



RHP Plan Update Provider Form

This page provides high-level information on the various inputs that a user will find within this template.

Cell Background	Description
Sample Text	Required user input cell, that is necessary for successful completion
Sample Text	Pre-populated cell that a user CANNOT edit
Sample Text	Pre-populated cell that a user CAN edit
Sample Text	Optional user input cell

DY9-10 Provider RHP Plan Update Template - Provider Entry

Progress Indicators

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

Section 1: Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	137805107 - Memorial Hermann Hospital Southwest dba Memorial H
Performing Provider Type:	Hospital
Ownership:	Private
TIN:	17411525979064
Physical Street Address:	909 Frostwood Dr. Suite 2.500
City:	Houston
Zip:	77024
Primary County:	Harris
Additional counties being served (optional):	

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

Section 2: Lead Contact Information

	Lead Contact 1	Lead Contact 2	Lead Contact 3
Contact Name:	Lizette Escamilla	Laura Yates	Steve Hand
Street Address:	909 Frostwood Dr. Suite 2.500	909 Frostwood Dr. Suite 2.500	909 Frostwood Drive
City:	Houston	Houston	Houston
Zip:	77024	77024	77024
Email:	Lizette.Escamilla@memorialhermann.org	laura.yates@memorialhermann.org	steve.hand@memorialhermann.org
Phone Number:	713-338-5715	713-338-7754	713-338-4213
Phone Extension:			
Lead Contact or Both:	Lead Contact	Lead Contact	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:	Memorial Hermann is the largest not-for-profit health system in Southeast Texas. Inpatient and Emergency Department services are included for Memorial Hermann - Texas Medical Center. In addition to these hospital facilities Memorial Hermann's School Based Health Centers and Mental Health Crisis Clinics are included.
Overall DSRIP Goals:	Memorial Hermann's overall DSRIP goals are to improve the quality and increase the access of care for the Medicaid and Uninsured populations. Memorial Hermann aims to accomplish these goals by transforming the delivery of care through innovative core activities and projects. Specifically, Memorial Hermann plans to enhance coordination and transitions for patients between primary care and Emergency Departments (ED), increase access to appropriate behavioral health and crisis intervention services, increase access to pediatric primary care and dental services, all while improving hospital safety and quality. Memorial Hermann will utilize the existing ER Navigation program to enhance care coordination for patients between the ED and primary care providers. Memorial Hermann's Mental Health Crisis Clinics will increase access and provide patient navigation to appropriate behavioral health and crisis intervention services. Memorial Hermann will continue to increase pediatric primary care access and provide dental services through our existing School Based Health Centers. Memorial Hermann's Quality & Patient Safety Department will continue to focus on improving safety and care for all patients in all settings.
Alignment with regional community needs assessment:	Memorial Hermann's DY7-8 RHP Plan Update aligns with the following priority areas identified in the 2017 Community Needs Assessment for RHP3: (1) The School-Based Health Clinic and Mobile Dental Van programs align with need to address the lack of primary and specialty care Providers, particularly for uninsured individuals and people requiring behavioral health services, which results in insufficient access to care and frequent long waits for services; (2) The ED Patient Navigation and Nurse Triage align with the need to address the high prevalence of chronic disease and poor health in the Region, including diabetes, heart disease, asthma, cancer and cardiovascular disease; (3) Mental Health Crisis Clinic and Psych Response Team programs align with the need to address the shortage of behavioral health services throughout the Region, which lacks both the Providers and facilities to adequately meet the demand for behavioral healthcare services; and (4) The ED Patient Navigation, Nurse Triage, Mental Health Crisis Clinic, and Psych Response Team programs align with the need to increase care coordination and collaboration to improve patient services that are often fragmented and uncoordinated, which creates challenges for both patients and Providers and contributes to inefficient healthcare delivery.

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

Initial DY9 DSRIP Valuation	Initial DY10 DSRIP Valuation	Initial DY9-10 MPT
\$25,021,605.05	\$21,344,712.18	43

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	\$21,749,999.99	43
Yes	\$22,249,999.99	44
Yes	\$22,749,999.99	45
Yes	\$23,249,999.99	46
Yes	\$23,749,999.99	47
Yes	\$24,249,999.99	48
Yes	\$24,749,999.99	49

<-- 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%	\$2,502,160.51	\$2,134,471.22
Category C	75%	\$18,766,203.78	\$16,008,534.13
Category D	15%	\$3,753,240.76	\$3,201,706.83
Total	100%	\$25,021,605.05	\$21,344,712.18

Original MPT:

43

Adjusted MPT based on updated valuation:

43

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:

137805107 - Memorial Hermann Hospital Southwest dba Memorial H

Performing Provider Type:

Hospital

Ownership:

Private

Category B valuation in DY9:

\$2,502,160.51

Category B valuation in DY10:

\$2,134,471.22

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.

This required system component includes inpatient services at Memorial Hermann Texas Medical Center (TMC) Hospital.

Required System Component

Business Component?

Emergency Department

Business Component of the Organization

Please enter a description of this System Component.

This required system component includes emergency department services at Memorial Hermann Texas Medical Center (TMC) Hospital.

