



## *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:	127300503 - St. Luke's Episcopal Hospital		
Performing Provider Type:	Hospital		
Ownership:	Private		
TIN:	17411619384009		
Physical Street Address:	3100 Main Ste 569		
City:	Houston		
Zip:	77002		
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:	Ken Zieren	Bernita “Bernie” Chance	Mary Kay Benton
Street Address:	3100 Main Ste 569	6720 Bertner, Ste P115K	6720 Bertner Ave, MC2-114A
City:	Houston	Houston	Houston
Zip:	77002	77030	77030
Email:	kzieren@stlukeshealth.org	bchance@stlukeshealth.org	mbenton@stlukeshealth.org
Phone Number:	832-355-3862	713-332-1341	(832) 355-9597
Phone Extension:			

Lead Contact or Both:	Both	Both	Both
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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
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Section 4: Performing Provider Overview

Performing Provider Description:	CHI St. Luke’s Health Baylor St. Luke’s Medical Center (BSLMC), founded in 1954, is an academic medical center caring for more than one hundred thousand unique patients each year. It is home to one of the top 20 heart centers in the nation. CHI St. Luke’s Health, is a member of CommonSpirit Health. CommonSpirit was created by the alignment of Catholic Health Initiatives and Dignity Health as a single ministry in early 2019. CommonSpirit is a national nonprofit health system of hospitals and other care centers covering 21 states with its national office in Chicago, Illinois. CHI St. Luke's Health Baylor St. Luke's Medical Center is an acute-care, non-profit, inpatient hospital system that provides a multitude of services. Baylor St. Luke’s Medical Center is a nationally recognized leader in medical research and treatment and has given rise to powerful breakthroughs in heart, neuroscience, cancer, and transplantation. The services provided within Baylor St. Luke's Medical Center's System include: 1. Hospital inpatient 909 licensed beds, 2. Baylor St. Luke's Medical Center's Emergency Department, 3. Community Emergency Departments, 4. Inpatient 30-bed Rehabilitation Unit, 5. Ambulatory Surgical Centers, 6. Diagnostic and Therapeutic Radiology Department, 7. Outpatient Cardiac Rehab, and 8. Multiple Specialty Care Outpatient Clinics.
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Overall DSRIP Goals:	BSLMC DSRIP goals of transforming the delivery of healthcare services with a focus on the Medicaid, Low-Income and Uninsured patient population is well-aligned with the BSLMC Mission and Vision statements including, "1. Develop creative responses to emerging health care challenges. 2. Create a national Catholic voice that advocates for systematic change and influences health policy with specific concern for persons who are poor, alienated and underserved. 3. Improving the health of the people and communities we serve. 4. Pioneering models and systems of care to enhance care delivery." BSLMC Objectives align very closely with the HHSC/CMS goals stated on the measure bundles for which we have chosen: "1. Implement improvements in care transitions and coordination of care from inpatient to outpatient, post-acute care, and home care settings in order to improve health outcomes, and prevent increased health care costs and hospital readmissions. 2. Improve patient health outcomes and experience of care by improving medication management, reducing the risk of health-care associated infections, and reducing hospital errors."
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Alignment with regional community needs assessment:	As stated in the RHP3 Community Needs Assessment, “Individuals without insurance report problems obtaining needed medical care, including not having a usual source of care, postponing care or going without care or necessary prescriptions drugs due to cost.” For DY7-10, BSLMC will continue its relationship with identified Safety Net Clinics to help provide a medical home for the at-risk, uninsured patient population. According to the RHP3 Community Needs Assessment, Harris County also has a continued need for “development of a comprehensive region-wide care coordination system that manages patient needs in the most appropriate setting.” For DY7-10, BSLMC plans to further its DY2-6 Care Transitions Model to advance care coordination not only within BSLMC System but also outside of the system once patients are discharged. BSLMC’s goal is not only to educate and assist patients to increase their health literacy, improve their self-management skills, and decrease readmission rates, improving patient outcomes, but also to continue to identify and coordinate follow-up care for at-risk patients with appropriate medical homes as well as other post-acute models for immediate post-discharge needs to assist with managing patients’ immediate post-acute as well as long-term health needs.
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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
\$7,148,782.02	\$6,098,277.64	12

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:
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Yes	\$6,249,999.99	12	<-- Note: This is your current MPT
Yes	\$6,749,999.99	13	
Yes	\$7,249,999.99	14	
Yes	\$7,749,999.99	15	
Yes	\$8,249,999.99	16	
Yes	\$8,749,999.99	17	
Yes	\$9,249,999.99	18	

