



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:	111810101 - Univ of Tx HSC at Houston-UTHSC Sponsored Projects
Performing Provider Type:	Physician Practice affiliated with an Academic Health Science Center (AHSC)
Ownership:	Non-State Owned Public
TIN:	17417613092000
Physical Street Address:	6410 Fannin
City:	Houston
Zip:	77030
Primary County:	Harris
Additional counties being served (optional):	Fort Bend Jefferson

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:	Andrew Casas	Sahar M. Qashqai	
Street Address:	6410 Fannin	1200 Binz Street Suite 730	
City:	Houston	Houston	
Zip:	77030	77004	
Email:	Andrew.Casas@uth.tmc.edu	sahar.m.qashqai@uth.tmc.edu	
Phone Number:	832-325-7317	713-486-3860	
Phone Extension:			
Lead Contact or Both:	Both	Both	

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

Section 3: Optional Withdrawal From DSRIP

Please select an option below. By selecting "Yes - Withdraw from DSRIP", this organization acknowledges it understands that any 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:	<p>As the medical group practice of McGovern Medical School, UT Physicians is a national leader in the delivery of integrated, personalized care, with many of our doctors listed among the “Best Doctors in America.” With more than 1,500 providers certified in 80 medical specialties and subspecialties and more than 100 clinic locations, UT Physicians provides multi-specialty care for the entire family. Our community based clinics are located throughout Harris and Fort Bend counties. Our care specialties include: family medicine, pediatrics, internal medicine, behavioral health, adult and pediatric psychiatry, cardiology, endocrinology, pulmonary, allergy/immunology, obstetrics/gynecology.</p> <p>Since Demonstration Year 3, we have implemented 22 DSRIP projects to improve access to primary and specialty care, using a patient-centered approach. We provide approximately 300,000 encounters annually. To address the high levels of uninsured among low-income Texans, UT Physicians instituted a financial assistance program in order to make healthcare affordable to all. Through our DSRIP projects, we provide our patients with access to evening and weekend appointments, access to a 24/7 nurse triage phone line, care coordination, medication management, integrated primary and behavioral healthcare, and patient education. To continue to expand patient care, we are instituting a medical-legal partnership that will address social determinants of health and will also add telehealth programs to our community based clinics to serve patients in the communities where they live.</p>
Overall DSRIP Goals:	<p>UT Physicians employs a patient-centered model of care that provides high quality, evidence-based care to all patients; coordinates healthcare across the medical neighborhood; increases access through enhanced technology; and empowers patient to be active partners in care.</p> <p>To that end, through multidisciplinary care teams and ongoing quality improvement activities, UT Physicians is committed to implementing chronic disease management interventions that improve health outcomes for diabetic and hypertensive patients. This also includes preventing disease sequelae and reducing unnecessary utilization for emergency care. Preventive care, including immunizations, wellness visits, disease testing, and cancer screening are an important part of primary care services for Texans. We will continue to provide care coordination for pediatric, pregnant, and adult Texans under the patient-centered medical home model.</p> <p>For the last several years, we have co-located physical and behavioral health so that screening and treatment of high risk patients occur in an integrated setting. UT Physicians will continue managing behavioral health patients in a primary care setting including focusing on depression and ADHD. Using the integrated model, both primary care providers and behavioral health specialists will share timely updates and treatment plans for shared patients.</p>

Alignment with regional community needs assessment:	<p>The 2017 regional community health needs assessment (CHNA) showed that the funding and implementation of DSRIP programs have made several improvements in the health of residents living in our region. Since DSRIP began in Texas, we improved access to primary and specialty care, evidenced by the addition of more than 2,800 primary care and specialty care providers from 2012-2016. The region has also seen decreases in adult smokers from 18% in 2013 to 15% in 2017. A similar reduction in preventable hospital stays for ambulatory-care sensitive conditions among Medicare enrollees occurred between 2012 and 2016.</p> <p>However, Region 3 still has significant unmet needs that we will address during DY7-10. There remains significant gaps in care related to behavioral health, teen pregnancy and births, and high prevalence of chronic disease and poor overall health. The CHNA also cites insufficient access to care, inadequate transportation options for individuals needing health care, inadequate education and services to provide support for healthy environments and health outcomes of an ever growing and more diverse population.</p> <p>UT Physicians has made strides to improve maternal health, behavioral health, and prevention/management of chronic diseases. Since program inception, we have transformed health care delivery by diversifying our workforce. We have added community health workers, case managers, social workers, clinical pharmacists, and community health education specialists. These additional roles allow each clinician to work at the top of his/her license while supporting traditional providers to comprehensively address most factors influencing patient health. For example, to improve management of patients with diabetes, UT Physicians provides patients with expanded access to specialists, nutrition support and education via certified diabetes educators and community health education specialists, and medication education and management via clinical pharmacists.</p>
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Section 5: DY9-10 Total Valuation and Updated Minimum Point Threshold (MPT)

Initial DY9 DSRIP Valuation	Initial DY10 DSRIP Valuation	Initial DY9-10 MPT
\$86,366,996.77	\$73,675,477.02	75

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	\$73,749,999.99	75
Yes	\$74,249,999.99	75
Yes	\$74,749,999.99	75
Yes	\$75,249,999.99	75
Yes	\$75,749,999.99	75
Yes	\$76,249,999.99	75
Yes	\$76,749,999.99	75

<-- Note: This is your current MPT

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%	\$8,636,699.68	\$7,367,547.70
Category C	75%	\$64,775,247.57	\$55,256,607.77
Category D	15%	\$12,955,049.52	\$11,051,321.55
Total	100%	\$86,366,996.77	\$73,675,477.02

Original MPT:

75

Adjusted MPT based on updated valuation:

75

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:	111810101 - Univ of Tx HSC at Houston-UTHSC Sponsored Projects
Performing Provider Type:	Physician Practice affiliated with an Academic Health Science Center (AHSC)
Ownership:	Non-State Owned Public
Category B valuation in DY9:	\$8,636,699.68
Category B valuation in DY10:	\$7,367,547.70

Section 1: System Definition

Would you like to modify the System Definition?

No

Physician Practices - Required Components

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

Please enter a description of this System Component.

All primary care (e.g., family medicine, internal medicine, pediatrics) clinic locations owned by UT Physicians.

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

Please enter a description of this System Component.

All multi-specialty (e.g., behavioral health, psychiatry, obstetrics/gynecology, endocrinology, cardiology, hepatology) clinic locations owned by UT Physicians.