Required System Component	Business Component?
Owned or Operated Outpatient Clinics	Not a Business Component of the Organization
Required System Component	Business Component?
Maternal Department	Business Component of the Organization
Please enter a description of this System Component.	
This required system component includes maternal departments at Memorial Hermann TMC 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	Yes
Please enter a description of this System Component.	
This optional system component includes all Memorial Hermann School-based Health Centers located within five school districts in the Greater Houston Area. These Memorial Hermann School-based Health Centers include: Alief Health Center, Burbank Health Center, Elrod Health Center, Hogg Health Center, Kruse Health Center, Lamar Health Center, Nimitz Health Center, Sharpstown Health Center, Terry Health Center, WAVE Health Center. This system component also includes Memorial Hermann's School-based Health Center Mobile Dental van which serves these clinics on a rotating schedule.	
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	Yes
Please list your "Other" system component.	
Other - Mental Health Crisis Clinics	
Please enter a description for this "Other" system component.	
This optional system component includes all Memorial Hermann Mental Health Crisis Clinics. The three Memorial Hermann Mental Health Crisis Clinics are Spring Brand Mental Health Crisis Clinic, Meyerland Mental Health Crisis Clinic, and Northeast Mental Health Crisis Clinic.	
Please list your "Other" system component.	
Please enter a description for this "Other" system component.	

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

	DY7	DY8
MLIU PPP	73,252	73,252
Total PPP	192,287	192,287

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 checked="" type="checkbox"/> Self-Pay	<input checked="" type="checkbox"/> Uninsured	<input type="checkbox"/> Other (please explain below)	

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

No

Please fill out the applicable fields below:

Estimated Medicaid individuals served in DY7	53,474
Estimated Low-income or Uninsured Individuals served in DY7	19,778

Estimated Medicaid individuals served in DY8	45,416
Estimated Low-income or Uninsured Individuals served in DY8	27,836
MLIU PPP Goal for each DY (DY9 and DY10):	73,252
Forecasted Medicaid individuals served in each DY for DY9-10	45,416
Forecasted Low-income or Uninsured individuals served in each DY for DY9-10	27,836
Average Total PPP in each DY	192,287
MLIU percentage of Total PPP	38.10%
Allowable Variation	1.00%

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

DY9-10 Provider RHP Plan Update Template - Category C Selection**Progress Tracker**

Section 2: Selection of Measure Bundles for Hospitals and Physician Practices	Complete	Note: you must confirm selections at the bottom of the page to finish.	MPT	43
Section 3: Measure Exemption Requests	Complete		Points Selected	53
			Bundles Selected	5
Minimum Selection Requirements Met	Yes		Maximum Deletions Met	Y
MPT Met	Yes		Clinical Outcome Selected	Y

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	137805107 - Memorial Hermann Hospital Southwest dba Memorial H
Performing Provider Type:	Hospital
Ownership:	Private
Category C valuation in DY9:	\$18,766,203.78
Category C valuation in DY10:	\$16,008,534.13

MINIMUM POINT THRESHOLD (MPT):

43

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
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No	A1	Improved Chronic Disease Management: Diabetes Care	11	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	A2	Improved Chronic Disease Management: Heart Disease	8	0

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

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

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

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

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

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

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

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name		Measure Bundle Base Points	Points Selected in Bundle		
Yes - Continue	D1	Pediatric Primary Care		12	17		
This bundle was selected for DY7/8 and can be continued or can be dropped							
Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required	HHSC approved measure as having no volume for denominator.	D1-108	Childhood Immunization Status (CIS)	Required	P4P	Immunization	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-211	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-212	Appropriate Testing for Children With Pharyngitis	Required	P4P	Clinical Outcome	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-271	Immunization for Adolescents	Required	P4P	Immunization	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-284	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Required	P4P	Process	N/A
No		D1-301	Maternal Depression Screening	Optional	P4P	Process	1
Yes - Continue Measure	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-389	Human Papillomavirus Vaccine (age 15-18)	Optional	P4P	Immunization	1
N/A - Required for Continuation	HHSC has approved as Delayed P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-400	Tobacco Use and Help with Quitting Among Adolescents	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	D1-503	PDI 91 Acute Composite (Gastroenteritis, Urinary Tract Infection Admission Rate)	Required	P4P	Population Based Clinical Outcome	4

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

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

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

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

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

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

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

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

Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	F2-224	Dental Sealant: Children	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	F2-229	Oral Evaluation: Children	Required	P4P	Process	N/A

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle
No	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		
Yes - Continue	H2	Behavioral Health and Appropriate Utilization		8	13		
This bundle was selected for DY7/8 and can be continued or can be dropped *** Note: you must select one of the following measures as P4P to select this bundle: H2-160, H2-216, or H2-510.							
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
No		H2-160	Follow-Up After Hospitalization for Mental Illness	Optional	P4P	Clinical Outcome	3
No		H2-216	Risk Adjusted Behavioral Health/ Substance Abuse 30-Day Readmission Rate	Optional	P4P	Clinical Outcome	3
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	H2-259	Assignment of Primary Care Physician to Individuals with Schizophrenia	Required	P4P	Process	N/A
Yes - Continue Measure	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	H2-265	Housing Assessment for Individuals with Schizophrenia	Optional	P4P	Process	1
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	H2-266	Independent Living Skills Assessment for Individuals with Schizophrenia	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	H2-305	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-CH)	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	H2-319	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (eMeasure)	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	H2-405	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	H2-510	Reduce Rate of Emergency Department visits for Behavioral Health and Substance Abuse (Reported as two rates)	Required	P4P	Population Based Clinical Outcome	4

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

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

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

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name		Measure Bundle Base Points	Points Selected in Bundle		
Yes - Continue	J1	Hospital Safety		10	10		
This bundle was selected for DY7/8 and can be continued or can be dropped							
Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	J1-218	Central line-associated bloodstream infections (CLABSI) rates	Required	P4P	Hospital Safety	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	J1-219	Catheter-associated Urinary Tract Infections (CAUTI) rates	Required	P4P	Hospital Safety	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	J1-220	Surgical site infections (SSI) rates	Required	P4P	Hospital Safety	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	J1-221	Patient Fall Rate	Required	P4P	Hospital Safety	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	J1-506	PSI 13 Post Operative Sepsis Rate	Required	P4P	Hospital Safety	N/A

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

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

Total overall selected points:	53
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You have met the minimum selection requirements.

