



## 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: **181706601 - St Joseph Medical Center LLC**

Performing Provider Type: **Hospital**

Ownership: **Private**

TIN: **12048355783003**

Physical Street Address: **1401 St. Joseph Parkway**

City: **Houston**

Zip: **77002**

Primary County: **Houston**

Additional counties being served (optional):

Note: you cannot type county inputs; rather, please select your county from the dropdown menu.

**Section 2: Lead Contact Information**

	Lead Contact 1	Lead Contact 2	Lead Contact 3
Contact Name:	<b>Rick Ford</b>	<b>Amanda Simmons</b>	<b>Sarah Schauman</b>
Street Address:	<b>117 Seaboard Lane, Building E</b>	<b>17206 Maripasa Grove Lane</b>	<b>1401 St Joseph Parkway</b>
City:	<b>Franklin, TN</b>	<b>Humble</b>	<b>Houston</b>
Zip:	<b>37067</b>	<b>77346</b>	<b>77002</b>
Email:	<b>Richard.Ford@steward.org</b>	<b>Amanda_Simmons@Premierinc.com</b>	<b>sschauman@nexerainc.com</b>
Phone Number:	<b>615-467-1311</b>	<b>713-859-9683</b>	<b>505-231-5591</b>
Phone Extension:			
Lead Contact or Both:	<b>Both</b>	<b>Both</b>	<b>Both</b>

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: **St. Joseph Medical Center (SJMC) was founded in 1887 to serve the healthcare needs of the Houston community. SJMC has over 700 board certified physicians on medical staff and 248 staffed beds. The hospital includes both the downtown location as well the Heights locations for SJMC and is part of the Steward Health Care network. The hospital system is inclusive of inpatient services, emergency department, wound center, sports medicine rehab, and extensive behavioral health services.**

Overall DSRIP Goals: **SJMC aims to utilize the DSRIP program to continue to improve care for patients entering the SJMC system. Through DY1-6 SJMC focused on behavioral health needs and improving care through the Med/Psych unit and the Partial Hospitalization Program. Going into DY 7 & 8, SJMC will continue its work on behavioral health and utilizing the Med/Psych unit to address these needs but will also expand to focus to the large diabetic population seen at the ED and wound center. Linking these patients to the resources they need to help manage and control their chronic condition will improve health outcomes and work toward improved appropriate utilization of services.**

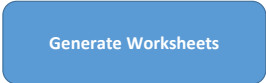
Alignment with regional community needs assessment: **SJMC aligned the measure bundle/core activity selections with the 2017 community needs assessment completed by Region 3 lead, Harris Health. The CNA reported that Harris County has an average death rate of 20 per 100,000 for diabetes, which is close to the statewide rate of 21.6. Additionally, 10.4% of people have been diagnosed with diabetes and 69.4% are overweight. These factors greatly increase the change of a diabetes diagnosis and having uncontrolled diabetes especially in measures like hba1c and blood pressure. Additionally, the CNA reported that there is a shortage of behavioral health providers for patients, especially the uninsured which SJMC serves. A significantly higher number of poor mental health days was reported than the statewide average across region 3. SJMC is utilizing the DSRIP program, and the H2 bundle/core activity to continue to work towards improving behavioral health quality and integration in the system.**

**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	\$1,683,506.40	\$0.00	\$1,683,506.40	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$841,753.20	\$841,753.20	\$841,753.20	\$841,753.20
Category C	\$4,629,642.60	\$6,313,149.00	\$5,471,395.80	\$7,154,902.20
Category D	\$1,262,629.80	\$1,262,629.80	\$420,876.60	\$420,876.60
Total	\$8,417,532.00	\$8,417,532.00	\$8,417,532.00	\$8,417,532.00

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:	181706601 - St Joseph Medical Center LLC
Performing Provider Type:	Hospital
Ownership:	Private
Category B valuation in DY7:	\$841,753.20
Category B valuation in DY8:	\$841,753.20

**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.

Short term acute care facility that includes 248 staffed beds utilizing sub-specialities (cardio, medicine, ortho, gynecology, surgery) - general & ICU. Facility includes ancillary departments of Behavioral Health, Sports Rehabilitation, Wound Care, and Radiation Oncology.

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

Please enter a description of this System Component.

SJMC has 2 emergency departments - one is located at the downtown campus and one is located at the Heights campus. The ED is a certified Level 3 trauma center, certified primary stroke center, and provides telemedicine partnerships with the UT neuroscience department for stroke victims. The ED has 26 patient rooms and treats 2500-2800 patients per month.

