

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

DY7-8 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: DY7-8 DSRIP Total Valuation	Complete

Section 1: Performing Provider Information

RHP: **4**

TPI and Performing Provider Name: **121775403 - Spohn Health System dba Spohn Memorial Hospita**

Performing Provider Type: **Hospital**

Ownership: **Non-State Owned Public**

TIN: **17411098365501**

Physical Street Address: **600 Elizabeth Street**

City: **Corpus Christi**

Zip: **78404**

Primary County: **Nueces**

Additional counties being served (optional):

Aransas	Ree	Brooks	Duval
Jim Wells	Kenedy	Kleberg	Live Oak
McMullen	Refugio	San Patricio	

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:	Estela Chapa	Charlotte Waters	Karen Siemssen
Street Address:	1702 Santa Fe	600 Elizabeth Street	600 Elizabeth Street
City:	Corpus Christi	Corpus Christi	Corpus Christi
Zip:	78404	78404	78404
Email:	estela.chapa@christushealth.org	charlotte.waters@christushealth.org	karen.siemssen@christushealth.org
Phone Number:	361-881-3339	(361) 902-6977	(361) 881-6340
Phone Extension:			
Lead Contact or Both:	Lead Contact	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 DY6 DSRIP payments will be recouped as required by the DY6 Program Funding and Mechanics Protocol. This does not include recoupment of DY4-5 payments that may have occurred in DY6 due to allowable carryforward.

Do Not Withdraw from DSRIP

Section 4: Performing Provider Overview

Performing Provider Description: **Spohn Corpus Christi is comprised of three hospital campuses (Memorial, Shoreline, and South). Spohn is in the process of transitioning all services from Memorial to the Shoreline campus and intends to close the Memorial facility in upcoming years. Spohn Corpus Christi serves primarily Nueces county as well as several surrounding counties.**

Overall DSRIP Goals: **Spohn is focusing on the following areas: Primary care services and increased access to immunizations and other preventive services and availability of behavioral health and substance abuse services.**

Alignment with regional community needs assessment: **Spohn utilized the 2016 Coastal Bend Community Needs Assessment to identify health disparities and areas of opportunity. Supporting Spohn's behavioral health program, the Community Needs Assessment highlights the following areas needing improvement: Need to increase access to mental and behavioral health, high number of perceived barriers to receiving healthcare, and a high percent of the population reports heavy alcohol use. The national ratio of mental health providers per person is 1,060.1 whereas the ratio in the Coastal Bend is significantly higher at 2,997.1. Many Spohn patients have additional barriers to obtaining mental health care because approximately 85% of Spohn clinic patients are Medicaid Low Income Uninsured. Spohn believes that utilizing licensed mental health and substance abuse professionals can offset the shortage of psychiatrists and provide the appropriate level of care. The Community Needs Assessment also highlights several examples illustrating the need for additional preventive services. For example, the Coastal Bend had 80 preventable hospital stays per 1,000 Medicare enrollees in 2016 whereas the national average is only 60. Also, the national average percent of Medicare females that receive a mammogram is 61% whereas in the Coastal Bend it's only 52.7%.**

Section 5: DY7-8 DSRIP Total Valuation

	DY7-8 DSRIP Valuation Distribution			
	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is <u>not</u> met	
	DY7	DY8	DY7	DY8
RHP Plan Update Submission	\$10,017,410.14	\$0.00	\$10,017,410.14	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$5,008,705.07	\$5,008,705.07	\$5,008,705.07	\$5,008,705.07
Category C	\$27,547,877.89	\$37,565,288.03	\$32,556,582.96	\$42,573,993.10
Category D	\$7,513,057.60	\$7,513,057.60	\$2,504,352.53	\$2,504,352.53
Total	\$50,087,050.70	\$50,087,050.70	\$50,087,050.70	\$50,087,050.70

Would you like to decrease the total valuation?
No

Based on the RHP's process for distributing additional funds, has the RHP approved increasing your valuation?
Yes

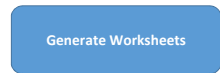
Please enter the updated increased total valuation per DY.
\$50,469,396.70

