



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:	181706601 - SJ Medical Center LLC dba St Joseph Hospital		
Performing Provider Type:	Hospital		
Ownership:	Private		
TIN:	12048355783003		
Physical Street Address:	117 Seaboard Lane, Building E		
City:	Franklin, TN		
Zip:	37067		
Primary County:	Houston		
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:	Rick Ford	Amanda Simmons	Sarah Schauman
Street Address:	117 Seaboard Lane, Building E	17206 Maripasa Grove Lane	1401 St Joseph Parkway
City:	Franklin, TN	Humble	Houston
Zip:	37067	77346	77002
Email:	Richard.Ford@steward.org	Amanda_Simmons@Premierinc.com	sschauman@nexerainc.com
Phone Number:	615-467-1311	713-859-9683	505-231-5591
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:	St. Joseph Medical Center (SJMC) was founded in 1887 to serve the healthcare needs of the Houston community. SJMC has over 700 board certified physicians on medical staff and 248 staffed beds. The hospital includes both the downtown location as well the Heights locations for SJMC and is part of the Steward Health Care network. The hospital system is inclusive of inpatient services, emergency department, wound center, sports medicine rehab, and extensive behavioral health services.
Overall DSRIP Goals:	SJMC aims to utilize the DSRIP program to continue to improve care for patients entering the SJMC system. Through DY1-6 SJMC focused on behavioral health needs and improving care through the Med/Psych unit and the Partial Hospitalization Program. Going into DY 7 & 8, SJMC will continue its work on behavioral health and utilizing the Med/Psych unit to address these needs but will also expand to focus to the large diabetic population seen at the ED and wound center. Linking these patients to the resources they need to help manage and control their chronic condition will improve health outcomes and work toward improved appropriate utilization of services.
Alignment with regional community needs assessment:	SJMC aligned the measure bundle/core activity selections with the 2017 community needs assessment completed by Region 3 lead, Harris Health. The CNA reported that Harris County has an average death rate of 20 per 100,000 for diabetes, which is close to the statewide rate of 21.6. Additionally, 10.4% of people have been diagnosed with diabetes and 69.4% are overweight. These factors greatly increase the change of a diabetes diagnosis and having uncontrolled diabetes especially in measures like hba1c and blood pressure. Additionally, the CNA reported that there is a shortage of behavioral health providers for patients, especially the uninsured which SJMC serves. A significantly higher number of poor mental health days was reported than the statewide average across region 3. SJMC is utilizing the DSRIP program, and the H2 bundle/core activity to continue to work towards improving behavioral health quality and integration in the system.

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

Initial DY9 DSRIP Valuation	Initial DY10 DSRIP Valuation	Initial DY9-10 MPT
\$7,915,832.95	\$6,752,611.42	14

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:	←-- Note: This is your current MPT
Yes	\$7,249,999.99	14	
No	\$7,749,999.99	15	
No	\$8,249,999.99	16	
No	\$8,749,999.99	17	
No	\$9,249,999.99	18	
No	\$9,749,999.99	19	
No	\$10,249,999.99	20	

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%	\$791,583.30	\$675,261.14
Category C	75%	\$5,936,874.71	\$5,064,458.57
Category D	15%	\$1,187,374.94	\$1,012,891.71
Total	100%	\$7,915,832.95	\$6,752,611.42

Original MPT:	14
Adjusted MPT based on updated valuation:	14

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:

181706601 - SJ Medical Center LLC dba St Joseph Hospital

Performing Provider Type:

Hospital

Ownership:

Private

Category B valuation in DY9:

\$791,583.30

Category B valuation in DY10:

\$675,261.14

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.

Short term acute care facility that includes 248 staffed beds utilizing sub-specialties (cardio, medicine, ortho, gynecology, surgery) - general & ICU. Facility includes ancillary departments of Behavioral Health, Sports Rehabilitation, Wound Care, and Radiation Oncology.

Required System Component

Business Component?

Emergency Department

Business Component of the Organization

Please enter a description of this System Component.

