



RHP Plan Update Provider Form

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

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

DY9-10 Provider RHP Plan Update Template - Provider Entry

Progress Indicators

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

Complete
Complete
Complete
Complete
Complete

Section 1: Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	311054601 - El Campo Memorial Hospital
Performing Provider Type:	Hospital
Ownership:	Private
TIN:	14527502588000
Physical Street Address:	303 Sandy Corner Rd.
City:	El Campo
Zip:	77437
Primary County:	Wharton
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:	David Mak	Nathan Tudor	
Street Address:	303 Sandy Corner Rd.	303 Sandy Corner Rd.	
City:	El Campo	El Campo	
Zip:	77437	77437	
Email:	dmak@ecmh.org	ntudor@ecmh.org	
Phone Number:	979-543-6251	979-543-6251	
Phone Extension:			
Lead Contact or Both:	Both	Both	

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

Section 3: Optional Withdrawal From DSRIP

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

Do Not Withdraw from DSRIP

Section 4: Performing Provider Overview

Performing Provider Description:	ECMH operates 26 inpatient beds for short term acute care and swing beds, including 4 ICU beds. Geographically, the hospital is classified as small rural hospital, located 71 miles southwest of The Medical Center in Houston, the hospital is also classified as Sole Community Hospital since Nov 2017. ECMH has an average daily census of 9.7 in the current fiscal year, with 20% in the payor groups of MLIU. Services provided include 24-7 Emergency Department, surgeries, advanced imaging, lab, pulmonary, cardiology, sleep lab, dialysis and other ancillary services. As an integral part of ECMH, ECMH operates outpatient clinic under the legal name of Mid Coast Medical Clinic, MCMC. MCMC is a wholly owned subsidiary of ECMH. MCMC has greatly expanded services by adding new locations. 4 new locations have been added since the last reporting period. Several of MCMC clinics are licensed by Medicare as Rural Health Clinics, others are free standing clinics. MCMC clinic locations include El Campo (3), Wharton (3), Bay City (1), Louise (1), Blessing (1), and Palacios (1). MCMC employs a total of 25 family practice physicians and mid-level providers as well as several specialty physicians. In the current reporting period, MCMC has an average monthly patient visits exceeding 5,500.
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Overall DSRIP Goals:	Our overall DSRIP goals include a) Clinical outcome improvement with metric measured to show positive impacts on patient outcomes, b) Population focused improvements to specifically target result towards MLIU population as designated by our DSRIP program. ECMH will implement plans, re-design care delivery, enhance data collection and reporting processes in an effort to improve performance and to apply for funding received to maintain long term meaningful and sustainable quality standards.
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Alignment with regional community needs assessment:	ECMH will continuously assess regional community needs to make sure that our resource investments and our strategies of care delivery clearly meet the priorities in our community need assessment. Equally vital to the many benefits of our core activities and meeting the targets of measure bundles is the support of financial sustainability of our projects.
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Section 5: DY9-10 Total Valuation and Updated Minimum Point Threshold (MPT)

Initial DY9 DSRIP Valuation	Initial DY10 DSRIP Valuation	Initial DY9-10 MPT
\$284,520.00	\$284,520.00	1

Would you like to decrease the total valuation?

No

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

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

<-- Note: This is your current MPT

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

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

Yes

Category Percentage (%)

DY9-10 DSRIP Valuation Distribution

	Category Percentage (%)	DY9	DY10
Category A	0%	\$0.00	\$0.00
Category B	10%	\$28,452.00	\$28,452.00
Category C	75%	\$213,390.00	\$213,390.00
Category D	15%	\$42,678.00	\$42,678.00
Total	100%	\$284,520.00	\$284,520.00

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

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

Yes

Generate Worksheets

DY9-10 Provider RHP Plan Update Template - Category B

Progress Tracker

Section 1: System Definition

Complete

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

Complete

Performing Provider Information

RHP:	3
TPI and Performing Provider Name:	311054601 - El Campo Memorial Hospital
Performing Provider Type:	Hospital
Ownership:	Private
Category B valuation in DY9:	\$28,452.00
Category B valuation in DY10:	\$28,452.00

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.

