

# RHP Plan Update Provider Form

I nis page proviaes nign-ievel information on the various inputs that a user will fina within this template.

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Cell Background	Description
Sample Text	Required user input cell, that is necessary for successful completion
	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 Withdrawai From DSkiP Section 3: Optional Withdrawai From DSkiP Section 5: D17-6 DSkiP Total Valuation	Complete Complete Complete Complete Complete		
Section 1: Performing Provider Informa	tion		
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

	Lead Contact 1	Lead Contact 2	Lead Contact 3
contact name:	Carolyn Belk	Ekta Patel	Heather Chung
Change Address	1707 Sunset Blvd.	6560 Fannin, Scurlock Tower, Suite	1707 Sunset Blvd.
Street Address:	1707 Suliset Biva.	1562	1707 Sullset blvd.
City:	Houston	Houston	Houston
21p:	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.

Section 4: Performing Provider Overviev	
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 ful spectrum of health and wellness services, including emergency care, cardiology, orthopedics and sports medicine, women's services, neurology and more.
	We have chosen to implement B2 for category C: Utilize patient navigators (community health workers, case managers, or other types of
Overall DSRIP Goals:	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 hop to improve our patient population's health and take steps to reduce unnecessary hospitalizations.
	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
Alignment with regional community needs	asssignment of Primary Care Physician to Individuals with avoidable admissions to the Emergency department. We also will implement new
assessment:	procedures for Suicide Risk Assessment and Appraisal for alcohol or chemical substance use. We also will develop other strategies to enhance socia support and culturally competent care for high risk patients.

		DY7-8 DSRIP Valuation Distribution		
	Valuation if regional private hospit	Valuation if regional private hospital participation requirement is met		participation requirement is not met
	DY7	DY8	DY7	DY8
KHP 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	\$100,310.30	\$100,310.30	\$100,310.30	\$100,310.30
category c	\$914,706.65	\$1,247,327.25	\$1,081,010.95	\$1,413,037.55
category D	\$249,405.45	\$249,405.45	\$65,155.15	\$65,135.15
Total	\$1,003,103.00	\$1,663,103.00	\$1,003,103.00	\$1,003,103.00

Would you like to decrease the total valuation?

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

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			
кнр:	3		
IPI and Performing Provider Name:	140713201 - Wethodist Willowbrook		
Performing Provider Type: Ownersnip:	Private		
Category B valuation in DY7:	\$166,310.30		
Category в 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 Co	•		
and the second		loctor's order admitting you into the hospital for a var PT, HMWB CARDIO IMAGING, HMWB ENDOSCOPY, H	
		PHARMACY, HMWB RESP CARE, HMWB SICU M3NE,	
HMWB WN5W, HMWB WN6E, HMWB WN6			
Required System Component	Business Component?		
Emergency Department	Business Component of the Organization		
Please enter a description of this System Co	mponent.		
		edicine. It serves the acute care of patients who prese	
		ency Departments are either located in a hospital or t	free standing. Methodist
whowbrook has 3 Emergency departments.	: HMWB CYPRESS ED, HMWB HOSPITAL, and HN	1WB SPRING ED.	
Denvired System Component	Business Component?		
Required System Component Owned or Operated Outpatient Clinics	Business Component? 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 Co	imponent.		
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 ser		ANTE PARTUM, HMWB MOTHER BABY, HMWB NSY N	
NURSERY.			
Requirea System Component	Business Component?		
Owned or Operated Urgent Care Clinics	Not a Business Component of the Organization		
	1		
Hospitals - Optional Components			
riospitais - 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		
Uptional System Component	would you like to select this component?		
School-based Clinics	No		
Optional System Component Contracted Palliative Care Programs	Would you like to select this component?		
Contracted Famative Care Flugidilis			
la u ua u a u u			
Optional System Component Contracted Mobile Health Programs	Would you like to select this component?		

Optional System Component	Would you like to select this component?
her	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

Medicaid	✓Dual Eligible	СНІР	Local Coverage Option	Insured on the Exchange
Low-Income	✓Self-Pay	✓Uninsured	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	No
average)?	

DY7-8 Provider RHP Plan Update Template - Category C Selection				
Progress Tracker				
		Note: you must	MPT	
		confirm selections	Points Selected	(
Section 2: Selection of Measure Bundles for Hospitals and Physician Practices	Complete	at the bottom of the	Bundles Selected	1
Minimum Selection Requirements Met	Yes	page to finish.		
MPT Met	Yes			
			-	
Performing Provider Information				

RHP:	3	
IPI and Performing Provider Name:	140713201 - Methodist Willowbrook	
Performing Provider Type:	Hospital	
Ownersnip:	Private	
If regional private hospital participation	Category C valuation in DY7:	\$914,706.65
requirement is met	Category C valuation in DY8:	\$1,247,327.25
If regional private hospital participation	Category C valuation in DY7:	\$1,081,016.95
requirement is <u>not</u> met	Category C valuation in DY8:	\$1,413,637.55
MINIMUM POINT THRESHOLD (MPT):		

MINIMUM POINT TRESTOLE (MPT): 3 Each verforming 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

or Hospital organizations and Physician Practices, the DSRIP attributed population includes individuals from the DSRIP system defined in Category 8 that meet at least one of the criteria below. Individuals do not need to meet all o 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

on 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 . 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

One prenatal or postnatal visit during the measurement year OR

. One delivery during the measurement year OR <. One dental encounter during the measurement year OR

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 Bunales for Hospitals & Physician Practices