	Adjusted DY7-8 DSRIP Valuation Distribution			
	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is <u>not</u> met	
	DY7	DY8	DY7	DY8
RHP Plan Update Submission	\$10,093,879.34	\$0.00	\$10,093,879.34	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$5,046,939.67	\$5,046,939.67	\$5,046,939.67	\$5,046,939.67
Category C	\$27,758,168.19	\$37,852,047.53	\$32,805,107.86	\$42,898,987.20
Category D	\$7,570,409.50	\$7,570,409.50	\$2,523,469.83	\$2,523,469.83
Total	\$50,469,396.70	\$50,469,396.70	\$50,469,396.70	\$50,469,396.70

Original MPT:

Adjusted MPT based on updated valuation:

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



DY7-8 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:	4
TPI and Performing Provider Name:	121775403 - Spohn Health System dba Spohn Memorial Hospital
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public
Category B valuation in DY7:	\$5,046,939.67
Category B valuation in DY8:	\$5,046,939.67

Section 1: System Definition

Hospitals - Required Components

Required System Component	Business Component?
Inpatient Services	Business Component of the Organization
Please enter a description of this System Component. Spohn will include all inpatients, hospital outpatients, and observation patients at Spohn Memorial, Shoreline and South.	
Required System Component	Business Component?
Emergency Department	Business Component of the Organization
Please enter a description of this System Component. Spohn will include all patients visiting a Spohn Emergency Department.	
Required System Component	Business Component?
Owned or Operated Outpatient Clinics	Business Component of the Organization
Please enter a description of this System Component. Spohn will include all patients visiting the Spohn Northside, Northside Extension (Quick Care), Family Medicine Academic Center, Padre Island, Robstown, and Westside Family Health Centers. Spohn will also include all outpatient cancer center patients as well as specialty care clinic patients.	
Required System Component	Business Component?
Maternal Department	Business Component of the Organization
Please enter a description of this System Component. Spohn will include all maternal patients visiting the facility either as an inpatient or in the Emergency Department	
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)

	DY5	DY6
MLIU PPP	54,400	49,805
Total PPP	93,127	96,867

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 type="checkbox"/> Insured on the Exchange
<input checked="" type="checkbox"/> Low-income	<input checked="" type="checkbox"/> Self-Pay	<input checked="" type="checkbox"/> Uninsured	<input type="checkbox"/> Other (please explain below)	

MLIU PPP Goal for each DY (DY7 and DY8):	52,103
Average Total PPP	94,997
MLIU percentage of Total PPP	54.85%

*The MLIU percentage is for informational purposes and will help HHSC determine allowable MLIU PPP variation.

Would you like the MLIU PPP Goal to be based on DY5 or DY6 only (as opposed to the average)?	No
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DY7-8 Provider RHP Plan Update Template - Category C Valuation

Progress Tracker

Section 1: Measure Bundle/Measure Valuation Complete

Performing Provider Information

RHP:	4
TPI and Performing Provider Name:	121775403 - Spohn Health System dba Spohn Memorial Hospital
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

If regional hospital participation requirement is met	Category C valuation in DY7:	\$27,758,168.19
	Category C valuation in DY8:	\$37,852,047.53
If regional hospital participation requirement is not met	Category C valuation in DY7:	\$32,805,107.86
	Category C valuation in DY8:	\$42,898,987.20

