

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: **020973601 - Corpus Christi Medical Center**

Performing Provider Type: **Hospital**

Ownership: **Private**

TIN: **17523874182003**

Physical Street Address: **3315 South Alameda**

City: **Corpus Christi**

Zip: **78411**

Primary County: **Nueces**

Additional counties being served (optional):

Note: you cannot type county inputs; rather, please select your county from the dropdown menu.

Section 2: Lead Contact Information

	Lead Contact 1	Lead Contact 2	Lead Contact 3
Contact Name:	Chris Nicosia	Shannon Evans	Paula White
Street Address:	3315 S. Alameda St.	3737 Buffalo Speedway, Ste. 1400	3315 S. Alameda St.
City:	Corpus Christi	Houston	Corpus Christi
Zip:	78411	77054	78411
Email:	chris.nicosia@hcahealthcare.com	shannon.evans2@hcahealthcare.com	paula.white@hcahealthcare.com
Phone Number:	361-761-1501	713-852-1563	(361) 761-5004
Phone Extension:			
Lead Contact or Both:	Both	Both	Both

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

Section 3: Optional Withdrawal From DSRIP

Please select an option below. By selecting "Yes - Withdraw from DSRIP," this organization acknowledges it understands that any DY6 DSRIP payments will be recouped as required by the DY6 Program Funding and Mechanics Protocol. This does not include recoupment of DY4-5 payments that may have occurred in DY6 due to allowable carryforward.

Do Not Withdraw from DSRIP

Section 4: Performing Provider Overview

Performing Provider Description: **The Corpus Christi Medical Center (CCMC) is a 631 bed multi campus facility serving Nueces and the surrounding eleven counties. CCMC is considered a major safety net hospital. The total population of the primary and secondary service areas is approximately 559,000 with 56% White-Hispanic and 37% White-Non Hispanic. CCMC provides comprehensive inpatient, outpatient, surgical, and emergency services. Inpatient services include 106 behavioral health beds in two locations, 15 bed inpatient rehab, and women's services with a Level III NICU and over 4,000 deliveries annually. An Internal Medicine residency program supports the hospitalist physicians practicing at the facilities. Other key statistics include: 10,000 annual surgical procedures, 75,000 annual emergency department visits, and 5,000 annual cardiac catheterization procedures.**

Overall DSRIP Goals: **Transform health care delivery from a disease-focused model of episodic care to a patient-centered, coordinated delivery model that improves patient satisfaction and health outcomes, reduces unnecessary or duplicative services, and builds on the accomplishments of our existing health care system.**

Alignment with regional community needs assessment: **Corpus Christi Medical Center maintains a Family Practice/Internal Medicine Residency program which increases health care providers in the community and serves as means to increase access to necessary health care services. We have developed and maintain a chronic disease registry that currently tracks four chronic diseases, attempts are made to reach each patient discharged with one of these diagnosis by a community health worker to make sure they understand their discharge instructions to improve compliance and care transition. As we continue to take advantage of our disease registry we expect to see reductions in mortality, incidence and the costs associated with chronic disease conditions. We utilize a readmission risk screening tool so patients at higher risk are identified at admission to allow all staff time to address individualized needs prior to discharge and place the patient on cue for follow up after discharge to reduce preventable readmissions and ED utilization. We also plan to continue our focus on behavioral health through the continuation of outpatient programs that improve access to services by a larger portion of the population and reduce negative mental health outcomes.**

Section 5: DY7-8 DSRIP Total Valuation

	DY7-8 DSRIP Valuation Distribution			
	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is <u>not</u> met	
	DY7	DY8	DY7	DY8
RHP Plan Update Submission	\$3,099,418.20	\$0.00	\$3,099,418.20	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$1,549,709.10	\$1,549,709.10	\$1,549,709.10	\$1,549,709.10
Category C	\$8,523,400.05	\$11,622,818.25	\$10,073,109.15	\$13,172,527.35
Category D	\$2,324,563.65	\$2,324,563.65	\$774,854.55	\$774,854.55
Total	\$15,497,091.00	\$15,497,091.00	\$15,497,091.00	\$15,497,091.00

Would you like to decrease the total valuation?
No

Based on the RHP's process for distributing additional funds, has the RHP approved increasing your valuation?
No

