

# RHP Plan Update Anchor 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



## RHP Plan Update Anchor Form

**Last Update of Tool:**  
3/22/2018

**Objectives of the Model:**

The objectives of the RHP Plan Update Anchor form are to facilitate the aggregation and compilation of the provider forms completed by the participating providers in the Anchor's region.

**Steps for using the Tool:**

1. Indicate your RHP. When you do so, additional tabs may open up. You may begin filling out the anchor-only entries in this form after selecting the RHP, but it is suggested that you compile the provider forms first before filling out anchor-only entries. If you need to change your RHP, it is recommended that you close the template and start over.

**4**

2. Place all of the provider forms that you would like to import/capture into a single folder on your network or hard drive. For efficiency purposes, it is recommended to make copies of the submissions on your local hard drive and point this model to that local folder.

**Folder Path:** C:\Users\chilbelink\Desktop\3695 RHP 4 Nueces Co\2018 RHP Plan Update\Provider templates

3. Run the consolidation. The number of files successfully compiled and the names of these files will be pasted in the tracker below.

**COMPILE PROVIDER FORMS**

Macro Complete: Complete

**Description:** This macro will erase information currently summarized in the Anchor Form, if any, and will add data from the templates located at the folder path specified in Step 2.

**Additional Notes for the User:**

If, upon review of the provider form submissions, it is determined that a particular provider form will need to be resubmitted, remove or update the file from the folder path above and rerun the consolidation. This is the best way to ensure that the anchor inputs will be saved and that the proper updated data will be consolidated.

Successfully Compiled Provider Form(s)*	17	Non Provider Form(s)	0
*All successfully compiled provider forms appear to be in the correct RHP (based on selection above)		Duplicate Provider Form(s)	0
		Provider(s) Withdrawing from DSRIP	1
<b>Total</b>	18		

Name of files in folder path:	RHP	TPI	Comment
RHP_04_020811801_Christus Spohn Beeville.xlsm	4	020811801	Successfully compiled
RHP_04_020973601_CCMC.xlsm	4	020973601	Successfully compiled
RHP_04_020991801_Refugio.xlsm	4	020991801	Successfully compiled
RHP_04_080368601_Coastal Plains.xlsm	4	080368601	Successfully compiled
RHP_04_094118902_DeTar.xlsm	4	094118902	Successfully compiled
RHP_04_094222902_Christus Spohn Alice.xlsm	4	094222902	Successfully compiled
RHP_04_112673204_Yoakum.xlsm	4	112673204	Successfully compiled
RHP_04_121775403_Christus Spohn Corpus Christi.xlsm	4	121775403	Successfully compiled
RHP_04_121785303_Gonzales Memorial.xlsm	4	121785303	Provider chose to withdraw from DSRIP
RHP_04_121808305_Jackson.xlsm	4	121808305	Successfully compiled
RHP_04_130958511_Nueces County LHD.xlsm	4	130958511	Successfully compiled
RHP_04_132812205_Driscoll.xlsm	4	132812205	Successfully compiled
RHP_04_135233809_Lavaca.xlsm	4	135233809	Successfully compiled
RHP_04_135254407_Gulf Bend.XLSM	4	135254407	Successfully compiled
RHP_04_136412710_Otto Kaiser.xlsm	4	136412710	Successfully compiled
RHP_04_136436606_Christus Spohn Kleberg.xlsm	4	136436606	Successfully compiled
RHP_04_137907508_Citizens.xlsm	4	137907508	Successfully compiled
RHP_04_138305109_Nueces Co MHMR.xlsm	4	138305109	Successfully compiled

**DY7 Anchor Template - Anchor Entry**

**Progress Indicators**

**Section 2: Contact Information**

Complete

**Section 1: Anchor Information**

RHP Number: RHP 4

Anchor Organization: Nueces County Hospital District

**Section 2: Contact Information**

**Lead Contact #1**

Contact Name: Linda Wertz  
Street Address: 119 Dan Moody Trail  
City: Georgetown  
Zip Code: 78633  
Email: lkwertz@gmail.com  
Phone Number: 512-925-4894  
Phone Ext:  
Lead Contact or Both: Both

**Lead Contact #2**

Contact Name: Jonny Hipp  
Street Address: 555 N. Carancahua St., Suite 950  
City: Corpus Christi  
Zip Code: 78401-0835  
Email: jonny.hipp@nchdcc.org  
Phone Number: 361-808-3300  
Phone Ext:  
Lead Contact or Both: Both

**Lead Contact #3**

Contact Name: Catie Hilbelink  
Street Address: 515 Congress Ave, Suite 1760  
City: Austin  
Zip Code: 78701  
Email: chilbelink@healthmanagement.com  
Phone Number: 512-473-2626  
Phone Ext:  
Lead Contact or Both: Both



**DY7 Anchor Template - Community Needs Assessment**  
**Progress Indicators & Anchor Information**

Section 1: Updated Community Needs Assessment for DY7-8	Complete
RHP Number:	4
Anchor Organization:	Nueces County Hospital District

**Section 1: Updated Community Needs Assessment for DY7-8**

HHS rules require Anchors to provide the regions' community needs assessment that has been updated to reflect major changes, including changes to the priority needs from the community needs assessment that was submitted with the original RHP plan in 2012. Updating the community needs assessment is required in order for an Anchor to receive their DY6A Anchor allocation.

Please summarize your process for updating your region's community needs assessment. HHS is not prescribing the process the region should use for updating the community needs assessment. Answering the questions on this form satisfies the requirements for reporting the region's updated community needs assessment. You may also submit a separate attachment of the completed, updated community needs assessment, but it is not required.

- Describe the RHP's process for updating the regional community needs assessment. This section should include:
  - A summary of the region's process for updating the RHP community needs assessment;
  - Major activities conducted by the RHP during this process;
  - Data sources or resources/consultants used; and
  - Any other information that the Anchor thinks is important to provide.

In addition to updating the data points used to evaluate current health status and other factors indicative of community health care strengths and weaknesses, the CNA also includes additional information from the 2016 Coastal Bend Health Needs Assessment. This Coastal Bend CNA report included information on all 18 counties participating in RHP 4 and was led by a 20-member Steering Committee of representatives from several local health care systems, hospitals, school districts, public health agencies, providers, and community stakeholders. The analysis included both a survey of providers and a community survey of local residents, as well as targeted interviews with health care and social service providers. Findings of the surveys are discussed in the RHP community needs assessment and informed the identification of primary community challenges and opportunities for improvements. RHP 4's CNA report was developed by Health Management Associates in consultation with the RHP participating providers. In addition to the Coastal Bend CNA report, other sources used to inform the data collection and findings include Texas Demographic Center – Texas Population Estimates Program; U.S. Census Bureau American Community Survey Five Year Estimates; Texas Medical Board physician reports; data from the Texas Department of State Health Services; County Health Rankings and Roadmaps, 2017; the U.S. Department of Health & Human Services, Health Resources and Services Administration.

