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:	**112672402 - UT MD Anderson Cancer Center**
Performing Provider Type:	Hospital
Ownership:	State Owned Public
TIN:	35065065068005
Physical Street Address:	Office of Health Policy, 7007 Bertner Avenue, Unit 1677
City:	Houston
Zip:	77030-3907
Primary County:	Harris
Additional counties being served (optional):				

Note: you cannot type county inputs; rather, please select your county from the dropdown menu.

Section 2: Lead Contact Information

	Lead Contact 1	Lead Contact 2	Lead Contact 3
Contact Name:	Diane Benson	Mehwish Javaid	Sonia Gilmore
Street Address:	Office of Health Policy, 7007 Bertner Avenue, Unit 1677	Office of Health Policy, 7007 Bertner Avenue, Unit 1677	Office of Health Policy, 7007 Bertner Avenue, Unit 1677
City:	Houston	Houston	Houston
Zip:	77030-3907	77030-3907	77030-3907
Email:	dmbenson@mdanderson.org	mjavaid@mdanderson.org	scgilmor@mdanderson.org
Phone Number:	713-745-8370	713-794-4793	713-792-8351
Phone Extension:			
Lead Contact or Both:	Both	Both	Both

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

Section 3: Optional Withdrawal From DSRIP

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

Section 4: Performing Provider Overview

Performing Provider Description:	The University of Texas MD Anderson Cancer Center is a National Cancer Institute-designated Comprehensive Cancer Center located in the Texas Medical Center in Houston, Texas. Its mission is to eliminate cancer in Texas, the nation, and the world through outstanding programs that integrate patient care, research and prevention, and through education for undergraduate and graduate students, trainees, professionals, employees and the public. The range of services provided includes screening, diagnostic, treatment and follow-up care for cancer. In 2017, MD Anderson provided care for close to 137,000 patients. In fiscal year 2017, the hospital had 28,793 admissions and an average of 681 patient beds. In addition to its main campus in the Texas Medical Center, and research campuses in Bastrop and Smithville, MD Anderson provides cancer care at locations throughout Greater Houston that include Bay Area, Katy, West Houston (diagnostic imaging), Bellaire (diagnostic imaging), Sugar Land, The Woodlands, Memorial City (surgical clinic) and The Woman's Hospital of Texas (gynecologic oncology).
Overall DSRIP Goals:	MD Anderson's overall mission is to eliminate cancer in Texas, the nation, and the world through outstanding programs that integrate patient care, research and prevention, and through education for undergraduate and graduate students, trainees, professionals, employees and the public. Our DSRIP goals are to continue transforming healthcare for our patients and the community through quality improvement in innovative core activities and programs. MD Anderson will continue to expand access to cancer screening and prevention services for Medicaid, low-income and uninsured patients through our collaborative agreements with community partners.
Alignment with regional community needs assessment:	UT MD Anderson Cancer Center aligns closely with the RHP 3 Community Health Needs Assessment (CHNA) by providing specialty care specifically for those with cancer as well as prevention and wellness services through cancer screening, tobacco cessation counseling and dental care including screening for oral cancer. Through its collaboration with Federally Qualified Health Centers, MD Anderson addresses one of the highest priority community needs identified in the 2017 CHNA of insufficient access to services. Through its provision of high quality cancer care, MD Anderson addresses the relatively high burden of chronic diseases such as cancer in the region. MD Anderson's mobile mammography program addresses inadequate transportation by providing women in underserved communities with breast cancer screening and diagnostic services close to home. Its colorectal cancer screening program provides patients with take-home Fits and for those testing positive a network of gastroenterologists provides colonoscopies to patients in their local communities.

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

Initial DY9 DSRIP Valuation	Initial DY10 DSRIP Valuation	Initial DY9-10 MPT
$22,343,060.15	$19,059,776.03	38

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	$19,249,999.99	38	<-- Note: This is your current MPT
Yes	$19,749,999.99	39	

Yes	$20,249,999.99	40
Yes	$20,749,999.99	41
Yes	$21,249,999.99	42
Yes	$21,749,999.99	43
Yes	$22,249,999.99	44

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

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

Yes

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

	Category Percentage (%)	DY9-10 DSRIP Valuation Distribution	
		DY9	DY10
Category A	0%	$0.00	$0.00
Category B	10%	$2,234,306.02	$1,905,977.60
Category C	75%	$16,757,295.11	$14,294,832.03
Category D	15%	$3,351,459.02	$2,858,966.40
Total	100%	$22,343,060.15	$19,059,776.03

Original MPT:	38
Adjusted MPT based on updated valuation:	38

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:	112672402 - UT MD Anderson Cancer Center
Performing Provider Type:	Hospital
Ownership:	State Owned Public
Category B valuation in DY9:	$2,234,306.02
Category B valuation in DY10:	$1,905,977.60

Section 1: System Definition

Would you like to modify the System Definition?

No

Hospitals - Required Components

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

Please enter a description of this System Component.

MD Anderson provides inpatient care to cancer patients at its hospital in the Texas Medical Center. The specific units to be included in inpatient services are: P6 - GI Surgical/Sarcoma,P7 - Telemetry/Thoracic Surgery,P8 - Rehab/Neuro,P9 - Urology & Orthopedics, P11 - H&N/Breast Surgery,P12 - GU, GI, Endocrinology, Intensive Care Unit,Pediatrics,Pediatric ICS,G10E - Gynecologic/Radiation,G10W - Melanoma/Sarcoma,G11E - Leukemia, G12 - Leukemia,G12NW - Palliative Care,G15 - Lymphoma/Myeloma,G16 - Leukemia,G17 - Stem Cell,G18 - Stem Cell and G22 - Medical Oncology.

