

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: **137907508 - County of Victoria dba Citizens Medical Center**

Performing Provider Type: **Hospital**

Ownership: **Non-State Owned Public**

TIN: **17416981433011**

Physical Street Address: **2701 Hospital Drive**

City: **Victoria**

Zip: **77901**

Primary County: **Victoria**

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:	Cherie Brzozowski	Duane Woods	Vickie Leadbetter
Street Address:	2701 Hospital Dr.	2701 Hospital Dr.	2701 Hospital Dr.
City:	Victoria	Victoria	Victoria
Zip:	77901	77901	77901
Email:	cbrzozowski@cmcvtx.org	Duane.Woods@cmcvtx.org	vleadbetter@cmcvtx.org
Phone Number:	361-574-1526	361-572-5009	361-572-5103
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 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: **Citizens Medical Center is a not-for-profit County facility in Victoria County Texas. Victoria County is located in RHP 4. Citizens Medical Center will be defining our system with the following required components: acute care hospital including our maternal department, emergency department, inpatient services as well as our owned outpatient clinics.**

Overall DSRIP Goals: **The goal of Citizens Medical Center is to provide quality care for the patients in our area. We want our patients to be cared for in the appropriate care setting and prevent medical illnesses by promoting preventative care.**

Alignment with regional community needs assessment: **RHP 4 Community Health Needs Assessment highlighted several challenges including a high prevalence of chronic disease. Another finding was the preventable readmissions. Our bundles will address these two major findings found in the community needs assessment. The first is the primary care prevention bundles and the second is care transitions and readmissions.**

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	\$1,528,297.40	\$0.00	\$1,528,297.40	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$764,148.70	\$764,148.70	\$764,148.70	\$764,148.70
Category C	\$4,202,817.85	\$5,731,115.25	\$4,966,966.55	\$6,495,263.95
Category D	\$1,146,223.05	\$1,146,223.05	\$382,074.35	\$382,074.35
Total	\$7,641,487.00	\$7,641,487.00	\$7,641,487.00	\$7,641,487.00

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?
No

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

Generate Worksheets

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:	137907508 - County of Victoria dba Citizens Medical Center
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public
Category B valuation in DY7:	\$764,148.70
Category B valuation in DY8:	\$764,148.70

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. Citizens Medical Center is an acute care hospital located in Victoria County Texas in RHP 4	
Emergency Department	Business Component of the Organization
Please enter a description of this System Component. Citizens operates an Emergency Department within the acute care hospital	
Owned or Operated Outpatient Clinics	Business Component of the Organization
Please enter a description of this System Component. Citizens owns primary and speciality care clinics in the Victoria County region.	
Maternal Department	Business Component of the Organization
Please enter a description of this System Component. Citizens has a maternal department and cares for level III newborns in our hospital.	
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	17,470	18,045
Total PPP	55,121	58,339

Please indicate the population included in the MLIU PPP

<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> Dual Eligible	<input checked="" type="checkbox"/> CHIP	<input type="checkbox"/> Local Coverage Option	<input type="checkbox"/> Insured on the Exchange
<input checked="" type="checkbox"/> Low-income	<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):	17,758
Average Total PPP	56,730
MLIU percentage of Total PPP	31.30%

*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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Section 1: Performance of Primary Care Providers, Community Connections

Section 1: Selection of Measure Bundles for Hospitals and Physician Practices	Yes	Section 1: Selection of Measure Bundles for Hospitals and Physician Practices	Yes
Minimum Selection Requirements Met	Yes	Minimum Selection Requirements Met	Yes
MFT Met	Yes	MFT Met	Yes

Performing Provider Information	
Site	
Site and Performing Provider Name	
Performing Provider Type	
Ownership	

Program Name	Emergency Department	EM
Program Measure Type	Emergency Department	EM
Program Measure Code	Emergency Department	EM

MINIMUM POINT THRESHOLD (MFT): Each Reporting Provider must select Measure Bundles (measures to be reported) which maintain the value that was confirmed on the Provider Data file.

