



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:	137909111 - Memorial Medical Center
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public
TIN:	17460034113000
Physical Street Address:	815 N. Virginia Street
City:	Port Lavaca
Zip:	77979
Primary County:	Calhoun
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:	Jason Anglin	Roshanda Thomas	Roshanda Thomas
Street Address:	815 N. Virginia Street	815 N. Virginia Street	815 N. Virginia Street
City:	Port Lavaca	Port Lavaca	Port Lavaca
Zip:	77979	77979	77979
Email:	janglin@mmcportlavaca.com	rthomas@mmcportlavaca.com	rgray@mmcportlavaca.com
Phone Number:	361-552-0222	(361) 552-0323	361-552-0224
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:	Memorial Medical Center is a county owned 25 bed critical access hospital in Port Lavaca, Texas and serves as the only hospital in Calhoun County. MMC serves 60 percent of the 21,382 county residents. Located off the Gulf Coast, Calhoun County is designated as a primary care and mental health professional shortage area in a medically underserved area. Memorial Medical Center is committed to providing to all citizens of Calhoun County accessibility to the highest quality of healthcare in a caring, dignified, and cost-effective manner.
Overall DSRIP Goals:	Our overall DSRIP goals will provide critically needed services to a medically underserved area of rural Texas as identified in our Region's community needs assessment. Memorial Medical Center's goals will provide comprehensive, integrated primary care services that are focused on person-centered preventive care and chronic disease screening and focus on the increase access to cancer screening in the primary care setting in our community.
Alignment with regional community needs assessment:	While the Region has many specific objectives and improvement targets based on stakeholder input and community needs assessments, the overarching goals that have guided many of our decisions include the following: <ul style="list-style-type: none"> • Increase access to primary and specialty care services, with a focus on underserved populations, to ensure patients receive the most appropriate care for their condition, regardless of where they live or their ability to pay. • Transform health care delivery from a disease-focused model of episodic care to a patient-centered, coordinated delivery model that improves patient satisfaction and health outcomes, reduces unnecessary or duplicative services, and builds on the accomplishments of our existing health care system, and • Develop a culture of ongoing transformation and innovation that maximizes the use of technology and best-practices, facilitates regional collaboration and sharing, and engages patients, providers, and other stakeholders in the planning, implementation, and evaluation processes.

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	\$438,153.02	\$0.00	\$438,153.02	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$219,076.51	\$219,076.51	\$219,076.51	\$219,076.51
Category C	\$1,204,920.81	\$1,643,073.83	\$1,423,997.32	\$1,862,150.34
Category D	\$328,614.77	\$328,614.77	\$109,538.26	\$109,538.26
Total	\$2,190,765.11	\$2,190,765.11	\$2,190,765.11	\$2,190,765.11

Would you like to decrease the total valuation?
 No

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



DY7-8 Provider RHP Plan Update Template - Category B

Progress Tracker

Section 1: System Definition

Complete

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

Complete

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	137909111 - Memorial Medical Center
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public
Category B valuation in DY7:	\$219,076.51
Category B valuation in DY8:	\$219,076.51

Section 1: System Definition

Hospitals - Required Components

Required System Component	Business Component?
Inpatient Services	Business Component of the Organization

Please enter a description of this System Component.

Memorial Medical Center provides inpatient services which is defined as medical services that requires admission into our hospital for care. This includes our Medical-Surgical unit, and Intensive Care unit to which a patient may be admitted to the hospital for general medical or surgical care, also including diagnostic and therapeutic services. Inpatient services will consist of all services in all units other than the Maternal unit. Maternal services will be included in our Maternal business component of the organization.

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

Please enter a description of this System Component.

Memorial Medical Center has an Emergency department which is located inside the hospital. The department offers medical treatment specializing in emergency medicine. The department provides acute care of patients who present without prior appointment; either by their own means or by ambulance to our Emergency Department for immediate care.

Required System Component

Business Component?

Owned or Operated Outpatient Clinics

Business Component of the Organization

Please enter a description of this System Component.