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Nar	me	Base Points			
No	A1	Improved Chronic Dis	sease Management: Diabetes Care	11			
No	A2	Improved Chronic Dis	sease Management: Heart Disease	8			
No	B1	Care Transitions & Ho	ospital Readmissions	11			
Yes	B2	Patient Navigation &	ED Diversion	3			
improvement in this Measure Bundle. According to the Community Needs as Some services like outpatient psychiat Patients seeking care in an emergency	sessment for RHP 3, the demand ric treatment, case management department setting are unable t	for behavioral health s , care coordination, far o recieve holistic care.	stem components (clinics, facilities) that will be used to services is much higher than the supply in the current j mily counseling and therapy are nearly 50% greater tha . We hope by increasing the services offered and introd	provider market. an the supply. lucing new models			
performance. We will help ensure pat			rk with patients in emergency departments and report ilizing the right setting at the right time by adressing the setting at the right time by adressing the setting at the				
					P4P vs. P4R	Measure Category	Additional Points
performance. We will help ensure pat determinant needs	ients with behavioral health need	ds are appropriately ut	illizing the right setting at the right time by adressing the	neir social	P4P vs. P4R P4P	Measure Category Clinical Outcome	Additional Points
performance. We will help ensure pat determinant needs Select Optional Measure (Yes/No)	Goal Setting and MLIU denominator with	ds are appropriately ut	ilizing the right setting at the right time by adressing the	Optional	-		
performance. We will help ensure pat determinant needs Select Optional Measure (Yes/No) N/A - Required	Goal Setting and MLIU denominator with	ds are appropriately ut Bundle-Measure ID B2-392	ilizing the right setting at the right time by adressing th Measure Name Ambulatory Care Sensitive Conditions (ACSC)	Optional Required	P4P	Clinical Outcome	

Select Measure Bundle? (Yes/No)	Measure Bundle ID		Measure Bundle Base Points
No	C1	Primary Care Prevention - Healthy Texans	12
No		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	11	Specialty Care	2
No	J1	Hospital Safety	10
No	К1	Rural Preventive Care	3
No	К2	Rural Emergency Care	3

Total overall selected points: 6

Are you finished making your selections? Yes 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 LU-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?
82-387	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 T	emplate - Category C Valuation		
Progress Tracker			
Section 1: Measure Bundle/Measure Val	uation Complete		
Performing Provider Information			
кни:	3		
I PI and Performing Provider Name:	140713201 - Methodist Willowbrook		
Performing Provider Type:	Hospital		
Ownersnip:	Private		
If regional hospital participation	Category C valuation in DY7:	\$914,706.65	
requirement is met	Category C valuation in DY8:	\$1,247,327.25	
If regional hospital participation	Category C valuation in DY7:	\$1,081,016.95	
requirement is not met	Category C valuation in DY8:	\$1,413,637.55	

#### Valuation for Selected Measure Bunales - Hospitals & Physician Practices

						If regional private hospital pa	rticipation requirement is met	If regional private hospital partic	pation requirement is not met
				Minimum	Maximum				
Measure			<b>Desired Valuation</b>	Valuation % of	Valuation % of	Category C Valuation in DY7	Category C Valuation in DY8	Category C Valuation in DY7	Category C Valuation in DY8
Bundle ID	Measure Bundle Name	Points	Percentage	Total	Total				
В2	Diversion	6	100.00%	75.00%	100.00%	\$914,706.65	\$1,247,327.25	\$1,081,016.95	\$1,413,637.55
	Total	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 tinisned allocating your Category C valuations across your selected measure bundles r