ECMH operates 26 inpatient beds for short term acute care and swing beds, including 4 ICU beds. Geographically, the hospital is classified as small rural hospital, located 71 miles southwest of The Medical Center in Houston, the hospital is also classified as Sole Community Hospital since Nov 2017. ECMH has an average daily census of 9.7 in the current fiscal year, with 20% in the payor groups of MLIU. Services provided include surgeries, advanced imaging, lab, pulmonary, cardiology, sleep lab, dialysis and other ancillary services.

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

Please enter a description of this System Component.

ECMH operates a level 3 ED unit with 8 patient beds. It is open 24-7 accepting local patients as well as all ambulance transfers. The ED unit services an average of 1,000 patients per month, staff with Emergency medicine trained physicians, RNs and other support personnel.

Required System Component	Business Component?
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Owned or Operated Outpatient Clinics	Business Component of the Organization
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Please enter a description of this System Component.

As an integral part of ECMH, ECMH operates outpatient clinic under the legal name of Mid Coast Medical Clinic, MCMC. MCMC is a wholly owned subsidiary of ECMH. MCMC has greatly expanded services by adding new locations. 4 new locations have been added since the last reporting period. Several of MCMC clinics are licensed by Medicare as Rural Health Clinics, others are free standing clinics. MCMC clinic locations include El Campo (3), Wharton (3), Bay City (1), Louise (1), Blessing (1), and Palacios (1). MCMC employs a total of 25 family practice physicians and mid-level providers as well as several specialty physicians. In the current reporting period, MCMC has an average monthly patient visits exceeding 5,500. Data reporting for all current and future periods will be inclusive of all clinic locations within the system definition of ECMH.

Required System Component	Business Component?
Maternal Department	Not a Business Component of the Organization

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

The changes are part of our strategic actions to improve our patient assess for all patients, including the MLIU populations, by expanding into 4 new clinic locations since the last reporting period.

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

	DY7	DY8
MLIU PPP	8,730	8,730
Total PPP	16,611	16,611

Please indicate the population included in the MLIU PPP

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

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

No

Please fill out the applicable fields below:

Estimated Medicaid individuals served in DY7	2,750
Estimated Low-income or Uninsured Individuals served in DY7	5,980
Estimated Medicaid individuals served in DY8	3,000
Estimated Low-income or Uninsured Individuals served in DY8	5,730
MLIU PPP Goal for each DY (DY9 and DY10):	8,730
Forecasted Medicaid individuals served in each DY for DY9-10	3,000
Forecasted Low-income or Uninsured individuals served in each DY for DY9-10	5,730
Average Total PPP in each DY	16,611
MLIU percentage of Total PPP	52.56%
Allowable Variation	3.89%

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

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

Progress Tracker

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

Section 3: Measure Exemption Requests

Minimum Selection Requirements Met

MPT Met

Complete

Complete

Yes

Yes

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

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

Performing Provider Information

RHP:

TPI and Performing Provider Name:

Performing Provider Type:

Ownership:

Category C valuation in DY9:

Category C valuation in DY10:

3

311054601 - El Campo Memorial Hospital

Hospital

Private

\$213,390.00

\$213,390.00

MINIMUM POINT THRESHOLD (MPT):

1

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

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

Section 1: Attributed Population

Attributed Population for Hospital

- 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
- 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
- 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
- One ambulatory encounter during the measurement year and one ambulatory encounter during the year prior to the measurement year OR
- Two ambulatory encounters during the measurement year OR
- Other populations managed with chronic disease in specialty care clinics in the performing providers DSRIP defined system
- One emergency department visit during the measurement year OR
- One admission for inpatient or observation status during the measurement year OR
- One prenatal or postnatal visit during the measurement year OR
- One delivery during the measurement year OR
- One dental encounter during the measurement year OR
- Enrolled in a palliative care or hospice program during the measurement year OR
- 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	
No	H2	Behavioral Health and Appropriate Utilization	8	0	
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	H3	Chronic Non-Malignant Pain Management	10	0	
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	H4	Integrated Care for People with Serious Mental Illness	5	0	
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	I1	Specialty Care	2	0	
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
No	J1	Hospital Safety	10	0	
Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points	Points Selected in Bundle	
Yes - Continue	K1	Rural Preventive Care	3	3	
This bundle was selected for DY7/8 and can be continued or can be dropped					

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

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

Total overall selected points:	3
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You have met the minimum selection requirements.