Memorial Medical Center has a Rural Health Clinic which is located outside of the hospital. Memorial Medical Clinic is an entity of our hospital designed to provide medical services to individuals in an outpatient clinic setting.

Required System Component

Business Component?

Maternal Department

Business Component of the Organization

Please enter a description of this System Component.

Our Labor and Delivery unit is a system component and involves all maternal services offered at our hospital. A department of the hospital that provides care for women during labor and delivery, recovery, and postpartum care. The maternal department also includes the care of newborn infants.

Required System Component

Business Component?

Owned or Operated Urgent Care Clinics

Not a Business Component of the Organization

Hospitals - Optional Components

Optional System Component

Would you like to select this component?

Contracted Specialty Clinics	No
Optional System Component	Would you like to select this component?
Contracted Primary Care Clinics	No
Optional System Component	Would you like to select this component?
School-based Clinics	No
Optional System Component	Would you like to select this component?
Contracted Palliative Care Programs	No
Optional System Component	Would you like to select this component?
Contracted Mobile Health Programs	No
Optional System Component	Would you like to select this component?
Other	No

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

	DY5	DY6
MLIU PPP	6,174	6,586
Total PPP	18,220	19,474

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 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):	6,380
Average Total PPP	18,847
MLIU percentage of Total PPP	33.85%

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

Would you like the MLIU PPP Goal to be based on DY5 or DY6 only (as opposed to the average)?	No
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DY7-8 Provider RHP Plan Update Template - Category C Selection

Progress Tracker

Section 2: Selection of Measure Bundles for Hospitals and Physician Practices Minimum Selection Requirements Met MPT Met	Complete	Note: you must confirm selections at the bottom of the page to finish.	MPT	4
	Yes		Points Selected	18
	Yes		Bundles Selected	2

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	137909111 - Memorial Medical Center
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

If regional private hospital participation requirement is met	Category C valuation in DY7:	\$1,204,920.81
	Category C valuation in DY8:	\$1,643,073.83
If regional private hospital participation requirement is <u>not</u> met	Category C valuation in DY7:	\$1,423,997.32
	Category C valuation in DY8:	\$1,862,150.34

MINIMUM POINT THRESHOLD (MPT):

Each Performing Provider must select Measure Bundles/measures to meet or exceed their MPT to maintain their valuation that was confirmed on the Provider Entry tab

Section 1: Attributed Population

Attributed Population for Hospital

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

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

Please describe any other attributed population (optional).

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

Measure Bundles for Hospitals & Physician Practices

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
No	A1	Improved Chronic Disease Management: Diabetes Care	11
No	A2	Improved Chronic Disease Management: Heart Disease	8
No	B1	Care Transitions & Hospital Readmissions	11
No	B2	Patient Navigation & ED Diversion	3
Yes	C1	Primary Care Prevention - Healthy Texans	12

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

This Measure Bundle objective is to provide comprehensive, integrated primary care services that are focused on person-centered prevention care and chronic disease screening. Memorial Medical Center understands that comprehensive and integrated action is the means to prevent and control chronic diseases. Effectively

screening. Memorial Medical Center understands that comprehensive and integrated action is the means to prevent and control chronic diseases. Effectively implemented medical screenings can help prevent disability and death and improve quality of life. Yet, many of the chronic diseases can be prevented and cured if detected early. The primary system components that will be used to report and drive improvement in this Measure Bundle is our Rural Health Clinic patient population, inpatient services, and/or emergency department.

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	C1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	C1-113	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	C1-147	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	C1-268	Pneumonia vaccination status for older adults	Required	P4P	Immunization	N/A
N/A - Required	MLIU denominator with significant volume	C1-269	Preventive Care and Screening: Influenza Immunization	Required	P4P	Immunization	N/A
N/A - Required	MLIU denominator with significant volume	C1-272	Adults (18+ years) Immunization status	Required	P4P	Immunization	N/A
N/A - Required	MLIU denominator with significant volume	C1-280	Chlamydia Screening in Women (CHL)	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	C1-389	Human Papillomavirus Vaccine (age 18 -26)	Required	P4P	Immunization	N/A
N/A - Required	Requesting to report as P4R	C1-502	PQI 91 Acute Composite (Adult Dehydration, Bacterial Pneumonia, Urinary Tract Infection Admission Rates)	Required	P4P	Population Based Clinical Outcome	4
	Please enter an explanation for the PBCO reporting request including estimated numerator and denominator volume and/or justification for no numerator volume	According to the Measure Bundle Protocol, providers that select Measure Bundle C1 and has an MPT less than 75 may opt to report measure as P4R. Memorial Medical Center has a MPT of 4 and would like consideration for P4R.					