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



DY7-8 Provider RHP Plan Update Template - Category B

Progress Tracker

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

Performing Provider Information

RHP:	4
TPI and Performing Provider Name:	320973601 - Corpus Christi Medical Center
Performing Provider Type:	Hospital
Ownership:	Private
Category B valuation in DY7:	\$1,549,709.10
Category B valuation in DY8:	\$1,549,709.10

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. Corpus Christi Medical Center provides comprehensive inpatient services for Medical/Surgical, ICU/CCU, rehab, and behavioral health.	
Emergency Department	Business Component of the Organization
Please enter a description of this System Component. Corpus Christi Medical Center has four designated Emergency Departments in the vicinity, including 2 free standing EDs	
Owned or Operated Outpatient Clinics	Business Component of the Organization
Please enter a description of this System Component. Corpus Christi Medical Center offers intensive outpatient programs (IOP) and partial hospitalization programs (PHP) through outpatient behavioral health. There are two IOP programs and two PHP programs at the Bayview campus. There is one IOP program at the Northwest campus. Corpus Christi Medical Center also offers an outpatient cardiac rehab program at the Heart Hospital campus and an outpatient infusion center at the Bay Area campus.	
Maternal Department	Business Component of the Organization
Please enter a description of this System Component. Corpus Christi Medical Center has over 4,000 deliveries annually and a Level III NICU.	
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
Contracted Primary Care Clinics	No
School-based Clinics	No
Contracted Palliative Care Programs	No
Contracted Mobile Health Programs	No
Other	Yes
Please list your "Other" system component. Hospital Outpatient Services Please enter a description for this "Other" system component. Owned and operated services to include but not limited to Cardiac Testing, Labs, Imaging and Diagnostic services, Same Day Surgeries and Pain Management	
Please list your "Other" system component. Please enter a description for this "Other" system component.	

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

	DY5	DY6
MLIU PPP	37,735	37,821
Total PPP	76,285	75,595

Please indicate the population included in the MLIU PPP

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

MLIU PPP Goal for each DY (DY7 and DY8):	37,778
Average Total PPP	75,940
MLIU percentage of Total PPP	49.75%

*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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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 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?
B2-387	Reduce Emergency Department visits for Behavioral Health and Substance Abuse (Reported as two rates)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
B2-392	Reduce Emergency Department visits for Acute Ambulatory Care Sensitive Conditions (ACSC)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
E2-150	PC-02 Cesarean Section (Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
E2-151	PC-03 Antenatal Steroids	CY2017: January 1, 2017 - December 31, 2017	No	No	No
E2-A01	OB Hemorrhage Patient Safety Activities	CY2017: January 1, 2017 - December 31, 2017	No	No	No
H2-216	Risk Adjusted Behavioral Health/ Substance Abuse 30-Day Readmission Rate	CY2017: January 1, 2017 - December 31, 2017	No	No	No
H2-259	Assignment of Primary Care Physician to Individuals with Schizophrenia	CY2017: January 1, 2017 - December 31, 2017	No	No	No
H2-266	Independent Living Skills Assessment for Individuals with Schizophrenia	CY2017: January 1, 2017 - December 31, 2017	No	No	No
H2-305	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-CH)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
H2-319	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (eMeasure)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
H2-405	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	CY2017: January 1, 2017 - December 31, 2017	No	No	No
H2-510	Reduce Rate of Emergency Department visits for Behavioral Health and Substance Abuse (Reported as two rates)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
J1-218	Central line-associated bloodstream infections (CLABS) rates	CY2017: January 1, 2017 - December 31, 2017	No	No	No
J1-219	Catheter-associated Urinary Tract Infections (CAUTI) rates	CY2017: January 1, 2017 - December 31, 2017	No	No	No
J1-220	Surgical site infections (SSI) rates	CY2017: January 1, 2017 - December 31, 2017	No	No	No
J1-221	Patient Fall Rate	CY2017: January 1, 2017 - December 31, 2017	No	No	No
J1-506	PSI 13 Post Operative Sepsis Rate	CY2017: January 1, 2017 - December 31, 2017	No	No	No

DY7-8 Provider RHP Plan Update Template - Category C Valuation

Progress Tracker

Section 1: Measure Bundle/Measure Valuation Complete

Performing Provider Information

RHP:	4
TPI and Performing Provider Name:	020973601 - Corpus Christi Medical Center
Performing Provider Type:	Hospital
Ownership:	Private