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%	\$714,878.20	\$609,827.76
Category C	75%	\$5,361,586.52	\$4,573,708.23
Category D	15%	\$1,072,317.30	\$914,741.65
Total	100%	\$7,148,782.02	\$6,098,277.64

Original MPT:	12
Adjusted MPT based on updated valuation:	12

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

Yes



**Generate Worksheets**



Baylor St. Luke’s Medical Center is an acute-care, non-profit, inpatient hospital system that provides a multitude of services. Baylor St. Luke’s Medical Center owns/partially owns:

1. Hospital inpatient 909 licensed beds servicing:

- a. Arrhythmia Center
- b. Bariatric Surgery
- c. Cancer Care
- d. Cardiac Care
- e. Complementary/Alternative Medicine
- f. Cosmetic & Reconstructive Surgery
- g. Ear, Nose & Throat (ENT)
- h. Emergency Services
- i. Endocrinology
- j. Eye Care (Ophthalmology)
- k. Gastroenterology
- l. Imaging
- m. Infectious Diseases
- n. Liver Disease
- o. Neurosciences
- p. Orthopedic Care
- q. Pain Management
- r. Primary Care
- s. Pulmonology
- t. Rehabilitation
- u. Sleep Medicine
- v. Transplant

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

Please enter a description of this System Component.

- 5. Baylor St. Luke's Medical Center's Emergency Department
- 6. Community Emergency Departments
  - a. San Felipe
  - b. Holcombe
  - c. Pearland
- 7. Extension services at the McNair Campus:
  - a. McNair Campus ED

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

Please enter a description of this System Component.

- 8. Ambulatory Surgical Centers
  - a. Jamail – Outpatient Surgical Center
  - b. McNair – Outpatient Endoscopy Center
  - c. O’Quinn – Outpatient Surgical Center
- 9. Baylor St. Luke's Medical Center Outpatient Surgical Center
- 10. Outpatient Cardiac Rehab
- 11. Diagnostic and Therapeutic Radiology Department
- 12. Multiple Specialty Care Outpatient Clinics, including:
  - a. Diagnostic & Treatment Center and Radiation Therapy & CyberKnife®
    - i. Services include:
      - 1. The Cancer Center
      - 2. Infusion Therapy
      - 3. Radiation Oncology and CyberKnife®
      - 4. Radiology Services
      - 5. Diagnostic Imaging – MRI, CT, X-Ray
      - 6. Peripheral Vascular Laboratory Services
      - 7. Diagnostic Imaging

- b. Center for Sleep Medicine

c. Center for Wound Care

d. Senior Care Clinic

e. THI Outpatient Clinic

f. Transitional Care Clinic

g. HLTTTC – Heart, Lung Transplant Treatment Center

h. Kidney Transplant Program

i. Abdominal Transplant and Liver Disease Clinic

j. Emergency Health Services Center

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

<i>Hospitals - Optional Components</i>	
Optional System Component	Would you like to select this component?
Contracted Specialty Clinics	No
Optional System Component	Would you like to select this component?
Contracted Primary Care Clinics	No
Optional System Component	Would you like to select this component?
School-based Clinics	No
Optional System Component	Would you like to select this component?
Contracted Palliative Care Programs	No

Optional System Component	Would you like to select this component?
Contracted Mobile Health Programs	No
Optional System Component	Would you like to select this component?
Other	No

Please summarize and explain the changes to your system definition

BSLMC is reflecting the addition of 30 new beds at the McNair campus servicing Inpatient and Inpatient Rehab Units. Although BSLMC modified its system definition to reflect the 30 additional inpatient beds, including rehab beds, BSLMC is not requesting to modify the MLIU PPP or Total PPP. During DY7 and DY8, BSLMC experienced an uptick of its Medicaid patient population. BSLMC is looking to mirror the same uptick from the MLIU patient population in its service to patients of other third party payers, as well.