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

Are you finished making your selections?
Yes

Section 3: Measure Exemption Requests

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

Bundle-Measure ID	Measure Name		Baseline Measurement Period
D1-108	Childhood Immunization Status (CIS)		CY2019: January 1, 2019 - December 31, 2019
Requesting a reporting milestone exemption?	No	Requesting a shorter or delayed measurement period?	No

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

Progress Tracker	
Section 1: Related Strategies	Completed

Performing Provider Information	
RHP:	1
TP and Informative Provider Name:	137605107 - Memorial Hermann Medical Southwest Ohio Memorial H
Performing Provider Type:	Memorial
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 Selector" tab. To complete this section, two reporting indicators 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, DY9-6, or DY9-8" is selected for "Implementation Date", then the options for "Implementation Status" will automatically be restricted to "Implemented in small scale, Implemented throughout system, or Implemented then discontinued". If instead, "Planned for DY9-10" is selected for "Implementation Date", then the option for "Implementation Status" will automatically select "Not yet implemented". If instead, "Not applicable" is selected for "Implementation Date", then the option for "Implementation Status" will automatically select "Not applicable".

Related Strategies			Related Strategies Lists									
			B1, B2		D1, D4, D5		F1, F2		H1, H2, H3, H4		J1, J3	
			Hospital Readmissions and Emergency Department Utilization (N/PP)		Pediatric Primary Care and Chronic Disease Management (N/PP)		Dental Care (N/PP)		Behavioral Health Integration (N/PP)		Hospital Safety (N/PP)	
Related Strategies ID	Related Strategies Description	Related Strategies Theme	Implementation Date	Implementation Status	Implementation Date	Implementation Status	Implementation Date	Implementation Status	Implementation Date	Implementation Status	Implementation Date	Implementation Status
1.00	Bring day and/or walk-in appointments to the outpatient setting	Access to Care	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented in small scale	DY9-6	Implemented throughout system		
1.01	High and/or weekend appointments to the outpatient setting	Access to Care	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	DY9-6	Implemented in small scale		
1.10	Integration or co-location of primary care and specialty care (virtual health care services in the outpatient setting)	Access to Care	Planned for DY9-10	Not yet implemented	Not applicable	Not applicable	Before DSRIP	Implemented throughout system	Not applicable	Not applicable		
1.11	Telehealth to provide virtual medical appointments and/or consultations with a primary care provider	Access to Care	Planned for DY9-10	Not yet implemented	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
1.12	Telehealth to provide virtual medical appointments and/or consultations with a specialty care provider (behavioral health only)	Access to Care	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
1.20	Integration or co-location of primary care and psychiatric services in the outpatient setting	Access to Care	DY7-8	Implemented throughout system	DY7-8	Implemented in small scale	Before DSRIP	Implemented throughout system	DY7-8	Implemented in small scale		
1.21	Telehealth to provide virtual medical appointments and/or consultations with a specialist	Access to Care	Planned for DY9-10	Not yet implemented	DY7-8	Implemented in small scale	Not applicable	Not applicable	DY7-8	Implemented in small scale		
1.30	Mobile clinic or other community-based delivery model to provide care outside of the traditional office location (home-based care)	Access to Care	Not applicable	Not applicable	Not applicable	Not applicable	Before DSRIP	Implemented throughout system	DY7-8	Implemented throughout system		
1.40	Integration or co-location of primary care and dental services in the outpatient setting	Access to Care	DY7-8	Implemented throughout system			Before DSRIP	Implemented throughout system				
1.41	Telehealth to provide virtual appointments and/or consultations with a dentist	Access to Care	Not applicable	Not applicable			Not applicable	Not applicable				
2.00	Culturally and linguistically appropriate care planning for patients	Care Coordination	Planned for DY9-10	Not yet implemented	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	DY7-8	Implemented throughout system		
2.01	Pre-visit planning and/or standing order protocols (e.g., for screening/preventive, immunization status, health needs, prescription changes/refills, scheduling follow-up visits, evidence-based resources, etc.)	Care Coordination	DY7-8	Implemented throughout system	Before DSRIP	Implemented throughout system	Not applicable	Not applicable	DY7-8	Implemented throughout system		
2.02	Automated reminders/refills within the EHR or other electronic care platform (e.g., for screening/preventive, immunization status, health needs, prescription changes/refills, scheduling follow-up visits, evidence-based resources, etc.)	Care Coordination	Planned for DY9-10	Not yet implemented	DY7-8	Implemented throughout system	DY7-8	Implemented throughout system	DY7-8	Implemented throughout system		
2.10	Care team includes personnel in a care coordination role not requiring clinical licensure (e.g., non-clinical social worker, community health worker, medical assistant, etc.)	Care Coordination	DY7-8	Implemented throughout system	Before DSRIP	Implemented in small scale	Not applicable	Not applicable	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	DY7-8	Implemented throughout system	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	DY7-8	Implemented throughout system		
2.12	Referral, call center, or other similar programming carried by personnel with clinical licensure to answer questions for patients (and their families) related to medications, clinical trials, care transitions, etc.	Care Coordination	DY7-8	Implemented throughout system	Not applicable	Not applicable	Not applicable	Not applicable	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	DY7-8	Implemented throughout system	Before DSRIP	Implemented in small scale	Not applicable	Not applicable	Not applicable	Not applicable		
