age 15-18)	Optional	P4P	Immunization	1
N/A - Required	Reporting attributed population as P4P	D1-503	PDI 91 Acute Composite (Gastroenteritis, Urinary Tract Infection Admission Rate)	Required	P4P	Population Based Clinical Outcome	4
No		D1-T01	Innovative Measure: Behavioral Health Counselling for Childhood Obesity	Optional	P4R	Innovative	0

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
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
Yes	F2	Preventive Pediatric Dental	2

Please describe your rationale for selecting this Measure Bundle, and describe the primary system components (clinics, facilities) that will be used to report on and drive improvement in this Measure Bundle.

- (1) Memorial Hermann identified F2 as a measure bundle which aligned with community needs and aligned with current DSRIP Projects which could drive improvement within the specified patient populations.
- (2) The measure bundle aligns with Memorial Hermann's DSRIP goals by providing healthcare services for the pediatric MLIU population. The improvements that this bundle will drive align with community needs and continue to transform care delivery for the MLIU pediatric population.
- (3) Memorial Hermann is utilizing the existing School Based Health Care program to support improvement in this measure bundle, specifically the mobile dental van which provides services on a rolling regular schedule at Memorial Hermann School Based Health Centers. These Memorial Hermann School-based Health Centers include: Alief Health Center, Burbank Health Center, Elrod Health Center, Hogg Health Center, Kruse Health Center, Lamar Health Center, Nimitz Health Center, Sharpstown Health Center, Terry Health Center, WAVE Health Center.

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	F2-224	Dental Sealant: Children	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	F2-229	Oral Evaluation: Children	Required	P4P	Process	N/A

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
No	G1	Palliative Care	6
No	H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	12
Yes	H2	Behavioral Health and Appropriate Utilization	8

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

Please describe your rationale for selecting this Measure Bundle, and describe the primary system components (clinics, facilities) that will be used to report on and drive improvement in this Measure Bundle.

- (1) Memorial Hermann identified H2 as a measure bundle which aligned with community needs and aligned with current DSRIP Projects which could drive improvement within the specified patient populations.
- (2) The measure bundle aligns with Memorial Hermann's DSRIP goals of improving access to appropriate behavioral health services and patient coordination for behavioral health patients in crisis. The improvements that this bundle will drive align with community needs and continue to transform care delivery for the Behavioral Health MLIU population.

(3) Memorial Hermann will adapt the Mental Health Crisis Clinic Project to align and drive improvement for this measure bundle. Facilities for this measure bundle include Memorial Hermann Mental Health Crisis Clinics and Memorial Hermann TMC.

Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required	MLIU denominator with significant volume	H2-259	Assignment of Primary Care Physician to Individuals with Schizophrenia	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	H2-266	Independent Living Skills Assessment for Individuals with Schizophrenia	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	H2-305	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-CH)	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	H2-319	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (eMeasure)	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	H2-405	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Required	P4P	Process	N/A
Yes	MLIU denominator with significant volume	H2-160	Follow-Up After Hospitalization for Mental Illness	Optional	P4P	Clinical Outcome	3
No		H2-216	Risk Adjusted Behavioral Health/ Substance Abuse 30-Day Readmission Rate	Optional	P4P	Clinical Outcome	3
Yes	MLIU denominator with significant volume	H2-265	Housing Assessment for Individuals with Schizophrenia	Optional	P4P	Process	1
N/A - Required	Reporting attributed population as P4P	H2-510	Reduce Rate of Emergency Department visits for Behavioral Health and Substance Abuse (Reported as two rates)	Required	P4P	Population Based Clinical Outcome	4

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
No	H3	Chronic Non-Malignant Pain Management	10
No	H4	Integrated Care for People with Serious Mental Illness	5
No	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.