Section 1: Measure Bundle/Measure Valuation

Valuation for Selected Measure Bundles - Hospitals & Physician Practices

Measure Bundle ID	Measure Bundle Name	Points	Desired Valuation Percentage	Minimum Valuation % of Total	Maximum Valuation % of Total	If regional private hospital participation requirement is met		If regional private hospital participation requirement is <u>not</u> met	
						Category C Valuation in DY7	Category C Valuation in DY8	Category C Valuation in DY7	Category C Valuation in DY8
C1	Primary Care Prevention - Healthy Texans	16	15.38%	15.38%	25.65%	\$4,269,206.27	\$5,821,644.91	\$5,045,425.59	\$6,597,864.23
C2	Primary Care Prevention - Cancer Screening	6	7.69%	5.76%	7.70%	\$2,134,603.13	\$2,910,822.46	\$2,522,712.79	\$3,298,932.12
C3	Hepatitis C	4	4.81%	3.84%	5.13%	\$1,335,167.89	\$1,820,683.49	\$1,577,925.69	\$2,063,441.28
E1	Improved Maternal Care	10	9.61%	9.61%	16.03%	\$2,667,559.96	\$3,637,581.77	\$3,152,570.87	\$4,122,592.67
H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	12	19.24%	11.53%	19.24%	\$5,340,671.56	\$7,282,733.94	\$6,311,702.75	\$8,253,765.14
H2	Behavioral Health and Appropriate Utilization	15	24.04%	14.42%	24.04%	\$6,673,063.63	\$9,099,632.23	\$7,886,347.93	\$10,312,916.52
H4	Integrated Care for People with Serious Mental Illness	5	6.41%	4.80%	6.42%	\$1,779,298.58	\$2,426,316.25	\$2,102,807.41	\$2,749,825.08
I1	Hospital Safety	10	12.82%	9.61%	12.83%	\$3,558,597.17	\$4,852,632.48	\$4,205,614.83	\$5,499,650.16
	Total	78	100.00%	N/A	N/A	\$27,758,168.19	\$37,852,047.53	\$32,805,107.86	\$42,898,987.20
	Difference between selected percent and 100%:		0.00%						

Your valuation allocations add to 100%.

Are you finished allocating your Category C valuations across your selected measure bundles?
Yes

Explanation of Valuation Percent Changes

Overall justification for change in Category C valuation distribution:
 Spohn adjusted the valuation according to Spohn's perceived potential for program growth and area with the largest potential for improvement which lies in behavioral health.

Please address the amount of improvement required for the Measure Bundle(s) with increased valuation including estimated baseline and goals for key measures that may require high amounts of improvement within the bundle.

All measures within bundle H1 are IOS, indicating that the required improvement in DY7 is 2.5%. All measures in H2 are also IOS, except for Follow Up after hospitalization for mental illness which is QISM. Spohn anticipates a large improvement being required for the follow up after hospitalization for mental illness because previously Spohn only provided this service for non-MLU patients and had very few behavioral health resources. Spohn is in the process of calculating the baseline but anticipates it being less than the MPL. The key goal for this measure is to get the resources in place that can provide the care for these patients and to create a referral process to make sure the providers are aware of their discharge.

Please address the level of effort required for improvement for the Measure Bundle(s) with increased valuation.
 Spohn increased the valuation of bundles H1 and H2 which require a great deal of effort to get the resources into place, establish workflows, and make the process available in the electronic health record. For example, Spohn did not have an electronic version of an alcohol screening tool. However, in order to begin the project Spohn began on January 1st with a paper form. Currently, Spohn's providers are cataloging hundreds of pieces of paper. Meanwhile Spohn has been working diligently with the electronic health record vendor to build an electronic version of the screening. This screening was approved to be added and will go live in March 2018 but will need validation and staff training on how to use it.

Please describe the size of the population impacted as compared to the size of other selected Measure Bundle(s) for the Measure Bundle(s) with increased valuation.
 Bundle E1 maternal care has a lower population size than both bundles H1 and H2 because Spohn is limited in the amount of prenatal and postnatal care provided. The populations for Bundle C1 is the same as for H1 and H2 because they both encompass measures that affect all clinic patients.

DT-8 Provider RHP Plan Update Template - Category A Core Activities

Progress Tracker

Section 1: Transition from DT-6 Projects to DT-8 Provider-Level Outcomes and Core Activities
 Section 2: Core Activities
 All Selected Measure Bundles/Measures Associated with at Least One Core Activity

Completed
In Progress
Not Started

Reporting Provider Information

Site: [Redacted]
 TR and Performing Provider Name: [Redacted]
 Performing Provider Type: [Redacted]
 Ownership: [Redacted]

Section 1: Transition from DT-6 Projects to DT-8 Provider-Level Outcomes and Core Activities