Progress Tracker					
action 1: transition trem		> Provider-Level Outcomes and Core Activities		010	
ection 1: Transition from D	or 2-o Projects to DY	-o Fronder-Level Outcomes and Core Activities	Comple		
	es/Measures Associa	ated with at Least One Core Activity	Comple		
Performing Provider Info	ormation				
HP:		3			
PI and Performing Provider	r Name:	140713201 - Methodist Willowbrook			
erforming Provider Type: Dwnership:		Hospital Private			
Section 1: Transition from	m DY2-6 Projects to	DY7-8 Provider-Level Outcomes and Core Activities			
DY6 Project ID	Project Option	Project Summary		Completed/ Continuing	iption for continuation (optional)
HP 3_140713201.2.1	2.17.1	By facilitating effective transitions of care to behavioral h		continuing	(optional)
		through locations within Harris County including HARRIS MHMRA, private physicians, and SJMH Family Medicine			
		seek to help patients navigate a complicated health-care		Completed in DY2- 6	
		Service Availability is limited, and so we hope to leverage		Ŭ	
		health workers to connect and encourage care within ex- mental health resources.	isting primary care and		
Section 2: Core Activities	9				
	Identification of	e Navigation and Transition Services e name of this Core Activity. frequent ED users and use of care navigators as part of a includes a connection of ED patients to primary and preve		]	
	Identification of program, which b) Please enter a d We will carefully HMWB SPRING cause analysis fo social workers w	e name of this Core Activity. frequent ED users and use of care navigators as part of a	D, HMWB HOSPITAL, and rt as well as do a root HMWB hospital ED, the rough a DSRIP social	]	
	Identification of program, which b) Please enter a d We will carefully HMWB SPRING cause analysis fo social workers w worker designat	e name of this Core Activity. frequent ED users and use of care navigators as part of a j includes a connection of ED patients to primary and preve escription of this Core Activity monitor the number of patients in the HMWB CYPRESS E ED. The two social workers will create a super utilizer repo r the readmitted patients. Because of higher volume in th ill connect ED patients to primary and preventive care thr	D, HMWB HOSPITAL, and rt as well as do a root te HMWB hospital ED, the rough a DSRIP social minants and strategize the	]	
	Identification of program, which b) Please enter a d We will carefully HMWB SPRING cause analysis fo social workers w worker designat patient navigatio	e name of this Core Activity. frequent ED users and use of care navigators as part of a i includes a connection of ED patients to primary and preve escription of this Core Activity monitor the number of patients in the HMWB CYPRESS E ED. The two social workers will create a super utilizer repo r the readmitted patients. Because of higher volume in th ill connect ED patients to primary and preventive care thr ed to improve care transition by assessing for social deter	D, HMWB HOSPITAL, and ort as well as do a root the HMWB hospital ED, the rough a DSRIP social minants and strategize the of ED patients.		
	Identification of program, which b) Please enter a d We will carefully HMVB SPRING cause analysis fo social workers w worker designat patient navigatio I) Please ( Social v	ename of this Core Activity. frequent ED users and use of care navigators as part of a l includes a connection of ED patients to primary and preve escription of this Core Activity monitor the number of patients in the HMWB CYPRESS E ED. The two social workers will create a super utilizer repor r the readmitted patients. Because of higher volume in th ill connect ED patients to primary and preventive care thr ed to improve care transition by assessing for social deter on. They will analyze the mobile assessment team report of the secribe the TIRST Secondary Univer for the above Core Activi- providers will schedule follow-up appointments for patients.	D, HMWB HOSPITAL, and ort as well as do a root the HMWB hospital ED, the rough a DSRIP social minants and strategize the of ED patients.	]	
	Identification of program, which b) Please enter a d We will carefully HMVB SPRING cause analysis fo social workers w worker designat patient navigatio I) Please ( Social v	ename of this Core Activity. frequent ED users and use of care navigators as part of a l includes a connection of ED patients to primary and preve escription of this Core Activity monitor the number of patients in the HMWB CYPRESS E ED. The two social workers will create a super utilizer repor- r the readmitted patients. Because of higher volume in th ill connect ED patients to primary and preventive care thr ed to improve care transition by assessing for social deter- on. They will analyze the mobile assessment team report of the readmitted patients. Because of higher volume in th escription of the transformation of the above core Activi- process will schedule follow-up appointments for patients. Please list the first Change Idea for the above Secondary	D, HMWB HOSPITAL, and ort as well as do a root the HMWB hospital ED, the rough a DSRIP social minants and strategize the of ED patients. wity (requirea). Driver (requirea).		
	Identification of program, which b) Please enter a d We will carefully HMWB SPRING I cause analysis fo social workers w worker designat patient navigation I) Please ( Social v A	ename of this Core Activity. frequent ED users and use of care navigators as part of a l includes a connection of ED patients to primary and preve escription of this Core Activity monitor the number of patients in the HMWB CYPRESS E ED. The two social workers will create a super utilizer repor r the readmitted patients. Because of higher volume in th ill connect ED patients to primary and preventive care thr ed to improve care transition by assessing for social deter on. They will analyze the mobile assessment team report of the secribe the TIRST Secondary Univer for the above Core Activi- providers will schedule follow-up appointments for patients.	D, HMWB HOSPITAL, and rt as well as do a root the HMWB hospital ED, the cough a DSRIP social minants and strategize the of ED patients. (vity (required). Driver (required). e summary" flowsheet		
	Identification of program, which b) Please enter a d We will carefully HMWB SPRING I cause analysis fo social workers w worker designat patient navigation I) Please ( Social v A	ename of this Core Activity. frequent ED users and use of care navigators as part of a j includes a connection of ED patients to primary and preve escription of this Core Activity monitor the number of patients in the HMWB CYPRESS E ED. The two social workers will create a super utilizer report or the readmitted patients. Because of higher volume in th ill connect ED patients to primary and preventive care thr ed to improve care transition by assessing for social deter on. They will analyze the mobile assessment team report of the exact the Tirst Secondary Univer for the above Core Activity vorkers will schedule follow-up appointments for patients. Please list the Tirst Change Idea for the above Secondary EPIC documentation through social workers in "discharge	D, HMWB HOSPITAL, and rt as well as do a root the HMWB hospital ED, the cough a DSRIP social minants and strategize the of ED patients. (vity (required). Driver (required). e summary" flowsheet		