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

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: 58

Are you finished making your selections?
 Yes

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

Progress Tracker

Complete

Section 1: Measure Exemption Requests and Measure Setting System Components

Section 1: Measure Exemption Requests and Measure Setting System Components

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

Bundle-Measure ID	Measure Name	Baseline Measurement Period	Requesting a shorter or delayed measurement period?	Requesting a reporting milestone exemption?	Requesting a baseline numerator of zero?
B1-124	Medication Reconciliation Post-Discharge	CY2017: January 1, 2017 - December 31, 2017	No	No	No
B1-141	Risk Adjusted All-Cause 30-Day Readmission for Targeted Conditions: heart failure hospitalization, coronary artery bypass graft (CABG) surgery, CHF, Diabetes, AMI, Stroke, COPD, Behavioral Health, Substance Use	CY2017: January 1, 2017 - December 31, 2017	No	No	No
B1-217	Risk Adjusted All-Cause 30-Day Readmission	CY2017: January 1, 2017 - December 31, 2017	No	No	No
B1-252	Transition Record with Specified Elements Received by Discharged Patients (Emergency Department Discharges)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
B1-253	Transition Record with Specified Elements Received by Discharged Patients (Discharges from Inpatient Facility)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
B1-287	Documentation of Current Medications in the Medical Record	CY2017: January 1, 2017 - December 31, 2017	No	No	No
B1-352	Post-Discharge Appointment	CY2017: January 1, 2017 - December 31, 2017	No	No	No
D1-108	Childhood Immunization Status (CIS)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
D1-211	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents	CY2017: January 1, 2017 - December 31, 2017	No	No	No
D1-212	Appropriate Testing for Children With Pharyngitis	CY2017: January 1, 2017 - December 31, 2017	No	No	No
D1-237	Well-Child Visits in the First 15 Months of Life (6 or more visits)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
D1-271	Immunization for Adolescents	CY2017: January 1, 2017 - December 31, 2017	No	No	No
D1-284	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
D1-389	Human Papillomavirus Vaccine (age 15-18)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
D1-400	Tobacco Use and Help with Quitting Among Adolescents	CY2017: January 1, 2017 - December 31, 2017	No	No	No

D1-503	PDI 91 Acute Composite (Gastroenteritis, Urinary Tract Infection Admission Rate)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
F2-224	Dental Sealant: Children	CY2017: January 1, 2017 - December 31, 2017	No	No	No
F2-229	Oral Evaluation: Children	CY2017: January 1, 2017 - December 31, 2017	No	No	No
H2-160	Follow-Up After Hospitalization for Mental Illness	CY2017: January 1, 2017 - December 31, 2017	No	No	No
H2-259	Assignment of Primary Care Physician to Individuals with Schizophrenia	CY2017: January 1, 2017 - December 31, 2017	No	No	No
H2-265	Housing Assessment for Individuals with Schizophrenia	CY2017: January 1, 2017 - December 31, 2017	No	No	No
H2-266	Independent Living Skills Assessment for Individuals with Schizophrenia	CY2017: January 1, 2017 - December 31, 2017	No	No	No
H2-305	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-CH)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
H2-319	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (eMeasure)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
H2-405	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	CY2017: January 1, 2017 - December 31, 2017	No	No	No
H2-510	Reduce Rate of Emergency Department visits for Behavioral Health and Substance Abuse (Reported as two rates)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
J1-218	Central line-associated bloodstream infections (CLABSI) rates	CY2017: January 1, 2017 - December 31, 2017	No	No	No
J1-219	Catheter-associated Urinary Tract Infections (CAUTI) rates	CY2017: January 1, 2017 - December 31, 2017	No	No	No
J1-220	Surgical site infections (SSI) rates	CY2017: January 1, 2017 - December 31, 2017	No	No	No
J1-221	Patient Fall Rate	CY2017: January 1, 2017 - December 31, 2017	No	No	No
J1-506	PSI 13 Post Operative Sepsis Rate	CY2017: January 1, 2017 - December 31, 2017	No	No	No

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

Progress Tracker

Section 1: Measure Bundle/Measure Valuation

Complete

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	137805107 - Memorial Hermann Hospital Southwest dba Memorial H
Performing Provider Type:	Hospital
Ownership:	Private

If regional hospital participation requirement is met	Category C valuation in DY7:	\$14,634,099.70
	Category C valuation in DY8:	\$19,955,590.50
If regional hospital participation requirement is not met	Category C valuation in DY7:	\$17,294,845.10
	Category C valuation in DY8:	\$22,616,335.90