If regional hospital participation requirement is met	Category C valuation in DY7:	\$8,523,400.05
	Category C valuation in DY8:	\$11,622,818.25
If regional hospital participation requirement is not met	Category C valuation in DY7:	\$10,073,109.15
	Category C valuation in DY8:	\$13,172,527.35

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
B2	Patient Navigation & ED Diversion	6	17.14%	12.85%	21.43%	\$1,460,910.77	\$1,992,151.05	\$1,726,530.91	\$2,257,771.19
E2	Maternal Safety	8	22.86%	17.14%	28.58%	\$1,948,449.25	\$2,656,976.25	\$2,302,712.75	\$3,011,239.75
H2	Behavioral Health and Appropriate Utilization	11	31.43%	23.57%	39.29%	\$2,678,904.64	\$3,653,051.78	\$3,165,978.21	\$4,140,125.35
J1	Hospital Safety	10	28.57%	21.42%	28.58%	\$2,435,135.39	\$3,320,639.17	\$2,877,887.28	\$3,763,391.06
Total		35	100.00%	N/A	N/A	\$8,523,400.05	\$11,622,818.25	\$10,073,109.15	\$13,172,527.35
Difference between selected percent and 100%:			0.00%						

Your valuation allocations add to 100%.

Are you finished allocating your Category C valuations across your selected measure bundles?

Yes

DPH & Provider RHP Final Update Template - Category & Core Activities

Section 1: Overview from DP&A Projects to DPH & Provider-Level Outcomes and Core Activities

Section 2: Core Activities of Selected Measure Bundles/Measures Associated with at Least One Core Activity

Performing Provider Information

SNP:
 The Lead Performing Provider Name: _____
 Performing Provider Type: _____
 Ownership: _____

Section 3: Overview from DP&A Projects to DPH & Provider-Level Outcomes and Core Activities

DP&A Project ID	Project Objectives	Project Location	Category	Core Activity	Other Information for Implementation
DP&A 2020-2021-1.1	1.1.1	1.1.1	1.1.1	1.1.1	1.1.1
DP&A 2020-2021-1.2	1.2.1	1.2.1	1.2.1	1.2.1	1.2.1
DP&A 2020-2021-1.3	1.3.1	1.3.1	1.3.1	1.3.1	1.3.1
DP&A 2020-2021-1.4	1.4.1	1.4.1	1.4.1	1.4.1	1.4.1
DP&A 2020-2021-1.5	1.5.1	1.5.1	1.5.1	1.5.1	1.5.1
DP&A 2020-2021-1.6	1.6.1	1.6.1	1.6.1	1.6.1	1.6.1
DP&A 2020-2021-1.7	1.7.1	1.7.1	1.7.1	1.7.1	1.7.1