Required System Component	Business Component?
Owned or Operated Hospital	Not a Business Component of the

Required System Component	Business Component?
Owned or Operated Urgent Care Clinics	Not a Business Component of the

Physician Practices - 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?
Contracted Community-based 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	53,111	53,111
Total PPP	304,655	304,655

Please indicate the population included in the MLIU PPP

<input checked="" type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> Dual Eligible (Medicaid and Medicare)	<input checked="" type="checkbox"/> CHIP	<input checked="" type="checkbox"/> Local Coverage Option (Below 200% FPL)	<input checked="" type="checkbox"/> Insured on the Exchange (Below 200% FPL)
<input checked="" type="checkbox"/> Low-Income (Below 200% FPL)	<input 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	52,630
Estimated Low-income or Uninsured Individuals served in DY7	481
Estimated Medicaid individuals served in DY8	52,630
Estimated Low-income or Uninsured Individuals served in DY8	481
MLIU PPP Goal for each DY (DY9 and DY10):	53,111

Forecasted Medicaid individuals served in each DY for DY9-10	52,630
Forecasted Low-income or Uninsured individuals served in each DY for DY9-10	481
Average Total PPP in each DY	304,655
MLIU percentage of Total PPP	17.43%
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	Note: you must confirm selections at the bottom of the page to finish.	MPT	75
Section 3: Measure Exemption Requests	Complete		Points Selected	84
			Bundles Selected	7
Minimum Selection Requirements Met	Yes		Maximum Deletions Met	Y
MPT Met	Yes		Clinical Outcome Selected	Y
			At least 2 PBCOs selected	Y

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	111810101 - Univ of Tx HSC at Houston-UTHSC Sponsored Projects
Performing Provider Type:	Physician Practice affiliated with an Academic Health Science Center (AHSC)
Ownership:	Non-State Owned Public
Category C valuation in DY9:	\$64,775,247.57
Category C valuation in DY10:	\$55,256,607.77

MINIMUM POINT THRESHOLD (MPT):

75

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 Physician Practice affiliated with an Academic Health Science Center (AHSC)

- 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
Yes - Continue	A1	Improved Chronic Disease Management: Diabetes Care	11	19

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

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	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	B2	Patient Navigation & ED Diversion	3	0

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name		Measure Bundle Base Points	Points Selected in Bundle		
Yes - Continue	C1	Primary Care Prevention - Healthy Texans		12	16		
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)	C1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	C1-113	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	C1-147	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Required	P4P	Process	N/A

N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	C1-268	Pneumonia vaccination status for older adults	Required	P4P	Immunization	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	C1-269	Preventive Care and Screening: Influenza Immunization	Required	P4P	Immunization	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	C1-272	Adults (18+ years) Immunization status	Required	P4P	Immunization	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	C1-280	Chlamydia Screening in Women (CHL)	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	C1-389	Human Papillomavirus Vaccine (age 18 -26)	Required	P4P	Immunization	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	C1-502	PQJ 91 Acute Composite (Adult Dehydration, Bacterial Pneumonia, Urinary Tract Infection Admission 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		
Yes - Continue	C2	Primary Care Prevention - Cancer Screening		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)	C2-106	Cervical Cancer Screening	Required	P4P	Cancer Screening	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	C2-107	Colorectal Cancer Screening	Required	P4P	Cancer Screening	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	C2-186	Breast Cancer Screening	Required	P4P	Cancer Screening	N/A

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name		Measure Bundle Base Points	Points Selected in Bundle		
Yes - Continue	C3	Hepatitis C		4	4		
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)	C3-203	Hepatitis C: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	C3-328	Appropriate Screening Follow-up for Patients Identified with Hepatitis C Virus (HCV) Infection (eMeasure)	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	C3-368	Hepatitis C: Hepatitis A Vaccination	Required	P4P	Immunization	N/A

N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	C3-369	Hepatitis C: Hepatitis B Vaccination	Required	P4P	Immunization	N/A
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Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name		Measure Bundle Base Points	Points Selected in Bundle		
Yes - Continue	D1	Pediatric Primary Care		12	17		
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)	D1-108	Childhood Immunization Status (CIS)	Required	P4P	Immunization	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-211	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-212	Appropriate Testing for Children With Pharyngitis	Required	P4P	Clinical Outcome	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-271	Immunization for Adolescents	Required	P4P	Immunization	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-284	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Required	P4P	Process	N/A
No		D1-301	Maternal Depression Screening	Optional	P4P	Process	1
Yes - Continue Measure	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-389	Human Papillomavirus Vaccine (age 15-18)	Optional	P4P	Immunization	1
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-400	Tobacco Use and Help with Quitting Among Adolescents	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-503	PDI 91 Acute Composite (Gastroenteritis, Urinary Tract Infection Admission Rate)	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	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		
Yes - Continue	E1	Improved Maternal Care		10	10		
This bundle was selected for DY7/8 and can be continued or can be dropped							
	Measure Volume Options for Goal Setting and Achievement			Required vs. Optional			
Select Optional Measure (Yes/No)		Bundle-Measure ID	Measure Name		P4P vs. P4R	Measure Category	Additional Points
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: Medicaid; R: Medicaid)	E1-232	Timeliness of Prenatal Care	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	E1-235	Post-Partum Follow-Up and Care Coordination	Required	P4P	Clinical Outcome	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	E1-300	Behavioral Health Risk Assessment (for Pregnant Women)	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	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			
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		
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
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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
No	J1	Hospital Safety	10	0

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:	84
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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.

