

# 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

Section 2: Lead Contact Information

Section 3: Optional Withdrawal From DSRIP

Section 4: Performing Provider Overview

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

## **Section 1: Performing Provider Information**

RHP:

TPI and Performing Provider Name:

Performing Provider Type:

Ownership: TIN:

**Physical Street Address:** 

City: Zip:

**Primary County:** 

Additional counties being served (optional):

133355104 - Harris County Hospital District

Hospital

Non-State Owned Public

17415369366324

2525 Holly Hall Drive

Houston 77054

Harris

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 sameday 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
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.
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.

# 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?

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	¢0.00	¢0.00
Providers	\$0.00	\$0.00

Category Percentage (%)	DY9-10 DSRIP Valuation Distribution	
Category Fercentage (%)	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

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

# **Performing Provider Information**

RHP:

133355104 - Harris County Hospital District TPI and Performing Provider Name: Hospital

Performing Provider Type:

Non-State Owned Public

Category B valuation in DY9:

\$20,810,240.89 \$17,752,202.60

Category B valuation in DY10:

# Section 1: System Definition

Would you like to modify the System Definition?

Ownership:

# 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	Business Component?
Maternal Department	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.

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

Hospitals - Optional Components	
Optional System Component	Would you like to select this component?
Contracted Specialty Clinics	No
Optional System Component	Would you like to select this component?
Contracted Primary Care Clinics	No
Optional System Component	Would you like to select this component?
School-based Clinics	Yes
Contracted Primary Care Clinics  Optional System Component	No Would you like to select this component?

### 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

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

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

|--|

# 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%

<sup>\*</sup>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 MPT 75 Note: you must Section 2: Selection of Measure Bundles for Hospitals and Physician Practices confirm selections Points Selected 75 7 Section 3: Measure Exemption Requests Bundles Selected at the bottom of Maximum Deletions Met Υ the page to finish. Minimum Selection Requirements Met Clinical Outcome Selected MPT Met

At least 2 PBCOs selected

### 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
- n. One admission for inpatient or observation status during the measurement year OR
- i. One prenatal or postnatal visit during the measurement year OR
- . One delivery during the measurement year OR
- k. One dental encounter during the measurement year OR
- . 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**

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

	Measure Volume Options for Goal Setting and			Required vs.			
Select Optional Measure (Yes/No)	Achievement	Bundle-Measure ID	Measure Name	Optional	P4P vs. P4R	Measure Category	Additional Points
Yes	MLIU denominator with		Comprehensive Diabetes Care: Eye Exam (retinal)				
res	significant volume	A1-111	performed	Optional	P4P	Process	1
	HHSC has approved as						
N/A - Required for Continuation	Standard P4P (A: MLIU; R: All						
	Payer, Medicaid, LIU)	A1-112	Comprehensive Diabetes Care: Foot Exam	Required	P4P	Process	N/A
	HHSC has approved as						
N/A - Required for Continuation	Standard P4P (A: MLIU; R: All		Comprehensive Diabetes Care: Hemoglobin A1c				
	Payer, Medicaid, LIU)	A1-115	(HbA1c) Poor Control (>9.0%)	Required	P4P	Clinical Outcome	N/A
	HHSC has approved as						
N/A - Required for Continuation	Standard P4P (A: MLIU; R: All						
	Payer, Medicaid, LIU)	A1-207	Diabetes care: BP control (<140/90mm Hg)	Required	P4P	Clinical Outcome	N/A
	HHSC has approved as		PQI 93 Diabetes Composite (Adult short-term				
N/A - Required for Continuation	Standard P4P (A: MLIU; R: All		complications, long-term complications,				
N/A - Required for Continuation			uncontrolled diabetes, lower-extremity amputation			Population Based	
	Payer, Medicaid, LIU)	A1-500	admission rates)	Required	P4P	Clinical Outcome	4
	HHSC has approved as						
N/A - Required for Continuation	Standard P4P (A: MLIU; R: All		Reduce Rate of Emergency Department visits for			Population Based	
	Payer, Medicaid, LIU)	A1-508	Diabetes	Required	P4P	Clinical Outcome	4