- Describe the RHP's process for soliciting community stakeholder input on the community needs assessment. This section should describe the process used to obtain stakeholder feedback on the community needs assessment, which stakeholder groups/types were involved (e.g. local physician groups), including stakeholders who are not currently performing providers in the region.

Information on the Community Needs Assessment process was included in all Learning Collaborative meetings held throughout 2017 and was posted on the RHP 4 Anchor website. Meeting attendees and all providers were asked to submit local data and information for inclusion in the report and provide comments and recommendations on the process for development of the CNA. The RHP 4 Anchor website included instructions for providing input, including meeting agenda notices announcing CNA discussions. A draft copy of the CNA report was published on the RHP 4 Anchor website for public review and comment. An announcement of a public stakeholder meeting to discuss the CNA report was also publicly posted and stakeholders were invited to attend the April 5th meeting or submit comments in writing. The public meeting was held on April 5th in Corpus Christi. Written comments were accepted through April 13th and no comments were received. There were two external individuals that attended the public meeting – the Executive Director of the Nueces County Medical Society and a reporter from the Corpus Christi Caller Times. Stakeholders who provided information for the report include health care providers, hospital representatives, and public health officials. Additionally, as noted above, community members selected through a randomized survey participated in the 2016 Coastal Bend community survey, which was a primary resource for the CNA.

- Describe the RHP's community needs that changed or the priorities that were updated, if any, as a result of this process. This section should describe the new community needs/priorities and how they changed from the original community needs assessment submitted with the original RHP Plan in 2012. If the updated community needs assessment did not result in new community priorities, this should be explained.

RHP 4 providers have made significant improvements in the local health care infrastructure and delivery system as a result of successful DSRIP projects. Examples of some of the key accomplishments over the past five years include:

- Improved coordination and collaboration among providers of all types throughout the region, including participation in formal learning collaboratives and joint "raise the floor" improvement initiatives
- Improved access to health care due to an increased number of primary care and specialty providers; the addition of new and expanded health care clinic locations and expanded office hours; improved transportation services; implementation of mobile crisis services; and expansion of telemedicine services
- Advances in care coordination through physical and behavioral health integration initiatives; improvements and expanded use of electronic medical records and physician order management systems; implementation of care transition strategies; and improved communication and planning between inpatient hospital settings and outpatient and community providers
- Implemented strategies designed to reduce avoidable emergency room admissions, including improving access to primary care and providing alternative options for treating behavioral health care crises
- Expanded and improved patient education initiatives and provided assistance navigating the health care system to support patients' efforts to better utilize the services available and improve their health status and outcomes.

While these efforts have made measurable improvements in the lives of thousands of community residents, the Region continues to deal with many of the same challenges identified in the original 2011 CNA. Every county still faces high numbers of uninsured residents. All but one county reports average median household incomes below the statewide average, and two thirds of the counties report average poverty rates above the statewide average. Based on the Texas County Rankings, only one RHP county saw a decline in the percentage of adults reporting poor or fair health; all but three counties experienced an increase in the average number of physically unhealthy days; and all but four counties saw an increase in the average number of mentally unhealthy days. Only three counties saw an improvement in the percentage of live births with low birth weight. Despite significant growth in the total number of providers practicing in RHP 4, three counties have no PCPs and two have no practicing physician of any kind. Access to both primary and specialty services/providers continues to be a concern, particularly in the rural communities. While access to behavioral health services has improved as a result of DSRIP, the region faces a significant shortage of behavioral health providers and has only one psychiatric hospital in the region. DSRIP projects that provide patient education, care coordination, and assistance navigating the health care system have been highly successful but need expansion to reach more residents and communities. As such, the community needs remain largely the same, with the addition of the following needs: expansion of emergency and non-emergency transportation services to improve access to care and support appropriate utilization of services, and improvements in hospital safety to reduce costs and improve patient outcomes.

- Any additional information the Anchor would like to share about the RHP's updated community needs assessment.

The Region 4 community incurred extensive damage caused by Hurricane Harvey and continues to rebuild. RHP 4 includes many of the counties that suffered some of the most significant damage in the State. As an indication of the extent of damage, in the Corpus Christi Metropolitan Statistical Area, as of January 22, 2018, 53 percent of all households had registered for Individual Assistance from the Federal Emergency Management Agency. In the RHP 4 communities of Rockport, Fulton, Bayside, Aransas Pass, and Port Aransas, surveys estimate Harvey completely destroyed or severely damaged about 80 percent of homes and buildings. In addition to property damage, these communities suffered a decline in jobs and businesses as many owners await financial aid or are undecided whether they will re-build or re-open. While circumstances are gradually improving, health care services in some communities are still recovering, forcing some residents to travel longer distances for even basic health care services. In a survey conducted by the Episcopal Health Foundation and Kaiser Family Foundation, RHP 4 counties (Coastal Triangle) reported 74% of individuals were affected by property damage or job loss. One in eight residents report they or a household member has a health condition that is new or has gotten worse as a result of the storm. Thirty-eight percent of these identified a respiratory condition such as asthma allergies or cough, and 20 percent identified mental health issues including anxiety, depression, and stress. Residents report skipping or delaying medical care or having problems paying medical bills, not filling prescriptions, cutting pills in half, and skipping doses. Addressing these concerns through enhanced efforts to improve access to affordable health care is even more important now in order to support the re-building of these coastal communities and ensure residents can obtain the services they need.

**DY7 Anchor Template - Stakeholder Engagement**

**Progress Indicators & Anchor Information**

Section 1: Extension Stakeholder Engagement Forum  
Section 2: General Stakeholder Engagement

Complete
Complete

RHP Number:  
Anchor Organization:

4
Nueces County Hospital District

**Section 1: Extension Stakeholder Engagement Forum**

As specified in the Program Funding and Mechanics Protocol (PFM), once CMS and HHSC agree on the longer term extension, the Anchoring Entity must conduct an extension stakeholder engagement forum to promote collaboration in the next phase of the waiver and community goals. The RHP Plan Update or a summary must be posted on the RHP's website prior to the forum or collecting stakeholder feedback.

Please complete this tab to fulfill the requirements of stakeholder engagement for DY7-8.

1. Describe the extension stakeholder engagement forum, including the date, location, agenda items, and participants. If the forum is scheduled to occur after RHP Plan Update submission, then please explain.

RHP 4 held a public stakeholder meeting on April 5th in Corpus Christi at a centrally located facility that is easily accessible and with free parking. The meeting was publicly posted on the RHP 4 Anchor website and the Corpus Christi Caller-Times, public notice section. The Anchor also sent email notifications to all stakeholders via a distribution list. The agenda included a description of the purpose of the meeting and the documents that were being discussed and provided an electronic link to the draft RHP 4 Plan Update. The posting also provided instructions on how individuals could request additional information or assistance with accessing the materials. The agenda items included an introduction to the RHP 4 Plan Update, a summary of the Community Needs Assessment process and key findings, results of the unallocated funds process, an overview of the RHP provider participants and measure bundle selections, and how stakeholders can participate in the program going forward. Attendees at the meeting included performing providers and other interested stakeholders.