SJMC has 2 emergency departments - one is located at the downtown campus and one is located at the Heights campus. The ED is a certified Level 3 trauma center, certified primary stroke center, and provides telemedicine partnerships with the UT neuroscience department for stroke victims. The ED has 26 patient rooms and treats 2500-2800 patients per month.

Required System Component	Business Component?
Owned or Operated Outpatient Clinics	Business Component of the Organization
Please enter a description of this System Component. SJMC has several ambulatory clinics including a wound center, radiation oncology, and sports rehabilitation.	
Required System Component	Business Component?
Maternal Department	Business Component of the Organization
Please enter a description of this System Component. SJMC has a robust maternity service which offers classes for perspective parents (breastfeeding, childbirth, newborn etc.), neonatal ICU, obgyn care, and labor and delivery.	
Required System Component	Business Component?
Owned or Operated Urgent Care Clinics	Not a Business Component of the Organization

Hospitals - Optional Components

Optional System Component	Would you like to select this component?
Contracted Specialty Clinics	No
Optional System Component	Would you like to select this component?
Contracted Primary Care Clinics	No
Optional System Component	Would you like to select this component?
School-based Clinics	No
Optional System Component	Would you like to select this component?
Contracted Palliative Care Programs	No
Optional System Component	Would you like to select this component?
Contracted Mobile Health Programs	No

Optional System Component	Would you like to select this component?
Other	No

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

	DY7	DY8
MLIU PPP	22,383	22,383
Total PPP	51,920	51,920

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 checked="" 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	13,429
Estimated Low-income or Uninsured Individuals served in DY7	8,954
Estimated Medicaid individuals served in DY8	13,429
Estimated Low-income or Uninsured Individuals served in DY8	8,954
MLIU PPP Goal for each DY (DY9 and DY10):	22,383
Forecasted Medicaid individuals served in each DY for DY9-10	13,429
Forecasted Low-income or Uninsured individuals served in each DY for DY9-10	8,954
Average Total PPP in each DY	51,920
MLIU percentage of Total PPP	43.11%
Allowable Variation	2.22%

*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	14
Points Selected	14
Bundles Selected	1
Maximum Deletions Met	Y
Clinical Outcome Selected	Y

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	181706601 - SJ Medical Center LLC dba St Joseph Hospital
Performing Provider Type:	Hospital
Ownership:	Private
Category C valuation in DY9:	\$5,936,874.71
Category C valuation in DY10:	\$5,064,458.57

MINIMUM POINT THRESHOLD (MPT):

14

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	
No	C1	Primary Care Prevention - Healthy Texans	12	0	
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	C2	Primary Care Prevention - Cancer Screening	6	0	
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	C3	Hepatitis C	4	0	
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	D1	Pediatric Primary Care	12	0	
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	D3	Pediatric Hospital Safety	10	0	
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	D4	Pediatric Chronic Disease Management: Asthma	9	0	
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	D5	Pediatric Chronic Disease Management: Diabetes	8	0	

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

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle
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		
Yes - Continue	H2	Behavioral Health and Appropriate Utilization		8	14		
<i>This bundle was selected for DY7/8 and can be continued or can be dropped</i> *** 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
Yes - Continue Measure	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	H2-160	Follow-Up After Hospitalization for Mental Illness	Optional	P4P	Clinical Outcome	3
Yes - Continue Measure	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	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
No		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	HHSC approved measure as having no volume for denominator.	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	Requesting to report as P4R	H2-510	Reduce Rate of Emergency Department visits for Behavioral Health and Substance Abuse (Reported as two rates)	Required	P4R	Population Based Clinical Outcome	0
Please enter an explanation for the PBCO reporting request including estimated numerator and denominator volume and/or justification for no numerator volume		SJMC is requesting to change this measure from P4P to P4R to align with the lower MPT that is required. Over the past two years, SJMC has undergone administrative processes changes that have significantly impacted the reportable ED volume for performance. Additionally, SJMC continues to be a central point for patients who enter the ED through police custody, are homeless etc. The utilization of SJMC for these patients, especially for substance abuse, has grown significantly in the past several years.					

