



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
 Section 2: Lead Contact information
 Section 3: Optional withdrawal from DSRIP
 Section 4: Performing provider overview
 Section 5: DY7-8 DSRIP total valuation

Complete
Complete
Complete
Complete
Complete

Section 1: Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	137949705 - Houston Methodist Hospital
Performing Provider Type:	Hospital
Ownership:	Private
HIN:	17411801552007
Physical Street Address:	6565 Fannin Street
City:	Houston
Zip:	77030
Primary County:	Harris
Additional counties being served (optional):	

Section 2: Lead Contact Information

Contact Name:	Lead Contact 1	Lead Contact 2	Lead Contact 3
Street Address:	1707 Sunset Blvd.	6560 Fannin Street, Scurlock Suite 1562	6560 Fannin, Scurlock Tower, Suite 1562
City:	Houston	Houston	Houston
Zip:	77005	77030	77030
Email:	cbelk@houstonmethodist.org	hchung@houstonmethodist.org	ekta_patel@columbia.edu
Phone Number:	832-667-5883	281-755-5391	(832) 696-3938
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:	Houston Methodist Hospital is the flagship hospital of Houston Methodist. Located in the Texas Medical Center in Houston, Texas, Houston Methodist Hospital was established in 1919 and has 1193 beds. The number of beds will change due to expansion of the ED at HMH San Jacinto and the creation of Walter tower. It consistently ranked as "One of America's Best Hospitals" according to U.S. News and World Report. The hospital has earned worldwide recognition in multiple specialties including cardiovascular surgery, cancer, epilepsy treatment and organ			
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Overall DSRIP Goals:	We have chosen to implement H2 for category C. Provide specialized and coordinated services to individuals with serious mental illness and/or a combination of behavioral health and physical health issues to reduce emergency department utilization and avoidable inpatient admission and readmissions. Overall we hope to improve our patient population's health and take steps to reduce unnecessary hospitalizations.
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Alignment with regional community needs assessment:	Our community needs assessment shows that there is a gap in mental health coverage in our area. We hope to fill this gap by focusing on the assignment of Primary Care Physician to individuals with Schizophrenia and Adult Major Depressive Disorder (MDD). We also will implement new procedures for Suicide Risk Assessment, Bipolar Disorder and Major Depression Assessment, and Appraisal for alcohol or chemical substance use.
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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	\$905,287.80	\$0.00	\$905,287.80	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$452,643.90	\$452,643.90	\$452,643.90	\$452,643.90
Category C	\$2,489,541.45	\$3,394,829.25	\$2,942,185.35	\$3,847,473.15
Category D	\$678,965.85	\$678,965.85	\$226,321.95	\$226,321.95
Total	\$4,526,439.00	\$4,526,439.00	\$4,526,439.00	\$4,526,439.00

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

KHP:	SJ
IPI and Performing Provider Name:	137949705 - Houston Methodist Hospital
Performing Provider Type:	Hospital
Ownership:	Private
Category B valuation in DY7:	\$452,643.90
Category B valuation in DY8:	\$452,643.90

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.

