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

DY9-10 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: DY9-10 Total Valuation and Updated Minimum Point Threshold (MPT)	**Complete**

Section 1: Performing Provider Information

RHP:	**3**
TPI and Performing Provider Name:	**020834001 - Memorial Hermann Hospital System (The Woodlands)**
Performing Provider Type:	Hospital
Ownership:	Private
TIN:	17411525979501
Physical Street Address:	909 Frostwood Dr. Suite 2.500
City:	Houston
Zip:	77024
Primary County:	Harris
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:	Lizette Escamilla	Laura Yates	Steve Hand
Street Address:	909 Frostwood Dr. Suite 2.500	909 Frostwood Drive	909 Frostwood Drive
City:	Houston	Houston	Houston
Zip:	77024	77024	77024
Email:	Lizette.Escamilla@memorialhermann.org	laura.yates@memorialhermann.org	steve.hand@memorialhermann.org
Phone Number:	713-338-5715	713-338-7754	713-338-4191
Phone Extension:			
Lead Contact or Both:	Lead Contact	Lead Contact	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 DY9-10 DSRIP funds will be redistributed within the RHP and it will no longer have access to those DSRIP funds.

Section 4: Performing Provider Overview

Performing Provider Description:	Memorial Hermann is the largest not-for-profit health system in Southeast Texas. Inpatient, Emergency Department, Maternal Department services are included for Memorial Hermann Southwest, Memorial Hermann Southeast, Memorial Hermann Greater Heights, and Memorial Hermann The Woodlands Hospitals. In addition to these hospital facilities, Memorial Hermann Medical Group Clinics and Memorial Hermann Community Benefit Neighborhood Clinics are also included.

Overall DSRIP Goals:	Memorial Hermann's overall DSRIP goals are to improve the quality and increase the access of care for the Medicaid and Uninsured populations. Memorial Hermann aims to accomplish these goals by transforming the delivery of care through innovative core activities and projects. Specifically, Memorial Hermann plans to enhance coordination and transitions for patients between primary care and Emergency Departments (ED), increase access to appropriate behavioral health and crisis intervention services, increase access to primary care, and enhance palliative care services, all while improving hospital safety and quality. Memorial Hermann will utilize the existing ER Navigation program to enhance care coordination for patients between the ED and primary care providers. Memorial Hermann's Mental Health Crisis Clinics and Behavioral Health Case Management Program will increase access and provide patient navigation to appropriate behavioral health and crisis intervention services. Memorial Hermann will continue to increase primary care access through our existing provider network. Memorial Hermann's Palliative Care program will continue to drive improvement and provide these much needed services for this at-risk population. Memorial Hermann's Quality & Patient Safety Department will continue to focus on improving safety and care for all patients in all settings.

Alignment with regional community needs assessment:	Memorial Hermann's DY7-8 RHP Plan Update aligns with the following priority areas identified in the 2017 Community Needs Assessment for RHP3: (1) The Integrated Behavioral & Primary Care and Palliative Care programs align with need to address the lack of primary and specialty care Providers, particularly for uninsured individuals and people requiring behavioral health services, which results in insufficient access to care and frequent long waits for services; (2) The ED Patient Navigation, Nurse Triage, and Palliative Care programs align with the need to address the high prevalence of chronic disease and poor health in the Region, including diabetes, heart disease, asthma, cancer and cardiovascular disease; (3) The Integrated Behavioral & Primary Care and Psych Response Team programs align with the need to address the shortage of behavioral health services throughout the Region, which lacks both the Providers and facilities to adequately meet the demand for behavioral healthcare services; and (4) The ED Patient Navigation, Nurse Triage, Integrated Behavioral & Primary Care, and Psych Response Team programs align with the need to increase care coordination and collaboration to improve patient services that are often fragmented and uncoordinated, which creates challenges for both patients and Providers and contributes to inefficient healthcare delivery.

Section 5: DY9-10 Total Valuation and Updated Minimum Point Threshold (MPT)

Initial DY9 DSRIP Valuation	Initial DY10 DSRIP Valuation	Initial DY9-10 MPT
$29,838,817.08	$25,454,041.05	53

Would you like to decrease the total valuation?

No

If a provider withdraws in your RHP, would you be willing to increase the total valuation and MPT by the following?

Provider Selection:	Increase DY10 Valuation up to:	Updated MPT:	
Yes	$25,749,999.99	53	<-- Note: This is your current MPT
Yes	$26,249,999.99	54	
Yes	$26,749,999.99	55	
Yes	$27,249,999.99	56	
Yes	$27,749,999.99	57	
Yes	$28,249,999.99	58	
Yes	$28,749,999.99	59	

At this point, please stop and submit your RHP Plan Update to your RHP's Anchor Entity for calculating available funds for redistribution.
Once you receive information from your Anchor regarding additional funds available, you may continue.

Have you received information from your Anchor regarding additional funds available?

Yes

	DY9	DY10
Additional DSRIP Funds from Withdrawn Providers	$0.00	$0.00

	Category Percentage (%)	DY9-10 DSRIP Valuation Distribution	
		DY9	DY10
Category A	0%	$0.00	$0.00
Category B	10%	$2,983,881.71	$2,545,404.11
Category C	75%	$22,379,112.81	$19,090,530.78
Category D	15%	$4,475,822.56	$3,818,106.16
Total	100%	$29,838,817.08	$25,454,041.05

Original MPT:	53
Adjusted MPT based on updated valuation:	53

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

Yes

Generate Worksheets

DY9-10 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:	020834001 - Memorial Hermann Hospital System (The Woodlands)
Performing Provider Type:	Hospital
Ownership:	Private
Category B valuation in DY9:	$2,983,881.71
Category B valuation in DY10:	$2,545,404.11

Section 1: System Definition

Would you like to modify the System Definition?

No

Hospitals - Required Components

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

Please enter a description of this System Component.

This required system component includes inpatient services at Memorial Hermann Greater Heights Hospital, Memorial Hermann Southwest Hospital, Memorial Hermann The Woodlands Hospital, and Memorial Hermann Southeast Hospital.

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

Please enter a description of this System Component.

This required system component includes emergency department services at Memorial Hermann Greater Heights Hospital, Memorial Hermann Southwest Hospital, Memorial Hermann The Woodlands Hospital, and Memorial Hermann Southeast Hospital.

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

Please enter a description of this System Component.

This required system component includes Memorial Hermann Medical Group (MHMG) Clinics and all Memorial Hermann Community Benefit Neighborhood Clinics. These clinics include MHMG Alvin, MHMG Atascocita, MHMG Bellaire, MHMG CCC Katy, MHMG CCC Sienna Plantation, MHMG CCC Spring, MHMG CCC Summer Creek, MHMG Central Pearland, MHMG Clear Lake, MHMG Conoco Phillips, MHMG Conroe, MHMG Copperfield, MHMG Cypress, MHMG Downtown, MHMG El Campo, MHMG Fairfield, MHMG Family Practice, MHMG Fannin, MHMG Firethrone, MHMG Friendswood, MHMG Goodman, MHMG Greater Heights, MHMG Heights, MHMG Imperial Oaks, MHMG Katy, MHMG Kingwood Town Center, MHMG League City, MHMG Manvel, MHMG Memorial City Executive Health, MHMG Memorial City, MHMG Needville, MHMG Northeast, MHMG Pearland, MHMG Phillips 66, MHMG Rosenberg, MHMG Southeast, MHMG Southeast Medical, MHMG Skin, MHMG Sugarland, MHMG Spring, MHMG Sterling Ridge, MHMG Southwest, MHMG Sweetwater, MHMG Texas Medical Center (TMC), MHMG Upper Kirby, MHMG Wharton, MHMG Woodlands, Memorial Hermann Neighborhood Health Center - Northeast, Memorial Hermann Neighborhood Health Center - Greater Heights.

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

Please enter a description of this System Component.