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

	DY7	DY8
MLIU PPP	20,625	20,625
Total PPP	104,590	104,590

Please indicate the population included in the MLIU PPP

<input checked="" type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> Dual Eligible	<input checked="" type="checkbox"/> CHIP	<input type="checkbox"/> Local Coverage Option	<input type="checkbox"/> Insured on the Exchange
<input type="checkbox"/> Low-Income (Below 200% FPL)	<input checked="" type="checkbox"/> Self-Pay	<input checked="" type="checkbox"/> Uninsured	<input type="checkbox"/> Other (please explain below)	

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

No

Please fill out the applicable fields below:

Estimated Medicaid individuals served in DY7	13,200
Estimated Low-income or Uninsured Individuals served in DY7	7,425

Estimated Medicaid individuals served in DY8	12,994
Estimated Low-income or Uninsured Individuals served in DY8	7,631
MLIU PPP Goal for each DY (DY9 and DY10):	20,625
Forecasted Medicaid individuals served in each DY for DY9-10	12,994
Forecasted Low-income or Uninsured individuals served in each DY for DY9-10	7,631
Average Total PPP in each DY	104,590
MLIU percentage of Total PPP	19.72%
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			Note: you must confirm selections at the bottom of the page to finish.	MPT	12
	Complete			Points Selected	21
Section 3: Measure Exemption Requests	Complete			Bundles Selected	2
				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:	127300503 - St. Luke's Episcopal Hospital
Performing Provider Type:	Hospital
Ownership:	Private
Category C valuation in DY9:	\$5,361,586.52
Category C valuation in DY10:	\$4,573,708.23

MINIMUM POINT THRESHOLD (MPT): 12

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	
No	A1	Improved Chronic Disease Management: Diabetes Care	11	0	

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

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name		Measure Bundle Base Points	Points Selected in Bundle		
Yes - Continue	B1	Care Transitions & Hospital Readmissions		11	11		
This bundle was selected for DY7/8 and can be continued or can be dropped							
Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points

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

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

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	C3	Hepatitis C	4	0	
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	D1	Pediatric Primary Care	12	0	
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	D3	Pediatric Hospital Safety	10	0	
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	D4	Pediatric Chronic Disease Management: Asthma	9	0	
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	D5	Pediatric Chronic Disease Management: Diabetes	8	0	
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	E1	Improved Maternal Care	10	0	
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	E2	Maternal Safety	12	0	
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	F1	Improved Access to Adult Dental Care	7	0	

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

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	G1	Palliative Care	6	0	

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

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

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

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

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

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
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Yes - Continue	J1	Hospital Safety		10	10		
<b><i>This bundle was selected for DY7/8 and can be continued or can be dropped</i></b>							
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:	21
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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

Complete

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	127300503 - St. Luke's Episcopal Hospital
Performing Provider Type:	Hospital
Ownership:	Private

Section 1: Related Strategies

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

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

Related Strategies			Related Strategies Lists			
			B1, B2		J1, D3	
			Hospital Readmissions and Emergency Department Utilization (H/PP)		Hospital Safety (H/PP)	
Related Strategies ID	Related Strategies Description	Related Strategies Theme	Implementation Date	Implementation Status	Implementation Date	Implementation Status
1.00	Same-day and/or walk-in appointments in the outpatient setting	Access to Care	Planned for DY9-10	Not yet implemented		
1.01	Night and/or weekend appointments in the outpatient setting	Access to Care	Not applicable	Not applicable		
1.10	Integration or co-location of primary care and specialty care (physical health only) services in the outpatient setting	Access to Care	DY7-8	Implemented in small scale		
1.11	Telehealth to provide virtual medical appointments and/or consultations with a primary care provider	Access to Care	DY1-6	Implemented then discontinued		
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 then discontinued		
1.20	Integration or co-location of primary care and psychiatric services in the outpatient setting	Access to Care	Not applicable	Not applicable		
1.21	Telehealth to provide virtual medical appointments and/or consultations with a psychiatrist	Access to Care	Not applicable	Not applicable		
1.30	Mobile clinic or other community-based delivery model to provide care outside of the traditional office (excludes home-based care)	Access to Care	Not applicable	Not applicable		
1.40	Integration or co-location of primary care and dental services in the outpatient setting	Access to Care	Not applicable	Not applicable		
1.41	Telehealth to provide virtual appointments and/or consultations with a dentist	Access to Care	Not applicable	Not applicable		