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

Please enter a description of this System Component.

SJMC has several ambulatory clinics including a wound center, radiation oncology, and sports rehabilitation.

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

Please enter a description of this System Component.

SJMC has a robust maternity service which offers classes for prespective parents (breastfeeding, childbirth, newborn etc.), neonatal ICU, obgyn care, and labor and delivery.

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	22,264	22,501
Total PPP	52,039	51,801

Please indicate the population included in the MLIU PPP

<input type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> Dual Eligible	<input checked="" type="checkbox"/> CHIP	<input checked="" type="checkbox"/> Local Coverage Option	<input checked="" type="checkbox"/> Insured on the Exchange
<input checked="" 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):	22,383
Average Total PPP	51,920
MLIU percentage of Total PPP	43.11%

\*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	17
Points Selected	19
Bundles Selected	1
Clinical Outcome Selected	Y

**Performing Provider Information**

RHP:	3
TPI and Performing Provider Name:	181706601 - St Joseph Medical Center LLC
Performing Provider Type:	Hospital
Ownership:	Private

If regional private hospital participation requirement is met	Category C valuation in DY7:	\$4,629,642.60
	Category C valuation in DY8:	\$6,313,149.00
If regional private hospital participation requirement is not met	Category C valuation in DY7:	\$5,471,395.80
	Category C valuation in DY8:	\$7,154,902.20

**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.

- 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
- 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
- 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
- One ambulatory encounter during the measurement year and one ambulatory encounter during the year prior to the measurement year OR
- 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
- One emergency department visit during the measurement year OR
- 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 Bundles for Hospitals & Physician Practices**

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
Yes	A1	Improved Chronic Disease Management: Diabetes Care	11

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.

SJMC sees a significant number of diabetic patients in the wound center and through the diabetes education program. Diabetic patients are also seen in the ED and inpatient units and through the DSRIP program will work to link these patients to care for their uncontrolled diabetes. The program will utilize the RNs to link the patients in the wound center and ED to the diabetes education program to ensure these patients are receiving nutrition counseling and education.

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	A1-112	Comprehensive Diabetes Care: Foot Exam	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	A1-115	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Required	P4P	Clinical Outcome	N/A
N/A - Required	MLIU denominator with significant volume	A1-207	Diabetes care: BP control (<140/90mm Hg)	Required	P4P	Clinical Outcome	N/A
No	Reporting attributed population as P4P	A1-111	Comprehensive Diabetes Care: Eye Exam (retinal) performed	Optional	P4P	Process	1
N/A - Required	Reporting attributed population as P4P	A1-500	PQI 93 Diabetes Composite (Adult short-term complications, long-term complications, uncontrolled diabetes, lower-extremity amputation admission rates)	Required	P4P	Population Based Clinical Outcome	4
N/A - Required	Reporting attributed population as P4P	A1-508	Reduce Rate of Emergency Department visits for Diabetes	Required	P4P	Population Based Clinical Outcome	4

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
No	A2	Improved Chronic Disease Management: Heart Disease	8
No	B1	Care Transitions & Hospital Readmissions	11
No	B2	Patient Navigation & ED Diversion	3
No	C1	Primary Care Prevention - Healthy Texans	12
No	C2	Primary Care Prevention - Cancer Screening	6
No	C3	Hepatitis C	4
No	D1	Pediatric Primary Care	14
No	D3	Pediatric Hospital Safety	10
No	D4	Pediatric Chronic Disease Management: Asthma	9
No	D5	Pediatric Chronic Disease Management: Diabetes	8
No	E1	Improved Maternal Care	10
No	E2	Maternal Safety	8
No	F1	Improved Access to Adult Dental Care	7
No	F2	Preventive Pediatric Dental	2
No	G1	Palliative Care	6

No	H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	12
No	H2	Behavioral Health and Appropriate Utilization	8
No	H3	Chronic Non-Malignant Pain Management	10
No	H4	Integrated Care for People with Serious Mental Illness	5
No	I1	Specialty Care	2
No	J1	Hospital Safety	10

<b>Total overall selected points:</b>	19
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Are you finished making your selections?