DT6 Project ID	Project Option	Project Summary	Completed/In Progress	Enter a description for continuation (optional)
OSP_A_12175940.1.1	1.1.1	Acquire the space, recruit and staffing for Spauld County Clinic's primary care	Completed in DT-6	
OSP_A_12175940.1.2	1.1.2	Establish a Chronic Disease Registry to assist Spauld in tracking and	Completed in DT-6	
OSP_A_12175940.1.3	1.1.3	Implement a system for early detection and ongoing treatment and	Completed in DT-6	
OSP_A_12175940.1.4	1.1.4	Develop a team of behavioral physicians with training in critical care	Completed in DT-6	
OSP_A_12175940.1.5	1.1.5	Replace the existing Psychiatric Assessment Services (PAS) and continuity	Completed in DT-6	
OSP_A_12175940.1.6	1.1.6	Re-configure the Health Services Center (HSC) and the Crisis Stabilization	Completed in DT-6	
OSP_A_12175940.2.1	2.1.1	Identify and recruit appropriate providers to provide behavioral and	Completed in DT-6	
OSP_A_12175940.2.2	2.1.2	Provide a support care navigation program to reduce preventable	Completed in DT-6	
OSP_A_12175940.2.3	2.1.3	Enhance the CHS/CS's Spauld Health System's (CHS) culture of safety	Completed in DT-6	
OSP_A_12175940.2.4	2.1.4	Provide behavioral emergency response services through patients	Completed in DT-6	
OSP_A_12175940.2.5	2.1.5	Integrate the Family Practice Residency Program to focus on on-hospital	Completed in DT-6	
OSP_A_12175940.2.6	2.1.6	Align with local mental health authorities to integrate the treatment of	Completed in DT-6	
OSP_A_12175940.2.7	2.1.7	Implement a screening and brief intervention (SBI) and Family Health	Completed in DT-6	
OSP_A_12175940.2.8	2.1.8	Implement a screening and brief intervention (SBI) and Family Health	Completed in DT-6	
OSP_A_12175940.2.9	2.1.9	Implement a screening and brief intervention (SBI) and Family Health	Completed in DT-6	

Section 2: Core Activities

Please enter your organization's number of Core Activities: [Redacted]

1) Please select the grouping for this Core Activity:
 Category of Appropriate Levels of Behavioral Health Care Services
 Other (Specify): [Redacted]

2) Please select the name of this Core Activity:
 Enhance of Care Management for the integration primary and behavioral health
 Other (Specify): [Redacted]

3) Please enter a description of this Core Activity:
 Enhance of care management and behavioral health care by having the primary care provider
 or behavioral health provider use when necessary refer to a behavioral
 health provider on located in a primary care clinic.
 [Redacted]

4) Please describe the first Secondary Driver for the above Core Activity (optional):
 A) Please list the first Change (list for the above Secondary Driver (optional)):
 [Redacted]
 B) Please list the second Change (list for the above Secondary Driver (optional)):
 [Redacted]

5) Please describe the second Secondary Driver for the above Core Activity (optional):
 [Redacted]

6) 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.

None	1B	2B	3B
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7) Please describe how this Core Activity impacts the selected Measure Bundles or measures:
 [Redacted]

8) Is this Core Activity provided by a provider that is not included in the Category B System Definition?
 No

9) Please select the grouping for this Core Activity:
 Category of Appropriate Levels of Behavioral Health Care Services
 Other (Specify): [Redacted]

10) Please select the name of this Core Activity:
 Enhance of care management and behavioral health
 Other (Specify): [Redacted]

11) Please enter a description of this Core Activity:
 Enhance of care management and behavioral health care by having the primary care provider
 or behavioral health provider use when necessary refer to a behavioral
 health provider on located in a primary care clinic.
 [Redacted]

12) Please describe the first Secondary Driver for the above Core Activity (optional):
 A) Please list the first Change (list for the above Secondary Driver (optional)):
 [Redacted]
 B) Please list the second Change (list for the above Secondary Driver (optional)):
 [Redacted]

13) Please describe the second Secondary Driver for the above Core Activity (optional):
 [Redacted]

14) 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.