	Identification of program, which b) Please enter a d We will carefully HMWB SPRING cause analysis for social workers w worker designat patient navigatin I) Please ( Social v A) B)	ename of this Core Activity. frequent ED users and use of care navigators as part of a j includes a connection of ED patients to primary and preve escription of this Core Activity monitor the number of patients in the HMWB CYPRESS E ED. The two social workers will create a super utilizer report or the readmitted patients. Because of higher volume in th ill connect ED patients to primary and preventive care thr ed to improve care transition by assessing for social deter on. They will analyze the mobile assessment team report of the exact the Tirst Secondary Univer for the above Core Activity vorkers will schedule follow-up appointments for patients. Please list the Tirst Change Idea for the above Secondary EPIC documentation through social workers in "discharge	Antive care. AD, HMWB HOSPITAL, and ort as well as do a root the HMWB hospital ED, the rough a DSRIP social minants and strategize the of ED patients. NUTY (requirea). - Driver (requirea). e summary" flowsheet ary Driver (optional).		
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	Identification of program, which b) Please enter a d We will carefully HMWB SPRING cause analysis fo social workers w worker designat patient navigatio I) Please ( Social v B) II) Please ( II) Please (	ename of this Core Activity. frequent ED users and use of care navigators as part of a j includes a connection of ED patients to primary and preve escription of this Core Activity remonitor the number of patients in the HMWB CYPRESS E 20. The two social workers will create a super utilizer repo- bre the readmitted patients. Because of higher volume in the ill connect ED patients to primary and preventive care thr ed to improve care transition by assessing for social deter- nn. They will analyze the mobile assessment team report of describe the first secondary Driver for the above Core Activi- vorkers will schedule follow-up appointments for patients. Please list the first change Idea for the above secondary EPIC documentation through social workers in "discharge Thease list the second change fidea for the above secondary Please list the second change fidea for the above secondary	Antive care. Antive care. An		
	Identification of program, which b) Please enter a d We will carefully HMWB SPRING cause analysis fo social workers w worker designat patient navigatio i) Please e Social v A; ii) Please e B; iii) Please e B;	ename of this Core Activity. frequent ED users and use of care navigators as part of a j includes a connection of ED patients to primary and preve escription of this Core Activity remonitor the number of patients in the HMWB CYPRESS E 20. The two social workers will create a super utilizer repo- bre the readmitted patients. Because of higher volume in the ill connect ED patients to primary and preventive care thr ed to improve care transition by assessing for social deter- nn. They will analyze the mobile assessment team report of describe the first secondary Univer for the above Core Activity release list the first change Idea for the above secondary FPIC documentation through social workers in "discharge release list the second change Idea for the above Secondary Please list the second Secondary Univer for the above Secondary Please list the second Change Idea for the above Secondary Please list the second Change Idea for the above Secondary Please list the second Change Idea for the above Secondary Please list the second Change Idea for the above Secondary Please list the second Change Idea for the above Secondary Please list the second Change Idea for the above Secondary Please list the second Change Idea for the above Secondary Please list the second Change Idea for the above Secondary Please list the second Change Idea for the above Secondary Please list the second Change Idea for the above Secondary Please Ist the second Change Idea for the above Secondary Please Ist the second Change Idea for the above Secondary Please Ist the second Change Idea for the above Secondary Please Ist the second Change Idea for the above Secondary Please Ist the second Change Idea for the above Secondary Please Ist the second Change Idea for the above Secondary Please Ist the second Change Idea for the above Secondary Please Ist the second Change Idea for the above Secondary Please Ist the second Change Idea for the above Secondary Please Ist the second Change Idea for the above Secondary P	Antive care. Antive care. Antive care. Antiper care of the second of		
	Identification of program, which         b) Please enter a d         We will carefully         HMWB SPRING cause analysis fc         social workers w         worker designat         patient navigation         i) Please (         Social workers         Social workers         worker designat         patient navigation         social workers         B)         III) Please (         B)         C) Please select the	ename of this Core Activity. frequent ED users and use of care navigators as part of a j includes a connection of ED patients to primary and preve escription of this Core Activity eromitor the number of patients in the HMWB CYPRESS E ED. The two social workers will create a super utilizer repor- or the readmitted patients. Because of higher volume in th ill connect ED patients to primary and preventive care thr- ed to improve care transition by assessing for social deter on. They will analyze the mobile assessment team report of prescribe the Tirst Secondary Univer for the above Core Activity Prease list the Tirst Change Idea for the above Secondary EPIC documentation through social workers in "discharge rease list the second Change Idea for the above Secondary EPIC documentation through social workers in "discharge rease list the second Change Idea for the above Secondary EPIC the second Secondary Univer for the above Secondary EPIC the second Secondary Univer for the above Core Activity the second Secondary Univer for the above Secondary EPIC the second Secondary Univer for the above Secondary EPIC the second Secondary Univer for the above Core Activity the second Secondary Univer for the above Secondary EPIC the Second Secondary Univer for the abo	Antive care. Antive care. Antive care. Antiper care and a cost and a cost of the social of the s		

