



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)

Complete
Complete
Complete
Complete
Complete

Section 1: Performing Provider Information

RHP:	3		
TPI and Performing Provider Name:	135033210 - Columbus Community Hospital		
Performing Provider Type:	Hospital		
Ownership:	Private		
TIN:	17413944186005		
Physical Street Address:	110 Shult Drive		
City:	Columbus		
Zip:	78934		
Primary County:	Colorado		
Additional counties being served (optional):	Austin	Fayette	Lavaca

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:	James Vanek	Betty Hajovsky	
Street Address:	110 Shult Drive	110 Shult Drive	
City:	Columbus	Columbus	
Zip:	78934	78934	
Email:	jvanek@columbusch.com	bhajovsky@columbusch.com	
Phone Number:	979-493-7561	979-493-7577	
Phone Extension:			
Lead Contact or Both:	Both	Both	

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

Section 3: Optional Withdrawal From DSRIP

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

Do Not Withdraw from DSRIP

Section 4: Performing Provider Overview

Performing Provider Description:	Columbus Community Hospital (CCH) is a 40-bed hospital in Columbus, Texas serving a 25 square mile area and a population of approximately 21,000. CCH's previous DSRIP project was the implementation of telemedicine to provide clinical support and patient consultations by a pharmacist after hours and on weekends to reduce medication errors. Columbus Community Hospital achieved its goal each project year and has been able to sustain the tele-pharmacy for its patients. Approximately 70% of the inpatients are currently Medicaid/Medicare eligible as indigent, allowing for a positive impact on the Medicaid/Medicare population for our community. Since the telehealth coverage was put in place CCH experienced "lower" medication errors, having an impact on the readmissions rate. CCH feels the new measures that will be implemented in DY7 will also have an impact on the community.
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Overall DSRIP Goals:	In our community, tobacco use is 15%. Columbus Community Hospital has goals to decrease the number of patients who smoke in our community to help impact this statistic. The hospital also has goals to increase access to preventive care, a long standing need in our community, and has goals to improve the health of the population through adequate and timely vaccinations.
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Alignment with regional community needs assessment:	Columbus Community Hospital (CCH) is aligned with the RHP 3 Community Needs Health Assessment. Some of the same challenges for Colorado County exist throughout the Region. DSRIP funding is an integral factor in the establishment of the proposed new services to meet the needs of underserved patient population. The providers must plan for how to maintain healthcare access for the medically underserved and improve health quality with potentially less funding. CCH continues to focus on prevention as the solution to improving healthcare. Another key point in the RHP3's CHNA is data sharing. Columbus Hospital provides data transparency through clinic and hospital systems to ensure access to patient information at all healthcare delivery points. Patient screenings for tobacco, pneumonia vaccination and advanced care planning in the outpatient setting is a coordinated care approach which assists in the inpatient setting providing information needed to facilitate better, quicker care while reducing redundancy.
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Section 5: DY9-10 Total Valuation and Updated Minimum Point Threshold (MPT)

Initial DY9 DSRIP Valuation	Initial DY10 DSRIP Valuation	Initial DY9-10 MPT
\$250,000.00	\$250,000.00	1

Would you like to decrease the total valuation?

No

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

Provider Selection:	Increase DY10 Valuation up to:	Updated MPT:
Yes	\$749,999.99	1
Yes	\$1,249,999.99	2
No	\$1,749,999.99	3
No	\$2,249,999.99	4
No	\$2,749,999.99	5
No	\$3,249,999.99	6
No	\$3,749,999.99	7

<-- Note: This is your current MPT

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

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

Yes

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

	Category Percentage (%)	DY9-10 DSRIP Valuation Distribution	
		DY9	DY10
Category A	0%	\$0.00	\$0.00
Category B	10%	\$25,000.00	\$25,000.00
Category C	75%	\$187,500.00	\$187,500.00
Category D	15%	\$37,500.00	\$37,500.00
Total	100%	\$250,000.00	\$250,000.00

Original MPT:	1
Adjusted MPT based on updated valuation:	1

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

Yes

Generate Worksheets

DY9-10 Provider RHP Plan Update Template - Category B

Progress Tracker

Section 1: System Definition

Complete

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

Complete

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	135033210 - Columbus Community Hospital
Performing Provider Type:	Hospital
Ownership:	Private
Category B valuation in DY9:	\$25,000.00
Category B valuation in DY10:	\$25,000.00

Section 1: System Definition

Would you like to modify the System Definition?

