

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: 132812205 - Driscoll Children's Hospital

Performing Provider Type: Hospital

Ownership: Private

TIN: 17425777467000

Physical Street Address: 3533 S. Alameda St

City: Corpus Christi

Zip: 78411

Primary County: Nueces

Additional counties being served (optional):

Aransas	Webb	Kleberg	Hidalgo
Zapata	Jim Hogg	Bee	San Patricio
Victoria	Cameron	Willacy	Starr
Maverick			

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:	Eric Hamon	Michelle Ramirez	Greg Ward
Street Address:	3533 S. Alameda St.	3533 S. Alameda St.	3533 S. Alameda St.
City:	Corpus Christi	Corpus Christi	Corpus Christi
Zip:	78411	78411	78411
Email:	eric.hamon@dchstx.org	michelle.ramirez@dchstx.org	gregory.ward@dchstx.org
Phone Number:	361-694-4602	361-694-6430	(361) 694-6126
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: Driscoll Children's Hospital is a 189-bed tertiary care regional referral center offering complex and comprehensive medical and surgical care for children. Located in Corpus Christi, the hospital's medical staff is comprised of pediatric specialists in more than 32 medical and 13 surgical specialties serving a thirty-one county, 30,000 square mile area. The Children's Physician Services of South Texas, Driscoll Valley Physician Group, Driscoll Physician Group, and Driscoll Maternal Fetal Medicine Physician Group is the related pediatric specialist group that will provide services to patients at Driscoll Children's Hospital.

Overall DSRIP Goals: Driscoll Children's Hospital plans to provide increased access to preventative, behavioral and disease management care services. They will increase access through the utilization of telemedicine services, collaborations, and provider regionalization efforts. Driscoll will also focus their efforts on patient safety including fall risk, central line infections and more. They will also focus on preventable events and quality outcomes including preventable readmission rates in the hospital.

Alignment with regional community needs assessment: Driscoll Children's Hospital plans to correlate their DSRIP goals based on the Community Health Needs services in Region 4. These alignments would include: Collaboration among providers; increasing access to health services; addressing preventable hospitalization events and address the need for pediatric care for chronic and co-morbid conditions in patients

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	\$7,658,671.18	\$0.00	\$7,658,671.18	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$3,829,335.59	\$3,829,335.59	\$3,829,335.59	\$3,829,335.59
Category C	\$21,061,345.75	\$28,720,016.93	\$24,890,681.34	\$32,549,352.52
Category D	\$5,744,003.39	\$5,744,003.39	\$1,914,667.80	\$1,914,667.80
Total	\$38,293,355.91	\$38,293,355.91	\$38,293,355.91	\$38,293,355.91

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



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:	132812205 - Driscoll Children's Hospital
Performing Provider Type:	Hospital
Ownership:	Private
Category B valuation in DY7:	\$3,829,335.59
Category B valuation in DY8:	\$3,829,335.59

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.
 The Inpatient services would include the Driscoll Children's Hospital Neonatal Intensive Care Unit, Pediatric Intensive Care Unit and the four (non-intensive care) Adult and Pediatric Units

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

Please enter a description of this System Component.
 Driscoll Children's Hospital has an emergency department located on the main campus in Corpus Christi Tx.

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

Please enter a description of this System Component.
 Driscoll Children's Hospital owns and operates the following outpatient clinics: the Corpus Christi locations (Pulmonology, GI, Cardiology, Endo/Diabetes, Orthopedics, Neurology, Sports Medicine, Behavioral Med, Nephrology, Dialysis, Transplant, Logistics, Rheumatology, IV Rx, Infection Disease, Hem/Oncology, High Risk Program and COG Research), the Victoria Clinic (Endo, GI, Nephrology, Surgery, Urology, Neurology), Laredo Clinic (Endo, GI, Nephrology, Surgery, Urology, Plastics), the Harlingen clinic (Surgery and Plastics), the Brownsville clinic (Nephrology, GI, Plastics, NeuroSurgery, Neurology, Surgery, Orthopedics, Urology, and Hem/Oncology), and the McAllen clinic (GI, Orthopedics, Plastic, Neurology, Neurosurgery, Nephrology)

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

Please enter a description of this System Component.
 Driscoll Children's Hospital is not a delivery facility and therefore does not have a hospital based Maternal Department in their system definition however the Maternal Fetal Medicine program (physician group) will be included in Contracted Services

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

Please enter a description of this System Component.
 Driscoll Children's Hospital has a Urgent Care within Corpus Christi Tx called Saratoga Urgent Care.