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

				Measure Bundle	Points Selected in		
Select Measure Bundle? (Yes/No)	Measure Bundle ID		Measure Bundle Name	Base Points	Bundle		
Yes - Continue	B1	Care Transitions & Ho	ospital Readmissions	11	11		
This bundle was selected for DY7/8 and co	• • • • • • • • • • • • • • • • • • • •		•		•	•	
	Measure Volume Options for						
	Goal Setting and			Required vs.			
Select Optional Measure (Yes/No)	Achievement	Bundle-Measure ID	Measure Name	Optional	P4P vs. P4R	Measure Category	Additional Points
	HHSC has approved as						
N/A - Required for Continuation	Standard P4P (A: MLIU; R: All						
	Payer, Medicaid, LIU)	B1-124	Medication Reconciliation Post-Discharge	Required	P4P	Process	N/A
			Risk Adjusted All-Cause 30-Day Readmission for				
	HHSC has approved as		Targeted Conditions: heart failure hospitalization,				
N/A - Required for Continuation	Standard P4P (A: MLIU; R: All		coronary artery bypass graft (CABG) surgery, CHF,				
	Payer, Medicaid, LIU)		Diabetes, AMI, Stroke, COPD, Behavioral Health,				
		B1-141	Substance Use	Required	P4P	Clinical Outcome	N/A
	HHSC has approved as						
N/A - Required for Continuation	Standard P4P (A: MLIU; R: All						
	Payer, Medicaid, LIU)	B1-217	Risk Adjusted All-Cause 30-Day Readmission	Required	P4P	Clinical Outcome	N/A
	HHSC has approved as		Transition Record with Specified Elements Received				
N/A - Required for Continuation	Standard P4P (A: MLIU; R: All		by Discharged Patients (Emergency Department				
	Payer, Medicaid, LIU)	B1-252	Discharges)	Required	P4P	Process	N/A
	HHSC has approved as		Transition Record with Specified Elements Received				
N/A - Required for Continuation	Standard P4P (A: MLIU; R: All		by Discharged Patients (Discharges from Inpatient				
	Payer, Medicaid, LIU)	B1-253	Facility)	Required	P4P	Process	N/A
	HHSC has approved as						
N/A - Required for Continuation	Standard P4P (A: MLIU; R: All		Documentation of Current Medications in the				
	Payer, Medicaid, LIU)	B1-287	Medical Record	Required	P4P	Process	N/A

	HHSC has approved as						
N/A - Required for Continuation	Standard P4P (A: MLIU; R: All						
	Payer, Medicaid, LIU)	B1-352	Post-Discharge Appointment	Required	P4P	Process	N/A

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

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

				Measure Bundle	Points Selected in		
Select Measure Bundle? (Yes/No)	Measure Bundle ID		Measure Bundle Name	Base Points	Bundle		
Yes - Continue	C2	<b>Primary Care Prevent</b>	tion - Cancer Screening	6	6		
This bundle was selected for DY7/8 and ca	n be continued or can be dropped	•		•	•		
	Measure Volume Options for						
	Goal Setting and			Required vs.			
Select Optional Measure (Yes/No)	Achievement	Bundle-Measure ID	Measure Name	Optional	P4P vs. P4R	Measure Category	Additional Points
	HHSC has approved as						
N/A - Required for Continuation	Standard P4P (A: MLIU; R: All						
	Payer, Medicaid, LIU)	C2-106	Cervical Cancer Screening	Required	P4P	Cancer Screening	N/A
	HHSC has approved as						
N/A - Required for Continuation	Standard P4P (A: MLIU; R: All						
	Payer, Medicaid, LIU)	C2-107	Colorectal Cancer Screening	Required	P4P	Cancer Screening	N/A
	HHSC has approved as						
N/A - Required for Continuation	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 Base Points Bundle				Measure Bundle	Points Selected in
	Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Base Points	Bundle
No C3 Hepatitis C 4 0	No	C3	Hepatitis C	4	0

				Measure Bundle	Points Selected in		
Select Measure Bundle? (Yes/No)	Measure Bundle ID		Measure Bundle Name	Base Points	Bundle		
Yes - Continue	D1	Pediatric Primary Car	re	12	17	İ	
This bundle was selected for DY7/8 and c	an be continued or can be dropped					_	
	Measure Volume Options for						
	Goal Setting and			Required vs.			
Select Optional Measure (Yes/No)	Achievement	Bundle-Measure ID	Measure Name	Optional	P4P vs. P4R	Measure Category	Additional Points
	HHSC has approved as						
N/A - Required for Continuation	Standard P4P (A: MLIU; R: All						
	Payer, Medicaid, LIU)	D1-108	Childhood Immunization Status (CIS)	Required	P4P	Immunization	N/A
	HHSC has approved as						
N/A - Required for Continuation	Standard P4P (A: MLIU; R: All		Weight Assessment and Counseling for Nutrition				
	Payer, Medicaid, LIU)	D1-211	and Physical Activity for Children/ Adolescents	Required	P4P	Process	N/A
	HHSC has approved as						
N/A - Required for Continuation	Standard P4P (A: MLIU; R: All						
	Payer, Medicaid, LIU)	D1-212	Appropriate Testing for Children With Pharyngitis	Required	P4P	Clinical Outcome	N/A

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

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

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

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

				Measure Bundle	Points Selected in		
Select Measure Bundle? (Yes/No)	Measure Bundle ID		Measure Bundle Name	Base Points	Bundle		
Yes - Continue	E1	Improved Maternal C	Care	10	10	1	
This bundle was selected for DY7/8 and co	an be continued or can be dropped					_	
	Measure Volume Options for						
	Goal Setting and			Required vs.			
Select Optional Measure (Yes/No)	Achievement	Bundle-Measure ID	Measure Name	Optional	P4P vs. P4R	Measure Category	Additional Points
	HHSC has approved as						
N/A - Required for Continuation	Standard P4P (A: Medicaid; R:						
	Medicaid)	E1-232	Timeliness of Prenatal Care	Required	P4P	Process	N/A
	HHSC has approved as						
N/A - Required for Continuation	Standard P4P (A: MLIU; R: All						
	Payer, Medicaid, LIU)	E1-235	Post-Partum Follow-Up and Care Coordination	Required	P4P	Clinical Outcome	N/A
	HHSC has approved as						
N/A - Required for Continuation	Standard P4P (A: MLIU; R: All		Behavioral Health Risk Assessment (for Pregnant				
	Payer, Medicaid, LIU)	E1-300	Women)	Required	P4P	Process	N/A

