

## 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: **094222903 - Christus Spohn Hospital Alice**

Performing Provider Type: **Hospital**

Ownership: **Private**

TIN: **17411098365030**

Physical Street Address: **2500 E Main Street**

City: **Alice**

Zip: **78332**

Primary County: **Jim Wells**

Additional counties being served (optional): **Duval Brooks McMullen Live Oak**

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:	<b>Estela Chapa</b>	<b>Charlotte Waters</b>	<b>Karen Siemssen</b>
Street Address:	<b>1702 Santa Fe</b>	<b>2606 Hospital Blvd</b>	<b>2606 Hospital Blvd</b>
City:	<b>Corpus Christi</b>	<b>Corpus Christi</b>	<b>Corpus Christi</b>
Zip:	<b>78404</b>	<b>78405</b>	<b>78405</b>
Email:	<b>estela.chapa@christushealth.org</b>	<b>charlotte.waters@christushealth.org</b>	<b>karen.siemssen@christushealth.org</b>
Phone Number:	<b>361-881-3339</b>	<b>(361) 902-6977</b>	<b>(361) 881-6340</b>
Phone Extension:			
Lead Contact or Both:	<b>Lead Contact</b>	<b>Both</b>	<b>Both</b>

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: **CHRISTUS Spohn Hospital – Alice is a 135-bed hospital in Alice serving a 432 square mile area. It is the only acute care hospital for Jim Wells and neighboring Duval, Brooks, McMullen and Live Oak counties.**

Overall DSRIP Goals: **Spohn Alice aims to expand on previous DY2-6 projects focusing on the integration of behavioral health in the Spohn Freer clinic. Spohn will begin screening for alcohol abuse and conducting more extensive depression screenings. By doing this Spohn will identify and care for patients with behavioral health in the appropriate setting and aims to reduce unnecessary Emergency Room visits and hospital admissions.**

Alignment with regional community needs assessment: **The 2016 Coastal Bend Community Needs Assessment highlights the following areas needing improvement: Need to increase access to mental and behavioral health, high number of perceived barriers to receiving healthcare, and a high percent of the population reports heavy alcohol use. The national ratio of mental health providers per person is 1,060:1 whereas the ratio in the Coastal Bend is significantly higher at 2,997:1. Finally, it was found that 16.27% of adults in the Coastal Bend report binge or heavy drinking.**

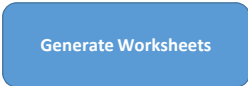
**Section 5: DY7-8 DSRIP Total Valuation**

	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	\$440,018.82	\$0.00	\$440,018.82	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$220,009.41	\$220,009.41	\$220,009.41	\$220,009.41
Category C	\$1,210,051.77	\$1,650,070.59	\$1,430,061.18	\$1,870,080.00
Category D	\$330,014.12	\$330,014.12	\$110,004.71	\$110,004.71
<b>Total</b>	<b>\$2,200,094.12</b>	<b>\$2,200,094.12</b>	<b>\$2,200,094.12</b>	<b>\$2,200,094.12</b>

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:	094222903 - Christus Spohn Hospital Alice
Performing Provider Type:	Hospital
Ownership:	Private
Category B valuation in DY7:	\$220,009.41
Category B valuation in DY8:	\$220,009.41

**Section 1: System Definition**

**Hospitals - Required Components**

Required System Component	Business Component?
Inpatient Services	Business Component of the Organization

Please enter a description of this System Component.  
 Spohn's system definition includes all patients admitted as an inpatient and observation patients at the Spohn Alice hospital. Spohn is also including patients visiting the facility for outpatient procedures.

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

Please enter a description of this System Component.  
 Spohn's system definition includes all patients visiting the Spohn Alice Emergency Department.

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

Please enter a description of this System Component.  
 Spohn's system definition includes all patients visiting the outpatient clinic owned by Spohn Alice, referred to as the Freer clinic.