None	1B	2B	3B
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15) Please describe how this Core Activity impacts the selected Measure Bundles or measures:
 [Redacted]

16) Is this Core Activity provided by a provider that is not included in the Category B System Definition?
 No

DY7-8 Provider RHP Plan Update Template - Category D

Progress Tracker

Section 1: Statewide Reporting Measure Bundle for Hospitals	Complete
Section 2: Verification	Complete

Performing Provider Information

RHP:	4
TPI and Performing Provider Name:	121775403 - Spohn Health System dba Spohn Memorial Hospital
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

If regional hospital participation requirement is met	Category D valuation in DY7	\$7,570,409.50
	Category D valuation in DY8	\$7,570,409.50
If regional hospital participation requirement is <u>not</u> met	Category D valuation in DY7	\$2,523,469.83
	Category D valuation in DY8	\$2,523,469.83

Section 1: Statewide Reporting Measure Bundle for Hospitals

Measure	Category D valuation per DY distributed across measures (if regional hospital participation valuation is met)	Category D valuation per DY distributed across measures (if regional hospital participation requirement is <u>not</u> met)
Potentially preventable admissions (PPAs)	\$1,514,081.90	\$504,693.97
Potentially preventable 30-day readmissions (PPRs)	\$1,514,081.90	\$504,693.97
Potentially preventable complications (PPCs)	\$1,514,081.90	\$504,693.97
Potentially preventable ED visits (PPVs)	\$1,514,081.90	\$504,693.97
Patient satisfaction	\$1,514,081.90	\$504,693.95
Requesting HCAHPS exemption - my organization does not report HCAHPS as part of the Medicare Inpatient Prospective Payment System due to low volume or other exempt status	No	

Section 2: Verification

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.

I understand

DY7-8 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:	1
TPI and Performing Provider Name:	121775403 - Spohn Health System dba Spohn Memorial Hospital
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

Section 1: IGT Entities

In order to delete an existing IGT, delete the name of the IGT from cell G21, G29, etc.

IGT RHP	IGT Name	IGT TPI (if available)	IGT TIN	Affiliation Number
4	Nueces County Hospital District	N/A	1746000646000	700-12-0000-0001

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Lonny Hepp	555 N. Carancahua St., Suite 950	Corpus Christi	78401-0818	lonny.hepp@nchd.org	361-608-1100		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 Only Reporting System.

