

## 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: **135233809 - Lavaca Medical Center**

Performing Provider Type: **Hospital**

Ownership: **Non-State Owned Public**

TIN: **17462400379001**

Physical Street Address: **1400 North Texana Street**

City: **Hallettsville**

Zip: **77964**

Primary County: **Lavaca**

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:	Steve Bowen	Tracy Green	Keith Kutac
Street Address:	1400 North Texana Street	1400 N Texana St.	1400 N Texana St.
City:	Hallettsville	Hallettsville	Hallettsville
Zip:	77964	77964	77964
Email:	sbowen@lavacamedcen.com	tgreen@lavacamedcen.com	kkutac@lavacamedcen.com
Phone Number:	361-798-3671	361-798-3671	361-798-3671
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: **The Lavaca Family Health Clinic is a Family clinic attached to Lavaca Medical Center, a 25-bed critical access hospital. The Lavaca Medical Center Hospital is a 25-bed Critical Access Hospital located in Hallettsville, Texas and serves residents in Lavaca County. Lavaca Medical Center provides general acute care inpatients services, emergency services, ancillary services, rehabilitation services and a swing bed program. The Lavaca Family Health Clinic strives to review and make any changes needed in our process of screening patients for our Rural Preventive Care measures. The clinic consists of four Family Care Physicians, one Podiatrist, one Urologist, two Cardiologists, and four mid-level providers. Screening for this measure consists of patients needing tobacco use screening and cessation. Another measure being screened is Diabetic Foot Care. Pneumonia vaccination in older adults is screened along with the use of Advanced Care Plans.**

Overall DSRIP Goals: **The overall DSRIP Goal is for achievement of meeting our screening measures in the Rural Preventive Care Bundle. The clinic be striving to achieve and exceed baseline levels in its screening of Tobacco users with Cessation intervention, comprehensive Diabetes Foot Exams, Pnumonia vaccinations, and the use of Advanced Care Plans.**

Alignment with regional community needs assessment: **As the clinic services a pre-dominately senior citizen patient mix, the need for critical screening of smoking cessation, diabetic foot care, pneumonia vaccinations, and Advanced Care Plans seems to fit with the accomplishments our clinic would like to make. The Rural Preventive Care bundle allows us be proactive in our treatment of these cases in an outpatient setting rather than being reactive and treating upon admission into the hospital as an inpatient.**

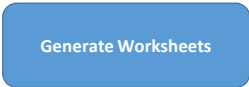
**Section 5: DY7-8 DSRIP Total Valuation**

	DY7-8 DSRIP Valuation Distribution			
	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is not met	
	DY7	DY8	DY7	DY8
RHP Plan Update Submission	\$50,000.00	\$0.00	\$50,000.00	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$25,000.00	\$25,000.00	\$25,000.00	\$25,000.00
Category C	\$137,500.00	\$187,500.00	\$162,500.00	\$212,500.00
Category D	\$37,500.00	\$37,500.00	\$12,500.00	\$12,500.00
Total	\$250,000.00	\$250,000.00	\$250,000.00	\$250,000.00

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**



**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:	135233809 - Lavaca Medical Center
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public
Category B valuation in DY7:	\$25,000.00
Category B valuation in DY8:	\$25,000.00

**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 facility is licensed for 25 beds which are utilized for inpatient, observation and swing bed patients.	
Required System Component	Business Component?
Emergency Department	Business Component of the Organization
Please enter a description of this System Component. The facility has a 5 bed Emergency Department open 24 hours a day/7 days a week. We are classified as a level IV Trauma facility.	
Required System Component	Business Component?
Owned or Operated Outpatient Clinics	Business Component of the Organization
Please enter a description of this System Component. All services in our rural health clinic for which a patient may seek service for family medicine and/or pediatric care.	
Required System Component	Business Component?
Maternal Department	Not a Business Component of the Organization
Required System Component	Business Component?
Owned or Operated Urgent Care Clinics	Not a Business Component of the Organization

**Hospitals - Optional Components**

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

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

	DY5	DY6
MLIU PPP	8,075	8,391
Total PPP	43,110	43,190

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 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):	8,233
Average Total PPP	43,150
MLIU percentage of Total PPP	19.08%