Hospitals - Optional Components

Optional System Component	Would you like to select this component?
Contracted Specialty Clinics	Yes

Please enter a description of this System Component.
 Additional Specialty clinics would include: Children's Physician Services of South Texas - High Risk Program (Laredo & Brownsville), Corpus Christi clinics (Imaging Center Saratoga, Neurosurgery, Psychiatry, Dermatology, ENT, Genetics, Plastics, Surgery, Urology), McAllen clinics (Urology & Surgery), Victoria After Hours clinic, Driscoll Maternal Fetal Medicine Group - All locations; and Driscoll Valley Physician Group - McAllen Quick Care clinic and Driscoll Physician Group - Cardiology locations (except Corpus Christi)

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	43,340	45,961
Total PPP	59,966	63,022

Please indicate the population included in the MLIU PPP

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

MLIU PPP Goal for each DY (DY7 and DY8):	44,651
Average Total PPP	61,494
MLIU percentage of Total PPP	72.61%

*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:	132812205 - Driscoll Children's Hospital
Performing Provider Type:	Hospital
Ownership:	Private

If regional hospital participation requirement is met	Category C valuation in DY7:	\$21,061,345.75
	Category C valuation in DY8:	\$28,720,016.93
If regional hospital participation requirement is not met	Category C valuation in DY7:	\$24,890,681.34
	Category C valuation in DY8:	\$32,549,352.52

Section 1: Measure Bundle/Measure Valuation

Valuation for Selected Measures - Hospitals/Physician Practices with Selection Exceptions

Bundle-Measure ID	Denominator Volume	Points	Desired Valuation %	Minimum Valuation % of Total	Maximum Valuation % of Total	If regional private hospital participation requirement is met		If regional private hospital participation requirement is not met	
						Category C Valuation in DY7	Category C Valuation in DY8	Category C Valuation in DY7	Category C Valuation in DY8
A1-112	MLIU denominator with significant volume	1	1.37%	1.02%	1.37%	\$288,540.44	\$393,464.23	\$341,002.33	\$445,926.13
A1-115	MLIU denominator with significant volume	3	3.08%	3.08%	5.14%	\$648,689.45	\$884,576.52	\$766,632.99	\$1,002,520.06
A1-207	MLIU denominator with significant volume	3	5.14%	3.08%	5.14%	\$1,082,553.17	\$1,476,208.87	\$1,279,381.02	\$1,673,036.72
B1	N/A	11	15.07%	11.30%	18.84%	\$3,173,944.80	\$4,328,106.55	\$3,751,025.68	\$4,905,187.42
B2	N/A	6	6.16%	6.16%	10.28%	\$1,297,378.90	\$1,769,153.04	\$1,533,265.97	\$2,005,040.12
D1-212	MLIU denominator with significant volume	3	5.00%	3.08%	5.14%	\$1,053,067.29	\$1,436,000.85	\$1,244,534.07	\$1,627,467.63
D1-284	MLIU denominator with significant volume	1	1.37%	1.02%	1.37%	\$288,540.44	\$393,464.23	\$341,002.33	\$445,926.13
D1-400	MLIU denominator with significant volume	1	1.37%	1.02%	1.37%	\$288,540.44	\$393,464.23	\$341,002.33	\$445,926.13
D1-503	Reporting attributed population as P4P	4	5.44%	4.10%	5.48%	\$1,145,737.21	\$1,562,368.92	\$1,354,053.06	\$1,770,684.78
D3	N/A	10	13.70%	10.27%	13.70%	\$2,885,404.37	\$3,934,642.32	\$3,410,023.34	\$4,459,261.30
D4	N/A	9	13.00%	9.24%	15.42%	\$2,737,974.95	\$3,733,602.20	\$3,235,788.57	\$4,231,415.83
D5	N/A	8	11.50%	8.21%	13.70%	\$2,422,054.76	\$3,302,801.95	\$2,862,428.35	\$3,743,175.54
E1-300	MLIU denominator with significant volume	1	1.36%	1.02%	1.37%	\$286,434.30	\$390,592.23	\$338,513.27	\$442,671.19
G1-276	Requesting to use all-payer denominator with significant volume	1	1.37%	1.02%	1.37%	\$288,540.44	\$393,464.23	\$341,002.33	\$445,926.13
G1-277	Requesting to use all-payer denominator with significant volume	1	1.37%	1.02%	1.37%	\$288,540.44	\$393,464.23	\$341,002.33	\$445,926.13
G1-278	Requesting to use all-payer denominator with significant volume	1	1.37%	1.02%	1.37%	\$288,540.44	\$393,464.23	\$341,002.33	\$445,926.13
G1-362	Requesting to use all-payer denominator with significant volume	1	1.37%	1.02%	1.37%	\$288,540.44	\$393,464.23	\$341,002.33	\$445,926.13
G1-363	Requesting to use all-payer denominator with significant volume	1	1.37%	1.02%	1.37%	\$288,540.44	\$393,464.23	\$341,002.33	\$445,926.13
H1-146	MLIU denominator with significant volume	1	1.37%	1.02%	1.37%	\$288,540.44	\$393,464.23	\$341,002.33	\$445,926.13
H2-305	MLIU denominator with significant volume	1	1.37%	1.02%	1.37%	\$288,540.44	\$393,464.23	\$341,002.33	\$445,926.13
H3-144	MLIU denominator with significant volume	1	1.37%	1.02%	1.37%	\$288,540.44	\$393,464.23	\$341,002.33	\$445,926.13
H3-287	MLIU denominator with significant volume	1	1.37%	1.02%	1.37%	\$288,540.44	\$393,464.23	\$341,002.33	\$445,926.13
I1	N/A	2	2.74%	2.05%	2.74%	\$577,080.87	\$786,928.46	\$682,004.67	\$891,852.26
L1-269	MLIU denominator with significant volume	1	1.37%	1.02%	1.37%	\$288,540.40	\$393,464.26	\$341,002.39	\$445,926.11
Total	N/A	73	100.00%	N/A	N/A	\$21,061,345.75	\$28,720,016.93	\$24,890,681.34	\$32,549,352.52
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 and/or measures?
 Yes