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

Please enter a description of this System Component.

MD Anderson provides medical emergency services which include, but are not limited to a sudden change in mental or physical status or development of a new symptom requiring immediate attention. The Emergency Department is located at the hospital in the Texas Medical Center.

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

Please enter a description of this System Component.

These clinics are designed for cancer care and primarily are housed at the main campus in the Texas Medical Center with additional regional clinics located in RHP3 that include Bay Area, Katy, The Woodlands, and Sugar Land provide cancer diagnostic and treatment services.

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

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

Hospitals - Optional Components

Optional System Component	Would you like to select this component?
Contracted Specialty Clinics	No

Optional System Component	Would you like to select this component?
Contracted Primary Care Clinics	Yes

Please enter a description of this System Component.

This component is comprised of four community primary care clinic locations of Spring Branch Community Health Centers. These are 1) Hillendahl Clinic, 2) Pitner Clinic, 3) West Houston Clinic and 4) the Cy-Fair Clinic. Spring Branch also provides dental services.

Optional System Component	Would you like to select this component?
School-based Clinics	No

Optional System Component	Would you like to select this component?
Contracted Palliative Care Programs	No

Optional System Component	Would you like to select this component?

Contracted Mobile Health Programs	No

Optional System Component	Would you like to select this component?
Other	No

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

	DY7	DY8
MLIU PPP	18,187	18,187
Total PPP	159,480	159,480

Please indicate the population included in the MLIU PPP

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

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

No

Please fill out the applicable fields below:

Estimated Medicaid individuals served in DY7	8,266
Estimated Low-income or Uninsured Individuals served in DY7	9,921
Estimated Medicaid individuals served in DY8	9,281
Estimated Low-income or Uninsured Individuals served in DY8	8,906
MLIU PPP Goal for each DY (DY9 and DY10):	18,187
Forecasted Medicaid individuals served in each DY for DY9-10	9,281
Forecasted Low-income or Uninsured individuals served in each DY for DY9-10	8,906
Average Total PPP in each DY	159,480
MLIU percentage of Total PPP	11.40%
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

		Note: you must	MPT	38
Section 2: Selection of Measure Bundles for Hospitals and Physician Practices	Complete	confirm selections	Points Selected	44
Section 3: Measure Exemption Requests	Complete	at the bottom of the	Bundles Selected	5
		page to finish.	Maximum Deletions Met	Y
Minimum Selection Requirements Met	Yes		Clinical Outcome Selected	Y
MPT Met	Yes			

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	112672402 - UT MD Anderson Cancer Center
Performing Provider Type:	Hospital
Ownership:	State Owned Public
Category C valuation in DY9:	$16,757,295.11
Category C valuation in DY10:	$14,294,832.03

MINIMUM POINT THRESHOLD (MPT): 38

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

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

Section 1: Attributed Population

Attributed Population for Hospital

a. Medicaid beneficiary attributed to the Performing Provider during the measurement period as determined by assignment to a primary care provider (PCP), medical home, or clinic in the performing providers DSRIP defined system OR

b. Individuals enrolled in a local coverage program (for example, a county-based indigent care program) assigned to a PCP, medical home, or clinic in the performing providers DSRIP defined system OR

c. One preventive service provided during the measurement period (value sets of visit type codes for annual wellness visit, preventive care services - initial office visit, preventive care services - established office visit, preventive care individual counseling) OR

d. One ambulatory encounter during the measurement year and one ambulatory encounter during the year prior to the measurement year OR

e. Two ambulatory encounters during the measurement year OR

f. Other populations managed with chronic disease in specialty care clinics in the performing providers DSRIP defined system

g. One emergency department visit during the measurement year OR

h. One admission for inpatient or observation status during the measurement year OR

i. One prenatal or postnatal visit during the measurement year OR

j. One delivery during the measurement year OR

k. One dental encounter during the measurement year OR

l. Enrolled in a palliative care or hospice program during the measurement year OR

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

Section 2: Selection of Measure Bundles for Hospitals and Physician Practices

Measure Bundles for Hospitals & Physician Practices

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

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

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

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

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

Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	B1-124	Medication Reconciliation Post-Discharge	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: All Payer; R: All Payer, Medicaid, LIU)	B1-141	Risk Adjusted All-Cause 30-Day Readmission for Targeted Conditions: heart failure hospitalization, coronary artery bypass graft (CABG) surgery, CHF, Diabetes, AMI, Stroke, COPD, Behavioral Health, Substance Use	Required	P4P	Clinical Outcome	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	B1-217	Risk Adjusted All-Cause 30-Day Readmission	Required	P4P	Clinical Outcome	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	B1-252	Transition Record with Specified Elements Received by Discharged Patients (Emergency Department Discharges)	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	B1-253	Transition Record with Specified Elements Received by Discharged Patients (Discharges from Inpatient Facility)	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	B1-287	Documentation of Current Medications in the Medical Record	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: All Payer; R: All Payer, Medicaid, LIU)	B1-352	Post-Discharge Appointment	Required	P4P	Process	N/A