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
B1	Care Transitions & Hospital Readmissions	11	18.97%	14.22%	23.71%	\$2,776,088.71	\$3,785,575.52	\$3,280,832.12	\$4,290,318.92
D1	Pediatric Primary Care	19	32.75%	24.56%	40.95%	\$4,792,667.65	\$6,535,455.89	\$5,664,061.77	\$7,406,850.01
F2	Preventive Pediatric Dental	2	3.45%	2.58%	3.45%	\$504,876.44	\$688,467.87	\$596,672.16	\$780,263.59
H2	Behavioral Health and Appropriate Utilization	16	27.59%	20.68%	34.49%	\$4,037,548.11	\$5,505,747.42	\$4,771,647.76	\$6,239,847.07
J1	Hospital Safety	10	17.24%	12.93%	17.25%	\$2,522,918.79	\$3,440,343.80	\$2,981,631.29	\$3,899,056.31
Total		58	100.00%	N/A	N/A	\$14,634,099.70	\$19,955,590.50	\$17,294,845.10	\$22,616,335.90
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:	137805107 - Memorial Hermann Hospital Southwest dba Memorial H
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_137805107.1.1	1.1.1	Expand the capacity of primary care through more clinics and available health care professionals to better accommodate the regional patient population and community. Memorial will aim to recruit 60+ primary care providers and 18 new primary care locations are planned.	Completed in DY2 6	
RHP_3_137805107.1.2	1.13.1	Develop a crisis stabilization clinic that would provide rapid access to initial psychiatric treatment and outpatient services.	Continuing as Core Activity in DY7-8	
RHP_3_137805107.2.1	2.9.1	Expand the current Community Outreach for Person Empowerment (COPE) and ER Navigation programs within all Memorial facilities in RHP3.	Continuing as Core Activity in DY7-8	
RHP_3_137805107.2.2	2.10.1	Implement a comprehensive palliative care program that will engage pts with life threatening, acute or chronic conditions. The program will also educate health care professional so they can better advise their pts who need end-of-life care outside an acute care setting.	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).

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

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

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

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

2) Please select the grouping for this Core Activity.

a) Please select the name of this Core Activity.

Identification of frequent ED users and use of care navigators as part of a preventable ED reduction program, which includes a connection of ED patients to primary and preventive care.

b) Please enter a description of this Core Activity

ER Navigation Program: This core activity continues the established ER Navigation Program at Memorial Hermann Emergency Departments. This program utilizes navigators to connect uninsured and Medicaid patients to a medical home, thus reducing future visits to the emergency department. This core activity has the staff and resources to impact all hospital facilities in the system. This core activity utilizes 25-30 patient navigators at facilities across the system.

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

Perform social determinants of health screenings on all patients that are seen

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

Develop a screening tool for social determinants of health designed for the Medicaid and uninsured populations

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

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

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

B1

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

B1: Care Transitions & Hospital Readmissions – the objective of this bundle is to implement improvement in care transitions and coordination of care from inpatient to outpatient, post-acute care, and home care settings in order to improve health outcomes and prevent increased health care costs and hospital readmissions. This core activity improves care transition and coordination of care for patients in our community by providing navigation services that emphasize primary care and establish a medical home. These services assist in reducing unnecessary ED visits.

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

No

3) Please select the grouping for this Core Activity.

Access to Primary Care Services

a) Please select the name of this Core Activity.

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

b) Please enter a description of this Core Activity

School Based Health Clinics: This core activity provides primary care services at schools in the greater Houston area that allows Medicaid and uninsured students to see a primary care provider during the school day. This allows the student to reduce the time missed from class while seeing a provider and provides a medical home. The program also includes a mobile dental van which provides dental services to the same student population. This core activity has staff and resources to provide over 20,000 encounters a year. This core activity will impact 10 school based clinics across the system. With each clinic and mobile dental van utilizing 4-6 staff members per shift.

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

Increasing the awareness and utilization of school-based clinics by MLIU students.

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

Efforts to increase awareness and identification of MLIU students at participating schools.

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

Tracking utilization of the school based clinics by MLIU students.

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.

D1 F2

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

D1: Pediatric Primary Care – The objective of this measure bundle is to increase access to comprehensive, coordinated primary care & preventive services focused on accountable, child centered care that improves quality of life and health outcomes. This core activity increases access and provides services for MLIU students by offering comprehensive primary care services and specific counseling services to school aged children at multiple School Based Health Clinics throughout the Greater Houston area.

F2: Preventive Pediatric Dental – The objective of this measure bundle is to expand access of dental care including screening and preventative dental services to improve long term oral health and quality of life and reduce costs by preventing the need for more intensive treatments. This core activity expands access and provides preventative dental services for MLIU students by offering a mobile dental van available on a rolling schedule to the School Based Health Centers.

[Redacted]

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.

Other

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

Improving hospital safety and quality of care

a) Please select the name of this Core Activity.

Other

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

Creating an environment in healthcare to improve hospital safety & quality

b) Please enter a description of this Core Activity

This core activity focuses on creating an environment to improve patient health outcomes and experience by reducing hospital related risks and errors. This environment anticipates potential problems, promotes early detection of problems, and always makes responses early. This core activity impacts all staff and facilities in the system.