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

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

			Measure Bundle	Points Selected in
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Base Points	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	İ	
This bundle was selected for DY7/8 and c	an 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
( , , , , , , , , , , , , , , , , , , ,	HHSC has approved as						
N/A - Required for Continuation	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	G1-277	Hospice and Palliative Care – Treatment Preferences	Denvised	P4P	Dunana	N/A
N/A - Required for Continuation	Payer, Medicaid, LIU)  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  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 Base Points Bundle  No H1 Integration of Behavioral Health in a Primary or Specialty Care Setting 12 0				Measure Bundle	Points Selected in
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	Base Points	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 Base Points Bundle
Defect Measure Dutidie: (1es/140) Measure Dutidie ID Measure Dutidie 14aine Dase Folitis Dutidie
No H2 Behavioral Health and Appropriate Utilization 8 0

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

				Measure Bundle	Points Selected in		
Select Measure Bundle? (Yes/No)	Measure Bundle ID		Measure Bundle Name	Base Points	Bundle		
Yes - Continue	H4	Integrated Care for P	eople with Serious Mental Illness	5	5	İ	
This bundle was selected for DY7/8 and c	an be continued or can be dropped				•	•	
	Measure Volume Options for						
	Goal Setting and			Required vs.			
Select Optional Measure (Yes/No)	Achievement	Bundle-Measure ID	Measure Name	Optional	P4P vs. P4R	Measure Category	Additional Points
	HHSC has approved as		Diabetes Screening for People With Schizophrenia				
N/A - Required for Continuation	Standard P4P (A: MLIU; R: All		or Bipolar Disorder Who Are Using Antipsychotic				
	Payer, Medicaid, LIU)	H4-182	Medications (SSD-AD)	Required	P4P	Process	N/A
	HHSC has approved as						
N/A - Required for Continuation	Standard P4R (All Payer,		Cardiovascular monitoring for people with				
	Medicaid, LIU)	H4-258	cardiovascular disease and schizophrenia (SMC)	Required	P4R	Process	N/A
	HHSC has approved as						
N/A - Required for Continuation	Standard P4P (A: MLIU; R: All		Annual Physical Exam for Persons with Mental				
	Payer, Medicaid, LIU)	H4-260	Illness	Required	P4P	Process	N/A

Select Measure Bundle? (Yes/No) Measure Bundle ID Measure Bundle Name Base Points Bundle  No I1 Specialty Care 2 0				Measure Bundle	Points Selected in
No I1 Specialty Care 2 0	Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Base Points	Bundle
	No	l1	Specialty Care	2	0

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

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

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

Total overall selected points: 75

You have met the minimum selection requirements.

You have selected enough measures to meet or exceed your

uigailizatiuli 5 ivir 1.

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.

A1-111 Comprehensive Diabetes Care: Eye Exam (retinal) performed CY2019: January 1, 2019 - December 31, 2019  Requesting a reporting milestone No Requesting a shorter or delayed measurement period? No	Bundle-Measure ID		Measure Name	Baseline Measurement Pe	rement Period		
No Requesting a shorter or delayed measurement period?	A1-111	Comprehensive Diabetes Care	: Eye Exam (retinal) performed	CY2019: January 1, 2019 - December 31, 2019			
No Requesting a shorter or delayed measurement period?					_		
evenution?	Requesting a reporting milestone	No	Pequesting a shorter or delayed measurement period?	No			
exemption:	exemption?	NO	Requesting a shorter of delayed measurement period:	110			

Bundle-Measure ID	Baseline Measurement Period				
01-301	Maternal Depression Screening		CY2019: January 1, 2019 - December 31, 2019		
				<del>-</del>	
Requesting a reporting milestone exemption?	No	Requesting a shorter or delayed measurement period?	No		

Complete

Section 1: Wated Stranger

should be section of the section of the section of the STA STANDARD or briefly finescent electricity you made in
the CTS STANDARD or briefly finescent electricity you made in
the CTS STANDARD or STANDARD OR

Of note, if "Before DSRP, DT1-6, or DT7-8" is selected for "Implementation Dsta", then the options for "Implementation Status" will automatically be restricted for "Implemented in small scale; implemented throughout spear, or Implemented the discontinues", if a resistant, "Fament for DSP-3" is selected for "Implementation Dsta", "Implementation Status" will automation Status will automation Status will automation Status will automation Status will automation Status will automation Status will automation Status will automation Status will automation Status will automation Status will automation Status will automation status will a