No

Hospitals - Required Components

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

Please enter a description of this System Component.

The System Component is Columbus Community Hospital. The hospital is a 40-bed, non-profit facility. Inpatient units include the Medical/Surgical floor and Obstetrical Department.

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

Please enter a description of this System Component.

The System Component is the Emergency Room at Columbus Community Hospital.

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

Please enter a description of this System Component.

The System Component are two Rural Health Clinics owned and operated by Columbus Community Hospital. The clinics are Columbus Medical Clinic and Four Oaks Medical Clinics and provide services including family medicine, internal medicine, obstetrics, and gynecology.

Required System Component

Business Component?

Maternal Department

Business Component of the Organization

Please enter a description of this System Component.

The System Component is the Obstetrical Unit owned and operated by Columbus Community Hospital.

Required System Component

Business Component?

Owned or Operated Urgent Care Clinics

Not a Business Component of the Organization

Hospitals - Optional Components

Optional System Component

Would you like to select this component?

Contracted Specialty Clinics

No

Optional System Component

Would you like to select this component?

Contracted Primary Care Clinics

No

Optional System Component

Would you like to select this component?

School-based Clinics

No

Optional System Component

Would you like to select this component?

Contracted Palliative Care Programs

No

Optional System Component

Would you like to select this component?

Contracted Mobile Health Programs

No

Optional System Component

Would you like to select this component?

Other

No

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

	DY7	DY8
MLIU PPP	4,948	4,948
Total PPP	13,361	13,361

Please indicate the population included in the MLIU PPP

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

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

No

Please fill out the applicable fields below:

Estimated Medicaid individuals served in DY7	1,270
Estimated Low-income or Uninsured Individuals served in DY7	1,918
Estimated Medicaid individuals served in DY8	1,270
Estimated Low-income or Uninsured Individuals served in DY8	3,678
MLIU PPP Goal for each DY (DY9 and DY10):	4,948
Forecasted Medicaid individuals served in each DY for DY9-10	1,270
Forecasted Low-income or Uninsured individuals served in each DY for DY9-10	3,678
Average Total PPP in each DY	13,361
MLIU percentage of Total PPP	37.03%
Allowable Variation	3.33%

*The MLIU percentage and forecasted Medicaid and LIU counts are for informational purposes only.

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

Progress Tracker

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

Section 3: Measure Exemption Requests

Minimum Selection Requirements Met

MPT Met

Complete

Complete

Yes

Yes

Note: you must confirm selections at the bottom of the page to finish.

MPT	1
Points Selected	3
Bundles Selected	1
Maximum Deletions Met	Y

Performing Provider Information

RHP:

TPI and Performing Provider Name:

Performing Provider Type:

Ownership:

Category C valuation in DY9:

Category C valuation in DY10:

3

135033210 - Columbus Community Hospital

Hospital

Private

\$187,500.00

\$187,500.00

MINIMUM POINT THRESHOLD (MPT):