2. Describe how stakeholder input was gathered and informed the RHP Plan Update (e.g. email submission of public comments, responses during forum).

Prior to the Public Stakeholder meeting, the draft RHP 4 Plan Update was posted on the RHP 4 Anchor website. The posting of the meeting notice included a link to the RHP 4 draft Plan Update, a link to the updated community needs assessment and instructions on how to submit comments electronically or in writing via mail or hand delivery, or verbally by attending the public meeting. Attendees planning to attend the public meeting were encouraged but not required to submit written comments. At the forum, notes were taken to record comments provided at the meeting. Following the conclusion of the comment period, all comments were reviewed and incorporated into the Plan as appropriate and relevant. Copies of all written comments will be retained by the Anchor.

3. Describe how feedback from the forum or the stakeholder input process was used to inform the learning collaborative plan for DY7-8.

Stakeholder comments directly related to the learning collaborative were incorporated into the DY 7-8 plan. The Learning Collaborative plan describes the ability to adapt the agenda to accommodate issues as they develop during DY 7-8 in order to reflect community concerns and address any changes in community needs. Learning Collaboratives are always open to the public and stakeholders are welcome to speak and participate in the meetings. Advance registration is not required.

**Section 2: General Stakeholder Engagement**

4. Describe plans for ongoing public engagement in DY7-8 (e.g. quarterly public meetings, newsletters, annual surveys).

As has been the process throughout the DSRIP program, RHP 4 will continue to post updates and information on the RHP 4 Anchor website, which is accessible to any interested party. All RHP meeting notices are posted on the website and all meetings are open to the public. Though there are no current plans to issue a survey or publish a newsletter, those options will be utilized if appropriate.

5. Describe any additional information the Anchor would like to share about the RHP's stakeholder engagement.

None at this time.

**DY7 Anchor Template - Learning Collaborative Plan for DY7-8**  
**Progress Indicators & Anchor Information**

**Section 1: Learning Collaborative Plan**

**RHP Number:**

**Anchor Organization:**

**Section 1: Learning Collaborative Plan**  
 As specified in the Program Funding and Mechanics Protocol (PFM), an Anchoring Entity must submit a DY7-8 Learning Collaborative plan to reflect opportunities and requirements for shared learning among the DSRIP performing providers in the region. The PFM also allows two or more regions to work together to submit a cross-regional DY7-8 learning collaborative plan. The DY7-8 learning collaborative plan may include an annual regional learning collaborative and/or smaller, targeted learning collaboratives or stakeholder meetings.

This tab should be used for submission of the DY7-8 Learning Collaborative Plan. No additional documentation is required. If multiple regions are submitting a cross-regional plan, please copy and paste the same information for all participating tiers in the Anchor template.

Is this a cross-regional plan?

**1. Describe the topics for each learning collaborative you plan to conduct in DY7-8. Please note planned date and location, if known.**

RHP 4 intends to host at least two learning collaboratives each demonstration year. To date, RHP 4 has hosted three learning collaborative/public meetings for DY 7. The first DY 7 meeting was held November 15, 2017 in Corpus Christi. The meeting was posted as a public meeting and stakeholders were invited to attend and participate in the discussion and particularly in relation to the unallocated funds process and distribution of funds. The meeting included the following topics: an update of HSC efforts to obtain final CMS approval; a discussion of the changes to the PFM and additional revisions HSC was continuing to finalize; an overview of the Community Needs Assessment (CNA) report, including provider comments and updates on local challenges; a discussion of the unallocated funds process; and a public comment period and open discussion on all other topics identified by meeting participants. The meeting also included provider workshop breakout sessions that included discussions of sustainability challenges and the importance of identifying and implementing long term strategies that varied by provider type and support as it relates to members. The second meeting was held on January 24, 2018 in Corpus Christi. The meeting was attended by performing providers and the agenda focus was on the approval of Waiver 2.0, new reporting requirements for DSRIP providers including system definition and measure bundles and measures, baseline guidelines, and Category A, B, C, and D specifications. In addition to general discussion, providers were divided into smaller groups for discussion on shared interest topics and potential challenges.

The third DY 7 learning collaborative/public stakeholder meeting was held on April 5, 2018 in Corpus Christi. The primary purpose of the meeting is to publicly present the draft RHP 4 Plan Update, final decisions on the unallocated funds distribution, and provide an overview of how selected Measure Bundles will benefit the community and address local needs identified in the community needs assessment. Stakeholders will be invited to participate in the discussion and provide comments on the proposed plan indicators and goals for the community. Additionally, the meeting will include provider discussion on HSC updates related to upcoming reporting requirements, and provider work groups to continue the discussion of long term sustainability strategies for the low-income population. We anticipate there will be a learning collaborative meeting in September 2018 to prepare for October DY 7 reporting and discuss progress and challenges associated with implementation of new measure bundles.

Dates and topics of the DY 8 learning collaboratives have yet been determined. As the DSRIP program continues and providers continue their work on measure bundles and required reporting, we will request that providers submit specific topics for inclusion in the learning collaborative meetings. Meetings will continue to include discussion of long term sustainability, including integration into Medicaid managed care and working with MCOs that can support providers' DSRIP efforts.

As in the past, we will continue to host the learning collaborative meetings in Corpus Christi as a large majority of meeting participants live within or nearby the Corpus Christi metropolitan area.

**2. Describe the goals of each learning collaborative that you plan to conduct in DY7-8 and how they will be achieved. The anchor must conduct at least one learning collaborative that includes a focus on DSRIP integration into Medicaid managed care, value based purchasing, alternative payment models, or sustainability strategies for low-income populations.**

The primary goal of RHP 4 learning collaboratives are to provide opportunities for the participating providers to discuss project challenges, share strategies and successes so they can learn from each other, provide opportunities to identify common problems and concerns and work together to develop solutions; ensure DSRIP activities are effective in addressing community needs; ensure providers have the tools and information they need to succeed in meeting all project outcomes and goals; and support development of relationships that ensure community collaboration continues after DSRIP ends. To achieve these goals, we work with providers to develop meeting agendas that focus on the region's priorities and needs by soliciting their input and suggestions for each meeting. Providers receive advance notice of meetings and agendas to allow them to prepare in advance for the discussion, prepare or review presentation materials if required, and ensure the appropriate staff attends the meeting. Meetings include small group discussions and specific learning activities to support ongoing improvement and encourage learning. All learning collaboratives are intentionally designed to facilitate interaction among all providers and support the varying needs of our participants. As noted above, one of our primary topics of discussions in the DY 7 learning collaboratives was long term sustainability. Future meetings will continue to focus on initiatives to support sustainability, including collaboration with Medicaid Managed Care Organization to integrate providers' and MCOs' strategies for improving the delivery of care and healthcare outcomes. Our region includes a diverse group of providers from both urban and rural communities with widely disparate resources, but all with the common goal of improving the health care delivery system. Our providers are committed to ensuring the long term continuation of the progress that has been achieved through DSRIP and are hopeful MCOs will be willing partners in this important endeavor.