No new bundles/measures were selected for DY9-DY10, therefore this section is not applicable

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

Progress Tracker

Section 1: Related Strategies

Performing Provider Information

DY9:	1
TPI and Performing Provider Name:	111810101 - Univ of TX HSC at Houston-UTMSG Sponsored Projects
Performing Provider Type:	Physician Practice affiliated with an Academic Health Science Center (AHSC)
Ownership:	Non-State Owned Public

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							
			A1, A2, C1, C2, C3		D1, D4, D5		E1, E2		H1, H2, H3, H4	
			Adult Primary Care Prevention and Chronic Disease Management (H/PP)		Pediatric Primary Care and Chronic Disease Management (H/PP)		Maternal Care and Safety (H/PP)		Behavioral Health Integration (H/PP)	
Related Strategies ID	Related Strategies Description	Related Strategies Theme	Implementation Date	Implementation Status	Implementation Date	Implementation Status	Implementation Date	Implementation Status	Implementation Date	Implementation Status
1.00	Same-day and/or walk-in appointments in the outpatient setting	Access to Care	DY1-6	Implemented in small scale	DY1-6	Implemented in small scale	Not applicable	Not applicable	Not applicable	Not applicable
1.01	Night and/or weekend appointments in the outpatient setting	Access to Care	DY1-6	Implemented in small scale	DY1-6	Implemented in small scale	Not applicable	Not applicable	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	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	DY1-6	Implemented throughout system
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	Planned for DY9-10	Not yet implemented	Planned for DY9-10	Not yet implemented	Planned for DY9-10	Not yet implemented
1.12	Telehealth to provide virtual medical appointments and/or consultations with a specialty care physician (physical health only)	Access to Care	Planned for DY9-10	Not yet implemented	Planned for DY9-10	Not yet implemented	Planned for DY9-10	Not yet implemented	Planned for DY9-10	Not yet implemented
1.20	Integration or co-location of primary care and psychiatric services in the outpatient setting	Access to Care	Before DSRIP	Implemented in small scale	Before DSRIP	Implemented in small scale	DY1-6	Implemented throughout system	DY1-6	Implemented throughout system
1.21	Telehealth to provide virtual medical appointments and/or consultations with a psychiatrist	Access to Care	Planned for DY9-10	Not yet implemented	Planned for DY9-10	Not yet implemented	Planned for DY9-10	Not yet implemented	Planned for DY9-10	Not yet implemented
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	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
2.00	Culturally and linguistically appropriate care planning for patients	Care Coordination	DY1-6	Implemented throughout system	DY1-6	Implemented throughout system	DY1-6	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	DY1-6	Implemented throughout system	DY1-6	Implemented throughout system	DY1-6	Implemented throughout system	DY1-6	Implemented throughout system
2.02	Automated reminders/flags within the EHR, 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	DY1-6	Implemented throughout system	DY1-6	Implemented throughout system	DY1-6	Implemented throughout system	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	DY7-8	Implemented in small scale	DY7-8	Implemented in small scale	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	DY7-8	Implemented throughout system	DY7-8	Implemented in small scale	DY7-8	Implemented in small scale	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	DY1-6	Implemented throughout system	Before DSRIP	Implemented in small scale	DY1-6	Implemented throughout system	DY1-6	Implemented throughout system
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 throughout system	DY1-6	Implemented in small scale	DY1-6	Implemented in small scale	DY7-8	Implemented in small scale
2.30	Formal closed loop process for scheduling referral visits as needed	Care Coordination	DY1-6	Implemented throughout system	DY1-6	Implemented in small scale	DY1-6	Implemented in small scale	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	Before DSRIP	Implemented in small scale	DY7-8	Implemented in small scale	DY7-8	Implemented throughout system	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	Before DSRIP	Implemented throughout system	DY1-6	Implemented throughout system	Before DSRIP	Implemented throughout system	Before DSRIP	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	DY1-6	Implemented throughout system	DY1-6	Implemented throughout system	DY1-6	Implemented throughout system	DY1-6	Implemented throughout system
2.60	Formal closed loop process for coordinating the transition from pediatric to adult care	Care Coordination			Planned for DY9-10	Not yet implemented				
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 in small scale	DY7-8	Implemented throughout system	DY7-8	Implemented throughout system	DY7-8	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	DY7-8	Implemented throughout system	Planned for DY9-10	Not yet implemented	Not applicable	Not applicable	Not applicable	Not applicable
3.10	Database or registry to track quality and clinical outcomes data on patients	Data Analytics	DY1-6	Implemented throughout system	DY7-8	Implemented throughout system	DY7-8	Implemented throughout system	DY7-8	Implemented throughout system
3.20	Analysis of appointment "no-show" rates	Data Analytics	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	DY1-6	Implemented throughout system
3.40	Formal partnership or arrangement with schools/school districts to track/share data such as absenteeism, classroom behaviors, etc.	Data Analytics			Not applicable	Not applicable				
4.00	Care team includes a clinical pharmacist(s)	Disease Management	DY1-6	Implemented throughout system	DY1-6	Implemented in small scale	DY1-6	Implemented in small scale	DY1-6	Implemented in small scale
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 in small scale	DY7-8	Implemented in small scale	DY1-6	Implemented in small scale
4.02	Care team includes a registered dietitian(s)	Disease Management	DY1-6	Implemented in small scale	Not applicable	Not applicable	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	DY1-6	Implemented in small scale	Not applicable	Not applicable	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	DY1-6	Implemented in small scale	DY1-6	Implemented in small scale	Not applicable	Not applicable	DY1-6	Implemented in small scale
4.30	Cases for patients focused on disease self-management (e.g. lifestyle changes, symptom recognition, clinical triage guidance, etc.)	Disease Management	DY1-6	Implemented in small scale	DY1-6	Implemented in small scale	DY1-6	Implemented in small scale	Not applicable	Not applicable
4.31	Cases for patients focused on diet, nutrition counseling, and/or cooking	Disease Management	DY1-6	Implemented in small scale	DY7-8	Implemented in small scale	DY1-6	Implemented in small scale	Not applicable	Not applicable
4.32	Cases for patients focused on physical activity	Disease Management	DY1-6	Implemented in small scale	Not applicable	Not applicable	DY1-6	Implemented in small scale	Not applicable	Not applicable

4.40	Peer-based programming (includes support groups, peer coaching/mentoring, etc.)	Disease Management	DY1-6	Implemented throughout system	Not applicable	Not applicable	DY1-6	Implemented throughout system	DY1-6	Implemented throughout system
4.50	Telehealth to provide remote monitoring of patient biometric data (e.g. HbA1c levels, blood pressure, etc.) and/or medication adherence	Disease Management	DY1-6	Implemented in small scale	Not applicable	Not applicable	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	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system
4.61	Patient educational materials or campaigns about advance care planning/directives	Disease Management	Before DSRIP	Implemented in small scale						
4.70	SBRIT (Screening, Brief Intervention, Referral, and Treatment) workflow actively in place	Disease Management					DY1-6	Implemented in small scale	Before DSRIP	Implemented in small scale
4.71	Medication-Assisted Treatment (MAT) services actively offered	Disease Management							Before DSRIP	Implemented throughout system
5.00	Screening patients for food insecurity	Social Determinants of Health	DY1-6	Implemented throughout system	DY1-6	Implemented in small scale	DY1-6	Implemented in small scale	DY1-6	Implemented in small scale
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	DY1-6	Implemented in small scale	DY1-6	Implemented in small scale	DY1-6	Implemented in small scale	DY1-6	Implemented in small scale
5.10	Screening patients for housing needs	Social Determinants of Health	DY1-6	Implemented in small scale	DY1-6	Implemented in small scale	DY1-6	Implemented in small scale	DY1-6	Implemented in small scale
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	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
5.12	Screening patients for housing quality needs	Social Determinants of Health	DY1-6	Implemented in small scale	DY1-6	Implemented in small scale	DY1-6	Implemented in small scale	DY1-6	Implemented in small scale
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	Not applicable	Not applicable	Not applicable	Not applicable
5.20	Screening patients for transportation needs	Social Determinants of Health	DY1-6	Implemented throughout system	DY1-6	Implemented throughout system	DY1-6	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	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
5.30	Formal partnership or arrangement with schools/school districts to collaborate on health-promoting initiatives (e.g. addressing environmental triggers, healthy lunch options, field day activities, etc.)	Social Determinants of Health			DY1-6	Implemented in small scale				

