



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:	133355104 - Harris County Hospital District		
Performing Provider Type:	Hospital		
Ownership:	Non-State Owned Public		
TIN:	17415369366324		
Physical Street Address:	2525 Holly Hall Drive		
City:	Houston		
Zip:	77054		
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:	Joe Dygert	Kevin Lin	Stephen Orrell
Street Address:	2525 Holly Hall Drive	2525 Holly Hall Drive	9250 Kirby Drive
City:	Houston	Houston	Houston
Zip:	77054	77054	77054
Email:	Joseph.Dygert@harrishealth.org	kevin.lin@harrishealth.org	stephen.orrell@harrishealth.org
Phone Number:	713-566-6021	713-566-6400	713-566-6815
Phone Extension:			
Lead Contact or Both:	Both	Both	Both

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

Section 3: Optional Withdrawal From DSRIP

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

Do Not Withdraw from DSRIP

Section 4: Performing Provider Overview

Performing Provider Description:	Harris Health System is a fully integrated healthcare system that cares for all residents of Harris County, Texas. We are the first accredited healthcare institution in Harris County to be designated by the National Committee for Quality Assurance as a Patient-Centered Medical Home, and are one of the largest systems in the country to achieve the quality standard. Our system includes 18 community health centers, five same-day clinics, five school-based clinics, three multi-specialty clinic locations, a dental center and dialysis center, mobile health units, a rehabilitation and specialty hospital and two full-service hospitals
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Overall DSRIP Goals:	Harris Health's DSRIP goals are to transform healthcare delivery from a disease-focused model of episodic care to a patient-centered, coordinated delivery model that improves patient satisfaction and health outcomes, reduces unnecessary or duplicative services and builds on the accomplishments of our existing healthcare system. It is our goal to promote a culture of ongoing transformation and innovation that maximizes the use of technology and best-practices, facilitates collaboration and sharing, and engages patients, providers, and other stakeholders in the planning, implementation and evaluation processes.
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Alignment with regional community needs assessment:	Develop a regional approach to healthcare delivery that leverages and improves on existing programs and infrastructure, is responsive to patient needs throughout the entire region and improves health care outcomes and patient satisfaction. Provide access to primary and specialty care services, with a focus on underserved populations, to ensure patients receive the most appropriate care for their condition, regardless of where they live or their ability to pay.
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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
\$208,102,408.88	\$177,522,025.95	75

Would you like to decrease the total valuation?

No

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

Provider Selection:	Increase DY10 Valuation up to:	Updated MPT:	
Yes	\$177,749,999.99	75	<-- Note: This is your current MPT
Yes	\$178,249,999.99	75	
Yes	\$178,749,999.99	75	
Yes	\$179,249,999.99	75	
Yes	\$179,749,999.99	75	
Yes	\$180,249,999.99	75	
Yes	\$180,749,999.99	75	

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%	\$20,810,240.89	\$17,752,202.60
Category C	75%	\$156,076,806.66	\$133,141,519.46
Category D	15%	\$31,215,361.33	\$26,628,303.89
Total	100%	\$208,102,408.88	\$177,522,025.95

Original MPT:	75
Adjusted MPT based on updated valuation:	75

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

Yes

Generate Worksheets

DY9-10 Provider RHP Plan Update Template - Category B

Progress Tracker

Section 1: System Definition

Complete

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

Complete

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	133355104 - Harris County Hospital District
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public
Category B valuation in DY9:	\$20,810,240.89
Category B valuation in DY10:	\$17,752,202.60

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.

Inpatient service starts when a patient is formally admitted to a hospital with a doctor's order, i.e. care of patients whose condition requires admission to a hospital. Harris Health Hospital Inpatient Services are provided at Ben Taub Hospital, LBJ Hospital, and Quentin Mease Hospital.

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

Please enter a description of this System Component.

This department provides triage, treatment and support for trauma and emergency patients of all ages in an acute care setting. Emergency services are provided at Ben Taub Hospital and LBJ Hospital.

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

Please enter a description of this System Component.

An outpatient clinic is the part of a hospital designed for the treatment of outpatients, but do not require a bed or to be admitted for overnight care. Outpatient services are provided at the following locations: Acres Home Health Center, Aldine Health Center, Baytown Health Center, Casa De Amigo Health Center, Cypress Health Center, Danny Jackson Health Center, E.A. "Squatty" Lyons Health Center, El Franco Lee Health Center, Gulfgate Health Center, Martin Luther King Jr. Health Center, Northwest Health Center, Settegast Health Center, Strawberry Health Center, Thomas Street Health Center, Vallbona Health Center, Margo Hilliard Alford Clinic, Monroe Clinic, Robindell Clinic, Sareen Clinic, Sunset Heights Clinic, Bayland Geriatric Center, Riverside Dialysis Center, Outpatient Specialty Center at LBJ, and Smith Clinic. Our system definition includes all outpatient locations, including Pediatric & Adolescent Health Center - Bear Creek, Pediatric & Adolescent Health Center - C.E. Odom, and Pediatric & Adolescent Health Center - Pasadena, Ben Taub Tower, and the Dental Center,

Required System Component

Maternal Department

Business Component?

Business Component of the Organization

Please enter a description of this System Component.