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

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

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

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

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

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

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

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

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
Yes - Continue	F1	Improved Access to Adult Dental Care	7	8	
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)	F1-105	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)	F1-226	Chronic Disease Patients Accessing Dental Services	Required	P4P	Clinical Outcome	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	F1-227	Dental Caries: Adults	Required	P4P	Clinical Outcome	N/A
Yes - Continue Measure	HHSC has approved as Innovative P4R (All Payer, Medicaid, LIU)	F1-T03	Innovative Measure: Preventative Care & Screening: Oral Cancer Screening	Optional	P4R	Innovative	1

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

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
Yes - Continue	G1	Palliative Care	6	9	
This bundle was selected for DY7/8 and can be continued or can be dropped					

Select Optional Measure (Yes/No)	*Measure Volume Options for Goal Setting and Achievement*	Bundle-Measure ID	Measure Name	*Required vs. Optional*	*P4P vs. P4R*	*Measure Category*	*Additional Points*
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: All Payer; R: All Payer, Medicaid, LIU)	G1-276	Hospice and Palliative Care – Pain Assessment	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: All Payer; R: All Payer, Medicaid, LIU)	G1-277	Hospice and Palliative Care – Treatment Preferences	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: All Payer; R: All Payer, Medicaid, LIU)	G1-278	Beliefs and Values - Percentage of hospice patients with documentation in the clinical record of a discussion of spiritual/religious concerns or documentation that the patient/caregiver did not want to discuss	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: All Payer; R: All Payer, Medicaid, LIU)	G1-361	Patients Treated with an Opioid who are Given a Bowel Regimen	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: All Payer; R: All Payer, Medicaid, LIU)	G1-362	Hospice and Palliative Care - Dyspnea Treatment	Required	P4P	Process	N/A

Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: All Payer; R: All Payer, Medicaid, LIU)	G1-363	Hospice and Palliative Care - Dyspnea Screening	Required	P4P	Process	N/A
No - Drop Measure	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	G1-505	Proportion Admitted to Hospice for less than 3 days (PQRS #457)	Optional	P4P	Clinical Outcome	3
	Please explain why you are discontinuing this measure	This measure is not meaningful to our institution for improvement purposes because we do not operate a hospice and cannot effect change in this measure. Furthermore, the death data used for this measure has a three to four month lag that makes accurately reporting it based on the specified measurement period difficult. This lag also means that we cannot address any potential improvement in a timely manner.					
Yes - Continue Measure	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	G1-507	Proportion Not Admitted to Hospice	Optional	P4P	Clinical Outcome	3

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

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

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

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

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

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

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

Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	J1-218	Central line-associated bloodstream infections (CLABSI) rates	Required	P4P	Hospital Safety	N/A

