



## 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: **212060201 - Rice Medical Center**

Performing Provider Type: **Hospital**

Ownership: **Private**

TIN: **12705654999000**

Physical Street Address: **600 S. Austin Rd.**

City: **Eagle Lake**

Zip: **77434**

Primary County: **Colorado**

Additional counties being served (optional): **Wharton** | **Austin**

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:	Jim Janek	Meghan Ferguson	Nancy Castillo
Street Address:	600 S Austin Rd.	2801 Via Fortuna, Suite 500	600 S. Austin Rd.
City:	Eagle Lake	Austin	Eagle Lake
Zip:	77434	78746	77434
Email:	jjanek@ricemedicalcenter.net	ferguson@pl-law.com	ncastillo@ricemedicalcenter.net
Phone Number:	879-234-5571	512-899-3995	(979) 232-7096
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: **Rice Medical Center is a 25-bed critical access hospital with Trauma IV designation in Eagle Lake, Texas serving an 1100 square mile area and a population of approximately 20,000. Rice Medical Center is made up of three rural health clinics located in Eagle Lake, East Bernard (located about 17 miles), and Wallis (located about 25 miles).**

Overall DSRIP Goals: **Rice intends to report on the A1: Diabetes Care Bundle and C2: Cancer Screening Bundle. With these bundles, Rice intends to improve the overall health in the community for patients with chronic disease.**

Alignment with regional community needs assessment: **Rice chose the following bundles: A1: Diabetes Care and C2: Cancer Screening. Both bundles tie into the regional community needs assessment which will help improve patients suffering from chronic disease and poor health. The provider will be able to improve appropriate screenings for patients seeking services in a primary or hospital care setting.**

**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	\$792,435.40	\$0.00	\$792,435.40	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$396,217.70	\$396,217.70	\$396,217.70	\$396,217.70
Category C	\$2,179,197.35	\$2,971,632.75	\$2,575,415.05	\$3,367,850.45
Category D	\$594,326.55	\$594,326.55	\$198,108.85	\$198,108.85
<b>Total</b>	<b>\$3,962,177.00</b>	<b>\$3,962,177.00</b>	<b>\$3,962,177.00</b>	<b>\$3,962,177.00</b>

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:	212060201 - Rice Medical Center
Performing Provider Type:	Hospital
Ownership:	Private
Category B valuation in DY7:	\$396,217.70
Category B valuation in DY8:	\$396,217.70

**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 at Rice Medical Center include patients that are: Medical/Inpatient, Nursery/Inpatient, Obstetrics/Inpatient, Surgical/Inpatient, and Swing Bed.

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

Please enter a description of this System Component.

The emergency department sees an estimated total of 800 patients during the year.

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

Please enter a description of this System Component.

Rice owns three outpatient clinics: Rice Medical Associates (located in Eagle Lake), Rice Medical Associates-East Bernard (located 17 miles from Eagle Lake), and Rice Medical Associates-Wallis Clinic (located 20 miles from Eagle Lake). Rice classifies its FastTrack Clinic under this system component although it is billed as an outpatient department visit within the hospital.

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

Please enter a description of this System Component.

The maternal department at Rice sees an average of 30 patients during the year.

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	2,758	3,307
Total PPP	8,406	8,826

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 checked="" type="checkbox"/> Local Coverage Option	<input type="checkbox"/> Insured on the Exchange
<input checked="" 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):	3,033
Average Total PPP	8,616
MLIU percentage of Total PPP	35.20%

\*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	23
Points Selected	25
Bundles Selected	2
Clinical Outcome Selected	Y

**Performing Provider Information**

RHP:	3
TPI and Performing Provider Name:	212060201 - Rice Medical Center
Performing Provider Type:	Hospital
Ownership:	Private

If regional private hospital participation requirement is met	Category C valuation in DY7:	\$2,179,197.35
	Category C valuation in DY8:	\$2,971,632.75
If regional private hospital participation requirement is <u>not</u> met	Category C valuation in DY7:	\$2,575,415.05
	Category C valuation in DY8:	\$3,367,850.45

**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	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.

Rice selected this bundle because there is a huge need for improvement in the chronic disease population. The system components that will be used to report these measures include: inpatient, emergency department, and all three clinics.