The department of a hospital that provides care for women during pregnancy and childbirth as well as for newborn infants. These locations include both Ben Taub and LBJ Hospitals, and all outpatient sites: Acres Home Health Center, Aldine Health Center, Baytown Health Center, Casa De Amigo Health Center, Cypress Health Center, Danny Jackson Health Center, E.A. "Squatty" Lyons Health Center, El Franco Lee Health Center, Gulfgate Health Center, Martin Luther King Jr. Health Center, Northwest Health Center, Settegast Health Center, Strawberry Health Center, Thomas Street Health Center, Vallbona Health Center, Margo Hilliard Alford Clinic, Monroe Clinic, Robindell Clinic, Sareen Clinic, Sunset Heights Clinic, and Smith Clinic.

Required System Component

Owned or Operated Urgent Care Clinics

Business Component?

Not a Business Component of the Organization

Hospitals - Optional Components

Optional System Component

Contracted Specialty Clinics

Would you like to select this component?

No

Optional System Component

Contracted Primary Care Clinics

Would you like to select this component?

No

Optional System Component

School-based Clinics

Would you like to select this component?

Yes

Please enter a description of this System Component.

Clinic sites located on school campuses, which provide preventive and primary health care services to children and adolescents. Locations: Almantha Clark Taylor Health Clinic, Goose Creek Health Clinic, Robert Carrasco Health Clinic, Sheldon Health Clinic, and Southside Health Clinic.

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	248,396	248,230
Total PPP	307,236	307,121

Please indicate the population included in the MLIU PPP

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

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

No

Please fill out the applicable fields below:

Estimated Medicaid individuals served in DY7	67,675
Estimated Low-income or Uninsured Individuals served in DY7	180,555
Estimated Medicaid individuals served in DY8	67,675
Estimated Low-income or Uninsured Individuals served in DY8	180,555
MLIU PPP Goal for each DY (DY9 and DY10):	248,230
Forecasted Medicaid individuals served in each DY for DY9-10	67,675
Forecasted Low-income or Uninsured individuals served in each DY for DY9-10	180,555
Average Total PPP in each DY	307,121
MLIU percentage of Total PPP	80.82%

Allowable Variation	1.67%
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*The MLIU percentage and forecasted Medicaid and LIU counts are for informational purposes only.

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

Progress Tracker				
Section 2: Selection of Measure Bundles for Hospitals and Physician Practices	Complete	Note: you must confirm selections at the bottom of the page to finish.	MPT	75
Section 3: Measure Exemption Requests	Complete		Points Selected	75
			Bundles Selected	7
Minimum Selection Requirements Met	Yes		Maximum Deletions Met	Y
MPT Met	Yes		Clinical Outcome Selected	Y
			At least 2 PBCOs selected	Y

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	133355104 - Harris County Hospital District
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public
Category C valuation in DY9:	\$156,076,806.66
Category C valuation in DY10:	\$133,141,519.46

MINIMUM POINT THRESHOLD (MPT):

75

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

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

Section 1: Attributed Population

Attributed Population for 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
Yes - Continue	A1	Improved Chronic Disease Management: Diabetes Care	11	20

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
Yes	MLIU denominator with significant volume	A1-111	Comprehensive Diabetes Care: Eye Exam (retinal) performed	Optional	P4P	Process	1
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	A1-112	Comprehensive Diabetes Care: Foot Exam	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	A1-115	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Required	P4P	Clinical Outcome	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	A1-207	Diabetes care: BP control (<140/90mm Hg)	Required	P4P	Clinical Outcome	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	A1-500	PQI 93 Diabetes Composite (Adult short-term complications, long-term complications, uncontrolled diabetes, lower-extremity amputation admission rates)	Required	P4P	Population Based Clinical Outcome	4
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	A1-508	Reduce Rate of Emergency Department visits for Diabetes	Required	P4P	Population Based Clinical Outcome	4

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

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name		Measure Bundle Base Points	Points Selected in Bundle		
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
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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
Yes - Continue	D1	Pediatric Primary Care	12	17

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

Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-108	Childhood Immunization Status (CIS)	Required	P4P	Immunization	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-211	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-212	Appropriate Testing for Children With Pharyngitis	Required	P4P	Clinical Outcome	N/A

N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-271	Immunization for Adolescents	Required	P4P	Immunization	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-284	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Required	P4P	Process	N/A
Yes	MLIU denominator with significant volume	D1-301	Maternal Depression Screening	Optional	P4P	Process	1
No		D1-389	Human Papillomavirus Vaccine (age 15-18)	Optional	P4P	Immunization	1
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-400	Tobacco Use and Help with Quitting Among Adolescents	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-503	PDI 91 Acute Composite (Gastroenteritis, Urinary Tract Infection Admission Rate)	Required	P4P	Population Based Clinical Outcome	4

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

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

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

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name		Measure Bundle Base Points	Points Selected in Bundle		
Yes - Continue	E1	Improved Maternal Care		10	10		
This bundle was selected for DY7/8 and can be continued or can be dropped							
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: Medicaid; R: Medicaid)	E1-232	Timeliness of Prenatal Care	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	E1-235	Post-Partum Follow-Up and Care Coordination	Required	P4P	Clinical Outcome	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	E1-300	Behavioral Health Risk Assessment (for Pregnant Women)	Required	P4P	Process	N/A