Section 4: Core Activities

Please enter your organization's number of Core Activities: _____

1. Please select the grouping for this Core Activity: _____

2. Please select the name of this Core Activity: _____

3. Please enter a description of this Core Activity: _____

4. Please describe the first Secondary Driver for the above Core Activity (optional): _____

5. Please describe the second Secondary Driver for the above Core Activity (optional): _____

6. Please describe the third Secondary Driver for the above Core Activity (optional): _____

7. Please describe the fourth Secondary Driver for the above Core Activity (optional): _____

8. 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: _____

9. Please describe how this Core Activity impacts the selected Measure Bundles or measures: _____

10. Is this Core Activity provided by a provider that is not included in the Category's System Definition? _____

11. Please select the grouping for this Core Activity: _____

12. Please select the name of this Core Activity: _____

13. Please enter a description of this Core Activity: _____

14. Please describe the first Secondary Driver for the above Core Activity (optional): _____

15. Please describe the second Secondary Driver for the above Core Activity (optional): _____

16. Please describe the third Secondary Driver for the above Core Activity (optional): _____

17. Please describe the fourth Secondary Driver for the above Core Activity (optional): _____

18. 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: _____

19. Please describe how this Core Activity impacts the selected Measure Bundles or measures: _____

20. Is this Core Activity provided by a provider that is not included in the Category's System Definition? _____

21. Please select the grouping for this Core Activity: _____

22. Please select the name of this Core Activity: _____

23. Please enter a description of this Core Activity: _____

24. Please describe the first Secondary Driver for the above Core Activity (optional): _____

25. Please describe the second Secondary Driver for the above Core Activity (optional): _____

26. Please describe the third Secondary Driver for the above Core Activity (optional): _____

27. Please describe the fourth Secondary Driver for the above Core Activity (optional): _____

28. 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: _____

29. Please describe how this Core Activity impacts the selected Measure Bundles or measures: _____

30. Is this Core Activity provided by a provider that is not included in the Category's System Definition? _____

31. Please select the grouping for this Core Activity: _____

32. Please select the name of this Core Activity: _____

33. Please enter a description of this Core Activity: _____

34. Please describe the first Secondary Driver for the above Core Activity (optional): _____

35. Please describe the second Secondary Driver for the above Core Activity (optional): _____

36. Please describe the third Secondary Driver for the above Core Activity (optional): _____

37. Please describe the fourth Secondary Driver for the above Core Activity (optional): _____

38. 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: _____

39. Please describe how this Core Activity impacts the selected Measure Bundles or measures: _____

40. Is this Core Activity provided by a provider that is not included in the Category's System Definition? _____

41. Please select the grouping for this Core Activity: _____

42. Please select the name of this Core Activity: _____

43. Please enter a description of this Core Activity: _____

44. Please describe the first Secondary Driver for the above Core Activity (optional): _____

45. Please describe the second Secondary Driver for the above Core Activity (optional): _____

46. Please describe the third Secondary Driver for the above Core Activity (optional): _____

47. Please describe the fourth Secondary Driver for the above Core Activity (optional): _____

48. 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: _____

49. Please describe how this Core Activity impacts the selected Measure Bundles or measures: _____

50. Is this Core Activity provided by a provider that is not included in the Category's System Definition? _____

51. Please select the grouping for this Core Activity: _____

52. Please select the name of this Core Activity: _____

53. Please enter a description of this Core Activity: _____

54. Please describe the first Secondary Driver for the above Core Activity (optional): _____

55. Please describe the second Secondary Driver for the above Core Activity (optional): _____

56. Please describe the third Secondary Driver for the above Core Activity (optional): _____

57. Please describe the fourth Secondary Driver for the above Core Activity (optional): _____

58. 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: _____

59. Please describe how this Core Activity impacts the selected Measure Bundles or measures: _____

60. Is this Core Activity provided by a provider that is not included in the Category's System Definition? _____

61. Please select the grouping for this Core Activity: _____

62. Please select the name of this Core Activity: _____

63. Please enter a description of this Core Activity: _____

64. Please describe the first Secondary Driver for the above Core Activity (optional): _____

65. Please describe the second Secondary Driver for the above Core Activity (optional): _____

66. Please describe the third Secondary Driver for the above Core Activity (optional): _____

67. Please describe the fourth Secondary Driver for the above Core Activity (optional): _____

68. 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: _____

69. Please describe how this Core Activity impacts the selected Measure Bundles or measures: _____

70. Is this Core Activity provided by a provider that is not included in the Category's 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:	020973601 - Corpus Christi Medical Center
Performing Provider Type:	Hospital
Ownership:	Private

If regional hospital participation requirement is met	Category D valuation in DY7	\$2,324,563.65
	Category D valuation in DY8	\$2,324,563.65
If regional hospital participation requirement is <u>not</u> met	Category D valuation in DY7	\$774,854.55
	Category D valuation in DY8	\$774,854.55

Section 1: Statewide Reporting Measure Bundle for Hospitals

Measure	Category D valuation per DY distributed across measures (if regional hospital participation valuation is met)	Category D valuation per DY distributed across measures (if regional hospital participation requirement is <u>not</u> met)
Potentially preventable admissions (PPAs)	\$464,912.73	\$154,970.91
Potentially preventable 30-day readmissions (PPRs)	\$464,912.73	\$154,970.91
Potentially preventable complications (PPCs)	\$464,912.73	\$154,970.91
Potentially preventable ED visits (PPVs)	\$464,912.73	\$154,970.91
Patient satisfaction	\$464,912.73	\$154,970.91
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
 Section 2: IGT Funding
 Section 3: Certification

Complete
Complete
Complete

Performing Provider Information

RHP:	1
TPI and Performing Provider Name:	020973601 - Corpus Christi Medical Center
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, G25, etc.

