



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: **139135109 - Texas Children's Hospital**

Performing Provider Type: **Hospital**

Ownership: **Private**

TIN: **17411005550501**

Physical Street Address: **6621 Fannin**

City: **Houston**

Zip: **77030**

Primary County: **Harris**

Additional counties being served (optional): **Brazoria Fort Bend Montgomery Waller Galveston Liberty Chambers**

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:	Rosie Valadez McStay	Bethany Lowe	
Street Address:	2450 Holcombe Blvd Suite 34L	2450 Holcombe Blvd Suite 34L	
City:	Houston	Houston	
Zip:	77021	77021	
Email:	irmcstay@texaschildrens.org	bemiller@texaschildrens.org	
Phone Number:	832-824-2782	832-824-3908	
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: **Texas Children's Hospital is an internationally recognized, full-care pediatric hospital located in the Texas Medical Center in Houston. One of the largest pediatric hospitals in the United States, Texas Children's is dedicated to providing the finest possible pediatric patient care, education, and research. Since opening its doors in 1954, the Hospital has cared for children from every corner of the world alongside its academic partner, Baylor College of Medicine. Together, Texas Children's and Baylor represent one of the most active and government supported pediatric research programs across the U.S. Investigators are conducting innovative research in nearly every pediatric subspecialty with the goal of quickly translating discoveries into breakthrough treatments for children and pregnant women across the globe.**

Overall DSRIP Goals: **Texas Children's overall DSRIP goals center on implementing delivery system reforms that increase access to health care, improve quality of care, and enhance the health of the patients and families that we serve. Implementing these delivery system reforms also aligns with the Institute for Healthcare Improvement's (IHI) triple aim, to improve patient experience, enhance population health, and reduce the per capita cost of care.**

Alignment with regional community needs assessment: **Texas Children's DSRIP efforts aim to address the needs outlined in the Southeast Texas RHP - Region 3 Community Needs Assessment, which closely align with the needs identified in Texas Children's Community Health Needs Assessment. From chronic disease and poor birth outcomes to limited access to maternal, primary, and specialty care, Texas Children's Hospital is committed to developing and sustaining system-wide initiatives that recognize Texas Children's role as a health care leader for the region and country.**

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	\$6,497,179.00	\$0.00	\$6,497,179.00	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$3,248,589.50	\$3,248,589.50	\$3,248,589.50	\$3,248,589.50
Category C	\$17,867,242.25	\$24,364,421.25	\$21,115,831.75	\$27,613,010.75
Category D	\$4,872,884.25	\$4,872,884.25	\$1,624,294.75	\$1,624,294.75
Total	\$32,485,895.00	\$32,485,895.00	\$32,485,895.00	\$32,485,895.00

Would you like to decrease the total valuation?
No

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



DY7-8 Provider RHP Plan Update Template - Category B

Progress Tracker

Section 1: System Definition

Complete

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

Complete

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	139135109 - Texas Children's Hospital
Performing Provider Type:	Hospital
Ownership:	Private
Category B valuation in DY7:	\$3,248,589.50
Category B valuation in DY8:	\$3,248,589.50

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.

Texas Children's Hospital is an internationally recognized, full-care pediatric hospital located in the Texas Medical Center in Houston. With 650 beds and 3 hospitals, Texas Children's has over 3.3 million patient encounters each year. The following is a list of departments that make up our inpatient services.

Inpatient services at TCH Medical Center Campus

Inpatient services at TCH West Campus

Inpatient services at TCH The Woodlands Campus

Pediatric Hospital Medicine

Palliative Care Service

Cancer Treatment at Wallace Tower (Clinical Care Tower)

Infusion Center at Wallace Tower (Clinical Care Tower)

Pathology 3 at Wallace Tower

Cardiology Diagnostics at West Campus

Children's Sleep Center at West Campus

CT Imaging at West Campus

Infusion Center at West Campus

Interventional Radiology at West Campus

Interventional Radiology at West Campus

MR Imaging at West Campus

Neurosurgery at West Campus

Ultrasound Imaging at West Campus

X-Ray Third Floor at West Campus

X-Ray Fifth Floor at West Campus

X-Ray/Fluoroscopy Imaging at West Campus

Childrens Sleep Center at The Woodlands

CT Imaging at The Woodlands

Infusion Center at The Woodlands

Interventional Radiology at The Woodlands

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

Please enter a description of this System Component.

Emergency Center at The Woodlands

Emergency Center at West Campus

Emergency Center at West Tower

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

Please enter a description of this System Component.

Texas Children's Hospital provides care in more than 40 pediatric subspecialties and treats children across the state, nation and world for the most complex conditions. Below is a list of departments that make up our outpatient services.

Texas Children's Pediatrics Cy-Fair

Texas Children's Pediatrics Sugar Land

Adol/Spor/Yng Woman's at Health Center Cy-Fair

Adol/Spor/Yng Woman's at Health Center Sugar Land

Adol/Spor/Yng Woman's at Wallace Tower (Clinical Care Tower)

Adolescent Medicine at West Campus

Allergy and Immunology at Health Center Sugar Land

Allergy and Immunology at Health Center Sugar Land
 Allergy and Immunology at Specialty Care Kingwood
 Allergy and Immunology at The Woodlands
 Allergy and Immunology at The Woodlands
 Allergy and Immunology at Wallace Tower (Clinical Care Tower)
 Allergy and Immunology at West Campus
 Bone Marrow Transplant at West Tower

Breast Clinic at Wallace Tower (Clinical Care Tower)
 Cancer Center at The Woodlands
 Cancer Center at Wallace Tower (Clinical Care Tower)
 Cancer Center at West Campus
 Cancer Genetics at Wallace Tower (Clinical Care Tower)
 Cardiac Development Outcomes Program at West Tower
 Cardiology at Health Center Clear Lake
 Cardiology at Health Center Cy-Fair
 Cardiology at Health Center Sugar Land
 Cardiology at Specialty Care Kingwood

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

Please enter a description of this System Component.

At Texas Children's Pavilion for Women, we care for women and children from preconception, to long after the birth of the child. We are dedicated to obstetrics, gynecology, and fetal intervention because we know to improve the health of children, we must start with mothers. The Pavilion for Women is a 15-story, 1.3 million-square-foot facility with 106 patient beds and the capacity to deliver 5,000 babies annually. Below is a list of departments that make up the Maternal Services.
 Baylor Gynecology - Pavilion for Women

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

Please enter a description of this System Component.

Texas Children's Urgent Care clinics are open Monday through Friday, 4:30 to 11 p.m. and Saturday and Sunday, 12 to 8 p.m. The clinics are staffed by board certified pediatricians who have privileges at Texas Children's Hospital. Pediatricians diagnose and treat a wide variety of ailments, illnesses and conditions, including: asthma, strep throat, fever, minor burns, influenza, ear infections, allergic reactions and more. Procedures provided include: antibiotic injections, breathing treatments, fracture care and splinting, IV (intravenous) fluids, lab services, laceration repair and x-rays on-site. Below is a list of our urgent care locations.