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	MLIU denominator with significant volume	A1-111	Comprehensive Diabetes Care: Eye Exam (retinal) performed	Optional	P4P	Process	1
N/A - Required	Reporting attributed population as P4P	A1-500	PQJ 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
Yes	C2	Primary Care Prevention - Cancer Screening	6

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

Rice selected this bundle because these measures could help spread awareness, prevention, and appropriate screening. The system components that will be used to report these measures include: inpatient, emergency department, and all three clinics.

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	C2-106	Cervical Cancer Screening	Required	P4P	Cancer Screening	N/A
N/A - Required	MLIU denominator with significant volume	C2-107	Colorectal Cancer Screening	Required	P4P	Cancer Screening	N/A
N/A - Required	MLIU denominator with significant volume	C2-186	Breast Cancer Screening	Required	P4P	Cancer Screening	N/A

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
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

Total overall selected points:	25
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Are you finished making your selections?

BY7-8 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?	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
C2-106	Cervical Cancer Screening	CY2017: January 1, 2017 - December 31, 2017	No	No	No
C2-107	Colorectal Cancer Screening	CY2017: January 1, 2017 - December 31, 2017	No	No	No
C2-186	Breast Cancer Screening	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:	212060201 - Rice Medical Center
Performing Provider Type:	Hospital
Ownership:	Private

If regional hospital participation requirement is met	Category C valuation in DY7:	\$2,179,197.35
	Category C valuation in DY8:	\$2,971,632.75
If regional hospital participation requirement is not met	Category C valuation in DY7:	\$2,575,415.05
	Category C valuation in DY8:	\$3,367,850.45

**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	76.00%	57.00%	95.00%	\$1,656,189.99	\$2,258,440.89	\$1,957,315.44	\$2,559,566.34
C2	Primary Care Prevention - Cancer Screening	6	24.00%	18.00%	24.00%	\$523,007.36	\$713,191.86	\$618,099.61	\$808,284.11
	<b>Total</b>	<b>25</b>	<b>100.00%</b>	<b>N/A</b>	<b>N/A</b>	<b>\$2,179,197.35</b>	<b>\$2,971,632.75</b>	<b>\$2,575,415.05</b>	<b>\$3,367,850.45</b>
Difference between selected percent and 100%:			0.00%						

Your valuation allocations add to 100%.

Are you finished allocating your Category C valuations across your selected measure bundles?

Yes

**DY7-8 Provider RHP Plan Update Template - Category A Core Activities**

**Progress Tracker**

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

Complete
Complete
Complete

**Performing Provider Information**

RHP:	3
TPI and Performing Provider Name:	212060201 - Rice Medical Center
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_212060201.1.1	1.1.2	Expand the availability of family practice obstetric services in the East Bernard Rural Health Clinic and Rice Medical Center service areas by hiring a family practice obstetrician to work in the clinic.	Completed in DY26	
RHP 3_212060201.1.2	1.7.1	Develop the use of telemedicine in Colorado County facilities and in schools to increase and improve access to specialty care services for community stakeholders.	Completed in DY26	
RHP 3_212060201.1.3	1.1.1	Establish a primary care clinic in Wallis, TX. This clinic will be operated by a mid-level provider supervised by a physician.	Completed in DY26	
RHP 3_212060201.1.4	1.6.1	Enhance the urgent medical advice resources available to pt populations in Colorado County. Establish a new urgent care clinic. This new clinic will be an outpatient clinic and will be physically located in Rice's hospital facility.	Completed in DY26	
RHP 3_212060201.1.6	1.1.2	Relocate and improve the existing Rural Health Clinic in East Bernard in order to expand access to primary care services in this community. The new clinic will have updated equipment.	Completed in DY26	
RHP 3_212060201.2.1	2.7.1	Implement across-the-board tracking of patients' immunization schedules and completed immunizations in order to avoid duplication and tardiness.	Completed in DY26	
RHP 3_212060201.2.2	2.2.2	Partner with the Colorado County Health Dept. and other local stakeholders to provide an organized, systematic approach to chronic disease outreach, reduction and management using the Care Management Model	Completed in DY26	
RHP 3_212060201.2.3	2.6.2	Develop a Certified Diabetes Teaching Center to educate and assist pts with managing their chronic disease.	Continuing as Core Activity in DY7-8	