IGT RHP	IGT Name	IGT TPI (if available)	IGT TIN	Affiliation Number
4	Nueces County Hospital District	N/A	1746000046000	600-12-0000-00168

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Lonny Hepp	355 N. Carancahua St., Suite 950	Corpus Christi	78401-0805	lonny.hepp@nchdco.org	611-608-1100		Both
2								
3								

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

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

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

Section 2: IGT Funding

RHP Plan Update Submitter	IGT Name	IGT TIN	IGT Affiliation #	DY7 % IGT Allocated	DY8 % IGT Allocated	if regional private hospital participation requirement is met		if regional private hospital participation requirement is not met	
						Total Estimated DY7 Allocation (FMAP 56.88/IGT \$3.1)	Total Estimated DY8 Allocation (FMAP 57.32/IGT \$2.68)	Total Estimated DY7 Allocation (FMAP 56.88/IGT \$3.1)	Total Estimated DY8 Allocation (FMAP 57.32/IGT \$2.68)
Category B	Nueces County Hospital District	1746000046000	600-12-0000-00168	100.00%	100.00%	\$1,336,469.13	\$1,336,469.13	\$668,415.84	\$668,415.84
B2-387	Nueces County Hospital District	1746000046000	600-12-0000-00168	100.00%	100.00%	\$668,234.56	\$668,415.84	\$668,234.56	\$668,415.84
B2-392	Nueces County Hospital District	1746000046000	600-12-0000-00168	100.00%	100.00%	\$314,972.36	\$425,125.03	\$425,125.03	\$425,125.03
E2-150	Nueces County Hospital District	1746000046000	600-12-0000-00168	100.00%	100.00%	\$280,057.10	\$377,999.15	\$377,999.15	\$428,399.04
E2-151	Nueces County Hospital District	1746000046000	600-12-0000-00168	100.00%	100.00%	\$280,057.10	\$377,999.15	\$377,999.15	\$428,399.04
E2-401	Nueces County Hospital District	1746000046000	600-12-0000-00168	100.00%	100.00%	\$280,057.11	\$377,999.15	\$377,999.15	\$428,399.04
H2-216	Nueces County Hospital District	1746000046000	600-12-0000-00168	100.00%	100.00%	\$178,772.23	\$250,573.26	\$250,573.26	\$283,983.03
H2-259	Nueces County Hospital District	1746000046000	600-12-0000-00168	100.00%	100.00%	\$178,772.23	\$250,573.26	\$250,573.26	\$283,983.03
H2-266	Nueces County Hospital District	1746000046000	600-12-0000-00168	100.00%	100.00%	\$178,772.23	\$250,573.26	\$250,573.26	\$283,983.03
H2-305	Nueces County Hospital District	1746000046000	600-12-0000-00168	100.00%	100.00%	\$178,772.23	\$250,573.26	\$250,573.26	\$283,983.03
H2-319	Nueces County Hospital District	1746000046000	600-12-0000-00168	100.00%	100.00%	\$178,772.23	\$250,573.26	\$250,573.26	\$283,983.03
H2-405	Nueces County Hospital District	1746000046000	600-12-0000-00168	100.00%	100.00%	\$178,772.23	\$250,573.26	\$250,573.26	\$283,983.03
H2-510	Nueces County Hospital District	1746000046000	600-12-0000-00168	100.00%	100.00%	\$82,510.28	\$55,482.94	\$55,482.94	\$63,107.34
J2-218	Nueces County Hospital District	1746000046000	600-12-0000-00168	100.00%	100.00%	\$210,006.08	\$283,449.76	\$283,449.76	\$321,243.06
J2-219	Nueces County Hospital District	1746000046000	600-12-0000-00168	100.00%	100.00%	\$210,006.08	\$283,449.76	\$283,449.76	\$321,243.06
J2-220	Nueces County Hospital District	1746000046000	600-12-0000-00168	100.00%	100.00%	\$210,006.08	\$283,449.76	\$283,449.76	\$321,243.06
J2-221	Nueces County Hospital District	1746000046000	600-12-0000-00168	100.00%	100.00%	\$210,006.08	\$283,449.76	\$283,449.76	\$321,243.06
J2-506	Nueces County Hospital District	1746000046000	600-12-0000-00168	100.00%	100.00%	\$210,006.07	\$283,449.77	\$283,449.76	\$321,243.06
Category D	Nueces County Hospital District	1746000046000	600-12-0000-00168	100.00%	100.00%	\$1,002,351.85	\$992,133.77	\$6,614,158.44	\$330,707.92
Total						\$6,682,345.64	\$6,614,158.44	\$6,682,345.64	\$6,614,158.44

Your funding allocations sum to 100%.