Additional Information for Hospital

1. Hospital Reporting Requirements: This report summarizes the performance of the reporting provider during the measurement period as determined by the reporting provider (PCP, medical home, or other) in the performing provider's OMR-defined system OR

2. Individuals included in a broad coverage program (for example, a nurse-based patient care program) assigned to a PCP, medical home, or other in the performing provider's OMR-defined system OR

3. Care provided outside the reporting provider's OMR-defined system OR

4. Care provided outside the reporting provider's OMR-defined system OR

5. Care provided outside the reporting provider's OMR-defined system OR

6. Care provided outside the reporting provider's OMR-defined system OR

7. Care provided outside the reporting provider's OMR-defined system OR

8. Care provided outside the reporting provider's OMR-defined system OR

9. Care provided outside the reporting provider's OMR-defined system OR

10. Care provided outside the reporting provider's OMR-defined system OR

Please describe your other provider selection criteria:

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

Measure Bundles for Hospitals & Physician Practices

Measure Bundle ID	Measure Bundle Name	Measure Bundle Risk Points
101	Emergency Department	EM
102	Emergency Department	EM

Please describe your rationale for selecting this Measure Bundle, and describe the primary system components (clinical, technical) that will be used to report and track improvement on this Measure Bundle.

Great Hospital Measure ID/Type	Measure Bundle ID	Measure Bundle Name	Requirements	EM or ACP	Measure Category	Additional Points
N/A - Required	101	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	102	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	103	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	104	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	105	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	106	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	107	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	108	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	109	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	110	Emergency Department	Emergency Department	EM	EM	EM

Great Hospital Measure ID/Type	Measure Bundle ID	Measure Bundle Name	Requirements	EM or ACP	Measure Category	Additional Points
N/A - Required	111	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	112	Emergency Department	Emergency Department	EM	EM	EM

Please describe your rationale for selecting this Measure Bundle, and describe the primary system components (clinical, technical) that will be used to report and track improvement on this Measure Bundle.

Great Hospital Measure ID/Type	Measure Bundle ID	Measure Bundle Name	Requirements	EM or ACP	Measure Category	Additional Points
N/A - Required	113	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	114	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	115	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	116	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	117	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	118	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	119	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	120	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	121	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	122	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	123	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	124	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	125	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	126	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	127	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	128	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	129	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	130	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	131	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	132	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	133	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	134	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	135	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	136	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	137	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	138	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	139	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	140	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	141	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	142	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	143	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	144	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	145	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	146	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	147	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	148	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	149	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	150	Emergency Department	Emergency Department	EM	EM	EM

Great Hospital Measure ID/Type	Measure Bundle ID	Measure Bundle Name	Requirements	EM or ACP	Measure Category	Additional Points
N/A - Required	151	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	152	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	153	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	154	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	155	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	156	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	157	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	158	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	159	Emergency Department	Emergency Department	EM	EM	EM
N/A - Required	160	Emergency Department	Emergency Department	EM	EM	EM

Total overall selected points: 150

Are you finished making your selections?

2017-18 Provider RHP Plan Update Template - Category C Additional Details

Progress Tracker

Section 1: Measure Exemption Requests and Measure Setting System Components

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.

