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:	311054601 - El Campo Memorial Hospital
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public
TIN:	14527502588000
Physical Street Address:	303 Sandy Corner Road
City:	El Campo
Zip:	77437
Primary County:	Wharton
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:	David Mak	Nathan Tudor	
Street Address:	303 Sandy Corner Rd.	303 Sandy Corner Rd.	
City:	El Campo	El Campo	
Zip:	77437	77437	
Email:	tzalman@ecmh.org	ntudor@ecmh.org	
Phone Number:	979-543-6251	979-543-6251	
Phone Extension:			
Lead Contact or Both:	Both	Both	

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

Section 3: Optional Withdrawal From DSRIP

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

Do Not Withdraw from DSRIP

Section 4: Performing Provider Overview

Performing Provider Description:	ECMH operates 26 inpatient beds for short term acute care and swing beds, including 4 ICU beds. Geographically, the hospital is classified as small rural hospital, located 71 miles southwest of The Medical Center in Houston, the hospital is also classified as Sole Community Hospital since Nov 2017. ECMH has an average daily census of 9.7 in the current fiscal year, with 20% in the payor groups of MLIU. Services provided include 24-7 Emergency Department, surgeries, advanced imaging, lab, pulmonary, cardiology, sleep lab, dialysis and other ancillary services. ECMH also operates an outpatient clinic under the legal name of Mid Coast Medical Clinic, MCMC, and is a wholly owned subsidary of ECMH. The Outpatient Clinic is licensed by Medicare as a Rural Health Clinic, employs a total of 15 family practice physicians and mid-level providers as well as several specialty physicians, and operates as an outpatient department of the hospital. MCMC has an average monthly patient visits exceeding 3,000.
Overall DSRIP Goals:	Our overall DSRIP goals include a) Clinical outcome improvement with metric measured to show positive impacts on patient outcomes, b) Population focused improvements to specifically target result towards MLIU population as designated by our DSRIP program. ECMH will implement plans, re-design care delivery, enhance data collection and reporting processes in an effort to improve performance and to apply for funding received to maintain long term meaningful and sustainable quality standards.
Alignment with regional community needs assessment:	ECMH will continuously assess regional community needs to make sure that our resource investments and our strategies of care delivery clearly meet the priorities in our community need assessment. Equally vital to the many benefits of our core activities and meeting the targets of measure bundles is the support of financial sustainability of our projects.

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 not met	
	DY7	DY8	DY7	DY8
RHP Plan Update Submission	$56,904.00	$0.00	$56,904.00	$0.00
Category A	$0.00	$0.00	$0.00	$0.00
Category B	$28,452.00	$28,452.00	$28,452.00	$28,452.00
Category C	$156,486.00	$213,390.00	$184,938.00	$241,842.00
Category D	$42,678.00	$42,678.00	$14,226.00	$14,226.00
Total	$284,520.00	$284,520.00	$284,520.00	$284,520.00

Would you like to decrease the total valuation?

No

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

Yes

Generate Worksheets

DY7-8 Provider RHP Plan Update Template - Category B

Progress Tracker

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

Performing Provider Information

RHP: 3
TPI and Performing Provider Name: 311054601 - El Campo Memorial Hospital
Performing Provider Type: Hospital
Ownership: Non-State Owned Public
Category B valuation in DY7: $28,452.00
Category B valuation in DY8: $28,452.00

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.

ECMH operates 26 inpatient beds for short term acute care and swing beds, including 4 ICU beds. Geographically, the hospital is classified as small rural hospital, located 71 miles southwest of The Medical Center in Houston, the hospital is also classified as Sole Community Hospital since Nov 2017. ECMH has an average daily census of 9.7 in the current fiscal year, with 20% in the payor groups of MLIU. Services provided include surgeries, advanced imaging, lab, pulmonary, cardiology, sleep lab, dialysis and other ancillary services.

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

Please enter a description of this System Component.

ECMH operates a level 3 ED unit with 8 patient beds. It is open 24-7 accepting local patients as well as all ambulance transfers. The ED unit services an average of 1,000 patients per month, staff with Emergency medicine trained physicians, RNs and other support personnel.

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

Please enter a description of this System Component.

Outpatient clinic is operated under the legal name of Mid Coast Medical Clinic, MCMC, and is a wholly owned subsidary of ECMH. The Outpatient Clinic is licensed by Medicare as a Rural Health Clinic, employs a total of 15 family practice physicians and mid-level providers as well as several specialty physicians, and operates as an outpatient department of the hospital.

Required System Component	Business Component?
Maternal Department	Not a Business Component of the Organization

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	5,391	8,730
Total PPP	14,736	16,611

Please indicate the population included in the MLIU PPP

☑ Medicaid	☑ Dual Eligible	☑ CHIP	☑ 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):	7,061
Average Total PPP	15,674
MLIU percentage of Total PPP	45.05%

*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

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

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	1
Points Selected	3
Bundles Selected	1

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	311054601 - El Campo Memorial Hospital
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

If regional private hospital participation requirement is met	Category C valuation in DY7:	$156,486.00
	Category C valuation in DY8:	$213,390.00
If regional private hospital participation requirement is not met	Category C valuation in DY7:	$184,938.00
	Category C valuation in DY8:	$241,842.00

MINIMUM POINT THRESHOLD (MPT): 1

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. Two ambulatory encounters 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
No	A1	Improved Chronic Disease Management: Diabetes Care	11
No	A2	Improved Chronic Disease Management: Heart Disease	8
No	B1	Care Transitions & Hospital Readmissions	11
No	B2	Patient Navigation & ED Diversion	3
No	C1	Primary Care Prevention - Healthy Texans	12
No	C2	Primary Care Prevention - Cancer Screening	6
No	C3	Hepatitis C	4
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
Yes	K1	Rural Preventive Care	3

Note: by selecting this bundle, you are not allowed to select bundles A1, A2, B1, C1, D1, E1, or H1. You also may not select optional measure K2-285 (but you may select K2). If you have already selected one or more of these bundles, please change your selection of these bundles to "No." The Progress Tracker above will not update unless you do so.

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.

ECMH serves the rural area SW of Houston metropolitan area, with a significant population classified as MLIU. ECMH select the K1 bundle in an effort to improve chronic disease prevention and management, as well as improve clinical access and outcome. K1-105 Tobacco Use Screening is an important clinical service. According to Mayo Clinic research, in the United States, cigarette smoking remains the most important cause of preventable death and disability, causing 30% of cancer deaths and 18% of all deaths. Most patients who smoke would like to stop smoking or have unsuccessfully tried to quit. Addressing tobacco use has become a quality metric of the National Committee for Quality Assurance (Healthcare Effectiveness Data and Information Set [HEDIS]) and the Joint Commission. Pneumonia symptoms and related diseases affect children and older adults with more significant health risks. Vaccination, especially for older adults during preventive or other clinic visits can significantly lower the risk of acquiring pneumonia illness. Development of Advanced Care Plan is also a vital healthcare function, allowing the patients and the healthcare providers to make a plan for future health and personal care should the patients lose their decision-making capacity. In our clinics, ER, and inpatient units, we can provide additional service to help our patients to advance their healthcare status in areas covered by these bundle measures.

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	K1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	K1-268	Pneumonia vaccination status for older adults	Required	P4P	Immunization	N/A
N/A - Required	MLIU denominator with significant volume	K1-285	Advance Care Plan	Required	P4P	Process	N/A
No		K1-103	Controlling High Blood Pressure	Optional	P4P	Clinical Outcome	3
No		K1-112	Comprehensive Diabetes Care: Foot Exam	Optional	P4P	Process	1
No		K1-115	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Optional	P4P	Clinical Outcome	3
No		K1-146	Screening for Clinical Depression and Follow-Up Plan (CDF-AD)	Optional	P4P	Process	1
No		K1-269	Preventive Care and Screening: Influenza Immunization	Optional	P4P	Immunization	1
No		K1-300	Behavioral Health Risk Assessment (for Pregnant Women) (BHRA-CH)	Optional	P4P	Process	1

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
No	K2	Rural Emergency Care	3

Total overall selected points:	3

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 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?
K1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	CY2017: January 1, 2017 - December 31, 2017	No	No	No
K1-268	Pneumonia vaccination status for older adults	CY2017: January 1, 2017 - December 31, 2017	No	No	No
K1-285	Advance Care Plan	CY2017: January 1, 2017 - December 31, 2017	No	No	No

Progress Tracker

Section 1: Measure Bundle/Measure Valuation	Complete

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	311054601 - El Campo Memorial Hospital
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

If regional hospital participation requirement is met	Category C valuation in DY7:	$156,486.00
	Category C valuation in DY8:	$213,390.00
If regional hospital participation requirement is not met	Category C valuation in DY7:	$184,938.00
	Category C valuation in DY8:	$241,842.00

Section 1: 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
K1	Rural Preventive Care	3	100.00%	75.00%	100.00%	$156,486.00	$213,390.00	$184,938.00	$241,842.00
	Total	3	100.00%	N/A	N/A	$156,486.00	$213,390.00	$184,938.00	$241,842.00
	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: 311054601 - El Campo Memorial Hospital
Performing Provider Type: Hospital
Ownership: Non-State Owned Public

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_131045004.2.1	2.4.1	Implement the AIDET Project to improve communication between patients and healthcare providers by providing employees with formal training of how to interact with patients to gain their trust which is essential for obtaining patient compliance and improving clinical outcomes	Completed in DY2-6	

Section 2: Core Activities

Please enter your organization's number of Core Activities: 1

1) Please select the grouping for this Core Activity.
Prevention and Wellness

    a) Please select the name of this Core Activity.
    Other

        i) Please enter the name of this "Other" Core Activity.
        Improving the prevention of lung diseases and giving patients a choice of medical care.

    b) Please enter a description of this Core Activity
    ECMH will implement strategies to prevent lung diseases, to increase the rate of penumonia vaccination for older adults, and to advocate the use of advance care plan. The system components will include our clinic, ER, and inpatient units. Clinical protocol will be used as guideline and activities will be documented in electronic health record. We project that 21 providers will be committed to participating in this activity, performing intervention and educations to patients. These providers will include hospitalist physicians, ER physicians, and clinic primary care providers.

        i) Please describe the first Secondary Driver for the above Core Activity (required).
        Screen for tobacco use, pneumonia vaccination for adult 65 or older, and presence of advance care plan.

            A) Please list the first Change Idea for the above Secondary Driver (required).
            Train multiple levels of healthcare providers, including physicians, mid-levels, and nurses to perform screening as documented in hospital's clinical protocols.
            B) Please list the second Change Idea for the above Secondary Driver (optional).
            Utilize EMR to build screener templates, allowing reportable data to be captured.
            C) Please list the third Change Idea for the above Secondary Driver (optional).

        ii) Please describe the second Secondary Driver for the above Core Activity (optional).
        Educate patients on tobacco use and smoking cessation options and related resources, pneumonia risk for older adult, and the benefits of having advance care plan.
            A) Please list the first Change Idea for the above Secondary Driver (required).
            Identify available and appropriate educational material to be use by ECMH as our standards.
            B) Please list the second Change Idea for the above Secondary Driver (optional).
            Train multiple levels of healthcare providers, including physicians, mid-levels, and nurses to deliver education to patients as documented in hospital's clinical protocols.
            C) Please list the third Change Idea for the above Secondary Driver (optional).

        iii) Please describe the third Secondary Driver for the above Core Activity (optional).

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

    K1

        i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.
        By directly identifying patients that are at risk of smoking-related diseases through smoking screening, we can immediately create necessary treatment plans. We can also begin systematically monitoring progress on the status of pneumonia vaccinations and presence of advance care plans in our health information system. To further population health, we can track this data and develop trending analysis to identify areas for continuous quality improvement in the affiliated measures.

    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 | Complete
Section 2: Verification | Complete

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	311054601 - El Campo Memorial Hospital
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

If regional hospital participation requirement is met	Category D valuation in DY7	$42,678.00
	Category D valuation in DY8	$42,678.00
If regional hospital participation requirement is <u>not</u> met	Category D valuation in DY7	$14,226.00
	Category D valuation in DY8	$14,226.00

Section 1: Statewide Reporting Measure Bundle for Hospitals

Measure	Category D valuation **per DY** distributed across measures (if regional hospital participation valuation is met)	Category D valuation **per DY** distributed across measures (if regional hospital participation requirement is **not** met)
Potentially preventable admissions (PPAs)	$8,535.60	$2,845.20
Potentially preventable 30-day readmissions (PPRs)	$8,535.60	$2,845.20
Potentially preventable complications (PPCs)	$8,535.60	$2,845.20
Potentially preventable ED visits (PPVs)	$8,535.60	$2,845.20
Patient satisfaction	$8,535.60	$2,845.20
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

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:	311054601 - El Campo Memorial Hospital
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

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	West Wharton County Hospital District	N/A	17604881205000	600-12-0000-00081

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	David Mak	303 Sandy Corner Road	El Campo	77437	dmak@ecmh.org	979-543-6251		Both
2	Nathan Tudor	303 Sandy Corner Road	El Campo	77437	ntudor@ecmh.org	979-543-6251		Both
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

	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 43.12)	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/IGT 42.68)
RHP Plan Update Submission	West Wharton County Hospital District	17604881205000	600-12-0000-00081	100.00%		$24,537.00		$24,537.00	
Category B	West Wharton County Hospital District	17604881205000	600-12-0000-00081	100.00%	100.00%	$12,268.50	$12,143.31	$12,268.50	$12,143.31
K1-105	West Wharton County Hospital District	17604881205000	600-12-0000-00081	100.00%	100.00%	$22,492.25	$30,358.28	$26,581.76	$34,406.06
K1-268	West Wharton County Hospital District	17604881205000	600-12-0000-00081	100.00%	100.00%	$22,492.25	$30,358.28	$26,581.76	$34,406.06
K1-285	West Wharton County Hospital District	17604881205000	600-12-0000-00081	100.00%	100.00%	$22,492.25	$30,358.28	$26,581.76	$34,406.06
Category D	West Wharton County Hospital District	17604881205000	600-12-0000-00081	100.00%	100.00%	$18,402.75	$18,214.97	$6,134.25	$6,071.66
Total						$122,685.02	$121,433.14	$122,685.02	$121,433.14

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:	David Mak
IGT Organization:	West Wharton County Hospital District
Date:	4/9/2018

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:	311054601 - El Campo Memorial Hospital
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

Section 1: DY7-8 DSRIP Valuation

	DY7-8 DSRIP Valuation Distribution			
	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is _not_ met	
	DY7	DY8	DY7	DY8
RHP Plan Update Submission	$56,904.00	$0.00	$56,904.00	$0.00
Category A	$0.00	$0.00	$0.00	$0.00
Category B	$28,452.00	$28,452.00	$28,452.00	$28,452.00
Category C	$156,486.00	$213,390.00	$184,938.00	$241,842.00
Category D	$42,678.00	$42,678.00	$14,226.00	$14,226.00
Total	$284,520.00	$284,520.00	$284,520.00	$284,520.00

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	5,391	14,736	36.58%
DY6	8,730	16,611	52.56%
DY7 Estimated	7,061	15,674	45.05%
DY8 Estimated	7,061	15,674	45.05%

Were DY7-8 maintenance goals based on DY5 or DY6 only?   No

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

Yes

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

Bundle-Measure ID	Measure Bundle/Measure Name	# of Measures with Requested Achievement of Alternative Denominators	# of Measures with Requested Shorter or Delayed Measurement Periods	# of Measures with Requested Reporting Milestone Exemptions	Points	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is _not_ met	
						DY7 Valuation	DY8 Valuation	DY7 Valuation	DY8 Valuation
K1	Rural Preventive Care	0	0	0	3	$156,486.00	$213,390.00	$184,938.00	$241,842.00
Total	N/A	0	0	0	3	$156,486.00	$213,390.00	$184,938.00	$241,842.00

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 4: Category A Core Activities Associated with Category C Measure Bundles/Measures

Bundle-Measure ID	Measure Bundle/Measure Name	Associated Core Activities
K1	Rural Preventive Care	Other - Improving the prevention of lung diseases and giving patients a choice of medical care.

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

Yes

Section 5: Category D Valuations
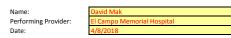
Statewide Reporting for Hospitals

Measure	Category D valuation **per DY** distributed across measures (if regional hospital participation requirement is met)	Category D valuation **per DY** distributed across measures (if regional hospital participation requirement is **not** met)
Potentially preventable admissions (PPAs)	$8,535.60	$2,845.20
Potentially preventable 30-day readmissions (PPRs)	$8,535.60	$2,845.20
Potentially preventable complications (PPCs)	$8,535.60	$2,845.20
Potentially preventable ED visits (PDVs)	$8,535.60	$2,845.20
Patient satisfaction	$8,535.60	$2,845.20

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 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: David Mak
Performing Provider: El Campo Memorial Hospital
Date: 4/8/2018

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

Category C Valuation

Section 1: Measure Bundle/Measure Valuation	Complete

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