**3. Describe the key design elements for improvement design (such as Institute for Healthcare Improvement (IHI) Model for Improvement, Plan, Do, Study, Act (PDSA), etc.)**

Our region will continue to use the Plan, Do, Study, Act process for improvement design. This strategy has been an effective approach for our providers and is easily adapted by both the large and small provider organizations included in our region. This process also clearly facilitates the direct communication and discussion of goals, strategies for improvement, successes and challenges, which is the primary goal of every Learning Collaborative meeting. As indicated by the naming convention of this process, the key design elements include development of a plan with specific objectives and goals for both short term and long term improvement; implementation of the plan as it relates to the DSRIP program; evaluation of the successes and challenges related to the goals and development of specific strategies for improvement; and implementation of specific strategies to achieve optimal outcomes. Each Learning Collaborative includes both large group and small workshop opportunities to discuss challenges, progress and suggestions for continued improvement, with a focus on lessons learned and opportunities for joint problem solving.

**4. Describe learning collaborative participant involvement, including any plans to include cross-regional participants, or individuals/organizations who are not DSRIP performing providers, such as community partners or managed care organizations. Describe the primary takeaways for participants.**

RHP 4 has enjoyed extremely high provider participation levels among all participating providers in the Region. We typically have attendance levels of more than 90% for all RHP 4 participants, and it is common to have representation from every performing provider. In addition, some providers from Regions 5 and 20 also attend our meetings. All meetings are publicly posted and are open to the public. We occasionally have attendees who are not performing providers and always welcome their participation in the discussions and small workshop breakout sessions. Each learning collaborative includes a scheduled time dedicated to facilitating discussion among performing providers to discuss specific project challenges, success, lessons learned, questions, suggestions for improvements, and joint problem solving. Providers receive an advance copy of the meeting agenda so they can prepare for the meeting and invite appropriate staff to participate. Providers often come as presenters, providing overviews of specific DSRIP projects, challenges, solutions and accomplishments. All meetings are designed to engage attendees through team solving challenges, provider presentations and interactive Q&A sessions. Periodically, providers are surveyed to solicit recommendations for future learning collaboratives and feedback on prior meetings. Providers have noted in survey that the Learning Collaborative meetings provide excellent networking opportunities and are an important tool for continuing quality improvement initiatives. Many report that one of the most important benefits of the Learning Collaborative is the opportunity to meet other providers and share information on how to overcome common problems and challenges, discuss local community issues and collaborate on ways to work together to improve the health care system.

**5. Describe the learning system design (how to share information and data, including Category C outcome data).**

Each learning collaborative meeting includes both large group and small group discussion to support varying levels of information exchange. As part of the large group meeting, a pre-selected group of providers presents updates on projects with information on accomplishments, challenges and solutions to identified problems. Providers include in their presentation information on project objectives, goals and achievements, consistent with the project reporting requirements. The information is presented using a power point template developed in advance of the meeting. All meeting materials are posted on the RHP 4 Anchor website after the meeting for access by all providers. During small group sessions, provider workgroups engage in more detailed discussions and problem-solving initiatives. An appropriate breakdown on the topics of discussion, outcome data is shared and compared as part of the discussion. In DY 7-8, we will continue to use the same approach, with the focus on Category C measures. Providers will continue to share and discuss Measure Bundle and Measure information, including data, using pre-determined templates as appropriate. Each meeting will include time to discuss challenges and achievements, and a discussion of questions related to specific Measure Bundles and Measures. All written materials will be distributed at the meeting and/or posted on the website.

**6. Describe learning collaborative format and frequency (meetings, workshop, webinar / quarterly, monthly, etc.) Indicate if web access to the learning collaboratives will be available.**

RHP 4 Anchor will hold a minimum of two learning collaboratives in both DY 7 and DY 8. Both meetings will be in-person and will include both full sessions with all providers and breakout sessions with small groups of providers. Based on prior experience, we have learned that in-person attendance declines if meetings are web-cast. A large majority of our providers have stated and agree that in-person meetings are more productive and more conducive to an engaging discussion. For that reason, we will continue to host web-cast in-person learning collaboratives for other of the two planned semi-annual learning collaboratives. However, we may decide that additional learning collaboratives are necessary to address specific issues that develop as providers gain experience with the new measure bundle requirements during DY 7 & 8, or due to changes or updates issued by HSC. Providers are continually encouraged to contact the anchor if they have suggestions for learning collaborative meetings. Such requests and suggestions are addressed as they develop. If we determine an additional learning collaborative is appropriate, the meeting may be scheduled as a webinar rather than an in-person meeting, depending on the topic and format of the discussion. We also may schedule an in-person meeting but may also provide access via web-cast if it is determined to be beneficial for our providers. As always, the meeting information will be available on the RHP 4 Anchor website, as well as email communication via a RHP 4 distribution list, for access by all interested stakeholders or public participants.

**7. Please include any additional information you would like to share about your plan.**

Learning Collaboratives are a valuable resource that offer regular opportunities for providers to build relationships and work together towards common community goals. Our providers look forward to these meetings and the knowledge gained from the interaction with other professionals. Providers have also mentioned the value of the state-wide learning collaborative previously hosted by HSC and encourage HSC to consider scheduling similar meetings in the future, particularly since the program has changed significantly. Providers appreciate the scheduled learning sessions and resources available at the statewide collaborative. The opportunity to hear from providers in other regions describe how they deal with common challenges is particularly helpful. Additionally, given the changes in the PFM and uncertainties regarding how the auditors will adjust to new Measure Bundle and Measure requirements, the opportunity to receive information and guidance from Myers and Stauffer is a high priority for the providers, particularly given the absence of concrete guidance for future reporting requirements. While we appreciate that this is a learning process for everyone, providers need to know in advance how to collect and report data in order to meet the auditing requirements and expectations, and many specific questions still remain unanswered. A statewide learning collaborative would provide a valuable opportunity for providers to submit in advance specific questions, some of which will not even be known until the projects are in progress. We urge HSC to consider providing this opportunity for the benefit of all DSRIP providers.