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

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

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

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name		Measure Bundle Base Points	Points Selected in Bundle		
Yes - Continue	G1	Palliative Care		6	6		
This bundle was selected for DY7/8 and can be continued or can be dropped							
Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	G1-276	Hospice and Palliative Care – Pain Assessment	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	G1-277	Hospice and Palliative Care – Treatment Preferences	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	G1-278	Beliefs and Values - Percentage of hospice patients with documentation in the clinical record of a discussion of spiritual/religious concerns or documentation that the patient/caregiver did not want to discuss	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	G1-361	Patients Treated with an Opioid who are Given a Bowel Regimen	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	G1-362	Hospice and Palliative Care - Dyspnea Treatment	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	G1-363	Hospice and Palliative Care - Dyspnea Screening	Required	P4P	Process	N/A
No		G1-505	Proportion Admitted to Hospice for less than 3 days (PQRS #457)	Optional	P4P	Clinical Outcome	3
No		G1-507	Proportion Not Admitted to Hospice	Optional	P4P	Clinical Outcome	3

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle
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		
Yes - Continue	H4	Integrated Care for People with Serious Mental Illness		5	5		
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)	H4-182	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4R (All Payer, Medicaid, LIU)	H4-258	Cardiovascular monitoring for people with cardiovascular disease and schizophrenia (SMC)	Required	P4R	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	H4-260	Annual Physical Exam for Persons with Mental Illness	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	I1	Specialty Care	2	0

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle
No	J1	Hospital Safety	10	0

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

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

Total overall selected points:	75
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You have met the minimum selection requirements.

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

Organization's MFI:

Are you finished making your selections?

Yes

Section 3: Measure Exemption Requests

In order to be eligible for payment for a measure's reporting milestone, the Performing Provider must report its performance on the all-payer, Medicaid-only, and LIU-only payer types. Performing Providers may request to be exempted from reporting a measure's performance on the Medicaid-only payer type or the LIU-only payer type with good cause, such as data limitations. Note that reporting a measure's all-payer performance is still required to be eligible for payment for a measure's reporting milestone.

Bundle-Measure ID	Measure Name		Baseline Measurement Period
A1-111	Comprehensive Diabetes Care: Eye Exam (retinal) performed		CY2019: January 1, 2019 - December 31, 2019
Requesting a reporting milestone exemption?	No	Requesting a shorter or delayed measurement period?	No

Bundle-Measure ID	Measure Name		Baseline Measurement Period
D1-301	Maternal Depression Screening		CY2019: January 1, 2019 - December 31, 2019
Requesting a reporting milestone exemption?	No	Requesting a shorter or delayed measurement period?	No

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

Progress Tracker

Section 1: Core Activities

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

Complete

Complete

Performing Provider Information

RHP:

3

TPI and Performing Provider Name:

133355104 - Harris County Hospital District

Performing Provider Type:

Hospital

Ownership:

Non-State Owned Public

Section 1: Core Activities

Previous Core Activities

Core Activity #1

Do you want to edit or delete this Core Activity?

Edit

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

Summary of changes includes progress and challenges updated for each driver. Also, the addition of a 2nd change idea to the first secondary driver to incentivize patient participation in health outcomes through the creation of our Wall of Wellness program at each location. Progress update has been provided. Added more detail about the fifth secondary driver change idea that explains what components of our care protocols were addressed.

1) Please select the grouping for this Core Activity.

Chronic Care Management

a) Please select the name of this Core Activity.

Provision of services to individuals that address social determinants of health.

b) Please enter a description of this Core Activity

Implement a comprehensive, patient-centered care and support system to address potentially preventable hospitalizations and to prevent uncontrolled diabetes from progressing to a disease state with long term complications. In DY6, we implemented a multidisciplinary approach to diabetes management with the addition of CHWs to our community health center staff to address the Category 3 uncontrolled diabetes HbA1c >9 project by assessing and providing in-home interventions for the social determinants of health. This home visit intervention is undergoing continuous expansion to high-volume ambulatory health centers and potentially specialty clinics (currently at 6 with slated expansion to 2 additional health centers in the next quarter).

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

Incentivize patient participation in their own health outcomes by creating a "Wall of Wellness" at each of our health center locations to showcase patients who have managed and improved their A1c scores.

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

Reward patients that have managed their diabetes and improved their HbA1c goals by 2 percent with a recognition presentation, small gifts, and displaying their picture on the "Wall of Wellness" with success stories meant to inspire other patients to take control of their health.

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

Partner with Healthy Heart, Healthy You (HHHY) a remote blood pressure monitoring program to highlight patients on the Wall of Wellness who have successfully graduated the program. These patients have successfully lowered and are now maintaining a healthy blood pressure.

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).

Identification of appropriate documentation practices to capture accurate patient data in order to monitor patient adherence and track outcomes

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

Update existing methods for capturing specific data elements to facilitate the monitoring of patient outcomes

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).

Further coordination of care for the Diabetes Multidisciplinary Program to bridge clinical practice and self management in order to improve quality of care, patient outcomes, and system capacity.

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

Utilize case management to assess barriers associated with achieving optimal health outcomes

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

Integrate point of care pharmacy to assist with medication adherence and adjustments as needed.