This required system component includes maternal departments at Memorial Hermann Greater Heights Hospital, Memorial Hermann Southwest Hospital, Memorial Hermann The Woodlands Hospital, and Memorial Hermann Southeast Hospital.

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

Please enter a description of this System Component.

Memorial Hermann Urgent Care Clinics are stand-alone clinics staffed exclusively with MHMG Physicians (Employed Physicians). These clinics also cover the same geographic areas as the outpatient clinics. The eight Memorial Hermann Urgent Care locations are: Memorial Hermann Urgent Care Benders Landing, Clear Lake, Friendswood, Fulshear, Spring, Tanglewood, Telfair, & Washington Avenue.

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)

	DY7	DY8
MLIU PPP	122,859	122,859
Total PPP	324,634	324,634

Please indicate the population included in the MLIU PPP

☑ Medicaid	☑ Dual Eligible	☑ CHIP	☐ Local Coverage Option	☐ Insured on the Exchange
☑ Low-Income (Below 200% FPL)	☑ Self-Pay	☑ Uninsured	☐ Other (please explain below)	

Would you like to modify the MLIU PPP goal and/or Total PPP?

No

Please fill out the applicable fields below:

Estimated Medicaid individuals served in DY7	57,559
Estimated Low-income or Uninsured Individuals served in DY7	65,300
Estimated Medicaid individuals served in DY8	49,144

Estimated Low-income or Uninsured Individuals served in DY8	73,715
MLIU PPP Goal for each DY (DY9 and DY10):	122,859
Forecasted Medicaid individuals served in each DY for DY9-10	49,144
Forecasted Low-income or Uninsured individuals served in each DY for DY9-10	73,715
Average Total PPP in each DY	324,634
MLIU percentage of Total PPP	37.85%
Allowable Variation	1.00%

*The MLIU percentage and forecasted Medicaid and LIU counts are for informational purposes only.

DY9-10 Provider RHP Plan Update Template - Category C Selection

Progress Tracker

Section 2: Selection of Measure Bundles for Hospitals and Physician Practices	**Complete**	
Section 3: Measure Exemption Requests	**Complete**	
Minimum Selection Requirements Met	**Yes**	
MPT Met	**Yes**	

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

MPT	53
Points Selected	67
Bundles Selected	6
Maximum Deletions Met	Y
Clinical Outcome Selected	Y

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	020834001 - Memorial Hermann Hospital System (The Woodlands)
Performing Provider Type:	Hospital
Ownership:	Private
Category C valuation in DY9:	$22,379,112.81
Category C valuation in DY10:	$19,090,530.78

MINIMUM POINT THRESHOLD (MPT):   53

Each Performing Provider must maintain or select Measure Bundles/measures to meet or exceed their MPT to maintain their valuation that was confirmed on the Provider Entry tab.

A maximum of 20 points from DY7-8 to DY9-10 may be deleted with good cause. There is no limit on the number of added bundles or measures.

Section 1: Attributed Population

Attributed Population for Hospital

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 (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 OR

m. Other populations not included above that should be included in a measure bundle target population included in the RHP plan submission and approved by HHSC (for example, individuals enrolled in community based education programs)

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	Points Selected in Bundle	

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle		
No	A1	Improved Chronic Disease Management: Diabetes Care	11	0		

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle		
No	A2	Improved Chronic Disease Management: Heart Disease	8	0		

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle		
Yes - Continue	B1	Care Transitions & Hospital Readmissions	11	11		

This bundle was selected for DY7/8 and can be continued or can be dropped

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 for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	B1-124	Medication Reconciliation Post-Discharge	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	B1-141	Risk Adjusted All-Cause 30-Day Readmission for Targeted Conditions: heart failure hospitalization, coronary artery bypass graft (CABG) surgery, CHF, Diabetes, AMI, Stroke, COPD, Behavioral Health, Substance Use	Required	P4P	Clinical Outcome	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	B1-217	Risk Adjusted All-Cause 30-Day Readmission	Required	P4P	Clinical Outcome	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	B1-252	Transition Record with Specified Elements Received by Discharged Patients (Emergency Department Discharges)	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	B1-253	Transition Record with Specified Elements Received by Discharged Patients (Discharges from Inpatient Facility)	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	B1-287	Documentation of Current Medications in the Medical Record	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	B1-352	Post-Discharge Appointment	Required	P4P	Process	N/A

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle		
Yes - Continue	B2	Patient Navigation & ED Diversion	3	9		

This bundle was selected for DY7/8 and can be continued or can be dropped
*** Note: you must select one of the following measures to select this bundle: B2-242, B2-387, or B2-393.**

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
Yes	MLIU denominator with significant volume	B2-242	Reduce Emergency Department visits for Chronic Ambulatory Care Sensitive Conditions (ACSC)	Optional	P4P	Clinical Outcome	3

Yes - Continue Measure	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	B2-387	Reduce Emergency Department visits for Behavioral Health and Substance Abuse (Reported as two rates)	Optional	P4P	Clinical Outcome	3
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	B2-392	Reduce Emergency Department visits for Acute Ambulatory Care Sensitive Conditions (ACSC)	Required	P4P	Clinical Outcome	N/A
No		B2-393	Reduce Emergency Department visits for Dental Conditions	Optional	P4P	Clinical Outcome	3

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle
No	C1	Primary Care Prevention - Healthy Texans	12	0

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle
No	C2	Primary Care Prevention - Cancer Screening	6	0

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle
No	C3	Hepatitis C	4	0

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle
No	D1	Pediatric Primary Care	12	0

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle
No	D3	Pediatric Hospital Safety	10	0

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle
No	D4	Pediatric Chronic Disease Management: Asthma	9	0

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle
No	D5	Pediatric Chronic Disease Management: Diabetes	8	0

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle
No	E1	Improved Maternal Care	10	0

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	E2	Maternal Safety	12	0	

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	F1	Improved Access to Adult Dental Care	7	0	

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	F2	Preventive Pediatric Dental	2	0	

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
Yes - Continue	G1	Palliative Care	6	6	

This bundle was selected for DY7/8 and can be continued or can be dropped

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 for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	G1-276	Hospice and Palliative Care – Pain Assessment	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	G1-277	Hospice and Palliative Care – Treatment Preferences	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	G1-278	Beliefs and Values - Percentage of hospice patients with documentation in the clinical record of a discussion of spiritual/religious concerns or documentation that the patient/caregiver did not want to discuss	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	G1-361	Patients Treated with an Opioid who are Given a Bowel Regimen	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	G1-362	Hospice and Palliative Care - Dyspnea Treatment	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	G1-363	Hospice and Palliative Care - Dyspnea Screening	Required	P4P	Process	N/A
No		G1-505	Proportion Admitted to Hospice for less than 3 days (PQRS #457)	Optional	P4P	Clinical Outcome	3
No		G1-507	Proportion Not Admitted to Hospice	Optional	P4P	Clinical Outcome	3

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
Yes - Continue	H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	12	12	

This bundle was selected for DY7/8 and can be continued or can be dropped

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 for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	H1-146	Screening for Clinical Depression and Follow-Up Plan (CDF-AD)	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	H1-255	Follow-up Care for Children Prescribed ADHD Medication (ADD)	Required	P4P	Clinical Outcome	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	H1-286	Depression Remission at Six Months	Required	P4P	Clinical Outcome	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	H1-317	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	Required	P4P	Process	N/A

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
Yes - Continue	H2	Behavioral Health and Appropriate Utilization	8	19	

This bundle was selected for DY7/8 and can be continued or can be dropped
*** Note: you must select one of the following measures as P4P to select this bundle: H2-160, H2-216, or H2-510.