			Related Strategies Lists											
	Related Strategies		A1, A2,	01,02,03	81, 82		D1, D4, D5		E1, E2			i, ii		H2, H3, H4
			Adult Primary Care Prevention and	Chronic Disease Management (H/PP)	Hospital Readmissions and Emerg	ency Department Utilization (H/PP)	Pediatric Primary Care and Chro	nic Disease Management (H/PP)	Maternal Care	nd Safety (H/PP)	Palliative Care and Specialty Care (C (H,	hronic and Life Impacting Conditions (PP)	Behavioral Hea	alth Integration (H/PP)
Related Strategies ID	Related Strategies Description	Related Strategies Theme	Implementation Date	Implementation Status	Implementation Date	Implementation Status	Implementation Date	Implementation Status	Implementation Date	Implementation Status	Implementation Date	Implementation Status	Implementation Date	Implementation Status
1.00	Same-day and/or walk-in appointments in the outpatient setting	Access to Care	DY1-6	Implemented throughout system	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable			Not applicable	Not applicable
1.01	Night and/or weekend appointments in the outpatient setting	Access to Care	Sefore DSRIP	Implemented in small scale	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable			Not applicable	Not applicable
1.10	health only) services in the outputient setting  Telehealth to provide virtual medical appointments and/or	Access to Care	Mot approache	Met applicable	Not approach	Not approach	Not applicable	Not applicable	Not applicable	Not approach			Not approach	Met approach
1.11	consultations with a primary care provider Telehealth to provide virtual medical appointments and/or	Access to Care	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable			Not applicable	Not applicable
1.12	consultations with a specialty care physician (physical health only)	Access to Care												
1.20	Integration or co-location of primary care and psychiatric services in the outpatient setting Telehealth to provide virtual medical appointments and/or	Access to Care	DY1-6	Implemented throughout system	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable			DY1-6	Implemented throughout system
1.21	Telehealth to provide virtual medical appointments and/or consultations with a psychiatrist Mobile clinic or other community-based delivery model to provide	Access to Care	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable			Not applicable	Not applicable
1.30	Mobile clinic or other community-based delivery model to provide care outside of the traditional office (excludes home-based care)	Access to Care	Before DSRIP	Implemented throughout system	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable			Not applicable	Not applicable
1.40	integration or co-location of primary care and dental services in the	Access to Care			Not applicable	Not applicable								+
1.41	outpatient setting Telehealth to provide virtual appointments and/or consultations with a dentitis Culturally and linguistically appropriate care planning for patients	Access to Care			Not applicable	Not applicable								+
2.00	eath a densit  Culturally and linguistically appropriate care planning for patients	Care Coordination	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
	Pre-visit planning and/or standing order protocols (e.g. for screenings/assessments, immunication status, tests/results.		D17-8	Implemented in small scale	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	DY7-8	Implemented in small scale
2.01	prescription changes/refills, scheduling follow-up visits, evidence-	Care Coordination												
	hased practices, etc.). 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,		017-8	implemented throughout system	017-8	Implemented throughout system	017-8	implemented throughout system	017-8	Implemented throughout system	017-8	Implemented throughout system	DY7-8	Implemented throughout system
2.02	tests/results, prescription changes/refills, scheduling follow-up visits, evidence-based practices, etc.)	Care Coordination												
<b>H</b>	Care team includes personnel in a care coordination role not		DY1-6	implemented throughout system	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
2.10	requiring clinical licensure (e.g. non-clinical social worker, community health worker, medical assistant, etc.)	Care Coordination												
2.11	Care beam includes personnel in a care coordination role not requiring clinical licersure (e.g. non-clinical social worker, community health worker, medical sustilant, etc.) Care beam includes personnel in a care coordination role requiring clinical licersure (e.g. registered nurse, licensed clinical social worker, health of the control of the	Care Coordination	Not applicable	Not applicable	0/1-6	Implemented then discontinued	Not applicable	Not applicable	0/1-6	Implemented then discontinued	Not applicable	Not applicable	Not applicable	Not applicable
	etc.) Hotiline, call center, or other similar programming staffed by personnel with clinical licensure to answer questions for patients		Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
2.12	(and their families) related to medications, clinical triage, care	Care Coordination												
2.20	transitions, etc.  Formal closed loop process for scheduling a follow-up visit with a primary care provider and/or assigning a primary care provider when	Care Coordination	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
	primary care provider and/or assigning a primary care provider when mone is identified  Formal closed loop process for scheduling referral visits as needed		Med aredicable	Hert annilinable	TV7.8	tredemented in small scale	Not andicable	Hart serelicable	Not applicable	fünt ansdirable	Not applicable	Not applicable	DYZ-R	Inclandated throughout page.
2.30	Data sharing consent day or consent with Medical Managed	Care Coordination	Mot approache	Met applicable	Met andirable	Not andicable	Not applicable	Not applicable	Not applicable	Not approach	Not approach	fort andrable	Med anolicable	Not aredicable
2.40	Care Organization(s) for patient claims data which provider's Care Organization(s) for patient claims data which provider's Cata sharing connectivity across care settings within provider's integrated delivery system (includes inputsient, outpatient, post- acute, urgent care, pharmacy, etc.) for patient medical records	Care Coordination	017-8	implemented in small scale	077-8	Implemented in small scale	077-8	implemented in small scale	077-8	Implemented in small scale	017-8	Implemented in small scale	DY7-8	Implemented in small scale
2.50	integrated delivery system (includes inpatient, outpatient, post- acute, urgent care, pharmacy, etc.) for patient medical records	Care Coordination												
	Data sharing connectivity or Health Information Exchange (HIF)		017-8	implemented throughout system	DY7-8	Implemented throughout system	017-8	implemented throughout system	017-8	Implemented throughout system	017-8	Implemented throughout system	DY7-8	Implemented throughout system
2.51	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												
2.60	Formal closed loop process for coordinating the transition from pediatric to adult care Panel management and/or proactive outreach of patients using a gap	Care Coordination					Not applicable	Not applicable						
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	D17-8	Implemented throughout system	017-8	Implemented throughout system	017-8	Implemented throughout system	017-8	Implemented throughout system	017-8	Implemented throughout system	DY7-8	Implemented throughout system
