



RHP Plan Update Provider Form

This page provides high-level information on the various inputs that a user will find within this template.

Cell Background	Description
Sample Text	Required user input cell, that is necessary for successful completion
Sample Text	Pre-populated cell that a user CANNOT edit
Sample Text	Pre-populated cell that a user CAN edit
Sample Text	Optional user input cell

DY7-8 Provider RHP Plan Update Template - Provider Entry

Progress Indicators

Section 1: Performing Provider Information
 Section 2: Lead Contact Information
 Section 3: Optional Withdrawal From DSRIP
 Section 4: Performing Provider Overview
 Section 5: DY7-8 DSRIP Total Valuation

Complete
Complete
Complete
Complete
Complete

Section 1: Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	140713201 - Methodist Willowbrook
Performing Provider Type:	Hospital
Ownership:	Private
HIN:	17605451925001
Physical Street Address:	18220 TX-249
City:	Spring
Zip:	77379
Primary County:	Harris
Additional counties being served (optional):	

Section 2: Lead Contact Information

Contact Name:	Lead Contact 1	Lead Contact 2	Lead Contact 3
Street Address:	1707 Sunset Blvd.	6560 Fannin, Scurlock Tower, Suite 1562	1707 Sunset Blvd.
City:	Houston	Houston	Houston
Zip:	77005	77030	77005
Email:	cbelk@houstonmethodist.org	epatel2@houstonmethodist.org	hchung@houstonmethodist.org
Phone Number:	832-667-5883	(832) 696-3938	281-755-5391
Phone Extension:			
Lead Contact or Both:	Both	Both	Both

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

Section 3: Optional Withdrawal From DSRIP

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

Do Not Withdraw from DSRIP

Section 4: Performing Provider Overview

Performing Provider Description:	Houston Methodist Willowbrook Hospital, a full-service, acute-care hospital serving Northwest Houston and surrounding communities. Our 312-bed regional hospital opened in 2000 with the goal of providing high-quality health care in a warm, inviting environment. We are proud to offer you a full spectrum of health and wellness services, including emergency care, cardiology, orthopedics and sports medicine, women's services, neurology and more.
Overall DSRIP Goals:	We have chosen to implement B2 for category C: Utilize patient navigators (community health workers, case managers, or other types of professionals) and/or develop other strategies to provide enhanced social support and culturally competent care to connect high risk patients to primary care or medical home sites, improve patient outcomes, and divert patients needing non-urgent care to appropriate settings. Overall we hope to improve our patient population's health and take steps to reduce unnecessary hospitalizations.
Alignment with regional community needs assessment:	Our community needs assessment shows that there is a gap in mental health coverage in our area. We hope to fill this gap by focusing on the assignment of Primary Care Physician to Individuals with avoidable admissions to the Emergency department. We also will implement new procedures for Suicide Risk Assessment and Appraisal for alcohol or chemical substance use. We also will develop other strategies to enhance social support and culturally competent care for high risk patients.

Section 5: DY7-8 DSRIP Total Valuation

RHP Plan Update Submission	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
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$166,310.30	\$166,310.30	\$166,310.30	\$166,310.30
Category C	\$914,706.05	\$1,247,327.25	\$1,081,016.95	\$1,413,637.55
Category D	\$249,403.43	\$249,403.43	\$24,133.13	\$24,133.13
Total	\$1,063,103.00	\$1,063,103.00	\$1,063,103.00	\$1,063,103.00

Would you like to decrease the total valuation?
No

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

Generate Worksheets

DY7-8 Provider RHP Plan Update Template - Category B

Progress Tracker

Section 1: System Definition

Complete

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

Complete

Performing Provider Information

RHP:	3
HPI and Performing Provider Name:	140713201 - Methodist Willowbrook
Performing Provider Type:	Hospital
Ownership:	Private
Category B valuation in DY7:	\$166,310.30
Category B valuation in DY8:	\$166,310.30

Section 1: System Definition

Hospitals - Required Components

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

Please enter a description of this System Component.

Inpatient services are defined as units at Houston Methodist Willowbrook which require a doctor's order admitting you into the hospital for a variety of reasons. Methodist Willowbrook has 20 inpatient units (HMWB CF OP SURGERY, HMWB CF PREOP, HMWB ACUTE PT, HMWB CARDIO IMAGING, HMWB ENDOSCOPY, HMWB ICU – MICU, HMWB NSY NICU LEVEL II, HMWB NSY NICU LVL III, HMWB OBS UNIT, HMWB OR SURGERY, HMWB PHARMACY, HMWB RESP CARE, HMWB SICU M3NE, HMWB US, HMWB W3NW, HMWB WN5W, HMWB WN6E, HMWB WN6W, HMWB WN7E, and HMWB WN7W).