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

Same-day access to patient education and/or nutrition counseling to promote diabetes self-management

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

Nursing staff to provide patients with a DM program education folder that will serve as a source of information to help guide and organize self-management

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

PCP initiated intervention (lab orders, referrals, medications, etc.) to improve health outcomes

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

Expansion of Community Health Worker Home Visit program to increase knowledge, teaching skills, addressing psychosocial needs, and providing social and environmental support to improve self-management among those with Type 2 Diabetes, as well as prevention among those with high-risk indicators.

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

Community Health Worker home assessment of diabetes knowledge and self-management behaviors to drive educational and clinical interventions.

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

Screening for social determinants of health to identify barriers and provide resources in order to improve self-management.

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).

Staff development and education to ensure appropriate management and navigation of patients to the right care at the right time

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

Standardize system-wide protocols for the appropriate management and coordination of services. This is being addressed through the refinement of our initial intake processes that address diagnoses, PCP assignment, initial assessments and treatments. We have also refined our maintenance processes to address appointment scheduling, pre-visit planning, follow-up assessments and f/u treatments. Trouble shooting protocols are also in place to address inactive patients, adherence issues, treatment issues, as well as, ED visits and admissions.

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

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

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

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

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

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

Provision of a patient-centered care framework in which Community Health Workers bridge clinical practice and self-management in order to improve quality of care, patient outcomes, and system capacity while utilizing evidence-based strategies to improve chronic disease and risk management in alignment with our DSRIP bundle measures.

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

No

Core Activity #2

Do you want to edit or delete this Core Activity?

No

2) Please select the grouping for this Core Activity.

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

Implement interventions that increase the use of appropriate intervals of care and screenings within the primary care setting through an organized, team-based system of care. These interventions will be applied to all 14 ambulatory health centers and 2 specialty locations. Approximately 200 providers will be committed to the improvement efforts.

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

Improved tracking systems to identify patients needing screening and follow-up
--

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

Utilizing Health Information Technology to identify patients in need of screenings and/or follow-up services.

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

Implement notification process to communicate effective messages that promote screening compliance behaviors.

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

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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).

Intensive outreach and patient education interventions to reach the most marginalized patients.

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

Provide a team-based approach to identifying patients that require cancer screening and include patient navigators/CHWs for outreach and education

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

Implement notification process to communicate effective messages that promote screening compliance behaviors.

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.

The implementation of these interventions will increase the percentage of patients receiving cancer screenings and follow-up services regardless of barriers to access.

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

No

Core Activity #3

Do you want to edit or delete this Core Activity?

No

3) Please select the grouping for this Core Activity.

Availability of Appropriate Levels of Behavioral Health Care Services

a) Please select the name of this Core Activity.

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

b) Please enter a description of this Core Activity

Promote the management of physical health conditions of patients diagnosed with serious

mental illness through the integration of primary and behavioral health services. This will be achieved through effective planning and implementation of protocols for patients in need of care of secondary medical conditions. These interventions will be applied to all 14 ambulatory health centers and will have an impact on Inpatient services at both Ben Taub and LBJ hospitals. Approximately 22 outpatient providers and all admitting inpatient providers will contribute to these improvements.

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

Reliable planning, communication, and collaboration across operational service areas

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

Training in effective communications, care transition, and discharge planning

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

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

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

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

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

Improved tracking systems for the identification of patients needing screening and follow-up

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

Utilizing Health Information Technology to identify patients in need of screenings and/or follow-up services.

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

Implement notification process to communicate effective messages that promote screening compliance behaviors.

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.

H4			
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i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.

Integrating an accurate and effective process that identifies, tracks, and reminds patients will encourage patients to complete any recommended screenings and adoption of these processes allows Harris Health to promote self-management and preventive care in all settings.

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.

Palliative Care

a) Please select the name of this Core Activity.

Transitioning of palliative care patients from acute hospital care into home care, hospice or a skilled nursing facility and management of patients' needs.

b) Please enter a description of this Core Activity

Align documentation requirements of Inpatient Palliative Care with Outpatient House Calls and Palliative Clinic to promote palliative care clinical services and to improve care and outcomes for patients with serious illness and their families.

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

Implement standardized documentation practice that includes comprehensive assessments and screenings that allow for improved patient outcomes and quality of life

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

Identify standardized screening tools and establish a response protocol for every clinical setting

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

Educate clinicians on use of the identified screening tools and response protocol

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

Modify documentation practices to capture specified components related to the continuum of care of the patient

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).

Develop integrated workflows that promote effective and collaborative multi-disciplinary functionality

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

Educate staff on the importance of effective communication, integrated workflows, and how to drive improvement

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

Reinforce effective communication, planning, and collaboration of the multi-disciplinary teams

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

These activities have had a positive impact in our communication across the inpatient and outpatient settings. We are still in the beginning stages of reviewing the fall-out data to report on the impact of the documentation changes but we are able to capture the needs of our patients through the use of the standard documentation flow-sheet and ensuring that our care teams are working together when patients transition from inpatient care to home and outpatient care.

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

Core Activity #5

Do you want to edit or delete this Core Activity?

5) Please select the grouping for this Core Activity.

a) Please select the name of this Core Activity.

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

b) Please enter a description of this Core Activity

Promote effective population health that shifts the focus of primary care to prevention and lifestyle modification for the prevention and management of disease by effectively navigating patients to the appropriate care based on the individual needs of the patient. This will be applied in all 14 ambulatory health centers, and 5 school-based clinics with approximately 30 providers committed to these interventions.