 i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.
 This will help the overall mission to reduce unnecessary hospitalization and improve health of PPP by increasing the services offered and introducing new projects we will be able to reduce the gap in health.

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 Measur	e Bundle for Hospitals		Complete		
Section 2: Verification			Complete		
Performing Provider Information					
кни:		2			
I PI and Performing Provider Name:		3 140713201 - Methodist	Willowbrook		
Performing Provider Type:		Hospital	WINOWDIOOK		
Ownersnip:		Private			
		invate			
If regional hospital participation	Category D valuation in DY7		\$249,465.45		
requirement is met	Category D valuation in DY8		\$249,465.45		
If regional hospital participation	Category D valuation in DY7		\$83,155.15		
requirement is <u>not</u> met	Category D valuation in DY8		\$83,155.15		
Section 1: Statewide Reporting Mea	asure Bundle for Hospitals				
		• •	n per DY distributed		n per DY distributed
Measure		•	if regional hospital	•	if regional hospital
		participation v	aluation is met)	participation requi	rement is <u>not</u> met)
Potentially preventable admissions (PP	As)		\$49,893.09		\$16,631.03
Potentially preventable 30-day readmis	ssions (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 or	ganization does not report HO	CAHPS as part of the			
Medicare Inpatient Prospective Payme	nt 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