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

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

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

Total overall selected points:	44

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	Complete

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	112672402 - UT MD Anderson Cancer Center
Performing Provider Type:	Hospital
Ownership:	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 Lists								
Related Strategies			A1, A2, C1, C2, C3		B1, B2		F1, F2		G1, I1		J1, D3
			Adult Primary Care Prevention and Chronic Disease Management (H/PP)		Hospital Readmissions and Emergency Department Utilization (H/PP)		Dental Care (H/PP)		Palliative Care and Specialty Care (Chronic and Life Impacting Conditions) (H/PP)		Hospital Safety (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**	**Implementation Date**	**Implementation Status**
1.00	Same-day and/or walk-in appointments in the outpatient setting	Access to Care	Before DSRIP	Implemented in small scale	DY1-6	Implemented throughout system	Not applicable	Not applicable				
1.01	Night and/or weekend appointments in the outpatient setting	Access to Care	Not applicable	Not applicable	Before DSRIP	Implemented throughout system	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	DY1-6	Implemented throughout system				
1.11	Telehealth to provide virtual medical appointments and/or consultations with a primary care provider	Access to Care	DY1-6	Implemented in small scale	DY7-8	Implemented throughout system	Not applicable	Not applicable				
1.12	Telehealth to provide virtual medical appointments and/or consultations with a specialty care physician (physical health only)	Access to Care	DY1-6	Implemented in small scale	Not applicable	Not applicable	Not applicable	Not applicable				
1.20	Integration or co-location of primary care and psychiatric services in the outpatient setting	Access to Care	Not applicable	Not applicable	Before DSRIP	Implemented throughout system	Not applicable	Not applicable				
1.21	Telehealth to provide virtual medical appointments and/or consultations with a psychiatrist	Access to Care	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable				
1.30	Mobile clinic or other community-based delivery model to provide care outside of the traditional office (excludes home-based care)	Access to Care	Before DSRIP	Implemented in small scale	Not applicable	Not applicable	Not applicable	Not applicable				
1.40	Integration or co-location of primary care and dental services in the outpatient setting	Access to Care			Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system				
1.41	Telehealth to provide virtual appointments and/or consultations with a dentist	Access to Care			Not applicable	Not applicable	Not applicable	Not applicable				
2.00	Culturally and linguistically appropriate care planning for patients	Care Coordination	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system		
2.01	Pre-visit planning and/or standing order protocols (e.g. for screenings/assessments, immunization status, tests/results, prescription changes/refills, scheduling follow-up visits, evidence-based practices, etc.)	Care Coordination	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	Not applicable	Not applicable	Before DSRIP	Implemented throughout system		
2.02	Automated reminders/flags within the E.H.R. or other electronic care platform (e.g. for screenings/assessments, immunization status, tests/results, prescription changes/refills, scheduling follow-up visits, evidence-based practices, etc.)	Care Coordination	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	Not applicable	Not applicable	Before DSRIP	Implemented throughout system		
2.10	Care team includes personnel in a care coordination role not requiring clinical licensure (e.g. non-clinical social worker, community health worker, medical assistant, etc.)	Care Coordination	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system		
2.11	Care team includes personnel in a care coordination role requiring clinical licensure (e.g. registered nurse, licensed clinical worker, etc.)	Care Coordination	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system		
2.12	Hotline, call center, or other similar programming staffed by personnel with clinical licensure to answer questions for patients (and their families) related to medications, clinical triage, care transitions, etc.	Care Coordination	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	Not applicable	Not applicable	Before DSRIP	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	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	Not applicable	Not applicable	Before DSRIP	Implemented throughout system		
2.30	Formal closed loop process for scheduling referral visits as needed	Care Coordination	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system		
2.40	Data sharing connectivity or arrangement with Medicaid Managed Care Organization(s) for patient claims data	Care Coordination	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system		
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	Before DSRIP	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	Planned for DY9-10	Not yet implemented	Before DSRIP	Implemented in small scale	Not applicable	Not applicable	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	DY1-6	Implemented in small scale	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
3.01	Panel management and/or proactive outreach of patients using a risk-stratification method (i.e. strategically targeting patients based on risk factors associated with worsening disease states)	Data Analytics	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
3.10	Database or registry to track quality and clinical outcomes data on patients	Data Analytics	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	Not applicable	Not applicable	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system
3.20	Analysis of appointment "no-show" rates	Data Analytics	Before DSRIP	Implemented throughout system	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
3.30	Formal partnership or arrangement with post-acute care facilities (e.g. skilled nursing facility, inpatient rehabilitation facility, long-term acute care hospital, home health agency, hospice, etc.) to track/share quality measures such as length of stay and readmission rates, etc.	Data Analytics			Before DSRIP	Implemented throughout system			Before DSRIP	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	Before DSRIP	Implemented throughout system			Not applicable	Not applicable	Before DSRIP	Implemented throughout system		
4.01	Care team includes a behavioral health professional such as a psychologist, licensed clinical social worker, licensed counselor (LPC, LMHC), etc.	Disease Management	Before DSRIP	Implemented throughout system			Not applicable	Not applicable	Before DSRIP	Implemented throughout system		
4.02	Care team includes a registered dietician(s)	Disease Management	DY7-8	Implemented throughout system			DY1-6	Implemented throughout system	Before DSRIP	Implemented throughout system		
4.10	Group visit model or similar non-traditional appointment format that includes at least one provider and a group of patients with shared clinical and/or social experiences	Disease Management	Not applicable	Not applicable			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	Before DSRIP	Implemented throughout system			Not applicable	Not applicable	Not applicable	Not applicable		
4.30	Classes for patients focused on disease self-management (e.g. lifestyle changes, symptom recognition, clinical triage guidance, etc.)	Disease Management	Before DSRIP	Implemented throughout system			Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system		
4.31	Classes for patients focused on diet, nutrition counseling, and/or cooking	Disease Management	Before DSRIP	Implemented throughout system			Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system		
4.32	Classes for patients focused on physical activity	Disease Management	Before DSRIP	Implemented throughout system			Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system		
4.40	Peer-based programming (includes support groups, peer coaching/mentoring, etc.)	Disease Management	Before DSRIP	Implemented throughout system			Not applicable	Not applicable	Not applicable	Not applicable		
4.50	Telehealth to provide remote monitoring of patient biometric data (e.g. HbA1c levels, blood pressure, etc.) and/or medication adherence	Disease Management	Not applicable	Not applicable			Not applicable	Not applicable	Not applicable	Not applicable		

ID	Description	Category										
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		
4.61	Patient educational materials or campaigns about advance care planning/directives	Disease Management	Before DSRIP	Implemented throughout system					Before DSRIP	Implemented throughout system		
4.70	SBIRT (Screening, Brief Intervention, Referral, and Treatment) workflow actively in place	Disease Management							Before DSRIP	Implemented throughout system		
4.80	Hospital hand hygiene protocol/programming	Disease Management									Before DSRIP	Implemented throughout system
4.81	Checklist(s) (or similar standardized protocol) tailored to prevent hospital safety-related events	Disease Management									Before DSRIP	Implemented throughout system
4.82	Formal process for monitoring compliance with hospital safety-related protocols (includes reviews, "secret shopper" approaches, etc.)	Disease Management									Before DSRIP	Implemented throughout system
4.83	Formal process for analyzing and addressing hospital safety-related events (includes root-cause analyses, remediation policies, etc.)	Disease Management									Before DSRIP	Implemented throughout system
5.00	Screening patients for food insecurity	Social Determinants of Health	DY3-6	Implemented throughout system	Not applicable	Not applicable	Not applicable	Not applicable				
5.01	Formal partnership or arrangement with food resources to support patient health status (e.g. local food banks, grocery stores, etc.)	Social Determinants of Health	Before DSRIP	Implemented in small scale	Not applicable	Not applicable	Not applicable	Not applicable				
5.10	Screening patients for housing needs	Social Determinants of Health	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	Not applicable	Not applicable				
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				
5.12	Screening patients for housing quality needs	Social Determinants of Health	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable				
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				
5.20	Screening patients for transportation needs	Social Determinants of Health	Before DSRIP	Implemented in small scale	Not applicable	Not applicable	Not applicable	Not applicable				
5.21	Formal partnership or arrangement with transportation resources to support patient access to care (e.g. public or private transit, etc.)	Social Determinants of Health	DY7-8	Implemented throughout system	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					Before DSRIP	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:

TPI and Performing Provider Name:

Performing Provider Type:

Ownership:

3
112672402 - UT MD Anderson Cancer Center
Hospital
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

    This core activity is comprised of screening, diagnostic follow-up and navigation to treatment for cancer as appropriate for breast and colorectal cancers. This core activity will be conducted at MD Anderson Hospital as well as four locations of Spring Branch Community Health Centers. Providers dedicated to the intervention are two physicians and one radiologist.