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
Yes	C2	Primary Care Prevention - Cancer Screening	6

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

This Measure Bundle objective is to provide comprehensive, integrated primary care services that are focused on person-centered prevention care and cancer screening. Memorial Medical Center understands that comprehensive and integrated action is the means to prevent and control cancer, chronic diseases and other unwanted medical conditions. Effectively implemented medical screenings can help prevent disability and death and improve quality of life. Yet, many of the diseases can be prevented and cured if detected early. Preventative medicine is imperative to transforming healthcare in those we serve. The primary system components that will be used to report and drive improvement in this Measure Bundle is our Rural Health Clinic patient population, inpatient services data, and/or emergency department patient data.

Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required	MLIU denominator with significant volume	C2-106	Cervical Cancer Screening	Required	P4P	Cancer Screening	N/A
N/A - Required	MLIU denominator with significant volume	C2-107	Colorectal Cancer Screening	Required	P4P	Cancer Screening	N/A
N/A - Required	MLIU denominator with significant volume	C2-186	Breast Cancer Screening	Required	P4P	Cancer Screening	N/A

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
No	C3	Hepatitis C	4
No	D1	Pediatric Primary Care	14
No	D3	Pediatric Hospital Safety	10
No	D4	Pediatric Chronic Disease Management: Asthma	9
No	D5	Pediatric Chronic Disease Management: Diabetes	8
No	E1	Improved Maternal Care	10
No	E2	Maternal Safety	8
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
No	K1	Rural Preventive Care	3
No	K2	Rural Emergency Care	3

Total overall selected points: 18

Total overall selected points. 10

Are you finished making your selections?

Yes

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

Progress Tracker

Section 1: Measure Exemption Requests and Measure Setting System Components

Complete

Section 1: Measure Exemption Requests and Measure Setting System Components

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

Bundle-Measure ID	Measure Name	Baseline Measurement Period	Requesting a shorter or delayed measurement period?	Requesting a reporting milestone exemption?	Requesting a baseline numerator of zero?
C1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	CY2017: January 1, 2017 - December 31, 2017	No	No	No
C1-113	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing	CY2017: January 1, 2017 - December 31, 2017	No	No	Yes
Please enter an explanation for requesting a baseline numerator of zero.	This measure data is not readily available. There are challenges in obtaining 12 month and 6 month data due to a lack of establishing a formalized tracking system to collect the data to provide accurate reporting. Sampling would not be a viable option in this case due to our data abstraction challenges (manual process and limited human and technological resources). This type of measure has not been part of any past DSRIP measures and have not been tracked in any of our programs.				
C1-147	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	CY2017: January 1, 2017 - December 31, 2017	No	No	Yes
Please enter an explanation for requesting a baseline numerator of zero.	This measure data is not readily available. There are challenges in obtaining 12 month and 6 month data due to a lack of establishing a formalized tracking system to collect the data to provide accurate reporting. Sampling would not be a viable option in this case due to our data abstraction challenges (manual process and limited human and technological resources). This type of measure has not been part of any past DSRIP measures and have not been tracked in any of our programs.				
C1-268	Pneumonia vaccination status for older adults	CY2017: January 1, 2017 - December 31, 2017	No	No	No
C1-269	Preventive Care and Screening: Influenza Immunization	CY2017: January 1, 2017 - December 31, 2017	No	No	No