**DY7 Anchor Template - Region with Additional Funds**

**Progress Indicators & Anchor Information**

Section 1: Stakeholder Meetings	Complete
Section 2: Process for Allocating Additional Funds	Complete
RHP Number:	4
Anchor Organization:	Nueces County Hospital District

**Section 1: Stakeholder Meetings**

As specified in the Program Funding and Mechanics Protocol (PFM), each RHP must conduct at least two public stakeholder meetings to determine the uses for the additional funding.

1. List the two stakeholder meetings

	Date	Time	Location	# of Participants	Description
Meeting #1	11/15/2017	9-3	Corpus Christi, TX	38 at the learning collaborative and 9 at the public meeting	RHP 4 Stakeholder Meeting to discuss the updated community needs assessment and the unallocated funds process. Other topics discussed were: DY 7-8 DSRIP requirements.
Meeting #2	4/5/2018	9-3	Corpus Christi, TX	24 at the learning collaborative and 23 at the public meeting	RHP 4 Stakeholder Meeting to discuss the final results of the unallocated funds process, receive public input on the draft RHP 4 Plan Update, DY 7 processes and requirements in preparation for October reporting.

**Section 2: Process for Allocating Additional Funds**

2. Describe the process to determine the uses for the additional funding, including identifying new providers and applying the community needs assessment.

RHP 4 has \$522,345 in DY 7-8 unallocated funds. RHP 4 Anchor notified all stakeholders via an email invitation and posting to the RHP 4 website of the stakeholder meeting date and the agenda items for discussion. The stakeholder list included all known providers that had an interest in DSRIP participation including current and new providers. The unallocated funds process as well as the updated community needs assessment were agenda items discussed in the meeting. For the unallocated funds process, RHP 4 used a similar process to Pass 2 and in accordance with the PFM and HHSC agency rules. To meet the HHSC requirements to prioritize and allocate the new monies to providers, RHP 4 Anchor developed a proposal template for providers to complete that included key components such as IGT Entity and commitment, MLIU population served, measure bundle selections that address community needs, anticipated core activities, sustainability efforts, and funds requested.

3. Describe how the additional funds were allocated among Performing Providers and any new providers.

The additional funds were allocated based on the strength of each proposal across five domains: 1) alignment with community needs, 2) sustainability, 3) transformational impact, 4) integration/collaboration with community partners, and 5) likelihood of success. Each domain was ranked on a scale of 1-9 using suggested definitions from the "Guidelines for Reviewers Including Scoring Descriptors" from the Office of Extramural Research at the National Institutes of Health. The proposals were evaluated by an independent party. No proposals were submitted by new providers.

4. Indicate providers that expressed interest in additional funds but were not allocated any additional funds, including provider name, type (e.g. private physician practice, public hospital), and reason why they were not allocated additional funds.

Five proposals (3 hospitals and 2 CMHCs) were submitted with a total requested amount of \$1,647,468. Two proposals were funded with their total requested unallocated funds (Driscoll Children's Hospital and Coastal Plains Community Health Center) and one proposal (Christus Spohn Corpus Christi) was partially funded. Two proposals were not funded including Yoakum Community Hospital and Behavioral Health Center of Nueces County. The primary reason for non-allocation of additional funds was the proposals did not fully address the requested domains such as sustainability, transformational impact, and integration/collaboration with community partners. In April 2018 Driscoll Children's Hospital was deemed ineligible for the unallocated funds by HHSC because of their need to use a DY 7-8 limited scope template. Upon approval by HHSC, we reallocated the amount of Driscoll's unallocated funds to Christus Spohn Corpus Christi, the third highest scored proposal. Because of the limited amount of total RHP 4 unallocated funds, we are unable to fully fund the Spohn proposal.

5. Describe any additional information the Anchor would like to share about allocating the additional funds.

If additional unallocated funds are available, RHP 4 Anchor would support allocation of those funds to all areas of the state to assist in transformation of the health care delivery system.



**DY7 Anchor Template - Regional Valuation**

**Anchor Information**

RHP Number:	4
Anchor Organization:	Nueces County Hospital District

**Section 1: Private Hospital Participation Valuation**

Required Regional Amount	Total Private Hospital Valuation	Requirement Met?
\$63,040,074.00	\$64,989,767.45	Yes

DSRIP Performing Providers:

RHP	TPI	Performing Provider Name	Performing Provider Type	Ownership	DY7 Valuation Category					DY8 Valuation Category					
					RHP Plan Update Submission	Category A	Category B	Category C	Category D	Total DY7	Category A	Category B	Category C	Category D	Total DY8
4	020811801	Christus Spohn Hospital Beeville	Hospital	Private	\$253,402.18	\$0.00	\$126,701.09	\$696,856.01	\$190,051.64	\$1,267,010.92	\$0.00	\$126,701.09	\$950,258.19	\$190,051.64	\$1,267,010.92
4	020973601	Corpus Christi Medical Center	Hospital	Private	\$3,099,418.20	\$0.00	\$1,549,709.10	\$8,523,400.05	\$2,324,563.65	\$15,497,091.00	\$0.00	\$1,549,709.10	\$11,622,818.25	\$2,324,563.65	\$15,497,091.00
4	020991801	Refugio County Memorial Hospital	Hospital	Non-State Owned Public	\$93,577.20	\$0.00	\$46,788.60	\$257,337.30	\$70,182.90	\$467,886.00	\$0.00	\$46,788.60	\$350,914.50	\$70,182.90	\$467,886.00
4	080368601	Coastal Plains Community MHMR Center	Community Mental Health	Non-State Owned Public	\$766,802.00	\$0.00	\$383,401.00	\$2,108,705.50	\$575,101.50	\$3,834,010.00	\$0.00	\$383,401.00	\$2,875,507.50	\$575,101.50	\$3,834,010.00
4	094113902	DeTar Hospital (Victoria of Tx)	Hospital	Private	\$1,314,041.60	\$0.00	\$657,020.80	\$3,613,614.40	\$985,531.20	\$6,570,208.00	\$0.00	\$657,020.80	\$4,527,656.00	\$985,531.20	\$6,570,208.00
4	094222903	Christus Spohn Hospital Alice	Hospital	Private	\$440,018.82	\$0.00	\$220,009.41	\$1,210,051.77	\$330,014.12	\$2,200,094.12	\$0.00	\$220,009.41	\$1,650,070.59	\$330,014.12	\$2,200,094.12
4	112672004	Yoakum Community Hospital	Hospital	Private	\$112,711.40	\$0.00	\$56,355.70	\$308,956.35	\$84,523.55	\$563,557.00	\$0.00	\$56,355.70	\$422,667.75	\$84,523.55	\$563,557.00
4	12175403	Spohn Health System dba Spohn Memorial Hospital	Hospital	Non-State Owned Public	\$10,093,879.34	\$0.00	\$5,046,939.67	\$27,758,168.19	\$7,570,409.50	\$50,469,396.70	\$0.00	\$5,046,939.67	\$37,852,047.53	\$7,570,409.50	\$50,469,396.70
4	121808305	Jackson County Hospital	Hospital	Non-State Owned Public	\$120,000.00	\$0.00	\$60,000.00	\$330,000.00	\$90,000.00	\$600,000.00	\$0.00	\$60,000.00	\$450,000.00	\$90,000.00	\$600,000.00
4	130958511	Nueces County	Local Health Department	Non-State Owned Public	\$577,900.00	\$0.00	\$288,950.00	\$1,589,225.00	\$433,425.00	\$2,889,500.00	\$0.00	\$288,950.00	\$2,167,125.00	\$433,425.00	\$2,889,500.00
4	132812205	Driscoll Children's Hospital	Hospital	Private	\$7,658,671.18	\$0.00	\$3,829,335.59	\$21,061,345.75	\$5,744,003.39	\$38,293,355.91	\$0.00	\$3,829,335.59	\$28,720,016.93	\$5,744,003.39	\$38,293,355.91
4	135233809	Lavaca Medical Center	Hospital	Non-State Owned Public	\$50,000.00	\$0.00	\$25,000.00	\$137,500.00	\$37,500.00	\$250,000.00	\$0.00	\$25,000.00	\$187,500.00	\$37,500.00	\$250,000.00
4	135254407	Gulf Bend MHMR Center	Community Mental Health	Non-State Owned Public	\$795,530.80	\$0.00	\$397,765.40	\$2,187,709.70	\$596,948.10	\$3,977,654.00	\$0.00	\$397,765.40	\$2,983,240.50	\$596,948.10	\$3,977,654.00
4	136412710	Karnes County Hospital District dba Otto Kaiser Me	Hospital	Non-State Owned Public	\$50,000.00	\$0.00	\$25,000.00	\$137,500.00	\$37,500.00	\$250,000.00	\$0.00	\$25,000.00	\$187,500.00	\$37,500.00	\$250,000.00
4	136436606	CHRISTUS Spohn Hospital Kleberg	Hospital	Private	\$119,690.10	\$0.00	\$59,845.05	\$329,147.78	\$89,767.57	\$598,450.50	\$0.00	\$59,845.05	\$448,837.88	\$89,767.57	\$598,450.50
4	137907508	County of Victoria dba Citizens Medical Center	Hospital	Non-State Owned Public	\$1,528,297.40	\$0.00	\$764,148.70	\$4,202,817.85	\$1,146,223.05	\$7,641,487.00	\$0.00	\$764,148.70	\$5,731,115.25	\$1,146,223.05	\$7,641,487.00
4	138305109	Nueces County MHMR Community Ctr dba Behavioral HI	Community Mental Health	Non-State Owned Public	\$1,186,913.60	\$0.00	\$593,456.80	\$3,264,012.40	\$890,185.20	\$5,934,568.00	\$0.00	\$593,456.80	\$4,450,926.00	\$890,185.20	\$5,934,568.00

Region with Additional Funding: Exceeded Total?	No
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**Section 2: Regional Valuation**

**By Performing Provider Type**

Performing Provider Type	DY7 Valuation	DY8 Valuation	Total Valuation
Hospitals	\$124,668,537.15	\$124,668,537.15	\$249,337,074.30
Private Hospitals	\$64,989,767.45	\$64,989,767.45	\$129,979,534.90
Non-state Owned and State Owned Public Hospitals	\$59,678,769.70	\$59,678,769.70	\$119,357,539.40
Physician Practices	\$0.00	\$0.00	\$0.00
CMHCs	\$13,746,232.00	\$13,746,232.00	\$27,492,464.00
LHDs	\$2,889,500.00	\$2,889,500.00	\$5,779,000.00
<b>TOTAL</b>	<b>\$141,304,269.15</b>	<b>\$141,304,269.15</b>	<b>\$282,608,538.30</b>

**By Category**

Category	DY7 Valuation	DY8 Valuation	Total Valuation
RHP Plan Update Submission	\$28,260,853.82	\$0.00	\$28,260,853.82
Category A	\$0.00	\$0.00	\$0.00
Category B	\$14,130,426.91	\$14,130,426.91	\$28,260,853.82
Category C	\$77,717,348.05	\$105,978,201.87	\$183,695,549.92
Category D	\$21,395,640.87	\$21,395,640.87	\$42,791,281.74
<b>TOTAL</b>	<b>\$141,304,269.15</b>	<b>\$141,304,269.15</b>	<b>\$282,608,538.30</b>

**DY7 Anchor Template - Regional Category B**

**Anchor Information**

RHP Number:	4
Anchor Organization:	Nueces County Hospital District

**Section 1: System Components**

**Hospitals:**

RHP	TPI	Performing Provider Name	Required System Components					Optional System Components						
			Inpatient Services	Emergency Department	Owned or Operated Outpatient Clinics	Maternal Department	Owned or Operated Urgent Care Clinics	Contracted Specialty Clinics	Contracted Primary Care Clinics	School-based Clinics	Contracted Palliative Care Programs	Contracted Mobile Health Programs	Other	
4	020811801	Christus Spohn Hospital Beeville	Y	Y	Y	Y								
4	020973601	Corpus Christi Medical Center	Y	Y	Y	Y								Y
4	020991801	Refugio County Memorial Hospital	Y	Y	Y	Y	Y							
4	094118902	DeTar Hospital (Victoria of Tx)	Y	Y	Y	Y								
4	094222903	Christus Spohn Hospital Alice	Y	Y	Y	Y								
4	112673204	Yoakum Community Hospital	Y	Y	Y									
4	121775403	Spohn Health System dba Spohn Memorial Hospital	Y	Y	Y	Y								
4	121808305	Jackson County Hospital	Y	Y	Y									
4	132812205	Driscoll Children's Hospital	Y	Y	Y	Y	Y	Y						
4	135233809	Lavaca Medical Center	Y	Y	Y									
4	136412710	Karnes County Hospital District dba Otto Kaiser Me	Y	Y										
4	136436606	CHRISTUS Spohn Hospital Kleberg	Y	Y		Y								
4	137907508	County of Victoria dba Citizens Medical Center	Y	Y	Y	Y								

**Community Mental Health Centers:**

RHP	TPI	Performing Provider Name	Required System Components				Optional System Components							
			Home-based services	Office/Clinic	Hospital	Contracted Clinic	School-based Clinic	Contracted Inpatient Beds	State-funded Community Hospital	Community Institution for Mental Disease (IMD)	General Medical Hospital	State Mental Health Facility	State Mental Retardation Facility	Other
4	080368601	Coastal Plains Community MHMR Center	Y	Y										
4	135254407	Gulf Bend MHMR Center	Y	Y										
4	138305109	Nueces County MHMR Community Ctr dba Behavioral HI	Y	Y										

**Local Health Departments:**

RHP	TPI	Performing Provider Name	Required System Components		Optional System Components	
			Clinics	Immunization Locations	Mobile Outreach	Other
4	130958511	Nueces County	Y	Y	Y	