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:	311054601 - El Campo Memorial Hospital
Performing Provider Type:	Hospital
Ownership:	Private

Section 1: Related Strategies

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

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

Related Strategies			Related Strategies Lists	
			K1	
			Rural Primary Care (H/PP)	
Related Strategies ID	Related Strategies Description	Related Strategies Theme	Implementation Date	Implementation Status
1.00	Same-day and/or walk-in appointments in the outpatient setting	Access to Care	Before DSRIP	Implemented throughout system
1.01	Night and/or weekend appointments in the outpatient setting	Access to Care	DY7-8	Implemented in small scale
1.10	Integration or co-location of primary care and specialty care (physical health only) services in the outpatient setting	Access to Care	Before DSRIP	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	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	Before DSRIP	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	Planned for DY9-10	Not yet implemented
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	Planned for DY9-10	Not yet implemented
2.30	Formal closed loop process for scheduling referral visits as needed	Care Coordination	Before DSRIP	Implemented throughout system
2.40	Data sharing connectivity or arrangement with Medicaid Managed Care Organization(s) for patient claims data	Care Coordination	Before DSRIP	Implemented throughout system
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	Before DSRIP	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	DY7-8	Implemented throughout system
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	Before DSRIP	Implemented throughout system
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	Before DSRIP	Implemented throughout system
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	Before DSRIP	Implemented throughout system
4.10	Group visit model or similar non-traditional appointment format that includes at least one provider and a group of patients with shared clinical and/or social experiences	Disease Management	Not applicable	Not applicable
4.20	Home visit model of providing clinical services at a patient's residence (may be restricted to specific patient subpopulations)	Disease Management	Not applicable	Not applicable
4.30	Classes for patients focused on disease self-management (e.g. lifestyle changes, symptom recognition, clinical triage guidance, etc.)	Disease Management	Not applicable	Not applicable
4.31	Classes for patients focused on diet, nutrition counseling, and/or cooking	Disease Management	Not applicable	Not applicable

4.32	Classes for patients focused on physical activity	Disease Management	Not applicable	Not applicable
4.40	Peer-based programming (includes support groups, peer coaching/mentoring, etc.)	Disease Management	Not applicable	Not applicable
4.50	Telehealth to provide remote monitoring of patient biometric data (e.g. HbA1c levels, blood pressure, etc.) and/or medication adherence	Disease Management	Not applicable	Not applicable
4.60	Patient educational materials or campaigns about preventive care (e.g. immunizations, preventive screenings, etc.)	Disease Management	DY1-6	Implemented throughout system
4.61	Patient educational materials or campaigns about advance care planning/directives	Disease Management	Planned for DY9-10	Not yet implemented
4.70	SBIRT (Screening, Brief Intervention, Referral, and Treatment) workflow actively in place	Disease Management	Not applicable	Not applicable
5.00	Screening patients for food insecurity	Social Determinants of Health	Not applicable	Not applicable
5.01	Formal partnership or arrangement with food resources to support patient health status (e.g. local food banks, grocery stores, etc.)	Social Determinants of Health	Not applicable	Not applicable
5.10	Screening patients for housing needs	Social Determinants of Health	Not applicable	Not applicable
5.11	Formal partnership or arrangement with housing resources to support patient health status (e.g. affordable housing units, transitional housing, rental assistance, etc.)	Social Determinants of Health	Not applicable	Not applicable
5.12	Screening patients for housing quality needs	Social Determinants of Health	Not applicable	Not applicable
5.13	Formal partnership or arrangement with housing quality resources to support patient health status (e.g. housing inspections, pest control management, heating and other utility services, etc.)	Social Determinants of Health	Not applicable	Not applicable
5.20	Screening patients for transportation needs	Social Determinants of Health	Planned for DY9-10	Not yet implemented
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	Planned for DY9-10	Not yet implemented

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:

311054601 - El Campo Memorial 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.