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

Please enter a description of this System Component.  
 Spohn's system definition includes all maternal inpatients and any pregnant patients visiting the Spohn Alice Emergency Room.

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	14,373	13,447
Total PPP	22,530	22,193

Please indicate the population included in the MLIU PPP

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

MLIU PPP Goal for each DY (DY7 and DY8):	13,910
Average Total PPP	22,362
MLIU percentage of Total PPP	62.21%

\*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	Complete	Note: you must confirm selections at the bottom of the page to finish.	MPT	4
Minimum Selection Requirements Met	Yes		Points Selected	12
MPT Met	Yes		Bundles Selected	1

**Performing Provider Information**

RHP:	4
TPI and Performing Provider Name:	D94222903 - Christus Spohn Hospital Alice
Performing Provider Type:	Hospital
Ownership:	Private

If regional private hospital participation requirement is met	Category C valuation in DY7:	\$1,210,051.77
	Category C valuation in DY8:	\$1,650,070.59
If regional private hospital participation requirement is not met	Category C valuation in DY7:	\$1,430,061.18
	Category C valuation in DY8:	\$1,870,080.00

MINIMUM POINT THRESHOLD (MPT):

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 or multiple criteria to be included.

- a. Medicaid 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
No	A1	Improved Chronic Disease Management: Diabetes Care	11
No	A2	Improved Chronic Disease Management: Heart Disease	8
No	B1	Care Transitions & Hospital Readmissions	11
No	B2	Patient Navigation & ED Diversion	3
No	C1	Primary Care Prevention - Healthy Texans	12
No	C2	Primary Care Prevention - Cancer Screening	6
No	C3	Hepatitis C	4
No	D1	Pediatric Primary Care	14
No	D3	Pediatric Hospital Safety	10
No	D4	Pediatric Chronic Disease Management: Asthma	9
No	D5	Pediatric Chronic Disease Management: Diabetes	8
No	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
Yes	H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	12

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.

Spohn Alice chose bundle H1 because it is an expansion of a project done in years 2-6 that was very successful and meets a need in the community. The need for increased access to behavioral health care is supported in the Community Needs Assessment which sites the lack of providers and increase in behavioral health and alcohol disorders. Spohn will implement this bundle in the Spohn Freer clinic where primary and behavioral health care are provided.

Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required	MLU denominator with significant volume	H1-146	Screening for Clinical Depression and Follow-Up Plan (CDF-AD)	Required	P4P	Process	N/A
N/A - Required	Insignificant volume for denominator	H1-255	Follow-up Care for Children Prescribed ADHD Medication (ADD)	Required	P4P	Clinical Outcome	N/A
	Please enter an explanation of why the volume is less than significant.	Spohn Freer has a very limited adolescent population and less than 10 children with ADHD in a 12 month period.					
N/A - Required	No volume for denominator	H1-286	Depression Remission at Six Months	Required	P4P	Clinical Outcome	N/A
	Please enter an explanation of why the volume is less than significant.	Spohn Freer did not previously complete the PHQ-9 screenings which is explicitly required by this measure.					
N/A - Required	MLU denominator with significant volume	H1-317	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	Required	P4P	Process	N/A
No		H1-T04	Innovative Measure: Engagement in Integrated Behavioral Health	Optional	P4R	Innovative	0

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
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
No	K1	Rural Preventive Care	3
No	K2	Rural Emergency Care	3

Total overall selected points:

Are you finished making your selections?