**Section 2: MLU PPP**

RHP	TPI	Performing Provider Name	Performing Provider Type	MLU PPP Goals		Average Total PPP	MLU Percentage of Total PPP
				DY7	DY8		
4	020811801	Christus Spohn Hospital Beeville	Hospital	9,181	9,181	16,748	54.82%
4	020973601	Corpus Christi Medical Center	Hospital	37,778	37,778	75,940	49.75%
4	020991801	Refugio County Memorial Hospital	Hospital	4,097	4,097	15,943	25.70%
4	080368601	Coastal Plains Community MHMR Center	Community Mental Health Center (CMHC)	4,995	4,995	6,100	81.88%
4	094118902	DeTar Hospital (Victoria of Tx)	Hospital	35,122	35,122	111,356	31.54%
4	094222903	Christus Spohn Hospital Alice	Hospital	13,910	13,910	22,362	62.21%
4	112673204	Yoakum Community Hospital	Hospital	2,079	2,079	8,113	25.63%
4	121775403	Spohn Health System dba Spohn Memorial Hospital	Hospital	52,103	52,103	94,997	54.85%
4	121808305	Jackson County Hospital	Hospital	13,554	13,554	38,072	35.60%
4	130958511	Nueces County	Local Health Department (LHD)	49,040	49,040	78,738	62.28%
4	132812205	Driscoll Children's Hospital	Hospital	44,651	44,651	61,494	72.61%
4	135233809	Lavaca Medical Center	Hospital	8,233	8,233	43,150	19.08%
4	135254407	Gulf Bend MHMR Center	Community Mental Health Center (CMHC)	3,458	3,458	3,879	89.13%
4	136412710	Karnes County Hospital District dba Otto Kaiser Me	Hospital	5,506	5,506	9,577	57.49%
4	136436606	CHRISTUS Spohn Hospital Kleberg	Hospital	9,283	9,283	18,001	51.57%
4	137907508	County of Victoria dba Citizens Medical Center	Hospital	17,758	17,758	56,730	31.30%
4	138305109	Nueces County MHMR Community Ctr dba Behavioral HI	Community Mental Health Center (CMHC)	5,350	5,350	6,740	79.38%