Explanation of Valuation Percent Changes

Overall justification for change in Category C valuation distribution.
 Several of the measure bundles are specific to adult population. Driscoll Children's Hospital is a pediatric provider therefore changes in the Category C valuation distribution have taken this into account

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.

Several of these measures will require changes in current documentation and clinical processes. Staff and providers will have to be trained and educated on these processes. We also have to provide additional resources to increase the likelihood of achievement for these measurement goals. Since we will be including a contracted physician group, we will have to increase coordination of care between the hospital and physician group. These clinic locations can be over two hours away from our main hospital location and therefore will require additional resources to manage these populations.

Please address the level of effort required for improvement for the Measure Bundle(s) with increased valuation.
 The 18 and older population will be increasingly difficult to improve measurement outcomes as these population will likely transition from pediatrics to adult care service locations.

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.

Driscoll Children's Hospital and contracted physician groups provide specialized care to patients from birth to 21 years of age therefore any measures with a required 18+ population specification will reduce the size of patients seen in these measure bundles.

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:	132812205 - Driscoll Children's Hospital
Performing Provider Type:	Hospital
Ownership:	Private

If regional hospital participation requirement is met	Category D valuation in DY7	\$5,744,003.39
	Category D valuation in DY8	\$5,744,003.39
If regional hospital participation requirement is <u>not</u> met	Category D valuation in DY7	\$1,914,667.80
	Category D valuation in DY8	\$1,914,667.80

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)	\$1,148,800.68	\$382,933.56
Potentially preventable 30-day readmissions (PPRs)	\$1,148,800.68	\$382,933.56
Potentially preventable complications (PPCs)	\$1,148,800.68	\$382,933.56
Potentially preventable ED visits (PPVs)	\$1,148,800.68	\$382,933.56
Patient satisfaction	\$1,148,800.67	\$382,933.56

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	Yes
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Rationale for requesting HCAHPS exemption:
 Driscoll Children's Hospital is a pediatric facility that utilizes Child HCAHPS survey

Alternative hospital patient satisfaction survey used:
 Child HCAHPS survey

Description of alternative survey:
 Both surveys are approved by CMS yes but the surveys are different, one for adults and this one for pediatrics. Adult survey is mandatory, ours is not.

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:	
TPI and Performing Provider Name:	132812205 - Driscoll Children's 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 G21, G29, etc.