1

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

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

Section 1: Attributed Population

Attributed Population for Hospital

- a. Medicaid beneficiary attributed to the Performing Provider during the measurement period as determined by assignment to a primary care provider (PCP), medical home, or clinic in the performing providers DSRIP defined system OR
- b. Individuals enrolled in a local coverage program (for example, a county-based indigent care program) assigned to a PCP, medical home, or clinic in the performing providers DSRIP defined system OR
- c. One preventive service provided during the measurement period (value sets of visit type codes for annual wellness visit, preventive care services - initial office visit, preventive care services - established office visit, preventive care individual counseling) OR
- d. One ambulatory encounter during the measurement year and one ambulatory encounter during the year prior to the measurement year OR
- e. Two ambulatory encounters during the measurement year OR
- f. Other populations managed with chronic disease in specialty care clinics in the performing providers DSRIP defined system
- g. One emergency department visit during the measurement year OR
- h. One admission for inpatient or observation status during the measurement year OR
- i. One prenatal or postnatal visit during the measurement year OR
- j. One delivery during the measurement year OR
- k. One dental encounter during the measurement year OR
- l. Enrolled in a palliative care or hospice program during the measurement year OR
- m. Other populations not included above that should be included in a measure bundle target population included in the RHP plan submission and approved by HHSC (for example, individuals enrolled in community based education programs)

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

Measure Bundles for Hospitals & Physician Practices

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

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle
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No	A2	Improved Chronic Disease Management: Heart Disease	8	0
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Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle
No	B1	Care Transitions & Hospital Readmissions	11	0

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

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

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

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

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

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

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

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

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

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle
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No	E2	Maternal Safety	12	0
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Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle
No	F1	Improved Access to Adult Dental Care	7	0

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

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

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

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

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

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

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

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

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

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

Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
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No		K1-103	Controlling High Blood Pressure	Optional	P4P	Clinical Outcome	3
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	K1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Required	P4P	Process	N/A
No		K1-112	Comprehensive Diabetes Care: Foot Exam	Optional	P4P	Process	1
No		K1-115	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Optional	P4P	Clinical Outcome	3
No		K1-146	Screening for Clinical Depression and Follow-Up Plan (CDF-AD)	Optional	P4P	Process	1
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	K1-268	Pneumonia vaccination status for older adults	Required	P4P	Immunization	N/A
No		K1-269	Preventive Care and Screening: Influenza Immunization	Optional	P4P	Immunization	1
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	K1-285	Advance Care Plan	Required	P4P	Process	N/A
No		K1-300	Behavioral Health Risk Assessment (for Pregnant Women)	Optional	P4P	Process	1

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

Total overall selected points:	3
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You have met the minimum selection requirements.
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You have selected enough measures to meet or exceed your organization's MPT.
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Are you finished making your selections?

Yes

Section 3: Measure Exemption Requests

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

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

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

Progress Tracker

Section 1: Related Strategies

Complete

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	135033210 - Columbus Community Hospital
Performing Provider Type:	Hospital
Ownership:	Private

Section 1: Related Strategies

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

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

Related Strategies			Related Strategies Lists	
			K1	
			Rural Primary Care (H/PP)	
Related Strategies ID	Related Strategies Description	Related Strategies Theme	Implementation Date	Implementation Status
1.00	Same-day and/or walk-in appointments in the outpatient setting	Access to Care	DY7-8	Implemented in small scale
1.01	Night and/or weekend appointments in the outpatient setting	Access to Care	Not applicable	Not applicable
1.10	Integration or co-location of primary care and specialty care (physical health only) services in the outpatient setting	Access to Care	Not applicable	Not applicable
1.11	Telehealth to provide virtual medical appointments and/or consultations with a primary care provider	Access to Care	Not applicable	Not applicable
1.12	Telehealth to provide virtual medical appointments and/or consultations with a specialty care physician (physical health only)	Access to Care	Not applicable	Not applicable
1.20	Integration or co-location of primary care and psychiatric services in the outpatient setting	Access to Care	Not applicable	Not applicable
1.21	Telehealth to provide virtual medical appointments and/or consultations with a psychiatrist	Access to Care	Not applicable	Not applicable
1.30	Mobile clinic or other community-based delivery model to provide care outside of the traditional office (excludes home-based care)	Access to Care	Not applicable	Not applicable
2.00	Culturally and linguistically appropriate care planning for patients	Care Coordination	Not applicable	Not applicable
2.01	Pre-visit planning and/or standing order protocols (e.g. for screenings/assessments, immunization status, tests/results, prescription changes/refills, scheduling follow-up visits, evidence-based practices, etc.)	Care Coordination	DY7-8	Implemented in small scale
2.02	Automated reminders/flags within the E.H.R. or other electronic care platform (e.g. for screenings/assessments, immunization status, tests/results, prescription changes/refills, scheduling follow-up visits, evidence-based practices, etc.)	Care Coordination	DY7-8	Implemented in small scale