**Section 2: Core Activities**

Please enter your organization's number of Core Activities:

1) Please select the grouping for this Core Activity.

a) Please select the name of this Core Activity.

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

b) Please enter a description of this Core Activity

Rice will continue this project by providing education to patients that have been identified with having Chronic Disease. The Certified Diabetes Program offers a series of courses that include health and nutrition education. The program consists of one diabetic educator along with a project manager to help coordinate appointments and group classes. The education is offered at the hospital and all three clinics located in Eagle Lake, East Bernard, and Wallis. This program will also help improve patients self-manage their illness and identify when they are due for screenings.

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

Rice will work on finding a method through its system on how to identify patients due for screening/testing.

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

The first change idea would include reviewing the process of how patients are screened and if they are being screened properly. Rice will confirm the need for identified screening/testing by contacting patients and getting them scheduled.

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.

The Certified Diabetes Teaching Center will help impact the measures by providing patients with education on

proper A1c and blood pressure levels along with education about foot care. This type of program can improve the patients overall health and prevent other chronic diseases by providing proper screenings. The core activity listed above also ties in with the bundles Rice has selected: A1-Diabetes Bundle and C2: Cancer Screening which will help improve appropriate screening for patients identified with having Chronic Disease that could lead to other illnesses. This program is meant to improve overall quality of life and self-manage their illness.

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

No

**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: 212060201 - Rice Medical Center  
 Performing Provider Type: Hospital  
 Ownership: Private

If regional hospital participation requirement is met	Category D valuation in DY7	\$594,326.55
	Category D valuation in DY8	\$594,326.55
If regional hospital participation requirement is <u>not</u> met	Category D valuation in DY7	\$198,108.85
	Category D valuation in DY8	\$198,108.85

**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 <b>not</b> met)
Potentially preventable admissions (PPAs)	\$118,865.31	\$39,621.77
Potentially preventable 30-day readmissions (PPRs)	\$118,865.31	\$39,621.77
Potentially preventable complications (PPCs)	\$118,865.31	\$39,621.77
Potentially preventable ED visits (PPVs)	\$118,865.31	\$39,621.77
Patient satisfaction	\$118,865.31	\$39,621.77
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:	3
TPI and Performing Provider Name:	212060201 - Rice Medical Center
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	IGT Name	IGT TPI (if available)	IGT TIN	Affiliation Number
3	Rice Hospital District	N/A	17604879472002	529-10-0065-00092

  

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Vicki L. Powers	600 S. Austin Rd.	Eagle Lake	77434	vlpowers@hotmail.com	(979) 232-6015		Lead Contact
2	Joan Matthews	600 S. Austin Rd.	Eagle Lake	77434	joanmatthews784@gmail.com	(979) 758-4155		Lead Contact
3								

IGT RHP	IGT Name	IGT TPI (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 DSRIP IGT Distribution List. A contact designated as "Both" will be included in the RHP Plan, on the DSRIP IGT Distribution List, and will be given access to the DSRIP Online Reporting System.