2017 Another Timeline - Regional Category 4 Summary									
Key Information									
BIP Number:									
Agency Organization:		Hennepin County Health Services							
Critical Measures - Health Measure Selection									
TR	Performing Provider Name	Build-Up / Measure ID	Measure Bundle / Measure Name	# of PCCOs Required or Reported as AMP	# of Measures with Reported Achievement of Alternative Measurements	# of Measures with Reported Number of Patient Measurement Periods	# of Measures with Reported Reporting Frequency	Points	
02081801	Orlando Spine Hospital-Benetti	61	Rural/Prevention Care	0	0	0	0	3	
02087601	Corpus Christi Medical Center	62	Patient Navigation & ED Disposition	0	0	0	0	6	
02087801	Corpus Christi Medical Center	62	Internal Safety	0	0	0	0	3	
02087901	Corpus Christi Medical Center	62	Behavioral Health and Appropriate Utilization	0	0	0	0	11	
02087901	Corpus Christi Medical Center	61	Hospital Safety	0	0	0	0	10	
02089801	Belknap County Memorial Hospital	61	Rural/Prevention Care	0	0	0	0	3	
08098801	Coastal Plains Community MIMM Center	MS-105	Prevention Care & Screening: Tobacco Use, Screening & Counseling Intervention	N/A	0	0	0	3	
08098801	Coastal Plains Community MIMM Center	MS-115	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Four Control < 9.0%	N/A	0	0	0	3	
08098801	Coastal Plains Community MIMM Center	MS-147	Prevention Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	N/A	0	0	0	1	
08098801	Coastal Plains Community MIMM Center	MS-117	Prevention Care and Screening: Community Alcohol Use Screening & Referral	N/A	0	0	0	2	
08411801	DeTar Hospital (District of TX)	64	Integrated Chronic Disease Management: Diabetes Care	2	0	0	0	18	
08411801	DeTar Hospital (District of TX)	62	Integrated Chronic Disease Management: Heart Disease	2	1	0	1	16	
08411801	DeTar Hospital (District of TX)	61	Hospital Safety	0	0	0	0	10	
08422901	Orlando Spine Hospital-Alba	61	Integration of Behavioral Health in a Primary or Specialty Care Setting	0	0	1	1	12	
11261201	Tyler Community Hospital	61	Rural/Emergency Care	0	0	0	0	3	
12175401	Spohn Health System (St. Spohn Memorial Hospital)	61	Primary Care Prevention: Healthy Teams	1	0	0	0	16	
12175401	Spohn Health System (St. Spohn Memorial Hospital)	62	Primary Care Prevention: Cancer Screening	0	0	0	0	4	
12175401	Spohn Health System (St. Spohn Memorial Hospital)	62	Hepatitis C	0	0	0	0	4	
12175401	Spohn Health System (St. Spohn Memorial Hospital)	61	Integrated Medical Care	0	0	0	0	10	
12175401	Spohn Health System (St. Spohn Memorial Hospital)	61	Integration of Behavioral Health in a Primary or Specialty Care Setting	0	0	1	1	12	
12175401	Spohn Health System (St. Spohn Memorial Hospital)	62	Behavioral Health and Appropriate Utilization	1	0	2	1	15	
12175401	Spohn Health System (St. Spohn Memorial Hospital)	68	Integrated Care for People with Serious Mental Illness	0	0	0	0	5	
12175401	Spohn Health System (St. Spohn Memorial Hospital)	61	Hospital Safety	0	0	0	0	10	
13180801	Jackson County Hospital	63	Rural/Emergency Care	0	0	0	0	3	
13090811	Wauca County	13-167	Prevention Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	N/A	0	0	0	1	
13090811	Wauca County	6_13090801_1.1	Diabetes Care: HbA1c (Last 12 Months) (9.0%)	N/A	0	0	0	3	
13090811	Wauca County	6_13090801_1.1	Controlling High Blood Pressure	N/A	0	0	0	3	
13281201	Orlando Children's Hospital	AS-113	Comprehensive Diabetes Care: Food Log	0	0	1	1	1	
13281201	Orlando Children's Hospital	AS-115	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Four Control < 9.0%	0	0	0	1	3	
13281201	Orlando Children's Hospital	AS-207	Diabetes Care: BP Control (<140/90mm Hg)	0	0	0	1	3	
13281201	Orlando Children's Hospital	61	Care Transitions & Hospital Readmissions	0	2	2	4	11	
13281201	Orlando Children's Hospital	62	Patient Navigation & ED Disposition	0	2	0	2	6	
13281201	Orlando Children's Hospital	DS-212	Appropriate Testing for Children with Pharyngitis	0	0	0	0	3	
13281201	Orlando Children's Hospital	DS-284	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	0	0	0	0	1	
13281201	Orlando Children's Hospital	DS-400	Tobacco Use and Help with Quitting Among Adolescents	0	0	0	0	1	
13281201	Orlando Children's Hospital	DS-601	HPV (13 Acute Cervical Dysplasia), Urinary Tract Infection (Asymptomatic)	0	0	0	0	4	
13281201	Orlando Children's Hospital	DS	Preventable Hospital Safety	0	0	0	0	10	
13281201	Orlando Children's Hospital	DS	Pediatric Chronic Disease Management: Asthma	1	0	0	0	9	
13281201	Orlando Children's Hospital	DS	Pediatric Chronic Disease Management: Diabetes	1	0	0	0	8	
13281201	Orlando Children's Hospital	ES-100	Behavioral Health Risk Assessment (For Pregnant Women) (BPHS-ES)	0	0	1	0	1	
13281201	Orlando Children's Hospital	GS-276	Respiric and Palliative Care - Pain Assessment	1	0	0	1	1	
13281201	Orlando Children's Hospital	GS-277	Respiric and Palliative Care - Treatment Preferences	1	0	0	1	1	
13281201	Orlando Children's Hospital	GS-279	Respiric and Palliative: Knowledge of Hospital Patients with Documentation in the Medical Record of a Discussion of End-of-Life/Advance Care Planning	1	0	0	1	1	
13281201	Orlando Children's Hospital	GS-362	Respiric and Palliative Care: Depress Treatment	1	0	0	1	1	
13281201	Orlando Children's Hospital	GS-363	Respiric and Palliative Care: Depress Screening	1	0	0	1	1	
13281201	Orlando Children's Hospital	HS-146	Screening for Clinical Depression and Follow-Up Plan (COP-46)	0	0	0	0	1	
13281201	Orlando Children's Hospital	HS-305	CHD and Adolescent Major Depressive Disorder (MDD) Suicide Risk Assessment (SRA-CH)	0	0	0	0	1	
13281201	Orlando Children's Hospital	HS-144	Screening for Clinical Depression and Follow-Up Plan (COP-46) for Individuals with a History of Chronic Pain	0	0	0	0	1	
13281201	Orlando Children's Hospital	HS-287	Documentation of Current Medications in the Medical Record	0	0	0	0	1	
13281201	Orlando Children's Hospital	SI	Specialty Care	0	0	2	2	2	
13281201	Orlando Children's Hospital	TS-289	Prevention Care and Screening: Tobacco Use/Counseling	0	0	0	0	1	
15233801	Lewis & Clark Medical Center	61	Rural/Prevention Care	0	4	0	0	4	
15234401	Gulf Bend MIMM Center	MS-105	Prevention Care & Screening: Tobacco Use, Screening & Counseling Intervention	N/A	0	1	0	2	
15234401	Gulf Bend MIMM Center	MS-100	Follow-Up After Hospitalization for Mental Illness	N/A	0	0	0	3	
15234401	Gulf Bend MIMM Center	MS-287	Documentation of Current Medications in the Medical Record	N/A	0	1	0	2	
15234401	Gulf Bend MIMM Center	MS-117	Prevention Care and Screening: Community Alcohol Use Screening & Referral	N/A	0	1	0	2	
15234401	Gulf Bend MIMM Center	MS-110	Adult Major Depressive Disorder (MDD) Suicide Risk Assessment (SRA-MS)	N/A	0	1	0	2	
15641710	Kemper County Hospital District (St. Clair-Kemper MHC)	62	Rural/Emergency Care	0	0	0	0	3	
16095401	ORHC/Spohn Hospital-Edging	62	Internal Safety	0	0	0	0	6	
17700701	County of Victoria (St. Albans Medical Center)	61	Care Transitions & Hospital Readmissions	0	7	5	0	11	
17700701	County of Victoria (St. Albans Medical Center)	61	Primary Care Prevention: Healthy Teams	1	0	0	0	7	16
18091001	Wauca County MIMM Community Ctr (St. Albans Behavioral H)	MS-147	Prevention Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	N/A	0	1	0	1	
18091001	Wauca County MIMM Community Ctr (St. Albans Behavioral H)	MS-182	Diabetes Screening for People with Dyslipidemia or Bipolar Disorder Who Are Using Antipsychotic Medications (SRA-18)	N/A	0	0	0	2	
18091001	Wauca County MIMM Community Ctr (St. Albans Behavioral H)	MS-115	Follow-Up Care for Children/Preventable Medication (MDD)	N/A	0	0	0	1	
18091001	Wauca County MIMM Community Ctr (St. Albans Behavioral H)	MS-217	Care Planning for Acute Episodes	N/A	0	1	0	1	
18091001	Wauca County MIMM Community Ctr (St. Albans Behavioral H)	MS-261	Assessment for Substance Abuse Problems of Psychiatric Patients	N/A	0	1	0	2	
18091001	Wauca County MIMM Community Ctr (St. Albans Behavioral H)	MS-305	CHD and Adolescent Major Depressive Disorder (MDD) Suicide Risk Assessment (SRA-CH)	N/A	0	1	0	2	
18091001	Wauca County MIMM Community Ctr (St. Albans Behavioral H)	MS-100	Follow-up of Treatment Status or Ops. (Referred from HCP) (COP-100)	N/A	0	2	0	1	
<b>Total</b>				<b>1</b>	<b>25</b>	<b>14</b>	<b>10</b>	<b>105</b>	

  

Section 2 - MFF Summary			
TR	Performing Provider Name	MFF	Total Points in Selected Measure Bundle / Measures
02081801	Orlando Spine Hospital-Benetti	3	3
02087801	Corpus Christi Medical Center	14	16
02089801	Belknap County Memorial Hospital	1	3
08098801	Coastal Plains Community MIMM Center	0	6
08411801	DeTar Hospital (District of TX)	11	16
08422901	Orlando Spine Hospital-Alba	4	12

**DY7-8 Anchor RHP Plan Update Template - Overall Template Progress**

**ANCHOR RHP PLAN UPDATE TEMPLATE PROGRESS:    Template is COMPLETE!**

*Please confirm that the Anchor 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.*

**Anchor Entry**

Section 2: Contact Information Complete

**RHP Organization**

Section 3: UC-Only Hospitals Complete

Section 4: UC-Only IGT Entities Complete

**Community Needs Assessment**

Section 1: Updated Community Needs Assessment for DY7-8 Complete

**Stakeholder Engagement**

Section 1: Extension Stakeholder Engagement Forum Complete

Section 2: General Stakeholder Engagement Complete

**Learning Collaborative Plan**

Section 1: Learning Collaborative Plan Complete

**Regions with Additional Funds**

Section 1: Stakeholder Meetings Complete

Section 2: Process for Allocating Additional Funds Complete