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:	14
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Total overall selected points:	14
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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
H2-305	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-CH)		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

Complete

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	181706601 - SJ Medical Center LLC dba St Joseph Hospital
Performing Provider Type:	Hospital
Ownership:	Private

Section 1: Related Strategies

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

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

Related Strategies			Related Strategies Lists	
			H1, H2, H3, H4	
			Behavioral Health Integration (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	Not applicable	Not applicable
1.01	Night and/or weekend appointments in the outpatient setting	Access to Care	Not applicable	Not applicable
1.10	Integration or co-location of primary care and specialty care (physical health only) services in the outpatient setting	Access to Care	Not applicable	Not applicable
1.11	Telehealth to provide virtual medical appointments and/or consultations with a primary care provider	Access to Care	Not applicable	Not applicable
1.12	Telehealth to provide virtual medical appointments and/or consultations with a specialty care physician (physical health only)	Access to Care	Not applicable	Not applicable
1.20	Integration or co-location of primary care and psychiatric services in the outpatient setting	Access to Care	Not applicable	Not applicable
1.21	Telehealth to provide virtual medical appointments and/or consultations with a psychiatrist	Access to Care	Not applicable	Not applicable
1.30	Mobile clinic or other community-based delivery model to provide care outside of the traditional office (excludes home-based care)	Access to Care	Not applicable	Not applicable
2.00	Culturally and linguistically appropriate care planning for patients	Care Coordination	Before DSRIP	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	Not applicable	Not applicable
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	Before DSRIP	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	Not applicable	Not applicable
2.12	Hotline, call center, or other similar programming staffed by personnel with clinical licensure to answer questions for patients (and their families) related to medications, clinical triage, care transitions, etc.	Care Coordination	Not applicable	Not applicable
2.20	Formal closed loop process for scheduling a follow-up visit with a primary care provider and/or assigning a primary care provider when none is identified	Care Coordination	Not applicable	Not applicable
2.30	Formal closed loop process for scheduling referral visits as needed	Care Coordination	Not applicable	Not applicable
2.40	Data sharing connectivity or arrangement with Medicaid Managed Care Organization(s) for patient claims data	Care Coordination	Not applicable	Not applicable
2.50	Data sharing connectivity across care settings within provider's integrated delivery system (includes inpatient, outpatient, post-acute, urgent care, pharmacy, etc.) for patient medical records	Care Coordination	Not applicable	Not applicable
2.51	Data sharing connectivity or Health Information Exchange (HIE) arrangement across care settings external to provider's office/integrated delivery system (includes inpatient, outpatient, post-acute, urgent care, pharmacy, etc.) for patient medical records	Care Coordination	Not applicable	Not applicable
3.00	Panel management and/or proactive outreach of patients using a gap analysis method (i.e. strategically targeting patients with missing or overdue screenings, immunizations, assessments, lab work, etc.)	Data Analytics	Not applicable	Not applicable
3.01	Panel management and/or proactive outreach of patients using a risk-stratification method (i.e. strategically targeting patients based on risk factors associated with worsening disease states)	Data Analytics	Not applicable	Not applicable
3.10	Database or registry to track quality and clinical outcomes data on patients	Data Analytics	Not applicable	Not applicable
3.20	Analysis of appointment "no-show" rates	Data Analytics	Not applicable	Not applicable
4.00	Care team includes a clinical pharmacist(s)	Disease Management	Not applicable	Not applicable
4.01	Care team includes a behavioral health professional such as a psychologist, licensed clinical social worker, licensed counselor (LPC, LMHC), etc.	Disease Management	Before DSRIP	Implemented throughout system
4.02	Care team includes a registered dietician(s)	Disease Management	Not applicable	Not applicable
4.10	Group visit model or similar non-traditional appointment format that includes at least one provider and a group of patients with shared clinical and/or social experiences	Disease Management	Not applicable	Not applicable

4.20	Home visit model of providing clinical services at a patient's residence (may be restricted to specific patient subpopulations)	Disease Management	Not applicable	Not applicable
4.30	Classes for patients focused on disease self-management (e.g. lifestyle changes, symptom recognition, clinical triage guidance, etc.)	Disease Management	DY7-8	Implemented in small scale
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	Not applicable	Not applicable
4.70	SBIRT (Screening, Brief Intervention, Referral, and Treatment) workflow actively in place	Disease Management	Before DSRIP	Implemented throughout system
4.71	Medication-Assisted Treatment (MAT) services actively offered	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	Before DSRIP	Implemented throughout system
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:

181706601 - SJ Medical Center LLC dba St Joseph Hospital

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.