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

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

Analyze programs and clinical practices to target high cost populations and services to align with metrics

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

Workforce education and development to improve workflows that align operations with best practices

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

Identification of barriers to patients' access to care

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).

Data driven decision making to determine the best strategies to achieve the triple aim of reducing healthcare costs, advance population health, and improve the experience of care

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

Utilize health information data that influences and informs policy and operational decision making

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

Appropriate stakeholder engagement to support efforts and inspire change

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).

Improved tracking systems to identify patients that meet the criteria for appointments and immunizations

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

Apply best practice advisories to patients that meet certain requirements for scheduling appointments and ordering medications or immunizations

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.

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

Through the use of health information data reports, we will be able to identify patients that meet criteria for preventive care appointments and immunizations based on their medical history. This also addresses the aim of the measure bundle by establishing standards for navigating patients to the appropriate services in order to provide the most comprehensive care available.

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

Core Activity #6

Do you want to edit or delete this Core Activity?

6) Please select the grouping for this Core Activity.

a) Please select the name of this Core Activity.

Other

i) Please enter the name of this "Other" Core Activity.

Implement protocols for behavioral health disorders, including depression, substance abuse and addiction that includes screening, education, consultation with appropriate personnel and referral.

b) Please enter a description of this Core Activity

Reassess existing and evaluate new protocols to align with industry standards of care and prevention to obtain the desired outcomes for mothers and newborns throughout pregnancy, childbirth, and postpartum stages that address associated clinical outcomes

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

Implement tracking systems to identify patients that meet the criteria for follow-up appointments and screenings

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

Identify standardized screening tools and establish a response protocol for every clinical setting

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

Educate clinicians and office staff on use of the identified screening tools and response protocol

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

Modify documentation practices to capture specified components related to the continuum of care of the patient

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).

Effective prevention and management of conditions during pregnancy, childbirth and the early newborn period

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

Integration and coordination of services with primary and specialty care based on maternal early warning signs (MEWS)

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

Provide appropriately timed perinatal depression and anxiety awareness education to women and family members

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

E1			
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i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.

By compiling all of the documentation requirements into a standard flow, we can ensure that the appropriate documentation occurs and navigate patients to the appropriate care as needed.

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

No

Core Activity #7

Do you want to edit or delete this Core Activity?

No

7) Please select the grouping for this Core Activity.

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

Enhance programs to facilitate access to health-related programs and services for patients and care providers that promotes continuity of care by identifying and removing barriers and providing effective and efficient use of the health care system for patients, caregivers, and practitioners. The system components that will impact these measures will be primarily inpatient services and the emergency department at Ben Taub and LBJ hospitals. Additional follow-ups will occur at the 14 ambulatory health centers and in patients' homes. All admitting inpatient and EC providers will be committed to these interventions.

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

Develop an infrastructure for transitions that promotes quality care and effective communication

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

Assign responsibilities to appropriate staff to ensure that the patient receives the proper care

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

Provision of up-to-date, accessible information about patients and plans of care

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).

Develop integrated workflows that promote effective and collaborative multi-disciplinary functionality

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

Educate staff on the importance of effective communication, integrated workflows, and how to drive improvement

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

Reinforce effective communication, planning, and collaboration of the multi-disciplinary teams

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).

Provide standardized documentation that encourages patient responsibility and allows for improved access to coordinated and preventive services

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

Involve patients and family in shared goal setting process

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

Identify expressed wishes and ensure these are communicated within care teams

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).

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	G1		
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i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.

The aim of the Care Transitions and Coordination bundle is addressed through the effective collaboration of multidisciplinary teams and case management as well as improved documentation of specific health information components in the patient's medical record.