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

Please enter a description of this System Component.

Emergency department is defined as medical treatment facility specializing in emergency medicine. It serves the acute care of patients who present without prior appointment who arrive either by their own means or by that of an ambulance. Within our system Emergency Departments are either located in a hospital or free standing. Methodist willowbrook has 3 Emergency departments: HMWB CYPRESS ED, HMWB HOSPITAL, and HMWB SPRING ED.

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

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

Please enter a description of this system component.

The maternal department in our hospital is one that provides care for women during pregnancy and childbirth as well as for newborn infants. Methodist Willowbrook has 1 maternal department offering 5 areas of service: HMWB LABOR DLVRY M2NW, HMWB LD ANTE PARTUM, HMWB MOTHER BABY, HMWB NSY NICU LVL III and HMWB NURSERY.

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

Hospitals - Optional Components

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

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

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

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

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

Optional System Component	Would you like to select this component?
Other	No

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

	DY5	DY6
MLIU PPP	16,571	17,414
Total PPP	81,236	96,356

Please indicate the population included in the MLIU PPP

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

MLIU PPP Goal for each DY (DY7 and DY8):	16,993
Average Total PPP	88,796
MLIU percentage of Total PPP	19.14%

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

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

Progress Tracker

Section 2: Selection of Measure Bundles for Hospitals and Physician Practices
 Minimum Selection Requirements Met
 MPT Met

Complete
Yes
Yes

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

MPT	3
Points Selected	6
Bundles Selected	1

Performing Provider Information

RHP:	3
IP and performing provider name:	140713201 - Methodist Willowbrook
Performing Provider Type:	Hospital
Ownership:	Private

If regional private hospital participation requirement is met	Category C valuation in DY7:	\$914,706.65
	Category C valuation in DY8:	\$1,247,327.25
If regional private hospital participation requirement is <u>not</u> met	Category C valuation in DY7:	\$1,081,016.95
	Category C valuation in DY8:	\$1,413,637.55

MINIMUM POINT THRESHOLD (MPT):
 Each performing provider must select measure bundles/measures to meet or exceed their MPT to maintain their valuation that was confirmed on the provider entry tab

Section 1: Attributed Population

Attributed Population for Hospital

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

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

Please describe any other attributed population (optional).

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

Measure Bundles for Hospitals & Physician Practices

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

*** Note: you must select one of the following measures to select this bundle: B2-242, B2-387, or B2-393.

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

According to the Community Needs assessment for RHP 3, the demand for behavioral health services is much higher than the supply in the current provider market. Some services like outpatient psychiatric treatment, case management, care coordination, family counseling and therapy are nearly 50% greater than the supply. Patients seeking care in an emergency department setting are unable to receive holistic care. We hope by increasing the services offered and introducing new models we will be able to reduce the gap in behavioral health. From our system definition we will work with patients in emergency departments and report our efforts and performance. We will help ensure patients with behavioral health needs are appropriately utilizing the right setting at the right time by addressing their social determinant needs.

Select Optional Measure (Yes/No)	Goal Setting and	Bundle-Measure ID	Measure Name	Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required	MLIU denominator with significant volume	B2-392	Ambulatory Care Sensitive Conditions (ACSC)	Required	P4P	Clinical Outcome	N/A
No		B2-242	Ambulatory Care Sensitive Conditions (ACSC)	Optional	P4P	Clinical Outcome	3
Yes	MLIU denominator with significant volume	B2-387	Health and Substance Abuse (Reported as two rates)	Optional	P4P	Clinical Outcome	3
No		B2-393	Conditions	Optional	P4P	Clinical Outcome	3

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

No	H2	Behavioral Health and Appropriate Utilization	8
No	H3	Chronic Non-Malignant Pain Management	10
No	H4	Integrated Care for People with Serious Mental Illness	5
No	J1	Specialty Care	2
No	J1	Hospital Safety	10
No	K1	Rural Preventive Care	3
No	K2	Rural Emergency Care	3

Total overall selected points:	6
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Are you finished making your selections?