3.01	Panel management and/or proactive outreach of patients using a risk- stratification method (i.e. strategically targeting patients based on risk factors associated with worsening disease states)	Data Analytics	Not applicable	Not applicable	Planned for DY9-10	Not yet implemented	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
	Database or registry to track quality and clinical outcomes data on		70.6		107 B			and a second of the second or section		hardware and the section of the section		tentenested the state of contrast	0.7 8	
3.10 3.20	patients Anabols of appointment "possbous" rates	Data Analytics Data Analytics	0-110	Implemented throughout system	Met andirable	Not andicable	Met andrable	Not andrable	Mot andrable	Not applicable	Not annirable	fort anothrable	077-6	Implemented throughout system
	Formal partnership or arrangement with post-acute care facilities (e.g. skilled nursing facility, inpatient rehabilitation facility, long-term				Not applicable	Not applicable					Not applicable	Not applicable		
3.30	acute care hospital, home health agency, hospice, etc.) to track/share quality measures such as length of stay and readmission rates, etc.	Data Analytics												
							Before DSRIP	Implemented throughout system						
3.40	Formal partnership or arrangement with schools/school districts to track/share data such as absenteeism, classroom behaviors, etc.	Data Analytics						,						
4.00	Care team includes a clinical pharmacist(s)  Care team includes a behavioral health professional such as a	Disease Management	011-6 Not applicable	Implemented throughout system Not applicable			Not applicable Not applicable	Not applicable Not applicable	Not applicable Not applicable	Not applicable Not applicable	Not applicable Not applicable	Not applicable Not applicable	Not applicable DY1-6	Not applicable implemented throughout system
4.01	psychologist, licensed clinical social worker, licensed counselor (LPC, LMHC), etc.	Disease Management												
4.02	Care beam includes a registered dietician(s) Group visit model or similar non-traditional appointment format	Disease Management	Not applicable Not applicable	Not applicable Not applicable			Not applicable Not applicable	Not applicable Not applicable	Not applicable Not applicable	Not applicable Not applicable	Not applicable Not applicable	Not applicable Not applicable	Not applicable Not applicable	Not applicable Not applicable
4.10	that includes at least one provider and a group of patients with shared clinical and/or social experiences Home visit model of providing clinical services at a patient's	Disease Management												
4.20	residence (may be restricted to specific patient subpopulations)	Disease Management	not apparate	www.wypicadie			www.approacee	www.mithicacie	was approprie	mon suppression			nut approace	ных аррасавия
4.30	Classes for patients focused on disease self-management (e.g. lifestyle changes, symptom recognition, clinical triage guidance, etc.)	Disease Management	DY1-6	implemented throughout system			Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
	Classes for patients focused on diet, nutrition counseling, and/or		011-6	implemented throughout system			DY1-6	implemented throughout system	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
4.31 4.32	cooking Classes for patients focused on physical activity	Disease Management Disease Management	Not applicable	Not applicable		-	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
4.40		Disease Management	DY7-8	implemented in small scale			Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
4.50	coaching/mentoring, etc.) Telehealth to provide remote monitoring of patient biometric data (e.g. MbAIc levels, blood pressure, etc.) and/or medication adherence	Disease Management	Not applicable	Not applicable			Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
4.60	Patient educational materials or campaiens about preventive care	Disease Management	DY1-6	Implemented in small scale			DY1-6	Implemented in small scale	DY1-6	Implemented in small scale	Not applicable	Not applicable	Not applicable	Not applicable
4.61	(e.g. immunizations, preventive screenings, etc.) Patient educational materials or campaiens about advance care	Disease Management	Not applicable	Not applicable							017-8	Implemented throughout system		
4.70	planning/directives. SERT (Screening, Brief Intervention, Referral, and Treatment)	Disease Management							DY1-6	Implemented throughout system	D17-8	Implemented throughout system	DY1-6	Implemented throughout system
4.71	workflow actively in place Medication-Assisted Treatment (MAT) services actively offered	Disease Management											Not applicable	Not applicable
5.00	Screening patients for food insecurity  Formal partnership or arrangement with food resources to support	Social Determinants of Health	DIT-8	implemented throughout system	DY7-8	Implemented throughout system	DV7-8	Implemented throughout system	DY7-8	Implemented throughout system			DY7-8	Implemented throughout system
5.01	patient health status (e.g. local food banks, grocery stores, etc.)	Social Determinants of Health	ence to the	responsed in small scale	annual LORD?	represented in small scale	ALL STREET	enquestrented in small scale	Married DOMP				au-fore useur	y-temeroed in small scale
5.10	Screening patients for housing needs Formal partnership or arrangement with housing resources to support patient health status (e.g. affordable housing units,	Social Determinants of Health	Not applicable Not applicable	Not applicable Not applicable	Not applicable Not applicable	Not applicable Not applicable	Not applicable Not applicable	Not applicable Not applicable	Not applicable Not applicable	Not applicable Not applicable			Before DSRIP Not applicable	Implemented throughout system Not applicable
5.11		Social Determinants of Health												
5.12	Screening patients for housing quality needs Formal partnership or arrangement with housing quality resources to support patient health states (e.g. housing inspections, pest control management, heating and other utility services, etc.)	Social Determinants of Health	Not applicable Not applicable	Not applicable Not applicable	Not applicable Not applicable	Not applicable Not applicable	Not applicable Not applicable	Not applicable Not applicable	Not applicable Not applicable	Not applicable Not applicable			Not applicable Not applicable	Not applicable Not applicable
5.13	support patient health status (e.g. housing inspections, pest control management, heating and other utility services, etc.)	Social Determinants of Health												
5.20	Screening patients for transportation needs Formal partnership or arrangement with transportation resources to	Social Determinants of Health	Before DSRIP	Implemented throughout system	Before DSRP	Implemented throughout system	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system			Before DSRIP	Implemented throughout system
5.21	Formal partnership or arrangement with transportation resources to support patient access to care (e.g. public or private transit, etc.)	Social Determinants of Health	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system			Before DSRIP	Implemented throughout system
							Not applicable	Not applicable						+
5.30	Formal partnership or arrangement with schools/school districts to collaborate on health-promoting initiatives (e.g., addressing environmental triggers, healthy lunch options, field day activities,	Social Determinants of Health												
	[etc.]		1	1	1	1							1	