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

No

New Core Activities

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

0

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

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

3
133355104 - Harris County Hospital District
Hospital
Non-State Owned Public

Section 1: Valuation by Category and Measure

Category / Measure / Measure Bundle Item:	DY9	DY10
Category B - MLIU PPP	\$20,810,240.89	\$17,752,202.60
A1-111	\$6,936,746.96	\$5,917,400.87
A1-112	\$6,936,746.96	\$5,917,400.87
A1-115	\$6,936,746.96	\$5,917,400.87
A1-207	\$6,936,746.96	\$5,917,400.87
A1-500	\$6,936,746.96	\$5,917,400.87
A1-508	\$6,936,746.98	\$5,917,400.84
A1 Total	\$41,620,481.78	\$35,504,405.19
B1-124	\$3,270,180.71	\$2,789,631.84
B1-141	\$3,270,180.71	\$2,789,631.84
B1-217	\$3,270,180.71	\$2,789,631.84
B1-252	\$3,270,180.71	\$2,789,631.84
B1-253	\$3,270,180.71	\$2,789,631.84
B1-287	\$3,270,180.71	\$2,789,631.84
B1-352	\$3,270,180.72	\$2,789,631.81
B1 Total	\$22,891,264.98	\$19,527,422.85
C2-106	\$4,162,048.18	\$3,550,440.52
C2-107	\$4,162,048.18	\$3,550,440.52
C2-186	\$4,162,048.17	\$3,550,440.52
C2 Total	\$12,486,144.53	\$10,651,321.56
D1-108	\$4,422,176.19	\$3,772,343.05
D1-211	\$4,422,176.19	\$3,772,343.05
D1-212	\$4,422,176.19	\$3,772,343.05
D1-271	\$4,422,176.19	\$3,772,343.05
D1-284	\$4,422,176.19	\$3,772,343.05
D1-301	\$4,422,176.19	\$3,772,343.05
D1-400	\$4,422,176.19	\$3,772,343.05
D1-503	\$4,422,176.18	\$3,772,343.06
D1 Total	\$35,377,409.51	\$30,178,744.41
E1-232	\$6,936,746.96	\$5,917,400.86
E1-235	\$6,936,746.96	\$5,917,400.86
E1-300	\$6,936,746.97	\$5,917,400.87
E1 Total	\$20,810,240.89	\$17,752,202.59
G1-276	\$2,081,024.09	\$1,775,220.26
G1-277	\$2,081,024.09	\$1,775,220.26
G1-278	\$2,081,024.09	\$1,775,220.26
G1-361	\$2,081,024.09	\$1,775,220.26
G1-362	\$2,081,024.09	\$1,775,220.26
G1-363	\$2,081,024.08	\$1,775,220.26
G1 Total	\$12,486,144.53	\$10,651,321.56
H4-182	\$4,769,013.54	\$4,068,213.09
H4-258	\$867,093.37	\$739,675.11
H4-260	\$4,769,013.53	\$4,068,213.10
H4 Total	\$10,405,120.44	\$8,876,101.30
Category C Total:	\$156,076,806.66	\$133,141,519.46
Potentially preventable admissions (PPAs)	\$6,243,072.27	\$5,325,660.78
Potentially preventable 30-day readmissions	\$6,243,072.27	\$5,325,660.78
Potentially preventable complications (PPCs)	\$6,243,072.27	\$5,325,660.78
Potentially preventable ED visits (PPVs)	\$6,243,072.27	\$5,325,660.78
Patient satisfaction	\$6,243,072.25	\$5,325,660.77
Category D Total:	\$31,215,361.33	\$26,628,303.89
DSRIP Total	\$208,102,408.88	\$177,522,025.95

Section 2: Category C Milestone Valuation

Bundle- Measure ID	Denominator Volume	DY9 Category C Valuation: \$156,076,806.66							DY10 Category C Valuation: \$133,141,519.46					
		DY9 Measure Total	DY9 Milestone IDs						DY10 Measure Total	DY10 Milestone IDs				
			RM-1.B	RM-4	AM-9.1	AM-9.2	AM-9.3	IM-3		RM-5	AM-10.1	AM-10.2	AM-10.3	IM-4
A1-111	MLIU denominator with significant volume	\$6,936,746.96	\$867,093.37	\$867,093.37	\$5,202,560.22	\$0.00	\$0.00	\$0.00	\$5,917,400.87	\$1,479,350.22	\$4,438,050.65	\$0.00	\$0.00	\$0.00