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?
H1-146	Screening for Clinical Depression and Follow-Up Plan (CDF-AD)	CY2017: January 1, 2017 - December 31, 2017	Requesting a delayed measurement period	No	No
Requested Baseline Measurement Period Start Date	1/1/2018	Requested Baseline Measurement Period End Date	6/30/2018	Please enter an explanation for this request	
H1-255	Follow-up Care for Children Prescribed ADHD Medication (ADD)	CY2017: January 1, 2017 - December 31, 2017	No	Requesting an exemption from reporting performance on both the Medicaid-only and LIU-only payer types	No
Please enter an explanation for requesting the reporting milestone exemption.	Spohn Freer clinic does not have a significant adolescent population meeting the denominator criteria.				
H1-286	Depression Remission at Six Months	CY2017: January 1, 2017 - December 31, 2017	No	Requesting an exemption from reporting performance on both the Medicaid-only and LIU-only payer types	No
Please enter an explanation for requesting the reporting milestone exemption.	Spohn Freer clinic did not previously do PHQ-9 screenings which is explicitly required by the specifications. By the design of this measure, Spohn does not feel that a delayed baseline is an option because it requires a 6 month follow up and there is only 7 months until the end of the potential baseline time period. This would result in only 1 month worth of patients being measured and is not a valid representation.				
H1-317	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	CY2017: January 1, 2017 - December 31, 2017	Requesting a delayed measurement period	No	No
Requested Baseline Measurement Period Start Date	1/1/2018	Requested Baseline Measurement Period End Date	6/30/2018	Please enter an explanation for this request	
In January 2018 Spohn implemented an alcohol screening tool. Prior to this Spohn did not provide any type of alcohol screening or counseling. Spohn requested an approximate baseline for this measure because Spohn implemented the CAGE on January 1 but will transition to the AUDIT C in July based on HHSC feedback					

**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:	094222903 - Christus Spohn Hospital Alice
Performing Provider Type:	Hospital
Ownership:	Private

If regional hospital participation requirement is met	Category C valuation in DY7:	\$1,210,051.77
	Category C valuation in DY8:	\$1,650,070.59
If regional hospital participation requirement is not met	Category C valuation in DY7:	\$1,430,061.18
	Category C valuation in DY8:	\$1,870,080.00

**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 <u>not</u> met	
						Category C Valuation in DY7	Category C Valuation in DY8	Category C Valuation in DY7	Category C Valuation in DY8
H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	12	100.00%	75.00%	100.00%	\$1,210,051.77	\$1,650,070.59	\$1,430,061.18	\$1,870,080.00
<b>Total</b>		<b>12</b>	<b>100.00%</b>	<b>N/A</b>	<b>N/A</b>	<b>\$1,210,051.77</b>	<b>\$1,650,070.59</b>	<b>\$1,430,061.18</b>	<b>\$1,870,080.00</b>
Difference between selected percent and 100%:			<b>0.00%</b>						

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:	094222903 - Christus Spohn Hospital Alice
Performing Provider Type:	Hospital
Ownership:	Private

**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_094222902.1.1	1.1.2	Increase the space, hours and staffing of Spohn Alice's primary care clinic currently located in Freer, TX.	Completed in DY2 6	
RHP_4_094222902.2.3	2.8.11	Implement Sepsis Resuscitation and Sepsis Management Bundles as treatment for severe sepsis, septic shock, and/or lactate > 4mmol/L (36mg/dl) in Spohn's Alice provider facilities.	Completed in DY2 6	
RHP_4_094222902.2.4	2.19.1	Implement a screening and treatment protocol to identify patients with medical (CHF and diabetes) and behavioral health dual diagnoses	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:	094222903 - Christus Spohn Hospital Alice
Performing Provider Type:	Hospital
Ownership:	Private

If regional hospital participation requirement is met	Category D valuation in DY7	\$330,014.12
	Category D valuation in DY8	\$330,014.12
If regional hospital participation requirement is <u>not</u> met	Category D valuation in DY7	\$110,004.71
	Category D valuation in DY8	\$110,004.71