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
Yes - Continue Measure	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	H2-160	Follow-Up After Hospitalization for Mental Illness	Optional	P4P	Clinical Outcome	3
Yes - Continue Measure	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	H2-216	Risk Adjusted Behavioral Health/ Substance Abuse 30-Day Readmission Rate	Optional	P4P	Clinical Outcome	3
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	H2-259	Assignment of Primary Care Physician to Individuals with Schizophrenia	Required	P4P	Process	N/A
Yes - Continue Measure	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	H2-265	Housing Assessment for Individuals with Schizophrenia	Optional	P4P	Process	1
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	H2-266	Independent Living Skills Assessment for Individuals with Schizophrenia	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	H2-305	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-CH)	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	H2-319	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (eMeasure)	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	H2-405	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	H2-510	Reduce Rate of Emergency Department visits for Behavioral Health and Substance Abuse (Reported as two rates)	Required	P4P	Population Based Clinical Outcome	4

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	H3	Chronic Non-Malignant Pain Management	10	0	

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	H4	Integrated Care for People with Serious Mental Illness	5	0	

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	I1	Specialty Care	2	0	

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
Yes - Continue	J1	Hospital Safety	10	10	

This bundle was selected for DY7/8 and can be continued or can be dropped

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 for Continuation	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	J1-218	Central line-associated bloodstream infections (CLABSI) rates	Required	P4P	Hospital Safety	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	J1-219	Catheter-associated Urinary Tract Infections (CAUTI) rates	Required	P4P	Hospital Safety	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	J1-220	Surgical site infections (SSI) rates	Required	P4P	Hospital Safety	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	J1-221	Patient Fall Rate	Required	P4P	Hospital Safety	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	J1-506	PSI 13 Post Operative Sepsis Rate	Required	P4P	Hospital Safety	N/A

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	K1	Rural Preventive Care	3	0	

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	K2	Rural Emergency Care	3	0	

Total overall selected points:	67

You have met the minimum selection requirements.

You have selected enough measures to meet or exceed your organization's MPT.

Are you finished making your selections?

Yes

Section 3: Measure Exemption Requests

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	
B2-242	Reduce Emergency Department visits for Chronic Ambulatory Care Sensitive Conditions (ACSC)	CY2019: January 1, 2019 - December 31, 2019	
Requesting a reporting milestone exemption?	No	Requesting a shorter or delayed measurement period?	No

DY9-10 Provider RHP Plan Update Template - Category C Related Strategies

Progress Tracker

Section 1: Related Strategies	Complete

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	020834001 - Memorial Hermann Hospital System (The Woodlands)
Performing Provider Type:	Hospital
Ownership:	Private

Section 1: Related Strategies

Instructions: The following Related Strategies Lists are associated with the DY9-10 Measure Bundle/measure selections you made in the "Category C Selection" tab. To complete this section, two reporting indications regarding the strategy's implementation (e.g., Implementation Date and Implementation Status) must be made for all of the individual Related Strategies within each of the required Lists.

Of note, if "Before DSRIP; DY1-6; or DY7-8" is selected for "Implementation Date", then the options for "Implementation Status" will automatically be restricted to "Implemented in small scale; Implemented throughout system; or Implemented then discontinued". If instead, "Planned for DY9-10" is selected for "Implementation Date", then the option for "Implementation Status" will automatically select "Not yet implemented". If instead, "Not applicable" is selected for "Implementation Date", then the option for "Implementation Status" will automatically select "Not applicable".

Related Strategies Lists

Related Strategies ID	Related Strategies Description	Related Strategies Theme	B1, B2 — Hospital Readmissions and Emergency Department Utilization (H/PP) Implementation Date	Implementation Status	G1, I1 — Palliative Care and Specialty Care (Chronic and Life Impacting Conditions) (H/PP) Implementation Date	Implementation Status	H1, H2, H3, H4 — Behavioral Health Integration (H/PP) Implementation Date	Implementation Status	J1, D3 — Hospital Safety (H/PP) Implementation Date	Implementation Status
1.00	Same-day and/or walk-in appointments in the outpatient setting	Access to Care	Before DSRIP	Implemented throughout system			DY1-6	Implemented throughout system		
1.01	Night and/or weekend appointments in the outpatient setting	Access to Care	Not applicable	Not applicable			DY1-6	Implemented throughout system		
1.10	Integration or co-location of primary care and specialty care (physical health only) services in the outpatient setting	Access to Care	Planned for DY9-10	Not yet implemented			Not applicable	Not applicable		
1.11	Telehealth to provide virtual medical appointments and/or consultations with a primary care provider	Access to Care	Planned for DY9-10	Not yet implemented			Not applicable	Not applicable		
1.12	Telehealth to provide virtual medical appointments and/or consultations with a specialty care physician (physical health only)	Access to Care	Not applicable	Not applicable			Not applicable	Not applicable		
1.20	Integration or co-location of primary care and psychiatric services in the outpatient setting	Access to Care	DY7-8	Implemented throughout system			DY7-8	Implemented in small scale		
1.21	Telehealth to provide virtual medical appointments and/or consultations with a psychiatrist	Access to Care	Planned for DY9-10	Not yet implemented			DY1-6	Implemented in small scale		
1.30	Mobile clinic or other community-based delivery model to provide care outside of the traditional office (excludes home-based care)	Access to Care	Not applicable	Not applicable			DY1-6	Implemented throughout system		
1.40	Integration or co-location of primary care and dental services in the outpatient setting	Access to Care	DY7-8	Implemented throughout system						
1.41	Telehealth to provide virtual appointments and/or consultations with a dentist	Access to Care	Not applicable	Not applicable						
2.00	Culturally and linguistically appropriate care planning for patients	Care Coordination	Planned for DY9-10	Not yet implemented	Before DSRIP	Implemented throughout system	DY1-6	Implemented throughout system		
2.01	Pre-visit planning and/or standing order protocols (e.g. for screenings/assessments, immunization status, tests/results, prescription changes/refills, scheduling follow-up visits, evidence-based practices, etc.)	Care Coordination	DY7-8	Implemented throughout system	Planned for DY9-10	Not yet implemented	DY1-6	Implemented throughout system		
2.02	Automated reminders/flags within the E.H.R. or other electronic care platform (e.g. for screenings/assessments, immunization status, tests/results, prescription changes/refills, scheduling follow-up visits, evidence-based practices, etc.)	Care Coordination	Planned for DY9-10	Not yet implemented	Not applicable	Not applicable	DY1-6	Implemented throughout system		
2.10	Care team includes personnel in a care coordination role not requiring clinical licensure (e.g. non-clinical social worker, community health worker, medical assistant, etc.)	Care Coordination	DY7-8	Implemented throughout system	Not applicable	Not applicable	Not applicable	Not applicable		
2.11	Care team includes personnel in a care coordination role requiring clinical licensure (e.g. registered nurse, licensed clinical social worker, etc.)	Care Coordination	DY7-8	Implemented throughout system	DY1-6	Implemented in small scale	DY1-6	Implemented throughout system		
2.12	Hotline, call center, or other similar programming staffed by personnel with clinical licensure to answer questions for patients (and their families) related to medications, clinical triage, care transitions, etc.	Care Coordination	DY7-8	Implemented throughout system	Planned for DY9-10	Not yet implemented	Not applicable	Not applicable		
2.20	Formal closed loop process for scheduling a follow-up visit with a primary care provider and/or assigning a primary care provider when none is identified	Care Coordination	DY7-8	Implemented throughout system	Not applicable	Not applicable	Not applicable	Not applicable		
2.30	Formal closed loop process for scheduling referral visits as needed	Care Coordination	DY7-8	Implemented throughout system	Planned for DY9-10	Not yet implemented	DY1-6	Implemented in small scale		
2.40	Data sharing connectivity or arrangement with Medicaid Managed Care Organization(s) for patient claims data	Care Coordination	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
2.50	Data sharing connectivity across care settings within provider's integrated delivery system (includes inpatient, outpatient, post-acute, urgent care, pharmacy, etc.) for patient medical records	Care Coordination	DY7-8	Implemented throughout system	Before DSRIP	Implemented throughout system	DY1-6	Implemented throughout system		
2.51	Data sharing connectivity or Health Information Exchange (HIE) arrangement across care settings external to provider's office/integrated delivery system (includes inpatient, outpatient, post-acute, urgent care, pharmacy, etc.) for patient medical records	Care Coordination	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
3.00	Panel management and/or proactive outreach of patients using a gap analysis method (i.e. strategically targeting patients with missing or overdue screenings, immunizations, assessments, lab work, etc.)	Data Analytics	DY7-8	Implemented throughout system	Planned for DY9-10	Not yet implemented	DY7-8	Implemented in small scale	Before DSRIP	Implemented throughout system
3.01	Panel management and/or proactive outreach of patients using a risk-stratification method (i.e. strategically targeting patients based on risk factors associated with worsening disease states)	Data Analytics	Planned for DY9-10	Not yet implemented	Planned for DY9-10	Not yet implemented	DY7-8	Implemented in small scale	Planned for DY9-10	Not yet implemented
3.10	Database or registry to track quality and clinical outcomes data on patients	Data Analytics	Planned for DY9-10	Not yet implemented	Planned for DY9-10	Not yet implemented	Planned for DY9-10	Not yet implemented	Before DSRIP	Implemented throughout system
3.20	Analysis of appointment "no-show" rates	Data Analytics	Planned for DY9-10	Not yet implemented	Not applicable	Not applicable	Planned for DY9-10	Not yet implemented		
3.30	Formal partnership or arrangement with post-acute care facilities (e.g. skilled nursing facility, inpatient rehabilitation facility, long-term acute care hospital, home health agency, hospice, etc.) to track/share quality measures such as length of stay and readmission rates, etc.	Data Analytics	Planned for DY9-10	Not yet implemented	Before DSRIP	Implemented throughout system				
4.00	Care team includes a clinical pharmacist(s)	Disease Management			Not applicable	Not applicable	Not applicable	Not applicable		
4.01	Care team includes a behavioral health professional such as a psychologist, licensed clinical social worker, licensed counselor (LPC, LMHC), etc.	Disease Management			DY1-6	Implemented in small scale	DY1-6	Implemented throughout system		
4.02	Care team includes a registered dietician(s)	Disease Management			Not applicable	Not applicable	Not applicable	Not applicable		
4.10	Group visit model or similar non-traditional appointment format that includes at least one provider and a group of patients with shared clinical and/or social experiences	Disease Management			Not applicable	Not applicable	Not applicable	Not applicable		
4.20	Home visit model of providing clinical services at a patient's residence (may be restricted to specific patient subpopulations)	Disease Management			Planned for DY9-10	Not yet implemented	DY1-6	Implemented throughout system		
4.30	Classes for patients focused on disease self-management (e.g. lifestyle changes, symptom recognition, clinical triage guidance, etc.)	Disease Management			Not applicable	Not applicable	Not applicable	Not applicable		
4.31	Classes for patients focused on diet, nutrition counseling, and/or cooking	Disease Management			Not applicable	Not applicable	Not applicable	Not applicable		
4.32	Classes for patients focused on physical activity	Disease Management			Not applicable	Not applicable	Not applicable	Not applicable		
4.40	Peer-based programming (includes support groups, peer coaching/mentoring, etc.)	Disease Management			Not applicable	Not applicable	Not applicable	Not applicable		