A1-112	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$6,936,746.96	\$0.00	\$1,734,186.74	\$5,202,560.22	\$0.00	\$0.00	\$0.00	\$5,917,400.87	\$1,479,350.22	\$4,438,050.65	\$0.00	\$0.00	\$0.00
A1-115	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$6,936,746.96	\$0.00	\$1,734,186.74	\$5,202,560.22	\$0.00	\$0.00	\$0.00	\$5,917,400.87	\$1,479,350.22	\$4,438,050.65	\$0.00	\$0.00	\$0.00
A1-207	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$6,936,746.96	\$0.00	\$1,734,186.74	\$5,202,560.22	\$0.00	\$0.00	\$0.00	\$5,917,400.87	\$1,479,350.22	\$4,438,050.65	\$0.00	\$0.00	\$0.00
A1-500	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$6,936,746.96	\$0.00	\$1,734,186.74	\$5,202,560.22	\$0.00	\$0.00	\$0.00	\$5,917,400.87	\$1,479,350.22	\$4,438,050.65	\$0.00	\$0.00	\$0.00
A1-508	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$6,936,746.98	\$0.00	\$1,734,186.74	\$5,202,560.24	\$0.00	\$0.00	\$0.00	\$5,917,400.84	\$1,479,350.22	\$4,438,050.62	\$0.00	\$0.00	\$0.00
B1-124	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$3,270,180.71	\$0.00	\$817,545.18	\$2,452,635.53	\$0.00	\$0.00	\$0.00	\$2,789,631.84	\$697,407.96	\$2,092,223.88	\$0.00	\$0.00	\$0.00
B1-141	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$3,270,180.71	\$0.00	\$817,545.18	\$2,452,635.53	\$0.00	\$0.00	\$0.00	\$2,789,631.84	\$697,407.96	\$2,092,223.88	\$0.00	\$0.00	\$0.00
B1-217	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$3,270,180.71	\$0.00	\$817,545.18	\$2,452,635.53	\$0.00	\$0.00	\$0.00	\$2,789,631.84	\$697,407.96	\$2,092,223.88	\$0.00	\$0.00	\$0.00
B1-252	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$3,270,180.71	\$0.00	\$817,545.18	\$2,452,635.53	\$0.00	\$0.00	\$0.00	\$2,789,631.84	\$697,407.96	\$2,092,223.88	\$0.00	\$0.00	\$0.00
B1-253	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$3,270,180.71	\$0.00	\$817,545.18	\$2,452,635.53	\$0.00	\$0.00	\$0.00	\$2,789,631.84	\$697,407.96	\$2,092,223.88	\$0.00	\$0.00	\$0.00
B1-287	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$3,270,180.71	\$0.00	\$817,545.18	\$2,452,635.53	\$0.00	\$0.00	\$0.00	\$2,789,631.84	\$697,407.96	\$2,092,223.88	\$0.00	\$0.00	\$0.00
B1-352	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$3,270,180.72	\$0.00	\$817,545.18	\$1,226,317.77	\$1,226,317.77	\$0.00	\$0.00	\$2,789,631.81	\$697,407.96	\$1,046,111.94	\$1,046,111.91	\$0.00	\$0.00
C2-106	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$4,162,048.18	\$0.00	\$1,040,512.04	\$3,121,536.14	\$0.00	\$0.00	\$0.00	\$3,550,440.52	\$887,610.13	\$2,662,830.39	\$0.00	\$0.00	\$0.00
C2-107	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$4,162,048.18	\$0.00	\$1,040,512.04	\$3,121,536.14	\$0.00	\$0.00	\$0.00	\$3,550,440.52	\$887,610.13	\$2,662,830.39	\$0.00	\$0.00	\$0.00
C2-186	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$4,162,048.17	\$0.00	\$1,040,512.04	\$3,121,536.13	\$0.00	\$0.00	\$0.00	\$3,550,440.52	\$887,610.13	\$2,662,830.39	\$0.00	\$0.00	\$0.00
D1-108	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$4,422,176.19	\$0.00	\$1,105,544.05	\$3,316,632.14	\$0.00	\$0.00	\$0.00	\$3,772,343.05	\$943,085.76	\$2,829,257.29	\$0.00	\$0.00	\$0.00
D1-211	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$4,422,176.19	\$0.00	\$1,105,544.05	\$1,105,544.05	\$1,105,544.05	\$1,105,544.04	\$0.00	\$3,772,343.05	\$943,085.76	\$943,085.76	\$943,085.76	\$943,085.77	\$0.00
D1-212	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$4,422,176.19	\$0.00	\$1,105,544.05	\$3,316,632.14	\$0.00	\$0.00	\$0.00	\$3,772,343.05	\$943,085.76	\$2,829,257.29	\$0.00	\$0.00	\$0.00
D1-271	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$4,422,176.19	\$0.00	\$1,105,544.05	\$3,316,632.14	\$0.00	\$0.00	\$0.00	\$3,772,343.05	\$943,085.76	\$2,829,257.29	\$0.00	\$0.00	\$0.00
D1-284	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$4,422,176.19	\$0.00	\$1,105,544.05	\$3,316,632.14	\$0.00	\$0.00	\$0.00	\$3,772,343.05	\$943,085.76	\$2,829,257.29	\$0.00	\$0.00	\$0.00
D1-301	MLIU denominator with significant volume	\$4,422,176.19	\$552,772.02	\$552,772.02	\$3,316,632.15	\$0.00	\$0.00	\$0.00	\$3,772,343.05	\$943,085.76	\$2,829,257.29	\$0.00	\$0.00	\$0.00
D1-400	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$4,422,176.19	\$0.00	\$1,105,544.05	\$3,316,632.14	\$0.00	\$0.00	\$0.00	\$3,772,343.05	\$943,085.76	\$2,829,257.29	\$0.00	\$0.00	\$0.00
D1-503	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$4,422,176.18	\$0.00	\$1,105,544.05	\$3,316,632.13	\$0.00	\$0.00	\$0.00	\$3,772,343.06	\$943,085.76	\$2,829,257.30	\$0.00	\$0.00	\$0.00
E1-232	HHSC has approved as Standard P4P (A: Medicaid; R: Medicaid)	\$6,936,746.96	\$0.00	\$1,734,186.74	\$5,202,560.22	\$0.00	\$0.00	\$0.00	\$5,917,400.86	\$1,479,350.22	\$4,438,050.64	\$0.00	\$0.00	\$0.00
E1-235	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$6,936,746.96	\$0.00	\$1,734,186.74	\$5,202,560.22	\$0.00	\$0.00	\$0.00	\$5,917,400.86	\$1,479,350.22	\$4,438,050.64	\$0.00	\$0.00	\$0.00