Progress Tr	racker										
tion 1: IGT En	ntities		Complete								
ction 2: IGT Fu			Complete								
ction 3: Certific	ication		Complete								
Performing	g Provider Information										
e:											
	ing riovidei ivanie.	3 140713201 - Methodist Willowbro				-					
IOTTIMIK FLOW		Hospital	JOK			-					
mersnip:		Private				-					
-											
Section 1: I	IGT Entities										
rder to delete	te an existing IGT, delete the name of the IGT						]				
IGT RHP	IGT Name			available)		51 TIN		n Number			
3 Ha	arris County Hospital District		N/A		17415369366324		529-12-0049-00011		]		
ontact #	Contact Name	1	Street Address		City	Zip	En	nail	Phone Number	Phone Extension	Lead Contact or
1		stad large prive					jeaseemeng ner miteeren.org				
2	nemene curnee	SESTION THE SC					menenese unice er nur nameun	1.018			
3	ince iterby	2323 Hony Han Office					menocatoroy@narroncold	.018			
GT RHP	IGT Name		IGT TPI (if	available)	R	ST TIN	Affiliatio	n Number			
ontact #	Contact Name		Street Address		City	Zip	En	nail	Phone Number	Phone Extension	Lead Contact or
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orting System						,					
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porting System							If regional private hospital	participation requirement is	If regional private hospital	participation requirement is	1
porting System						,		participation requirement is et		participation requirement is met	]
porting System	unaing						Total Estimated DY7				]
orting System	unaing	GT Name	IGT TIN	IGT Affiliation #	DY7 % IGT Allocated	DY8 % IGT Allocated	n	et Total Estimated DY8	not	Total Estimated DY8	
Norting System	noing						r Total Estimated DY7 Allocation (FMAP 56.88/IGT 43.12)	et Total Estimated DY8 Allocation (FMAP 57.32/IGT 42.68)	Total Estimated DY7 Allocation (FMAP 56.88/IGT 43.12)	Total Estimated DY8 Allocation (FMAP 57.32/IG1 42.68)	
orting System	te Submission Harris County Hospital Distri	ict	17415369366324	529-12-0049-00011	100.00%		rr Total Estimated DY7 Allocation (FMAP 56.88/IGT 43.12) \$143.426.00	Allocation (FMAP 57.32/IGT 42.68)	Total Estimated DY7 Allocation (FMAP 56.88/IGT 43.12) \$143.426.00	met Total Estimated DY8 Allocation (FMAP 57.32/IG1 42.68)	
HP Plan Updat	te Submission Harris County Hospital Distri	ict ict	17415369366324 17415369366324	529-12-0049-00011 529-12-0049-00011	100.00% 100.00%	100.00%	m Total Estimated DY7 Allocation (FMAP 56.88/IGT 43.121 \$143.426.00 \$71.713.00	et Total Estimated DY8 Allocation (FMAP 57.32/IGT 42.68) \$70.981.24	not Total Estimated DY7 Allocation (FMAP 56.88/IGT 43.12) \$143.426.00 \$71.713.00	met Total Estimated DY8 Allocation (FMAP 57.32/IG1 42.68) \$70.981.24	
IP Plan Updat Catego B2-3	tecture tec Submission Harris County Hospital Distri- tiver Southy Hospital Distri- Marris County Hospital Distri- B87 Harris County Hospital Distri- B87 Harris County Hospital Distri-	ict ict ict	17415369366324 17415369366324 17415369366324 17415369366324	529-12-0049-00011 529-12-0049-00011 529-12-0049-00011	100.00% 100.00% 100.00%	100.00% 100.00%	m Total Estimated DY7 Allocation (FMAP 56.88/IGT 43.12) \$143.426.00 \$71.713.00 \$197,210.76	et Total Estimated DV8 Allocation (FMAP 57.32/IGT 42.68) \$70.981.24 \$266,179.64	not Total Estimated DY7 Allocation (FMAP 56.88/IGT 43.12) \$143.426.00 \$71.713.00 \$233,067.26	met Total Estimated DY8 Allocation (FMAP 57.32/IGT 42.68) \$70.981.24 \$301,670.26	
IP Plan Updat Catego B2-3; B2-3;	none te Submission Harrs County Hospital Districtory org 8 Harrs County Hospital Districtory 1920 Harrs County Hospital Districtory 1920 Harrs County Hospital Districtory	ict ict ict	17415369366324 17415369366324 17415369366324 17415369366324 17415369366324	529-12-0049-00011 529-12-0049-00011 529-12-0049-00011 529-12-0049-00011	100.00% 100.00% 100.00% 100.00%	100.00% 100.00% 100.00%	rr Total Estimated DY7 Allocation (FMAP 56.88/IGT 43.12) \$143.426.00 \$71.713.00 \$197,210.76 \$197,210.75	et Total Estimated DV8 Allocation (FMAP 57.32/IGT 42.68) 570.981.24 \$266,179.64 \$266,179.63	<u>not</u> Total Estimated DY7 Allocation (FMAP 56.88/IGT 43.12) \$143.426.00 \$71.713.00 \$233.067.26 \$233.067.25	met Total Estimated DY8 Allocation (FMAP 57.32/IG1 42.68) \$70.981.24 \$301,670.26 \$301,670.25	
HP Plan Updat Catego B2-3	HIGH I He Submission Harrs County Hospital State 1973 Rev County Hospital State 1974 Rev County Hospital State 1975 Harrs County Hospital State 1976 Harrs County Harrs County Hospital State 1976 Harrs County Har	ict ict ict	17415369366324 17415369366324 17415369366324 17415369366324	529-12-0049-00011 529-12-0049-00011 529-12-0049-00011	100.00% 100.00% 100.00%	100.00% 100.00%	m Total Estimated DY7 Allocation (FMAP 56.88/IGT 43.12) \$143.426.00 \$71.713.00 \$197,210.76	et Total Estimated DV8 Allocation (FMAP 57.32/IGT 42.68) \$70.981.24 \$266,179.64	not Total Estimated DY7 Allocation (FMAP 56.88/IGT 43.12) \$143.426.00 \$71.713.00 \$233,067.26	met Total Estimated DY8 Allocation (FMAP 57.32/IGT 42.68) \$70.981.24 \$301,670.26	

	Your funding allocations sum to 100%.
updated?	and hererundes accu
	/es
Section 3: Certification	
<ul> <li>By my signature below, I certif</li> <li>I am legally authorized to sign</li> </ul>	fy the following facts: in this document on behalf of my organization;
<ul> <li>I have read and understand t Name;</li> </ul>	this document:
name: ra i organizacion.	Mike Norby Harris County Hospital District
Date:	37872018

