



## *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:	094187402 - CHCA West Houston LP dba West Houston Medical Cent
Performing Provider Type:	Hospital
Ownership:	Private
TIN:	16218013635005
Physical Street Address:	3737 Buffalo Speedway
City:	Houston
Zip:	77098
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:	Shannon Evans	Lillian Spuria	Jeff Sliwinski
Street Address:	3737 Buffalo Speedway	2801 Via Fortuna Hiking Trail	3737 Buffalo Speedway
City:	Houston	Austin	Houston
Zip:	77098	78746	77098
Email:	Shannon.Evans2@hcahealthcare.com	spuria@gl-law.com	Jeff.Sliwinski@HCAHealthcare.com
Phone Number:	713-852-1563	512-899-3995	713-852-1534
Phone Extension:			
Lead Contact or Both:	Both	Both	Both

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

### Section 3: Optional Withdrawal From DSRIP

Please select an option below. By selecting "Yes - Withdraw from DSRIP", this organization acknowledges it understands that any DY9-10 DSRIP funds will be redistributed within the RHP and it will no longer have access to those DSRIP funds.

Do Not Withdraw from DSRIP

#### Section 4: Performing Provider Overview

Performing Provider Description:	West Houston Medical Center (WHMC) is a full-service hospital serving the West Houston community for over 30 years. The Joint Commission accredited facility provides a range of care including: emergency services; neurosurgery services; inpatient and outpatient surgery, rehabilitation and diagnostic services; bariatric/weight loss surgery; senior care; wound care; sleep disorder services; cardiovascular care, women's services and more. WHMC is a Certified Primary Stroke Center by The Joint Commission, and a recipient of the TMF Quality Improvement Award.
Overall DSRIP Goals:	Through WHMC's participation in the 1115 Waiver Program, WHMC is committed to transforming how health care is delivered in Regional Health Partnership 3. Our DSRIP program seeks to establish/expand patient navigation services to targeted patients at high risk of being disconnected from a healthcare institution and to decrease mortality and improve patient health outcomes in the inpatient setting through a focus on hospital safety.
Alignment with regional community needs assessment:	WHMC's core activities seek to increase access to primary care through navigation services, patient education and improved care coordination. Additionally WHMC will work toward decreasing mortality and improving healthcare outcomes in the inpatient setting through its focus on implementation of the Sepsis Bundle. As a result of our efforts we expect to experience reductions in preventable admissions, readmissions, and ED visits for acute and ambulatory care conditions and achieve the regional goals of increased care coordination and access to primary care.

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

Initial DY9 DSRIP Valuation	Initial DY10 DSRIP Valuation	Initial DY9-10 MPT
\$4,806,028.81	\$4,099,789.02	8

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:	<-- Note: This is your current MPT
Yes	\$4,249,999.99	8	
Yes	\$4,749,999.99	9	
Yes	\$5,249,999.99	10	
Yes	\$5,749,999.99	11	
Yes	\$6,249,999.99	12	
No	\$6,749,999.99	13	
No	\$7,249,999.99	14	

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%	\$480,602.88	\$409,978.90
Category C	75%	\$3,604,521.61	\$3,074,841.77
Category D	15%	\$720,904.32	\$614,968.35
Total	100%	\$4,806,028.81	\$4,099,789.02

Original MPT:	8
Adjusted MPT based on updated valuation:	8

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:

094187402 - CHCA West Houston LP dba West Houston Medical Cent

Performing Provider Type:

Hospital

Ownership:

Private

Category B valuation in DY9:

\$480,602.88

Category B valuation in DY10:

\$409,978.90

### 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.

West Houston Medical Center (WHMC) is a full-service hospital serving the West Houston community for over 30 years. The Joint Commission accredited facility provides a range of care including: neurosurgery services; inpatient surgery, rehabilitation and diagnostic services; bariatric/weight loss surgery; senior care; wound care; sleep disorder services; cardiovascular care, women's services and more. West Houston offers hospital based outpatient services; surgeries, diagnostic imaging, lab work, chemotherapy, cath lab, therapy, and education

#### Required System Component

#### Business Component?

Emergency Department

Business Component of the Organization

Please enter a description of this System Component.

West Houston Medical Center has 1 emergency Department located in the main campus

<b>Required System Component</b>	<b>Business Component?</b>
Owned or Operated Outpatient Clinics	Not a Business Component of the Organization
<b>Required System Component</b>	<b>Business Component?</b>
Maternal Department	Business Component of the Organization
Please enter a description of this System Component.	
Labor and Delivery, Gynecology, and Support and Education Services	
<b>Required System Component</b>	<b>Business Component?</b>
Owned or Operated Urgent Care Clinics	Not a Business Component of the Organization

**Hospitals - Optional Components**

<b>Optional System Component</b>	<b>Would you like to select this component?</b>
Contracted Specialty Clinics	No
<b>Optional System Component</b>	<b>Would you like to select this component?</b>
Contracted Primary Care Clinics	No
<b>Optional System Component</b>	<b>Would you like to select this component?</b>
School-based Clinics	No
<b>Optional System Component</b>	<b>Would you like to select this component?</b>
Contracted Palliative Care Programs	No
<b>Optional System Component</b>	<b>Would you like to select this component?</b>
Contracted Mobile Health Programs	No
<b>Optional System Component</b>	<b>Would you like to select this component?</b>
Other	No

## Section 2: Medicaid Low-income Uninsured (MLIU) Patient Population by Provider (PPP)

	DY7	DY8
MLIU PPP	33,754	33,727
Total PPP	61,258	60,868

Please indicate the population included in the MLIU PPP

<input checked="" type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> Dual Eligible	<input checked="" type="checkbox"/> CHIP	<input type="checkbox"/> Local Coverage Option	<input checked="" type="checkbox"/> Insured on the Exchange
<input checked="" type="checkbox"/> Low-Income (Below 200% FPL)	<input checked="" type="checkbox"/> Self-Pay	<input checked="" type="checkbox"/> Uninsured	<input type="checkbox"/> 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	19,562
Estimated Low-income or Uninsured Individuals served in DY7	14,165
Estimated Medicaid individuals served in DY8	18,440
Estimated Low-income or Uninsured Individuals served in DY8	15,287
MLIU PPP Goal for each DY (DY9 and DY10):	33,727
Forecasted Medicaid individuals served in each DY for DY9-10	18,440
Forecasted Low-income or Uninsured individuals served in each DY for DY9-10	15,287
Average Total PPP in each DY	60,868
MLIU percentage of Total PPP	55.41%
Allowable Variation	2.22%

\*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

Section 3: Measure Exemption Requests

Minimum Selection Requirements Met

MPT Met

Complete

Complete

Yes

Yes

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

MPT	8
Points Selected	22
Bundles Selected	2
Maximum Deletions Met	Y
Clinical Outcome Selected	Y

**Performing Provider Information**

RHP:

TPI and Performing Provider Name:

Performing Provider Type:

Ownership:

Category C valuation in DY9:

Category C valuation in DY10:

3

094187402 - CHCA West Houston LP dba West Houston Medical Cent

Hospital

Private

\$3,604,521.61

\$3,074,841.77

**MINIMUM POINT THRESHOLD (MPT):**

8

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
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No	A1	Improved Chronic Disease Management: Diabetes Care	11	0
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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
No	B1	Care Transitions & Hospital Readmissions	11	0

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle
No - Drop Bundle	B2	Patient Navigation & ED Diversion	3	0
Please select your reason for dropping this measure bundle:		Updated community needs		
Please explain in more detail why you are discontinuing this Measure Bundle		<p>At the completion of the first iteration of the 1115 Waiver DSRIP program and according to the 2017 RHP3 community needs assessment, improvements were made that effectively linked patients to primary and preventive services instead of unnecessary emergency room utilization and care management programs that were implemented also helped with linking patients to the appropriate care setting. Within Emergency care related projects, metrics outcomes goals were also exceeded. Conversely, perinatal and maternal child health outcomes were among the most challenging quality outcome domains and achievement significantly declined over the course of the waiver which correlates with the increases in maternal mortality.</p> <p>West will also continue to monitor and intervene to reduce ED frequenter utilization, however West beleives the more pressing community need is maternal health. As such, a more appropriate appropriate selection would be the E2 bundle given the severe maternal mortality issues that Harris County is facing. The ED has a higher proportion of uninsured patients than Medicaid patients. Conversely, maternal services have a higher proportion of Medicaid patients than uninsured and the cost associated with the healthcare of maternal patients, particularly if there are complications can be much more significant than an ED frequenter that is using the ED for primary care due to convenience or lack of access becuse they are uninsured. Considering all of these factors, West believes it can have a greater impact for both the patients and the Medicaid program by focusing on the E2 measure bundle instead of the B2 measure bundle and as such is requesting to drop the B2 bundle.</p>		

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
Yes	E2	Maternal Safety	12	12

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

According to the Houston Endowment and their 2018 community plan titled "Improving Maternal Health in Harris County" severe maternal mortality in Harris County is not only higher than the statewide rate, which is also higher than the national rate, but alarmingly, Harris County's severe mortality rate is also rising. The same report also outlines the necessity of interconception, enrollment into care, and prenatal care, which are all addressed within the E1 bundle. HCA Houston Healthcare West (West) believes that given the severity of maternal mortality within Harris County the E2 measure bundle is a more urgent need than the B2 bundle. The system components that will be used are West's entire system with no changes to its system definition, with the primary focus being on patients that deliver at West. Data will be pulled from Meditech, which is used for the hospital EMR. Reports for the C-section measure are already in place, while the

Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required	MLIU denominator with significant volume	E2-150	PC-02 Cesarean Section (Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section)	Required	P4P	Clinical Outcome	N/A
N/A - Required	MLIU denominator with significant volume	E2-151	PC-03 Antenatal Steroids	Required	P4P	Process	N/A

N/A - Required	MLIU denominator with significant volume	E2-601	Hemorrhage Risk Assessment	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	E2-602	Quantified Blood Loss	Required	P4P	Process	N/A

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
No	G1	Palliative Care	6	0

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle
No	H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	12	0

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle
No	H2	Behavioral Health and Appropriate Utilization	8	0

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

<i>This bundle was selected for DY7/8 and can be continued or can be dropped</i>							
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:	22
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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
E2-150	PC-02 Cesarean Section (Nulliparous women with a term, singleton baby in a vertex position delivered by		CY2019: January 1, 2019 - December 31, 2019
Requesting a reporting milestone exemption?	No	Requesting a shorter or delayed measurement period?	No

Bundle-Measure ID	Measure Name		Baseline Measurement Period
E2-151	PC-03 Antenatal Steroids		CY2019: January 1, 2019 - December 31, 2019
Requesting a reporting milestone exemption?	No	Requesting a shorter or delayed measurement period?	No

Bundle-Measure ID	Measure Name		Baseline Measurement Period
E2-601	Hemorrhage Risk Assessment		CY2019: January 1, 2019 - December 31, 2019
Requesting a reporting milestone exemption?	No	Requesting a shorter or delayed measurement period?	No

Bundle-Measure ID	Measure Name		Baseline Measurement Period
E2-602	Quantified Blood Loss		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:	094187402 - CHCA West Houston LP dba West Houston Medical Cent
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			Related Strategies Lists			
			E1, E2		J1, D3	
			Maternal Care and Safety (H/PP)		Hospital Safety (H/PP)	
Related Strategies ID	Related Strategies Description	Related Strategies Theme	Implementation Date	Implementation Status	Implementation Date	Implementation Status
1.00	Same-day and/or walk-in appointments in the outpatient setting	Access to Care	Not applicable	Not applicable		
1.01	Night and/or weekend appointments in the outpatient setting	Access to Care	Not applicable	Not applicable		
1.10	Integration or co-location of primary care and specialty care (physical health only) services in the outpatient setting	Access to Care	Not applicable	Not applicable		
1.11	Telehealth to provide virtual medical appointments and/or consultations with a primary care provider	Access to Care	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		
1.20	Integration or co-location of primary care and psychiatric services in the outpatient setting	Access to Care	Not applicable	Not applicable		
1.21	Telehealth to provide virtual medical appointments and/or consultations with a psychiatrist	Access to Care	Not applicable	Not applicable		
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		
2.00	Culturally and linguistically appropriate care planning for patients	Care Coordination	Before DSRIP	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	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	Before DSRIP	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	DY1-6	Implemented in small scale		
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	DY1-6	Implemented in small scale		
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	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	DY1-6	Implemented then discontinued		
2.30	Formal closed loop process for scheduling referral visits as needed	Care Coordination	DY1-6	Implemented then discontinued		
2.40	Data sharing connectivity or arrangement with Medicaid Managed Care Organization(s) for patient claims data	Care Coordination	DY7-8	Implemented in small scale		
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		
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	DY7-8	Implemented throughout system		
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	DY1-6	Implemented in small scale	Not applicable	Not applicable
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	DY1-6	Implemented in small scale	Not applicable	Not applicable
3.10	Database or registry to track quality and clinical outcomes data on patients	Data Analytics	Not applicable	Not applicable	Not applicable	Not applicable
3.20	Analysis of appointment "no-show" rates	Data Analytics	Not applicable	Not applicable		
4.00	Care team includes a clinical pharmacist(s)	Disease Management	Before DSRIP	Implemented throughout system		
4.01	Care team includes a behavioral health professional such as a psychologist, licensed clinical social worker, licensed counselor (LPC, LMHC), etc.	Disease Management	Not applicable	Not applicable		
4.02	Care team includes a registered dietitian(s)	Disease Management	Before DSRIP	Implemented throughout system		
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		
4.20	Home visit model of providing clinical services at a patient's residence (may be restricted to specific patient subpopulations)	Disease Management	Not applicable	Not applicable		
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		
4.31	Classes for patients focused on diet, nutrition counseling, and/or cooking	Disease Management	Not applicable	Not applicable		
4.32	Classes for patients focused on physical activity	Disease Management	Not applicable	Not applicable		
4.40	Peer-based programming (includes support groups, peer coaching/mentoring, etc.)	Disease Management	Before DSRIP	Implemented in small scale		
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		
4.60	Patient educational materials or campaigns about preventive care (e.g. immunizations, preventive screenings, etc.)	Disease Management	DY1-6	Implemented in small scale		
4.70	SBIRT (Screening, Brief Intervention, Referral, and Treatment) workflow actively in place	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	Before DSRIP	Implemented throughout system		
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	Not applicable	Not applicable		
5.10	Screening patients for housing needs	Social Determinants of Health	Before DSRIP	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	Not applicable	Not applicable		
5.12	Screening patients for housing quality needs	Social Determinants of Health	Before DSRIP	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		
5.20	Screening patients for transportation needs	Social Determinants of Health	DY1-6	Implemented in small scale		
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	Not applicable	Not applicable		



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

### Progress Tracker

Section 1: Core Activities

All Selected Measure Bundles/Measures Associated with at Least One Core Activity

Complete

Complete

### Performing Provider Information

RHP:

TPI and Performing Provider Name:

Performing Provider Type:

Ownership:

3

094187402 - CHCA West Houston LP dba West Houston Medical Cent

Hospital

Private

### Section 1: Core Activities

#### Previous Core Activities

##### Core Activity #1

Do you want to edit or delete this Core Activity?

Edit

Please explain the changes made to the Core Activity and why it was changed

West had to edit the measure in order to change the association to none, the measure is currently associated with the B2 bundle, but West has requested that the measure bundle be dropped for DY9 and DY10.

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.

Provision of navigation services to targeted patients (e.g., patients with multiple chronic conditions, cognitive impairments and disabilities, Limited English Proficient patients, the uninsured, those with low health literacy, frequent visitors to the ED, and others)

b) Please enter a description of this Core Activity

Reduce preventable ED Utilization for patients with Chronic and Acute ambulatory care sensitive conconditions through the use of care navigators and community partnership with primary care providers

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

Increase access to care management resources and/or self management education for ED patients.

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

Patients will receive self- management education and chronic care management. The care coordinator will be dedicated to providing those services. This will increase access to information and resources that adults in Harris County would not otherwise be able to utilize for less emergent healthcare needs.

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).

Identify frequent ED users and patients with ACSC and use navigators as part of a preventable ED visit reduction program.

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

HCA Houston Healthcare West will identify adult patients with high rates of ED utilization. The Care Coordinator will target those patients visiting the ED for education and intervention aimed at preventing future ED use for non-emergent ambulatory care sensitive conditions and/or preventing conditions from becoming emergent in the first place.

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

Identify patients with specific chronic and acute ACSCs and use navigators to ensure patients with ACSCs are educated regarding their conditions and connect them with a primary care setting for management of their condition.

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).

Connect ED Patients to Primary and preventive care services

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

The care coordinator's main function will be to provide educational materials and community resourced to adults without a PCP in the ED setting.

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

The care coordinator will assist identified patients in making primary and preventative care appointments, determining the assistance necessary to keep those appointments.

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

The care coordinator will work with patients and their families to help ensure that their access to support (financial, transportation, in-home care, etc) is adequate.

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.

None			
------	--	--	--

i) Please explain why this Core Activity does not impact any of the selected Measure Bundles or measures and please describe the significance of this Core Activity to your organization.

The measure bundle will not impact a measure bundle if the B2 bundle is no longer a selection, however, it is Southeast's intent to continue working with ED patients.

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.

Hospital Safety and Quality
-----------------------------

a) Please select the name of this Core Activity.

Development and implementation of standard protocols and/or evidence-based practices to address leading causes of hospital infections and injuries (e.g., CLABSI, CAUTI, SSI, Sepsis, and Falls)

b) Please enter a description of this Core Activity

Implement standardized evidence based identification and care management protocols for sepsis patients for any patient of WHMC that is identified with sepsis or has the potential to develop sepsis.

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

Increase sepsis bundle compliance for patients that have a case of sepsis or are at risk of developing sepsis.

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

Implement Sepsis Bundle protocol to increase the number of patients who receive the 3 hour (severe sepsis) and/or 6 hour (septic shock) resuscitation and management bundles after presenting with symptoms of sepsis or septic shock.

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.

The implementation of the sepsis bundle administration on a consistent basis should reduce the instance of sepsis and improve mortality for patients that do have severe sepsis, improving hospital safety.

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:

1

1) Please select the grouping for this Core Activity.

Maternal and Infant Health Care

a) Please select the name of this Core Activity.

Develop and implement standard protocols for the leading causes of preventable death and complications for mothers and infants (Early Elective Delivery, Hemorrhage, Preeclampsia, and Supporting Vaginal Birth and Reducing Primary Cesareans)

b) Please enter a description of this Core Activity

Improve team response and outcomes of obstetric hemorrhage by updating the Obstetric Hemorrhage - Code Hemorrhage Policy, utilize Code Hemorrhage debriefs to inform quality improvement, and provide ongoing training and education regarding the assessment and treatment of obstetric hemorrhage.

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

Reduce the incidence and effects of post partum hemorrhage (PPH) through education and collaboration to improve the clinical readiness, recognition and response to PPH

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

Develop a standardized post partum hemorrhage(PPH) protocol/safety bundle identifying the roles/duties of the OB team and rapid response for high risk, critical management for the hemorrhage crisis

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

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

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

E2

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

This Core activity will help West achieve its E2 bundle measure goals by implementing the processes that have been put in place will directly affect maternal hemorrhage

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

No



# DY9-10 Provider RHP Plan Update Template - DSRIP Valuation Summary

## Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	094187402 - CHCA West Houston LP dba West Houston Medical Cent
Performing Provider Type:	Hospital
Ownership:	Private

## Section 1: Valuation by Category and Measure

Category / Measure / Measure Bundle Item:	DY9	DY10
Category B - MLIU PPP	\$480,602.88	\$409,978.90
E2-150	\$491,525.68	\$419,296.61
E2-151	\$491,525.68	\$419,296.61
E2-601	\$491,525.68	\$419,296.61
E2-602	\$491,525.66	\$419,296.59
E2 Total	\$1,966,102.70	\$1,677,186.42
J1-218	\$327,683.78	\$279,531.07
J1-219	\$327,683.78	\$279,531.07
J1-220	\$327,683.78	\$279,531.07
J1-221	\$327,683.78	\$279,531.07
J1-506	\$327,683.79	\$279,531.07
J1 Total	\$1,638,418.91	\$1,397,655.35
Category C Total:	\$3,604,521.61	\$3,074,841.77
Potentially preventable admissions (PPAs)	\$144,180.86	\$122,993.67
Potentially preventable 30-day readmissions	\$144,180.86	\$122,993.67
Potentially preventable complications (PPCs)	\$144,180.86	\$122,993.67
Potentially preventable ED visits (PPVs)	\$144,180.86	\$122,993.67
Patient satisfaction	\$144,180.88	\$122,993.67
Category D Total:	\$720,904.32	\$614,968.35
DSRIP Total	\$4,806,028.81	\$4,099,789.02

## Section 2: Category C Milestone Valuation

Bundle-Measure ID	Denominator Volume	DY9 Category C Valuation: \$3,604,521.61							DY10 Category C Valuation: \$3,074,841.77					
		DY9 Measure Total	DY9 Milestone IDs						DY10 Measure Total	DY10 Milestone IDs				
			RM-1.8	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
E2-150	MLIU denominator with significant volume	\$491,525.68	\$61,440.71	\$61,440.71	\$368,644.26	\$0.00	\$0.00	\$0.00	\$419,296.61	\$104,824.15	\$314,472.46	\$0.00	\$0.00	\$0.00
E2-151	MLIU denominator with significant volume	\$491,525.68	\$61,440.71	\$61,440.71	\$368,644.26	\$0.00	\$0.00	\$0.00	\$419,296.61	\$104,824.15	\$314,472.46	\$0.00	\$0.00	\$0.00
E2-601	MLIU denominator with significant volume	\$491,525.68	\$61,440.71	\$61,440.71	\$368,644.26	\$0.00	\$0.00	\$0.00	\$419,296.61	\$104,824.15	\$314,472.46	\$0.00	\$0.00	\$0.00
E2-602	MLIU denominator with significant volume	\$491,525.66	\$61,440.71	\$61,440.71	\$368,644.24	\$0.00	\$0.00	\$0.00	\$419,296.59	\$104,824.15	\$314,472.44	\$0.00	\$0.00	\$0.00
J1-218	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	\$327,683.78	\$0.00	\$81,920.95	\$245,762.83	\$0.00	\$0.00	\$0.00	\$279,531.07	\$69,882.77	\$209,648.30	\$0.00	\$0.00	\$0.00
J1-219	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	\$327,683.78	\$0.00	\$81,920.95	\$245,762.83	\$0.00	\$0.00	\$0.00	\$279,531.07	\$69,882.77	\$209,648.30	\$0.00	\$0.00	\$0.00
J1-220	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	\$327,683.78	\$0.00	\$81,920.95	\$245,762.83	\$0.00	\$0.00	\$0.00	\$279,531.07	\$69,882.77	\$209,648.30	\$0.00	\$0.00	\$0.00
J1-221	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	\$327,683.78	\$0.00	\$81,920.95	\$245,762.83	\$0.00	\$0.00	\$0.00	\$279,531.07	\$69,882.77	\$209,648.30	\$0.00	\$0.00	\$0.00
J1-506	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	\$327,683.79	\$0.00	\$81,920.95	\$245,762.84	\$0.00	\$0.00	\$0.00	\$279,531.07	\$69,882.77	\$209,648.30	\$0.00	\$0.00	\$0.00

DY9-10 Provider RHP Plan Update Template - IGT Entry

Progress Tracker

Section 1: IGT Entities

Section 2: IGT Funding

Section 3: Certification

Complete

Complete

Complete

Performing Provider Information

RHP:

TPI and Performing Provider Name:

Performing Provider Type:

Ownership:

3

094187402 - CHCA West Houston LP dba West Houston Medical Cent

Hospital

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	529-08-0236-00011

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	529-08-0236-00011	100.00%	100.00%	\$187,963.79	\$160,342.75
E2-150	Harris County Hospital District	17415369366324	529-08-0236-00011	100.00%	100.00%	\$192,235.69	\$163,986.90
E2-151	Harris County Hospital District	17415369366324	529-08-0236-00011	100.00%	100.00%	\$192,235.69	\$163,986.90
E2-601	Harris County Hospital District	17415369366324	529-08-0236-00011	100.00%	100.00%	\$192,235.69	\$163,986.90
E2-602	Harris County Hospital District	17415369366324	529-08-0236-00011	100.00%	100.00%	\$192,235.69	\$163,986.90
J1-218	Harris County Hospital District	17415369366324	529-08-0236-00011	100.00%	100.00%	\$128,157.13	\$109,324.60
J1-219	Harris County Hospital District	17415369366324	529-08-0236-00011	100.00%	100.00%	\$128,157.13	\$109,324.60
J1-220	Harris County Hospital District	17415369366324	529-08-0236-00011	100.00%	100.00%	\$128,157.13	\$109,324.60
J1-221	Harris County Hospital District	17415369366324	529-08-0236-00011	100.00%	100.00%	\$128,157.13	\$109,324.60
J1-506	Harris County Hospital District	17415369366324	529-08-0236-00011	100.00%	100.00%	\$128,157.13	\$109,324.60
Category D	Harris County Hospital District	17415369366324	529-08-0236-00011	100.00%	100.00%	\$281,945.68	\$240,514.12
Total						\$1,879,637.87	\$1,603,427.49

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:

094187402 - CHCA West Houston LP dba West Houston Medical Cent

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	\$480,602.88	\$409,978.90
Category C	\$3,604,521.61	\$3,074,841.77
Category D	\$720,904.32	\$614,968.35
Total	\$4,806,028.81	\$4,099,789.02

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	18,440	15,287	33,727	60,868	55.41%	2.22%
DY10 Estimated	18,440	15,287	33,727	60,868	55.41%	2.22%

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
E2	Maternal Safety	0	0	0	12	\$1,966,102.70	\$1,677,186.42
J1	Hospital Safety	0	0	0	10	\$1,638,418.91	\$1,397,655.35
Total	N/A	0	0	0	22	\$3,604,521.61	\$3,074,841.77

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

Yes

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

Bundle-Measure ID	Measure Bundle/Measure Name	Associated Core Activities
E2	Maternal Safety	Develop and implement standard protocols for the leading causes of preventable death and complications for mothers and infants (Early Elective Delivery, Hemorrhage, Preeclampsia, and Supporting Vaginal Birth and Reducing Primary Cesareans)
J1	Hospital Safety	Development and implementation of standard protocols and/or evidence-based practices to address leading causes of hospital infections and injuries (e.g., CLABSI, CAUTI, SSI, Sepsis, and Falls)
	Unassociated Core Activities	Provision of navigation services to targeted patients (e.g., patients with multiple chronic conditions, cognitive impairments and disabilities, Limited English Proficient patients, the uninsured, those with low health literacy, frequent visitors to the ED, and others)

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)	\$144,180.86	\$122,993.67
Potentially preventable 30-day readmissions (PPRs)	\$144,180.86	\$122,993.67
Potentially preventable complications (PPCs)	\$144,180.86	\$122,993.67
Potentially preventable ED visits (PDVs)	\$144,180.86	\$122,993.67
Patient satisfaction	\$144,180.86	\$122,993.67

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:

Gregg Garrison

Performing Provider:

HCA Houston Healthcare West

Date:

11/14/2019

## DY9-10 Provider RHP Plan Update Template - Overall Template Progress

### PROVIDER RHP PLAN UPDATE TEMPLATE PROGRESS: **Template is COMPLETE!**

*Please confirm that the Provider RHP Plan Update template progress shows complete above. If it shows that the template is not ready for submission, please complete any missing steps and correct any outstanding issues before submitting to HHS.*

#### Provider Entry

Section 1: Performing Provider Information	Complete
Section 2: Lead Contact Information	Complete
Section 3: Optional Withdrawal From DSRIP	Complete
Section 4: Performing Provider Overview	Complete
Section 5: 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