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:

3

TPI and Performing Provider Name:

111810101 - Univ of Tx HSC at Houston-UTHSC Sponsored Projects

Performing Provider Type:

Physician Practice affiliated with an Academic Health Science Center (AHSC)

Ownership:

Non-State Owned Public

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.

Access to Primary Care Services

a) Please select the name of this Core Activity.

Provision of screening and follow up services

b) Please enter a description of this Core Activity

Preventive services, such as screening tests, for the early detection of disease are associated with dramatic reductions in morbidity and mortality. Our UT Physicians primary care practitioners are the frontline providers who identify patients with potential risks to develop a disease. Screening programs such as cancer screenings (i.e., Pap smear, mammography, colonoscopy or FOBT), cardiovascular and smoking-related disease, obesity, depression or anxiety, have been developed and implemented in the UT Physicians clinics during the first part of the waiver. Our providers will continue to educate patients on the importance of screenings, perform screenings on site when possible, and make referrals as needed. Workflows have been designed and implemented in order to retrieve screening results when performed outside of UT Physicians. Follow-up services will continue to be offered based on screening results. Those who screen positive will receive referrals for appropriate intervention and/or treatment. About 100 primary care providers along with their care team members (e.g., community health worker, referral coordinator, case manager, social worker) across 15 UT Physicians locations will be working on improving the health outcomes in the measure bundles impacted by this core activity.

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

Identify patients who are eligible for screening and offer eligible patients an appointment

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

Provide providers and clinic staff with access to preventive care dashboards including gap assessments. Dashboards provide real time visualizations for health outcomes that highlights individual-, clinic-, and department-level performance. Additionally, providers can drill down to the patient as the unit of analysis.

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).

Improve time to referral and follow up by enlisting support from referral coordinator and/or care teams

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

Update referral and follow up procedures and workflows to ensure referral status is checked regularly, in addition to at pre- and post- visit planning

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).

Educate patients on importance and benefits of screening

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

Maximize patient education opportunities during pre- and post- visit planning and provide screening reminders

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

Provide patients with educational brochures and other visual cues (e.g., posters in waiting rooms, point of care report)

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.

C1	C2	C3	D1
E1	H1		

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

The provision of screening and follow up services is a core tenet of primary care, especially prevention. The drivers and change ideas identified above serve as a roadmap to improve screening (e.g., cancer, substance use including tobacco, depression, hepatitis, chlamydia) and follow up rates of children and adults seen at UT Physicians. Physicians will work collaboratively with patients and their care teams to identify who is eligible for screening and to ensure timely referral and follow up post-screening. Increases in screening may lead to earlier detection and treatment which potentially can contain healthcare costs and the negative and, often, severe consequences of undetected/untreated illness.

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.

Patient Centered Medical Home

a) Please select the name of this Core Activity.

Provision of coordinated services for patients under Patient Centered Medical Home (PCMH) model, which incorporates empanelment of patients to physicians, and management of chronic conditions and preventive care

b) Please enter a description of this Core Activity

At UT Physicians, the PCMH model is the gold standard for which comprehensive, coordinated, high quality care is delivered. A central tenet of this model is empanelment which enables physicians and teams to provide continuous care across the medical neighborhood. Care teams will manage patient panels that can be categorized by chronic diseases and preventive care. At least 15 primary care clinics and approximately 100 primary care providers recognize this model to deliver coordinated care.

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

Assign each patient to a single provider panel with consent from patient to initiate patient centered planning

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

Employ Murray 4-cut method to those patients without a documented primary care provider (PCP). This method is evidence-based and systematic for assigning patients to a single provider after a thorough assessment of supply and demand is conducted. This recognized linkage between the provider and patient promotes continuity of care.

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

Obtaining consent for provider assignment will be reviewed with clinic staff and patients.

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).

Assess practice supply and demand regularly and re-balance patient load as needed

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

Determine ideal panel sizes for each practice; reconcile actual versus ideal panel sizes

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).

Use panel data and registries to proactively contact, educate, and track patients by disease status, risk status, need, etc.

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

Manage panels across a comprehensive set of disease and risk levels (population health)

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.

A1	C1	D1	
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i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.

The PCMH model makes the primary care practice the hub for all medical care for children and adults. Adult and pediatric primary care measure bundles (C1, D1) will benefit from provider assignment which facilitates continuity of care. The model is especially important for patients with chronic diseases because there is often the need to coordinate care across specialties. Therefore, the diabetes care (A1) measure bundle will be impacted by primary and specialty care. This core activity describes how teams monitor patient panels using registries to proactively engage patients in needed care.

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.

Chronic Care Management

a) Please select the name of this Core Activity.

Utilization of care management and/or chronic care management services, including education in chronic disease self-management

b) Please enter a description of this Core Activity

UT Physicians patients often relay a variety of social, economic, and educational barriers to effectively managing their health. Due to the limited time providers have during the medical appointment, team-based care offers relevant and targeted approaches to addressing patient health needs. These non-physician staff can provide education, skill building, monitoring and resources outside the medical appointment and help navigate the overwhelming healthcare system. Tailored care teams will partner with over 100 providers in at least 15 primary care clinics to comprehensively address health barriers.

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

Establish scope of practice and define roles for care teams that reflect the skills and abilities of team members

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

Set expectations for care delivered outside of the clinic

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

Evaluate capacity for internal/external referrals and modify care team duties accordingly

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).