**Section 1: Statewide Reporting Measure Bundle for Hospitals**

Measure	Category D valuation <b>per DY</b> distributed across measures (if regional hospital participation valuation is met)	Category D valuation <b>per DY</b> distributed across measures (if regional hospital participation requirement is <u>not</u> met)
Potentially preventable admissions (PPAs)	\$66,002.82	\$22,000.94
Potentially preventable 30-day readmissions (PPRs)	\$66,002.82	\$22,000.94
Potentially preventable complications (PPCs)	\$66,002.82	\$22,000.94
Potentially preventable ED visits (PPVs)	\$66,002.82	\$22,000.94
Patient satisfaction	\$66,002.84	\$22,000.95
Requesting HCAHPS exemption - my organization does not report HCAHPS as part of the Medicare Inpatient Prospective Payment System due to low volume or other exempt status	No	

**Section 2: Verification**

Please indicate below that you understand that Category D reporting requires qualitative reporting and data will be provided by HHSC as indicated in the Measure Bundle Protocol.

I understand

**DY7-8 Provider RHP Plan Update Template - IGT Entry**

**Progress Tracker**

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

**Performing Provider Information**

RHP:	1
TPI and Performing Provider Name:	094222903 - Christus Spohn Hospital Alice
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
4	Nevada County Hospital District	N/A	1746000046000	600-12-0000-00094

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Lonny Hogg	555 N. Caranahua St., Suite 950	Corpus Christi	78401-0805	lonny.hogg@nchdnc.org	913-408-1100		Both

IGT RHP	IGT Name	IGT TPI (if available)	IGT TIN	Affiliation Number

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1								
2								
3								

Please note that a contact designated "Lead Contact" will be included in the RHP Plan and on the DSRIP IGT Distribution List. A contact designated as "Both" will be included in the RHP Plan, on the DSRIP IGT Distribution List, and will be given access to the DSRIP Onlin 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 43.12)	Total Estimated DY8 Allocation (FMAP 57.32/IGT 42.68)	Total Estimated DY7 Allocation (FMAP 56.88/IGT 43.12)	Total Estimated DY8 Allocation (FMAP 57.32/IGT 42.68)
Category B	Nevada County Hospital District	1746000046000	600-12-0000-00094	100.00%	100.00%	\$94,888.06	\$93,900.02	\$94,888.06	\$93,900.02
H3-546	Nevada County Hospital District	1746000046000	600-12-0000-00094	100.00%	100.00%	\$217,485.97	\$222,781.91	\$216,834.33	\$260,819.82
H3-255	Nevada County Hospital District	1746000046000	600-12-0000-00094	100.00%	100.00%	\$58,962.35	\$58,687.51	\$102,773.73	\$65,512.51
H3-285	Nevada County Hospital District	1746000046000	600-12-0000-00094	100.00%	100.00%	\$0.00	\$0.00	\$0.00	\$0.00
H3-317	Nevada County Hospital District	1746000046000	600-12-0000-00094	100.00%	100.00%	\$217,485.96	\$222,781.91	\$216,834.33	\$260,819.82
Category D	Nevada County Hospital District	1746000046000	600-12-0000-00094	100.00%	100.00%	\$142,302.09	\$140,650.03	\$47,434.03	\$45,950.01
<b>Total</b>						<b>\$948,680.58</b>	<b>\$939,000.17</b>	<b>\$948,680.58</b>	<b>\$939,000.17</b>

Your funding allocations sum to 100%.

Have the IGT Entities and funding percentages been updated?	Yes
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**Section 3: Certification**

By my signature below, I certify the following facts:  
 • I am legally authorized to sign this document on behalf of my organization;  
 • I have read and understand this document;

Name:	Lonny Hogg
IGT Organization:	Nevada County Hospital District
Date:	1/12/2018

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

**Progress Tracker**

Section 1: DY7-8 DSRIP Valuation  
 Section 2: Category B Medicaid Low-income Uninsured (MLIU) Patient Population by Provider (PPP)  
 Section 3: Category C Measure Bundles/Measures Selection and Valuation  
 Section 4: Category A Core Activities Associated with Category C Measure Bundles/Measures  
 Section 5: Category D Valuations  
 Section 6: Certification