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

b) Please enter a description of this Core Activity

Continued utilization of the med/psych unit to address the needs of patients admitted to SJMC with both behavioral and medical health needs.

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

Utilization of the ED to treat exacerbations of psychiatric conditions and simultaneously address medical co-morbidity needs

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

The unit will address the needs of both the medical and behavioral health of these patients and will discharge them with care plans for both conditions for follow-up and disease management.

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.

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

For the core activity to support this bundle, SJMC will continue the med/psych project from DY1-DY6 working on transitions for patients with both medical and behavioral diagnoses in the hospital to ensure all services and needs are met.

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:	181706601 - SJ Medical Center LLC dba St Joseph Hospital
Performing Provider Type:	Hospital
Ownership:	Private

Section 1: Valuation by Category and Measure

Category / Measure / Measure Bundle Item:	DY9	DY10
Category B - MLIU PPP	\$791,583.30	\$675,261.14
H2-160	\$954,140.58	\$813,930.84
H2-216	\$954,140.58	\$813,930.84
H2-259	\$954,140.58	\$813,930.84
H2-266	\$954,140.58	\$813,930.84
H2-305	\$0.00	\$0.00
H2-319	\$954,140.58	\$813,930.84
H2-405	\$954,140.58	\$813,930.84
H2-510	\$212,031.23	\$180,873.53
H2 Total	\$5,936,874.71	\$5,064,458.57
Category C Total:	\$5,936,874.71	\$5,064,458.57
Potentially preventable admissions (PPAs)	\$237,474.99	\$202,578.34
Potentially preventable 30-day readmissions	\$237,474.99	\$202,578.34
Potentially preventable complications (PPCs)	\$237,474.99	\$202,578.34
Potentially preventable ED visits (PPVs)	\$237,474.99	\$202,578.34
Patient satisfaction	\$237,474.98	\$202,578.35
Category D Total:	\$1,187,374.94	\$1,012,891.71
DSRIP Total	\$7,915,832.95	\$6,752,611.42

Section 2: Category C Milestone Valuation

Bundle-Measure ID	Denominator Volume	DY9 Category C Valuation: \$5,936,874.71							DY10 Category C Valuation: \$5,064,458.57					
		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
H2-160	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$954,140.58	\$0.00	\$212,031.24	\$371,054.67	\$371,054.67	\$0.00	\$0.00	\$813,930.84	\$180,873.52	\$316,528.66	\$316,528.66	\$0.00	\$0.00
H2-216	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$954,140.58	\$0.00	\$212,031.24	\$742,109.34	\$0.00	\$0.00	\$0.00	\$813,930.84	\$180,873.52	\$633,057.32	\$0.00	\$0.00	\$0.00
H2-259	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$954,140.58	\$0.00	\$212,031.24	\$742,109.34	\$0.00	\$0.00	\$0.00	\$813,930.84	\$180,873.52	\$633,057.32	\$0.00	\$0.00	\$0.00
H2-266	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$954,140.58	\$0.00	\$212,031.24	\$742,109.34	\$0.00	\$0.00	\$0.00	\$813,930.84	\$180,873.52	\$633,057.32	\$0.00	\$0.00	\$0.00
H2-305	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
H2-319	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$954,140.58	\$0.00	\$212,031.24	\$742,109.34	\$0.00	\$0.00	\$0.00	\$813,930.84	\$180,873.52	\$633,057.32	\$0.00	\$0.00	\$0.00
H2-405	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$954,140.58	\$0.00	\$212,031.24	\$742,109.34	\$0.00	\$0.00	\$0.00	\$813,930.84	\$180,873.52	\$633,057.32	\$0.00	\$0.00	\$0.00
H2-510	Requesting to report as P4R	\$212,031.23	\$0.00	\$212,031.24	\$0.00	\$0.00	\$0.00	\$0.00	\$180,873.53	\$180,873.52	\$0.00	\$0.00	\$0.00	\$0.00