Progress Tracker										
	INGLINIU				-	Commete				
	iicaiu Low-iiicoine oniiisureu	ו (ועובוט) המנופרונ הטטטו	ומנוטוו טע דו טעוטפו (דדו	r)		complete				
	isure purifices/ivieasures sele			,	-	complete				
	ACTIVITIES ASSOCIATED WITH C		นาเนเธง/เพเธสรนเ ธร			compiete				
Section S. Category D valu	ations					complete				
Section 6. Certification						complete				
Performing Provider Ir	nformation									
кнр:		3								
I PI and Performing Provid	ier name:	140713201 - Method	dist Willowbrook							
Performing Provider Type:	:	140713201 - Methodist Willowbrook Hospital								
Ownersnip:		nospital Private								
Section 1: DY7-8 DSRIF	P Valuation									
				DY7-8 DSRIP \	aluation Distributi	ion				
			is met		•					
		DY7		DY8		DY7	DY8			
			222 620 60				-	ć0.00		
RHP Plan Update Submissi	ion	\$:	332,620.60	\$0.00 \$0.00		\$332,620.60 \$0.00		\$0.00 \$0.00		
Category A Category B		¢.	\$0.00 166,310.30	\$166,310.30		\$166,310.30	\$166	5,310.30		
Category C			914,706.65	\$1,247,327.25		\$1,081,016.95		3,637.55		
Category D			249,465.45	\$249,465.45		\$83,155.15		3,155.15		
Fotal			663,103.00	\$1,663,103.00		\$1,663,103.00		3,103.00		
		ψ±γ		, _, _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ , , _ ,		,,	\$2,000			
					1					
Do you confirm the inf	formation in this section	and acknowledge	the understanding	g of limited allowed	changes as					
described in the Progr	am Funding and Mechan	nics Protocol and N	Aeasure Bundle Pro	otocol?						
-0		-								
					_					
	Yes									
Section 2: Cotogon P	Medicaid Low-income Unins	ured (MLUI) Detiont	Population by Provide	ar (PPP)						
Section 2: Category B I	Medicald Low-Income Unins	ured (MLIO) Patient P	Population by Provide	er (PPP)						
	MLIU PPP		I OTAL PPP	MLIU Percentage	e of Total PPP					
715		16,571	81,236		20.40%					
Лүр		17,414	96,356		18.07%					
DY / Estimated		16,993	88,796		19.14%					
Y8 Estimated		16,993	88,796	1	19.14%					
Nere DY7-8 maintenance	goals based on DY5 or DY6 o	only?	No	1						
	formation in this section am Funding and Mechan				changes as					
described in the Progr		nics Protocol and M	Aeasure Bundle Pro		changes as					
lescribed in the Progr	am Funding and Mechan Yes	nics Protocol and M	Aeasure Bundle Pro		changes as	Valuation if region		Valuation if region		
described in the Progr	Am Funding and Mechan Yes Measure Bundles/Measures Measure Bundle/Measure	Selection and Valuat # of Measures with Requested Achievement of Alternative	feasure Bundle Pro ton # of Measures with Requested Shorter or Delayed Measurement	# of Measures with Requested Reporting Milestone		participation req	uirement is met	participation requi	irement is <u>not</u> met	
lescribed in the Progr	am Funding and Mechan Yes Measure Bundles/Measures Measure Bundle/Measure Name	Selection and Valuat # of Measures with Requested Achievement of Alternative Denominators	feasure Bundle Pro fon # of Measures with Requested Shorter or Delayed Measurement Periods	# of Measures with Requested Reporting Milestone Exemptions	Points	participation req DY7 Valuation	uirement is met DY8 Valuation	participation requi	irement is <u>not</u> met	
escribed in the Progr	Am Funding and Mechan Yes Measure Bundles/Measures Measure Bundle/Measure Name Patient Navigation & ED	Selection and Valuat # of Measures with Requested Achievement of Alternative	feasure Bundle Pro ton # of Measures with Requested Shorter or Delayed Measurement	# of Measures with Requested Reporting Milestone		participation req	uirement is met	participation requi	irement is <u>not</u> met	
Section 3: Category C I Bundle-Measure ID	am Funding and Mechan Yes Measure Bundles/Measures Measure Bundle/Measure Name	Selection and Valuat # of Measures with Requested Achievement of Alternative Denominators	feasure Bundle Pro fon # of Measures with Requested Shorter or Delayed Measurement Periods	# of Measures with Requested Reporting Milestone Exemptions		participation req DY7 Valuation	uirement is met DY8 Valuation	participation requi	DY8 Valuation	
Section 3: Category C I Bundle-Measure ID 2 otal	Am Funding and Mechan Yes Measure Bundles/Measures Measure Bundle/Measure Name Patient Navigation & ED Diversion	Foreign and Valuat     Selection and Valuat     # of Measures with     Requested     Achievement of     Alternative     Denominators     0     0	Aeasure Bundle Pro	# of Measures with Requested Reporting Milestone Exemptions 0 0	Points 6 0	participation rec DY7 Valuation \$914,706.65	DY8 Valuation	DY7 Valuation \$1,081,016.95	irement is not met DY8 Valuation \$1,413,637.5	
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Section 3: Category C I Bundle-Measure ID 2 0141 200 you confirm the inf	Am Funding and Mechan Yes Measure Bundles/Measures Measure Bundle/Measures Name Patient Navigation & ED Diversion N/A formation in this section	Selection and Valuat of Measures with Requested Achievement of Alternative Denominators 0 0 and acknowledge	Aeasure Bundle Pro	# of Measures with Requested Reporting Milestone Exemptions 0 0 0 0 0	Points 6 0	participation rec DY7 Valuation \$914,706.65	DY8 Valuation	DY7 Valuation \$1,081,016.95	irement is <u>not</u> met DY8 Valuation \$1,413,637.5	
Section 3: Category C I Bundle-Measure ID Correct Content of Conte	am Funding and Mechan Yes Measure Bundles/Measures Measure Bundles/Measures Name Patient Navigation & ED Diversion N/A formation in this section am Funding and Mechan	Selection and Valuat # of Measures with Requested Achievement of Alternative Denominators 0 0 and acknowledge hics Protocol and M	Aeasure Bundle Pro	# of Measures with Requested Reporting Milestone Exemptions 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Points 6 0	participation rec DY7 Valuation \$914,706.65	DY8 Valuation	DY7 Valuation \$1,081,016.95	irement is <u>not</u> met DY8 Valuation \$1,413,637.5	
escribed in the Progr Section 3: Category C I Bundle-Measure ID 2 otal Do you confirm the infl escribed in the Progr	am Funding and Mechan Yes Measure Bundles/Measures Measure Bundle/Measures Name Patient Navigation & ED Diversion N/A formation in this section am Funding and Mechan	Selection and Valuat # of Measures with Requested Achievement of Alternative Denominators 0 0 and acknowledge hics Protocol and M	Aeasure Bundle Pro	# of Measures with Requested Reporting Milestone Exemptions 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Points 6 0	participation rec DY7 Valuation \$914,706.65	DY8 Valuation	DY7 Valuation \$1,081,016.95	DY8 Valuation	
Section 3: Category C I Bundle-Measure ID 20 20 20 20 20 20 20 20 20 20 20 20 20	am Funding and Mechan Yes Measure Bundles/Measures Measure Bundles/Measures Name Patient Navigation & ED Diversion N/A formation in this section am Funding and Mechan Yes Core Activities Associated w	Selection and Valuat # of Measures with Requested Achievement of Alternative Denominators 0 0 and acknowledge hics Protocol and M	Aeasure Bundle Pro	# of Measures with Requested Reporting Milestone Exemptions 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Points 6 0	DY7 Valuation \$914,706.65 \$914,706.05	DY8 Valuation	DY7 Valuation \$1,081,016.95	irement is not met DY8 Valuation \$1,413,637.5	
Section 3: Category C I Bundle-Measure ID Bundle-Measure ID Section 4: Category A Guide-Measure ID Section 4: Category A Guide-Measure ID Bundle-Measure ID Bundle-Measure ID Bundle-Measure ID	am Funding and Mechan Yes Measure Bundles/Measures Measure Bundle/Measures Name Patient Navigation & ED Diversion N/A formation in this section am Funding and Mechan Yes Core Activities Associated w Measure B	Selection and Valuat of Measures with Requested Achievement of Alternative O O and acknowledge ics Protocol and N I I I I I I I I I I I I I I I I I I I	Aeasure Bundle Pro	# of Measures with Requested Reporting Milestone Exemptions 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Points 6 0	DY7 Valuation \$914,706.65 \$914,706.05	Utirement is met	DY7 Valuation \$1,081,016.95	DY8 Valuation	
described in the Progr Section 3: Category C I Bundle-Measure ID B2 rotai Do you confirm the inf described in the Progr Section 4: Category A ( Bundle-Measure ID B2 Pati Do you confirm the inf	am Funding and Mechan Yes Measure Bundle/Measures Measure Bundle/Measures Patient Navigation & ED Diversion N/A formation in this section am Funding and Mechan Yes Core Activities Associated w Measure B ient Navigation & ED Diversio formation in this section	its Protocol and M Selection and Valuat for Measures with Requested Achievement of Alternative Determinators 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Aeasure Bundle Pro	# of Measures with Requested Reporting Milestone Exemptions 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Points 6 0 changes as	DY7 Valuation \$914,706.65 \$914,706.05	Utirement is met	DY7 Valuation \$1,081,016.95	irement is not met DY8 Valuation \$1,413,637.5	
Section 3: Category C I Bundle-Measure ID Bundle-Measure ID Section 4: Category A Generation Sectio	am Funding and Mechan Yes Measure Bundles/Measures Measure Bundles/Measures Patient Navigation & ED Diversion N/A formation in this section am Funding and Mechan Yes Core Activities Associated w Measure B ient Navigation & ED Diversic formation in this section am Funding and Mechan	its Protocol and M Selection and Valuat for Measures with Requested Achievement of Alternative Determinators 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Aeasure Bundle Pro	# of Measures with Requested Reporting Milestone Exemptions 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Points 6 0 changes as	DY7 Valuation \$914,706.65 \$914,706.05	Utirement is met	DY7 Valuation \$1,081,016.95	irement is not met DY8 Valuation \$1,413,637.5	
Section 3: Category C I Bundle-Measure ID Bundle-Measure ID Section 4: Category A Guidantee Comparison of the Programe of the	am Funding and Mechan Yes Measure Bundle/Measures Measure Bundle/Measures Patient Navigation & ED Diversion N/A formation in this section am Funding and Mechan Yes Core Activities Associated w Measure B ient Navigation & ED Diversio formation in this section am Funding and Mechan Yes	its Protocol and M Selection and Valuat for Measures with Requested Achievement of Alternative Determinators 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Aeasure Bundle Pro	# of Measures with Requested Reporting Milestone Exemptions 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Points 6 0 changes as	DY7 Valuation \$914,706.65 \$914,706.05	Utirement is met	DY7 Valuation \$1,081,016.95	irement is <u>not</u> met DY8 Valuation \$1,413,637.5	