Complete
Complete
Complete
Complete
Complete
Complete

**Performing Provider Information**

RHP:	4
TPI and Performing Provider Name:	004222903 - Christus Spohn Hospital Alice
Performing Provider Type:	Hospital
Ownership:	Private

**Section 1: DY7-8 DSRIP Valuation**

RHP Plan Update Submission	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
	\$440,018.82	\$0.00	\$440,018.82	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$230,009.41	\$230,009.41	\$230,009.41	\$230,009.41
Category C	\$1,210,051.77	\$1,430,070.59	\$1,430,070.59	\$1,870,080.00
Category D	\$330,014.12	\$330,014.12	\$110,004.71	\$110,004.71
<b>Total</b>	<b>\$2,200,094.12</b>	<b>\$2,200,094.12</b>	<b>\$2,200,094.12</b>	<b>\$2,200,094.12</b>

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	14,373	22,530	63.79%
DY6	13,447	22,193	60.59%
DY7 Estimated	13,910	22,362	62.21%
DY8 Estimated	13,910	22,362	62.21%

Were DY7-8 maintenance goals based on DY5 or DY6 only? No

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

Yes

**Section 3: Category C Measure Bundles/Measures Selection and Valuation**

Bundle-Measure ID	Measure Bundle/Measure Name	# of Measures with Requested Achievement of Alternative Denominators	# of Measures with Requested Shorter or Delayed Measurement Periods	# of Measures with Requested Reporting Milestone Exemptions	Points	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is not met	
						DY7 Valuation	DY8 Valuation	DY7 Valuation	DY8 Valuation
H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	0	2	2	12	\$1,210,051.77	\$1,650,070.59	\$1,430,061.18	\$1,870,080.00
Total	N/A	0	2	2	12	\$1,210,051.77	\$1,650,070.59	\$1,430,061.18	\$1,870,080.00

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
H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	Utilization of Care Management function that integrates primary and behavioral health needs of individuals

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

Yes

**Section 5: Category D Valuations**

**Statewide Reporting for Hospitals**

Measure	Category D valuation per DY distributed across measures (if regional hospital participation requirement is met)	Category D valuation per DY distributed across measures (if regional hospital participation requirement is not met)
Potentially preventable admissions (PPAs)	\$66,002.82	\$22,000.94
Potentially preventable 30-day readmissions (PPRs)	\$66,002.82	\$22,000.94
Potentially preventable complications (PPCs)	\$66,002.82	\$22,000.94
Potentially preventable ED visits (PDVs)	\$66,002.82	\$22,000.94
Patient satisfaction	\$66,002.84	\$22,000.95

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: Estela Chapá  
 Performing Provider: CHRISTUS Spohn  
 Date: 5/15/2018

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

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

*Please confirm that the Provider RHP Plan Update template progress shows complete above. If it shows that the template is not ready for submission, please complete any missing steps and correct any outstanding issues before submitting to HHS.*

**Provider Entry**

Section 1: Performing Provider Information	Complete
Section 2: Lead Contact Information	Complete
Section 3: Optional Withdrawal From DSRIP	Complete
Section 4: Performing Provider Overview	Complete
Section 5: DY7-8 DSRIP Total Valuation	Complete

**Category B**

Section 1: System Definition	Complete
Section 2: Medicaid Low-income Uninsured (MLIU) Patient Population by Provider (PPP)	Complete

**Category C Selection**

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

**Category C Additional Details**

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

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

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

**Category D**

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

**IGT Entry**

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

**Summary and Certification**

Section 1: DY7-8 DSRIP Valuation	Complete
Section 2: Category B Medicaid Low-income Uninsured (MLIU) Patient Population by Provider (PPP)	Complete
Section 3: Category C Measure Bundles/Measures Selection and Valuation	Complete
Section 4: Category A Core Activities Associated with Category C Measure Bundles/Measures	Complete
Section 5: Category D Valuations	Complete
Section 6: Certification	Complete