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

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

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

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

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

[Redacted]

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

[Redacted]

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

J1

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

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

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

No

DY7-8 Provider RHP Plan Update Template - Category D

Progress Tracker

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

Complete
 Complete

Performing Provider Information

RHP: 3
 TPI and Performing Provider Name: 137805107 - Memorial Hermann Hospital Southwest dba Memorial H
 Performing Provider Type: Hospital
 Ownership: Private

If regional hospital participation requirement is met	Category D valuation in DY7	\$3,991,118.10
	Category D valuation in DY8	\$3,991,118.10
If regional hospital participation requirement is <u>not</u> met	Category D valuation in DY7	\$1,330,372.70
	Category D valuation in DY8	\$1,330,372.70

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)	\$798,223.62	\$266,074.54
Potentially preventable 30-day readmissions (PPRs)	\$798,223.62	\$266,074.54
Potentially preventable complications (PPCs)	\$798,223.62	\$266,074.54
Potentially preventable ED visits (PPVs)	\$798,223.62	\$266,074.54
Patient satisfaction	\$798,223.62	\$266,074.54
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: 1

TPA and Performing Provider Name: 127825107 - Memorial Hermann Hospital Southwest dba Memorial H

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
	Harris County Hospital District	N/A	1741536936324	529-08-0236-00073

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Jessica Hall	5250 Kirby Drive	Houston	77054	jessica.hall@harrishealth.org	713-634-1146		Both
2	Michelle Eunice	525 Holly Hall St	Houston	77054	michelle.eunice@harrishealth.org	713-666-6565		Both
3	Mike Norby	5252 Holly Hall Drive	Houston	77054	michael.norby@harrishealth.org	713-666-6750		Both

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

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

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

Section 2: IGT Funding

RHP Plan Update Submission	IGT Name	IGT TIN	IGT Affiliation #	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	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$2,294,624.83	\$2,294,624.83	\$2,294,624.83	\$2,294,624.83
BT-124	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$11,147,313.42	\$11,147,313.42	\$11,147,313.42	\$11,147,313.42
BT-141	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$171,007.06	\$230,811.95	\$202,099.26	\$261,586.87
BT-217	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$171,007.06	\$230,811.95	\$202,099.26	\$261,586.87
BT-252	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$171,007.06	\$230,811.95	\$202,099.26	\$261,586.87
BT-253	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$171,007.06	\$230,811.95	\$202,099.26	\$261,586.87
BT-287	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$171,007.06	\$230,811.95	\$202,099.26	\$261,586.87
BT-352	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$171,007.06	\$230,811.95	\$202,099.26	\$261,586.87
DI-108	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$114,811.01	\$77,481.46	\$135,685.75	\$87,812.32
DI-211	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$262,425.18	\$376,338.52	\$310,138.85	\$426,516.99
DI-212	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$262,425.18	\$376,338.52	\$310,138.85	\$426,516.99
DI-237	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$114,811.01	\$77,481.46	\$135,685.75	\$87,812.32
DI-271	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$262,425.18	\$376,338.52	\$310,138.85	\$426,516.99
DI-304	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$262,425.18	\$376,338.52	\$310,138.85	\$426,516.99
DI-389	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$262,425.18	\$376,338.52	\$310,138.85	\$426,516.99
DI-400	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$262,425.18	\$376,338.52	\$310,138.85	\$426,516.99
DI-503	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$262,425.18	\$376,338.52	\$310,138.85	\$426,516.99
F2-224	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$108,851.36	\$146,519.05	\$128,642.52	\$166,908.25
F2-229	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$108,851.36	\$146,519.05	\$128,642.52	\$166,908.25
H2-160	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$247,624.84	\$293,731.63	\$257,191.61	\$312,895.84
H2-259	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$247,624.84	\$293,731.63	\$257,191.61	\$312,895.84
H2-265	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$247,624.84	\$293,731.63	\$257,191.61	\$312,895.84
H2-266	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$247,624.84	\$293,731.63	\$257,191.61	\$312,895.84
H2-305	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$247,624.84	\$293,731.63	\$257,191.61	\$312,895.84
H2-310	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$247,624.84	\$293,731.63	\$257,191.61	\$312,895.84
H2-319	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$247,624.84	\$293,731.63	\$257,191.61	\$312,895.84
H2-405	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$247,624.84	\$293,731.63	\$257,191.61	\$312,895.84
H2-510	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$247,624.84	\$293,731.63	\$257,191.61	\$312,895.84
J1-218	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$247,624.84	\$293,731.63	\$257,191.61	\$312,895.84
J1-219	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$247,624.84	\$293,731.63	\$257,191.61	\$312,895.84
J1-220	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$247,624.84	\$293,731.63	\$257,191.61	\$312,895.84
J1-221	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$247,624.84	\$293,731.63	\$257,191.61	\$312,895.84
J1-222	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$247,624.84	\$293,731.63	\$257,191.61	\$312,895.84
J1-206	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$247,624.84	\$293,731.63	\$257,191.61	\$312,895.84
Category C	Harris County Hospital District	1741536936324	529-08-0236-00073	100.00%	100.00%	\$1,720,600.12	\$1,720,600.12	\$1,720,600.12	\$1,720,600.12
Total						\$11,473,134.16	\$11,356,061.37	\$11,473,134.16	\$11,356,061.37