Bundled Measure ID	Measure Name	Baseline Measurement Period	Requesting a shorter or delayed measurement period?	Requesting a reporting milestone exemption?	Requesting a numerator of zero?
R1-135	Medication Reconciliation Post-Discharge	CY2017: January 1, 2017 - December 31, 2017	Requesting a shorter and delayed baseline measurement period	No	No
Requested Baseline Measurement Period Start Date	4/1/2018	Requested Baseline Measurement Period End Date	9/30/2018	Please enter an explanation for this request	
We did not have the automated documentation in place until 4/1/2018					
R1-141	Risk Adjusted All-Cause 30-Day Readmission for Targeted Conditions: heart failure hospitalization, coronary artery bypass graft (CABG) surgery, CHF, Diabetes, AMI, Stroke, COPD, Behavioral Health, Substance Use	CY2017: January 1, 2017 - December 31, 2017	No	No	No
R1-217	Risk Adjusted All-Cause 30-Day Readmission	CY2017: January 1, 2017 - December 31, 2017	No	No	No
R1-252	Transition Record with Specified Elements Received by Discharged Patients (Emergency Department Discharges)	CY2017: January 1, 2017 - December 31, 2017	Requesting a shorter and delayed baseline measurement period	No	No
Requested Baseline Measurement Period Start Date	4/1/2018	Requested Baseline Measurement Period End Date	9/30/2018	Please enter an explanation for this request	
We did not have the automated documentation in place until 4/1/2018					
R1-253	Transition Record with Specified Elements Received by Discharged Patients (Discharges from Inpatient Facility)	CY2017: January 1, 2017 - December 31, 2017	Requesting a shorter and delayed baseline measurement period	No	No
Requested Baseline Measurement Period Start Date	4/1/2018	Requested Baseline Measurement Period End Date	9/30/2018	Please enter an explanation for this request	
We did not have the automated documentation in place until 4/1/2018					
R1-287	Documentation of Current Medications in the Medical Record	CY2017: January 1, 2017 - December 31, 2017	Requesting a shorter and delayed baseline measurement period	No	No
Requested Baseline Measurement Period Start Date	4/1/2018	Requested Baseline Measurement Period End Date	9/30/2018	Please enter an explanation for this request	
We did not have the automated documentation in place until 4/1/2018					
R1-352	Post-Discharge Appointment	CY2017: January 1, 2017 - December 31, 2017	Requesting a shorter and delayed baseline measurement period	No	No
Requested Baseline Measurement Period Start Date	4/1/2018	Requested Baseline Measurement Period End Date	9/30/2018	Please enter an explanation for this request	
We did not have the automated documentation in place until 4/1/2018					
C1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	CY2017: January 1, 2017 - December 31, 2017	Requesting a shorter and delayed baseline measurement period	Requesting an exemption from reporting performance on both the Medicaid-only and LIU-only payer types	No
Requested Baseline Measurement Period Start Date	4/1/2018	Requested Baseline Measurement Period End Date	9/30/2018	Please enter an explanation for this request	
We had to work with our EHR vendor to create reports for pulling this data. We did not have this in place until 4/1/2018					
Please enter an explanation for requesting the reporting milestone exemption.					
We have a small population that will meet this metric and request to submit all payer data for reporting performance					
C1-113	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing	CY2017: January 1, 2017 - December 31, 2017	Requesting a shorter and delayed baseline measurement period	Requesting an exemption from reporting performance on both the Medicaid-only and LIU-only payer types	No
Requested Baseline Measurement Period Start Date	4/1/2018	Requested Baseline Measurement Period End Date	9/30/2018	Please enter an explanation for this request	
We had to work with our EHR vendor to create reports for pulling this data. We did not have this in place until 4/1/2018					
Please enter an explanation for requesting the reporting milestone exemption.					
We have a small population that will meet this metric and request to submit all payer data for reporting performance					
C1-147	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	CY2017: January 1, 2017 - December 31, 2017	Requesting a shorter and delayed baseline measurement period	Requesting an exemption from reporting performance on both the Medicaid-only and LIU-only payer types	No
Requested Baseline Measurement Period Start Date	4/1/2018	Requested Baseline Measurement Period End Date	9/30/2018	Please enter an explanation for this request	
We had to work with our EHR vendor to create reports for pulling this data. We did not have this in place until 4/1/2018					
Please enter an explanation for requesting the reporting milestone exemption.					
We have a small population that will meet this metric and request to submit all payer data for reporting performance					
C1-268	Pneumonia vaccination status for older adults	CY2017: January 1, 2017 - December 31, 2017	Requesting a shorter and delayed baseline measurement period	Requesting an exemption from reporting performance on both the Medicaid-only and LIU-only payer types	No
Requested Baseline Measurement Period Start Date	4/1/2018	Requested Baseline Measurement Period End Date	9/30/2018	Please enter an explanation for this request	
We had to work with our EHR vendor to create reports for pulling this data. We did not have this in place until 4/1/2018					
Please enter an explanation for requesting the reporting milestone exemption.					
We have a small population that will meet this metric and request to submit all payer data for reporting performance					
C1-300	Preventive Care and Screening: Influenza Immunization	CY2017: January 1, 2017 - December 31, 2017	Requesting a delayed measurement period	No	No
Requested Baseline Measurement Period Start Date	4/1/2018	Requested Baseline Measurement Period End Date	9/30/2018	Please enter an explanation for this request	
We had to work with our EHR vendor to create reports for pulling this data. We did not have this in place until 4/1/2018					
C1-272	Adults (18+ years) Immunization status	CY2017: January 1, 2017 - December 31, 2017	Requesting a shorter and delayed baseline measurement period	No	No
Requested Baseline Measurement Period Start Date	4/1/2018	Requested Baseline Measurement Period End Date	9/30/2018	Please enter an explanation for this request	
We had to work with our EHR vendor to create reports for pulling this data. We did not have this in place until 4/1/2018					
C1-280	Chlamydia Screening in Women (CH)	CY2017: January 1, 2017 - December 31, 2017	Requesting a shorter and delayed baseline measurement period	Requesting an exemption from reporting performance on both the Medicaid-only and LIU-only payer types	No
Requested Baseline Measurement Period Start Date	4/1/2018	Requested Baseline Measurement Period End Date	9/30/2018	Please enter an explanation for this request	
We had to work with our EHR vendor to create reports for pulling this data. We did not have this in place until 4/1/2018					
Please enter an explanation for requesting the reporting milestone exemption.					
We have a small population that will meet this metric and request to submit all payer data for reporting performance					
C1-380	Human Papillomavirus Vaccine (age 16-26)	CY2017: January 1, 2017 - December 31, 2017	Requesting a shorter and delayed baseline measurement period	Requesting an exemption from reporting performance on both the Medicaid-only and LIU-only payer types	No
Requested Baseline Measurement Period Start Date	4/1/2018	Requested Baseline Measurement Period End Date	9/30/2018	Please enter an explanation for this request	
We had to work with our EHR vendor to create reports for pulling this data. We did not have this in place until 4/1/2018					
Please enter an explanation for requesting the reporting milestone exemption.					
We have a small population that will meet this metric and request to submit all payer data for reporting performance					
C1-502	HQ 91 Acute Composite (Acute Dehydration, Bacterial Pneumonia, Urinary Tract Infection Admission Rates)	CY2017: January 1, 2017 - December 31, 2017	Requesting a shorter and delayed baseline measurement period	Requesting an exemption from reporting performance on both the Medicaid-only and LIU-only payer types	No
Requested Baseline Measurement Period Start Date	4/1/2018	Requested Baseline Measurement Period End Date	9/30/2018	Please enter an explanation for this request	
We had to work with our EHR vendor to create reports for pulling this data. We did not have this in place until 4/1/2018					
Please enter an explanation for requesting the reporting milestone exemption.					
We have a small population that will meet this metric and request to submit all payer data for reporting performance					