2.00	Culturally and linguistically appropriate care planning for patients	Care Coordination	DY1-6	Implemented in small scale		
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 in small scale		
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	DY7-8	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 in small scale		
2.11	Care team includes personnel in a care coordination role requiring clinical licensure (e.g. registered nurse, licensed clinical social worker, etc.)	Care Coordination	DY1-6	Implemented in small scale		
2.12	Hotline, call center, or other similar programming staffed by personnel with clinical licensure to answer questions for patients (and their families) related to medications, clinical triage, care transitions, etc.	Care Coordination	Planned for DY9-10	Not yet implemented		
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 in small scale		
2.30	Formal closed loop process for scheduling referral visits as needed	Care Coordination	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	Planned for DY9-10	Not yet implemented		
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	DY1-6	Implemented in small scale		
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		
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
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 in small scale	Planned for DY9-10	Not yet implemented
3.10	Database or registry to track quality and clinical outcomes data on patients	Data Analytics	DY1-6	Implemented in small scale	Before DSRIP	Implemented throughout system
3.20	Analysis of appointment "no-show" rates	Data Analytics	Planned for DY9-10	Not yet implemented		
3.30	Formal partnership or arrangement with post-acute care facilities (e.g. skilled nursing facility, inpatient rehabilitation facility, long-term acute care hospital, home health agency, hospice, etc.) to track/share quality measures such as length of stay and readmission rates, etc.	Data Analytics	DY7-8	Implemented throughout system		
4.80	Hospital hand hygiene protocol/programming	Disease Management			DY7-8	Implemented throughout system

4.81	Checklist(s) (or similar standardized protocol) tailored to prevent hospital safety-related events	Disease Management			DY7-8	Implemented throughout system
4.82	Formal process for monitoring compliance with hospital safety-related protocols (includes reviews, "secret shopper" approaches, etc.)	Disease Management			DY7-8	Implemented throughout system
4.83	Formal process for analyzing and addressing hospital safety-related events (includes root-cause analyses, remediation policies, etc.)	Disease Management			DY7-8	Implemented throughout system
5.00	Screening patients for food insecurity	Social Determinants of Health	DY7-8	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	Not applicable	Not applicable		
5.10	Screening patients for housing needs	Social Determinants of Health	DY7-8	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		
5.12	Screening patients for housing quality needs	Social Determinants of Health	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		
5.20	Screening patients for transportation needs	Social Determinants of Health	DY7-8	Implemented in small scale		
5.21	Formal partnership or arrangement with transportation resources to support patient access to care (e.g. public or private transit, etc.)	Social Determinants of Health	Not applicable	Not applicable		

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

Progress Tracker

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

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	127300503 - St. Luke's Episcopal Hospital
Performing Provider Type:	Hospital
Ownership:	Private

Section 1: Core Activities

Previous Core Activities

Core Activity #1

Do you want to edit or delete this Core Activity?	Edit
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Please explain the changes made to the Core Activity and why it was changed

During October 2018, a couple of Change Ideas related to the Secondary Driver - implement care transition pilot interventions for patients needing post-acute care management were deleted. This was not reflected in the original Cat A Core Activities Template. These Change Ideas have subsequently been deleted from the Core Activities Template to reflect this previous change. BSLMC encountered a challenge in creating high-frequency home care in that this model is quite expensive with no payer system reimbursements at this time. BSLMC has focused these efforts on increasing our Preferred Provider Network (PPN). BSLMC does not have the bandwidth to perform this intervention and has concentrated on the PPN.

During October 2018, one Change Idea related to the Secondary Driver - Maintain and increase partnerships with post-acute care providers to better service various patient needs was deleted. This was not reflected in the original Cat A Core Activities Template. This Change Idea has subsequently been deleted from the Core Activities Template to reflect this previous change. Expanding the partnership between BSLMC and HealthCare for the Homeless (HCFH) experienced a major challenge – HCFH has identified that BSLMC patients are too sick for Primary Care Providers’ abilities at HCFH. BSLMC has no longer be pursued this relationship. An additional change Idea was added to offset this change during October 2018, which was also not reflected the Cat A Core Activities Template. BSLMC will implement post-acute follow-up appointment electronic scheduling with its partner – Baylor College of Medicine (BCM). These changes were also updated during DY8 October 2019 reporting.

1) Please select the grouping for this Core Activity.

Expansion of Patient Care Navigation and Transition Services

a) Please select the name of this Core Activity.

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

- 1. BSLMC plans to expand its current Care Transitions team's efforts to include both the CHF patient population as well as increase its focus on transitional care for all at-risk patients within the BSLMC patient population. The team will increase its overall risk-identification of patients with a concentration on mediation of those risks prior to discharge and improvement of post-discharge follow-up planning, including expanding provider partnerships to stratify patients according to risk to different follow-up intervention models. The team will work closely with Case Management to improve resource utilization within and outside the organization.
- 2. Number of providers committed to the intervention include all personnel within the BSLMC system but in particular physicians, nurses, nurse managers, pharmacists, and case managers within

system but in particular physicians, nurses, nurse managers, pharmacists, and case managers within the BSLMC system.