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

        Continue screening patients for colorectal cancer using take-home FITs and provide appropriate diagnostic follow-up to patients who test positive and are diagnosed with cancer.

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

          Provide refresher trainings for clinic staff regarding FIT testing guidelines and procedures.

          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).

Continue offering breast cancer screening and appropriate diagnostic follow-up through Project VALET mobile mammography program.

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

Use patient reminder calls to decrease the no-show rates for screening services in the mobile mammography van.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

C2			

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

These activities will increase access to cancer screening in the primary care setting. MD Anderson provides breast and colorectal cancer screening services that might otherwise be unavailable or severely limited at Spring Branch Community Health Center locations and other FQHCs outside our system definition.

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

Yes

i) Please explain.

MD Anderson provides mobile mammography and diagnostic follow-up services and colorectal cancer screening and diagnostic follow-up to several other clinics/clinic systems in RHP3 in addition to services provided at MD Anderson Hospital and Spring Branch Community Health Centers which are included in the Category B System Definition. We excluded clinics from our system definition primarily due to data limitations. For example, some clinics do not collect financial class information or accept insurance. One clinic system recently changed its EHR and had not yet entered in legacy data into its new system. Another clinic uses a sliding scale to assess patient fees, but does not retain evidence of or document income status in the patient's electronic health record once income is verified. One clinic reported being unable to comply with the requirements of data collection according to measure specifications.

Core Activity #2

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

2) Please select the grouping for this Core Activity.

Expansion of Patient Care Navigation and Transition Services

a) Please select the name of this Core Activity.

Implementation of a care transition and/or a discharge planning program and post discharge support program. This could include a development of a cross-continuum team comprised of clinical and administrative representatives from acute care, skilled nursing, ambulatory care, health centers, and home care providers.

b) Please enter a description of this Core Activity

We will focus on enhancements to after hospital communication. Two faculty and one project director oversee this initiative. One of the key metrics for this initiative is after hospital communication. The primary driver of this activity is to improve the readmission rate and patient satisfaction by 1) contacting 100% of patients and 2) creating a standardized evaluation process.

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

Improve the readmission rate and patient satisfaction

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

Contacting 100% of patients following disharge

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

Creating a standardized evaluation process

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

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

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

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

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

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

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

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

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

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

| B1 | | | |

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

The Discharge Management Initiative is expected to positively impact our patients by reducing unplanned readmissions (B1-141 and B1-217) as well as improving medication reconciliations post-discharge (B1-124).

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.

Palliative Care

a) Please select the name of this Core Activity.

Utilization of services assisting individuals with pain management.

b) Please enter a description of this Core Activity

This Core Activity addresses the needs of patients in managing their pain while identifying and mitigating risk of opioid abuse in patients with cancer related pain. A comprehensive checklist for assessing pain in patients taking opioids will be implemented. This includes a targeted intervention to address patient pain and actively engage patients in finding effective treatments for their pain. This core activity will be implemented at MD Anderson Cancer Center's hospital. There are five physicians committed to this intervention.

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

Implement a system for pain management in patients taking opioids.

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

Document findings of a comprehensive pain assessment for patients taking opioids

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

Actively engage patients in decision making to find effective alternatives for pain management.

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

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

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

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

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

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

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

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

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

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

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

[ ]

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

G1			

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

This Core Activity impacts the measure bundle by enhancing patients utilization of services for pain management by identifying patients at risk for opoid abuse and actively engaging them in finding safe and effective alternatives for pain management. The core activity will be implemented with patients at MD Anderson Cancer Center. The core activity also specifically impacts G1-276 Hospice and Palliative Care -Pain Assessment.

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

No

Core Activity #4
Do you want to edit or delete this Core Activity?   No

4) Please select the grouping for this Core Activity.

Hospital Safety and Quality

a) Please select the name of this Core Activity.

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

b) Please enter a description of this Core Activity

The aim of this activity is to: 1) maintain inpatient Catheter-associated Urinary Tract Infections (CAUTI) rates and 2) maintain inpatient Central Line Associated Bloodstream Infections without mucosal barrier injury or MBI (CLABSI) rates. Primary drivers are 1) compliance with the institutional inpatient CAUTI insertion checklist for CAUTI or compliance with the institutional inpatient central venous catheter (CVC) insertion checklist for CLABSI and 2) Compliance with the institutional inpatient CAUTI Maintenance Checklist for CAUTI or Compliance with the institutional CVC maintenance checklist for CLABSI. There are two physicians and one nurse committed to this intervention.

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

Compliance with Hand Hygiene for CLAUTI and CLABSI without MBI

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

Feedback on Hand Hygiene rates for both CLAUTI and CLABSI without MBI

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

Electronic Health Record data capture in OneConnect system

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| J1 | | | |

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

This core activity positively impacts Hosptial Safety by reducing the number of infections in hospitalized patients. Specific measures impacted by the intervention include J1-218 Hospital Safety Central line-associated bloodstream infections (CLABSI) and J1-219 Hospital Safety Catheter- Associated Urinary Tract Infections (CAUTI).