# 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 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

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

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).

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 o	describe the second Secondary Driver for the above Core Activity (optional).
	cation of appropriate documentation practices to capture accurate patient data in order to monitor
patient	adherance 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
В)	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).
Ο,	Trease has the third change face for the above secondary silver (optional).
D)	Please list the fourth Change Idea for the above Secondary Driver (optional).
U)	Please list the fourth change idea for the above Secondary Driver (optional).
-1	
E)	Please list the fifth Change Idea for the above Secondary Driver (optional).
	describe the third Secondary Driver for the above Core Activity (optional).
	coordination of care for the Diabetes Multidisciplinary Program to bridge clinical practice and self
manage	ement 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 selfmanagement 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 selfmanagement. 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).

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

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

c) Please select the Measure Bundles or measures impacted by this Core Activity. If this core activity is not associated with any measure bundles or measures, please select "None" in the first dropdown.
A1
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).
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) Diagon de aniha tha thiad Casandana Dairean fan tha albana Cana Antiidha (antional)
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).
Thease list the first change fact for the above secondary briver (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).
The ase describe the fourth secondary briver for the above core activity (optionar).
A) Please list the first Change Idea for the above Secondary Driver (required).
, The state of the
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).
D) Disease like the assessed Change Index for the phase Consequence Driven (antique)
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?
Carra Antivita, H3
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 o	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).
<b>C</b> \	
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).
	, , , ,
·	describe the second Secondary Driver for the above Core Activity (optional).
	ed 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).
i) Please o	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 o	lescribe the fourth Secondary Driver for the above Core Activity (optional).	
A)	Please list the first Change Idea for the above Secondary Driver (required).	
В)	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).	
	describe the fifth Secondary Driver for the above Core Activity (optional).  Please list the first Change Idea for the above Secondary Driver (required).	
В)	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).	
•	Measure Bundles or measures impacted by this Core Activity. If this core activity is not associated with any measure one" in the first dropdown.	bundles or measures,
H4		
i) Please o	describe how this Core Activity impacts the selected Measure Bundles or measures.	
patients	ing an accurate and effective process that identifies, tracks, and reminds patients will encourage to complete any recommended screenings and adoption of these processes allows Harris Health to e 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?
Core Activity #4
Do you want to edit or delete this Core Activity?
A) Place select the grouping for this Core Activity
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 desuggestation requirements of Innational Palliative Core, with Outpatient House Calls and
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.
patients with serious liness 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) Places list the fourth Change Idea for the above Cocandon, Driver (anticael)
D) Please list the fourth Change Idea for the above Secondary Driver (optional).
E) Places list the fifth Change Idea for the above Secondary Driver (antional)
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).
ease (	describe the third Secondary Driver for the above Core Activity (optional).
A)	Please list the first Change Idea for the above Secondary Driver (required).
В)	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).
lease (	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).
lease o	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
<u> </u>
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?
No
Core Activity #5
Do you want to edit or delete this Core Activity?
5) Please select the grouping for this Core Activity.
Patient Centered Medical Home
a) Please select the name of this Core Activity.