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	197,257	211,395
Total PPP	528,947	553,665

Please indicate the population included in the MLIU PPP

<input checked="" type="checkbox"/> Medicaid	<input 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 type="checkbox"/> Uninsured	<input type="checkbox"/> Other (please explain below)	

MLIU PPP Goal for each DY (DY7 and DY8):	204,326
Average Total PPP	541,306

MLIU percentage of Total PPP	37.75%
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*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		MPT	
Section 2: Selection of Measure Bundles for Hospitals and Physician Practices	Complete	Points Selected	65
Minimum Selection Requirements Met	Yes	Bundles Selected	70
MPT Met	Yes	Clinical Outcome Selected	8

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

Performing Provider Information	
RHP:	3
TPI and Performing Provider Name:	139135109 - Texas Children's Hospital
Performing Provider Type:	Hospital
Ownership:	Private
If regional private hospital participation requirement is met	Category C valuation in DY7: \$17,867,242.25 Category C valuation in DY8: \$24,364,421.25
If regional private hospital participation requirement is <u>not</u> met	Category C valuation in DY7: \$21,115,831.75 Category C valuation in DY8: \$27,613,010.75

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

Section 1: Attributed Population
<p>Attributed Population for Hospital</p> <p>For Hospital organizations and Physician Practices, the DSRIP attributed population includes individuals from the DSRIP system defined in Category B that meet at least one of the criteria below. Individuals do not need to meet all or multiple criteria to be included.</p> <p>a. Medicaid beneficiary attributed to the Performing Provider during the measurement period as determined by assignment to a primary care provider (PCP), medical home, or clinic in the performing providers DSRIP defined system OR</p> <p>b. Individuals enrolled in a local coverage program (for example, a county-based indigent care program) assigned to a PCP, medical home, or clinic in the performing providers DSRIP defined system OR</p> <p>c. One preventive service provided during the measurement period (Includes value sets of visit type codes for annual wellness visit, preventive care services - initial office visit, preventive care services - established office visit, preventive care individual counseling) OR</p> <p>d. One ambulatory encounter during the measurement year and one ambulatory encounter during the year prior to the measurement year OR</p> <p>e. Two ambulatory encounters during the measurement year OR</p> <p>f. Other populations managed with chronic disease in specialty care clinics in the performing providers DSRIP defined system</p> <p>g. One emergency department visit during the measurement year OR</p> <p>h. One admission for inpatient or observation status during the measurement year OR</p> <p>i. One prenatal or postnatal visit during the measurement year OR</p> <p>j. One delivery during the measurement year OR</p> <p>k. One dental encounter during the measurement year OR</p> <p>l. Enrolled in a palliative care or hospice program during the measurement year</p>

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
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.

Texas Children's primary DSRIP goals are to implement system-wide reforms that increase access to health care, improve quality, and enhance the health of patients and families. The Southeast Texas RHP-Region 3's 2015 Community Needs Assessment points out that the region faces a significant shortage of primary care providers, leaving patients unable to obtain a provider willing to serve them or unable to locate a provider with extended hours to accommodate work schedules. Texas Children's

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	D1-108	Childhood Immunization Status (CIS)	Required	P4P	Immunization	N/A
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	MLIU denominator with significant volume	D1-237	Well-Child Visits in the First 15 Months of Life (6 or more visits)	Required	P4P	Process	N/A
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
Yes	MLIU denominator with significant volume	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	Requesting to report as P4R	D1-503	PDI 91 Acute Composite (Gastroenteritis, Urinary Tract Infection Admission Rate)	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	Per the Measure Bundle Protocol: Providers with an MPT below 75 that do not opt to report as P4P that have any numerator volume will report as P4R. Measures reported as P4R will not count towards the measure bundles point value and do not contribute towards a providers MPT. Texas Children's Pediatrics is opting to report this measure as P4R.					
No	MLIU denominator with significant volume	D1-T01	Innovative Measure: Behavioral Health Counseling for Childhood Obesity	Optional	P4R	Innovative	0

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
Yes	D3	Pediatric 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.			
The population definition used for the quality measure goals is consistent with the Solutions for Patient Safety Collaborative population. All patients are included who are defined as inpatient or under observation at the hospital. This is inclusive of Main, West, and Woodlands campuses.			
Texas Children's Hospital is recognized as the 4th best children's hospital in the country by US News and World Report. With 34,000 admissions and 30,000+ surgeries in			

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	D3-330	Pediatric CLABSI	Required	P4P	Hospital Safety	N/A
N/A - Required	All-payer denominator with significant volume	D3-331	Pediatric CAUTI	Required	P4P	Hospital Safety	N/A
N/A - Required	All-payer denominator with significant volume	D3-333	Pediatric Surgical site infections (SSI)	Required	P4P	Hospital Safety	N/A
N/A - Required	All-payer denominator with significant volume	D3-334	Pediatric Adverse Drug Events	Required	P4P	Hospital Safety	N/A
N/A - Required	All-payer denominator with significant volume	D3-335	Pediatric Pressure Injuries	Required	P4P	Hospital Safety	N/A

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
Yes	D4	Pediatric Chronic Disease Management: Asthma	9
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.			
Texas Children's primary DSRIP goals are to implement system-wide reforms that increase access to health care, improve quality, and enhance the health of patients and families. The Southeast Texas RHP - Region 3's 2015 Community Needs Assessment identifies high rates of chronic diseases, like asthma, and inadequate access to services for these diseases, as a key challenge for the region. Texas Children's 2016 Community Health Needs Assessment also identifies asthma as a regional challenge, pointing out that asthma was the second leading cause of hospitalizations for children aged 1-17 in Texas in 2013. Selecting the pediatric asthma management bundle.			

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	D4-139	Asthma Admission Rate (PDI14) (BAT recommendation to report for ages 5 - 18)	Required	P4P	Population Based Clinical Outcome	N/A
N/A - Required	MLIU denominator with significant volume	D4-353	Proportion of Children with ED Visits for Asthma with Evidence of Primary Care Connection Before the ED Visit	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	D4-375	Asthma: Pharmacologic Therapy for Persistent Asthma (Rate 3 only)	Required	P4P	Process	N/A

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
Yes	D5	Pediatric Chronic Disease Management: Diabetes	8
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.			
Texas Children's primary DSRIP goals are to implement system-wide reforms that increase access to health care, improve quality, and enhance the health of patients and families. The Southeast Texas RHP - Region 3's 2015 Community Needs Assessment identifies high rates of chronic diseases, like diabetes, and inadequate access to services for these diseases, as a key challenge for the region. Texas Children's 2016 Community Health Needs Assessment also identifies diabetes as one of the notable chronic conditions affecting Greater Houston's youth. Selecting the pediatric diabetes management bundle, therefore, contributes to the transformation of the			

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	D5-211	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	D5-406	Diabetes Short-term Complications Admission Rate (PDI 15)	Required	P4P	Population Based Clinical Outcome	N/A
Yes	MLIU denominator with significant volume	D5-T07	Innovative Measure: Diabetes Outpatient Care Management (Care Coordination)	Optional	P4R	Quality Improvement Collaborative Activity	0

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
Yes	E1	Improved Maternal Care	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.			