\*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 Selection**

**Progress Tracker**

Section 2: Selection of Measure Bundles for Hospitals and Physician Practices  
 Minimum Selection Requirements Met  
 MPT Met

Complete	
Yes	
Yes	

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

MPT	3
Points Selected	4
Bundles Selected	1

**Performing Provider Information**

RHP:	1
TPI and Performing Provider Name:	13523809 - Lavinia Medical Center
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

If regional private hospital participation requirement is met	Category C valuation in DY7:	\$137,500.00
	Category C valuation in DY8:	\$187,500.00
If regional private hospital participation requirement is not met	Category C valuation in DY7:	\$162,500.00
	Category C valuation in DY8:	\$112,500.00

**MINIMUM POINT THRESHOLD (MPT):** 3  
 Each Performing Provider must select Measure Bundles/measures to meet or exceed their MPT to maintain their valuation that was confirmed on the Provider Entry tab

**Section 1: Attributed Population**

**Attributed Population for Hospital**

For Hospital organizations and Physician Practices, the DSRIP attributed population includes individuals from the DSRIP system defined in Category B that meet at least one of the criteria below. Individuals do not need to meet all multiple criteria to be included.

- a. Medical beneficiary attributed to the Performing Provider during the measurement period as determined by assignment to a primary care provider (PCP), medical home, or clinic in the performing providers DSRIP defined system OR
- b. Individuals enrolled in a local coverage program (for example, a county-based indigent care program) assigned to a PCP, medical home, or clinic in the performing providers DSRIP defined system OR
- c. One preventive service provided during the measurement period (Includes value sets of visit type codes for annual wellness visit, preventive care services - initial office visit, preventive care services - established office visit, preventive care individual counseling) OR
- d. One ambulatory encounter during the measurement year and one ambulatory encounter during the year prior to the measurement year OR
- e. Two ambulatory encounters during the measurement year OR
- f. Other populations managed with chronic disease in specialty care clinics in the performing providers DSRIP defined system
- g. One emergency department visit during the measurement year OR
- h. One admission for inpatient or observation status during the measurement year OR
- i. One prenatal or postnatal visit during the measurement year OR
- j. One delivery during the measurement year OR
- k. One dental encounter during the measurement year OR
- l. Enrolled in a palliative care or hospice program during the measurement year

Please describe any other attributed population (optional).

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

**Measure Bundles for Hospitals & Physician Practices**

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
	A1	Improved Chronic Disease Management- Diabetes Care	11
	A2	Improved Chronic Disease Management- Heart Disease	8
	B1	Care Transitions & Hospital Readmissions	13
No	B2	Patient Navigation & ED Diversion	3
	C1	Primary Care Prevention - Healthy Texans	12
No	C2	Primary Care Prevention - Cancer Screening	8
No	C3	Hepatitis C	4
	D1	Pediatric Primary Care	14
No	D3	Pediatric Hospital Safety	10
No	D4	Pediatric Chronic Disease Management- Asthma	8
No	D5	Pediatric Chronic Disease Management- Diabetes	8
	E1	Improved Maternal Care	10
No	E2	Maternal Safety	8
No	F1	Improved Access to Adult Dental Care	7
No	F2	Preventive Pediatric Dental	2
No	G1	Palliative Care	6
	H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	11
No	H2	Behavioral Health and Appropriate Utilization	8
No	H3	Chronic Non-Malignant Pain Management	10
No	H4	Integrated Care for People with Serious Mental Illness	5
No	I1	Specialty Care	2
No	I1	Hospital Safety	10
Yes	K1	Rural Preventive Care	3

Note: by selecting this bundle, you are not allowed to select bundles A1, A2, B1, C1, D1, E1, or H1. You also may not select optional measure K2-285 (but you may select K2). If you have already selected one or more of these bundles, please change your selection of these bundles to "No." The Progress Tracker above will not update unless you do so.

Please describe your rationale for selecting this Measure Bundle, and describe the primary system components (clinics, facilities) that will be used to report on and drive improvement in this Measure Bundle.

Our rural health clinic will be the primary system component to measure this bundle. We selected this measure bundle due to it being the most representative bundle that meets the patient population we serve in our rural health clinic. We feel this bundle represents services of our clinic that have the most opportunity for improvement.

Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle Measure ID	Measure Name	Required vs. Optional	P4P vs. P4A	Measure Category	Additional Points
N/A - Required	Requesting to use all-payer denominator with significant volume	K1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Required	P4P	Process	N/A
	Please enter an explanation of why the alternative denominator is being requested.		My MLU number is a very small portion of my total PPP served in the RHC.				
N/A - Required	Requesting to use all-payer denominator with significant volume	K1-268	Pneumonia vaccination status for older adults	Required	P4P	Immunization	N/A
	Please enter an explanation of why the alternative denominator is being requested.		My MLU number is a very small portion of my total PPP served in the RHC.				
N/A - Required	Requesting to use all-payer denominator with significant volume	K1-285	Advance Care Plan	Required	P4P	Process	N/A
	Please enter an explanation of why the alternative denominator is being requested.		My MLU number is a very small portion of my total PPP served in the RHC.				
No	Requesting to use all-payer denominator with significant volume	K1-103	Controlling High Blood Pressure	Optional	P4P	Clinical Outcome	3
Yes	Requesting to use all-payer denominator with significant volume	K1-112	Comprehensive Diabetes Care: Foot Exam	Optional	P4P	Process	1
	Please enter an explanation of why the alternative denominator is being requested.		My MLU number is a very small portion of my total PPP served in the RHC.				
No	Requesting to use all-payer denominator with significant volume	K1-115	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (≥9.0%)	Optional	P4P	Clinical Outcome	3
No	Requesting to use all-payer denominator with significant volume	K1-146	Screening for Clinical Depression and Follow-Up Plan (CDF-AD)	Optional	P4P	Process	1
No	Requesting to use all-payer denominator with significant volume	K1-269	Preventive Care and Screening: Influenza Immunization	Optional	P4P	Immunization	1
No	Requesting to use all-payer denominator with significant volume	K1-300	Behavioral Health Risk Assessment (for Pregnant Women) (BHRA-CH)	Optional	P4P	Process	1

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

Total overall selected points: 4

Are you finished making your selections?  
 Yes

DY7-8 Provider RHP Plan Update Template - Category C Additional Details

Progress Tracker

Section 1: Measure Exemption Requests and Measure Setting System Components Complete

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.

Bundle-Measure ID	Measure Name	Baseline Measurement Period	Requesting a shorter or delayed measurement period?	Requesting a reporting milestone exemption?	Requesting a baseline numerator of zero?
K1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	CY2017: January 1, 2017 - December 31, 2017	No	No	No
K1-112	Comprehensive Diabetes Care: Foot Exam	CY2017: January 1, 2017 - December 31, 2017	No	No	No
K1-268	Pneumonia vaccination status for older adults	CY2017: January 1, 2017 - December 31, 2017	No	No	No
K1-285	Advance Care Plan	CY2017: January 1, 2017 - December 31, 2017	No	No	No

**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:	135233809 - Lavaca Medical Center
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

If regional hospital participation requirement is met	Category C valuation in DY7:	\$137,500.00
	Category C valuation in DY8:	\$187,500.00
If regional hospital participation requirement is not met	Category C valuation in DY7:	\$162,500.00
	Category C valuation in DY8:	\$212,500.00

**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 not met	
						Category C Valuation in DY7	Category C Valuation in DY8	Category C Valuation in DY7	Category C Valuation in DY8
K1	Rural Preventive Care	4	100.00%	75.00%	100.00%	\$137,500.00	\$187,500.00	\$162,500.00	\$212,500.00
	<b>Total</b>	4	100.00%	N/A	N/A	\$137,500.00	\$187,500.00	\$162,500.00	\$212,500.00
	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



**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:	135233809 - Lavaca 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_135233809.1.1	1.1.2	Provide greater access to primary care services.	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:	135233809 - Lavaca Medical Center
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

If regional hospital participation requirement is met	Category D valuation in DY7	\$37,500.00
	Category D valuation in DY8	\$37,500.00
If regional hospital participation requirement is not met	Category D valuation in DY7	\$12,500.00
	Category D valuation in DY8	\$12,500.00

**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)	\$7,500.00	\$2,500.00
Potentially preventable 30-day readmissions (PPRs)	\$7,500.00	\$2,500.00
Potentially preventable complications (PPCs)	\$7,500.00	\$2,500.00
Potentially preventable ED visits (PPVs)	\$7,500.00	\$2,500.00
Patient satisfaction	\$7,500.00	\$2,500.00
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	

Rationale for requesting HCAHPS exemption:  
 Our organization reports HCAHPS for inpatients. We are a Critical Access Hospital and therefore we report to CMS voluntarily.