IGT RHP #	IGT Name	IGT TPI (if available)	IGT TIN	Affiliation Number
1	Nueces County Hospital District	N/A	1746000604000	600-12-0000-00109

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Ienny Hogg	555 N. Carancahua St., Suite 950	Corpus Christi	78401-0835	ienny.hogg@nchdco.org	361-408-3100		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

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

Section 2: IGT Funding

RHP Plan Update Submission	IGT Name	IGT TIN	IGT Affiliation #	DY7 % IGT Allocated	DY8 % IGT Allocated	Total Estimated DY7 Allocation (FMAP 56.88/IGT 42.12)	Total Estimated DY8 Allocation (FMAP 56.88/IGT 42.68)	Total Estimated DY7 Allocation (FMAP 56.88/IGT 42.12)	Total Estimated DY8 Allocation (FMAP 57.32/IGT 42.68)
Category B	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$3,302,419.01	\$3,302,419.01	\$1,651,209.51	\$1,651,209.43
A1-111	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$1,438,438.64	\$1,438,438.64	\$1,438,438.64	\$1,438,438.64
A1-115	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$279,714.89	\$279,714.89	\$279,714.89	\$279,714.89
A1-307	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$466,796.93	\$466,796.93	\$466,796.93	\$466,796.93
B1-124	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$211,807.92	\$211,807.92	\$211,807.92	\$211,807.92
B1-141	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$211,807.92	\$211,807.92	\$211,807.92	\$211,807.92
B1-217	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$211,807.92	\$211,807.92	\$211,807.92	\$211,807.92
B1-252	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$211,807.92	\$211,807.92	\$211,807.92	\$211,807.92
B1-253	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$211,807.92	\$211,807.92	\$211,807.92	\$211,807.92
B1-287	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$211,807.92	\$211,807.92	\$211,807.92	\$211,807.92
B1-352	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$211,807.92	\$211,807.92	\$211,807.92	\$211,807.92
B2-242	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$279,714.89	\$279,714.89	\$279,714.89	\$279,714.89
B2-392	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$279,714.89	\$279,714.89	\$279,714.89	\$279,714.89
D1-212	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$454,089.62	\$454,089.62	\$454,089.62	\$454,089.62
D1-284	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$124,418.64	\$124,418.64	\$124,418.64	\$124,418.64
D1-400	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$124,418.64	\$124,418.64	\$124,418.64	\$124,418.64
D1-503	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$454,089.62	\$454,089.62	\$454,089.62	\$454,089.62
D3-330	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$248,837.27	\$248,837.27	\$248,837.27	\$248,837.27
D3-331	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$248,837.27	\$248,837.27	\$248,837.27	\$248,837.27
D3-332	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$248,837.27	\$248,837.27	\$248,837.27	\$248,837.27
D3-334	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$248,837.27	\$248,837.27	\$248,837.27	\$248,837.27
D3-335	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$248,837.27	\$248,837.27	\$248,837.27	\$248,837.27
D4-139	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$393,538.27	\$393,538.27	\$393,538.27	\$393,538.27
D4-353	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$393,538.27	\$393,538.27	\$393,538.27	\$393,538.27
D4-379	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$393,538.27	\$393,538.27	\$393,538.27	\$393,538.27
D5-211	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$522,195.01	\$522,195.01	\$522,195.01	\$522,195.01
D5-406	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$522,195.01	\$522,195.01	\$522,195.01	\$522,195.01
E1-300	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$124,418.64	\$124,418.64	\$124,418.64	\$124,418.64
G1-276	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$124,418.64	\$124,418.64	\$124,418.64	\$124,418.64
G1-277	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$124,418.64	\$124,418.64	\$124,418.64	\$124,418.64
G1-278	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$124,418.64	\$124,418.64	\$124,418.64	\$124,418.64
G1-362	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$124,418.64	\$124,418.64	\$124,418.64	\$124,418.64
G1-363	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$124,418.64	\$124,418.64	\$124,418.64	\$124,418.64
H1-146	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$124,418.64	\$124,418.64	\$124,418.64	\$124,418.64
H1-305	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$124,418.64	\$124,418.64	\$124,418.64	\$124,418.64
H1-149	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$124,418.64	\$124,418.64	\$124,418.64	\$124,418.64
H1-287	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$124,418.64	\$124,418.64	\$124,418.64	\$124,418.64
I1-385	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$124,418.64	\$124,418.64	\$124,418.64	\$124,418.64
I1-386	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$124,418.64	\$124,418.64	\$124,418.64	\$124,418.64
I1-269	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$124,418.64	\$124,418.64	\$124,418.64	\$124,418.64
Category D	Nueces County Hospital District	1746000604000	600-12-0000-00109	100.00%	100.00%	\$2,476,814.26	\$2,451,540.65	\$2,451,540.65	\$2,476,814.26
Total						\$16,512,095.07	\$16,343,604.30	\$16,512,095.07	\$16,343,604.30

Your funding allocations sum to 100%.

Have the IGT Entities and funding percentages been updated?
 No
 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: Ortiz, Wendy
 IGT Organization: Nueces County Hospital District
 Date: 6/20/2018

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
Section 3: Providers in Multiple Regions	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