The foremost DSRIP goals at Texas Children's are to implement system-wide reforms that increase access to health care, improve quality, and enhance the health of patients and families. The Southeast Texas RHP - Region 3's 2015 Community Needs Assessment identifies high teen birth rates, poor birth outcomes, high rates of low birth-weight babies, and insufficient access to services for pregnant women as key challenges for the region. Texas Children's 2016 Community Health Needs Assessment also identifies maternal care as a key community need, pointing out that the rate of maternal death increased dramatically from 18.6 per 100,000 in 2010 to 33 deaths per 100,000 in 2014 in Texas – the highest rate of maternal death in the nation. By selecting the improved maternal care bundle, Texas Children's aspires to decrease this rate and transform the healthcare delivery system by supporting efforts to implement evidence-based practices for pre-conception, prenatal, and postpartum care, including early detection and management of comorbidities like hypertension, diabetes, and depression.

Below are the primary system components.

Women's Specialists of Houston (WSH), Partners in Ob-Gyn Care (POGC), Baylor Ob/Gyn, Texas Children's Pavilion for Women Ob/Gyn Pearland, and Baylor Maternal Fetal Medicine Clinic will be engaged for DSRIP reporting purposes and to drive improvement in the Improved Maternal Care Bundle Measures.

Women's Specialists of Houston (WSH), is located on the 15th floor of Texas Children's Pavilion for Women at 6651 Main St, Houston, TX 77030. WSH is a full-service OB/GYN practice with an integrated team that includes leading obstetricians, nurse midwives, nurse practitioners and physician assistants.

Partners in Ob-Gyn Care (POGC), and is located on the 7th floor of Texas Children's Pavilion for Women at 6651 Main St, Houston, TX 77030. POGC is a well-known private practice that offers gynecology services and family-centered maternity and postpartum care.

Baylor Ob/Gyn is located on the 3rd floor of Texas Children's Pavilion for Women at 6651 Main St, Houston, TX 77030. The comprehensive, integrated team includes obstetricians, gynecologists, oncologists, surgeons, and trained nursing and support staff.

Baylor Maternal Fetal Medicine Clinic (Baylor MFM) is located on the 4th floor of Texas Children's Pavilion for Women at 6651 Main St, Houston, TX 77030. Baylor MFM specializes in managing the full range of high-risk pregnancies, from women with chronic health conditions to those facing urgent life-threatening complications.

Texas Children's Pavilion for Women Pearland Ob/Gyn (Pearland Ob/Gyn) is located at 9003 Broadway Street, Pearland, TX 77584. Pearland Ob/Gyn offers well-woman exams, contraceptive management, pediatric and adolescent exams and treatment for irregular menstrual cycles and bleeding, and comprehensive obstetric services including non-stress tests.

Each of these clinics is open Monday through Friday during regular business hours, excluding holidays.

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	Medicaid-only denominator with significant volume	E1-232	Timeliness of Prenatal	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	E1-235	Post-Partum Follow-Up and Care Coordination	Required	P4P	Clinical Outcome	N/A
N/A - Required	MLIU denominator with significant volume	E1-300	Behavioral Health Risk Assessment (for Pregnant Women) (BHRA-CH)	Required	P4P	Process	N/A
Yes	MLIU denominator with significant volume	E1-193	Contraceptive Care – Postpartum Women Ages 15–44 (CCP-AD)	Optional	P4P	Process	1

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
Yes	E2	Maternal Safety	8

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.

Texas Children's chief DSRIP goals are to implement system-wide reforms that increase access to health care, improve quality, and enhance the health of patients and families. The Southeast Texas RHP - Region 3's 2015 Community Needs Assessment identifies high teen birth rates, high rates of low birth-weight babies, and insufficient access to services for pregnant women as key challenges for the region. Texas Children's 2016 Community Health Needs Assessment also considers maternal safety a key community need, pointing out that the rate of maternal death in Texas increased dramatically from 18.6 deaths per 100,000 in 2010, to 33 deaths per 100,000 in 2014.

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	E2-150	PC-02 Cesarean Section (Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section)	Required	P4P	Clinical Outcome	N/A
N/A - Required	MLIU denominator with significant volume	E2-151	PC-03 Antenatal Steroids	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	E2-A01	OB Hemorrhage Patient Safety Activities	Required	P4R	Quality Improvement Collaborative Activity	N/A

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
No	F1	Improved Access to Adult Dental Care	7
No	F2	Preventive Pediatric Dental	2
Yes	G1	Palliative Care	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.

Important DSRIP goals at Texas Children's, is to implement system-wide reforms that increase access to health care, improve quality, and enhance the health of patients and families. The Pediatric Advanced Care Team (PACT) at Texas Children's is an interdisciplinary team comprised of attending physicians, residents, nurse, chaplain, social worker, grief and bereavement specialist, nurse practitioner, and hospital administrators who work together to provide first-class palliative care to patients and their families across the Texas Children's system. Selecting the palliative care bundle, therefore, contributes to the transformation of the healthcare delivery system by

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	G1-276	Hospice and Palliative Care – Pain Assessment	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	G1-277	Hospice and Palliative Care – Treatment Preferences	Required	P4P	Process	N/A
N/A - Required	No volume for denominator	G1-278	Beliefs and Values - Percentage of hospice patients with documentation in the clinical record of a discussion of spiritual/religious concerns or documentation that the patient/caregiver did not want to discuss	Required	P4P	Process	N/A
	Please enter an explanation of why the volume is less than significant.	Texas Children's Hospital does not have a Hospice service.					
N/A - Required	MLIU denominator with significant volume	G1-361	Patients Treated with an Opioid who are Given a Bowel Regimen	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	G1-362	Hospice and Palliative Care - Dyspnea Treatment	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	G1-363	Hospice and Palliative Care - Dyspnea Screening	Required	P4P	Process	N/A

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
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
Yes	I1	Specialty Care	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.

Texas Children's DSRIP goals are to implement system-wide reforms that increase access to health care, improve quality, and enhance the health of patients and families. The Southeast Texas RHP - Region 3's 2015 Community Needs Assessment notes that the region faces a significant shortage of specialty care providers, leaving patients unable to locate a provider willing to serve them or facing extended waits for appointments. Texas Children's, is one of the largest specialty care providers in the state and is nationally ranked in 10 specific specialties; yet, pediatric patients lack timely access to these services due to a gap in number of trained specialists available to treat a growing population of patients needing specialty care. Selecting the specialty care bundle, therefore, contributes to the transformation of the healthcare delivery system by supporting system-wide efforts to improve quality of life and functional status for individuals with chronic and life impacting conditions receiving services in an outpatient specialty care setting. It also contributes to the transformation of the healthcare delivery system by supporting the transitional care model, designed to prevent health complications and re-hospitalizations of chronically ill children when they transition into adulthood.