- a. The CORE Team for this initiative includes:
  - i. The Care Transitions team currently consisting of two physician medical directors, a Nurse Practitioner, two nurse navigators, and a clerical assistant.
- b. BSLMC Head of Cardiovascular Quality including a CHF readmissions committee chaired by the Head of CV Quality.

The committee consists of BSLMC members from:

- i. Nursing leaders from CV transplant, 14T and ED
- ii. Physicians from ED, Cardiology, and Hospitalist service
- iii. Case Management
- iv. Pharmacy
- v. Transitional Care Team
- vi. Advanced Heart Failure Clinic
- vii. Quality

3. The number of Locations Impacted totals 20 and are as follows:

- a. Hospital inpatient 909 licensed beds servicing
- b. Inpatient 30-bed Rehabilitation Unit

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

Enhance services through further development of a multi-disciplinary care transitions team. The team must include medical director(s), nurse practitioner(s), nurse navigator(s), pharmacy, case management, and clerical assistant(s). Utilize the team to risk stratify patients and improve discharge planning to mitigate readmission risks by implementing a risk stratification model.

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

Improve selection of interventions for successful and efficient discharge planning through a risk-stratification model that utilizes the BSLMC EMR. Align the model with triggers for early identification and mitigation of patient risk. Improve risk mitigation during patients' inpatient experience based on risk identifiers noted by the risk-stratification model.

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

Expand the current team to include inpatient management of improved medication reconciliation and post-discharge care coordination.

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).

Implement care transition pilot interventions for patients needing post-acute care management.

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

Implement a pilot of Home Health Preferred Providers, i. Expand preferred providers, train them in BSLMC processes for patient education, medication reconciliation, post-discharge assessment, and readmission risk mitigation, ii. Provide guidance to the Preferred Providers on BSLMC's Strategic Pathways/Protocols.

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

Implement a pilot of Hospice/Palliative Care. This program intends to better identify those patients at-risk who would also benefit from earlier inpatient and/or outpatient hospice and palliative care intervention.

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).

Maintain and increase partnerships with post-acute care providers to better service various patient needs.

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

Increase number/types patients referred to San Jose Clinic, the safety-net clinic for the uninsured which BSLMC has long-partnered since the beginning of the DSRIP 1.0 program. In DSRIP 1.0 this partnership focused on the uninsured CHF patients, going into DSRIP 2.0, BSLMC is working to expand services to other at-risk, uninsured patients.

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

Collaborate with the Clinically Integrated Network (CIN) for post-acute visits. This collaboration already exists for patients who have designated Primary Care and Specialty Care providers within CIN, but BSLMC will attempt to increase the referral base to CIN providers for those patients hospitalized who do not have existing PCP and Specialty Care Providers delegated to ensure more rapid follow-up and connectivity to a medical home.

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

Implement post-acute follow-up appointment electronic scheduling with BSLMC partner – Baylor College of Medicine (BCM). Work with the CIN to investigate expansion of this model into providers outside of the BSLMC DSRIP system into the greater CHI texas Division system. Work with HHSC and the HIE to investigate the potential for expansion of this model into other providers outside of the BSLMC immediate system.

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

a. The Care Transitions and Hospital Readmissions Bundle is a multi-faceted bundle aiming at reducing 30-day hospital readmissions, improving medication identification and reconciliation, and connecting patients and post-acute caregivers to the hospital experience. b. All of the change ideas and secondary drivers listed above speak to:  
i. Improving inpatient risk stratification and mitigation, helping identify and mitigate readmission risks.  
ii. Addressing medication reconciliation needs during the patients hospitalization and post-acute care.  
iii. Improving patient connectivity to post-acute provider follow-up to avoid unnecessary readmissions.

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

Yes

i) Please explain.

Although the majority of the activities will be performed and/or coordinated by providers within the BSLMC System Definition, not ALL of the activities will be performed by providers within the System Definition. Some of the post-acute care services will be coordinated by providers within the BSLMC System but will officially be provided by contracted entities outside of the BSLMC System Definition. As these contracted entities have multiple other patient populations of which BSLMC has no executive leadership, control, or ownership/partial ownership AND has no data sharing nor rationale for data sharing over the patient populations outside of the BSLMC Total PPP, these entities are not included in the BSLMC System Definition.