Prevention and Wellness

a) Please select the name of this Core Activity.

Other

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

Improving the prevention of lung diseases and giving patients a choice of medical care.

b) Please enter a description of this Core Activity

ECMH will implement strategies to prevent lung diseases, to increase the rate of pneumonia vaccination for older adults, and to advocate the use of advance care plan. The system components will include our clinic, ER, and inpatient units. Clinical protocol will be used as guideline and activities will be documented in electronic health record. We project that 21 providers will be committed to participating in this activity, performing intervention and educations to patients. These providers will include hospitalist physicians, ER physicians, and clinic primary care providers.

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

Screen for tobacco use, pneumonia vaccination for adult 65 or older, and presence of advance care plan.

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

Train multiple levels of healthcare providers, including physicians, mid-levels, and nurses to perform screening as documented in hospital's clinical protocols.

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

Utilize EMR to build screener templates, allowing reportable data to be captured.

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).

Educate patients on tobacco use and smoking cessation options and related resources, pneumonia risk for older adult, and the benefits of having advance care plan.

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

Identify available and appropriate educational material to be use by ECMH as our standards.

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

Train multiple levels of healthcare providers, including physicians, mid-levels, and nurses to deliver education to patients as documented in hospital's clinical protocols.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

K1			
----	--	--	--

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

By directly identifying patients that are at risk of smoking-related diseases through smoking screening, we can immediately create necessary treatment plans. We can also begin systematically monitoring progress on the status of pneumonia vaccinations and presence of advance care plans in our health information system. To further population health, we can track this data and develop trending analysis to identify areas for continuous quality improvement in the affiliated measures.

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

New Core Activities

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

DY9-10 Provider RHP Plan Update Template - DSRIP Valuation Summary**Performing Provider Information**

RHP:
TPI and Performing Provider Name:
Performing Provider Type:
Ownership:

3
311054601 - El Campo Memorial Hospital
Hospital
Private

Section 1: Valuation by Category and Measure

Category / Measure / Measure Bundle Item:	DY9	DY10
Category B - MLIU PPP	\$28,452.00	\$28,452.00
K1-105	\$71,130.00	\$71,130.00
K1-268	\$71,130.00	\$71,130.00
K1-285	\$71,130.00	\$71,130.00
K1 Total	\$213,390.00	\$213,390.00
Category C Total:	\$213,390.00	\$213,390.00
Potentially preventable admissions (PPAs)	\$8,535.60	\$8,535.60
Potentially preventable 30-day readmissions	\$8,535.60	\$8,535.60
Potentially preventable complications (PPCs)	\$8,535.60	\$8,535.60
Potentially preventable ED visits (PPVs)	\$8,535.60	\$8,535.60
Patient satisfaction	\$8,535.60	\$8,535.60
Category D Total:	\$42,678.00	\$42,678.00
DSRIP Total	\$284,520.00	\$284,520.00

Section 2: Category C Milestone Valuation

Bundle-Measure ID	Denominator Volume	DY9 Category C Valuation: \$213,390.00							DY10 Category C Valuation: \$213,390.00					
		DY9 Measure Total	DY9 Milestone IDs						DY10 Measure Total	DY10 Milestone IDs				
			RM-1.B	RM-4	AM-9.1	AM-9.2	AM-9.3	IM-3		RM-5	AM-10.1	AM-10.2	AM-10.3	IM-4
K1-105	HHSC has approved as Delayed P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$71,130.00	\$0.00	\$17,782.50	\$53,347.50	\$0.00	\$0.00	\$0.00	\$71,130.00	\$17,782.50	\$53,347.50	\$0.00	\$0.00	\$0.00
K1-268	HHSC has approved as Delayed P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$71,130.00	\$0.00	\$17,782.50	\$53,347.50	\$0.00	\$0.00	\$0.00	\$71,130.00	\$17,782.50	\$53,347.50	\$0.00	\$0.00	\$0.00
K1-285	HHSC has approved as Delayed P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$71,130.00	\$0.00	\$17,782.50	\$53,347.50	\$0.00	\$0.00	\$0.00	\$71,130.00	\$17,782.50	\$53,347.50	\$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:	311054601 - El Campo Memorial 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	West Wharton County Hospital District	311054601	17604881205000	600-12-0000-00081