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

Progress Tracker

Complete

Section 1: Measure Exemption Requests and Measure Setting System Components

Section 1: Measure Exemption Requests and Measure Setting System Components

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

Bundle-Measure ID	Measure Name	Baseline Measurement Period	Requesting a shorter or delayed measurement period?	Requesting a reporting milestone exemption?	Requesting a baseline numerator of zero?
A1-112	Comprehensive Diabetes Care: Foot Exam	CY2017: January 1, 2017 - December 31, 2017	No	No	No
A1-115	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
A1-207	Diabetes care: BP control (<140/90mm Hg)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
A1-500	PQI 93 Diabetes Composite (Adult short-term complications, long-term complications, uncontrolled diabetes, lower-extremity amputation admission rates)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
A1-508	Reduce Rate of Emergency Department visits for Diabetes	CY2017: January 1, 2017 - December 31, 2017	No	No	No

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

**Progress Tracker**

Section 1: Measure Bundle/Measure Valuation

Complete

**Performing Provider Information**

RHP:	3
TPI and Performing Provider Name:	181706601 - St Joseph Medical Center LLC
Performing Provider Type:	Hospital
Ownership:	Private

If regional hospital participation requirement is met	Category C valuation in DY7:	\$4,629,642.60
	Category C valuation in DY8:	\$6,313,149.00
If regional hospital participation requirement is not met	Category C valuation in DY7:	\$5,471,395.80
	Category C valuation in DY8:	\$7,154,902.20

**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
A1	Improved Chronic Disease Management: Diabetes Care	19	100.00%	75.00%	100.00%	\$4,629,642.60	\$6,313,149.00	\$5,471,395.80	\$7,154,902.20
	<b>Total</b>	19	<b>100.00%</b>	N/A	N/A	\$4,629,642.60	\$6,313,149.00	\$5,471,395.80	\$7,154,902.20
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:	181706601 - St Joseph Medical Center LLC
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_181706601.2.1	2.17.1	Expand services to individuals that have a mental health and/ or other substance abuse disorder through a partial hospitalization program.	Completed in DY2 6	
RHP 3_181706601.2.2	2.15.1	This proposed unit will meet the needs of adults (ages 18 and above) who have a primary medical diagnosis with a co-occurring psychiatric diagnosis. These patients will be treated on a unit specifically designed to meet both diagnosis within the hospital. It will be a separate and distinct unit – comprised of 13 beds.	Completed in DY2 6	

**Section 2: Core Activities**

Please enter your organization's number of Core Activities:

1) Please select the grouping for this Core Activity.

a) Please select the name of this Core Activity.

b) Please enter a description of this Core Activity

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

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

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

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.

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**

RHP: 3  
 TPI and Performing Provider Name: 181706601 - St Joseph Medical Center LLC  
 Performing Provider Type: Hospital  
 Ownership: Private

If regional hospital participation requirement is met	Category D valuation in DY7	\$1,262,629.80
	Category D valuation in DY8	\$1,262,629.80
If regional hospital participation requirement is <u>not</u> met	Category D valuation in DY7	\$420,876.60
	Category D valuation in DY8	\$420,876.60

**Section 1: Statewide Reporting Measure Bundle for Hospitals**

Measure	Category D valuation <b>per DY</b> distributed across measures (if regional hospital participation valuation is met)	Category D valuation <b>per DY</b> distributed across measures (if regional hospital participation requirement is <u>not</u> met)
Potentially preventable admissions (PPAs)	\$252,525.96	\$84,175.32
Potentially preventable 30-day readmissions (PPRs)	\$252,525.96	\$84,175.32
Potentially preventable complications (PPCs)	\$252,525.96	\$84,175.32
Potentially preventable ED visits (PPVs)	\$252,525.96	\$84,175.32
Patient satisfaction	\$252,525.96	\$84,175.32
Requesting HCAHPS exemption - my organization does not report HCAHPS as part of the Medicare Inpatient Prospective Payment System due to low volume or other exempt status	No	

**Section 2: Verification**

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

I understand

**DY7-8 Provider RHP Plan Update Template - IGT Entry**

**Progress Tracker**

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

**Performing Provider Information**

RHP:	1
TPH and Performing Provider Name:	1311706602 - St Joseph Medical Center LLC
Performing Provider Type:	Hospital
Ownership:	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	Harris County Hospital District	IGT Name	IGT TIN (if available)	IGT TIN	Affiliation Number
			N/A	17415369366324	529-08-0236-00108

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Jessica Hall	9250 Kirby Drive	Houston	77054	jessica.hall@harrishealth.org	713-641-1146		Both
2	Michelle Eunice	525 Holly Hall St	Houston	77054	michelle.eunice@harrishealth.org	713-568-0409		Both
3	Mike Norby	2542 Holly Hall Drive	Houston	77054	michael.norby@harrishealth.org	713-568-6750		Both