2.10	Care team includes personnel in a care coordination role not requiring clinical licensure (e.g. non-clinical social worker, community health worker, medical assistant, etc.)	Care Coordination	Not applicable	Not applicable
2.11	Care team includes personnel in a care coordination role requiring clinical licensure (e.g. registered nurse, licensed clinical social worker, etc.)	Care Coordination	Not applicable	Not applicable
2.12	Hotline, call center, or other similar programming staffed by personnel with clinical licensure to answer questions for patients (and their families) related to medications, clinical triage, care transitions, etc.	Care Coordination	Not applicable	Not applicable
2.20	Formal closed loop process for scheduling a follow-up visit with a primary care provider and/or assigning a primary care provider when none is identified	Care Coordination	Not applicable	Not applicable
2.30	Formal closed loop process for scheduling referral visits as needed	Care Coordination	Not applicable	Not applicable
2.40	Data sharing connectivity or arrangement with Medicaid Managed Care Organization(s) for patient claims data	Care Coordination	Not applicable	Not applicable
2.50	Data sharing connectivity across care settings within provider's integrated delivery system (includes inpatient, outpatient, post-acute, urgent care, pharmacy, etc.) for patient medical records	Care Coordination	Not applicable	Not applicable
2.51	Data sharing connectivity or Health Information Exchange (HIE) arrangement across care settings external to provider's office/integrated delivery system (includes inpatient, outpatient, post-acute, urgent care, pharmacy, etc.) for patient medical records	Care Coordination	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	Planned for DY9-10	Not yet implemented
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
3.10	Database or registry to track quality and clinical outcomes data on patients	Data Analytics	DY7-8	Implemented in small scale
3.20	Analysis of appointment "no-show" rates	Data Analytics	Not applicable	Not applicable
4.00	Care team includes a clinical pharmacist(s)	Disease Management	Not applicable	Not applicable
4.01	Care team includes a behavioral health professional such as a psychologist, licensed clinical social worker, licensed counselor (LPC, LMHC), etc.	Disease Management	Not applicable	Not applicable
4.02	Care team includes a registered dietician(s)	Disease Management	Not applicable	Not applicable
4.10	Group visit model or similar non-traditional appointment format that includes at least one provider and a group of patients with shared clinical and/or social experiences	Disease Management	Not applicable	Not applicable
4.20	Home visit model of providing clinical services at a patient's residence (may be restricted to specific patient subpopulations)	Disease Management	Not applicable	Not applicable
4.30	Classes for patients focused on disease self-management (e.g. lifestyle changes, symptom recognition, clinical triage guidance, etc.)	Disease Management	Not applicable	Not applicable
4.31	Classes for patients focused on diet, nutrition counseling, and/or cooking	Disease Management	Not applicable	Not applicable
4.32	Classes for patients focused on physical activity	Disease Management	Not applicable	Not applicable
4.40	Peer-based programming (includes support groups, peer coaching/mentoring, etc.)	Disease Management	Not applicable	Not applicable
4.50	Telehealth to provide remote monitoring of patient biometric data (e.g. HbA1c levels, blood pressure, etc.) and/or medication adherence	Disease Management	Not applicable	Not applicable
4.60	Patient educational materials or campaigns about preventive care (e.g. immunizations, preventive screenings, etc.)	Disease Management	DY7-8	Implemented in small scale
4.61	Patient educational materials or campaigns about advance care planning/directives	Disease Management	DY7-8	Implemented in small scale
4.70	SBIRT (Screening, Brief Intervention, Referral, and Treatment) workflow actively in place	Disease Management	Not applicable	Not applicable
5.00	Screening patients for food insecurity	Social Determinants of Health	Not applicable	Not applicable