Section 2: IGT Funding

RHP Plan Update Submission Category	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)
RHP Plan Update Submission Category B	Rice Hospital District	17604879472002	529-10-0065-00092	100.00%	100.00%	\$341,698.14	\$170,849.07	\$341,698.14	\$170,849.07
A1-112	Rice Hospital District	17604879472002	529-10-0065-00092	100.00%	100.00%	\$142,829.83	\$192,780.52	\$168,798.88	\$218,484.58
A1-115	Rice Hospital District	17604879472002	529-10-0065-00092	100.00%	100.00%	\$142,829.83	\$192,780.52	\$168,798.88	\$218,484.58
A1-207	Rice Hospital District	17604879472002	529-10-0065-00092	100.00%	100.00%	\$142,829.83	\$192,780.52	\$168,798.88	\$218,484.58
A1-500	Rice Hospital District	17604879472002	529-10-0065-00092	100.00%	100.00%	\$142,829.83	\$192,780.52	\$168,798.88	\$218,484.58
A1-508	Rice Hospital District	17604879472002	529-10-0065-00092	100.00%	100.00%	\$142,829.82	\$192,780.51	\$168,798.88	\$218,484.58
C2-106	Rice Hospital District	17604879472002	529-10-0065-00092	100.00%	100.00%	\$75,173.59	\$101,463.43	\$88,841.52	\$114,991.89
C2-107	Rice Hospital District	17604879472002	529-10-0065-00092	100.00%	100.00%	\$75,173.59	\$101,463.43	\$88,841.52	\$114,991.89
C2-186	Rice Hospital District	17604879472002	529-10-0065-00092	100.00%	100.00%	\$75,173.59	\$101,463.43	\$88,841.52	\$114,991.88
Category D	Rice Hospital District	17604879472002	529-10-0065-00092	100.00%	100.00%	\$256,273.61	\$253,658.57	\$85,424.54	\$84,552.86
<b>Total</b>						\$1,708,490.72	\$1,691,057.14	\$1,708,490.72	\$1,691,057.14

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: Vicki L. Powers  
 IGT Organization: Rice Hospital District  
 Date: 4/4/2018

**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

**Performing Provider Information**

RHP:	3
TPI and Performing Provider Name:	212060201 - Rice Medical Center
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	\$792,435.40	\$0.00	\$792,435.40	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$396,217.70	\$396,217.70	\$396,217.70	\$396,217.70
Category C	\$2,179,197.35	\$2,971,632.75	\$2,575,415.05	\$3,367,850.45
Category D	\$594,326.55	\$594,326.55	\$198,108.85	\$198,108.85
Total	\$3,962,177.00	\$3,962,177.00	\$3,962,177.00	\$3,962,177.00

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	2,758	8,406	32.81%
DY6	3,307	8,826	37.47%
DY7 Estimated	3,033	8,616	35.20%
DY8 Estimated	3,033	8,616	35.20%

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 <u>not</u> met	
						DY7 Valuation	DY8 Valuation	DY7 Valuation	DY8 Valuation
A1	Improved Chronic Disease Management: Diabetes Care	0	0	0	19	\$1,656,189.99	\$2,258,440.89	\$1,957,315.44	\$2,559,566.34
C2	Primary Care Prevention - Cancer Screening	0	0	0	6	\$523,007.36	\$713,191.86	\$618,099.61	\$808,284.11
Total	N/A	0	0	0	25	\$2,179,197.35	\$2,971,632.75	\$2,575,415.05	\$3,367,850.45

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	
C2	Primary Care Prevention - Cancer Screening	

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**

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)	\$118,865.31	\$39,621.77
Potentially preventable 30-day readmissions (PPRs)	\$118,865.31	\$39,621.77
Potentially preventable complications (PPCs)	\$118,865.31	\$39,621.77
Potentially preventable ED visits (PDVs)	\$118,865.31	\$39,621.77
Patient satisfaction	\$118,865.31	\$39,621.77

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: Nancy Castillo  
 Performing Provider: Rice Medical Center  
 Date: 4/4/2018

## 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