C1-272	Adults (18+ years) Immunization status	CY2017: January 1, 2017 - December 31, 2017	No	No	No
C1-280	Chlamydia Screening in Women (CHL)	CY2017: January 1, 2017 - December 31, 2017	No	No	Yes
Please enter an explanation for requesting a baseline numerator of zero.	This measure data is not readily available. There are challenges in obtaining 12 month and 6 month data due to a lack of establishing a formalized tracking system to collect the data to provide accurate reporting. Sampling would not be a viable option in this case due to our data abstraction challenges (manual process and limited human and technological resources). This type of measure has not been part of any past DSRIP measures and have not been tracked in any of our programs.				
C1-389	Human Papillomavirus Vaccine (age 18 -26)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
C1-502	PQI 91 Acute Composite (Adult Dehydration, Bacterial Pneumonia, Urinary Tract Infection Admission Rates)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
C2-106	Cervical Cancer Screening	CY2017: January 1, 2017 - December 31, 2017	No	No	No
C2-107	Colorectal Cancer Screening	CY2017: January 1, 2017 - December 31, 2017	No	No	No
C2-186	Breast Cancer Screening	CY2017: January 1, 2017 - December 31, 2017	No	No	No

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:	137909111 - Memorial Medical Center
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

If regional hospital participation requirement is met	Category C valuation in DY7:	\$1,204,920.81
	Category C valuation in DY8:	\$1,643,073.83
If regional hospital participation requirement is <u>not</u> met	Category C valuation in DY7:	\$1,423,997.32
	Category C valuation in DY8:	\$1,862,150.34

Section 1: 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 <u>not</u> met	
						Category C Valuation in DY7	Category C Valuation in DY8	Category C Valuation in DY7	Category C Valuation in DY8
C1	Primary Care Prevention - Healthy Texans	12	66.67%	50.00%	66.67%	\$803,320.70	\$1,095,437.32	\$949,379.01	\$1,241,495.63
C2	Primary Care Prevention - Cancer Screening	6	33.33%	25.00%	33.34%	\$401,600.11	\$547,636.51	\$474,618.31	\$620,654.71
Total		18	100.00%	N/A	N/A	\$1,204,920.81	\$1,643,073.83	\$1,423,997.32	\$1,862,150.34
Difference between selected percent and 100%:			0.00%						

Your valuation allocations add to 100%.

Are you finished allocating your Category C valuations across your selected measure bundles?

Yes

DY7-8 Provider RHP Plan Update Template - Category A Core Activities

Progress Tracker

Section 1: Transition from DY2-6 Projects to DY7-8 Provider-Level Outcomes and Core Activities

Section 2: Core Activities

All Selected Measure Bundles/Measures Associated with at Least One Core Activity

Complete
Complete
Complete

Performing Provider Information

RHP:

TPI and Performing Provider Name:

Performing Provider Type:

Ownership:

3
137909111 - Memorial Medical Center
Hospital
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_137909111.1.1	1.1.2	Expand primary and specialty care services through a hospital-based clinic to a medically underserved area of rural Texas.	Continuing as Core Activity in DY7-8	
RHP 3_137909111.2.1	2.5.3	Implement an automated medication dispensing system	Completed in DY2- 6	
RHP 3_137909111.2.2	2.4.1	Reduce patient anxiety and increase patient satisfaction through patient experience training for employees. Process and measures will be implemented to measure and improve patient experiences resulting improved communication.	Completed in DY2- 6	
RHP 3_137909111.2.3	2.4.3	Research, design and implement if found to be effective a hospitalist model to increase productivity and access to care for patients involving both physicians and mid-level providers. Currently, patients are admitted to their primary care physician or the primary care physician on call for the ER.	Completed in DY2- 6	
RHP 3_137909111.1.100	1.12.2	This project is supportive of our Region's goal to expand access to behavioral health care services in an outpatient setting and provide patients with the care they need, when they need it.	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).

Since Calhoun County is a designated Primary Care and Mental Health HPSA area, Memorial Medical Center is committed to the recruitment and retention of primary and specialty care providers in the community.

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

Analyze service gaps to identify recruitment opportunities in primary and specialty care.

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

Coordinate with third-party recruitment firms to recruit qualified medical providers to our community.