Below are the primary system components:

1. Cerebral Palsy (CP) Clinic 16M Medical Center – PM&R, Neurology, Developmental Pediatrics, Physical Therapy, PM&R Nurse Coordinator and dedicated Social Worker, on call dietician
2. Multidisciplinary Spasticity Clinic 16 M – PM&R, Neurology, Neurosurgery, Orthopedics, PT, Dietician, PM&R Nurse Coordinator and dedicated Social Worker.
3. Spasticity Clinics 16M – PM&R, Physical Therapy, Dietician and on call Social Worker
4. Multidisciplinary Spasticity Clinic Woodlands – PM&R, Orthopedics, Physical Therapy, and on call Dietician/Social Worker
5. Multidisciplinary Spasticity Clinic West Campus – PM&R, Orthopedics, Physical Therapy, on call Dietician/Social Worker
6. Spasticity Clinic Cyfair – PM&R, Physical Therapy, and on call Dietician/Social Worker

1. Cerebral Palsy Clinic 16M/Medical Center – Provides comprehensive, medical specialty care to patients ages birth-21 years of age. All patients see PM&R, Neurology, and PT. Developmental Pediatrics visits are arranged as needed. There is a dedicated PM&R care coordinator and SW present. Dietician visits occur as needed. Confirms diagnostic workup for Cerebral Palsy diagnosis is complete (confirms child has this diagnosis), initiates treatment for medical conditions such as spasticity/hypertonia and seizures, ensures children are receiving appropriate services in school and additional needed consultations such as genetics, GI, audiology/ophthalmology, neurosurgery and orthopedics. Initiates supports in community and parent education on condition and resources. Serves patients from all geographic areas in Houston and also children from other cities in Texas, but majority are from central Houston. Families seek out this clinic for coordinated visits. Many children are not seen by a complex care pediatrician and have community pediatricians who lack knowledge on initiating appropriate referrals for these children.

Please describe specialty care project activities that will be continued in DY7 and DY8 and clearly describe the tool proposed, justification for its use in accordance with the requirements included in the Final Category C Specifications document, and a description of the target population that will be measured.

This effort is an extension of our DY2-6 general Pediatric Quality of Life Projects and we would like to move forward with piloting a disease-specific quality of life assessment for DY7-11.
 Proposal to select I1: Specialty Care Bundle for the Cerebral Palsy population at Texas Children's Hospital
 Three in one thousand 5-10 year olds have cerebral palsy and the lifetime economic cost per child is estimated to be over \$900,000.1 Texas Children's Hospital (TCH) cared for 2,522 patients with cerebral palsy (CP) in 2017. In selecting Category C, Bundle I1 Specialty Care, TCH proposes to improve the functional status and quality of life for children and transitioning adults with cerebral palsy in outpatient specialty care settings. The Pediatric Quality of Life-Cerebral Palsy (PedsQL-CP) module will be utilized to measure quality of life in pediatric patients with Gross Motor Function Classification System (GMFCS) levels 1-3.
 The PedsQL-CP survey will be utilized to evaluate improvement in functional status and quality of life for CP patients with GMFCS level 1, 2 and 3.
 TCH will define the cerebral palsy population denominator as ICD10 Codes: (G80.0-9), G11.4 ICD9 Codes: 333.71, 334.1, 343, 343.1, 343.2, 343.8, 343.9; cared for in the Physical Medicine and Rehabilitation (ages 7-18).
 1. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5303a4.htm>
 2. <http://cpcare.org/classification/gmfcs/>
 3. Measuring Care and Comfort in Children with Cerebral Palsy: The Care and Comfort Caregiver Questionnaire. Hwang, Kuroda, Tann, Gaebler-Spira. American Academy of Physical Medicine and Rehabilitation. Vol.3, 912-919, October 2011

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	I1-385	Assessment of Functional Status or QoL (Modified from NQF# 0260/2624)	Required	P4P	Quality of Life	N/A
N/A - Required	MLIU denominator with significant volume	I1-386	Improvement in Functional Status or QoL (Modified from PQRS #435)	Required	P4P	Quality of Life	N/A

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
No	I1	Hospital Safety	10

Total overall selected points: 70

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?
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
D1-301	Maternal Depression Screening	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
D3-330	Pediatric CLABSI	CY2017: January 1, 2017 - December 31, 2017	No	No	No
D3-331	Pediatric CAUTI	CY2017: January 1, 2017 - December 31, 2017	No	No	No
D3-333	Pediatric Surgical site infections (SSI)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
D3-334	Pediatric Adverse Drug Events	CY2017: January 1, 2017 - December 31, 2017	No	No	No
D3-335	Pediatric Pressure Injuries	CY2017: January 1, 2017 - December 31, 2017	No	No	No

D4-139	Asthma Admission Rate (PDI14) (BAT recommendation to report for ages 5 - 18)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
D4-353	Proportion of Children with ED Visits for Asthma with Evidence of Primary Care Connection Before the ED Visit	CY2017: January 1, 2017 - December 31, 2017	No	No	No
D4-375	Asthma: Pharmacologic Therapy for Persistent Asthma (Rate 3 only)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
D5-211	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents	CY2017: January 1, 2017 - December 31, 2017	No	No	No
D5-406	Diabetes Short-term Complications Admission Rate (PDI 15)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
D5-T07	Innovative Measure: Diabetes Outpatient Care Management (Care Coordination)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
E1-193	Contraceptive Care – Postpartum Women Ages 15–44 (CCP-AD)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
E1-232	Timeliness of Prenatal	CY2017: January 1, 2017 - December 31, 2017	No	No	No
E1-235	Post-Partum Follow-Up and Care Coordination	CY2017: January 1, 2017 - December 31, 2017	No	No	No
E1-300	Behavioral Health Risk Assessment (for Pregnant Women) (BHRA-CH)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
E2-150	PC-02 Cesarean Section (Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
E2-151	PC-03 Antenatal Steroids	CY2017: January 1, 2017 - December 31, 2017	No	No	No
E2-A01	OB Hemorrhage Patient Safety Activities	CY2017: January 1, 2017 - December 31, 2017	No	No	No
G1-276	Hospice and Palliative Care – Pain Assessment	CY2017: January 1, 2017 - December 31, 2017	No	No	No
G1-277	Hospice and Palliative Care – Treatment Preferences	CY2017: January 1, 2017 - December 31, 2017	No	No	No
G1-278	Beliefs and Values - Percentage of hospice patients with documentation in the clinical record of a discussion of spiritual/religious concerns or documentation that the patient/caregiver did not want to discuss	CY2017: January 1, 2017 - December 31, 2017	No	No	No
G1-361	Patients Treated with an Opioid who are Given a Bowel Regimen	CY2017: January 1, 2017 - December 31, 2017	No	No	No
G1-362	Hospice and Palliative Care - Dyspnea Treatment	CY2017: January 1, 2017 - December 31, 2017	Requesting a shorter and delayed baseline measurement period	No	No

Requested Baseline Measurement Period Start Date	3/30/2018	Requested Baseline Measurement Period End Date	9/30/2018	Please enter an explanation for this request	This measure is currently not fully captured in the electronic medical record (EMR). We are only able to pull pharmaceutical treatment for dyspnea and are in the process of building a way to track other treatments such as positioning and relaxation techniques in the EMR.		
G1-363	Hospice and Palliative Care - Dyspnea Screening			CY2017: January 1, 2017 - December 31, 2017	No	No	No
I1-385	Assessment of Functional Status or QoL (Modified from NQF# 0260/2624)			CY2017: January 1, 2017 - December 31, 2017	Requesting a shorter and delayed baseline measurement period	No	No
Requested Baseline Measurement Period Start Date	3/30/2018	Requested Baseline Measurement Period End Date	9/30/2018	Please enter an explanation for this request	The Pediatric Quality of Life - Cerebral Palsy module is not currently used at Texas Children's Hospital. We have received the appropriate licensure to administer the surveys are awaiting HHSC approval to move forward with this tool before implementing in our clinics.		
I1-386	Improvement in Functional Status or QoL (Modified from PQRS #435)			CY2017: January 1, 2017 - December 31, 2017	Requesting a shorter and delayed baseline measurement period	No	No
Requested Baseline Measurement Period Start Date	3/30/2018	Requested Baseline Measurement Period End Date	9/30/2018	Please enter an explanation for this request	The Pediatric Quality of Life - Cerebral Palsy module is not currently used at Texas Children's Hospital. We have received the appropriate licensure to administer the surveys are awaiting HHSC approval to move forward with this tool before implementing in our clinics.		

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:	139135109 - Texas Children's Hospital
Performing Provider Type:	Hospital
Ownership:	Private

If regional hospital participation requirement is met	Category C valuation in DY7:	\$17,867,242.25
	Category C valuation in DY8:	\$24,364,421.25
If regional hospital participation requirement is not met	Category C valuation in DY7:	\$21,115,831.75
	Category C valuation in DY8:	\$27,613,010.75

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
D1	Pediatric Primary Care	16	22.86%	17.14%	28.58%	\$4,084,451.58	\$5,569,706.70	\$4,827,079.14	\$6,312,334.26
D3	Pediatric Hospital Safety	10	14.29%	10.71%	14.29%	\$2,553,228.92	\$3,481,675.80	\$3,017,452.36	\$3,945,899.24
D4	Pediatric Chronic Disease Management: Asthma	9	12.86%	9.64%	16.08%	\$2,297,727.35	\$3,133,264.57	\$2,715,495.96	\$3,551,033.18
D5	Pediatric Chronic Disease Management: Diabetes	8	11.43%	8.57%	14.29%	\$2,042,225.79	\$2,784,853.35	\$2,413,539.57	\$3,156,167.13
E1	Improved Maternal Care	11	15.71%	11.78%	19.65%	\$2,806,943.76	\$3,827,650.58	\$3,317,297.17	\$4,338,003.99
E2	Maternal Safety	8	11.43%	8.57%	14.29%	\$2,042,225.79	\$2,784,853.35	\$2,413,539.57	\$3,156,167.13
G1	Palliative Care	6	8.57%	6.42%	8.58%	\$1,531,222.66	\$2,088,030.90	\$1,809,626.78	\$2,366,435.02
I1	Specialty Care	2	2.85%	2.14%	2.86%	\$509,216.40	\$694,386.00	\$601,801.20	\$786,970.80
	Total	70	100.00%	N/A	N/A	\$17,867,242.25	\$24,364,421.25	\$21,115,831.75	\$27,613,010.75
	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:	139135109 - Texas Children's 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_139135109.1.1	1.9.2	The Neurology Service will focus on provider productivity and hire additional clinical providers in order to expand internal capacity.	Completed in DY2 6	
RHP 3_139135109.1.10	1.9.2	Expand the training of subspecialists, expand the role of a referral center to better allocate children with different needs to a provider that can best suit their needs, refine the role of a Primary Care Pediatrician to help provide long term care, and expand internal provider capacity and hire additional clinical workers.	Completed in DY2 6	
RHP 3_139135109.1.11	1.9.2	Increase outpatient access for Harris County and the surrounding communities to care for pediatric patients with allergy, asthma, primary immunodeficiency and secondary immunodeficiency	Completed in DY2 6	
RHP 3_139135109.1.12	1.9.2	Increase outpatient access for Harris County and surrounding communities to care for pediatric patients with hearing loss to sinus disease and swallowing abnormalities and those patients with disorders of the ear, nose, and/or throat.	Completed in DY2 6	
RHP 3_139135109.1.13	1.9.2	The Plastic Surgery division has and will continue to add clinic coverage at Texas Children's West Campus and expand its clinical locations.	Completed in DY2 6	
RHP 3_139135109.1.14	1.9.2	Increase access to pediatric neurology services provided through Texas Children's Neurology Division by: 1) utilizing advanced practice providers to see lower acuity pediatric neurology patients, thereby allowing neurosurgeons to see more complex pediatric spine and epilepsy patients; and 2) expanding services to fetal, craniofacial and trauma cases.	Completed in DY2 6	
RHP 3_139135109.1.15	1.9.2	Increase access for children to pediatric subspecialty services in the Orthopedic Surgery clinic at Texas Children's Hospital. Within the next five years the division would like to enhance its sub-specialization in the following areas of Sports Medicine, Orthopedic Oncology, Leg and Limb Deformity, and Hand/Upper Extremity.	Completed in DY2 6	
RHP 3_139135109.1.16	1.9.2	Create access resources which will allow us to diagnosis women quicker and enhance their quality of life. Educating and training obstetricians and pediatricians to improve screening in post-partum depression.	Completed in DY2 6	
RHP 3_139135109.1.2	1.9.2	Increase capacity in Texas Children's Cancer and Hematology Clinic	Completed in DY2 6	
RHP 3_139135109.1.3	1.9.2	Increase critical access for the Harris County and surrounding communities to care for pediatric pts with diseases characterized by inflammation of the joints, muscles and/or tendons.	Completed in DY2 6	
RHP 3_139135109.1.4	1.9.2	Increase outpatient access for Harris County and the surrounding communities to care for pediatric patients with congenital heart disease	Completed in DY2 6	
RHP 3_139135109.1.5	1.9.2	Increase outpatient access for Harris County, specifically North Houston, to care for pediatric patients with conditions affecting the lungs and respiratory tract.	Completed in DY2 6	
RHP 3_139135109.1.6	1.9.2	Increase access to pediatric ophthalmology services provided through Texas Children's Ophthalmology Clinic by: 1) adding an optometrist to see lower acuity pediatric ophthalmology patients, thereby allowing ophthalmic surgeons to see more complex pediatric ophthalmology patients; and 2) expanding services over the next five years with programs such as Ocular Trauma, Ocular Plastics, Pediatric Glaucoma and focus of the Retina can Cornea pediatric patients.	Completed in DY2 6	
RHP 3_139135109.1.7	1.9.2	Increase outpatient access for Harris County and the surrounding communities to care for pediatric patients with conditions affecting the digestive system.	Completed in DY2 6	
RHP 3_139135109.1.8	1.9.2	Increase outpatient access for Harris County and the surrounding communities to care for pediatric patients with conditions affecting the endocrine system.	Completed in DY2 6	
RHP 3_139135109.1.9	1.9.2	Increase the number of children evaluated for abuse and neglect by a child abuse specialist by increasing clinic appts and the number of providers	Completed in DY2 6	
RHP 3_139135109.2.1	2.2.6	Target adolescents/young adults with significant chronic childhood conditions, define interventions in care transitions from pediatric providers to a medical home with services provided by adult providers, and expand chronic care management model to capture more of the Medicaid population.	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.
Provision of vaccinations to target population

b) Please enter a description of this Core Activity
The Core Activity selected will be provision of vaccinations to target populations. All children 2 years of age should have all required vaccines to prevent childhood diseases, as an organization we strive to vaccinate all children according to the CDC schedule.

i) Please describe the first Secondary Driver for the above Core Activity (required).
HPV-patients are called to follow-up for the series vaccines and patients are given the Merck text message reminder to help them remember to follow-up. Staff educate parents on the importance of vaccine.

A) Please list the first Change Idea for the above Secondary Driver (required).
HPV-patients are called to follow-up for the series vaccines and patients are given the Merck text message reminder to help them remember to follow-up. Staff educate parents on the importance of vaccine.

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).
Childhood and adolescent patients receive calls at appropriate well child ages and practice staff call patients to come in for well child visits/immunization to improve immunization rates.

A) Please list the first Change Idea for the above Secondary Driver (required).
Childhood and adolescent patients-calls are automated to families monthly to remind them of needed appointments. Practice staff will contact patients for upcoming and missed appointments.

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.
D1

i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.
The childhood and HPV activities will improve the number of patients that receive the age appropriate vaccines, throughout the measurement year. Careful monitoring of the data is helpful in improving rates by increasing awareness of actions that are needed.

d) Is this Core Activity provided by a provider that is not included in the Category B System Definition?
No

2) Please select the grouping for this Core Activity.
Chronic Care Management

a) Please select the name of this Core Activity.
Management of targeted patient populations; e.g., chronic disease patient populations that are at high risk for developing complications, co-morbidities, and/or utilizing acute and emergency care services

b) Please enter a description of this Core Activity
Texas Children's will monitor and manage its asthma patient population across the care delivery system in an effort to improve the care provided and decrease the need for acute and emergency services by this high risk population.

i) Please describe the first Secondary Driver for the above Core Activity (required).
Texas Children's will utilize its Asthma Care Process Team (CPT) to monitor and manage the asthma population and improve care. The CPT will develop standardized Aims to guide providers in standardizing and improving care for the chronic asthma population.

A) Please list the first Change Idea for the above Secondary Driver (required).
The Texas Children's Asthma Care Process Team leadership will train care teams on the global aims the system is striving to achieve and monitoring for best practice. Improvement against these aim measures will be regularly tracked and discussed during CPT meetings and shared with physician leadership.

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).

The CPT will also develop an Asthma Registry to make this data accessible to care providers at the point of service and drive improved care decisions. Improved management of the population will be accomplished through visualization tools for tracking of progress towards goals and a registry within the EMR for real-time guidance to physicians and advanced practitioners. The registry will increase the efficiency and timeliness of population management activities such as bulk messaging. Care coordination efforts will also utilize these tools to streamline timely care for avoidance of ED visits and admissions. The registry will provide visibility overall to the persistent asthma patient population to insure prompt and appropriate medication management.

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

Asthma dashboards will be built out of the Asthma registry to provide real time, actionable data to physician and nurse teams and improve preventive care and proactive management of high risk asthma patients.

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.

D4

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

With real time access to data on their patients, providers can prevent ED visits and admissions by spotting high-risk behaviors such as missed preventive appointments or frequent refills. Providers will also have better access to monitor which persistent asthma patients are not currently on controller medications, and intervening to correct.

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.

Chronic Care Management

a) Please select the name of this Core Activity.

Management of targeted patient populations; e.g., chronic disease patient populations that are at high risk for developing complications, co-morbidities, and/or utilizing acute and emergency care services

b) Please enter a description of this Core Activity

The core activity consists of a population of established patients with Type 1 and Type 2 diabetes, ages 0-21, who are at risk for developing complications. An Education Care Process Team was developed to support educational metrics regarding nutrition and physical activity for diabetes patients. A High Risk Team was also created in order to focus on patients with poor diabetes control who are at risk for complications/comorbidities. These teams manage targeted patient populations and use data driven methodologies to implement improvement strategies for chronic disease management.

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

A multidisciplinary education team is developing educational material regarding nutrition and physical activity for certified diabetes educators and Registered Dietitians to deliver to patients. The team meets bi-monthly to develop and implement targeted interventions to support the high risk population.

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

The Education team will review and refine education on insulin pumps, in an effort to promote and support the advancement of pumps in the diabetes population. The educational content will be delivered primarily through meetings with certified diabetes educators and the families.

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

The Education team will create and/or modify over 100 new education handouts, and make available through an internal intranet, as well as on the internet for patients. The handouts will be developed by evaluating key topics essential to diabetes curriculum and lifelong learning through a multidisciplinary team.

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).

A multidisciplinary High Risk care team working in parallel is developing implementation strategies to improve behavioral health support for patients at high risk for complications leading to hospital admissions.

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

To increase the identification of high risk individuals, the high risk team is instituting preventative measures with behavioral health support.

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.

D5

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

The Core Activity is expected to reduce preventable events and readmissions in the targeted population by increasing social, psychological, and educational support and therefore improving the overall health of the population.

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.

Palliative Care

a) Please select the name of this Core Activity.

Provision of coordinated palliative care to address patients with end-of-life decisions and care needs.

b) Please enter a description of this Core Activity

Palliative care includes the management of pain, dyspnea and other symptoms and addresses the psychological, social and spiritual needs of children living with life-threatening conditions. The goal of palliative care is to achieve the best quality of life for the patient, consistent with their values. This coordinated care is delivered through an interdisciplinary team which follows the patient throughout the care continuum including emergency center, outpatient and inpatient settings.

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

All new palliative care consults will receive comprehensive palliative care assessments, and evidence based treatment plan interventions (including pharmacologic and non-pharmacologic). Palliative care consults provide a pain assessment based on the appropriate evidence based pain scale for the child's age and development (FACES, FLACC, Numeric, CRIES and PIPP).

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

Building an electronic consultation document that will identify all the palliative care measures including appropriate screening for dyspnea and pharmacologic and non-pharmacologic interventions for dyspnea based on the evidence available in pediatrics. Palliative Care Measures data will be reviewed by a multidisciplinary Palliative Care team monthly, identify gaps, and conduct rapid cycle PDSAs.

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.

G1

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

With a standardized approach to the palliative care consults using an electronic medical record with evidence based algorithms, we anticipate that the palliative care measure bundle will demonstrate improved symptom management and treatment preferences for palliative care pediatric patients and their families.

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

No

5) Please select the grouping for this Core Activity.

Maternal and Infant Health Care

a) Please select the name of this Core Activity.

Implementation of evidence-based strategies to reduce low birth weight and preterm birth (Evidence-based strategies include Nurse Family Partnership, Centering Pregnancy, IMPLICIT: Interventions to Minimize Preterm and Low birth weight Infants through Continuous Improvement Techniques among others)

b) Please enter a description of this Core Activity

Early antenatal care (1st trimester) with comprehensive evaluation, screening and interventions for high for high-risk behaviors and conditions improves mother and baby outcomes. Postpartum care follow-up within 8 weeks of delivery provides evaluation of maternal physical and emotional well-being, options for birth spacing, and enhanced newborn care.

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

Promote access to early and comprehensive pre-natal evaluation, screening, & interventions.

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

Create and implement standardized documentation tools to support behavioral health screenings.