#	Description	Category								
4.50	Telehealth to provide remote monitoring of patient biometric data (e.g. HbA1c levels, blood pressure, etc.) and/or medication adherence	Disease Management			Not applicable	Not applicable	Not applicable	Not applicable		
4.60	Patient educational materials or campaigns about preventive care (e.g. immunizations, preventive screenings, etc.)	Disease Management			Not applicable	Not applicable	DY7-8	Implemented in small scale		
4.61	Patient educational materials or campaigns about advance care planning/directives	Disease Management			Planned for DY9-10	Not yet implemented				
4.70	SBIRT (Screening, Brief Intervention, Referral, and Treatment) workflow actively in place	Disease Management			Not applicable	Not applicable	DY1-6	Implemented in small scale		
4.71	Medication-Assisted Treatment (MAT) services actively offered	Disease Management					Not applicable	Not applicable		
4.80	Hospital hand hygiene protocol/programming	Disease Management							Before DSRIP	Implemented throughout system
4.81	Checklist(s) (or similar standardized protocol) tailored to prevent hospital safety-related events	Disease Management							Before DSRIP	Implemented throughout system
4.82	Formal process for monitoring compliance with hospital safety-related protocols (includes reviews, "secret shopper" approaches, etc.)	Disease Management							Before DSRIP	Implemented throughout system
4.83	Formal process for analyzing and addressing hospital safety-related events (includes root-cause analyses, remediation policies, etc.)	Disease Management							Before DSRIP	Implemented throughout system
5.00	Screening patients for food insecurity	Social Determinants of Health	DY7-8	Implemented throughout system			Not applicable	Not applicable		
5.01	Formal partnership or arrangement with food resources to support patient health status (e.g. local food banks, grocery stores, etc.)	Social Determinants of Health	DY7-8	Implemented throughout system			Not applicable	Not applicable		
5.10	Screening patients for housing needs	Social Determinants of Health	DY7-8	Implemented throughout system			DY1-6	Implemented throughout system		
5.11	Formal partnership or arrangement with housing resources to support patient health status (e.g. affordable housing units, transitional housing, rental assistance, etc.)	Social Determinants of Health	DY7-8	Implemented throughout system			Not applicable	Not applicable		
5.12	Screening patients for housing quality needs	Social Determinants of Health	Planned for DY9-10	Not yet implemented			DY1-6	Implemented throughout system		
5.13	Formal partnership or arrangement with housing quality resources to support patient health status (e.g. housing inspections, pest control management, heating and other utility services, etc.)	Social Determinants of Health	Not applicable	Not applicable			Not applicable	Not applicable		
5.20	Screening patients for transportation needs	Social Determinants of Health	DY7-8	Implemented throughout system			DY1-6	Implemented throughout system		
5.21	Formal partnership or arrangement with transportation resources to support patient access to care (e.g. public or private transit, etc.)	Social Determinants of Health	DY7-8	Implemented throughout system			DY1-6	Implemented in small scale		

DY9-10 Provider RHP Plan Update Template - Category A Core Activities

Progress Tracker

Section 1: Core Activities

Section 1: 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:	020834001 - Memorial Hermann Hospital System (The Woodlands)
Performing Provider Type:	Hospital
Ownership:	Private

Section 1: Core Activities

Previous Core Activities

Core Activity #1

Do you want to edit or delete this Core Activity?   No

1) Please select the grouping for this Core Activity.

Expansion of Patient Care Navigation and Transition Services

   a) Please select the name of this Core Activity.

   Enhancement in coordination between primary care, urgent care, and Emergency Departments to increase communication and improve care transitions for patients

   b) Please enter a description of this Core Activity

   24-Hour Nurse Triage Hotline: this program is a phone line available 24 hours a day and 7 days a week that allows a patient to call a specially trained registered nurse that provides guidance and navigation services on the appropriate course of action with current symptoms or concerns. This services has staff and resources to potentially provide over 70,000 encounters a year. This hotline is available to take calls from anywhere in the state of Texas but the core activity focuses advertisement and improvement within the greater Houston area. The 24-Hour Nurse Triage Hotline continously updates staffing models according to demand and to address quality and includes around 20 staff members that are either nurses or patient navigators.

      i) Please describe the first Secondary Driver for the above Core Activity (required).
      Educate Memorial Hermann patients and external community about the triage line.
         A) Please list the first Change Idea for the above Secondary Driver (required).

> Community promotions at events and other external activities, paid online advertisement, promotion on Memorial Hermann websites.

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

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

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

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).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

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

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).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

iv) Please describe the fourth Secondary Driver for the above Core Activity (optional).

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

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

> C) Please list the third Change Ideas for the above Secondary Driver (optional).

> D) Please list the fourth Change Ideas for the above Secondary Driver (optional).