2.30	Formal closed loop process for scheduling referral visits as needed	Care Coordination	DY7-8	Implemented throughout system	Before DSRIP	Implemented in small scale	Planned for DY9-10	Not yet implemented	DY7-8	Implemented in small scale		
2.40	Data sharing connectivity or arrangement with Medical Managed Care	Care Coordination	Not applicable	Not applicable	Before DSRIP	Implemented in small scale	Not applicable	Not applicable	Not applicable	Not applicable		
2.50	Integration of patient care data across care settings within provider's integrated delivery system (includes inpatient, outpatient, post-acute, remote care, etc.)	Care Coordination	DY7-8	Implemented throughout system	Not applicable	Not applicable	Not applicable	Not applicable	DY7-8	Implemented throughout system		
2.51	Data sharing connectivity or health information exchange (HIE) arrangement across care settings external to provider's office/integrated delivery system (includes inpatient, outpatient, post-acute, remote care, etc.)	Care Coordination	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
2.60	Formal closed loop process for coordinating the transition from inpatient to ambulatory care	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	DY7-8	Implemented throughout system	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	DY7-8	Implemented in small scale	Before DSRIP	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	Planned for DY9-10	Not yet implemented	Not applicable	Not applicable	Not applicable	Not applicable	Planned for DY9-10	Not yet implemented	Planned for DY9-10	Not yet implemented
3.10	Database or registry to track quality and clinical outcomes data on patients	Data Analytics	Planned for DY9-10	Not yet implemented	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	Planned for DY9-10	Not yet implemented	Before DSRIP	Implemented throughout system
3.20	Analysis of appointment "no-show" rates	Data Analytics	Planned for DY9-10	Not yet implemented	Before DSRIP	Implemented in small scale	Before DSRIP	Implemented in small scale	Not applicable	Not applicable		
3.30	Formal partnership or arrangement with post-acute care facilities (e.g., skilled nursing facility, outpatient rehabilitation facility, long-term acute care hospital, home health agency, hospice, etc.) to track/track quality measures such as length of stay and readmission rates, etc.	Data Analytics			Before DSRIP	Implemented throughout system	Not applicable	Not applicable				
4.00	Formal partnership or arrangement with schools/school districts to track/track data such as absenteeism, depression, behaviors, etc.	Disease Management			Before DSRIP	Implemented throughout system	Not applicable	Not applicable				
4.01	Care team includes a clinical pharmacist	Disease Management	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	Not applicable	Not applicable	DY7-8	Implemented throughout system		
4.02	Care team includes a registered dietitian	Disease Management	Before DSRIP	Implemented in small scale	Before DSRIP	Implemented in small scale	Before DSRIP	Implemented in small scale	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 needs	Disease Management	Before DSRIP	Implemented in small scale	Before DSRIP	Implemented in small scale	Not applicable	Not applicable	DY7-8	Implemented throughout system		
4.20	Home visit model of providing clinical services at a patient's residence (may be restricted to specific patient subpopulations)	Disease Management	DY7-8	Implemented in small scale	Not applicable	Not applicable	Not applicable	Not applicable	DY7-8	Implemented throughout system		
4.30	Clinics for patients focused on disease self-management (e.g., lifestyle changes, medication management, etc.)	Disease Management	Before DSRIP	Implemented in small scale	Before DSRIP	Implemented in small scale	Not applicable	Not applicable	Not applicable	Not applicable		
4.31	Clinics for patients focused on diet, nutrition counseling, and/or behavior change	Disease Management	Before DSRIP	Implemented in small scale	Before DSRIP	Implemented in small scale	Not applicable	Not applicable	Not applicable	Not applicable		
4.32	Clinics for patients focused on physical activity	Disease Management	DY7-8	Implemented in small scale	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
4.40	Peer-based programming (includes support groups, peer educators, etc.)	Disease Management	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
4.50	Telehealth to provide remote monitoring of patient biometric data (e.g., blood pressure, blood glucose, etc.) and/or medication adherence	Disease Management	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
4.60	Formal educational materials or campaigns about preventive care (e.g., immunization, screening, etc.)	Disease Management	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	Before DSRIP	Implemented throughout system	Not applicable	Not applicable		
4.70	SBIRT (Screening, Brief Intervention, Referral, and Treatment) workflow activities in office	Disease Management							DY7-8	Implemented in small scale		
4.71	Medication-Assisted Treatment (MAT) services, including off-site	Disease Management										
4.80	Hospital and system accreditation programs	Disease Management							Not applicable	Not applicable	Before DSRIP	Implemented throughout system
4.81	Checklist(s) (or similar standardized protocol) tailored to prevent hospital safety-related events	Disease Management									Before DSRIP	Implemented throughout system
4.82	Formal process for monitoring compliance with hospital safety-related protocols (includes reviews, "secret shopper" approaches, etc.)	Disease Management									Before DSRIP	Implemented throughout system
4.83	Formal process for analyzing and addressing hospital safety-related events (includes root cause analysis, corrective actions, etc.)	Disease Management									Before DSRIP	Implemented throughout system
5.00	Screening patients for food insecurity	Social Determinants of Health	DY7-8	Implemented throughout system	DY7-8	Implemented throughout system	Not applicable	Not applicable	Not applicable	Not applicable		

5.01	Formal partnership or arrangement with food resources to support patient health status (e.g., food bank, food assistance, etc.)	Social Determinants of Health	D17-B	Implemented throughout system	D11-B	Implemented in small scale	Not applicable	Not applicable	Not applicable	Not applicable			
5.10	Screening patients for housing needs	Social Determinants of Health	D17-B	Implemented throughout system	D11-B	Implemented in small scale	Not applicable	Not applicable	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	D17-B	Implemented throughout system	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable			
5.12	Screening patients for housing quality needs	Social Determinants of Health	Revised for D19-10	Not yet implemented	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable			
5.13	Formal partnership or arrangement with housing quality resources to support patient health status (e.g., housing inspections, pest control assessments, asbestos and other safety issues, etc.)	Social Determinants of Health	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable			
5.20	Screening patients for transportation needs	Social Determinants of Health	D17-B	Implemented throughout system	D17-B	Implemented in small scale	Not applicable	Not applicable	Not applicable	Not applicable			
5.21	Formal partnership or arrangement with transportation resources to support patient access to care (e.g., public or private transit, etc.)	Social Determinants of Health	D17-B	Implemented throughout system	Not applicable	Implemented throughout system	Not applicable	Implemented throughout system	D11-B	Implemented throughout system			
5.30	Formal partnership or arrangement with schools/school districts to collaborate on health promoting initiatives (e.g., addressing environmental triggers, healthy lunch options, field day activities, etc.)	Social Determinants of Health			Not applicable	Not applicable	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:

3

TPI and Performing Provider Name:

137805107 - Memorial Hermann Hospital Southwest dba Memorial H

Performing Provider Type:

Hospital

Ownership:

Private

Section 1: Core Activities

Previous Core Activities

Core Activity #1

Do you want to edit or delete this Core Activity?

No

1) 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.

Increasing access to services by utilizing staff with the following qualifications: Wellness and Health Navigation: Bachelors level professional with experience in mental health and/or wellness initiatives or a peer specialist who has successfully completed the DSHS certification program for peer specialists

b) Please enter a description of this Core Activity

Mental Health Crisis Clinics: This core activity provides access to crisis stabilization clinics for the Medicaid and Uninsured patient populations. The clinics provide rapid access to initial psychiatric treatment and other outpatient services. The clinics all operate at varying hours to try and provide services outside of normal business hours as allowed. This core activity impacts two locations and is staffed with psychiatrists, social workers, and other qualified behavioral health navigators. This core activity utilizes 2-4 mental health providers at each shift.

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

Continue to recruit and onboard qualified staff enabling the clinics to operate at expanded hours.

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

Utilize Human Resource recruiters to identify qualified staff

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

Offer development opportunities to current staff who are able and willing

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

H2			
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i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.

H2: The objective of this core activity is to provide specialized and coordinated services to individuals with serious mental illness and/or a combination of behavioral health and physical health issues to reduce emergency department utilization and avoidable inpatient admission and readmissions. This core activity provides these services by offering an appropriate setting for patients experiencing a mental health crisis. These services assist in coordinating care and providing mental health care in an appropriate setting thus reducing unnecessary ED visits, hospital admission, and future mental health crises.

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

No

Do you want to edit or delete this Core Activity?

No

2) Please select the grouping for this Core Activity.

Expansion of Patient Care Navigation and Transition Services

a) Please select the name of this Core Activity.

Identification of frequent ED users and use of care navigators as part of a preventable ED reduction program, which includes a connection of ED patients to primary and preventive care.

b) Please enter a description of this Core Activity

ER Navigation Program: This core activity continues the established ER Navigation Program at Memorial Hermann Emergency Departments. This program utilizes navigators to connect uninsured and Medicaid patients to a medical home, thus reducing future visits to the emergency department. This core activity has the staff and resources to impact all hospital facilities in the system. This core activity utilizes 25-30 patient navigators at facilities across the system.

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

Perform social determinants of health screenings on all patients that are seen

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

Develop a screening tool for social determinants of health designed for the Medicaid and uninsured populations

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

B1			
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i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.

B1: Care Transitions & Hospital Readmissions the objective of this bundle is to implement improvement in care transitions and coordination of care from inpatient to outpatient, post-acute care, and home care settings in order to improve health outcomes and prevent increased health care costs and hospital readmissions. This core activity improves care transition and coordination of care for patients in our community by providing navigation services that emphasize primary care and establish a medical home. These services assist in reducing unnecessary ED visits.

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

Core Activity #3

Do you want to edit or delete this Core Activity?

3) Please select the grouping for this Core Activity.

a) Please select the name of this Core Activity.

b) Please enter a description of this Core Activity

School Based Health Clinics: This core activity provides primary care services at schools in the greater Houston area that allows Medicaid and uninsured students to see a primary care provider during the school day. This allows the student to reduce the time missed from class while seeing a provider and provides a medical home. The program also includes a mobile dental van which provides dental services to the same student population. This core activity has staff and resources to provide over 20,000 encounters a year. This core activity will impact 10 school based clinics across the system. With each clinic and mobile dental van utilizing 4-6 staff members per shift.

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

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

Efforts to increase awareness and identification of MLIU students at participating schools.

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

Tracking utilization of the school based clinics by MLIU students.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D1	F2		
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i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.

D1: Pediatric Primary Care The objective of this measure bundle is to increase access to comprehensive, coordinated primary care & preventive services focused on accountable, child centered care that improves quality of life and health outcomes. This core activity increases access and provides services for MLIU students by offering comprehensive primary care services and specific counseling services to school aged children at multiple School Based Health Clinics throughout the Greater Houston area.F2: Preventive Pediatric Dental The objective of this measure bundle is to expand access of dental care including screening and preventative dental services to improve long term oral health and quality of life and reduce costs by preventing the need for more intensive treatments. This core activity expands access and provides preventative dental services for MLIU students by offering a mobile dental van available on a rolling schedule to the School Based Health Centers.

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

No

Core Activity #4

Do you want to edit or delete this Core Activity?

No

4) Please select the grouping for this Core Activity.

Hospital Safety and Quality

a) Please select the name of this Core Activity.

Development and implementation of standard protocols and/or evidence-based practices to address leading causes of hospital infections and injuries (e.g., CLABSI, CAUTI, SSI, Sepsis, and Falls)

b) Please enter a description of this Core Activity

This core activity focuses on creating an environment to improve patient health outcomes and experience by reducing hospital related risks and errors. This environment anticipates potential problems, promotes early detection of problems, and always makes responses early. This core activity impacts all staff and facilities in the system.

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

Continue to monitor risks, errors, and near misses in the hospital.

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

Utilize systems including EMR reports to track outstanding risks, errors, or potential errors in the hospital.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

J1			
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i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.

J1: Hospital Safety Improve the objective of this bundle is to improve patient health outcomes and experience of care by improving medication management, reducing the risk of health-care associated infections, and reducing hospital errors. This core activity directly impacts the bundle objective by creating an environment in which potential problems are anticipated, detected early, and virtually always responded to early enough to prevent catastrophic consequences.

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:	137805107 - Memorial Hermann Hospital Southwest dba Memorial H
Performing Provider Type:	Hospital
Ownership:	Private

Section 1: Valuation by Category and Measure

Category / Measure / Measure Bundle Item:	DY9	DY10
Category B - MLIU PPP	\$2,502,160.51	\$2,134,471.22
B1-124	\$556,410.35	\$474,646.56
B1-141	\$556,410.35	\$474,646.56
B1-217	\$556,410.35	\$474,646.56
B1-252	\$556,410.35	\$474,646.56
B1-253	\$556,410.35	\$474,646.56
B1-287	\$556,410.35	\$474,646.56
B1-352	\$556,410.38	\$474,646.59
B1 Total	\$3,894,872.48	\$3,322,525.95
D1-108	\$0.00	\$0.00
D1-211	\$859,906.91	\$733,544.69
D1-212	\$859,906.91	\$733,544.69
D1-271	\$859,906.91	\$733,544.69
D1-284	\$859,906.91	\$733,544.69
D1-389	\$859,906.91	\$733,544.69
D1-400	\$859,906.91	\$733,544.69
D1-503	\$859,906.92	\$733,544.69
D1 Total	\$6,019,348.38	\$5,134,812.83
F2-224	\$354,079.32	\$302,047.82
F2-229	\$354,079.31	\$302,047.81
F2 Total	\$708,158.63	\$604,095.63
H2-259	\$657,575.87	\$560,945.94
H2-265	\$657,575.87	\$560,945.94
H2-266	\$657,575.87	\$560,945.94
H2-305	\$657,575.87	\$560,945.94
H2-319	\$657,575.87	\$560,945.94
H2-405	\$657,575.87	\$560,945.94
H2-510	\$657,575.90	\$560,945.94
H2 Total	\$4,603,031.12	\$3,926,621.58
J1-218	\$708,158.63	\$604,095.63
J1-219	\$708,158.63	\$604,095.63
J1-220	\$708,158.63	\$604,095.63
J1-221	\$708,158.63	\$604,095.63
J1-506	\$708,158.65	\$604,095.62
J1 Total	\$3,540,793.17	\$3,020,478.14
Category C Total:	\$18,766,203.78	\$16,008,534.13
Potentially preventable admissions (PPAs)	\$750,648.15	\$640,341.37
Potentially preventable 30-day readmissions	\$750,648.15	\$640,341.37
Potentially preventable complications (PPCs)	\$750,648.15	\$640,341.37
Potentially preventable ED visits (PPVs)	\$750,648.15	\$640,341.37
Patient satisfaction	\$750,648.16	\$640,341.35
Category D Total:	\$3,753,240.76	\$3,201,706.83
DSRIP Total	\$25,021,605.05	\$21,344,712.18

Section 2: Category C Milestone Valuation

Bundle-Measure ID	Denominator Volume	DY9 Category C Valuation: \$18,766,203.78							DY10 Category C Valuation: \$16,008,534.13					
		DY9 Measure Total	DY9 Milestone IDs						DY10 Measure Total	DY10 Milestone IDs				
			RM-1.B	RM-4	AM-9.1	AM-9.2	AM-9.3	IM-3		RM-5	AM-10.1	AM-10.2	AM-10.3	IM-4
B1-124	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$556,410.35	\$0.00	\$139,102.59	\$417,307.76	\$0.00	\$0.00	\$0.00	\$474,646.56	\$118,661.64	\$355,984.92	\$0.00	\$0.00	\$0.00
B1-141	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$556,410.35	\$0.00	\$139,102.59	\$417,307.76	\$0.00	\$0.00	\$0.00	\$474,646.56	\$118,661.64	\$355,984.92	\$0.00	\$0.00	\$0.00

B1-217	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$556,410.35	\$0.00	\$139,102.59	\$417,307.76	\$0.00	\$0.00	\$0.00	\$474,646.56	\$118,661.64	\$355,984.92	\$0.00	\$0.00	\$0.00
B1-252	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$556,410.35	\$0.00	\$139,102.59	\$417,307.76	\$0.00	\$0.00	\$0.00	\$474,646.56	\$118,661.64	\$355,984.92	\$0.00	\$0.00	\$0.00
B1-253	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$556,410.35	\$0.00	\$139,102.59	\$417,307.76	\$0.00	\$0.00	\$0.00	\$474,646.56	\$118,661.64	\$355,984.92	\$0.00	\$0.00	\$0.00
B1-287	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$556,410.35	\$0.00	\$139,102.59	\$417,307.76	\$0.00	\$0.00	\$0.00	\$474,646.56	\$118,661.64	\$355,984.92	\$0.00	\$0.00	\$0.00
B1-352	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$556,410.38	\$0.00	\$139,102.59	\$208,653.88	\$208,653.91	\$0.00	\$0.00	\$474,646.59	\$118,661.64	\$177,992.46	\$177,992.49	\$0.00	\$0.00
D1-108	HHSC approved measure as having no volume for denominator.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D1-211	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$859,906.91	\$0.00	\$214,976.73	\$214,976.73	\$214,976.73	\$214,976.72	\$0.00	\$733,544.69	\$183,386.17	\$183,386.17	\$183,386.17	\$183,386.18	\$0.00
D1-212	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$859,906.91	\$0.00	\$214,976.73	\$644,930.18	\$0.00	\$0.00	\$0.00	\$733,544.69	\$183,386.17	\$550,158.52	\$0.00	\$0.00	\$0.00
D1-271	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$859,906.91	\$0.00	\$214,976.73	\$644,930.18	\$0.00	\$0.00	\$0.00	\$733,544.69	\$183,386.17	\$550,158.52	\$0.00	\$0.00	\$0.00
D1-284	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$859,906.91	\$0.00	\$214,976.73	\$644,930.18	\$0.00	\$0.00	\$0.00	\$733,544.69	\$183,386.17	\$550,158.52	\$0.00	\$0.00	\$0.00
D1-389	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$859,906.91	\$0.00	\$214,976.73	\$644,930.18	\$0.00	\$0.00	\$0.00	\$733,544.69	\$183,386.17	\$550,158.52	\$0.00	\$0.00	\$0.00
D1-400	HHSC has approved as Delayed P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$859,906.91	\$0.00	\$214,976.73	\$644,930.18	\$0.00	\$0.00	\$0.00	\$733,544.69	\$183,386.17	\$550,158.52	\$0.00	\$0.00	\$0.00
D1-503	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$859,906.92	\$0.00	\$214,976.73	\$644,930.19	\$0.00	\$0.00	\$0.00	\$733,544.69	\$183,386.17	\$550,158.52	\$0.00	\$0.00	\$0.00
F2-224	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$354,079.32	\$0.00	\$88,519.83	\$265,559.49	\$0.00	\$0.00	\$0.00	\$302,047.82	\$75,511.95	\$226,535.87	\$0.00	\$0.00	\$0.00
F2-229	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$354,079.31	\$0.00	\$88,519.83	\$265,559.48	\$0.00	\$0.00	\$0.00	\$302,047.81	\$75,511.95	\$226,535.86	\$0.00	\$0.00	\$0.00
H2-259	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$657,575.87	\$0.00	\$164,393.97	\$493,181.90	\$0.00	\$0.00	\$0.00	\$560,945.94	\$140,236.49	\$420,709.45	\$0.00	\$0.00	\$0.00
H2-265	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$657,575.87	\$0.00	\$164,393.97	\$493,181.90	\$0.00	\$0.00	\$0.00	\$560,945.94	\$140,236.49	\$420,709.45	\$0.00	\$0.00	\$0.00
H2-266	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$657,575.87	\$0.00	\$164,393.97	\$493,181.90	\$0.00	\$0.00	\$0.00	\$560,945.94	\$140,236.49	\$420,709.45	\$0.00	\$0.00	\$0.00
H2-305	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$657,575.87	\$0.00	\$164,393.97	\$493,181.90	\$0.00	\$0.00	\$0.00	\$560,945.94	\$140,236.49	\$420,709.45	\$0.00	\$0.00	\$0.00
H2-319	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$657,575.87	\$0.00	\$164,393.97	\$493,181.90	\$0.00	\$0.00	\$0.00	\$560,945.94	\$140,236.49	\$420,709.45	\$0.00	\$0.00	\$0.00
H2-405	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$657,575.87	\$0.00	\$164,393.97	\$493,181.90	\$0.00	\$0.00	\$0.00	\$560,945.94	\$140,236.49	\$420,709.45	\$0.00	\$0.00	\$0.00
H2-510	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$657,575.90	\$0.00	\$164,393.97	\$246,590.95	\$246,590.98	\$0.00	\$0.00	\$560,945.94	\$140,236.49	\$210,354.73	\$210,354.72	\$0.00	\$0.00

J1-218	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	\$708,158.63	\$0.00	\$177,039.66	\$531,118.97	\$0.00	\$0.00	\$0.00	\$604,095.63	\$151,023.91	\$453,071.72	\$0.00	\$0.00	\$0.00
J1-219	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	\$708,158.63	\$0.00	\$177,039.66	\$531,118.97	\$0.00	\$0.00	\$0.00	\$604,095.63	\$151,023.91	\$453,071.72	\$0.00	\$0.00	\$0.00
J1-220	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	\$708,158.63	\$0.00	\$177,039.66	\$531,118.97	\$0.00	\$0.00	\$0.00	\$604,095.63	\$151,023.91	\$453,071.72	\$0.00	\$0.00	\$0.00
J1-221	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	\$708,158.63	\$0.00	\$177,039.66	\$531,118.97	\$0.00	\$0.00	\$0.00	\$604,095.63	\$151,023.91	\$453,071.72	\$0.00	\$0.00	\$0.00
J1-506	HHSC has approved as Standard P4P (A: All Payer; R: All Payer)	\$708,158.65	\$0.00	\$177,039.66	\$531,118.99	\$0.00	\$0.00	\$0.00	\$604,095.62	\$151,023.91	\$453,071.71	\$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:	137805107 - Memorial Hermann Hospital Southwest dba Memorial H
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	Harris County Hospital District	133355104	17415369366324	529-08-0236-00073

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

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

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

Section 2: IGT Funding

Funding Category	IGT Name	IGT TIN	IGT Affiliation #	DY9 % IGT Allocated	DY10 % IGT Allocated	Total Estimated DY9 Allocation (FMAP 60.89/IGT 39.11)	Total Estimated DY10 Allocation (FMAP 60.89/IGT 39.11)
Category B	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$978,594.98	\$834,791.69
B1-124	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$217,612.09	\$185,634.27
B1-141	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$217,612.09	\$185,634.27
B1-217	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$217,612.09	\$185,634.27
B1-252	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$217,612.09	\$185,634.27
B1-253	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$217,612.09	\$185,634.27
B1-287	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$217,612.09	\$185,634.27
B1-352	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$217,612.10	\$185,634.28
D1-108	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$0.00	\$0.00
D1-211	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$336,309.59	\$286,889.33
D1-212	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$336,309.59	\$286,889.33
D1-271	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$336,309.59	\$286,889.33
D1-284	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$336,309.59	\$286,889.33
D1-389	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$336,309.59	\$286,889.33
D1-400	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$336,309.59	\$286,889.33
D1-503	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$336,309.60	\$286,889.33
F2-224	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$138,480.42	\$118,130.90
F2-229	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$138,480.42	\$118,130.90
H2-259	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$257,177.92	\$219,385.96
H2-265	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$257,177.92	\$219,385.96
H2-266	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$257,177.92	\$219,385.96
H2-305	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$257,177.92	\$219,385.96
H2-319	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$257,177.92	\$219,385.96
H2-405	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$257,177.92	\$219,385.96
H2-510	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$257,177.93	\$219,385.96
J1-218	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$276,960.84	\$236,261.80
J1-219	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$276,960.84	\$236,261.80
J1-220	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$276,960.84	\$236,261.80
J1-221	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$276,960.84	\$236,261.80
J1-506	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$276,960.85	\$236,261.80
Category D	Harris County Hospital District	17415369366324	529-08-0236-00073	100.00%	100.00%	\$1,467,892.46	\$1,252,187.54

Total						\$9,785,949.74	\$8,347,916.93
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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:

Michael Norby

IGT Organization:

Harris County Hospital District

Date:

11/14/2019

DY9-10 Provider RHP Plan Update Template -Summary and Certification

Progress Tracker

Section 1: DY9-10 DSRIP Valuation

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

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

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

Section 5: Category D

Section 6: Certification

Complete

Complete

Complete

Complete

Complete

Complete

Performing Provider Information

RHP:

3

TPI and Performing Provider Name:

137805107 - Memorial Hermann Hospital Southwest dba Memorial H

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	\$2,502,160.51	\$2,134,471.22
Category C	\$18,766,203.78	\$16,008,534.13
Category D	\$3,753,240.76	\$3,201,706.83
Total	\$25,021,605.05	\$21,344,712.18

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	45,416	27,836	73,252	192,287	38.10%	1.00%
DY10 Estimated	45,416	27,836	73,252	192,287	38.10%	1.00%

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

No

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

Yes

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

Bundle-Measure ID	Measure Bundle/Measure Name	# of Measures with Requested Achievement of Alternative Denominators	# of Measures with Requested Shorter or Delayed Measurement Periods	# of Measures with Requested Reporting Milestone Exemptions	Points	DY9 Valuation	DY10 Valuation
B1	Care Transitions & Hospital Readmissions	0	0	0	11	\$3,894,872.48	\$3,322,525.95
D1	Pediatric Primary Care	0	0	0	17	\$6,019,348.38	\$5,134,812.83
F2	Preventive Pediatric Dental	0	0	0	2	\$708,158.63	\$604,095.63
H2	Behavioral Health and Appropriate Utilization	0	0	0	13	\$4,603,031.12	\$3,926,621.58
J1	Hospital Safety	0	0	0	10	\$3,540,793.17	\$3,020,478.14
Total	N/A	0	0	0	53	\$18,766,203.78	\$16,008,534.13

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

Yes

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

Bundle-Measure ID	Measure Bundle/Measure Name	Associated Core Activities
B1	Care Transitions & Hospital Readmissions	Identification of frequent ED users and use of care navigators as part of a preventable ED reduction program, which includes a connection of ED patients to primary and preventive care.
D1	Pediatric Primary Care	Expanded Practice Access (e.g., increased hours, telemedicine, etc.)
F2	Preventive Pediatric Dental	Expanded Practice Access (e.g., increased hours, telemedicine, etc.)
H2	Behavioral Health and Appropriate Utilization	Increasing access to services by utilizing staff with the following qualifications: Wellness and Health Navigation: Bachelors level professional with experience in mental health and/or wellness initiatives or a peer specialist who has successfully completed the DSHS certification program for peer specialists
J1	Hospital Safety	Development and implementation of standard protocols and/or evidence-based practices to address leading causes of hospital infections and injuries (e.g., CLABSI, CAUTI, SSI, Sepsis, and Falls)

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)	\$750,648.15	\$640,341.37
Potentially preventable 30-day readmissions (PPRs)	\$750,648.15	\$640,341.37
Potentially preventable complications (PPCs)	\$750,648.15	\$640,341.37
Potentially preventable ED visits (PDVs)	\$750,648.15	\$640,341.37
Patient satisfaction	\$750,648.15	\$640,341.37

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:

Steve Hand

Performing Provider:

Memorial Hermann

Date:

11/6/2019

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

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

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

Provider Entry

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

Category B

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

Category C Selection

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

Category C Related Strategies

Section 1: Related Strategies	Complete
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Category A Core Activities

Section 1: Core Activities

Complete

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

Complete

IGT Entry

Section 1: IGT Entities

Complete

Section 2: IGT Funding

Complete

Section 3: Certification

Complete

Summary and Certification

Section 1: DY9-10 DSRIP Valuation

Complete

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

Complete

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

Complete

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

Complete

Section 5: Category D

Complete

Section 6: Certification

Complete