Measure	Category D valuation per DY distributed across measures ( if regional hospital participation requirement is met)	Category D valuation per DY distributed across measures (if regional hospital participation requirement is <u>not</u> met)
Potentially preventable admissions (PPAs)	\$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?

### Section 6: Certification

Yes

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: Performing Provider: Date: leather Chung

## 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.

Section 1: Yestorming Provider Information Section 2: Lead Contact Information Section 3: Lead Contact Information Section 4: Performing Provider Information Section 4: Performing Provider Uverview Section 3: DIT/-8 DSNP Total Valuation Complete Section 1: System Definition Section 1: System Definition Section 2: Section 1: System Definition Section 2: Section 1: Weak-income Uninsured (WLUU) Patient Population by Provider (PPP) Complete Complete Section 2: Section 1: Measure Bundles for Hospitals and Physician Practices MPT Met Section 1: Measure Representation Section 1: Measure Exemption Requests and Measure Setting System Components Complete Complete Section 2: Section 1: Measure Bundle/Measure Valuation Complete Section 2: Complete Section Complete Section 1: Measure Bundle/Measure Valuation Complete Section 2: Core Activities Section 1: Measure Bundle/Measure Valuation Complete Section 2: Section 1: Section D12-6 Projects to DY7-8 Provider-Level Outcomes and Core Activities Complete Complete Section 2: Verification Complete Section 2: Verification Complete Section 2: Verification Complete Section 3: Section 1: ICT Entities Section 1: ICT Entities Section 1: ICT Entities Section 1: ICT Entities Section 1: Section 1: Section 1: Section 1: Complete Section 2: Verification Complete Section 2: Verification Section 2: Core Activities Section 1: Section 2: Sectification Complete Section 2: Sectification Section 2: Core Activities Section 3: Section 2: Sectification Section 2: Core Activities Section 3: Section 2: Sectification Section 2: Core Activities Section 3: Sectification Section 3: Section 3: Sectification Section 3: Core Activities Associated with Category C Measure Bundles/Measures Section 3: Category A Medicaid Low-income Uninsured (MLU) Patient Population by Provider (PPP) Section 3: Category A Core Activities Associated with Category C Measure Bundles/Measures Section 3: Category A Jouanon Section 4: Category A Core Activities Associated with Category C Measure Bundles/Measures Section 5: Category A M	Provider Entry	
Section 2: Lead Confact Information Section 3: Uptional Withorawai From DSNIP Section 4: Uptional Withorawai From DSNIP Section 4: Verforming Provider Overview Section 4: System Definition Section 4: Section 5: Section Section 4: Section 5: Section Section 4: Section 5: Section Section 5: Section 5: Section Section 6: Section 5: Section Section 6: Section 5: Section Section 6: Section 6: Section Section 6: Section 6: Section Section 7: Section 6: Section Section 7: Section 7: Section 7: Section Section 1: Measure Exemption Requests and Measure Setting System Components Complete Section 1: Measure Bundle/Measure Valuation Complete Section 1: Measure Bundle/Measure Valuation Complete Section 1: Transition from DV2-6 Projects to DV7-8 Provider-Level Outcomes and Core Activities Section 1: Statewide Reporting Measures Associated with at Least One Core Activities Section 1: Statewide Reporting Measure Bundle for Hospitals Section 2: Core Activities Section 2: Core Activities Section 3: Sectification Complete Section 3: Certification Section 3: Certification Section 3: Certification Section 3: Certification Section 3: Certification Section 3: Certification Section 3: Category D Valuation Section 3: Cate		
Section 3: Optional withdrawai From USWP Section 3: Optional withdrawai From USWP Section 5: DV ~8 USWP rotat valuation Complete Section 5: DV ~8 USWP rotat valuation Section 2: DV ~8 USWP rotat valuation Section 2: Section Complete Complete Section 2: Section Of Measure Bundles for Hospitals and Physician Practices Minimum Selection Requirements Wet NP I Net Category C Additional Details Section 1: Measure Exemption Requests and Measure Setting System Components Category C Valuation Section 1: Measure Bundle/Measure Valuation Complete Category C Additional Details Section 1: Measure Bundle/Measure Valuation Complete Category C Additional Details Section 1: Measure Bundle/Measure Valuation Complete Category C Category C Valuation Section 1: Transition from DY2-6 Projects to DY7-8 Provider-Level Outcomes and Core Activities Section 2: Section 2: Section 2: Section 2: Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Section 2: Section 1: Statewide Reporting Measure Bundle for Hospitals Section 1: Statewide Reporting Measure Bundle for Hospitals Section 1: Section 2: Verification Complete Section 3: Certification Section 3: Category C Measure Bundle for Hospitals Section 1: Statewide Reporting Measure Bundle for Hospitals Section 1: Statewide Reporting Measure Bundle for Hospitals Section 2: Verification Complete Section 3: Certification Section 1: DT7-8 DSRIP Valuation Section 2: Category C Measure Bundle for Hospitals Section 2: Complete Complete Complete Section 2: Category C Measure Bundle for Hospitals Section 2: Category C Measure Bundle for Hospitals Section 2: Complete Section 3: Category C Measure Bundle for Hospitals Section 3: Category C Measure Bundles/Measures Selection and Valuation Section 2: Complete Section 3: Category C Measure Bundles/Measures Selection and Valuation Section 4: Category C Measure Bundles/Measures Selection and Valuation Section 4: Category C Measure Bundles/Measures Selection and Valuation Section 4: Category D Measure Bundles/Measures Se	-	Complete
Section 4: verrorming vrovider UVerview Section 5: D17/-8 USNIP 10tal Valuation Complete Comp		Complete
Section 1: Statewide Reporting Measure Bundle for Hospitals Section 2: Section 1: Statewide Reporting Measure Bundle for Hospitals Section 2: Statewide Reporting Measure Bundle for Hospitals Section 3: Statewide Reporting Measure Bundle for Hospitals Complete Complete Complete Section 3: Statewide Reporting Measure Bundle for Hospitals Section 3: Statewide Reporti		Complete
Complete       Complete         Section 1: System Definition       Complete         Section 2: Medicato Low-Income Uninsured (MLU) Patient Population by Provider (PPP)       Complete         Category C Selection       Section 2: Selection Newsure Bundles for Hospitals and Physician Practices       Complete         Wir I Met       Yes       Yes         Section 1: Measure Exemption Requests and Measure Setting System Components       Complete         Category C Valuation       Complete         Section 1: Measure Bundle/Measure Valuation       Complete         Category D       Complete         Section 2: Core Activities       Complete         Section 1: Transition from DY2-6 Projects to DY7-8 Provider-Level Outcomes and Core Activities       Complete         Section 2: Core Activities       Complete         Section 2: Core Activities       Complete         Section 2: Section 1: Statewide Reporting Measure Bundle for Hospitals       Complete         Complete       Complete         Section 2: IGT Entrities       Complete         Section 2: IGT Funding       Complete         Section 2: IGT Funding       Complete         Section 2: DY-8 DSRIP Valuation       Complete         Section 2: DY-8 DSRIP Valuation       Complete         Section 3: Category A Core Activities Associated with C	-	Complete
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