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

No

New Core Activities

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

1) Please select the grouping for this Core Activity.
Expansion or Enhancement of Oral Health Services

a) Please select the name of this Core Activity.

Expanded use of existing dental clinics for underserved population

b) Please enter a description of this Core Activity

Dental services are provided in MD Anderson's Dental Oncology clinic and in the dental clinics of Spring Branch Community Health Centers. The program includes routine dental procedures including proophylaxis, fillings and radiographs at Spring Branch Community Health Centers only and oral cancer screening in the MD Anderson system component. One dentist and one nurse at MD Anderson and one dentist at Spring Branch Community Health Centers are committed to this intervention.

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

   Assessment and improvement of current documentation practices for dental services within the community clinic E.H.R.

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

      Use relevant dental codes to document procedures previously documented in the patient's notes field.

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

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

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

F1			

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

   This core activity has the potential to positively impact all measures within the F1 dental bundle. Procedures that were documented inconsitently in the notes section will now be documented using appropriate dental codes thereby improving tracking and monitoring of improvement activities related to dental caries, oral cancer screening, smoking cessation and numbers of patients with chronic diseases acessing dental services.

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

No

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

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	112672402 - UT MD Anderson Cancer Center
Performing Provider Type:	Hospital
Ownership:	State Owned Public

Section 1: Valuation by Category and Measure

Category / Measure / Measure Bundle Item:	DY9	DY10
Category B - MLIU PPP	**$2,234,306.02**	**$1,905,977.60**
B1-124	$598,474.83	$510,529.72
B1-141	$598,474.83	$510,529.72
B1-217	$598,474.83	$510,529.72
B1-252	$598,474.83	$510,529.72
B1-253	$598,474.83	$510,529.72
B1-287	$598,474.83	$510,529.72
B1-352	$598,474.80	$510,529.69
B1 Total	**$4,189,323.78**	**$3,573,708.01**
C2-106	$761,695.23	$649,765.09
C2-107	$761,695.23	$649,765.09
C2-186	$761,695.24	$649,765.10
C2 Total	**$2,285,085.70**	**$1,949,295.28**
F1-105	$870,508.84	$742,588.68
F1-226	$870,508.84	$742,588.68
F1-227	$870,508.84	$742,588.68
F1-T03	$435,254.41	$371,294.33
F1 Total	**$3,046,780.93**	**$2,599,060.37**
G1-276	$489,661.22	$417,706.13
G1-277	$489,661.22	$417,706.13
G1-278	$489,661.22	$417,706.13
G1-361	$489,661.22	$417,706.13
G1-362	$489,661.22	$417,706.13
G1-363	$489,661.22	$417,706.13
G1-507	$489,661.23	$417,706.14
G1 Total	**$3,427,628.55**	**$2,923,942.92**
J1-218	$761,695.23	$649,765.09
J1-219	$761,695.23	$649,765.09
J1-220	$761,695.23	$649,765.09
J1-221	$761,695.23	$649,765.09
J1-506	$761,695.23	$649,765.09
J1 Total	**$3,808,476.15**	**$3,248,825.45**
Category C Total:	**$16,757,295.11**	**$14,294,832.03**
Potentially preventable admissions (PPAs)	$670,291.80	$571,793.28
Potentially preventable 30-day readmissions	$670,291.80	$571,793.28
Potentially preventable complications (PPCs)	$670,291.80	$571,793.28
Potentially preventable ED visits (PPVs)	$670,291.80	$571,793.28
Patient satisfaction	$670,291.82	$571,793.28
Category D Total:	**$3,351,459.02**	**$2,858,966.40**
DSRIP Total	**$22,343,060.15**	**$19,059,776.03**

Section 2: Category C Milestone Valuation

Bundle-Measure ID	Denominator Volume	DY9 Category C Valuation: $16,757,295.11							DY10 Category C Valuation: $14,294,832.03					
		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
B1-124	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$598,474.83	$0.00	$149,618.71	$448,856.12	$0.00	$0.00	$0.00	$510,529.72	$127,632.43	$382,897.29	$0.00	$0.00	$0.00
B1-141	HHSC has approved as Standard P4P (A: All Payer; R: All Payer, Medicaid, LIU)	$598,474.83	$0.00	$149,618.71	$448,856.12	$0.00	$0.00	$0.00	$510,529.72	$127,632.43	$382,897.29	$0.00	$0.00	$0.00
B1-217	HHSC has approved as Standard P4P (A: All Payer; R: All Payer, Medicaid, LIU)	$598,474.83	$0.00	$149,618.71	$448,856.12	$0.00	$0.00	$0.00	$510,529.72	$127,632.43	$382,897.29	$0.00	$0.00	$0.00