Yes

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

Progress Tracker
 Section 1: Measure Exemption Requests and Measure Setting System Components Complete

Section 1: Measure Exemption Requests and Measure Setting System Components

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

Bundle-Measure ID	Measure Name	Baseline Measurement Period	Requesting a shorter or delayed measurement period?	Requesting a reporting milestone exemption?	baseline numerator of zero?
B2-387	Reduce Emergency Department visits for Behavioral Health and Substance Abuse (Reported as two rates)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
B2-392	Reduce Emergency Department visits for Acute Ambulatory Care Sensitive Conditions (ACSC)	CY2017: January 1, 2017 - December 31, 2017	No	No	No

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

Progress Tracker

Section 1: Measure Bundle/Measure Valuation

Complete

Performing Provider Information

CRN#:	3
Performing provider name:	140713201 - Methodist Willowbrook
Performing provider type:	Hospital
Ownership:	Private

If regional hospital participation requirement is met	Category C valuation in DY7:	\$914,706.65
	Category C valuation in DY8:	\$1,247,327.25
If regional hospital participation requirement is not met	Category C valuation in DY7:	\$1,081,016.95
	Category C valuation in DY8:	\$1,413,637.55

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
B2	Diversion	6	100.00%	75.00%	100.00%	\$914,706.65	\$1,247,327.25	\$1,081,016.95	\$1,413,637.55
	Value	6	100.00%	N/A	N/A	\$914,706.65	\$1,247,327.25	\$1,081,016.95	\$1,413,637.55
	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	Complete
Section 2: Core Activities	Complete
All Selected Measure Bundles/Measures Associated with at Least One Core Activity	Complete

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	140713201 - Methodist Willowbrook
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_140713201.2.1	2.17.1	By facilitating effective transitions of care to behavioral health and primary care through locations within Harris County including HARRIS HEALTH SYSTEM, MHMRA, private physicians, and SJMH Family Medicine Residency physicians we seek to help patients navigate a complicated health-care landscape. Outpatient Service Availability is limited, and so we hope to leverage the community mental health workers to connect and encourage care within existing primary care and mental health resources.	Completed in DY26	

Section 2: Core Activities

Please enter your organization's number of Core Activities:

1) Please select the grouping for this Core Activity.

a) Please select the name of this Core Activity.

b) Please enter a description of this Core Activity

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

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

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

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

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

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

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

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

DY7-8 Provider RHP Plan Update Template - Category D

Progress Tracker

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

Complete
 Complete

Performing Provider Information

KHP: 3
 IPI and Performing Provider Name: 140713201 - Methodist Willowbrook
 Performing Provider Type: Hospital
 Ownership: Private

If regional hospital participation requirement is met	Category D valuation in DY7	\$249,465.45
	Category D valuation in DY8	\$249,465.45
If regional hospital participation requirement is <u>not</u> met	Category D valuation in DY7	\$83,155.15
	Category D valuation in DY8	\$83,155.15

Section 1: Statewide Reporting Measure Bundle for Hospitals

Measure	Category D valuation per DY distributed across measures (if regional hospital participation valuation is met)	Category D valuation per DY distributed across measures (if regional hospital participation requirement is <u>not</u> met)
Potentially preventable admissions (PPAs)	\$49,893.09	\$16,631.03
Potentially preventable 30-day readmissions (PPRs)	\$49,893.09	\$16,631.03
Potentially preventable complications (PPCs)	\$49,893.09	\$16,631.03
Potentially preventable ED visits (PPVs)	\$49,893.09	\$16,631.03
Patient satisfaction	\$49,893.09	\$16,631.03
Requesting HCAHPS exemption - my organization does not report HCAHPS as part of the Medicare Inpatient Prospective Payment System due to low volume or other exempt status	No	

Section 2: Verification

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

I understand

DY7-8 Provider RHP Plan Update Template - IGT Entry

Progress Tracker

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

Performing Provider Information

NAME:	1
PERFORMING PROVIDER NAME:	120723201 - Methodist Willowbrook
PERFORMING PROVIDER TYPE:	Hospital
OWNER/SHIP:	Private

Section 1: IGT Entities

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

IGT RHP	IGT Name	IGT TIN (if available)	IGT TIN	Affiliation Number
1	Harris County Hospital District	N/A	17415369366324	529-12-0049-00011

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Mike Norby	120723201			mike.norby@methodist.com			
2	Mike Norby	120723201			mike.norby@methodist.com			

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

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

Reporting System:

Section 2: IGT Funding

RHP Plan Update Submission	IGT Name	IGT TIN	IGT Affiliation #	DY7 % IGT Allocated	DY8 % IGT Allocated	If regional private hospital participation requirement is met		If regional private hospital participation requirement is not met	
						Total Estimated DY7 Allocation (FMAP 56.88/IGT)	Total Estimated DY8 Allocation (FMAP 57.32/IGT)	Total Estimated DY7 Allocation (FMAP 56.88/IGT)	Total Estimated DY8 Allocation (FMAP 57.32/IGT)
Category B	Harris County Hospital District	17415369366324	529-12-0049-00011	100.00%	100.00%	\$14,428.00	\$2,681.00	\$14,428.00	\$2,681.00
B2-38F	Harris County Hospital District	17415369366324	529-12-0049-00011	100.00%	100.00%	\$71,713.00	\$70,981.24	\$71,713.00	\$70,981.24
B2-39D	Harris County Hospital District	17415369366324	529-12-0049-00011	100.00%	100.00%	\$107,549.50	\$265,175.65	\$107,549.50	\$265,175.65
Category D	Harris County Hospital District	17415369366324	529-12-0049-00011	100.00%	100.00%	\$107,549.50	\$108,471.85	\$35,856.50	\$35,450.62
Total						\$17,130.01	\$709,812.36	\$717,130.01	\$709,812.36

Your funding allocations sum to 100%.

updated?	Yes
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Section 3: Certification

By my signature below, I certify the following facts:
 • I am legally authorized to sign this document on behalf of my organization;
 • I have read and understand this document.

Name:	Mike Norby
Job Title:	Harris County Hospital District
Date:	12/05/2023

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

Progress Tracker

Section 1. DY7-8 DSRIIP Valuation
 Section 2. Category D Medicaid Low-income Uninsured (MIU) 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
PI and performing provider Name:	140713201 - Methodist Willowbrook
performing provider type:	Hospital
ownership:	Private

Section 1: DY7-8 DSRIIP Valuation

	DY7-8 DSRIIP Valuation Distribution			
	is met		met	
	DY7	DY8	DY7	DY8
RHP Plan Update Submission	\$332,620.60	\$0.00	\$332,620.60	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$166,310.30	\$166,310.30	\$166,310.30	\$166,310.30
Category C	\$914,706.65	\$1,247,327.25	\$1,081,016.95	\$1,413,637.55
Category D	\$249,465.45	\$249,465.45	\$83,155.15	\$83,155.15
Total	\$1,663,103.00	\$1,663,103.00	\$1,663,103.00	\$1,663,103.00

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 (MIU) Patient Population by Provider (PPP)

	MIU PPP	Total PPP	MIU Percentage of Total PPP
DY5	16,571	81,236	20.40%
DY6	17,414	96,356	18.07%
DY7 Estimated	16,993	88,796	19.14%
DY8 Estimated	16,993	88,796	19.14%

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
B2	Patient Navigation & ED Diversion	0	0	0	6	\$914,706.65	\$1,247,327.25	\$1,081,016.95	\$1,413,637.55
Total	N/A	0	0	0	6	\$914,706.65	\$1,247,327.25	\$1,081,016.95	\$1,413,637.55

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
B2	Patient Navigation & ED Diversion	

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)	\$49,893.09	\$16,631.03
Potentially preventable 30-day readmissions (PPRs)	\$49,893.09	\$16,631.03
Potentially preventable complications (PPCs)	\$49,893.09	\$16,631.03
Potentially preventable ED visits (PDVs)	\$49,893.09	\$16,631.03
Patient satisfaction	\$49,893.09	\$16,631.03

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

Yes

Section 6: Certification

By my signature below, I certify the following facts:

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

Name: Heather Chung
 Performing Provider: Houston Methodist Willowbrook
 Date: 07/20/20

PROVIDER RHP PLAN UPDATE TEMPLATE PROGRESS: Template is COMPLETE!

Please confirm that the Provider RHP Plan Update template progress shows complete above. If it shows that the template is not ready for submission, please complete any missing steps and correct any outstanding issues before submitting to HHS.

Provider Entry

Section 1: Performing Provider Information	Complete
Section 2: Lead Contact Information	Complete
Section 3: Optional Withdrawal From DSRIP	Complete
Section 4: Performing Provider Overview	Complete
Section 5: DY7-8 DSRIP Total Valuation	Complete

Category B

Section 1: System Definition	Complete
Section 2: Medicaid Low-income Uninsured (MLIU) Patient Population by Provider (PPP)	Complete

Category C Selection

Section 2: Selection of Measure Bundles for Hospitals and Physician Practices	Complete
Minimum Selection Requirements (MET)	Yes
MPI (MET)	Yes

Category C Additional Details

Section 1: Measure Exemption Requests and Measure Setting System Components	Complete
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Category C Valuation

Section 1: Measure Bundle/Measure Valuation	Complete
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Category A Core Activities

Section 1: Transition from DY2-6 Projects to DY7-8 Provider-Level Outcomes and Core Activities	Complete
Section 2: Core Activities	Complete
All Selected Measure Bundles/Measures Associated with at Least One Core Activity	Complete

Category D

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

IGT Entry

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

Summary and Certification

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