**Core Activity #2**

Do you want to edit or delete this Core Activity?

Edit

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

Based on internal monitoring of progress towards DSRIP Hospital Safety goals, which are also goals that align with multiple other BSLMC goals, BSLMC has noted progress towards CLABSI and Post-Op Sepsis PY2 goals. Despite progress in CLABSI and Post-Op Sepsis measures, BSLMC has noted a decline in progress towards CAUTI and Patient Fall Rate goals during CY2019. Thus, BSLMC has created additional change ideas to ensure improvement in patient safety, health outcomes, and meeting of DSRIP and other internal measures goals during CY2019. This Core Activity was also updated during DY8 October 2019 reporting.

2) 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

1. BSLMC is committed to utilization of a multi-disciplinary approach to improve Hospital Safety measures, thus improving the patient experience by avoiding unnecessary infection or patient safety occurrences that lengthen hospital stay, increase healthcare costs, and negatively affect patient outcomes. Each measure has been tasked to various Quality team members and sponsoring physician, is reported on monthly to the Quality Committee, and has various, evidence-based action items to improve outcomes.
2. Number of providers committed to the intervention include all personnel within the BSLMC system but in particular physicians, nurses, nurse managers, clinical ancillary staff, transportation/dietary personnel and unit secretaries within the BSLMC system.
3. The CORE Team for this initiative is:
  - a. BSLMC Quality Team including:
    - i. Director of Infection Control
    - ii. Director of Quality
    - iii. Quality Program Manager
    - iv. Quality Nurses for Patient Safety and Quality Review
  - b. Nursing executive Leadership, Nursing Management, and Bedside Nurses
  - c. Pharmacy team
4. The number of Locations Impacted totals 6 and are as follows:
  - a. Hospital inpatient 909 licensed beds
  - b. Inpatient 30-bed Rehabilitation Unit
  - c. Baylor St. Luke's Medical Center's Emergency Department
  - d. Three Community Emergency Departments

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

Create a multi-disciplinary team to review all hospital safety measures, develop a routine monitoring and reporting mechanism for each, design strategies for improving outcomes, and create an implementation process to include adjustments and changes to action items as needed

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

Create a multi-disciplinary team that meets monthly to review hospital safety measures, including CLABSI, CAUTI, SSI, Patient Fall Rates, and Post-Op Sepsis Rates, review cases, determine fall-out cases and create action plans.

1. An executive sponsor, a physician champion, nursing leadership, Quality/Safety, Infection Prevention, Environmental Services supervisors, education staff are all included on the team.
2. Ad hoc members include: pharmacy, lab, materials/supply, IT

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

Implement routine monitoring to prevent infection (CLABSI, CAUTI, SSI):

1. Hand hygiene
2. Contact Precaution compliance to mitigate hospital-based infection
3. Antibiotic Stewardship

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

Monitor the completion of Routine Rounds (CLABSI, CAUTI, Fall)

1. Maintenance/prevention Rounds
2. Device Rounds

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

Monitor the routine education of hospital staff to ensure inclusion of:

1. Annual staff education regarding infection transmission, infection rates, and infection prevention interventions with routine updates monthly

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

5. Monitor implementation of the CLABSI Prevention Action Items:

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

In order to successfully improve the patient experience, BSLMC has committed to implement processes to improve patient outcomes, especially related to infection prevention, identification and management. By creating a multi-disciplinary team to collect data, monitor, report, and create action items to improve on each metric that meets and relays findings and changes to processes on a routine basis, BSLMC hopes to improve on all outcomes in the Hospital Safety Bundle. Daily monitoring with real-time interventions in place when action is required has been proven to help improve on all Hospital Safety Bundle items.

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

No

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:	3
TPI and Performing Provider Name:	127300503 - St. Luke's Episcopal Hospital
Performing Provider Type:	Hospital
Ownership:	Private