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: Mike Norby

IGT Organization: Harris County Hospital District

Date: 5/29/2018

DY7-8 Provider RHP Plan Update Template -Summary and Certification

Progress Tracker

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

Complete
Complete
Complete
Complete
Complete
Complete

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	137805107 - Memorial Hermann Hospital Southwest dba Memorial H
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	\$5,321,490.80	\$0.00	\$5,321,490.80	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$2,660,745.40	\$2,660,745.40	\$2,660,745.40	\$2,660,745.40
Category C	\$14,634,099.70	\$19,955,590.50	\$17,294,845.10	\$22,616,335.90
Category D	\$3,991,118.10	\$3,991,118.10	\$1,330,372.70	\$1,330,372.70
Total	\$26,607,454.00	\$26,607,454.00	\$26,607,454.00	\$26,607,454.00

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	73,344	192,703	38.06%
DY6	73,160	191,871	38.13%
DY7 Estimated	73,252	192,287	38.10%
DY8 Estimated	73,252	192,287	38.10%

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

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

Yes

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

Bundle-Measure ID	Measure Bundle/Measure Name	# of Measures with Requested Achievement of Alternative Denominators	# of Measures with Requested Shorter or Delayed Measurement Periods	# of Measures with Requested Reporting Milestone Exemptions	Points	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is not met	
						DY7 Valuation	DY8 Valuation	DY7 Valuation	DY8 Valuation
B1	Care Transitions & Hospital Readmissions	0	0	0	11	\$2,776,088.71	\$3,785,575.52	\$3,280,832.12	\$4,290,318.92
D1	Pediatric Primary Care	0	0	0	19	\$4,792,667.65	\$6,535,455.89	\$5,664,061.77	\$7,406,850.01
F2	Preventive Pediatric Dental	0	0	0	2	\$504,876.44	\$688,467.87	\$596,672.16	\$780,263.59
H2	Behavioral Health and Appropriate Utilization	0	0	0	16	\$4,037,548.11	\$5,505,747.42	\$4,771,647.76	\$6,239,847.07
J1	Hospital Safety	0	0	0	10	\$2,522,918.79	\$3,440,343.80	\$2,981,631.29	\$3,899,056.31
Total	N/A	0	0	0	58	\$14,634,099.70	\$19,955,590.50	\$17,294,845.10	\$22,616,335.90

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
B1	Care Transitions & Hospital Readmissions	
D1	Pediatric Primary Care	
F2	Preventive Pediatric Dental	
H2	Behavioral Health and Appropriate Utilization	
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 per DY distributed across measures (if regional hospital participation requirement is met)	Category D valuation per DY distributed across measures (if regional hospital participation requirement is not met)
Potentially preventable admissions (PPAs)	\$798,223.62	\$266,074.54
Potentially preventable 30-day readmissions (PPRs)	\$798,223.62	\$266,074.54
Potentially preventable complications (PPCs)	\$798,223.62	\$266,074.54
Potentially preventable ED visits (PDVs)	\$798,223.62	\$266,074.54
Patient satisfaction	\$798,223.62	\$266,074.54

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

Yes

Section 6: Certification

By my signature below, I certify the following facts:

- I am legally authorized to sign this document on behalf of my organization;
- I have read and understand this document;
- The statements on this form regarding my organization are true, correct, and complete to the best of my knowledge and belief.

Name: Kord Quintero
 Performing Provider: Memorial Hermann Health System
 Date: 3/5/2018

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