5.01	Formal partnership or arrangement with food resources to support patient health status (e.g. local food banks, grocery stores, etc.)	Social Determinants of Health	Not applicable	Not applicable
5.10	Screening patients for housing needs	Social Determinants of Health	Not applicable	Not applicable
5.11	Formal partnership or arrangement with housing resources to support patient health status (e.g. affordable housing units, transitional housing, rental assistance, etc.)	Social Determinants of Health	Not applicable	Not applicable
5.12	Screening patients for housing quality needs	Social Determinants of Health	Not applicable	Not applicable
5.13	Formal partnership or arrangement with housing quality resources to support patient health status (e.g. housing inspections, pest control management, heating and other utility services, etc.)	Social Determinants of Health	Not applicable	Not applicable
5.20	Screening patients for transportation needs	Social Determinants of Health	Not applicable	Not applicable
5.21	Formal partnership or arrangement with transportation resources to support patient access to care (e.g. public or private transit, etc.)	Social Determinants of Health	Not applicable	Not applicable

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

Progress Tracker

Section 1: Core Activities

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

Complete

Complete

Performing Provider Information

RHP:

TPI and Performing Provider Name:

Performing Provider Type:

Ownership:

3

135033210 - Columbus Community Hospital

Hospital

Private

Section 1: Core Activities

Previous Core Activities

Core Activity #1

Do you want to edit or delete this Core Activity?

No

1) Please select the grouping for this Core Activity.

Prevention and Wellness

a) Please select the name of this Core Activity.

Other

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

Implementation of strategies to prevent lung diseases and to give patients a choice of medical care.

b) Please enter a description of this Core Activity

The core activity is based on community awareness of pneumonia vaccination, tobacco use and advanced care planning. The program is used to increase patient engagement and improve overall community wellness. Columbus Community Hospital uses electronic EHR education databases to provide Smoking Cessation, Pneumonia Vaccination and Advanced Directive materials. The content of the materials provided is organized by care setting and comprised of both easy-to-read and standard content, available in several languages. The number of providers committed to the intervention is 14 providers. Locations impacted include Columbus Community Hospital, Columbus Medical Clinic and Four Oaks Medical Clinic.

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

Educate patients on tobacco use and cessation, pneumonia risk, and benefits of advance care plan.

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

Train personnel to educate patients for tobacco use and cessation, pneumonia risk, and benefits of advance care plan.

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

Deploy educational material to patients via EHR on Tobacco Cessation, Pneumonia and Advance Care Planning.

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).

The first Secondary Driver for the Core Activity is screening for tobacco use, pneumonia vaccination, and presence of advance care plan. Advanced Directives is screened in both the outpatient and inpatient settings giving patient education for their end of life care. The Smoking Cessation screening provides information to patients on the risks of lung cancer, heart disease and respiratory illnesses. The pneumonia vaccine screening benefits people over 65 years of age and is beneficial to those in danger of pneumococcal disease.

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

The first Change Idea is to train personnel to do screenings.

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

Build screener in EHR and in patient forms, so patients health record can be created and managed by authorized providers in a digital format capable of being shared with other providers in the system.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

K1			
----	--	--	--

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

Columbus Community Hospital's Core Activity (Smoking Cessation) impacts the Measure Bundle (Pneumonia) because they are both preventative care. Smoking Cessation activities are related to your lungs or respiratory care. An individual that is smoking is more susceptible to getting pneumonia. Therefore, it is important to educate patients about the dangers of smoking. Tobacco cessation is also important in reducing hospital admissions for pneumonia. It has been reported that half of serious invasive pneumococcal diseases occur in

admissions for pneumonia. It has been reported, that half of serious invasive pneumococcal diseases occur in people who smoke cigarettes. Advance care planning is essential for people over the age of 65 since it's a process that supports adults at a stage in their life to assist them in understanding and sharing their personal values, life goals, and preferences regarding future medical care.