Alternative hospital patient satisfaction survey used:  
 None

Description of alternative survey:  
 None

**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:	135233809 - Lavaca 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	Lavaca Medical Center (hospital district)	N/A	17462400379001	100-13-0000-00071

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Tracy Green	1400 North Texana Street	Hallettsville	77964	green@lavacamed.com	817-768-3071	3209	Both
2								
3								

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 Onr 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 \$3.82)	Total Estimated DY8 Allocation (FMAP 57.32/IGT \$2.68)	Total Estimated DY7 Allocation (FMAP 56.88/IGT \$9.12)	Total Estimated DY8 Allocation (FMAP 57.32/IGT \$7.68)
Category B	Lavaca Medical Center (hospital district)	17462400379001	100-13-0000-00071	100.00%	100.00%	\$10,780.00	\$10,780.00	\$10,780.00	\$10,780.00
K1-505	Lavaca Medical Center (hospital district)	17462400379001	100-13-0000-00071	100.00%	100.00%	\$14,822.50	\$20,006.25	\$17,517.50	\$22,678.75
K1-312	Lavaca Medical Center (hospital district)	17462400379001	100-13-0000-00071	100.00%	100.00%	\$14,822.50	\$20,006.25	\$17,517.50	\$22,678.75
K1-268	Lavaca Medical Center (hospital district)	17462400379001	100-13-0000-00071	100.00%	100.00%	\$14,822.50	\$20,006.25	\$17,517.50	\$22,678.75
K1-285	Lavaca Medical Center (hospital district)	17462400379001	100-13-0000-00071	100.00%	100.00%	\$14,822.50	\$20,006.25	\$17,517.50	\$22,678.75
Category D	Lavaca Medical Center (hospital district)	17462400379001	100-13-0000-00071	100.00%	100.00%	\$16,370.00	\$16,300.00	\$5,850.00	\$5,330.00
<b>Total</b>						\$107,800.00	\$106,700.00	\$107,800.00	\$106,700.00

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:	Tracy Green
IGT Organization:	Lavaca Medical Center (hospital district)
Date:	3/7/2018

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

**Progress Tracker**

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

**Performing Provider Information**

RHP:	4
TPI and Performing Provider Name:	135233809 - Lavaca 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 <u>not</u> met	
	DY7	DY8	DY7	DY8
RHP Plan Update Submission	\$50,000.00	\$0.00	\$50,000.00	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$25,000.00	\$25,000.00	\$25,000.00	\$25,000.00
Category C	\$197,500.00	\$187,500.00	\$182,500.00	\$212,500.00
Category D	\$37,500.00	\$37,500.00	\$12,500.00	\$12,500.00
Total	\$250,000.00	\$250,000.00	\$250,000.00	\$250,000.00

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	8,075	43,110	18.73%
DY6	8,391	43,190	19.43%
DY7 Estimated	8,233	43,150	19.08%
DY8 Estimated	8,233	43,150	19.08%

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 <u>not</u> met	
						DY7 Valuation	DY8 Valuation	DY7 Valuation	DY8 Valuation
						K1	Rural Preventive Care	4	0
Total	N/A	4	0	0	4	\$187,500.00	\$187,500.00	\$182,500.00	\$212,500.00

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

Yes

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

Bundle-Measure ID	Measure Bundle/Measure Name	Associated Core Activities
K1	Rural Preventive Care	Implementation of evidence-based strategies to empower patients to make lifestyle changes to stay healthy and self-manage their chronic conditions

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 <u>not</u> met)
Potentially preventable admissions (PPAs)	\$7,500.00	\$2,500.00
Potentially preventable 30-day readmissions (PPRs)	\$7,500.00	\$2,500.00
Potentially preventable complications (PPCs)	\$7,500.00	\$2,500.00
Potentially preventable ED visits (PDVs)	\$7,500.00	\$2,500.00
Patient satisfaction	\$7,500.00	\$2,500.00

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 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: Keith J. Kutac  
 Performing Provider: Lavaca Medical Center  
 Date: 5/7/2018

**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