> E) Please list the fifth Change Idea for the above Secondary Driver (optional).

v) Please describe the fifth Secondary Driver for the above Core Activity (optional).

> 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).

> C) Please list the third Change Idea for the above Secondary Driver (optional).

> D) Please list the fourth Change Idea for the above Secondary Driver (optional).

> E) Please list the fifth Change Idea for the above Secondary Driver (optional).

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

B2	B1		

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

B1: Care Transitions & Hospital Readmission the objective of this bundle is to implement improvement in care transitions and coordination of care from inpatient to outpatient, post-acute care, and home care settings in order to improve health outcomes and prevent increased health care costs and hospital readmission. This core activity improves care transition and coordination of care for patients in our community by providing navigation and follow up services by phone that could direct patients to the appropriate level of care for their current symptoms and/or concern.B2: Patient Navigation & ED Diversion the objective of this bundle is to utilize patient navigators (community health workers, case managers, or other types of professionals) and/or develop other strategies to provide enhances social support and culturally competent care to connect high risk patients to primary care or medical home sites, improve patient outcomes, and divert patients needing non-

urgent care to appropriate settings. This core activity improves patient outcomes and diverts high risk patients from the ED setting to appropriate care setting by utilizing specially trained CHWs and Registered Nurses (RN) to navigate patients to the appropriate level of care for their current symptoms and concerns.

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

No

Core Activity #2

Do you want to edit or delete this Core Activity?   No

    2) Please select the grouping for this Core Activity.

Availability of Appropriate Levels of Behavioral Health Care Services

    a) Please select the name of this Core Activity.

Increasing access to services by utilizing staff with the following qualifications: Wellness and Health Navigation: Bachelors level professional with experience in mental health and/or wellness initiatives or a peer specialist who has successfully completed the DSHS certification program for peer specialists

    b) Please enter a description of this Core Activity

Psych Response Team Case Management: this core activity provides a case management program for behavioral health patients who present to our hospitals and are experiencing a crisis. This program is staffed by specially educated social workers, nurses, and CHWs that continue work with the patient outside of the hospital. Staff assists the patients will prescriptions, follow up appointments, and other navigation services. This core activity has the staff and resources to reach patients in all facilities listed in the system. The staff models for this core activity are continuously updated. Currently the staff consists of 11 Case Managers, 2 Project Managers, 5 Social Workers, and other mental health providers that are available for patient intervention.

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

The proper identification of patients at our facilities in need of this program.

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

Education of front line staff at all emergency department and nursing floors on how to identify patients experiencing a behavioral health crisis.

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

    C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

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

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).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

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

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).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

iv) Please describe the fourth Secondary Driver for the above Core Activity (optional).

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

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

C) Please list the third Change Ideas for the above Secondary Driver (optional).

D) Please list the fourth Change Ideas for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

v) Please describe the fifth Secondary Driver for the above Core Activity (optional).

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).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

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

| H2 | | | |

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

H2: Behavioral Health and Appropriate Utilization The objective of this bundle is to provide specialized and coordinated services to individuals with serious mental illness and/or a combination of behavioral health and physical health issues to reduce emergency department utilization and avoidable inpatient admission and readmissions. This core activity provides specialized and coordinated services to patients with serious mental/behavioral health illness by enrolling them in a case management program designed to navigate and coordinate care for the patient outside the hospital or clinic thus reducing unnecessary ED visits, hospital visits, or mental health crises.

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

No

Core Activity #3

Do you want to edit or delete this Core Activity?   No

3) Please select the grouping for this Core Activity.

Availability of Appropriate Levels of Behavioral Health Care Services

a) Please select the name of this Core Activity.

Increasing access to services by utilizing staff with the following qualifications: Wellness and Health Navigation: Bachelors level professional with experience in mental health and/or wellness initiatives or a peer specialist who has successfully completed the DSHS certification program for peer specialists

b) Please enter a description of this Core Activity

Home Health Psychiatric Program: this core activity provides psychiatric services to patients in the home health setting, including the Medicaid and Uninsured patient population. This core activity is provided to patients as needed and identified by other ongoing core activities. Thie core activity has staff and resources to provide wellness and navigation services including medication adherence and regular behavioral health screenings. This core activity can serve patients that are identified at any Memorial Hermann facility and 2 providers are tied to this activity.

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

Increasing the education and management of psychiatric medications for this population.

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

Process improvement on education and follow up for patients prescribed psychiatric medications.

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

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

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

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).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

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

    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).

    C) Please list the third Change Idea for the above Secondary Driver (optional).

    D) Please list the fourth Change Idea for the above Secondary Driver (optional).

    E) Please list the fifth Change Idea for the above Secondary Driver (optional).

iv) Please describe the fourth Secondary Driver for the above Core Activity (optional).

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

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

    C) Please list the third Change Ideas for the above Secondary Driver (optional).

    D) Please list the fourth Change Ideas for the above Secondary Driver (optional).

    E) Please list the fifth Change Idea for the above Secondary Driver (optional).

v) Please describe the fifth Secondary Driver for the above Core Activity (optional).

    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).

    C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

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

H2			

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

The checkboxes will not save but measure bundle H2 should be checked. H2: Behavioral Health and Appropriate Utilization –The objective of this bundle is to provide specialized and coordinated services to individuals with serious mental illness and/or a combination of behavioral health and physical health issues to reduce emergency department utilization and avoidable inpatient admission and readmissions. This core activity provides specialized and coordinated services to patients with serious mental/behavioral health illness by providing services addressing mental and psychiatric health needs in the patient's home. These services better coordinate care for the patient and reduce unnecessary ED visits, hospital admission, and hospital readmission.

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

No

Core Activity #4

Do you want to edit or delete this Core Activity?   No

4) Please select the grouping for this Core Activity.

Availability of Appropriate Levels of Behavioral Health Care Services

a) Please select the name of this Core Activity.

Utilization of Care Management function that integrates primary and behavioral health needs of individuals

b) Please enter a description of this Core Activity

Integrated Behavioral Health & Primary Care: this core activity is a new pilot program at Memorial Hermann that provides psychatric services to patients in a primary care setting. This core activity currently consists of a pilot program at four MHMG clinics with plans for improvement and expansion. Staff and resources for this core activity will be able to provide regular behavioral health screenings and interventions for this poulation in the primary care setting. Staffing models for this core activity's pilot have not been finalized and are still undergoing the proof of concept process.

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

Expand the integrated behavioral health and primary care program to additional primary care clinics

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

    Analyze pilot program performance and identify additional locations where these services are needed.

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

    C) Please list the third Change Idea for the above Secondary Driver (optional).

    D) Please list the fourth Change Idea for the above Secondary Driver (optional).

    E) Please list the fifth Change Idea for the above Secondary Driver (optional).

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

    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).

    C) Please list the third Change Idea for the above Secondary Driver (optional).

    D) Please list the fourth Change Idea for the above Secondary Driver (optional).

    E) Please list the fifth Change Idea for the above Secondary Driver (optional).

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

    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).

    C) Please list the third Change Idea for the above Secondary Driver (optional).

    D) Please list the fourth Change Idea for the above Secondary Driver (optional).

    E) Please list the fifth Change Idea for the above Secondary Driver (optional).

[ ]

iv) Please describe the fourth Secondary Driver for the above Core Activity (optional).

[ ]

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

[ ]

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

[ ]

    C) Please list the third Change Ideas for the above Secondary Driver (optional).

[ ]

    D) Please list the fourth Change Ideas for the above Secondary Driver (optional).

[ ]

    E) Please list the fifth Change Idea for the above Secondary Driver (optional).

[ ]

v) Please describe the fifth Secondary Driver for the above Core Activity (optional).

[ ]

    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).

[ ]

    C) Please list the third Change Idea for the above Secondary Driver (optional).

[ ]

    D) Please list the fourth Change Idea for the above Secondary Driver (optional).

[ ]

    E) Please list the fifth Change Idea for the above Secondary Driver (optional).