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

No

New Core Activities

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

0

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

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	135033210 - Columbus Community Hospital
Performing Provider Type:	Hospital
Ownership:	Private

Section 1: Valuation by Category and Measure

Category / Measure / Measure Bundle Item:	DY9	DY10
Category B - MLIU PPP	\$25,000.00	\$25,000.00
K1-105	\$62,500.00	\$62,500.00
K1-268	\$62,500.00	\$62,500.00
K1-285	\$62,500.00	\$62,500.00
K1 Total	\$187,500.00	\$187,500.00
Category C Total:	\$187,500.00	\$187,500.00
Potentially preventable admissions (PPAs)	\$7,500.00	\$7,500.00
Potentially preventable 30-day readmissions	\$7,500.00	\$7,500.00
Potentially preventable complications (PPCs)	\$7,500.00	\$7,500.00
Potentially preventable ED visits (PPVs)	\$7,500.00	\$7,500.00
Patient satisfaction	\$7,500.00	\$7,500.00
Category D Total:	\$37,500.00	\$37,500.00
DSRIP Total	\$250,000.00	\$250,000.00

Section 2: Category C Milestone Valuation

Bundle-Measure ID	Denominator Volume	DY9 Category C Valuation: \$187,500.00							DY10 Category C Valuation: \$187,500.00					
		DY9 Measure Total	DY9 Milestone IDs						DY10 Measure Total	DY10 Milestone IDs				
			RM-1.B	RM-4	AM-9.1	AM-9.2	AM-9.3	IM-3		RM-5	AM-10.1	AM-10.2	AM-10.3	IM-4
K1-105	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$62,500.00	\$0.00	\$15,625.00	\$46,875.00	\$0.00	\$0.00	\$0.00	\$62,500.00	\$15,625.00	\$46,875.00	\$0.00	\$0.00	\$0.00
K1-268	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$62,500.00	\$0.00	\$15,625.00	\$46,875.00	\$0.00	\$0.00	\$0.00	\$62,500.00	\$15,625.00	\$46,875.00	\$0.00	\$0.00	\$0.00
K1-285	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$62,500.00	\$0.00	\$15,625.00	\$46,875.00	\$0.00	\$0.00	\$0.00	\$62,500.00	\$15,625.00	\$46,875.00	\$0.00	\$0.00	\$0.00

DY9-10 Provider RHP Plan Update Template - IGT Entry

Progress Tracker

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

Complete
Complete
Complete

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	135033210 - Columbus Community Hospital
Performing Provider Type:	Hospital
Ownership:	Private

Section 1: IGT Entities

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

IGT RHP	IGT Name	IGT TPI (if available)	IGT TIN	Affiliation Number
3	Gonzales County Hospital District	121785303	17416250136501	600-12-0000-00215

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	John Hughson, CEO	P.O. Box 587	Gonzales	78629	jhughson@gonzaleshealthcare.com	830-672-8495		Both
2	Patty Stewart	1110 N. Sarah Dewitt Dr	Gonzales	78629	pstewart@gonzaleshealthcare.com	830-672-7581	1002	Both
3	Chuck Norris	1110 N Sarah DeWitt Drive	Gonzales	78629	cnorris@gonzaleshealthcare.com	830-672-8495		Lead Contact

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

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

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

Section 2: IGT Funding

Funding Category	IGT Name	IGT TIN	IGT Affiliation #	DY9 % IGT Allocated	DY10 % IGT Allocated	Total Estimated DY9 Allocation (FMAP 60.89/IGT 39.11)	Total Estimated DY10 Allocation (FMAP 60.89/IGT 39.11)
Category B	Gonzales County Hospital District	17416250136501	600-12-0000-00215	100.00%	100.00%	\$9,777.50	\$9,777.50
K1-105	Gonzales County Hospital District	17416250136501	600-12-0000-00215	100.00%	100.00%	\$24,443.75	\$24,443.75
K1-268	Gonzales County Hospital District	17416250136501	600-12-0000-00215	100.00%	100.00%	\$24,443.75	\$24,443.75
K1-285	Gonzales County Hospital District	17416250136501	600-12-0000-00215	100.00%	100.00%	\$24,443.75	\$24,443.75
Category D	Gonzales County Hospital District	17416250136501	600-12-0000-00215	100.00%	100.00%	\$14,666.25	\$14,666.25
Total						\$97,775.00	\$97,775.00

Your funding allocations sum to 100%.