Section 2: IGT Funding

RHP Plan Update Submitter	IGT Name	IGT TIN	IGT Affiliation #	DY7 % IGT Allocated	DY8 % IGT Allocated	if regional private hospital participation requirement is met		if regional private hospital participation requirement is not met	
						Total Estimated DY7 Allocation (FMAP 56.88/IGT)	Total Estimated DY8 Allocation (FMAP 57.32/IGT)	Total Estimated DY7 Allocation (FMAP 56.88/IGT)	Total Estimated DY8 Allocation (FMAP 57.32/IGT)
Category B	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$4,352,480.77	\$2,154,033.85	\$4,352,480.77	\$2,154,033.85
CI-105	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$204,542.42	\$276,075.34	\$204,542.42	\$276,075.34
CI-113	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$204,542.42	\$276,075.34	\$204,542.42	\$276,075.34
CI-147	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$204,542.42	\$276,075.34	\$204,542.42	\$276,075.34
CI-268	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$204,542.42	\$276,075.34	\$204,542.42	\$276,075.34
CI-269	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$204,542.42	\$276,075.34	\$204,542.42	\$276,075.34
CI-272	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$204,542.42	\$276,075.34	\$204,542.42	\$276,075.34
CI-280	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$204,542.42	\$276,075.34	\$204,542.42	\$276,075.34
CI-389	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$204,542.42	\$276,075.34	\$204,542.42	\$276,075.34
CI-502	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$204,542.42	\$276,075.34	\$204,542.42	\$276,075.34
CI-106	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$306,813.62	\$414,113.01	\$306,813.62	\$414,113.01
CI-107	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$306,813.62	\$414,113.01	\$306,813.62	\$414,113.01
CI-186	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$306,813.62	\$414,113.01	\$306,813.62	\$414,113.01
CI-203	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$143,931.10	\$194,266.93	\$143,931.10	\$194,266.93
CI-328	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$143,931.10	\$194,266.93	\$143,931.10	\$194,266.93
CI-368	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$143,931.10	\$194,266.93	\$143,931.10	\$194,266.93
CI-904	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$143,931.10	\$194,266.93	\$143,931.10	\$194,266.93
E1-232	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$383,417.28	\$517,506.63	\$383,417.28	\$517,506.63
E1-235	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$383,417.28	\$517,506.63	\$383,417.28	\$517,506.63
E1-300	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$383,417.28	\$517,506.63	\$383,417.28	\$517,506.63
H1-146	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$671,678.46	\$971,334.64	\$671,678.46	\$971,334.64
H1-255	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$297,862.20	\$394,266.93	\$297,862.20	\$394,266.93
H1-286	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$671,678.46	\$971,334.64	\$671,678.46	\$971,334.64
H1-317	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$671,678.46	\$971,334.64	\$671,678.46	\$971,334.64
H1-160	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$445,315.78	\$624,169.77	\$445,315.78	\$624,169.77
H1-259	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$445,315.78	\$624,169.77	\$445,315.78	\$624,169.77
H1-266	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$445,315.78	\$624,169.77	\$445,315.78	\$624,169.77
H1-305	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$205,530.36	\$276,075.34	\$205,530.36	\$276,075.34
H1-319	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$445,315.78	\$624,169.77	\$445,315.78	\$624,169.77
H1-405	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$445,315.78	\$624,169.77	\$445,315.78	\$624,169.77
H1-510	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$445,315.78	\$624,169.77	\$445,315.78	\$624,169.77
H1-162	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$255,744.52	\$345,183.92	\$255,744.52	\$345,183.92
H1-258	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$255,744.52	\$345,183.92	\$255,744.52	\$345,183.92
H1-260	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$255,744.52	\$345,183.92	\$255,744.52	\$345,183.92
J1-214	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$306,893.42	\$414,220.71	\$306,893.42	\$414,220.71
J1-219	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$306,893.42	\$414,220.71	\$306,893.42	\$414,220.71
J1-221	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$306,893.42	\$414,220.71	\$306,893.42	\$414,220.71
J1-222	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$306,893.42	\$414,220.71	\$306,893.42	\$414,220.71
J1-506	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$306,893.42	\$414,220.71	\$306,893.42	\$414,220.71
Category D	Nueces County Hospital District	1746000646000	700-12-0000-0001	100.00%	100.00%	\$3,264,360.38	\$3,231,050.77	\$3,264,360.38	\$3,231,050.77
Total						\$21,762,403.86	\$21,540,338.51	\$21,762,403.86	\$21,540,338.51

Your funding allocations sum to 100%.

Have the IGT Entities and funding percentages been updated?	Yes
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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:	Lonny Hepp
IGT Organization:	Nueces County Hospital District
Date:	11/17/2018

DY7-8 Provider RHP Plan Update Template - Summary and Certification

Process Tracker	Complete
Section 1: DY7-8 DSRIP Valuation	Complete
Section 2: Category B Medicaid Low-Income Uninsured (MLU) 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 Valuations	Complete
Section 6: Certification	Complete

Performing Provider Information

RHP:	121775493 - Sothi Health System dba Sothi Memorial Hospital
TIN and Performing Provider Name:	Hospital
Performing Provider Type:	Non-State Owned Public
Ownership:	

Section 1: DY7-8 DSRIP Valuation

Value	DY7-8 DSRIP Valuation Distribution		Value	
	if regional private hospital participation requirement is met	if not met	if regional private hospital participation requirement is met	if not met
RHP Plan Update Submission	\$10,093,879.34	\$0.00	\$10,093,879.34	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$3,048,939.01	\$3,048,939.01	\$3,048,939.01	\$3,048,939.01
Category C	\$27,758,168.13	\$17,853,047.33	\$32,805,107.89	\$42,898,987.23
Category D	\$7,570,400.50	\$7,570,400.50	\$7,570,400.50	\$7,570,400.50
Total	\$53,463,286.98	\$53,463,286.98	\$53,463,286.98	\$53,463,286.98

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 (MLU) Patient Population by Provider (PPP)

	MLU PPP	Total PPP	MLU Percentage of Total PPP
DY5	54,400	99,127	54.41%
DY6	49,807	96,897	51.42%
DY7 Estimated	52,101	94,997	54.85%
DY8 Estimated	52,101	94,997	54.85%