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

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

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

C1	C2		
----	----	--	--

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

Access to care is imperative to an individual's health. By expanding our services we will improve the health of our patients by providing more timely access to care and coordinating treatment and follow-up care that is not available when patients seek treatment through the emergency department. We also will improve patient satisfaction as patients will have a regular source for care that is less costly, more efficient, and better meets their health care needs. Through the creation and operations of a hospital-based clinic and hiring of primary and specialty care providers, this project will enable MMC to better meet the community and Region needs for health care services. Patients requiring specialty care must often drive long distances to see a provider, and may not receive services until the condition becomes critical. Patients needing primary care are unable to get appointments, delay care until it is more critical, and use the emergency room department for care that could have been provided in a physician's office. Through primary and specialty care access patients will receive preventative medicine and interventions for identified chronic diseases. Appropriate and timely screenings are needed in order to realize the impact of effective preventative medicine. Bundling of health outcomes will allow for a more formalize review and detection of chronic diseases such as cancer, diabetes, obesity, and others.

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

Complete

Section 2: Verification

Complete

Performing Provider Information

RHP:

3

TPI and Performing Provider Name:

137909111 - Memorial Medical Center

Performing Provider Type:

Hospital

Ownership:

Non-State Owned Public

If regional hospital participation requirement is met	Category D valuation in DY7	\$328,614.77
	Category D valuation in DY8	\$328,614.77
If regional hospital participation requirement is <u>not</u> met	Category D valuation in DY7	\$109,538.26
	Category D valuation in DY8	\$109,538.26

Section 1: Statewide Reporting Measure Bundle for Hospitals

Measure	Category D valuation per DY distributed across measures (if regional hospital participation valuation is met)	Category D valuation per DY distributed across measures (if regional hospital participation requirement is <u>not</u> met)
Potentially preventable admissions (PPAs)	\$65,722.95	\$21,907.65
Potentially preventable 30-day readmissions (PPRs)	\$65,722.95	\$21,907.65
Potentially preventable complications (PPCs)	\$65,722.95	\$21,907.65
Potentially preventable ED visits (PPVs)	\$65,722.95	\$21,907.65
Patient satisfaction	\$65,722.97	\$21,907.66
Requesting HCAHPS exemption - my organization does not report HCAHPS as part of the Medicare Inpatient Prospective Payment System due to low volume or other exempt status	No	

Section 2: Verification

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

I understand

DY7-8 Provider RHP Plan Update Template - IGT Entry

Progress Tracker

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

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	137909111 - Memorial Medical Center
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

Section 1: IGT Entities

In order to delete an existing IGT, delete the name of the IGT from cell G21, G29, etc.

IGT RHP	IGT Name	IGT TPI (if available)	IGT TIN	Affiliation Number
3	Calhoun County dba Memorial Medical Center	N/A	17460034113000	100-13-0000-00132

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Jason Anglin	815 N. Virginia Street	Port Lavaca	77979	janglin@mmcportlavaca.com	361-552-0222		Both
2	Roshanda Thomas	815 N. Virginia Street	Port Lavaca	77979	rthomas@mmcportlavaca.com	(361) 552-0323		Both
3								