E1-300	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$6,936,746.97	\$0.00	\$1,734,186.74	\$5,202,560.23	\$0.00	\$0.00	\$0.00	\$5,917,400.87	\$1,479,350.22	\$4,438,050.65	\$0.00	\$0.00	\$0.00
G1-276	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$2,081,024.09	\$0.00	\$520,256.02	\$1,560,768.07	\$0.00	\$0.00	\$0.00	\$1,775,220.26	\$443,805.07	\$1,331,415.19	\$0.00	\$0.00	\$0.00
G1-277	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$2,081,024.09	\$0.00	\$520,256.02	\$1,560,768.07	\$0.00	\$0.00	\$0.00	\$1,775,220.26	\$443,805.07	\$1,331,415.19	\$0.00	\$0.00	\$0.00
G1-278	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$2,081,024.09	\$0.00	\$520,256.02	\$1,560,768.07	\$0.00	\$0.00	\$0.00	\$1,775,220.26	\$443,805.07	\$1,331,415.19	\$0.00	\$0.00	\$0.00
G1-361	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$2,081,024.09	\$0.00	\$520,256.02	\$1,560,768.07	\$0.00	\$0.00	\$0.00	\$1,775,220.26	\$443,805.07	\$1,331,415.19	\$0.00	\$0.00	\$0.00
G1-362	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$2,081,024.09	\$0.00	\$520,256.02	\$1,560,768.07	\$0.00	\$0.00	\$0.00	\$1,775,220.26	\$443,805.07	\$1,331,415.19	\$0.00	\$0.00	\$0.00
G1-363	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$2,081,024.08	\$0.00	\$520,256.02	\$1,560,768.06	\$0.00	\$0.00	\$0.00	\$1,775,220.26	\$443,805.07	\$1,331,415.19	\$0.00	\$0.00	\$0.00
H4-182	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$4,769,013.54	\$0.00	\$867,093.37	\$3,901,920.17	\$0.00	\$0.00	\$0.00	\$4,068,213.09	\$739,675.11	\$3,328,537.98	\$0.00	\$0.00	\$0.00
H4-258	HHSC has approved as Standard P4R (All Payer, Medicaid, LIU)	\$867,093.37	\$0.00	\$867,093.37	\$0.00	\$0.00	\$0.00	\$0.00	\$739,675.11	\$739,675.11	\$0.00	\$0.00	\$0.00	\$0.00
H4-260	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$4,769,013.53	\$0.00	\$867,093.37	\$3,901,920.16	\$0.00	\$0.00	\$0.00	\$4,068,213.10	\$739,675.11	\$3,328,537.99	\$0.00	\$0.00	\$0.00

DY9-10 Provider RHP Plan Update Template - IGT Entry**Progress Tracker**

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

Complete
Complete
Complete

Performing Provider Information

RHP:

TPI and Performing Provider Name:

Performing Provider Type:

Ownership:

3

133355104 - Harris County Hospital District

Hospital

Non-State Owned Public

Section 1: IGT Entities

In order to delete an existing IGT, delete the name of the IGT from cell F21, F29, etc.

IGT RHP	IGT Name	IGT TPI (if available)	IGT TIN	Affiliation Number
3	Harris County Hospital District	133355104	17415369366324	100-13-0000-00131

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Jessica Granger	2525 Holly Hall Drive	Houston	77054	Jessica.Granger@harrishealth.org	713-566-6042		Both
2	Michael Norby	2525 Holly Hall Drive	Houston	77054	michael.norby@harrishealth.org	713-566-6790		Both
3	Victoria Nikitin	2525 Holly Hall Drive	Houston	77054	Victoria.Nikitin@harrishealth.org	713-566-6939		Both

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

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

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

Section 2: IGT Funding

Funding Category	IGT Name	IGT TIN	IGT Affiliation #	DY9 % IGT Allocated	DY10 % IGT Allocated	Total Estimated DY9 Allocation (FMAP 60.89/IGT 39.11)	Total Estimated DY10 Allocation (FMAP 60.89/IGT 39.11)
Category B	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$8,138,885.21	\$6,942,886.44
A1-111	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$2,712,961.74	\$2,314,295.48
A1-112	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$2,712,961.74	\$2,314,295.48
A1-115	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$2,712,961.74	\$2,314,295.48
A1-207	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$2,712,961.74	\$2,314,295.48
A1-500	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$2,712,961.74	\$2,314,295.48
A1-508	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$2,712,961.74	\$2,314,295.48
B1-124	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$1,278,967.68	\$1,091,025.01
B1-141	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$1,278,967.68	\$1,091,025.01
B1-217	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$1,278,967.68	\$1,091,025.01
B1-252	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$1,278,967.68	\$1,091,025.01
B1-253	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$1,278,967.68	\$1,091,025.01
B1-287	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$1,278,967.68	\$1,091,025.01
B1-352	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$1,278,967.68	\$1,091,025.00
C2-106	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$1,627,777.04	\$1,388,577.29
C2-107	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$1,627,777.04	\$1,388,577.29
C2-186	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$1,627,777.04	\$1,388,577.29
D1-108	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$1,729,513.11	\$1,475,363.37
D1-211	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$1,729,513.11	\$1,475,363.37
D1-212	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$1,729,513.11	\$1,475,363.37
D1-271	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$1,729,513.11	\$1,475,363.37
D1-284	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$1,729,513.11	\$1,475,363.37
D1-301	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$1,729,513.11	\$1,475,363.37
D1-400	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$1,729,513.11	\$1,475,363.37
D1-503	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$1,729,513.10	\$1,475,363.37
E1-232	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$2,712,961.74	\$2,314,295.48
E1-235	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$2,712,961.74	\$2,314,295.48
E1-300	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$2,712,961.74	\$2,314,295.48
G1-276	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$813,888.52	\$694,288.64
G1-277	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$813,888.52	\$694,288.64
G1-278	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$813,888.52	\$694,288.64
G1-361	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$813,888.52	\$694,288.64
G1-362	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$813,888.52	\$694,288.64
G1-363	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$813,888.52	\$694,288.64
H4-182	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$1,865,161.20	\$1,591,078.14
H4-258	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$339,120.22	\$289,286.94
H4-260	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$1,865,161.19	\$1,591,078.14
Category D	Harris County Hospital District	17415369366324	100-13-0000-00131	100.00%	100.00%	\$12,208,327.82	\$10,414,329.65
Total						\$81,388,852.11	\$69,428,864.35

Your funding allocations sum to 100%.

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