Were DY7-8 maintenance goals based on DY5 or DY6 only? **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	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is not met	
						DY7 Valuation	DY8 Valuation	DY7 Valuation	DY8 Valuation
E1	Primary Care Prevention - Healthy Texans	0	0	0	16	\$4,269,206.27	\$5,821,644.91	\$5,045,425.59	\$6,597,864.23
E2	Primary Care Prevention - Cancer Screening	0	0	0	6	\$2,134,601.11	\$2,910,822.46	\$2,522,712.79	\$3,298,932.11
E3	Hepatitis C	0	0	0	4	\$1,335,167.89	\$1,820,683.49	\$1,577,925.69	\$2,063,441.23
E11	Improved Maternal Care	0	0	0	10	\$2,667,559.96	\$3,637,581.77	\$3,152,570.87	\$4,122,592.67
H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	0	1	1	12	\$5,340,671.56	\$7,282,733.94	\$6,311,702.75	\$8,253,765.14
H2	Behavioral Health and Appropriate Utilization	0	2	1	15	\$6,673,063.63	\$9,099,632.23	\$7,886,347.93	\$10,312,916.52
H4	Integrated Care for People with Serious Mental Illness	0	0	0	5	\$1,779,298.58	\$2,426,316.25	\$2,102,807.41	\$2,749,825.08
I1	Hospital Safety	0	0	0	10	\$3,558,997.17	\$4,852,632.40	\$4,205,634.83	\$5,499,650.11
Total	N/A	0	3	2	78	\$27,758,168.13	\$37,853,047.33	\$32,805,107.89	\$42,898,987.23

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
E1	Primary Care Prevention - Healthy Texans	Provision of screening and follow up services
E2	Primary Care Prevention - Cancer Screening	Provision of screening and follow up services
E3	Hepatitis C	Provision of screening and follow up services
E11	Improved Maternal Care	Provision of screening and follow up services
H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	Utilization of Care Management function that integrates primary and behavioral health needs of individuals
H2	Behavioral Health and Appropriate Utilization	Utilization of Care Management function that integrates primary and behavioral health needs of individuals
H4	Integrated Care for People with Serious Mental Illness	Provision of screening and follow up services
I1	Hospital Safety	Other - Use and enforcement of safety and reliability protocols to reduce safety event rates
I1	Hospital Safety	Other - Use and enforcement of safety and reliability protocols to reduce safety event rates

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 Valuations

Statewide Reporting for Hospitals

Measure	Category D valuation per DY distributed across measures (if regional hospital participation requirement is met)	Category D valuation per DY distributed across measures (if regional hospital participation requirement is not met)
Potentially preventable admissions (PPAs)	\$1,314,081.30	\$104,493.91
Potentially preventable 30-day readmissions (PPRs)	\$1,314,081.30	\$104,493.91
Potentially preventable complications (PPCs)	\$1,314,081.30	\$104,493.91
Potentially preventable ED visits (PPVs)	\$1,314,081.30	\$104,493.91
Patient satisfaction	\$1,314,081.30	\$104,493.91

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 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: **LORIE CHAPMAN**
 Performing Provider: **CHRISTUS SPOHN**
 Date: **5/15/2018**

DY7-8 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: DY7-8 DSRIP Total Valuation	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
Minimum Selection Requirements Met	Yes
MPT Met	Yes

Category C Additional Details

Section 1: Measure Exemption Requests and Measure Setting System Components	Complete
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Category C Valuation

Section 1: Measure Bundle/Measure Valuation	Complete
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Category A Core Activities

Section 1: Transition from DY2-6 Projects to DY7-8 Provider-Level Outcomes and Core Activities	Complete
Section 2: Core Activities	Complete
All Selected Measure Bundles/Measures Associated with at Least One Core Activity	Complete

Category D

Section 1: Statewide Reporting Measure Bundle for Hospitals	Complete
Section 2: Verification	Complete

IGT Entry

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

Summary and Certification

Section 1: DY7-8 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 Valuations	Complete
Section 6: Certification	Complete