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	David Mak	303 Sandy Corner Road	El Campo	77437	dmak@ecmh.org	979-543-6251		Both
2	Nathan Tudor	303 Sandy Corner Rd.	El Campo	77437	irocha@ecmh.org	979-543-6251		Both
3	Melanie Longoria	303 Sandy Corner Road	El Campo	77437	miongoria@ecmh.org	979-543-6251		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	West Wharton County Hospital District	17604881205000	600-12-0000-00081	100.00%	100.00%	\$11,127.58	\$11,127.58
K1-105	West Wharton County Hospital District	17604881205000	600-12-0000-00081	100.00%	100.00%	\$27,818.94	\$27,818.94
K1-268	West Wharton County Hospital District	17604881205000	600-12-0000-00081	100.00%	100.00%	\$27,818.94	\$27,818.94
K1-285	West Wharton County Hospital District	17604881205000	600-12-0000-00081	100.00%	100.00%	\$27,818.94	\$27,818.94
Category D	West Wharton County Hospital District	17604881205000	600-12-0000-00081	100.00%	100.00%	\$16,691.37	\$16,691.37
Total						\$111,275.77	\$111,275.77

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:	David Mak
IGT Organization:	West Wharton County Hospital District
Date:	11/5/2019

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

Section 1: DY9-10 DSRIP Valuation

Complete

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

Complete

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

Complete

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

Complete

Section 5: Category D

Complete

Section 6: Certification

Complete

Performing Provider Information

RHP:

3

TPI and Performing Provider Name:

311054601 - El Campo Memorial 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	\$28,452.00	\$28,452.00
Category C	\$213,390.00	\$213,390.00
Category D	\$42,678.00	\$42,678.00
Total	\$284,520.00	\$284,520.00

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

Yes

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

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

	Forecasted Medicaid	Forecasted LIU	MLIU PPP	Total PPP	MLIU Percentage of Total PPP	Allowable Variation %
DY9 Estimated	3,000	5,730	8,730	16,611	52.56%	3.89%
DY10 Estimated	3,000	5,730	8,730	16,611	52.56%	3.89%

Did provider request a modification to MLIU PPP for DY9-10?	No
---	----

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

Yes

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

Bundle-Measure ID	Measure Bundle/Measure Name	# of Measures with Requested Achievement of Alternative Denominators	# of Measures with Requested Shorter or Delayed Measurement Periods	# of Measures with Requested Reporting Milestone Exemptions	Points	DY9 Valuation	DY10 Valuation
K1	Rural Preventive Care	0	0	0	3	\$426,780.00	\$426,780.00
Total	N/A	0	0	0	3	\$426,780.00	\$426,780.00

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

Yes

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

Bundle-Measure ID	Measure Bundle/Measure Name	Associated Core Activities
K1	Rural Preventive Care	Other - Improving the prevention of lung diseases and giving patients a choice of medical care.

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

Yes

Section 5: Category D

Statewide Reporting for Hospitals

Measure	Category D DY9 Valuation	Category D DY10 Valuation
Potentially preventable admissions (PPAs)	\$8,535.60	\$8,535.60
Potentially preventable 30-day readmissions (PPRs)	\$8,535.60	\$8,535.60
Potentially preventable complications (PPCs)	\$8,535.60	\$8,535.60
Potentially preventable ED visits (PDVs)	\$8,535.60	\$8,535.60
Patient satisfaction	\$8,535.60	\$8,535.60

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:

David Mak

Performing Provider:

El Campo Memorial Hospital

Date:

11/5/2019

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
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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