Inpatient services are defined as services which require a doctor's order admitting you into the hospital for a variety of reasons. San Jacinto Hospital has 16 inpatient units (HMSJ ACUTE PT, HMSJ IP REHAB, HMSJ SNF, HMSJ 2 EAST, HMSJ 2 SOUTH, HMSJ INTERMEDIATE CARE, HMSJ IP WOUND CARE, HMSJ OR CV, HMSJ SICU, HMSJ AMB SURG CNTR, HMSJ ASU PREOP, HMSJ 2 WEST, HMSJ 3 WEST, HMSJ AOD, HMSJ ICU, HMSJ OBSERVATION 2). Houston Methodist Hospital has 50 inpatient units (Alkek 7, Alkek 8, Alkek 9, Dunn 10E, Dunn 10W, Dunn 3 ICU (SLICU), Dunn 4W, Dunn 7E, Dunn 7W, Dunn 8E, Dunn 8W, Dunn 9E, Dunn 9W, Fondren 10 CCU, Fondren 11, Fondren 12, Fondren 2 MICU, Fondren 3 ICU, HMH BMT IP, HMH ENDOSCOPY, HMH EYE HOLDING, HMH FONDREN HEART FAIL, HMH HEART TRANSPLT, HMH LABOR DELIVERY D6W, HMH PANCREAS TRANSP, HMH TMH TRANSPLT, HMH WP IP REHAB 10, HMH WP IP REHAB 9, Jones 10, Jones 11, Jones 8, Jones 9, Jones 9 IMU, MAIN 3NW AOD, MAIN 3NW OVERFLOW, Main 3SW, Main 4 Neuro ICU, Main 4NW, Main 4SW, Main 5, Main 6NW, Main 6SW, Main 7NE Psychiatry, Main 7SW, Main 8NE/SE, Main 8NW, Main OR, Main PACU, WP IP 8 SNF, HMH OPC ENDOVASCULAR). Patients can receive inpatient services of the following specialties: Cardiac Intensive Care, Cardiology, Critical Care Medicine, General Internal Medicine, General Surgery, Hematology and Oncology, Intensive Care, Neurology, Obstetrics and Gynecology, Orthopedic Surgery, Psychiatry, Rehabilitation, Surgical Intensive Care, Transplant, and Urology.

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

Please enter a description of this System Component.

Emergency department is defined as medical treatment facility specializing in emergency medicine. It serves the acute care of patients who present without prior appointment who arrive either by their own means or by that of an ambulance. Within our system Emergency Departments are either located in a hospital or free standing. This includes 4 Emergency departments at Houston Methodist Hospital (HMH HOSPITAL ED, HMH KIRBY SW FWY ED, HMH PEARLAND ECC, HMH VOSS ED) and one at SJ (HMSJ ED).

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

Please enter a description of this System Component.

Outpatient clinics are defined as outpatient service locations which may take place at an inpatient or outpatient physical location. These services are strictly outpatient but may be services within a Medical Office Building, shared Inpatient/Outpatient space, or free standing location. Methodist owns and operates over 278 outpatient departments/clinics across 34 distinct locations.

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

Please enter a description of this System Component.

The maternal department in our hospital is one that provides care for women during pregnancy and childbirth as well as for newborn infants. There are four maternal departments at Houston Methodist San Jacinto (HMSJ L&D PROCEDURES, HMSJ L&D TRIAGE, HMSJ LABOR DELIVERY, HMSJ NURSERY) and two in Houston Methodist Hospital (HMH NURSERY, and HMH NURSERY LEVEL II).

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	41,947	39,538
Total PPP	583,297	472,248

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):	40,743
Average Total PPP	527,773
MLIU percentage of Total PPP	7.72%

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

Would you like the MLIU PPP Goal to be based on DY5 or DY6 only (as opposed to the average)?	Yes - DY6 Only
DY6 MLIU PPP	39,538
DY6 Total PPP	472,248

Please provide a reason for requesting a different MLIU PPP Goal.

In year five, we had many patients in the PO Athena system. Some of these MRN's did not have an EPIC MRN match and are included in the statistic as an unique patient. This will have an effect of inflating year five numbers.

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	9
Points Selected	11
Bundles Selected	1
Clinical Outcome Selected	Y

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	137949705 - Houston Methodist Hospital
Performing Provider Type:	Hospital
Ownership:	Private

If regional private hospital participation requirement is met	Category C valuation in DY7:	\$2,489,541.45
	Category C valuation in DY8:	\$3,394,829.25
If regional private hospital participation requirement is <u>not</u> met	Category C valuation in DY7:	\$2,942,185.35
	Category C valuation in DY8:	\$3,847,473.15

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	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
No	C1	Primary Care Prevention - Healthy Texans	12
No	C2	Primary Care Prevention - Cancer Screening	6
No	C3	Hepatitis C	4
No	D1	Pediatric Primary Care	14
No	D3	Pediatric Hospital Safety	10
No	D4	Pediatric Chronic Disease Management: Asthma	9
No	D5	Pediatric Chronic Disease Management: Diabetes	8
No	E1	Improved Maternal Care	10
No	E2	Maternal Safety	8
No	F1	Improved Access to Adult Dental Care	7
No	F2	Preventive Pediatric Dental	2
No	G1	Palliative Care	6
No	H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	12
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.

According to the Community Needs assessment for RHP3, the demand for behavioral health services is much higher than the supply in the current provider market. Some services like outpatient psychiatric treatment, case management, care coordination, family counseling and therapy are nearly 50% greater than the supply. We hope by increasing the services offered and introducing new projects we will be able to reduce the gap in behavioral health. From our system definition we will work with patients in our outpatient units, inpatient units, and emergency departments and report our efforts and performance. We will help ensure patients with behavioral health needs appropriately utilize the right setting at the right time by assigning them a PCP and follow up after hospitalization.

Select Optional Measure (Yes/No)	Goal Setting and	Bundle-Measure ID	Measure Name	Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required	Requesting to use all-payer denominator with significant volume	H2-259	Assignment of Primary Care Physician to Individuals with Schizophrenia	Required	P4P	Process	N/A
	Please enter an explanation of why the alternative denominator is being requested.						
N/A - Required	Requesting to use all-payer denominator with significant volume	H2-266	Independent Living Skills Assessment for Individuals with Schizophrenia	Required	P4P	Process	N/A

	Please enter an explanation of why the alternative denominator is being requested.	There were 102 all-payer patients at Houston Methodist Hospital and San Jacinto with a primary diagnosis of schizophrenia from January 2017 to December 2017. However, we are not able to consistently meet the MLIU significant denominator volume (30 MLIU patients) during a measurement period. By being able to serve all-payer types we will still be able to serve MLIU and other patients needing this intervention.					
N/A - Required	No volume for denominator	H2-305	(MDD): Suicide Risk Assessment (SRA-CH)	Required	P4P	Process	N/A
	Please enter an explanation of why the volume is less than significant.	Our denominator will always be 0 because we do not provide services for the age group specified. There is no volume for this measure.					
N/A - Required	MLIU denominator with significant volume	H2-319	Assessment (eMeasure)	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	H2-405	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	MLIU denominator with significant volume	H2-216	Risk Adjusted Behavioral Health/ Substance Abuse 30-Day Readmission Rate	Optional	P4P	Clinical Outcome	3
No	MLIU denominator with significant volume	H2-265	Housing Assessment for Individuals with Schizophrenia	Optional	P4P	Process	1
N/A - Required	Requesting to report as P4R	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
	Please enter an explanation for the PBCO reporting request including estimated numerator and denominator volume and/or justification for no numerator volume	The guideline in the measure protocol bundle indicates that if we choose to report H2-160 as P4P our system will meet the MPT and satisfy the criteria of reporting.					

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
No	J1	Hospital Safety	10

Total overall selected points:	11
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Are you finished making your selections?	Yes
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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?	baseline numerator of zero?
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
H2-266	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

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

Progress Tracker

Section 1: Measure Bundle/Measure Valuation

Complete

Performing Provider Information

CRN:	3
Internal performing provider name:	137949705 - Houston Methodist Hospital
Performing provider type:	Hospital
Ownership:	Private

If regional hospital participation requirement is met	Category C valuation in DY7:	\$2,489,541.45
	Category C valuation in DY8:	\$3,394,829.25
If regional hospital participation requirement is <u>not</u> met	Category C valuation in DY7:	\$2,942,185.35
	Category C valuation in DY8:	\$3,847,473.15

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 not met	
						Category C Valuation in DY7	Category C Valuation in DY8	Category C Valuation in DY7	Category C Valuation in DY8
H2	Appropriate Utilization	11	100.00%	75.00%	100.00%	\$2,489,541.45	\$3,394,829.25	\$2,942,185.35	\$3,847,473.15
Difference between selected points and score			0.00%	N/A	N/A	\$2,489,541.45	\$3,394,829.25	\$2,942,185.35	\$3,847,473.15