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
1								
2								
3								

Please note that a contact designated "Lead Contact" will be included in the RHP Plan and on the USRIP IGT Distribution List. A contact designated as "Both" will be included in the RHP Plan, on the USRIP IGT Distribution List, and will be given access to the USRIP Online 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	529-08-0236-00108	100.00%	100.00%	\$719,927.86	\$719,927.86	\$329,260.27	\$329,260.27
AT-12	Harris County Hospital District	17415369366324	529-08-0236-00108	100.00%	100.00%	\$399,240.38	\$399,240.38	\$171,853.17	\$171,853.17
AT-115	Harris County Hospital District	17415369366324	529-08-0236-00108	100.00%	100.00%	\$399,240.38	\$399,240.38	\$171,853.17	\$171,853.17
AT-207	Harris County Hospital District	17415369366324	529-08-0236-00108	100.00%	100.00%	\$399,240.38	\$399,240.38	\$171,853.17	\$171,853.17
AT-500	Harris County Hospital District	17415369366324	529-08-0236-00108	100.00%	100.00%	\$399,240.38	\$399,240.38	\$171,853.17	\$171,853.17
AT-508	Harris County Hospital District	17415369366324	529-08-0236-00108	100.00%	100.00%	\$399,240.38	\$399,240.38	\$171,853.17	\$171,853.17
Category D	Harris County Hospital District	17415369366324	529-08-0236-00108	100.00%	100.00%	\$548,448.97	\$548,448.97	\$181,481.99	\$181,481.99
<b>Total</b>	Harris County Hospital District	17415369366324	529-08-0236-00108	100.00%	100.00%	\$3,629,639.80	\$3,629,639.80	\$3,629,639.80	\$3,629,639.80

Your funding allocations sum to 100%.

Have the IGT Entities and funding percentages been updated?  
 Yes

**Section 3: Certification**

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

Name:	Mike Norby
IGT Organization:	Harris County Hospital District
Date:	07/16/2018

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

**Progress Tracker**

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

Complete
Complete
Complete
Complete
Complete
Complete

**Performing Provider Information**

RHP:	3
TPI and Performing Provider Name:	181706601 - St Joseph Medical Center LLC
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 <u>not</u> met	
	DY7	DY8	DY7	DY8
RHP Plan Update Submission	\$1,683,506.40	\$0.00	\$1,683,506.40	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$841,753.20	\$841,753.20	\$841,753.20	\$841,753.20
Category C	\$4,629,642.60	\$6,313,149.00	\$5,471,395.80	\$7,154,902.20
Category D	\$1,262,629.80	\$1,262,629.80	\$420,876.60	\$420,876.60
Total	\$8,417,532.00	\$8,417,532.00	\$8,417,532.00	\$8,417,532.00

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	22,264	52,039	42.78%
DY6	22,501	51,801	43.44%
DY7 Estimated	22,383	51,920	43.11%
DY8 Estimated	22,383	51,920	43.11%

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

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

Yes

**Section 3: Category C Measure Bundles/Measures Selection and Valuation**

Bundle-Measure ID	Measure Bundle/Measure Name	# of Measures with Requested Achievement of Alternative Denominators	# of Measures with Requested Shorter or Delayed Measurement Periods	# of Measures with Requested Reporting Milestone Exemptions	Points	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is not met	
						DY7 Valuation	DY8 Valuation	DY7 Valuation	DY8 Valuation
A1	Improved Chronic Disease Management: Diabetes Care	0	0	0	19	\$4,629,642.60	\$6,313,149.00	\$5,471,395.80	\$7,154,902.20
		0	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00
Total	N/A	0	0	0	19	\$4,629,642.60	\$6,313,149.00	\$5,471,395.80	\$7,154,902.20

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
A1	Improved Chronic Disease Management: Diabetes Care	
0		

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 <b>per DY</b> distributed across measures ( if regional hospital participation requirement is met)	Category D valuation <b>per DY</b> distributed across measures (if regional hospital participation requirement is <u>not</u> met)
Potentially preventable admissions (PPAs)	\$252,525.96	\$84,175.32
Potentially preventable 30-day readmissions (PPRs)	\$252,525.96	\$84,175.32
Potentially preventable complications (PPCs)	\$252,525.96	\$84,175.32
Potentially preventable ED visits (PDVs)	\$252,525.96	\$84,175.32
Patient satisfaction	\$252,525.96	\$84,175.32

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: Sarah Schauman  
 Performing Provider: St Joseph Medical Center  
 Date: 3/19/2018

**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