Provision of coordinated services for patients under Patent Centered Medical Home (PCMH) model, which incorporates empanelment of patients to physicians, and management or 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).

Integration and coordination of preventive care services in the primary care setting

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

В)	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).
	lescribe the second Secondary Driver for the above Core Activity (optional).
	ven decision making to determine the best strategies to achieve the triple aim of reducing
nealthca	are 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).
Please d	lescribe the third Secondary Driver for the above Core Activity (optional).
	ed tracking systems to identify patients that meet the criteria for appointments and immunizations
	0 */ · · · · · · · · · · · · · · · · · ·
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).
Please d	escribe 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).							
	undles or measures,						
DI							
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							
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).  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).  E) Please list the fifth Change Idea for the above Secondary Driver (optional).  E) Please list the fifth Change Idea for the above Secondary Driver (optional).  E) Please list the fifth Change Idea for the above Secondary Driver (optional).  E) 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  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 immunications 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?  No  Core Activity #6  Do you want to edit or delete this Core Activity?  No							
C) Bloom release the grouping for this Core Activity.							
C) Please list the third Change ideas for the above Secondary Driver (optional).  E) 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).  A) Please describe the fifth Secondary Driver for the above Secondary Driver (required).  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).  E) 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  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 preventure 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?  No							

Other	
i) Please e	enter the name of this "Other" Core Activity.
	ent protocols for behavioral health disorders, including depression, substance abuse and addiction
	ludes screening, education, consultation with appropriate personnel and referral.
b) Please enter a de	escription of this Core Activity
Reassess existing	g and evaluate new protocols to align with industry standards of care and
prevention to ob	otain the desired outcomes for mothers and newborns throughout pregnancy,
childbirth, and p	ostpartum stages that address associated clinical outcomes
i) Please o	lescribe the first Secondary Driver for the above Core Activity (required).
Implem screenir	ent tracking systems to identify patients that meet the criteria for follow-up appointments and ngs
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 o	describe the second Secondary Driver for the above Core Activity (optional).
•	e prevention and management of conditions during pregnancy, childbirth and the early newborn
period	e prevention and management of contactions during pregnancy, emidshirth and the early newson
•	Please list the first Change Idea for the above Secondary Driver (required).
r.,	Integration and coordination of services with primary and specialty care based on maternal early warning signs
	(MEWS)
R)	Please list the second Change Idea for the above Secondary Driver (optional).
D)	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).
lease o	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).
Please o	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).
Please o	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 sele	ect the Measure	Bundles or measures in	npacted by this Core Acti	ivity. If this core activity is	not associated wit	th any measure bundles or
please sele	ect "None" in th	e first dropdown.				
	E1					
i) Pl	ease describe h	ow this Core Activity imp	pacts the selected Measu	ure Bundles or measures.		
В	y compiling all c	of the documentation red	quirements into a standa	ard flow, we can ensure th	at the	
				ppropriate care as needed	I.	
Core Activity #7 Do you want to edit or delete this Core Activity #7	ctivity?	No	]			
7) Please select the g Expansion of Patie		Core Activity. ion and Transition Servic	es	]		

measures,

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 recieves the proper care

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

	Provision	of up-to-date, accessib	le information about pa	tients and plans of care		
C)	Please list	t the third Change Idea	for the above Secondar	y Driver (optional).		
D)	Please lis	t the fourth Change Ide	a for the above Seconda	ary Driver (optional).		
E)	Please lis	t the fifth Change Idea	for the above Secondary	Driver (optional).		
ii) Please o	describe th	ne second Secondary Dr	iver for the above Core	Activity (optional).		
Develop	p integrate	ed workflows that prom	ote effective and collab	orative multi-disciplinary	functionality	]
A)	Please lis	t the first Change Idea f	for the above Secondary	Driver (required).		J
,				ition, integrated workflow	vs, and how to drive	e
	improven	nent				
B)			ea for the above Second	ary Driver (optional).		
,				oration of the multi-disci	plinary teams	
C)			for the above Secondar		. ,	
C)	T Tease IIIs	t the third change raca	Tor the above secondar	y Briver (optionar).		
D)	Dloaco lic	t the fourth Change Ide	a for the above Seconda	ny Driver (entional)		
ט,	T ICase IIs	t the routin change rue	a for the above seconds	ary briver (optionar).		
۲\	N Dioasa lis	t the fifth Change Idea	for the above Cocondan	Driver (entional)		
E)	Please lis	t the fifth Change idea	for the above Secondary	Driver (optional).		
iii) Please (	describe th	ne third Secondary Drive	er for the above Core Ac	tivity (ontional)		
		•		sponsibility and allows for	r improved access	]
		nd preventive services	t chicoarages patient re		mproved decess	
			for the above Secondary	Driver (required)		J
Α,			ared goal setting proces			
D\		<u> </u>	ea for the above Second			
D)				nicated within care teams		
6)		•				
C)	Please list	t the third Change Idea	for the above Secondar	y Driver (optional).		
D)	Please list	t the fourth Change Ide	a for the above Seconda	ary Driver (optional).		
E)	Please list	t the fifth Change Idea	for the above Secondary	Driver (optional).		
iv) Please o	describe th	ne fourth Secondary Dri	ver for the above Core A	Activity (optional).		•
						]
			mpacted by this Core Ac	tivity. If this core activity	is not associated w	ith any measure
	one" in the	e first dropdown.			1	
B1		G1			1	