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:	137907508 - County of Victoria dba Citizens Medical Center
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

If regional hospital participation requirement is met	Category C valuation in DY7:	\$4,202,817.85
	Category C valuation in DY8:	\$5,731,115.25
If regional hospital participation requirement is not met	Category C valuation in DY7:	\$4,966,966.55
	Category C valuation in DY8:	\$6,495,263.95

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
B1	Care Transitions & Hospital Readmissions	11	31.00%	30.55%	50.93%	\$1,302,873.53	\$1,776,645.73	\$1,539,759.63	\$2,013,531.82
C1	Primary Care Prevention - Healthy Texans	16	69.00%	44.44%	74.08%	\$2,899,944.32	\$3,954,469.52	\$3,427,206.92	\$4,481,732.13
Total		27	100.00%	N/A	N/A	\$4,202,817.85	\$5,731,115.25	\$4,966,966.55	\$6,495,263.95
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.

We are working with our patient population to increase preventative care and screening for chronic disease. This will be a benefit to our community and decrease healthcare expenses over time.

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.
We have a growing outpatient population and will see a slow steady improvement in the bundle measures.

Please address the level of effort required for improvement for the Measure Bundle(s) with increased valuation.
We will be providing education to the primary care clinics to forward to the patients. We are asking our clinics to get more involved in the total care of the patient and support preventative care and chronic disease screening.

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.
The clinic population is steadily growing and we are working to prevent hospitalizations and want to impact the outpatient setting.

DY7-8 Provider RHP Plan Update Template - Category A Core Activities

Progress Tracker

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

Complete
Complete
Complete

Performing Provider Information

RHP:	4
TPI and Performing Provider Name:	137907508 - County of Victoria dba Citizens Medical Center
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

Section 1: Transition from DY2-6 Projects to DY7-8 Provider-Level Outcomes and Core Activities