ID	Description												
B1-252	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$598,474.83	$0.00	$149,618.71	$448,856.12	$0.00	$0.00	$0.00	$510,529.72	$127,632.43	$382,897.29	$0.00	$0.00	$0.00
B1-253	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$598,474.83	$0.00	$149,618.71	$448,856.12	$0.00	$0.00	$0.00	$510,529.72	$127,632.43	$382,897.29	$0.00	$0.00	$0.00
B1-287	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$598,474.83	$0.00	$149,618.71	$448,856.12	$0.00	$0.00	$0.00	$510,529.72	$127,632.43	$382,897.29	$0.00	$0.00	$0.00
B1-352	HHSC has approved as Standard P4P (A: All Payer; R: All Payer, Medicaid, LIU)	$598,474.80	$0.00	$149,618.71	$224,428.06	$224,428.03	$0.00	$0.00	$510,529.69	$127,632.43	$191,448.65	$191,448.61	$0.00	$0.00
C2-106	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$761,695.23	$0.00	$190,423.81	$571,271.42	$0.00	$0.00	$0.00	$649,765.09	$162,441.27	$487,323.82	$0.00	$0.00	$0.00
C2-107	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$761,695.23	$0.00	$190,423.81	$571,271.42	$0.00	$0.00	$0.00	$649,765.09	$162,441.27	$487,323.82	$0.00	$0.00	$0.00
C2-186	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$761,695.24	$0.00	$190,423.81	$571,271.43	$0.00	$0.00	$0.00	$649,765.10	$162,441.27	$487,323.83	$0.00	$0.00	$0.00
F1-105	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$870,508.84	$0.00	$217,627.21	$652,881.63	$0.00	$0.00	$0.00	$742,588.68	$185,647.17	$556,941.51	$0.00	$0.00	$0.00
F1-226	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$870,508.84	$0.00	$217,627.21	$652,881.63	$0.00	$0.00	$0.00	$742,588.68	$185,647.17	$556,941.51	$0.00	$0.00	$0.00
F1-227	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$870,508.84	$0.00	$217,627.21	$652,881.63	$0.00	$0.00	$0.00	$742,588.68	$185,647.17	$556,941.51	$0.00	$0.00	$0.00
F1-T03	HHSC has approved as Innovative P4R (All Payer, Medicaid, LIU)	$435,254.41	$0.00	$0.00	$0.00	$0.00	$0.00	$435,254.41	$371,294.33	$92,823.58	$278,470.75	$0.00	$0.00	$0.00
G1-276	HHSC has approved as Standard P4P (A: All Payer; R: All Payer, Medicaid, LIU)	$489,661.22	$0.00	$122,415.31	$367,245.91	$0.00	$0.00	$0.00	$417,706.13	$104,426.53	$313,279.60	$0.00	$0.00	$0.00
G1-277	HHSC has approved as Standard P4P (A: All Payer; R: All Payer, Medicaid, LIU)	$489,661.22	$0.00	$122,415.31	$367,245.91	$0.00	$0.00	$0.00	$417,706.13	$104,426.53	$313,279.60	$0.00	$0.00	$0.00
G1-278	HHSC has approved as Standard P4P (A: All Payer; R: All Payer, Medicaid, LIU)	$489,661.22	$0.00	$122,415.31	$367,245.91	$0.00	$0.00	$0.00	$417,706.13	$104,426.53	$313,279.60	$0.00	$0.00	$0.00
G1-361	HHSC has approved as Standard P4P (A: All Payer; R: All Payer, Medicaid, LIU)	$489,661.22	$0.00	$122,415.31	$367,245.91	$0.00	$0.00	$0.00	$417,706.13	$104,426.53	$313,279.60	$0.00	$0.00	$0.00
G1-362	HHSC has approved as Standard P4P (A: All Payer; R: All Payer, Medicaid, LIU)	$489,661.22	$0.00	$122,415.31	$367,245.91	$0.00	$0.00	$0.00	$417,706.13	$104,426.53	$313,279.60	$0.00	$0.00	$0.00
G1-363	HHSC has approved as Standard P4P (A: All Payer; R: All Payer, Medicaid, LIU)	$489,661.22	$0.00	$122,415.31	$367,245.91	$0.00	$0.00	$0.00	$417,706.13	$104,426.53	$313,279.60	$0.00	$0.00	$0.00
G1-507	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	$489,661.23	$0.00	$122,415.31	$367,245.92	$0.00	$0.00	$0.00	$417,706.14	$104,426.53	$313,279.61	$0.00	$0.00	$0.00
J1-218	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	$761,695.23	$0.00	$190,423.81	$571,271.42	$0.00	$0.00	$0.00	$649,765.09	$162,441.27	$487,323.82	$0.00	$0.00	$0.00
J1-219	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	$761,695.23	$0.00	$190,423.81	$571,271.42	$0.00	$0.00	$0.00	$649,765.09	$162,441.27	$487,323.82	$0.00	$0.00	$0.00
J1-220	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	$761,695.23	$0.00	$190,423.81	$571,271.42	$0.00	$0.00	$0.00	$649,765.09	$162,441.27	$487,323.82	$0.00	$0.00	$0.00
J1-221	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	$761,695.23	$0.00	$190,423.81	$571,271.42	$0.00	$0.00	$0.00	$649,765.09	$162,441.27	$487,323.82	$0.00	$0.00	$0.00

| J1-506 | HHSC has approved as Standard P4P (A: All Payer; R: All Payer) | $761,695.23 | $0.00 | $190,423.81 | $571,271.42 | $0.00 | $0.00 | $0.00 | $649,765.09 | $162,441.27 | $487,323.82 | $0.00 | $0.00 | $0.00 |

DY9-10 Provider RHP Plan Update Template - IGT Entry

Progress Tracker

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

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	112672402 - UT MD Anderson Cancer Center
Performing Provider Type:	Hospital
Ownership:	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	UT MD Anderson Cancer Center	112672402	17460011186005	900-12-0000-00003