[ ]

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

H1			

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

H1 Integration of Behavioral health in a Primary or Specialty Care Setting - The objective of this bundle is to implement depression, substance abuse disorder, and behavioral health screening and multi-modal treatemetn in a primary care or non-psychatric specialty care setting. This core activity is new pilot program that implements these psychatric services and screenings into our primary care clinics.

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

No

Core Activity #5

Do you want to edit or delete this Core Activity?   No

5) Please select the grouping for this Core Activity.

Access to Primary Care Services

a) Please select the name of this Core Activity.

Expanded Practice Access (e.g., increased hours, telemedicine, etc.)

b) Please enter a description of this Core Activity

Convenient Care Centers: This core activity increased access to care for Medicaid and uninsured patients by increasing the number of providers accepting this patient population and expanding hours and convenient care center clinics. This core activity impacts four facilities and utilizes anywhere from 30-40 providers.

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

Expand and/or adjust Convenient Care Center hours as needed based on patient volume and demand to offer after-hours and limited weekend primary care.

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

Track patient volume and demand at the Convenient Care Centers to determine whether expanding or adjusting clinic hours will effectively increase access to primary care and reduce unnecessary ED visits.

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

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

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

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).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

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

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).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

iv) Please describe the fourth Secondary Driver for the above Core Activity (optional).

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

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

C) Please list the third Change Ideas for the above Secondary Driver (optional).

D) Please list the fourth Change Ideas for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

v) Please describe the fifth Secondary Driver for the above Core Activity (optional).

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).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

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

| B1 | | | |

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

B1: Care Transitions & Hospital Readmission the objective of this bundle is to implement improvement in care transitions and coordination of care from inpatient to outpatient, post-acute care, and home care settings in order to improve health outcomes and prevent increased health care costs and hospital readmission. This core activity increases access to primary care and improves coordination of care by providing a setting and physicians that provide primary care services to the MLIU population with some appointments available during extended hours.

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

No

Core Activity #6

Do you want to edit or delete this Core Activity?   No

6) Please select the grouping for this Core Activity.

Palliative Care

a) Please select the name of this Core Activity.

Provision of coordinated palliative care to address patients with end-of-life decisions and care needs.

b) Please enter a description of this Core Activity

Palliative Care Program: This core activity provides palliative care services to Medicaid and uninsured patients by specially trained palliative MDs and mid-level providers. This improves patient and family relations with end of life decisions and quality of life for the patient. This core activity includes services historically not provided for the Medicaid and uninsured patient population. This core activity has the staff and resources to potentially impact all hospital facilities in the system and utilizes a palliative care team of approximately 15 providers.

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

Increase the number of patients utilizing palliative care.

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

Continue to educate physicians on palliative care services that are available for their patients.

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

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

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

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).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

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

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).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

iv) Please describe the fourth Secondary Driver for the above Core Activity (optional).

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

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

    C) Please list the third Change Ideas for the above Secondary Driver (optional).

    D) Please list the fourth Change Ideas for the above Secondary Driver (optional).

    E) Please list the fifth Change Idea for the above Secondary Driver (optional).

v) Please describe the fifth Secondary Driver for the above Core Activity (optional).

    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).

    C) Please list the third Change Idea for the above Secondary Driver (optional).

    D) Please list the fourth Change Idea for the above Secondary Driver (optional).

    E) Please list the fifth Change Idea for the above Secondary Driver (optional).

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

G1			

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

G1: Palliative Care the objective of this bundle is to provide palliative care services to patients and their families and/or caregivers to improve patient outcomes and quality of life with a focus on relief from symptoms, stress, and pain related to serious, debilitating or terminal illness. This core activity improves patient outcomes and quality of life by providing palliative care services to hospitalized patients, which focus on relief from symptoms, stress, and pain related to serious, debilitating or terminal illness.

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

No

Core Activity #7

Do you want to edit or delete this Core Activity?   No

7) Please select the grouping for this Core Activity.

Hospital Safety and Quality

a) Please select the name of this Core Activity.

Implementation of evidence-based practices to improve quality of care (e.g., Quality Departments, monitoring and evaluation, etc.)

b) Please enter a description of this Core Activity

This core activity focuses on creating an environment to improve patient health outcomes and experiecne by reducing hospital related risks and errors. This environment anticipates potential problems, promotes early detection of problems, and always makes responses early. This core activity impacts all hospitals in the system and will impact the large number of staff and providers employed and/or associated with these hospitals.

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

Continue to monitor risks, errors, and near misses in the hospital.

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

Utilize systems including EMR reports to track outstanding risks, errors, or potential errors in the hospital.

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

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

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

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).

_____

C) Please list the third Change Idea for the above Secondary Driver (optional).

_____

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

_____

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

_____

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

_____

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).

_____

C) Please list the third Change Idea for the above Secondary Driver (optional).

_____

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

_____

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

_____

iv) Please describe the fourth Secondary Driver for the above Core Activity (optional).

_____

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

_____

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

_____

C) Please list the third Change Ideas for the above Secondary Driver (optional).

_____

D) Please list the fourth Change Ideas for the above Secondary Driver (optional).

_____

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

_____

v) Please describe the fifth Secondary Driver for the above Core Activity (optional).

_____

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).

C) Please list the third Change Idea for the above Secondary Driver (optional).

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

E) Please list the fifth Change Idea for the above Secondary Driver (optional).

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

J1			

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

J1: Hospital Safety Improve the objective of this bundle is to improve patient health outcomes and experience of care by improving medication management, reducing the risk of health-care associated infections, and reducing hospital errors. This core activity directly impacts the bundle objective by creating an environment in which potential problems are anticipated, detected early, and virtually always responded to early enough to prevent catastrophic consequences.

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

No

New Core Activities

Please enter your organization's number of new Core Activities to add: 0

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	020834001 - Memorial Hermann Hospital System (The Woodlands)
Performing Provider Type:	Hospital
Ownership:	Private

Section 1: Valuation by Category and Measure

Category / Measure / Measure Bundle Item:	DY9	DY10
Category B - MLIU PPP	**$2,983,881.71**	**$2,545,404.11**
B1-124	$524,883.24	$447,752.32
B1-141	$524,883.24	$447,752.32
B1-217	$524,883.24	$447,752.32
B1-252	$524,883.24	$447,752.32
B1-253	$524,883.24	$447,752.32
B1-287	$524,883.24	$447,752.32
B1-352	$524,883.26	$447,752.33
B1 Total	**$3,674,182.70**	**$3,134,266.25**
B2-242	$1,002,049.83	$854,799.89
B2-387	$1,002,049.83	$854,799.89
B2-392	$1,002,049.82	$854,799.88
B2 Total	**$3,006,149.48**	**$2,564,399.66**
G1-276	$334,016.61	$284,933.30
G1-277	$334,016.61	$284,933.30
G1-278	$334,016.61	$284,933.30
G1-361	$334,016.61	$284,933.30
G1-362	$334,016.61	$284,933.30
G1-363	$334,016.60	$284,933.27
G1 Total	**$2,004,099.65**	**$1,709,599.77**
H1-146	$1,002,049.83	$854,799.89
H1-255	$1,002,049.83	$854,799.89
H1-286	$1,002,049.83	$854,799.89
H1-317	$1,002,049.82	$854,799.87
H1 Total	**$4,008,199.31**	**$3,419,199.54**
H2-160	$705,146.17	$601,525.85
H2-216	$705,146.17	$601,525.85
H2-259	$705,146.17	$601,525.85
H2-265	$705,146.17	$601,525.85
H2-266	$705,146.17	$601,525.85
H2-305	$705,146.17	$601,525.85
H2-319	$705,146.17	$601,525.85
H2-405	$705,146.17	$601,525.85
H2-510	$705,146.21	$601,525.81
H2 Total	**$6,346,315.57**	**$5,413,732.61**
J1-218	$668,033.22	$569,866.59
J1-219	$668,033.22	$569,866.59
J1-220	$668,033.22	$569,866.59
J1-221	$668,033.22	$569,866.59
J1-506	$668,033.22	$569,866.59
J1 Total	**$3,340,166.10**	**$2,849,332.95**
Category C Total:	**$22,379,112.81**	**$19,090,530.78**
Potentially preventable admissions (PPAs)	$895,164.51	$763,621.23
Potentially preventable 30-day readmissions	$895,164.51	$763,621.23
Potentially preventable complications (PPCs)	$895,164.51	$763,621.23
Potentially preventable ED visits (PPVs)	$895,164.51	$763,621.23
Patient satisfaction	$895,164.52	$763,621.24
Category D Total:	**$4,475,822.56**	**$3,818,106.16**
DSRIP Total	**$29,838,817.08**	**$25,454,041.05**