Have the IGT Entities and funding percentages been updated?	Yes
---	-----

Section 3: Certification

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

Name:	Lonny Hepp
IGT Organization:	Nueces County Hospital District
Date:	5/11/2018

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

Progress Tracker

Section 1: DY7-8 DSRRP 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:	020973501 - Corpus Christi Medical Center
Performing Provider Type:	Hospital
Ownership:	Private

Section 1: DY7-8 DSRRP Valuation

	DY7-8 DSRRP Valuation Distribution			
	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is <u>not</u> met	
	DY7	DY8	DY7	DY8
RHP Plan Update Submission	\$3,099,418.20	\$0.00	\$3,099,418.20	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$1,548,709.21	\$1,548,709.21	\$1,548,709.21	\$1,548,709.21
Category C	\$8,523,400.00	\$11,622,818.25	\$10,073,109.35	\$13,172,527.35
Category D	\$2,324,569.00	\$2,324,569.00	\$774,854.55	\$774,854.55
Total	\$15,497,091.00	\$15,497,091.00	\$15,497,091.00	\$15,497,091.00

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

Yes

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

	MLIU PPP	Total PPP	MLIU Percentage of Total PPP
DY5	37,778	76,285	49.47%
DY6	37,821	76,296	50.00%
DY7 Estimated	37,778	75,940	49.75%
DY8 Estimated	37,778	75,940	49.75%

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

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

Yes

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

Bundle-Measure ID	Measure Bundle/Measure Name	# of Measures with Requested Achievement of Alternative Denominators	# of Measures with Requested Shorter or Delayed Measurement Periods	# of Measures with Requested Reporting Milestone Exemptions	Points	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is <u>not</u> met	
						DY7 Valuation	DY8 Valuation	DY7 Valuation	DY8 Valuation
B2	Patient Navigation & ED Diversion	0	0	0	6	\$1,460,910.77	\$1,992,151.09	\$1,726,530.91	\$2,257,771.14
E2	Maternal Safety	0	0	0	8	\$1,948,449.25	\$2,656,976.25	\$2,302,712.75	\$3,011,239.75
H2	Behavioral Health and Appropriate Utilization	0	0	0	11	\$2,678,904.64	\$3,653,051.78	\$3,165,978.21	\$4,140,125.39
J1	Hospital Safety	0	0	0	10	\$2,435,135.36	\$3,320,639.17	\$2,877,887.28	\$3,763,391.00
Total	N/A	0	0	0	35	\$8,523,400.00	\$11,622,818.25	\$10,073,109.15	\$13,172,527.35

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
B2	Patient Navigation & ED Diversion	Identification of frequent ED users and use of care navigators as part of a preventable ED reduction program, which includes a connection of ED patients to primary and preventive care.; Other - Community-based settings for behavioral health services
E2	Maternal Safety	Develop and implement standard protocols for the leading causes of preventable death and complications for mothers and infants (Early Elective Delivery, Hemorrhage, Preeclampsia, and Supporting Vaginal Birth and Reducing Primary Cesareans)
H2	Behavioral Health and Appropriate Utilization	Identification of frequent ED users and use of care navigators as part of a preventable ED reduction program, which includes a connection of ED patients to primary and preventive care.; Other - Community-based settings for behavioral health services
J1	Hospital Safety	Develop and implement standard protocols for the leading causes of preventable death and complications for mothers and infants (Early Elective Delivery, Hemorrhage, Preeclampsia, and Supporting Vaginal Birth and Reducing Primary Cesareans)

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

Yes

Section 5: Category D Valuations

Statewide Reporting for Hospitals

Measure	Category D valuation per DY distributed across measures (if regional hospital participation requirement is met)	Category D valuation per DY distributed across measures (if regional hospital participation requirement is <u>not</u> met)
Potentially preventable admissions (PPAs)	\$464,512.73	\$154,970.91
Potentially preventable 30-day readmissions (PPRs)	\$464,512.73	\$154,970.91
Potentially preventable complications (PPCs)	\$464,512.73	\$154,970.91
Potentially preventable ED visits (POVs)	\$464,512.73	\$154,970.91
Patient satisfaction	\$464,512.73	\$154,970.91

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: Chris Nicossa
 Performing Provider: Corpus Christi Medical Center
 Date: 9/21/2018

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