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.
, <u> </u>	ore Activity provided by a provider that is not included in the Category B System Definition?
New Core Activities	
Please enter your organization's number	er of new Core Activities to add:

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

## Performing Provider Information

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		
A1-111 A1-112	\$6,936,746.96	\$5,917,400.87
A1-112 A1-115	\$6,936,746.96	\$5,917,400.87
	\$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

		DY9 Category C Valuation: \$156,076,806.66							DY10 Category C Valuation: \$133,141,519.46					
Bundle-		DY9 Measure	DY9 Milestone IDs						DY10 Measure	DY10 Milestone IDs				
Measure ID	Denominator Volume	Total	RM-1.B	RM-4	AM-9.1	AM-9.2	AM-9.3	IM-3	Total	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

	HIICC has assessed as Chandred													
E1-300	HHSC has approved as Standard P4P (A: MLIU; R: All Payer,	\$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
E1-300	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
	HHSC has approved as Standard													
G1-276	P4P (A: MLIU; R: All Payer,	\$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
G1-276	Medicaid, LIU)	\$2,081,024.09	\$0.00	\$520,250.02	\$1,500,706.07	\$0.00	30.00	\$0.00	\$1,775,220.20	\$445,605.07	\$1,551,415.19	\$0.00	\$0.00	\$0.00
	HHSC has approved as Standard													
G1-277	P4P (A: MLIU; R: All Payer,	\$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
01-2//	Medicaid, LIU)	\$2,081,024.03	Ş0.00	\$320,230.02	\$1,500,708.07	Ş0.00	50.00	\$0.00	\$1,775,220.20	3443,803.07	\$1,331,413.13	Ş0.00	\$0.00	\$0.00
	HHSC has approved as Standard													
G1-278	P4P (A: MLIU; R: All Payer,	\$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
01 270	Medicaid, LIU)	\$2,001,024.03	Ş0.00	\$520,250.02	\$1,500,700.07	Ş0.00	Ş0.00	Ş0.00	\$1,775,220.20	Ş443,003.07	Ç1,551,415.15	Ş0.00	\$0.00	\$0.00
	HHSC has approved as Standard													
G1-361	P4P (A: MLIU; R: All Payer,	\$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
	Medicaid, LIU)	, -, -, -,	*****	40-0,-00:00	+=//	*****	*****	70.00	7-/::0/	+ ,	¥-,00-, 1-01-0	*****	70.00	70.00
	HHSC has approved as Standard													
G1-362	P4P (A: MLIU; R: All Payer,	\$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
	Medicaid, LIU)													
	HHSC has approved as Standard													
G1-363	P4P (A: MLIU; R: All Payer,	\$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
	Medicaid, LIU)													
	HHSC has approved as Standard													
H4-182	P4P (A: MLIU; R: All Payer,	\$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
	Medicaid, LIU)													
	HHSC has approved as Standard													
H4-258	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
	, , , , , , , , , , , , , , , , , , , ,													
	HHSC has approved as Standard													
H4-260	P4P (A: MLIU; R: All Payer,	\$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
	Medicaid, LIU)													

#### DY9-10 Provider RHP Plan Update Template - IGT Entry

#### **Progress Tracke**

Section 1: IGT Entities

Section 2: IGT Funding

Complete

Section 3: Certification

Complete

IGT Name

#### Performing Provider Informatio

RHP:	3
TPI and Performing Provider Name:	133355104 - Harris County Hospital District
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

### Section 1: IGT Entities

In order to delete an existing IGT, delete the name of the IGT from cell F21, F29, etc.										
IGT RHP	ST RHP IGT Name IGT TPI (if :		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	713-566-6047		Both
2	Michael Norby	2525 Holly Hall Drive	Houston	77054	michael.norby@harrishealth.org	713-566-6790		Both
3	Victoria Nikitin	2525 Holly Hall Drive	Houston	77054	Victoria.Nikitin@harrishealth.org	713-566-6939		Both

IGT TIN

Affiliation Number

					į l	A .		
Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
					( ·			

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.

IGT TPI (if available)

### Section 2: IGT Funding

IGT RHP

						Total Estimated DY9	Total Estimated DY10
Funding Category	IGT Name	IGT TIN	IGT Affiliation #	DY9 % IGT Allocated	DY10 % IGT Allocated	Allocation (FMAP 60.89/IGT	Allocation (FMAP 60.89/IGT
						39.11)	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	\$2,314,295.47
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?

### Section 3: Certification

By my signature below, I certify the following facts: