



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:
TPI and Performing Provider Name:
Performing Provider Type:
Ownership:
TIN:
Physical Street Address:
City:
Zip:
Primary County:
Additional counties being served (optional):

3
137909111 - Memorial Medical Center
Hospital
Non-State Owned Public
17460034113000
815 N. Virginia Street
Port Lavaca
77979
Calhoun

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:	Jason Anglin	Diane Moore	Roshanda Thomas
Street Address:	815 N. Virginia Street	815 N. Virginia Street	815 N. Virginia Street
City:	Port Lavaca	Port Lavaca	Port Lavaca
Zip:	77979	77979	77979
Email:	janglin@mmcportlavaca.com	dmoore@mmcportlavaca.com	rgray@mmcportlavaca.com
Phone Number:	361-552-0222	361-552-0224	361-552-0224
Phone Extension:			
Lead Contact or Both:	Both	Both	Both

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

Section 3: Optional Withdrawal From DSRIP

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

Do Not Withdraw from DSRIP

Section 4: Performing Provider Overview

Performing Provider Description:	Memorial Medical Center is a county owned 25 bed critical access hospital in Port Lavaca, Texas and serves as the only hospital in Calhoun County. MMC serves 60 percent of the 21,382 county residents. Located off the Gulf Coast, Calhoun County is designated as a primary care and mental health professional shortage area in a medically underserved area. Memorial Medical Center is committed to providing to all citizens of Calhoun County accessibility to the highest quality of healthcare in a caring, dignified, and cost-effective manner.
Overall DSRIP Goals:	Our overall DSRIP goals will provide critically needed services to a medically underserved area of rural Texas as identified in our Region's community needs assessment. Memorial Medical Center's goals will provide comprehensive, integrated primary care services that are focused on person-centered preventive care and chronic disease screening and focus on the increase access to cancer screening in the primary care setting in our community.
Alignment with regional community needs assessment:	<p>While the Region has many specific objectives and improvement targets based on stakeholder input and community needs assessments, the overarching goals that have guided many of our decisions include the following:</p> <ul style="list-style-type: none"> • Increase access to primary and specialty care services, with a focus on underserved populations, to ensure patients receive the most appropriate care for their condition, regardless of where they live or their ability to pay. • Transform health care delivery from a disease-focused model of episodic care to a patient-centered, coordinated delivery model that improves patient satisfaction and health outcomes, reduces unnecessary or duplicative services, and builds on the accomplishments of our existing health care system, and • Develop a culture of ongoing transformation and innovation that maximizes the use of technology and best-practices, facilitates regional collaboration and sharing, and engages patients, providers, and other stakeholders in the planning, implementation, and evaluation processes.

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

Initial DY9 DSRIP Valuation	Initial DY10 DSRIP Valuation	Initial DY9-10 MPT
\$2,060,191.83	\$1,757,449.27	4

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	\$2,249,999.99	4	<-- Note: This is your current MPT
Yes	\$2,749,999.99	5	
Yes	\$3,249,999.99	6	
Yes	\$3,749,999.99	7	
Yes	\$4,249,999.99	8	
Yes	\$4,749,999.99	9	
Yes	\$5,249,999.99	10	

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%	\$206,019.18	\$175,744.93
Category C	75%	\$1,545,143.88	\$1,318,086.95
Category D	15%	\$309,028.77	\$263,617.39
Total	100%	\$2,060,191.83	\$1,757,449.27

Original MPT:

Adjusted MPT based on updated valuation:

4
4

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:

137909111 - Memorial Medical Center

Performing Provider Type:

Hospital

Ownership:

Non-State Owned Public

Category B valuation in DY9:

\$206,019.18

Category B valuation in DY10:

\$175,744.93

Section 1: System Definition

Would you like to modify the System Definition?

Yes

Hospitals - Required Components

Required System Component

Business Component?

Inpatient Services

Business Component of the Organization

Please enter a description of this System Component.

Memorial Medical Center provides inpatient services which is defined as medical services that requires admission into our hospital for care. This includes our Medical-Surgical unit, and Intensive Care unit to which a patient may be admitted to the hospital for general medical or surgical care, also including diagnostic and therapeutic services. Inpatient services will consist of all services in all units other than the Maternal unit. Maternal services will be included in our Maternal business component of the organization.

Required System Component

Business Component?

Emergency Department

Business Component of the Organization

Please enter a description of this System Component.

Memorial Medical Center has an Emergency department which is located inside the hospital. The department offers medical treatment specializing in emergency medicine. The department provides acute care of patients who present without prior appointment; either by their own means or by ambulance to our Emergency Department for immediate care.

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

Please enter a description of this System Component.

Memorial Medical Center has a Rural Health Clinic which is located outside of the hospital. Memorial Medical Clinic is an entity of our hospital designed to provide medical services to individuals in an outpatient clinic setting. As of September 23, 2019, Memorial Medical Center has opened a second Clinic inside the hospital.

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

Please enter a description of this System Component.

Our Labor and Delivery unit is a system component and involves all maternal services offered at our hospital. A department of the hospital that provides care for women during labor and delivery, recovery, and postpartum care. The maternal department also includes the care of newborn infants.

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

Please summarize and explain the changes to your system definition

As of September 23, 2019, Memorial Medical Center has opened a second Clinic inside the hospital.

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

	DY7	DY8
MLIU PPP	6,380	6,380
Total PPP	18,847	18,847

Please indicate the population included in the MLIU PPP

<input checked="" type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> Dual Eligible (Medicaid and Medicare)	<input checked="" type="checkbox"/> CHIP	<input checked="" type="checkbox"/> Local Coverage Option (Below 200% FPL)	<input type="checkbox"/> Insured on the Exchange (Below 200% FPL)
<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	5,838
Estimated Low-income or Uninsured Individuals served in DY7	542
Estimated Medicaid individuals served in DY8	5,838
Estimated Low-income or Uninsured Individuals served in DY8	542
MLIU PPP Goal for each DY (DY9 and DY10):	6,380
Forecasted Medicaid individuals served in each DY for DY9-10	5,838
Forecasted Low-income or Uninsured individuals served in each DY for DY9-10	542
Average Total PPP in each DY	18,847

MLIU percentage of Total PPP	33.85%
Allowable Variation	2.78%

*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

Complete
Complete

Minimum Selection Requirements Met
MPT Met

Yes
Yes

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

MPT	4
Points Selected	18
Bundles Selected	2
Maximum Deletions Met	Y

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	137909111 - Memorial Medical Center
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public
Category C valuation in DY9:	\$1,545,143.88
Category C valuation in DY10:	\$1,318,086.95

MINIMUM POINT THRESHOLD (MPT):

4

Each Performing Provider must maintain or select Measure Bundles/measures to meet or exceed their MPT to maintain their valuation that was confirmed on the Provider Entry tab.
A maximum of 20 points from DY7-8 to DY9-10 may be deleted with good cause. There is no limit on the number of added bundles or measures.

Section 1: Attributed Population**Attributed Population for Hospital**

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

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

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

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

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
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		
Yes - Continue	C1	Primary Care Prevention - Healthy Texans		12	12		
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 Delayed P4P (A: MLIU; R: All Payer, Medicaid, LIU)	C1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	C1-113	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	C1-147	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	C1-268	Pneumonia vaccination status for older adults	Required	P4P	Immunization	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	C1-269	Preventive Care and Screening: Influenza Immunization	Required	P4P	Immunization	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	C1-272	Adults (18+ years) Immunization status	Required	P4P	Immunization	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	C1-280	Chlamydia Screening in Women (CHL)	Required	P4P	Process	N/A
N/A - Required for Continuation	HHSC has approved as Delayed P4P (A: MLIU; R: All Payer, Medicaid, LIU)	C1-389	Human Papillomavirus Vaccine (age 18 -26)	Required	P4P	Immunization	N/A
N/A - Required for Continuation	HHSC has approved as Standard P4R (All Payer, Medicaid, LIU)	C1-502	PQI 91 Acute Composite (Adult Dehydration, Bacterial Pneumonia, Urinary Tract Infection Admission Rates)	Required	P4R	Population Based Clinical Outcome	0

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name		Measure Bundle Base Points	Points Selected in Bundle		
Yes - Continue	C2	Primary Care Prevention - Cancer Screening		6	6		
This bundle was selected for DY7/8 and can be continued or can be dropped							
Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required for Continuation	HHSC has approved as Delayed P4P (A: MLIU; R: All Payer, Medicaid, LIU)	C2-106	Cervical Cancer Screening	Required	P4P	Cancer Screening	N/A
N/A - Required for Continuation	HHSC has approved as Delayed P4P (A: MLIU; R: All Payer, Medicaid, LIU)	C2-107	Colorectal Cancer Screening	Required	P4P	Cancer Screening	N/A
N/A - Required for Continuation	HHSC has approved as Delayed P4P (A: MLIU; R: All Payer, Medicaid, LIU)	C2-186	Breast Cancer Screening	Required	P4P	Cancer Screening	N/A
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name		Measure Bundle Base Points	Points Selected in Bundle		
No	C3	Hepatitis C		4	0		
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name		Measure Bundle Base Points	Points Selected in Bundle		
No	D1	Pediatric Primary Care		12	0		
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name		Measure Bundle Base Points	Points Selected in Bundle		
No	D3	Pediatric Hospital Safety		10	0		
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name		Measure Bundle Base Points	Points Selected in Bundle		
No	D4	Pediatric Chronic Disease Management: Asthma		9	0		
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name		Measure Bundle Base Points	Points Selected in Bundle		
No	D5	Pediatric Chronic Disease Management: Diabetes		8	0		
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name		Measure Bundle Base Points	Points Selected in Bundle		
No	E1	Improved Maternal Care		10	0		
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name		Measure Bundle Base Points	Points Selected in Bundle		
No	E2	Maternal Safety		12	0		

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	F1	Improved Access to Adult Dental Care	7	0	
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	F2	Preventive Pediatric Dental	2	0	
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	G1	Palliative Care	6	0	
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	12	0	
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	H2	Behavioral Health and Appropriate Utilization	8	0	
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	H3	Chronic Non-Malignant Pain Management	10	0	
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	H4	Integrated Care for People with Serious Mental Illness	5	0	
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	I1	Specialty Care	2	0	
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	J1	Hospital Safety	10	0	
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	K1	Rural Preventive Care	3	0	

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

Total overall selected points:	18
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You have met the minimum selection requirements.

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

Are you finished making your selections?

Yes

Section 3: Measure Exemption Requests

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

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

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

Progress Tracker

Section 1: Related Strategies

Complete

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	137909111 - Memorial Medical Center
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

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	
			A1, A2, C1, C2, C3	
			Adult Primary Care Prevention and Chronic Disease Management (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	DY1-6	Implemented throughout system
1.01	Night and/or weekend appointments in the outpatient setting	Access to Care	DY1-6	Implemented throughout system
1.10	Integration or co-location of primary care and specialty care (physical health only) services in the outpatient setting	Access to Care	DY1-6	Implemented throughout system
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	DY1-6	Implemented throughout system

2.01	Pre-visit planning and/or standing order protocols (e.g. for screenings/assessments, immunization status, tests/results, prescription changes/refills, scheduling follow-up visits, evidence-based practices, etc.)	Care Coordination	DY1-6	Implemented throughout system
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	DY1-6	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	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 in small scale
2.12	Hotline, call center, or other similar programming staffed by personnel with clinical licensure to answer questions for patients (and their families) related to medications, clinical triage, care transitions, etc.	Care Coordination	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	DY1-6	Implemented throughout system
2.30	Formal closed loop process for scheduling referral visits as needed	Care Coordination	DY1-6	Implemented throughout system
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	DY1-6	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, 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	DY7-8	Implemented in small scale
3.01	Panel management and/or proactive outreach of patients using a risk-stratification method (i.e. strategically targeting patients based on risk factors associated with worsening disease states)	Data Analytics	DY7-8	Implemented in small scale
3.10	Database or registry to track quality and clinical outcomes data on patients	Data Analytics	Not applicable	Not applicable
3.20	Analysis of appointment "no-show" rates	Data Analytics	DY1-6	Implemented throughout system
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	DY1-6	Implemented in small scale
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	DY1-6	Implemented throughout system
4.61	Patient educational materials or campaigns about advance care planning/directives	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:

3

TPI and Performing Provider Name:

137909111 - Memorial Medical Center

Performing Provider Type:

Hospital

Ownership:

Non-State Owned Public

Section 1: Core Activities

Previous Core Activities

Core Activity #1

Do you want to edit or delete this Core Activity?

No

1) Please select the grouping for this Core Activity.

Access to Primary Care Services

a) Please select the name of this Core Activity.

Expanded Practice Access (e.g., increased hours, telemedicine, etc.)

b) Please enter a description of this Core Activity

This core activity will expand primary and specialty care services through a hospital-based clinic to a medically underserved area of rural Texas. The purpose is to provide access to both primary and specialty care services in an area where two-thirds of the population travels outside the service area for health care. All of our Rural Health Clinic medical providers (physicians (6) and mid-levels (4)) are committed to the intervention.

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

Provide access to care during non-traditional hours for patients who work, care for children, do not have transportation, or face other challenges that make it difficult for them to seek care during typical business hours.

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

Our RHC offers extended hours (M-F, 7am - 7pm and Sat., 7am - 5pm). With the extended hours our patients will have access to care during non-traditional hours for patients who work, care for children, do not have transportation, or face other challenges that make it difficult for them to seek care during typical business hours.

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

We will monitor utilization patterns during these extended hours to optimize the use of staff and to ensure we are meeting the needs of those we serve.

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).

Since Calhoun County is a designated Primary Care and Mental Health HPSA area, Memorial Medical Center is committed to the recruitment and retention of primary and specialty care providers in the community.

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

Analyze service gaps to identify recruitment opportunities in primary and specialty care.

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

Coordinate with third-party recruitment firms to recruit qualified medical providers to our community.

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.

C1	C2		
----	----	--	--

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

Access to care is imperative to an individual's health. By expanding our services we will improve the health of our patients by providing more timely access to care and coordinating treatment and follow-up care that is not available when patients seek treatment through the emergency department. We also will improve patient satisfaction as patients will have a regular source for care that is less costly, more efficient, and better meets their health care needs. Through the creation and operations of a hospital-based clinic and hiring of primary and specialty care providers, this project will enable MMC to better meet the community and Region needs for health care services. Patients requiring specialty care must often drive long distances to see a provider, and may not receive services until the condition becomes critical. Patients needing primary care are

unable to get appointments, delay care until it is more critical, and use the emergency room department for care that could have been provided in a physician's office. Through primary and specialty care access patients will receive preventative medicine and interventions for identified chronic diseases. Appropriate and timely screenings are needed in order to realize the impact of effective preventative medicine. Bundling of health outcomes will allow for a more formalize review and detection of chronic diseases such as cancer, diabetes, obesity, and others.

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:	137909111 - Memorial Medical Center
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

Section 1: Valuation by Category and Measure

Category / Measure / Measure Bundle Item:	DY9	DY10
Category B - MLIU PPP	\$206,019.18	\$175,744.93
C1-105	\$125,185.27	\$106,789.45
C1-113	\$125,185.27	\$106,789.45
C1-147	\$125,185.27	\$106,789.45
C1-268	\$125,185.27	\$106,789.45
C1-269	\$125,185.27	\$106,789.45
C1-272	\$125,185.27	\$106,789.45
C1-280	\$125,185.27	\$106,789.45
C1-389	\$125,185.27	\$106,789.45
C1-502	\$28,613.76	\$24,409.03
C1 Total	\$1,030,095.92	\$878,724.63
C2-106	\$171,682.65	\$146,454.11
C2-107	\$171,682.65	\$146,454.11
C2-186	\$171,682.66	\$146,454.10
C2 Total	\$515,047.96	\$439,362.32
Category C Total:	\$1,545,143.88	\$1,318,086.95
Potentially preventable admissions (PPAs)	\$61,805.75	\$52,723.48
Potentially preventable 30-day readmissions	\$61,805.75	\$52,723.48
Potentially preventable complications (PPCs)	\$61,805.75	\$52,723.48
Potentially preventable ED visits (PPVs)	\$61,805.75	\$52,723.48
Patient satisfaction	\$61,805.77	\$52,723.47
Category D Total:	\$309,028.77	\$263,617.39
DSRIP Total	\$2,060,191.83	\$1,757,449.27

Section 2: Category C Milestone Valuation

Bundle-Measure ID	Denominator Volume	DY9 Category C Valuation: \$1,545,143.88							DY10 Category C Valuation: \$1,318,086.95					
		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
C1-105	HHSC has approved as Delayed P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$125,185.27	\$0.00	\$28,613.78	\$96,571.49	\$0.00	\$0.00	\$0.00	\$106,789.45	\$24,409.02	\$82,380.43	\$0.00	\$0.00	\$0.00
C1-113	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$125,185.27	\$0.00	\$28,613.78	\$96,571.49	\$0.00	\$0.00	\$0.00	\$106,789.45	\$24,409.02	\$82,380.43	\$0.00	\$0.00	\$0.00
C1-147	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$125,185.27	\$0.00	\$28,613.78	\$96,571.49	\$0.00	\$0.00	\$0.00	\$106,789.45	\$24,409.02	\$82,380.43	\$0.00	\$0.00	\$0.00
C1-268	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$125,185.27	\$0.00	\$28,613.78	\$96,571.49	\$0.00	\$0.00	\$0.00	\$106,789.45	\$24,409.02	\$82,380.43	\$0.00	\$0.00	\$0.00
C1-269	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$125,185.27	\$0.00	\$28,613.78	\$96,571.49	\$0.00	\$0.00	\$0.00	\$106,789.45	\$24,409.02	\$82,380.43	\$0.00	\$0.00	\$0.00
C1-272	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$125,185.27	\$0.00	\$28,613.78	\$96,571.49	\$0.00	\$0.00	\$0.00	\$106,789.45	\$24,409.02	\$82,380.43	\$0.00	\$0.00	\$0.00
C1-280	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$125,185.27	\$0.00	\$28,613.78	\$96,571.49	\$0.00	\$0.00	\$0.00	\$106,789.45	\$24,409.02	\$82,380.43	\$0.00	\$0.00	\$0.00
C1-389	HHSC has approved as Delayed P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$125,185.27	\$0.00	\$28,613.78	\$96,571.49	\$0.00	\$0.00	\$0.00	\$106,789.45	\$24,409.02	\$82,380.43	\$0.00	\$0.00	\$0.00
C1-502	HHSC has approved as Standard P4R (All Payer, Medicaid, LIU)	\$28,613.76	\$0.00	\$28,613.78	\$0.00	\$0.00	\$0.00	\$0.00	\$24,409.03	\$24,409.02	\$0.00	\$0.00	\$0.00	\$0.00

C2-106	HHSC has approved as Delayed P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$171,682.65	\$0.00	\$42,920.66	\$128,761.99	\$0.00	\$0.00	\$0.00	\$146,454.11	\$36,613.53	\$109,840.58	\$0.00	\$0.00	\$0.00
C2-107	HHSC has approved as Delayed P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$171,682.65	\$0.00	\$42,920.66	\$128,761.99	\$0.00	\$0.00	\$0.00	\$146,454.11	\$36,613.53	\$109,840.58	\$0.00	\$0.00	\$0.00
C2-186	HHSC has approved as Delayed P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$171,682.66	\$0.00	\$42,920.66	\$128,762.00	\$0.00	\$0.00	\$0.00	\$146,454.10	\$36,613.53	\$109,840.57	\$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:	137909111 - Memorial Medical Center
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

Section 1: IGT Entities

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

IGT RHP	IGT Name	IGT TPI (if available)	IGT TIN	Affiliation Number
3	Calhoun County dba Memorial Medical Center	137909111	17460034113000	100-13-0000-00132

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Jason Anglin	815 N. Virginia Street	Port Lavaca	77979	janglin@mmcportlavaca.com	361-552-0222		Both
2	Roshanda Thomas	815 N. Virginia Street	Port Lavaca	77979	rthomas@mmcportlavaca.com	361-552-0323		Both
3								

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

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

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

Section 2: IGT Funding

Funding Category	IGT Name	IGT TIN	IGT Affiliation #	DY9 % IGT Allocated	DY10 % IGT Allocated	Total Estimated DY9 Allocation (FMAP 60.89/IGT 39.11)	Total Estimated DY10 Allocation (FMAP 60.89/IGT 39.11)
Category B	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$80,574.10	\$68,733.84
C1-105	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$48,959.96	\$41,765.35
C1-113	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$48,959.96	\$41,765.35
C1-147	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$48,959.96	\$41,765.35
C1-268	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$48,959.96	\$41,765.35
C1-269	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$48,959.96	\$41,765.35
C1-272	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$48,959.96	\$41,765.35
C1-280	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$48,959.96	\$41,765.35
C1-389	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$48,959.96	\$41,765.35
C1-502	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$11,190.84	\$9,546.37
C2-106	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$67,145.08	\$57,278.20
C2-107	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$67,145.08	\$57,278.20
C2-186	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$67,145.09	\$57,278.20
Category D	Calhoun County dba Memorial Medical Center	17460034113000	100-13-0000-00132	100.00%	100.00%	\$120,861.15	\$103,100.76
Total						\$805,741.02	\$687,338.41

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: Roshanda Thomas
IGT Organization: Calhoun County dba Memorial Medical Center
Date: 11/6/2019

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:

137909111 - Memorial Medical Center

Performing Provider Type:

Hospital

Ownership:

Non-State Owned Public

Section 1: DY9-10 DSRIP Valuation

	DY9-10 DSRIP Valuation Distribution	
	DY9	DY10
Category A	\$0.00	\$0.00
Category B	\$206,019.18	\$175,744.93
Category C	\$1,545,143.88	\$1,318,086.95
Category D	\$309,028.77	\$263,617.39
Total	\$2,060,191.83	\$1,757,449.27

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

Yes

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

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

Yes

	Forecasted Medicaid	Forecasted LIU	MLIU PPP	Total PPP	MLIU Percentage of Total PPP	Allowable Variation %
DY9 Estimated	5,838	542	6,380	18,847	33.85%	2.78%
DY10 Estimated	5,838	542	6,380	18,847	33.85%	2.78%

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
C1	Primary Care Prevention - Healthy Texans	0	0	0	12	\$1,030,095.92	\$878,724.63
C2	Primary Care Prevention - Cancer Screening	0	0	0	6	\$515,047.96	\$439,362.32
Total	N/A	0	0	0	18	\$1,545,143.88	\$1,318,086.95

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
C1	Primary Care Prevention - Healthy Texans	Expanded Practice Access (e.g., increased hours, telemedicine, etc.)
C2	Primary Care Prevention - Cancer Screening	Expanded Practice Access (e.g., increased hours, telemedicine, etc.)

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

Yes

Section 5: Category D

Statewide Reporting for Hospitals

Measure	Category D DY9 Valuation	Category D DY10 Valuation
Potentially preventable admissions (PPAs)	\$61,805.75	\$52,723.48
Potentially preventable 30-day readmissions (PPRs)	\$61,805.75	\$52,723.48
Potentially preventable complications (PPCs)	\$61,805.75	\$52,723.48
Potentially preventable ED visits (PDVs)	\$61,805.75	\$52,723.48
Patient satisfaction	\$61,805.75	\$52,723.48

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:

Roshanda Thomas

Performing Provider:

Memorial Medical Center

Date:

11/6/2019

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

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

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

Provider Entry

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

Category B

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

Category C Selection

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

Category C Related Strategies

Section 1: Related Strategies	Complete
-------------------------------	----------

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