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).

Promote access for post-partum evaluation, screening and interventions within 8 weeks of delivery.

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

Enhance provider and staff awareness of progress through regular communication of metric data, identification of gaps, and development and implementation of rapid cycle PDSAs.

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.

E1

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

The implementation of evidence-based strategies to reduce low birth weight and preterm birth will have the following impact:

- Timeliness of Prenatal Care can help to reduce preterm birth by increasing early access to obstetric care during the first trimester, during which time patients at risk for preterm birth can be identified and appropriate interventions can be implemented.
- Behavioral Health Risk Assessment for Pregnant Women allows for assessment, identification, and early intervention by screening for tobacco and drug use among other things, both of which are associated with preterm birth and poor outcomes.
- Post-partum follow-up and care coordination improvement provides us the opportunity to impact future pregnancies by screening for behavioral health issues such as tobacco use and promote tobacco cessation prior to becoming pregnant again, as tobacco is linked to preterm birth.
- Contraceptive Care promotes birth spacing, which has been shown to reduce preterm birth.

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

No

6) Please select the grouping for this Core Activity.

Maternal and Infant Health Care

a) Please select the name of this Core Activity.

Develop and implement standard protocols for the leading causes of preventable death and complications for mothers and infants (Early Elective Delivery, Hemorrhage, Preeclampsia, and Supporting Vaginal Birth and Reducing Primary Cesareans)

b) Please enter a description of this Core Activity

Develop and implement standard protocols for the reduction of leading causes of preventable death and complications for mothers and infants (such as Early Elective Delivery, Hemorrhage, Preeclampsia, and Supporting Vaginal Birth and Reducing Primary Cesareans).

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

Implement evidence-based patient safety bundles such as but not limited to those supported by Alliance for Innovation on Maternal Health (AIM).

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

Participation in collaboratives focused on reduction of maternal morbidity and mortality, such as but not limited to Texas Department of State Health Services (DSHS), Texas Collaborative for Healthy Mothers and Babies, March of Dimes Healthy Babies are Worth the Wait, Houston Endowment Reducing Maternal Mortality, and Alliance for Innovation on Maternal Health (AIM).

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).

Promote provider and staff awareness of progress toward goals through regular communication of relevant process and outcome quality improvement data.

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

Interdisciplinary collaboration at the Texas Children's Hospital Pavilion for Women to improve and enhance existing processes.

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

Enhance data transparency through regular communication of continuous quality improvement progress.

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.

E2

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

Implementing and reinforcing the utilization of evidence-based bundles, such as those endorsed by AIM, supports the reduction of maternal morbidity and mortality through decreasing the incidence of obstetric hemorrhage and primary cesarean deliveries. Antenatal steroid administration to mothers at risk for preterm birth has been associated with decreased incidence of potentially preventable pulmonary, cerebral, and gastrointestinal complications in the preterm newborn.

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

No

7) Please select the grouping for this Core Activity.

Other

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

Evidence Based Interventions

a) Please select the name of this Core Activity.

Other

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

Utilization of comprehensive evidence-based interventions to reduce potentially preventable events in high-risk populations

b) Please enter a description of this Core Activity

In alignment with the Solutions for Patient Safety national collaborative, Texas Children's works through 12 hospital acquired conditions (HAC) teams to eliminate preventable harm. Each HAC team works to implement & measure a standardized harm prevention bundle. Bundles are developed by identifying best practices of top performing pediatric hospitals in the nation, achieving high reliability with the practice, and then testing their association with improved outcomes. In addition to the implementation of the prevention bundles, Texas Children's overlays safety culture work including Error Prevention Methods, Leadership Methods, Cause Analysis, Patient and Family Engagement, and Employee/Staff Safety. Key Driver diagrams are set and followed for CLABSI, CAUTI, Surgical Site Infections, Adverse Drug Events, and Pressure Injuries. Control Charts displaying both outcomes and bundles compliance rates are followed on a monthly basis to identify trends and take relevant actions. Examples of Safety culture work include Error Prevention Training for all new employees, faculty, and learners, reporting through to the board level, daily operational safety briefings, unit safety huddles, and regular senior leader walk rounds.

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

Our team will continue work on reducing ADEs by targeting improvements related to administration of medications.

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

The ADE HAC team will use smart pump analysis to eliminate errors during pump programming. Staff will be required to scan the pump and the medication prompting the pump to automatically set.

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).

Our PI HAC team will target PDSA cycles aimed at utilizing high reliability leadership methods to continue to reduce pressure injuries.

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

The PI HAC team will engage with our department of patient and family services to identify a best practice for using patient and family input to guide improvements to the four bundle elements (skin assessment, device rotation, patient positioning, appropriate bed surface, and moisture management).

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.

D3

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

The leadership alignment of HAC teams together with the focus on safety culture provides the necessary infrastructure and operational support to continue with effective PDSA cycles targeting each quality measure.

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

No

8) Please select the grouping for this Core Activity.

Chronic Care Management

a) Please select the name of this Core Activity.

Utilization of evidence-based care management models for patients identified as having high-risk health care needs and/or individuals with complex needs (e.g., Primary care-integrated complex care management (CCM), Complex Patient Care Model Redesign- enhanced multidisciplinary care teams, The Transitional Care Model, etc.)

b) Please enter a description of this Core Activity

Our goal is to improve management of CP population as these children are at high risk for developing complications and frequently have co-morbidities, such as epilepsy, difficulty swallowing and risk for pulmonary infections as well as failure to thrive, constipation, pain and vision/hearing deficits. The majority of these children have weakness and hypertonia (spasticity) that interferes with mobility. They can have preventable complications that can occur such as hip dislocation. Joint deformities and scoliosis may require treatment to limit pain/loss of function and pulmonary compromise. Potentially preventable events would decrease with improved management of this patient population including decreased ER and hospital admissions. Parents and patients require ongoing education about treatment options and community resources including state and local supports. By coordinating care across the TCH system with multiple points of access – appropriate prevention measures and treatment plans can be initiated. By providing multi-disciplinary care management to the cerebral palsy population by ensuring access to appropriate specialty care services to improve diagnostic accuracy and timely interventions, improve functional status and overall quality of life as well as improving parental/community education and decreasing parental stress and caregiving burden. This multi-disciplinary care management will reduce PPEs, decrease complications, and will assist in better assessing and treating co-morbidities. ED visits and admissions can be reduced as well with improved navigation/access/care coordination. Children seen in existing clinics have timely surveillance studies to prompt interventions for various conditions such as hip subluxation and scoliosis. Health optimization/preparatory evaluations are emphasized before undergoing elective surgeries to decrease complications. An example is that patients undergoing baclofen pump implantation and scoliosis surgeries need adequate nutritional stores. Dysphagia and poor weight gain may prompt gastrostomy placement to ensure proper healing and avoidance of aspiration pneumonia in the perioperative period. There is a higher risk for infection and wound breakdown if the child is malnourished. For maximal success, certain

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

Appropriate navigation – to assist families in navigating a complex system where some appointments are scheduled on the same day in the same place versus needing to get tests/other visits accomplished outside the main clinics.

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

Appropriate Navigation – RN (individual with clinical knowledge of population a must). Seeing the correct specialists to address the issues that the individual child with CP has. This will vary by patient and severity of involvement. Some children will already have an established diagnosis of CP and can be assessed initially by a physiatrist for management and treatment options. At a very young age surgeries would usually not be indicated but surveillance and optimizing health and community participation would be emphasized. As the children age, their surgical needs increase. The likelihood of pain and musculoskeletal deformities increases with time.

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).

Care coordination – bringing together specialists in CP both medical and surgical to enhance care to this patient population. Include PT presence in CP and spasticity clinics.

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

Care coordinator – RN (individual with clinical knowledge of population a must). Patients seen in CP clinic/spasticity clinic with only a physiatrist are set up for appropriate multi-disciplinary evaluations at the appropriate times and at the appropriate locations. The coordinator assists with guiding next steps after diagnostic testing and interventions are performed and prepares the family for specific aspects of that child's care with anticipatory guidance.

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.

I1

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

Our core activity will ensure access to specialty care services to improve functional status, overall quality of life, and to match patients with cerebral palsy with appropriate care providers at the appropriate time.

d) Is this Core Activity provided by a provider that is not included in the Category B System Definition?
No

9) Please select the grouping for this Core Activity.
Chronic Care Management

a) Please select the name of this Core Activity.
Management of targeted patient populations; e.g., chronic disease patient populations that are at high risk for developing complications, co-morbidities, and/or utilizing acute and emergency care services

b) Please enter a description of this Core Activity
Implementation of comprehensive support programs for cerebral palsy patients transitioning from the pediatric to adult ambulatory care setting, a high risk population for developing complications utilizing acute care and emergency services.

[Redacted]

i) Please describe the first Secondary Driver for the above Core Activity (required).
Multi-disciplinary team approach to patient care coordination of chronic care services.

A) Please list the first Change Idea for the above Secondary Driver (required).
Team of physicians and social workers will work with extended community providers and medical suppliers through referral and direct coordination of services.

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).
Educate patients and caregivers on how to manage their healthcare needs effectively.

A) Please list the first Change Idea for the above Secondary Driver (required).
Educate patients and caregivers how to navigate the various insurance and Medicaid options available, social programs, and those services that can alleviate the burden faced by many parents and caregivers.

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

iii) Please describe the third 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.

1

i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.
To ensure that an adequate and safe transition into adult care is achieved, our team gives each patient we see a full assessment of medical need and then creates a plan to both reach any unmet goals and establish connections in the extended care community for a comprehensive level of care, including assessment of quality of life. The Care and Comfort Caregiver Questionnaire (Care-Q) survey tool will be utilized to measure quality of life in pediatric patients with GMFCS levels 4 and 5, and CP patients over 18 years of age who are transitioning to adult care settings.

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

Yes

i) Please explain.
Texas Children's Hospital (TCH) Department of Physical Medicine and Rehabilitation cared for 2,522 patients with cerebral palsy (CP) in 2017. TCH works closely with the Baylor College of Medicine Center for Transition Medicine to transition patients from the pediatric to adult setting which is especially important in this high risk population to reduce urgent and emergency care and improve management of comorbidities. Key to outcome success for chronic care children is coordinated access and appropriate transition from the pediatric to adult care setting.

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: 139135109 - Texas Children's Hospital
 Performing Provider Type: Hospital
 Ownership: Private

If regional hospital participation requirement is met	Category D valuation in DY7	\$4,872,884.25
	Category D valuation in DY8	\$4,872,884.25
If regional hospital participation requirement is <u>not</u> met	Category D valuation in DY7	\$1,624,294.75
	Category D valuation in DY8	\$1,624,294.75

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)	\$974,576.85	\$324,858.95
Potentially preventable 30-day readmissions (PPRs)	\$974,576.85	\$324,858.95
Potentially preventable complications (PPCs)	\$974,576.85	\$324,858.95
Potentially preventable ED visits (PPVs)	\$974,576.85	\$324,858.95
Patient satisfaction	\$974,576.85	\$324,858.95
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 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:	139135109 - Texas Children's Hospital
Performing Provider Type:	Hospital
Ownership:	Private

Section 1: DY7-8 DSRIP Valuation

	DY7-8 DSRIP Valuation Distribution			
	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is not met	
	DY7	DY8	DY7	DY8
RHP Plan Update Submission	\$6,497,179.00	\$0.00	\$6,497,179.00	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$3,248,589.50	\$3,248,589.50	\$3,248,589.50	\$3,248,589.50
Category C	\$17,867,242.25	\$24,364,421.25	\$21,115,831.75	\$27,613,010.75
Category D	\$4,872,884.25	\$4,872,884.25	\$1,624,294.75	\$1,624,294.75
Total	\$32,485,895.00	\$32,485,895.00	\$32,485,895.00	\$32,485,895.00

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	197,257	528,947	37.29%
DY6	211,395	553,665	38.18%
DY7 Estimated	204,326	541,306	37.75%
DY8 Estimated	204,326	541,306	37.75%

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
D1	Pediatric Primary Care	0	0	0	16	\$4,084,451.58	\$5,569,706.70	\$4,827,079.14	\$6,312,334.26
D3	Pediatric Hospital Safety	0	0	0	10	\$2,553,228.92	\$3,481,675.80	\$3,017,452.36	\$3,945,899.24
D4	Pediatric Chronic Disease Management: Asthma	0	0	0	9	\$2,297,727.35	\$3,133,264.57	\$2,715,495.96	\$3,551,033.18
D5	Pediatric Chronic Disease Management: Diabetes	0	0	0	8	\$2,042,225.79	\$2,784,853.35	\$2,413,539.57	\$3,156,167.13
E1	Improved Maternal Care	0	0	0	11	\$2,806,943.76	\$3,827,650.58	\$3,317,297.17	\$4,338,003.99
E2	Maternal Safety	0	0	0	8	\$2,042,225.79	\$2,784,853.35	\$2,413,539.57	\$3,156,167.13
G1	Palliative Care	0	1	0	6	\$1,531,222.66	\$2,088,030.90	\$1,809,626.78	\$2,366,435.02
I1	Specialty Care	0	2	0	2	\$509,216.40	\$694,386.00	\$601,801.20	\$786,970.80
Total	N/A	0	3	0	70	\$17,867,242.25	\$24,364,421.25	\$21,115,831.75	\$27,613,010.75

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
D1	Pediatric Primary Care	
D3	Pediatric Hospital Safety	

D4	Pediatric Chronic Disease Management: Asthma	
D5	Pediatric Chronic Disease Management: Diabetes	
E1	Improved Maternal Care	
E2	Maternal Safety	
G1	Palliative Care	
I1	Specialty Care	
I1	Specialty Care	

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)	\$974,576.85	\$324,858.95
Potentially preventable 30-day readmissions (PPRs)	\$974,576.85	\$324,858.95
Potentially preventable complications (PPCs)	\$974,576.85	\$324,858.95
Potentially preventable ED visits (PDVs)	\$974,576.85	\$324,858.95
Patient satisfaction	\$974,576.85	\$324,858.95

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: Rosie Valadez McStay
 Performing Provider: Texas Children's Hospital
 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
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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