DY6 Project ID	Project Option	Project Summary	Completed/ Continuing	Enter a description for continuation (optional)
RHP_4_137907508.1.1	1.1.2	Expand primary care capacity in the Victoria area. The Medical Center's collaboration with a recently established FQHC in Victoria will serve to expand overall primary and preventive care capacity.	Completed in DY2 6	
RHP_4_137907508.2.1	2.8.1	Deploy LEAN Methodology hospital wide	Completed in DY2 6	
RHP_4_137907508.1.100	1.13.1	This project will implement an extended behavioral health observation unit in Victoria and the surrounding area of Region 4 to better accommodate the behavioral health and crisis stabilization needs of the regional patient population and community. The Medical Center's collaborative effort with Gulf Bend Center, a Local Mental Health facility, also located in Victoria, TX, will provide a safe and secure environment for short-term stabilization of patients presenting in emergency rooms exhibiting behavioral health symptoms that may or may not require a continued stay in an inpatient care facility.	Completed in DY2 6	
RHP_4_137907508.1.101	1.9.2	This project will support improved access to prenatal care in the Victoria area of Region 4 to better accommodate the healthcare needs of the regional patient population and community. The Medical Center's association with a recently established Federally Qualified Health Clinic (FQHC) which opened on 10/01/12, in Victoria will facilitate improved prenatal care access, since the project will include collaboration with surrounding area physicians and the FQHC.	Completed in DY2 6	

Section 2: Core Activities

Please enter your organization's number of Core Activities:

1) Please select the grouping for this Core Activity.

a) Please select the name of this Core Activity.

b) Please enter a description of this Core Activity

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

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

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

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

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

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

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:	137907508 - County of Victoria dba Citizens Medical Center
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

If regional hospital participation requirement is met	Category D valuation in DY7	\$1,146,223.05
	Category D valuation in DY8	\$1,146,223.05
If regional hospital participation requirement is not met	Category D valuation in DY7	\$382,074.35
	Category D valuation in DY8	\$382,074.35

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)	\$229,244.61	\$76,414.87
Potentially preventable 30-day readmissions (PPRs)	\$229,244.61	\$76,414.87
Potentially preventable complications (PPCs)	\$229,244.61	\$76,414.87
Potentially preventable ED visits (PPVs)	\$229,244.61	\$76,414.87
Patient satisfaction	\$229,244.61	\$76,414.87
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	Complete
Section 2: IGT Funding	Complete
Section 3: Certification	Complete

Performing Provider Information

RHP:	1
TPI and Performing Provider Name:	137807508 - County of Victoria (ba Citizens Medical Center)
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

Section 1: IGT Entities

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

IGT RHP	IGT Name	IGT TPI (if available)	IGT TIN	Affiliation Number
4	Citizens Medical Center	N/A	17416981433011	100-13-0000-00064

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Carolyn Zahens	2701 Hospital Drive	Victoria	77901	czahens@cmcvts.org	361-573-8588		both
2	Mike Olson	2701 Hospital Drive	Victoria	77901	mike.olson@cmcvts.org	361-573-9181		both
3	Sean Kennedy	115 N Bridge Street	Victoria	77901	skennedy@vctx.org	361-575-8588		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 A	Citizens Medical Center	17416981433011	100-13-0000-00064	100.00%	100.00%	\$659,001.84	\$226,138.67	\$659,001.84	\$226,138.67
B1-224	Citizens Medical Center	17416981433011	100-13-0000-00064	100.00%	100.00%	\$80,257.01	\$108,324.63	\$80,257.01	\$108,324.63
B1-142	Citizens Medical Center	17416981433011	100-13-0000-00064	100.00%	100.00%	\$80,257.01	\$108,324.63	\$80,257.01	\$108,324.63
B2-217	Citizens Medical Center	17416981433011	100-13-0000-00064	100.00%	100.00%	\$80,257.01	\$108,324.63	\$80,257.01	\$108,324.63
B1-253	Citizens Medical Center	17416981433011	100-13-0000-00064	100.00%	100.00%	\$80,257.01	\$108,324.63	\$80,257.01	\$108,324.63
B1-253	Citizens Medical Center	17416981433011	100-13-0000-00064	100.00%	100.00%	\$80,257.01	\$108,324.63	\$80,257.01	\$108,324.63
B2-287	Citizens Medical Center	17416981433011	100-13-0000-00064	100.00%	100.00%	\$80,257.01	\$108,324.63	\$80,257.01	\$108,324.63
B2-252	Citizens Medical Center	17416981433011	100-13-0000-00064	100.00%	100.00%	\$80,257.01	\$108,324.63	\$80,257.01	\$108,324.63
C1-105	Citizens Medical Center	17416981433011	100-13-0000-00064	100.00%	100.00%	\$138,939.56	\$187,529.73	\$138,939.56	\$187,529.73
C1-213	Citizens Medical Center	17416981433011	100-13-0000-00064	100.00%	100.00%	\$138,939.56	\$187,529.73	\$138,939.56	\$187,529.73
C1-147	Citizens Medical Center	17416981433011	100-13-0000-00064	100.00%	100.00%	\$138,939.56	\$187,529.73	\$138,939.56	\$187,529.73
C1-268	Citizens Medical Center	17416981433011	100-13-0000-00064	100.00%	100.00%	\$138,939.56	\$187,529.73	\$138,939.56	\$187,529.73
C1-269	Citizens Medical Center	17416981433011	100-13-0000-00064	100.00%	100.00%	\$138,939.56	\$187,529.73	\$138,939.56	\$187,529.73
C1-272	Citizens Medical Center	17416981433011	100-13-0000-00064	100.00%	100.00%	\$138,939.56	\$187,529.73	\$138,939.56	\$187,529.73
C1-280	Citizens Medical Center	17416981433011	100-13-0000-00064	100.00%	100.00%	\$138,939.56	\$187,529.73	\$138,939.56	\$187,529.73
C1-389	Citizens Medical Center	17416981433011	100-13-0000-00064	100.00%	100.00%	\$138,939.56	\$187,529.73	\$138,939.56	\$187,529.73
C1-500	Citizens Medical Center	17416981433011	100-13-0000-00064	100.00%	100.00%	\$138,939.56	\$187,529.73	\$138,939.56	\$187,529.73
Category D	Citizens Medical Center	17416981433011	100-13-0000-00064	100.00%	100.00%	\$484,251.38	\$485,008.00	\$484,251.38	\$485,008.00
Total						\$3,295,009.19	\$3,261,386.65	\$3,295,009.19	\$3,261,386.65