Section 2: Category C Milestone Valuation

Bundle-Measure ID	Denominator Volume	DY9 Category C Valuation: $22,379,112.81							DY10 Category C Valuation: $19,090,530.78					
		DY9 Measure Total	DY9 Milestone IDs						DY10 Measure Total	DY10 Milestone IDs				
			RM-1.B	RM-4	AM-9.1	AM-9.2	AM-9.3	IM-3		RM-5	AM-10.1	AM-10.2	AM-10.3	IM-4

ID	Description												
B1-124	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$524,883.24	$0.00	$131,220.81	$393,662.43	$0.00	$0.00	$0.00	$447,752.32	$111,938.08	$335,814.24	$0.00	$0.00	$0.00
B1-141	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$524,883.24	$0.00	$131,220.81	$393,662.43	$0.00	$0.00	$0.00	$447,752.32	$111,938.08	$335,814.24	$0.00	$0.00	$0.00
B1-217	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$524,883.24	$0.00	$131,220.81	$393,662.43	$0.00	$0.00	$0.00	$447,752.32	$111,938.08	$335,814.24	$0.00	$0.00	$0.00
B1-252	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$524,883.24	$0.00	$131,220.81	$393,662.43	$0.00	$0.00	$0.00	$447,752.32	$111,938.08	$335,814.24	$0.00	$0.00	$0.00
B1-253	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$524,883.24	$0.00	$131,220.81	$393,662.43	$0.00	$0.00	$0.00	$447,752.32	$111,938.08	$335,814.24	$0.00	$0.00	$0.00
B1-287	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$524,883.24	$0.00	$131,220.81	$393,662.43	$0.00	$0.00	$0.00	$447,752.32	$111,938.08	$335,814.24	$0.00	$0.00	$0.00
B1-352	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$524,883.26	$0.00	$131,220.81	$196,831.22	$196,831.23	$0.00	$0.00	$447,752.33	$111,938.08	$167,907.12	$167,907.13	$0.00	$0.00
B2-242	MLIU denominator with significant volume	$1,002,049.83	$125,256.23	$125,256.23	$751,537.37	$0.00	$0.00	$0.00	$854,799.89	$213,699.97	$641,099.92	$0.00	$0.00	$0.00
B2-387	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$1,002,049.83	$0.00	$250,512.46	$375,768.69	$375,768.68	$0.00	$0.00	$854,799.89	$213,699.97	$320,549.96	$320,549.96	$0.00	$0.00
B2-392	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$1,002,049.82	$0.00	$250,512.46	$751,537.36	$0.00	$0.00	$0.00	$854,799.88	$213,699.97	$641,099.91	$0.00	$0.00	$0.00
G1-276	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$334,016.61	$0.00	$83,504.15	$250,512.46	$0.00	$0.00	$0.00	$284,933.30	$71,233.32	$213,699.98	$0.00	$0.00	$0.00
G1-277	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$334,016.61	$0.00	$83,504.15	$250,512.46	$0.00	$0.00	$0.00	$284,933.30	$71,233.32	$213,699.98	$0.00	$0.00	$0.00
G1-278	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$334,016.61	$0.00	$83,504.15	$250,512.46	$0.00	$0.00	$0.00	$284,933.30	$71,233.32	$213,699.98	$0.00	$0.00	$0.00
G1-361	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$334,016.61	$0.00	$83,504.15	$250,512.46	$0.00	$0.00	$0.00	$284,933.30	$71,233.32	$213,699.98	$0.00	$0.00	$0.00
G1-362	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$334,016.61	$0.00	$83,504.15	$250,512.46	$0.00	$0.00	$0.00	$284,933.30	$71,233.32	$213,699.98	$0.00	$0.00	$0.00
G1-363	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$334,016.60	$0.00	$83,504.15	$250,512.45	$0.00	$0.00	$0.00	$284,933.27	$71,233.32	$213,699.95	$0.00	$0.00	$0.00
H1-146	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$1,002,049.83	$0.00	$250,512.46	$751,537.37	$0.00	$0.00	$0.00	$854,799.89	$213,699.97	$641,099.92	$0.00	$0.00	$0.00
H1-255	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$1,002,049.83	$0.00	$250,512.46	$375,768.69	$375,768.68	$0.00	$0.00	$854,799.89	$213,699.97	$320,549.96	$320,549.96	$0.00	$0.00
H1-286	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$1,002,049.83	$0.00	$250,512.46	$751,537.37	$0.00	$0.00	$0.00	$854,799.89	$213,699.97	$641,099.92	$0.00	$0.00	$0.00
H1-317	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$1,002,049.82	$0.00	$250,512.46	$751,537.36	$0.00	$0.00	$0.00	$854,799.87	$213,699.97	$641,099.90	$0.00	$0.00	$0.00
H2-160	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$705,146.17	$0.00	$176,286.54	$264,429.81	$264,429.82	$0.00	$0.00	$601,525.85	$150,381.46	$225,572.19	$225,572.20	$0.00	$0.00
H2-216	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$705,146.17	$0.00	$176,286.54	$528,859.63	$0.00	$0.00	$0.00	$601,525.85	$150,381.46	$451,144.39	$0.00	$0.00	$0.00
H2-259	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$705,146.17	$0.00	$176,286.54	$528,859.63	$0.00	$0.00	$0.00	$601,525.85	$150,381.46	$451,144.39	$0.00	$0.00	$0.00

H2-265	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$705,146.17	$0.00	$176,286.54	$528,859.63	$0.00	$0.00	$0.00	$601,525.85	$150,381.46	$451,144.39	$0.00	$0.00	$0.00
H2-266	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$705,146.17	$0.00	$176,286.54	$528,859.63	$0.00	$0.00	$0.00	$601,525.85	$150,381.46	$451,144.39	$0.00	$0.00	$0.00
H2-305	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$705,146.17	$0.00	$176,286.54	$528,859.63	$0.00	$0.00	$0.00	$601,525.85	$150,381.46	$451,144.39	$0.00	$0.00	$0.00
H2-319	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$705,146.17	$0.00	$176,286.54	$528,859.63	$0.00	$0.00	$0.00	$601,525.85	$150,381.46	$451,144.39	$0.00	$0.00	$0.00
H2-405	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$705,146.17	$0.00	$176,286.54	$528,859.63	$0.00	$0.00	$0.00	$601,525.85	$150,381.46	$451,144.39	$0.00	$0.00	$0.00
H2-510	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$705,146.21	$0.00	$176,286.54	$264,429.81	$264,429.86	$0.00	$0.00	$601,525.81	$150,381.46	$225,572.19	$225,572.16	$0.00	$0.00
J1-218	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	$668,033.22	$0.00	$167,008.31	$501,024.91	$0.00	$0.00	$0.00	$569,866.59	$142,466.65	$427,399.94	$0.00	$0.00	$0.00
J1-219	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	$668,033.22	$0.00	$167,008.31	$501,024.91	$0.00	$0.00	$0.00	$569,866.59	$142,466.65	$427,399.94	$0.00	$0.00	$0.00
J1-220	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	$668,033.22	$0.00	$167,008.31	$501,024.91	$0.00	$0.00	$0.00	$569,866.59	$142,466.65	$427,399.94	$0.00	$0.00	$0.00
J1-221	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	$668,033.22	$0.00	$167,008.31	$501,024.91	$0.00	$0.00	$0.00	$569,866.59	$142,466.65	$427,399.94	$0.00	$0.00	$0.00
J1-506	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	$668,033.22	$0.00	$167,008.31	$501,024.91	$0.00	$0.00	$0.00	$569,866.59	$142,466.65	$427,399.94	$0.00	$0.00	$0.00

DY9-10 Provider RHP Plan Update Template - IGT Entry

Progress Tracker

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

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	020834001 - Memorial Hermann Hospital System (The Woodlands)
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 F21, F29, etc.