Have the IGT Entities and funding percentages been reviewed and updated as needed?

Yes

Section 3: Certification

By my signature below, I certify the following facts:

- I am legally authorized to sign this document on behalf of my organization;
- I have read and understand this document;

Name: Patty Stewart, CEO
IGT Organization: Gonzales County Hospital District
Date: 10/14/2019

DY9-10 Provider RHP Plan Update Template -Summary and Certification**Progress Tracker**

Section 1: DY9-10 DSRIP Valuation

Complete

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

Complete

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

Complete

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

Complete

Section 5: Category D

Complete

Section 6: Certification

Complete

Performing Provider Information

RHP:

3

TPI and Performing Provider Name:

135033210 - Columbus Community Hospital

Performing Provider Type:

Hospital

Ownership:

Private

Section 1: DY9-10 DSRIP Valuation

	DY9-10 DSRIP Valuation Distribution	
	DY9	DY10
Category A	\$0.00	\$0.00
Category B	\$25,000.00	\$25,000.00
Category C	\$187,500.00	\$187,500.00
Category D	\$37,500.00	\$37,500.00
Total	\$250,000.00	\$250,000.00

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

Yes

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

Did provider request a modification to the System Definition for DY9-10?

No

	Forecasted Medicaid	Forecasted LIU	MLIU PPP	Total PPP	MLIU Percentage of Total PPP	Allowable Variation %
DY9 Estimated	1,270	3,678	4,948	13,361	37.03%	3.33%
DY10 Estimated	1,270	3,678	4,948	13,361	37.03%	3.33%

Did provider request a modification to MLIU PPP for DY9-10?

No

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

Yes

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

Bundle-Measure ID	Measure Bundle/Measure Name	# of Measures with Requested Achievement of Alternative Denominators	# of Measures with Requested Shorter or Delayed Measurement Periods	# of Measures with Requested Reporting Milestone Exemptions	Points	DY9 Valuation	DY10 Valuation
K1	Rural Preventive Care	0	0	0	3	\$375,000.00	\$375,000.00
Total	N/A	0	0	0	3	\$375,000.00	\$375,000.00

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

Yes

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

Bundle-Measure ID	Measure Bundle/Measure Name	Associated Core Activities
K1	Rural Preventive Care	Other - Implementation of strategies to prevent lung diseases and to give patients a choice of medical care.

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

Yes

Section 5: Category D

Statewide Reporting for Hospitals

Measure	Category D DY9 Valuation	Category D DY10 Valuation
Potentially preventable admissions (PPAs)	\$7,500.00	\$7,500.00
Potentially preventable 30-day readmissions (PPRs)	\$7,500.00	\$7,500.00
Potentially preventable complications (PPCs)	\$7,500.00	\$7,500.00
Potentially preventable ED visits (PDVs)	\$7,500.00	\$7,500.00
Patient satisfaction	\$7,500.00	\$7,500.00

Please indicate below that you understand that Category D reporting requires qualitative reporting and data will be provided by HHSC as indicated in the Measure Bundle Protocol.

Yes

Section 6: Certification

By my signature below, I certify the following facts:

- I am legally authorized to sign this document on behalf of my organization;

- I have read and understand this document:
- The statements on this form regarding my organization are true, correct, and complete to the best of my knowledge and belief.

Name:

James Vanek

Performing Provider:

Columbus Community Hospital

Date:

10/7/2019

DY9-10 Provider RHP Plan Update Template - Overall Template Progress

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

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

Provider Entry

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

Category B

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

Category C Selection

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

Category C Related Strategies

Section 1: Related Strategies	Complete
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Category A Core Activities

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

IGT Entry

Section 1: IGT Entities

Complete

Section 2: IGT Funding

Complete

Section 3: Certification

Complete

Summary and Certification

Section 1: DY9-10 DSRIP Valuation

Complete

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

Complete

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

Complete

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

Complete

Section 5: Category D

Complete

Section 6: Certification

Complete