Provide convenient access points to link patients to provider and care team whenever possible

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

Expand implementation of same-day appointments to additional clinic location(s)

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

Utilize the nurse triage line (available 24 hours per day/7 days per week) for urgent clinical advice after hours

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).

Establish and provide organizational support for care teams that are accountable to patient panels

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

Assess training needs regularly and provide cross training to ensure care teams are able to meet patient needs consistently

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.

A1	H1		
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i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.

UT Physicians adopts the team-based approach to addressing the needs of complex diabetic and hypertensive patients. Given the comorbidities that often accompany heart disease and diabetes, care teams are poised to support transitions of care, screening, behavioral health integration and management of blood pressure and hemoglobin A1c. Also, care teams will be accessible to both providers and patients to deliver care via phone, messaging, home visits, and in the clinic. Similarly, since behavioral health is co-located with physical health, teams can seamlessly offer continuous healthcare.

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

Core Activity #4

Do you want to edit or delete this Core Activity?

4) Please select the grouping for this Core Activity.

Access to Primary Care Services

a) Please select the name of this Core Activity.

Provision of vaccinations to target population

b) Please enter a description of this Core Activity

Vaccinations are one of the best ways to protect individuals from preventable diseases that could ultimately lead to death. Thus, they are highly recommended for individuals of all age groups including infants, children, adolescents, adults and older adults. Also, some vaccines wear off over time so maintenance and follow-up care for individuals of all ages is critically important. Through this core activity, UT Physicians providers will continue to educate our patients on the importance of vaccinations and will provide the recommended immunizations for eligible children, teens and adults. In addition, our care teams will be used to identify patients who are due for an immunization or a booster. They will reach out to patients and offer an appointment with a provider. About 100 primary care and specialty care providers along with their care team members, including family medicine, internal medicine and pediatrics, will be participating in this core activity, impacting 15 UT Physicians locations.

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

Educate patients/parents on the importance of immunizations

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

Train care teams on educating patients on the importance of maintaining vaccinations up-to-date

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).

Use care teams to identify and reach out to patients who are due for immunization/booster

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

Train clinic leadership (e.g., physicians, case managers, practice managers) on the use of web-based dashboards/smart registries that can identify gaps in care

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

Train clinical staff (e.g., community health workers, medical assistants) on verifying immunization status at pre visit phone calls

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).

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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.

C1	C3	D1	
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i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.

The provision of vaccinations is a core tenet of primary care services, especially prevention. Through this core activity, UT Physicians providers and care teams will educate patients on the importance of vaccinations and will provide the recommended immunizations for children, teens and adults. Also, based on age, health condition, and other factors like job or travel, immunizations against pneumonia, influenza, human papillomavirus, hepatitis A and B will be recommended and delivered. This will allow us to successfully achieve immunization measures for children, adolescents and adults included in C1, C3 and D1 measure bundles. Increases in vaccination compliance will lead to better protection of the population against potentially harmful diseases, which will eventually lead to an improved health for the population and a decreased health costs related to preventable diseases.

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.

Integrated physical and behavioral health care services

b) Please enter a description of this Core Activity

Integrating both physical (PH) and behavioral health (BH) services in one setting allows for more accessible, acceptable, and less costly care to patients. Through integrated care services, patients are able to receive care that is more convenient (located within their community and in a clinic offering extended hours) and coordinated (ability to address PH and BH conditions in a single visit) intervention in a setting that reduces the stigma of receiving BH services. UT Physicians has implemented and will continue to offer an integrated PH and BH care program for both children and adults. At least 15 primary care clinics and approximately 30 behavioral health as well as primary care providers will be participating in this core activity.

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

Document integrated treatment plans in the electronic health record

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

Educate providers on how to use and properly document in the integrated treatment plan
--

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).

Enhance integration meetings among primary care providers and behavioral health providers on a regular basis

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

Train primary care providers and staff on behavioral health assessment and treatment

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

Train behavioral health providers in short duration treatment and in physical health diagnosis, especially for common chronic conditions

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

UT Physicians established protocols for documenting behavioral health screening, referrals, and developed integrated treatment plans during DY3-6. Moving forward, we continue to standardize pathways across clinics and intensify interdisciplinary collaboration efforts. We are certain that the best practices we established during DY3-6 will lead to increased screening and better management of depression in the population served by UT Physicians.

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

DY9-10 Provider RHP Plan Update Template - DSRIP Valuation Summary**Performing Provider Information**

RHP:
TPI and Performing Provider Name:
Performing Provider Type:
Ownership:

3
111810101 - Univ of Tx HSC at Houston-UTHSC Sponsored Projects
Physician Practice affiliated with an Academic Health Science Center (AHSC)
Non-State Owned Public

Section 1: Valuation by Category and Measure

Category / Measure / Measure Bundle Item:	DY9	DY10
Category B - MLIU PPP	\$8,636,699.68	\$7,367,547.70
A1-112	\$2,930,308.82	\$2,499,703.68
A1-115	\$2,930,308.82	\$2,499,703.68
A1-207	\$2,930,308.82	\$2,499,703.68
A1-500	\$2,930,308.82	\$2,499,703.68
A1-508	\$2,930,308.81	\$2,499,703.70
A1 Total	\$14,651,544.09	\$12,498,518.42
C1-105	\$1,370,904.71	\$1,169,452.02
C1-113	\$1,370,904.71	\$1,169,452.02
C1-147	\$1,370,904.71	\$1,169,452.02
C1-268	\$1,370,904.71	\$1,169,452.02
C1-269	\$1,370,904.71	\$1,169,452.02
C1-272	\$1,370,904.71	\$1,169,452.02
C1-280	\$1,370,904.71	\$1,169,452.02
C1-389	\$1,370,904.71	\$1,169,452.02
C1-502	\$1,370,904.71	\$1,169,451.99
C1 Total	\$12,338,142.39	\$10,525,068.15
C2-106	\$1,542,267.80	\$1,315,633.52
C2-107	\$1,542,267.80	\$1,315,633.52
C2-186	\$1,542,267.80	\$1,315,633.52
C2 Total	\$4,626,803.40	\$3,946,900.56
C3-203	\$771,133.90	\$657,816.76
C3-328	\$771,133.90	\$657,816.76
C3-368	\$771,133.90	\$657,816.76
C3-369	\$771,133.90	\$657,816.76
C3 Total	\$3,084,535.60	\$2,631,267.04
D1-108	\$1,638,659.54	\$1,397,860.61
D1-211	\$1,638,659.54	\$1,397,860.61
D1-212	\$1,638,659.54	\$1,397,860.61
D1-271	\$1,638,659.54	\$1,397,860.61
D1-284	\$1,638,659.54	\$1,397,860.61
D1-389	\$1,638,659.54	\$1,397,860.61
D1-400	\$1,638,659.54	\$1,397,860.61
D1-503	\$1,638,659.51	\$1,397,860.64
D1 Total	\$13,109,276.29	\$11,182,884.91
E1-232	\$2,570,446.33	\$2,192,722.53
E1-235	\$2,570,446.33	\$2,192,722.53
E1-300	\$2,570,446.34	\$2,192,722.53
E1 Total	\$7,711,339.00	\$6,578,167.59
H1-146	\$2,313,401.70	\$1,973,450.28
H1-255	\$2,313,401.70	\$1,973,450.28
H1-286	\$2,313,401.70	\$1,973,450.28
H1-317	\$2,313,401.70	\$1,973,450.26
H1 Total	\$9,253,606.80	\$7,893,801.10
Category C Total:	\$64,775,247.57	\$55,256,607.77
Diabetes Short-term Complications	\$996,542.27	\$850,101.66
Perforated Appendix Admission Rate	\$996,542.27	\$850,101.66
Diabetes Long-term Complications	\$996,542.27	\$850,101.66
Chronic Obstructive Pulmonary Disease	\$996,542.27	\$850,101.66
Hypertension Admission Rate	\$996,542.27	\$850,101.66
Heart Failure Admission Rate	\$996,542.27	\$850,101.66
Low Birth Weight Rate	\$996,542.27	\$850,101.66
Dehydration Admission Rate	\$996,542.27	\$850,101.66
Bacterial Pneumonia Admission Rate	\$996,542.27	\$850,101.66
Urinary Tract Infection Admission Rate	\$996,542.27	\$850,101.66
Uncontrolled Diabetes Admission Rate	\$996,542.27	\$850,101.66
Asthma in Younger Adults Admission Rate	\$996,542.27	\$850,101.66
Lower-Extremity Amputation among Patients	\$996,542.28	\$850,101.63
Category D Total:	\$12,955,049.52	\$11,051,321.55
DSRIP Total	\$86,366,996.77	\$73,675,477.02

Section 2: Category C Milestone Valuation

Bundle-Measure ID	Denominator Volume	DY9 Category C Valuation: \$64,775,247.57							DY10 Category C Valuation: \$55,256,607.77					
		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
A1-112	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$2,930,308.82	\$0.00	\$732,577.20	\$2,197,731.62	\$0.00	\$0.00	\$0.00	\$2,499,703.68	\$624,925.92	\$1,874,777.76	\$0.00	\$0.00	\$0.00
A1-115	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$2,930,308.82	\$0.00	\$732,577.20	\$2,197,731.62	\$0.00	\$0.00	\$0.00	\$2,499,703.68	\$624,925.92	\$1,874,777.76	\$0.00	\$0.00	\$0.00
A1-207	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$2,930,308.82	\$0.00	\$732,577.20	\$2,197,731.62	\$0.00	\$0.00	\$0.00	\$2,499,703.68	\$624,925.92	\$1,874,777.76	\$0.00	\$0.00	\$0.00
A1-500	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$2,930,308.82	\$0.00	\$732,577.20	\$2,197,731.62	\$0.00	\$0.00	\$0.00	\$2,499,703.68	\$624,925.92	\$1,874,777.76	\$0.00	\$0.00	\$0.00
A1-508	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$2,930,308.81	\$0.00	\$732,577.20	\$2,197,731.61	\$0.00	\$0.00	\$0.00	\$2,499,703.70	\$624,925.92	\$1,874,777.78	\$0.00	\$0.00	\$0.00
C1-105	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$1,370,904.71	\$0.00	\$342,726.18	\$1,028,178.53	\$0.00	\$0.00	\$0.00	\$1,169,452.02	\$292,363.00	\$877,089.02	\$0.00	\$0.00	\$0.00
C1-113	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$1,370,904.71	\$0.00	\$342,726.18	\$1,028,178.53	\$0.00	\$0.00	\$0.00	\$1,169,452.02	\$292,363.00	\$877,089.02	\$0.00	\$0.00	\$0.00
C1-147	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$1,370,904.71	\$0.00	\$342,726.18	\$1,028,178.53	\$0.00	\$0.00	\$0.00	\$1,169,452.02	\$292,363.00	\$877,089.02	\$0.00	\$0.00	\$0.00
C1-268	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$1,370,904.71	\$0.00	\$342,726.18	\$1,028,178.53	\$0.00	\$0.00	\$0.00	\$1,169,452.02	\$292,363.00	\$877,089.02	\$0.00	\$0.00	\$0.00
C1-269	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$1,370,904.71	\$0.00	\$342,726.18	\$1,028,178.53	\$0.00	\$0.00	\$0.00	\$1,169,452.02	\$292,363.00	\$877,089.02	\$0.00	\$0.00	\$0.00
C1-272	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$1,370,904.71	\$0.00	\$342,726.18	\$1,028,178.53	\$0.00	\$0.00	\$0.00	\$1,169,452.02	\$292,363.00	\$877,089.02	\$0.00	\$0.00	\$0.00
C1-280	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$1,370,904.71	\$0.00	\$342,726.18	\$1,028,178.53	\$0.00	\$0.00	\$0.00	\$1,169,452.02	\$292,363.00	\$877,089.02	\$0.00	\$0.00	\$0.00
C1-389	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$1,370,904.71	\$0.00	\$342,726.18	\$1,028,178.53	\$0.00	\$0.00	\$0.00	\$1,169,452.02	\$292,363.00	\$877,089.02	\$0.00	\$0.00	\$0.00
C1-502	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$1,370,904.71	\$0.00	\$342,726.18	\$1,028,178.53	\$0.00	\$0.00	\$0.00	\$1,169,451.99	\$292,363.00	\$877,088.99	\$0.00	\$0.00	\$0.00
C2-106	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$1,542,267.80	\$0.00	\$385,566.95	\$1,156,700.85	\$0.00	\$0.00	\$0.00	\$1,315,633.52	\$328,908.38	\$986,725.14	\$0.00	\$0.00	\$0.00
C2-107	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$1,542,267.80	\$0.00	\$385,566.95	\$1,156,700.85	\$0.00	\$0.00	\$0.00	\$1,315,633.52	\$328,908.38	\$986,725.14	\$0.00	\$0.00	\$0.00
C2-186	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$1,542,267.80	\$0.00	\$385,566.95	\$1,156,700.85	\$0.00	\$0.00	\$0.00	\$1,315,633.52	\$328,908.38	\$986,725.14	\$0.00	\$0.00	\$0.00
C3-203	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$771,133.90	\$0.00	\$192,783.48	\$578,350.42	\$0.00	\$0.00	\$0.00	\$657,816.76	\$164,454.19	\$493,362.57	\$0.00	\$0.00	\$0.00
C3-328	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$771,133.90	\$0.00	\$192,783.48	\$578,350.42	\$0.00	\$0.00	\$0.00	\$657,816.76	\$164,454.19	\$493,362.57	\$0.00	\$0.00	\$0.00
C3-368	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$771,133.90	\$0.00	\$192,783.48	\$578,350.42	\$0.00	\$0.00	\$0.00	\$657,816.76	\$164,454.19	\$493,362.57	\$0.00	\$0.00	\$0.00
C3-369	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$771,133.90	\$0.00	\$192,783.48	\$578,350.42	\$0.00	\$0.00	\$0.00	\$657,816.76	\$164,454.19	\$493,362.57	\$0.00	\$0.00	\$0.00
D1-108	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$1,638,659.54	\$0.00	\$409,664.88	\$1,228,994.66	\$0.00	\$0.00	\$0.00	\$1,397,860.61	\$349,465.15	\$1,048,395.46	\$0.00	\$0.00	\$0.00
D1-211	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$1,638,659.54	\$0.00	\$409,664.88	\$409,664.89	\$409,664.89	\$409,664.88	\$0.00	\$1,397,860.61	\$349,465.15	\$349,465.15	\$349,465.15	\$349,465.16	\$0.00

D1-212	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$1,638,659.54	\$0.00	\$409,664.88	\$1,228,994.66	\$0.00	\$0.00	\$0.00	\$1,397,860.61	\$349,465.15	\$1,048,395.46	\$0.00	\$0.00	\$0.00
D1-271	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$1,638,659.54	\$0.00	\$409,664.88	\$1,228,994.66	\$0.00	\$0.00	\$0.00	\$1,397,860.61	\$349,465.15	\$1,048,395.46	\$0.00	\$0.00	\$0.00
D1-284	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$1,638,659.54	\$0.00	\$409,664.88	\$1,228,994.66	\$0.00	\$0.00	\$0.00	\$1,397,860.61	\$349,465.15	\$1,048,395.46	\$0.00	\$0.00	\$0.00
D1-389	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$1,638,659.54	\$0.00	\$409,664.88	\$1,228,994.66	\$0.00	\$0.00	\$0.00	\$1,397,860.61	\$349,465.15	\$1,048,395.46	\$0.00	\$0.00	\$0.00
D1-400	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$1,638,659.54	\$0.00	\$409,664.88	\$1,228,994.66	\$0.00	\$0.00	\$0.00	\$1,397,860.61	\$349,465.15	\$1,048,395.46	\$0.00	\$0.00	\$0.00
D1-503	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$1,638,659.51	\$0.00	\$409,664.88	\$1,228,994.63	\$0.00	\$0.00	\$0.00	\$1,397,860.64	\$349,465.15	\$1,048,395.49	\$0.00	\$0.00	\$0.00
E1-232	HHSC has approved as Standard P4P (A: Medicaid; R: Medicaid)	\$2,570,446.33	\$0.00	\$642,611.58	\$1,927,834.75	\$0.00	\$0.00	\$0.00	\$2,192,722.53	\$548,180.63	\$1,644,541.90	\$0.00	\$0.00	\$0.00
E1-235	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$2,570,446.33	\$0.00	\$642,611.58	\$1,927,834.75	\$0.00	\$0.00	\$0.00	\$2,192,722.53	\$548,180.63	\$1,644,541.90	\$0.00	\$0.00	\$0.00
E1-300	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$2,570,446.34	\$0.00	\$642,611.58	\$1,927,834.76	\$0.00	\$0.00	\$0.00	\$2,192,722.53	\$548,180.63	\$1,644,541.90	\$0.00	\$0.00	\$0.00
H1-146	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$2,313,401.70	\$0.00	\$578,350.43	\$1,735,051.27	\$0.00	\$0.00	\$0.00	\$1,973,450.28	\$493,362.57	\$1,480,087.71	\$0.00	\$0.00	\$0.00
H1-255	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$2,313,401.70	\$0.00	\$578,350.43	\$867,525.64	\$867,525.63	\$0.00	\$0.00	\$1,973,450.28	\$493,362.57	\$740,043.86	\$740,043.85	\$0.00	\$0.00
H1-286	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$2,313,401.70	\$0.00	\$578,350.43	\$1,735,051.27	\$0.00	\$0.00	\$0.00	\$1,973,450.28	\$493,362.57	\$1,480,087.71	\$0.00	\$0.00	\$0.00
H1-317	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$2,313,401.70	\$0.00	\$578,350.43	\$1,735,051.27	\$0.00	\$0.00	\$0.00	\$1,973,450.26	\$493,362.57	\$1,480,087.69	\$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:	3
TPI and Performing Provider Name:	111810101 - Univ of Tx HSC at Houston-UTHSC Sponsored Projects
Performing Provider Type:	Physician Practice affiliated with an Academic Health Science Center (AHSC)
Ownership:	Non-State Owned Public

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	University of Texas Health Science Ctr at Houston UTHSC	111810101	17417613092000	100-13-0000-00133

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Andrew Casas	6410 Fannin, Suite 1500	Houston	77030	Andrew.Casas@uth.tmc.edu	832-325-7317		Both
2	Donna Valenzuela	7000 Fannin	Houston	77030	Donna.W.Valenzuela@uth.tmc.edu	713-500-4943		Lead Contact
3	Julie T. Page	P.O. Box 203382	Houston	77216-3382	julie.t.page@uth.tmc.edu	713-500-5169		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	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$3,377,813.24	\$2,881,447.91
A1-112	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$1,146,043.78	\$977,634.11
A1-115	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$1,146,043.78	\$977,634.11
A1-207	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$1,146,043.78	\$977,634.11
A1-500	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$1,146,043.78	\$977,634.11
A1-508	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$1,146,043.78	\$977,634.12
C1-105	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$536,160.83	\$457,372.69
C1-113	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$536,160.83	\$457,372.69
C1-147	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$536,160.83	\$457,372.69
C1-268	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$536,160.83	\$457,372.69
C1-269	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$536,160.83	\$457,372.69
C1-272	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$536,160.83	\$457,372.69
C1-280	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$536,160.83	\$457,372.69
C1-389	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$536,160.83	\$457,372.69
C1-502	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$536,160.83	\$457,372.67
C2-106	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$603,180.94	\$514,544.27
C2-107	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$603,180.94	\$514,544.27
C2-186	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$603,180.94	\$514,544.27
C3-203	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$301,590.47	\$257,272.13
C3-328	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$301,590.47	\$257,272.13
C3-368	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$301,590.47	\$257,272.13
C3-369	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$301,590.47	\$257,272.13

D1-108	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$640,879.75	\$546,703.28
D1-211	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$640,879.75	\$546,703.28
D1-212	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$640,879.75	\$546,703.28
D1-271	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$640,879.75	\$546,703.28
D1-284	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$640,879.75	\$546,703.28
D1-389	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$640,879.75	\$546,703.28
D1-400	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$640,879.75	\$546,703.28
D1-503	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$640,879.73	\$546,703.30
E1-232	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$1,005,301.56	\$857,573.78
E1-235	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$1,005,301.56	\$857,573.78
E1-300	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$1,005,301.56	\$857,573.78
H1-146	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$904,771.40	\$771,816.40
H1-255	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$904,771.40	\$771,816.40
H1-286	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$904,771.40	\$771,816.40
H1-317	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$904,771.40	\$771,816.40
Category D	University of Texas Health Science Ctr at Houston UTHSC	17417613092000	100-13-0000-00133	100.00%	100.00%	\$5,066,719.87	\$4,322,171.86
Total						\$33,778,132.44	\$28,814,479.06

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:

Sahar Qashqai

IGT Organization:

University of Texas Health Science Ctr at Houston UTHSC

Date:

11/1/2019

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:

111810101 - Univ of Tx HSC at Houston-UTHSC Sponsored Projects

Performing Provider Type:

Physician Practice affiliated with an Academic Health Science Center (AHSC)

Ownership:

Non-State Owned Public

Section 1: DY9-10 DSRIP Valuation

	DY9-10 DSRIP Valuation Distribution	
	DY9	DY10
Category A	\$0.00	\$0.00
Category B	\$8,636,699.68	\$7,367,547.70
Category C	\$64,775,247.57	\$55,256,607.77
Category D	\$12,955,049.52	\$11,051,321.55
Total	\$86,366,996.77	\$73,675,477.02

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	52,630	481	53,111	304,655	17.43%	1.00%
DY10 Estimated	52,630	481	53,111	304,655	17.43%	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
A1	Improved Chronic Disease Management: Diabetes Care	0	0	0	19	\$14,651,544.09	\$12,498,518.42
C1	Primary Care Prevention - Healthy Texans	0	0	0	16	\$12,338,142.39	\$10,525,068.15
C2	Primary Care Prevention - Cancer Screening	0	0	0	6	\$4,626,803.40	\$3,946,900.56
C3	Hepatitis C	0	0	0	4	\$3,084,535.60	\$2,631,267.04
D1	Pediatric Primary Care	0	0	0	17	\$13,109,276.29	\$11,182,884.91
E1	Improved Maternal Care	0	0	0	10	\$7,711,339.00	\$6,578,167.59
H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	0	0	0	12	\$9,253,606.80	\$7,893,801.10
Total	N/A	0	0	0	84	\$64,775,247.57	\$55,256,607.77

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
A1	Improved Chronic Disease Management: Diabetes Care	Provision of coordinated services for patients under Patient Centered Medical Home (PCMH) model, which incorporates empanelment of patients to physicians, and management of chronic conditions and preventive care; Utilization of care management and/or chronic care management services, including education in chronic disease self-management
C1	Primary Care Prevention - Healthy Texans	Provision of screening and follow up services; Provision of coordinated services for patients under Patient Centered Medical Home (PCMH) model, which incorporates empanelment of patients to physicians, and management of chronic conditions and preventive care; Provision of vaccinations to target population
C2	Primary Care Prevention - Cancer Screening	Provision of screening and follow up services
C3	Hepatitis C	Provision of screening and follow up services; Provision of vaccinations to target population
D1	Pediatric Primary Care	Provision of screening and follow up services; Provision of coordinated services for patients under Patient Centered Medical Home (PCMH) model, which incorporates empanelment of patients to physicians, and management of chronic conditions and preventive care; Provision of vaccinations to target population
E1	Improved Maternal Care	Provision of screening and follow up services

H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	Provision of screening and follow up services; Utilization of care management and/or chronic care management services, including education in chronic disease self-management; Integrated physical and behavioral health care services
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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 Physicians Practices

Measure	Category D DY9 Valuation	Category D DY10 Valuation
Diabetes Short-term Complications Admission Rate	\$996,542.27	\$850,101.66
Perforated Appendix Admission Rate	\$996,542.27	\$850,101.66
Diabetes Long-term Complications Admission Rate	\$996,542.27	\$850,101.66
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	\$996,542.27	\$850,101.66
Hypertension Admission Rate	\$996,542.27	\$850,101.66
Heart Failure Admission Rate	\$996,542.27	\$850,101.66
Low Birth Weight Rate	\$996,542.27	\$850,101.66
Dehydration Admission Rate	\$996,542.27	\$850,101.66
Bacterial Pneumonia Admission Rate	\$996,542.27	\$850,101.66
Urinary Tract Infection Admission Rate	\$996,542.27	\$850,101.66
Uncontrolled Diabetes Admission Rate	\$996,542.27	\$850,101.66
Asthma in Younger Adults Admission Rate	\$996,542.27	\$850,101.66
Lower-Extremity Amputation among Patients with Diabetes Rate	\$996,542.27	\$850,101.66

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:

Sahar Qashqai

Performing Provider:

UTHealth/UT Physicians

Date:

11/1/2019

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
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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
Section 2: IGT Funding
Section 3: Certification

Complete

Complete

Complete

Summary and Certification

Section 1: DY9-10 DSRIP Valuation
Section 2: Category B Medicaid Low-income Uninsured (MLIU) Patient Population by Provider (PPP)
Section 3: Category C Measure Bundles/Measures Selection and Valuation
Section 4: Category A Core Activities Associated with Category C Measure Bundles/Measures
Section 5: Category D
Section 6: Certification

Complete

Complete

Complete

Complete

Complete

Complete