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:	Michelle Lopez-Greene
IGT Organization:	Citizens Medical Center
Date:	3/16/2018

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

Progress Tracker

Section 1: DY7-8 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 Valuations
 Section 6: Certification

Complete
Complete
Complete
Complete
Complete
Complete

Performing Provider Information

RHP:	1
TPI and Performing Provider Name:	177907508 - County of Victoria dba Citizens Medical Center
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

Section 1: DY7-8 DSRIP Valuation

	DY7-8 DSRIP Valuation Distribution			
	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is not met	
	DY7	DY8	DY7	DY8
RHP Plan Update Submission	\$1,528,297.40	\$0.00	\$1,528,297.40	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$764,488.70	\$764,488.70	\$764,488.70	\$764,488.70
Category C	\$4,202,817.85	\$5,731,115.25	\$4,866,966.53	\$6,495,263.93
Category D	\$1,146,223.05	\$1,146,223.05	\$382,074.31	\$382,074.31
Total	\$7,641,487.00	\$7,641,487.00	\$7,641,487.00	\$7,641,487.00

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)

	MLIU PPP	Total PPP	MLIU Percentage of Total PPP
DY5	17,470	55,121	31.69%
DY6	18,065	58,339	30.97%
DY7 Estimated	17,758	56,730	31.30%
DY8 Estimated	17,758	56,730	31.30%

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
						B1	Care Transitions & Hospital Readmissions	7	5
C1	Primary Care Prevention - Healthy Texans	8	9	7	16	\$2,899,944.32	\$3,954,469.52	\$3,427,206.92	\$4,481,732.13
Total	N/A	15	14	7	27	\$4,202,817.85	\$5,731,115.25	\$4,966,966.53	\$6,495,263.93

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

Yes

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

Bundle-Measure ID	Measure Bundle/Measure Name	Associated Core Activities
B1	Care Transitions & Hospital Readmissions	Identification of frequent ED users and use of care navigators as part of a preventable ED reduction program, which includes a connection of ED patients to primary and preventive care.
C1	Primary Care Prevention - Healthy Texans	Identification of frequent ED users and use of care navigators as part of a preventable ED reduction program, which includes a connection of ED patients to primary and preventive care.

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)	\$229,244.61	\$76,414.87
Potentially preventable 30-day readmissions (PPRs)	\$229,244.61	\$76,414.87
Potentially preventable complications (PPCs)	\$229,244.61	\$76,414.87
Potentially preventable ED visits (PDEVs)	\$229,244.61	\$76,414.87
Patient satisfaction	\$229,244.61	\$76,414.87

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: Nickie Leadbetter
 Performing Provider: Citizens Medical Center
 Date: 3/16/2018

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