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Diane Benson	7007 Bertner Avenue, Unit 1677	Houston	77030	dmbenson@mdanderson.org	(713) 845-8370		Both
2	Sonia Gilmore	7007 Bertner Avenue, Unit 1677	Houston	77030	scgilmor@mdanderson.org	(713) 792-8351		Both
3	Mehwish Javaid	7007 Bertner Avenue, Unit 1677	Houston	77030	mjavaid@mdanderson.org	(713) 794-4793		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	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$873,837.08	$745,427.84
B1-124	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$234,063.51	$199,668.17
B1-141	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$234,063.51	$199,668.17
B1-217	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$234,063.51	$199,668.17
B1-252	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$234,063.51	$199,668.17
B1-253	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$234,063.51	$199,668.17
B1-287	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$234,063.51	$199,668.17
B1-352	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$234,063.49	$199,668.16
C2-106	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$297,899.00	$254,123.13
C2-107	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$297,899.00	$254,123.13
C2-186	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$297,899.01	$254,123.13
F1-105	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$340,456.01	$290,426.43
F1-226	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$340,456.01	$290,426.43
F1-227	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$340,456.01	$290,426.43
F1-T03	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$170,228.00	$145,213.21
G1-276	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$191,506.50	$163,364.87
G1-277	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$191,506.50	$163,364.87
G1-278	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$191,506.50	$163,364.87
G1-361	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$191,506.50	$163,364.87
G1-362	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$191,506.50	$163,364.87
G1-363	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$191,506.50	$163,364.87
G1-507	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$191,506.51	$163,364.87
J1-218	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$297,899.00	$254,123.13
J1-219	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$297,899.00	$254,123.13
J1-220	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$297,899.00	$254,123.13
J1-221	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$297,899.00	$254,123.13
J1-506	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$297,899.00	$254,123.13
Category D	UT MD Anderson Cancer Center	17460011186005	900-12-0000-00003	100.00%	100.00%	$1,310,755.62	$1,118,141.76
Total						$8,738,370.82	$7,454,278.41

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:	Ben Melson
IGT Organization:	UT MD Anderson Cancer Center
Date:	11/6/2019

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:	112672402 - UT MD Anderson Cancer Center
Performing Provider Type:	Hospital
Ownership:	State Owned Public

Section 1: DY9-10 DSRIP Valuation

	DY9-10 DSRIP Valuation Distribution	
	DY9	DY10
Category A	$0.00	$0.00
Category B	$2,234,306.02	$1,905,977.60
Category C	$16,757,295.11	$14,294,832.03
Category D	$3,351,459.02	$2,858,966.40
Total	$22,343,060.15	$19,059,776.03

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	9,281	8,906	18,187	159,480	11.40%	1.00%
DY10 Estimated	9,281	8,906	18,187	159,480	11.40%	1.00%

Did provider request a modification to MLIU PPP for DY9-10?   No

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

Yes

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

Bundle-Measure ID	Measure Bundle/Measure Name	# of Measures with Requested Achievement of Alternative Denominators	# of Measures with Requested Shorter or Delayed Measurement Periods	# of Measures with Requested Reporting Milestone Exemptions	Points	DY9 Valuation	DY10 Valuation
B1	Care Transitions & Hospital Readmissions	0	0	0	11	$4,189,323.78	$3,573,708.01
C2	Primary Care Prevention - Cancer Screening	0	0	0	6	$2,285,085.70	$1,949,295.28
F1	Improved Access to Adult Dental Care	0	0	0	8	$3,046,780.93	$2,599,060.37
G1	Palliative Care	0	0	0	9	$6,855,257.10	$5,847,885.84
J1	Hospital Safety	0	0	0	10	$3,808,476.15	$3,248,825.45
Total	N/A	0	0	0	44	$20,184,923.66	$17,218,774.95

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

Yes

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

Bundle-Measure ID	Measure Bundle/Measure Name	Associated Core Activities
B1	Care Transitions & Hospital Readmissions	Implementation of a care transition and/or a discharge planning program and post discharge support program. This could include a development of a cross-continuum team comprised of clinical and administrative representatives from acute care, skilled nursing, ambulatory care, health centers, and home care providers.
C2	Primary Care Prevention - Cancer Screening	Provision of screening and follow up services
F1	Improved Access to Adult Dental Care	Expanded use of existing dental clinics for underserved population
G1	Palliative Care	Utilization of services assisting individuals with pain management.
J1	Hospital Safety	Implementation of evidence-based practices to improve quality of care (e.g., Quality Departments, monitoring and evaluation, etc.)

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

Yes

Section 5: Category D

Statewide Reporting for Hospitals

Measure	Category D DY9 Valuation	Category D DY10 Valuation
Potentially preventable admissions (PPAs)	$670,291.80	$571,793.28
Potentially preventable 30-day readmissions (PPRs)	$670,291.80	$571,793.28
Potentially preventable complications (PPCs)	$670,291.80	$571,793.28
Potentially preventable ED visits (PDVs)	$670,291.80	$571,793.28
Patient satisfaction	$670,291.80	$571,793.28

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:	Ben Melson
Performing Provider:	UT MD Anderson Cancer Center
Date:	11/6/2019

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

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

Provider Entry

Section 1: Performing Provider Information	**Complete**
Section 2: Lead Contact Information	**Complete**
Section 3: Optional Withdrawal From DSRIP	**Complete**
Section 4: Performing Provider Overview	**Complete**
Section 5: DY9-10 Total Valuation and Updated Minimum Point Threshold (MPT)	**Complete**

Category B

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

Category C Selection

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

Category C Related Strategies

Section 1: Related Strategies	**Complete**

Category A Core Activities

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

IGT Entry

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

Summary and Certification

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