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

	IGT Name	IGT TIN	IGT Affiliation #	DY7 % IGT Allocated	DY8 % IGT Allocated	If regional private hospital participation requirement is met		If regional private hospital participation requirement is not met	
						Total Estimated DY7 Allocation (FMAP 56.88/IGT 43.12)	Total Estimated DY8 Allocation (FMAP 57.32/IGT 42.68)	Total Estimated DY7 Allocation (FMAP 56.88/IGT 43.12)	Total Estimated DY8 Allocation (FMAP 57.32/IGT 42.68)
<i>RHP Plan Update Submission</i>	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%		\$188,931.58		\$188,931.58	
<i>Category B</i>	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$94,465.79	\$93,501.85	\$94,465.79	\$93,501.85
<i>C1-105</i>	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$40,893.49	\$56,818.20	\$48,328.67	\$64,393.97
<i>C1-113</i>	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$40,893.49	\$56,818.20	\$48,328.67	\$64,393.97
<i>C1-147</i>	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$40,893.49	\$56,818.20	\$48,328.67	\$64,393.97
<i>C1-268</i>	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$40,893.49	\$56,818.20	\$48,328.67	\$64,393.97
<i>C1-269</i>	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$40,893.49	\$56,818.20	\$48,328.67	\$64,393.97
<i>C1-272</i>	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$40,893.49	\$56,818.20	\$48,328.67	\$64,393.97
<i>C1-280</i>	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$40,893.49	\$56,818.20	\$48,328.67	\$64,393.97
<i>C1-389</i>	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$40,893.49	\$56,818.20	\$48,328.67	\$64,393.97
<i>C1-502</i>	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$19,244.00	\$12,987.03	\$22,742.89	\$14,718.60
<i>C2-106</i>	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$57,723.32	\$77,910.42	\$68,218.47	\$88,298.48
<i>C2-107</i>	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$57,723.32	\$77,910.42	\$68,218.47	\$88,298.48
<i>C2-186</i>	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$57,723.33	\$77,910.42	\$68,218.47	\$88,298.48
<i>Category D</i>	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$141,698.69	\$140,252.78	\$47,232.90	\$46,750.93
Total						\$944,657.92	\$935,018.55	\$944,657.92	\$935,018.55

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: Roshanda Thomas
IGT Organization: Calhoun County dba Memorial Medical Center
Date: 3/9/2018

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

Progress Tracker

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

Complete
Complete
Complete
Complete
Complete
Complete

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	137909111 - Memorial Medical Center
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 <u>not</u> met	
	DY7	DY8	DY7	DY8
RHP Plan Update Submission	\$438,153.02	\$0.00	\$438,153.02	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$219,076.51	\$219,076.51	\$219,076.51	\$219,076.51
Category C	\$1,204,920.81	\$1,643,073.83	\$1,423,997.32	\$1,862,150.34
Category D	\$328,614.77	\$328,614.77	\$109,538.26	\$109,538.26
Total	\$2,190,765.11	\$2,190,765.11	\$2,190,765.11	\$2,190,765.11

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

Yes

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

	MLIU PPP	Total PPP	MLIU Percentage of Total PPP
DY5	6,174	18,220	33.89%
DY6	6,586	19,474	33.82%
DY7 Estimated	6,380	18,847	33.85%
DY8 Estimated	6,380	18,847	33.85%

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 <u>not</u> met	
						DY7 Valuation	DY8 Valuation	DY7 Valuation	DY8 Valuation
C1	Primary Care Prevention - Healthy Texans	0	0	0	12	\$803,320.70	\$1,095,437.32	\$949,379.01	\$1,241,495.63
C2	Primary Care Prevention - Cancer Screening	0	0	0	6	\$401,600.11	\$547,636.51	\$474,618.31	\$620,654.71
Total	N/A	0	0	0	18	\$1,204,920.81	\$1,643,073.83	\$1,423,997.32	\$1,862,150.34

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

Yes

Section 4: Category A Core Activities Associated with Category C Measure Bundles/Measures

Bundle-Measure ID	Measure Bundle/Measure Name	Associated Core Activities
C1	Primary Care Prevention - Healthy Texans	
C2	Primary Care Prevention - Cancer Screening	

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

Yes

Section 5: Category D Valuations

Statewide Reporting for Hospitals

Measure	Category D valuation per DY distributed across measures (if regional hospital participation requirement is met)	Category D valuation per DY distributed across measures (if regional hospital participation requirement is <u>not</u> met)
Potentially preventable admissions (PPAs)	\$65,722.95	\$21,907.65
Potentially preventable 30-day readmissions (PPRs)	\$65,722.95	\$21,907.65
Potentially preventable complications (PPCs)	\$65,722.95	\$21,907.65
Potentially preventable ED visits (PDVs)	\$65,722.95	\$21,907.65
Patient satisfaction	\$65,722.97	\$21,907.66

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

Yes

Section 6: Certification

By my signature below, I certify the following facts:

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

Name:	Roshanda Thomas
Performing Provider:	Memorial Medical Center
Date:	3/9/2018

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

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