DY9-10 Provider RHP Plan Update Template - IGT Entry

Progress Tracker

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

Complete
Complete
Complete

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	181706601 - SJ Medical Center LLC dba St Joseph Hospital
Performing Provider Type:	Hospital
Ownership:	Private

Section 1: IGT Entities

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

IGT RHP	IGT Name	IGT TPI (if available)	IGT TIN	Affiliation Number
3	Harris County Hospital District	133355104	17415369366324	529-08-0236-00108

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	529-08-0236-00108	100.00%	100.00%	\$309,588.23	\$264,094.63
H2-160	Harris County Hospital District	17415369366324	529-08-0236-00108	100.00%	100.00%	\$373,164.38	\$318,328.35
H2-216	Harris County Hospital District	17415369366324	529-08-0236-00108	100.00%	100.00%	\$373,164.38	\$318,328.35
H2-259	Harris County Hospital District	17415369366324	529-08-0236-00108	100.00%	100.00%	\$373,164.38	\$318,328.35
H2-266	Harris County Hospital District	17415369366324	529-08-0236-00108	100.00%	100.00%	\$373,164.38	\$318,328.35
H2-305	Harris County Hospital District	17415369366324	529-08-0236-00108	100.00%	100.00%	\$0.00	\$0.00
H2-319	Harris County Hospital District	17415369366324	529-08-0236-00108	100.00%	100.00%	\$373,164.38	\$318,328.35
H2-405	Harris County Hospital District	17415369366324	529-08-0236-00108	100.00%	100.00%	\$373,164.38	\$318,328.35
H2-510	Harris County Hospital District	17415369366324	529-08-0236-00108	100.00%	100.00%	\$82,925.41	\$70,739.64
Category D	Harris County Hospital District	17415369366324	529-08-0236-00108	100.00%	100.00%	\$464,382.34	\$396,141.95
Total						\$3,095,882.27	\$2,640,946.33

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:	Bernard Leger
IGT Organization:	Harris County Hospital District
Date:	11/7/2019

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:

181706601 - SJ Medical Center LLC dba St Joseph Hospital

Performing Provider Type:

Hospital

Ownership:

Private

Section 1: DY9-10 DSRIP Valuation

	DY9-10 DSRIP Valuation Distribution	
	DY9	DY10
Category A	\$0.00	\$0.00
Category B	\$791,583.30	\$675,261.14
Category C	\$5,936,874.71	\$5,064,458.57
Category D	\$1,187,374.94	\$1,012,891.71
Total	\$7,915,832.95	\$6,752,611.42

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	13,429	8,954	22,383	51,920	43.11%	2.22%
DY10 Estimated	13,429	8,954	22,383	51,920	43.11%	2.22%

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
H2	Behavioral Health and Appropriate Utilization	0	0	0	14	\$5,936,874.71	\$5,064,458.57
Total	N/A	0	0	0	14	\$5,936,874.71	\$5,064,458.57

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
H2	Behavioral Health and Appropriate Utilization	Utilization of Care Management function that integrates primary and behavioral health needs of individuals

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)	\$237,474.99	\$202,578.34
Potentially preventable 30-day readmissions (PPRs)	\$237,474.99	\$202,578.34
Potentially preventable complications (PPCs)	\$237,474.99	\$202,578.34
Potentially preventable ED visits (PDVs)	\$237,474.99	\$202,578.34
Patient satisfaction	\$237,474.99	\$202,578.34

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:	Bernard Leger
Performing Provider:	SJMC
Date:	11/7/2019

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

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

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

Provider Entry

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

Category B

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

Category C Selection

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

Category C Related Strategies

Section 1: Related Strategies	Complete
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Category A Core Activities

Section 1: Core Activities

Complete

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

Complete

IGT Entry

Section 1: IGT Entities

Complete

Section 2: IGT Funding

Complete

Section 3: Certification

Complete

Summary and Certification

Section 1: DY9-10 DSRIP Valuation

Complete

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

Complete

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

Complete

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

Complete

Section 5: Category D

Complete

Section 6: Certification

Complete