IGT RHP	IGT Name	IGT TPI (if available)	IGT TIN	Affiliation Number
3	Harris County Hospital District	133355104	17415369366324	529-08-0236-00074

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Jessica Granger	2525 Holly Hall Drive	Houston	77054	Jessica.Granger@harrishealth.org	713-566-6047		Both
2	Michael Norby	2525 Holly Hall Drive	Houston	77054	michael.norby@harrishealth.org	713-566-6790		Both
3	Victoria Nikitin	2525 Holly Hall Drive	Houston	77054	Victoria.Nikitin@harrishealth.org	713-566-6939		Both

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

Funding Category	IGT Name	IGT TIN	IGT Affiliation #	DY9 % IGT Allocated	DY10 % IGT Allocated	Total Estimated DY9 Allocation (FMAP 60.89/IGT 39.11)	Total Estimated DY10 Allocation (FMAP 60.89/IGT 39.11)
Category B	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$1,166,996.14	$995,507.55
B1-124	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$205,281.84	$175,115.93
B1-141	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$205,281.84	$175,115.93
B1-217	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$205,281.84	$175,115.93
B1-252	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$205,281.84	$175,115.93
B1-253	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$205,281.84	$175,115.93
B1-287	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$205,281.84	$175,115.93
B1-352	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$205,281.84	$175,115.94
B2-242	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$391,901.69	$334,312.24
B2-387	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$391,901.69	$334,312.24
B2-392	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$391,901.68	$334,312.23
G1-276	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$130,633.90	$111,437.41
G1-277	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$130,633.90	$111,437.41
G1-278	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$130,633.90	$111,437.41
G1-361	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$130,633.90	$111,437.41
G1-362	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$130,633.90	$111,437.41
G1-363	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$130,633.89	$111,437.40
H1-146	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$391,901.69	$334,312.24
H1-255	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$391,901.69	$334,312.24
H1-286	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$391,901.69	$334,312.24
H1-317	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$391,901.68	$334,312.23
H2-160	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$275,782.67	$235,256.76
H2-216	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$275,782.67	$235,256.76
H2-259	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$275,782.67	$235,256.76
H2-265	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$275,782.67	$235,256.76
H2-266	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$275,782.67	$235,256.76
H2-305	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$275,782.67	$235,256.76
H2-319	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$275,782.67	$235,256.76
H2-405	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$275,782.67	$235,256.76
H2-510	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$275,782.68	$235,256.74
J1-218	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$261,267.79	$222,874.82
J1-219	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$261,267.79	$222,874.82
J1-220	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$261,267.79	$222,874.82
J1-221	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$261,267.79	$222,874.82
J1-506	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$261,267.79	$222,874.82
Category D	Harris County Hospital District	17415369366324	529-08-0236-00074	100.00%	100.00%	$1,750,494.20	$1,493,261.32
Total						$11,669,961.36	$9,955,075.45

Your funding allocations sum to 100%.

Have the IGT Entities and funding percentages been reviewed and updated as needed?	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:	Michael Norby
IGT Organization:	Harris County Hospital District
Date:	11/14/2019

DY9-10 Provider RHP Plan Update Template -Summary and Certification

Progress Tracker

Section 1: DY9-10 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	Complete
Section 6: Certification	Complete

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	020834001 - Memorial Hermann Hospital System (The Woodlands)
Performing Provider Type:	Hospital
Ownership:	Private

Section 1: DY9-10 DSRIP Valuation

	DY9-10 DSRIP Valuation Distribution	
	DY9	DY10
Category A	$0.00	$0.00
Category B	$2,983,881.71	$2,545,404.11
Category C	$22,379,112.81	$19,090,530.78
Category D	$4,475,822.56	$3,818,106.16
Total	$29,838,817.08	$25,454,041.05

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)

Did provider request a modification to the System Definition for DY9-10?   No

	Forecasted Medicaid	Forecasted LIU	MLIU PPP	Total PPP	MLIU Percentage of Total PPP	Allowable Variation %
DY9 Estimated	49,144	73,715	122,859	324,634	37.85%	1.00%
DY10 Estimated	49,144	73,715	122,859	324,634	37.85%	1.00%

Did provider request a modification to MLIU PPP for DY9-10?   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	DY9 Valuation	DY10 Valuation
B1	Care Transitions & Hospital Readmissions	0	0	0	11	$3,674,182.70	$3,134,266.25
B2	Patient Navigation & ED Diversion	0	0	0	9	$3,006,149.48	$2,564,399.66
G1	Palliative Care	0	0	0	6	$2,004,099.65	$1,709,599.77
H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	0	0	0	12	$4,008,199.31	$3,419,199.54
H2	Behavioral Health and Appropriate Utilization	0	0	0	19	$6,346,315.57	$5,413,732.61
J1	Hospital Safety	0	0	0	10	$3,340,166.10	$2,849,332.95
Total	N/A	0	0	0	67	$22,379,112.81	$19,090,530.78

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
B1	Care Transitions & Hospital Readmissions	Enhancement in coordination between primary care, urgent care, and Emergency Departments to increase communication and improve care transitions for patients; Expanded Practice Access (e.g., increased hours, telemedicine, etc.)
B2	Patient Navigation & ED Diversion	Enhancement in coordination between primary care, urgent care, and Emergency Departments to increase communication and improve care transitions for patients
G1	Palliative Care	Provision of coordinated palliative care to address patients with end-of-life decisions and care needs.
H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	Utilization of Care Management function that integrates primary and behavioral health needs of individuals
H2	Behavioral Health and Appropriate Utilization	Increasing access to services by utilizing staff with the following qualifications: Wellness and Health Navigation: Bachelors level professional with experience in mental health and/or wellness initiatives or a peer specialist who has successfully completed the DSHS certification program for peer specialists; Increasing access to services by utilizing staff with the following qualifications: Wellness and Health Navigation: Bachelors level professional with experience in mental health and/or wellness initiatives or a peer specialist who has successfully completed the DSHS certification program for peer specialists

J1	Hospital Safety	Implementation of evidence-based practices to improve quality of care (e.g., Quality Departments, monitoring and evaluation, etc.)

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

Statewide Reporting for Hospitals

Measure	Category D DY9 Valuation	Category D DY10 Valuation
Potentially preventable admissions (PPAs)	$895,164.51	$763,621.23
Potentially preventable 30-day readmissions (PPRs)	$895,164.51	$763,621.23
Potentially preventable complications (PPCs)	$895,164.51	$763,621.23
Potentially preventable ED visits (PDVs)	$895,164.51	$763,621.23
Patient satisfaction	$895,164.51	$763,621.23

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.

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:	Steve Hand
Performing Provider:	Memorial Hermann
Date:	11/6/2019

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: DY9-10 Total Valuation and Updated Minimum Point Threshold (MPT)	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
Section 3: Measure Exemption Requests	Complete
Minimum Selection Requirements Met	Yes
MPT Met	Yes

Category C Related Strategies

Section 1: Related Strategies	Complete

Category A Core Activities

Section 1: Core Activities | **Complete**
All Selected Measure Bundles/Measures Associated with at Least One Core Activity | **Complete**

IGT Entry

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

Summary and Certification

Section 1: DY9-10 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 | **Complete**
Section 6: Certification | **Complete**