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	Complete
Section 2: Core Activities	Complete
All Selected Measure Bundles/Measures Associated with at Least One Core Activity	Complete

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	137949705 - Houston Methodist Hospital
Performing Provider Type:	Hospital
Ownership:	Private

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

DY6 Project ID	Project Option	Project Summary	Completed/Continuing	Enter a description for continuation (optional)
RHP 3_137949705.2.1	2.17.1	Facilitate effective transitions of care to behavioral health and primary care through locations within Harris County including Harris Health System, MHMRA, private physicians, and SJMH Family Medicine Residency physicians. Leverage community mental health workers to connect patients with existing primary care and mental health resources.	Continuing as Core Activity in DY7-8	

Section 2: Core Activities

Please enter your organization's number of Core Activities:

1) Please select the grouping for this Core Activity.

a) Please select the name of this Core Activity.

b) Please enter a description of this Core Activity

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

- A) Please list the first Change Idea for the above Secondary Driver (required).
- B) Please list the second Change Idea for the above Secondary Driver (optional).

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

- A) Please list the first Change Idea for the above Secondary Driver (required).
- B) Please list the second Change Idea for the above Secondary Driver (optional).

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

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.

d) 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?

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

KHP: 3
 IPI and Performing Provider Name: 137949705 - Houston Methodist Hospital
 Performing Provider Type: Hospital
 Ownership: Private

If regional hospital participation requirement is met	Category D valuation in DY7	\$678,965.85
	Category D valuation in DY8	\$678,965.85
If regional hospital participation requirement is <u>not</u> met	Category D valuation in DY7	\$226,321.95
	Category D valuation in DY8	\$226,321.95

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)	\$135,793.17	\$45,264.39
Potentially preventable 30-day readmissions (PPRs)	\$135,793.17	\$45,264.39
Potentially preventable complications (PPCs)	\$135,793.17	\$45,264.39
Potentially preventable ED visits (PPVs)	\$135,793.17	\$45,264.39
Patient satisfaction	\$135,793.17	\$45,264.39
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 -Summary and Certification

Progress Tracker

Section 1. DY7-8 DSRIIP 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
IRI and Performing Provider Name:	137949705 - Houston Methodist Hospital
Performing Provider Type:	Hospital
Ownership:	Private

Section 1: DY7-8 DSRIIP Valuation

	DY7-8 DSRIIP Valuation Distribution			
	is met		met	
	DY7	DY8	DY7	DY8
RHP Plan Update Submission	\$905,287.80	\$0.00	\$905,287.80	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$452,643.90	\$452,643.90	\$452,643.90	\$452,643.90
Category C	\$2,489,541.45	\$3,394,829.25	\$2,942,185.35	\$3,847,473.15
Category D	\$678,965.85	\$678,965.85	\$226,321.95	\$226,321.95
Total	\$4,526,439.00	\$4,526,439.00	\$4,526,439.00	\$4,526,439.00

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	41,947	583,297	7.19%
DY6	39,538	472,248	8.37%
DY7 Estimated	39,538	472,248	8.37%
DY8 Estimated	39,538	472,248	8.37%

Were DY7-8 maintenance goals based on DY5 or DY6 only? Yes - DY6 Only

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
H2	Behavioral Health and Appropriate Utilization	2	0	0	11	\$2,489,541.45	\$3,394,829.25	\$2,942,185.35	\$3,847,473.15
Total	N/A	2	0	0	11	\$2,489,541.45	\$3,394,829.25	\$2,942,185.35	\$3,847,473.15

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
H2	Behavioral Health and Appropriate Utilization	

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)	\$135,793.17	\$45,264.39
Potentially preventable 30-day readmissions (PPRs)	\$135,793.17	\$45,264.39
Potentially preventable complications (PPCs)	\$135,793.17	\$45,264.39
Potentially preventable ED visits (PDVs)	\$135,793.17	\$45,264.39
Patient satisfaction	\$135,793.17	\$45,264.39

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: Heather Chung
 Performing Provider: Hobson Methodist Hospital
 Date: 07/27/2020

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
MPI (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