Section 1: Valuation by Category and Measure

Category / Measure / Measure Bundle Item:	DY9	DY10
Category B - MLIU PPP	\$714,878.20	\$609,827.76
B1-124	\$401,207.15	\$342,250.28
B1-141	\$401,207.15	\$342,250.28
B1-217	\$401,207.15	\$342,250.28
B1-252	\$401,207.15	\$342,250.28
B1-253	\$401,207.15	\$342,250.28
B1-287	\$401,207.15	\$342,250.28
B1-352	\$401,207.18	\$342,250.25
B1 Total	\$2,808,450.08	\$2,395,751.93
J1-218	\$510,627.29	\$435,591.26
J1-219	\$510,627.29	\$435,591.26
J1-220	\$510,627.29	\$435,591.26
J1-221	\$510,627.29	\$435,591.26
J1-506	\$510,627.28	\$435,591.26
J1 Total	\$2,553,136.44	\$2,177,956.30
Category C Total:	\$5,361,586.52	\$4,573,708.23
Potentially preventable admissions (PPAs)	\$214,463.46	\$182,948.33
Potentially preventable 30-day readmissions	\$214,463.46	\$182,948.33
Potentially preventable complications (PPCs)	\$214,463.46	\$182,948.33
Potentially preventable ED visits (PPVs)	\$214,463.46	\$182,948.33
Patient satisfaction	\$214,463.46	\$182,948.33
Category D Total:	\$1,072,317.30	\$914,741.65
DSRIP Total	\$7,148,782.02	\$6,098,277.64

Section 2: Category C Milestone Valuation

Bundle-Measure ID	Denominator Volume	DY9 Category C Valuation: \$5,361,586.52							DY10 Category C Valuation: \$4,573,708.23					
		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)	\$401,207.15	\$0.00	\$100,301.79	\$300,905.36	\$0.00	\$0.00	\$0.00	\$342,250.28	\$85,562.57	\$256,687.71	\$0.00	\$0.00	\$0.00
B1-141	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$401,207.15	\$0.00	\$100,301.79	\$300,905.36	\$0.00	\$0.00	\$0.00	\$342,250.28	\$85,562.57	\$256,687.71	\$0.00	\$0.00	\$0.00
B1-217	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$401,207.15	\$0.00	\$100,301.79	\$300,905.36	\$0.00	\$0.00	\$0.00	\$342,250.28	\$85,562.57	\$256,687.71	\$0.00	\$0.00	\$0.00

B1-252	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$401,207.15	\$0.00	\$100,301.79	\$300,905.36	\$0.00	\$0.00	\$0.00	\$342,250.28	\$85,562.57	\$256,687.71	\$0.00	\$0.00	\$0.00
B1-253	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$401,207.15	\$0.00	\$100,301.79	\$300,905.36	\$0.00	\$0.00	\$0.00	\$342,250.28	\$85,562.57	\$256,687.71	\$0.00	\$0.00	\$0.00
B1-287	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$401,207.15	\$0.00	\$100,301.79	\$300,905.36	\$0.00	\$0.00	\$0.00	\$342,250.28	\$85,562.57	\$256,687.71	\$0.00	\$0.00	\$0.00
B1-352	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$401,207.18	\$0.00	\$100,301.79	\$150,452.68	\$150,452.71	\$0.00	\$0.00	\$342,250.25	\$85,562.57	\$128,343.86	\$128,343.82	\$0.00	\$0.00
J1-218	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	\$510,627.29	\$0.00	\$127,656.82	\$382,970.47	\$0.00	\$0.00	\$0.00	\$435,591.26	\$108,897.82	\$326,693.44	\$0.00	\$0.00	\$0.00
J1-219	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	\$510,627.29	\$0.00	\$127,656.82	\$382,970.47	\$0.00	\$0.00	\$0.00	\$435,591.26	\$108,897.82	\$326,693.44	\$0.00	\$0.00	\$0.00
J1-220	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	\$510,627.29	\$0.00	\$127,656.82	\$382,970.47	\$0.00	\$0.00	\$0.00	\$435,591.26	\$108,897.82	\$326,693.44	\$0.00	\$0.00	\$0.00
J1-221	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	\$510,627.29	\$0.00	\$127,656.82	\$382,970.47	\$0.00	\$0.00	\$0.00	\$435,591.26	\$108,897.82	\$326,693.44	\$0.00	\$0.00	\$0.00
J1-506	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	\$510,627.28	\$0.00	\$127,656.82	\$382,970.46	\$0.00	\$0.00	\$0.00	\$435,591.26	\$108,897.82	\$326,693.44	\$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:	127300503 - St. Luke's Episcopal Hospital
Performing Provider Type:	Hospital
Ownership:	Private

Section 1: IGT Entities

In order to delete an existing IGT, delete the name of the IGT from cell F21, F29, etc.				
IGT RHP	IGT Name	IGT TPI (if available)	IGT TIN	Affiliation Number
3	Brazos County Treasurer		1.746E+13	450-19-0008-00027

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Irene F. Jett	200 South Texas Avenue, Suite 331	Bryan	77803	ijett@brazoscountytx.gov	(979) 361-4590		Both
2	Katie Conner	200 South Texas Avenue, Suite 218	Bryan	77803	KConner@brazoscountytx.gov	(979) 361-4359		Both
3								

IGT RHP	IGT Name	IGT TPI (if available)	IGT TIN	Affiliation Number

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1								
2								
3								

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

Section 2: IGT Funding

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	Brazos County Treasurer	1.746E+13	450-19-0008-00027	100.00%	100.00%	\$279,588.86	\$238,503.64
B1-124	Brazos County Treasurer	1.746E+13	450-19-0008-00027	100.00%	100.00%	\$156,912.12	\$133,854.08
B1-141	Brazos County Treasurer	1.746E+13	450-19-0008-00027	100.00%	100.00%	\$156,912.12	\$133,854.08
B1-217	Brazos County Treasurer	1.746E+13	450-19-0008-00027	100.00%	100.00%	\$156,912.12	\$133,854.08
B1-252	Brazos County Treasurer	1.746E+13	450-19-0008-00027	100.00%	100.00%	\$156,912.12	\$133,854.08
B1-253	Brazos County Treasurer	1.746E+13	450-19-0008-00027	100.00%	100.00%	\$156,912.12	\$133,854.08
B1-287	Brazos County Treasurer	1.746E+13	450-19-0008-00027	100.00%	100.00%	\$156,912.12	\$133,854.08
B1-352	Brazos County Treasurer	1.746E+13	450-19-0008-00027	100.00%	100.00%	\$156,912.13	\$133,854.07
J1-218	Brazos County Treasurer	1.746E+13	450-19-0008-00027	100.00%	100.00%	\$199,706.33	\$170,359.74
J1-219	Brazos County Treasurer	1.746E+13	450-19-0008-00027	100.00%	100.00%	\$199,706.33	\$170,359.74
J1-220	Brazos County Treasurer	1.746E+13	450-19-0008-00027	100.00%	100.00%	\$199,706.33	\$170,359.74
J1-221	Brazos County Treasurer	1.746E+13	450-19-0008-00027	100.00%	100.00%	\$199,706.33	\$170,359.74
J1-506	Brazos County Treasurer	1.746E+13	450-19-0008-00027	100.00%	100.00%	\$199,706.33	\$170,359.74
Category D	Brazos County Treasurer	1.746E+13	450-19-0008-00027	100.00%	100.00%	\$419,383.30	\$357,755.46
Total						\$2,795,888.65	\$2,385,036.39

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:	Kenneth Zieren
IGT Organization:	Brazos County Treasurer
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:	127300503 - St. Luke's Episcopal Hospital
Performing Provider Type:	Hospital
Ownership:	Private

Section 1: DY9-10 DSRIP Valuation

	DY9-10 DSRIP Valuation Distribution	
	DY9	DY10
Category A	\$0.00	\$0.00
Category B	\$714,878.20	\$609,827.76
Category C	\$5,361,586.52	\$4,573,708.23
Category D	\$1,072,317.30	\$914,741.65
Total	\$7,148,782.02	\$6,098,277.64

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?	Yes
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Forecasted Medicaid	Forecasted LIU	MLIU PPP	Total PPP	MLIU Percentage of Total PPP	Allowable Variation %
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DY9 Estimated	12,994	7,631	20,625	104,590	19.72%	1.00%
DY10 Estimated	12,994	7,631	20,625	104,590	19.72%	1.00%

Did provider request a modification to MLIU PPP for DY9-10?	No
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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 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	\$2,808,450.08	\$2,395,751.93
J1	Hospital Safety	0	0	0	10	\$2,553,136.44	\$2,177,956.30
Total	N/A	0	0	0	21	\$5,361,586.52	\$4,573,708.23

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
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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.
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)	\$214,463.46	\$182,948.33
Potentially preventable 30-day readmissions (PPRs)	\$214,463.46	\$182,948.33
Potentially preventable complications (PPCs)	\$214,463.46	\$182,948.33
Potentially preventable ED visits (PDVs)	\$214,463.46	\$182,948.33
Patient satisfaction	\$214,463.46	\$182,948.33

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:	Priscilla Needham
Performing Provider:	Baylor St. Luke's Medical Center
Date:	11/6/2019

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	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