

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	Complete
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: **094118302 - DeTar Hospital (Victoria of Tx)**

Performing Provider Type: **Hospital**

Ownership: **Private**

TIN: **16217549407001**

Physical Street Address: **506 East San Antonio Street**

City: **Victoria**

Zip: **77901**

Primary County: **Victoria**

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

Contact Name	Lead Contact 1	Lead Contact 2	Lead Contact 3
Street Address:	506 E San Antonio, Box 2089	506 E San Antonio, Box 2089	506 E San Antonio, Box 2089
City:	Victoria	Victoria	Victoria
Zip:	77901	77901	77901
Email:	Shan_Nazeer@chs.net	Joseph.Bullen@detar.com	jean.hermand@detar.com
Phone Number:	361-788-6303	3611 788-6621	3611 788-6942
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

DeTar Healthcare System (DeTar) is located in Victoria County, Texas and serves the medical needs of residents in Victoria County and adjacent Gailhour, DeWitt, Lavaca, Goliad, Refugio, and Jackson Counties.

DeTar is composed of two campuses that operate under the same hospital license, DeTar Hospital Navarro and DeTar Hospital North, and six (6) outpatient clinics. In 2017, DeTar's volume included 8,450 surgeries, 43,056 emergency department visits, 1,196 deliveries, 8,167 inpatient admissions, and 2,921 observation admissions. ADC at DeTar Hospital Navarro is 120 (this count includes observations). DeTar Hospital Navarro has 189 beds for acute med-surg and ICU patients. DeTar Hospital Navarro also houses a DPU inpatient 12-bed Rehabilitation Unit. DeTar Hospital North, located 4.5 miles from DeTar Hospital Navarro, serves as a women's and children's hospital. DeTar Hospital North has 115 beds and an ADC of 25.

Each hospital has an emergency department (ED) that is staffed by physicians 24-hours a day. DeTar Navarro's ED is designated as a Level III Trauma Center, and DeTar North's ED has Level IV designation. DeTar also has six (6) out-patient facilities which include two (2) physical therapy/occupational therapy clinics, two (2) free-standing imaging locations, and two (2) primary care clinics.

The primary care clinics, the Senior Clinic and the Family Medicine Clinic, contribute to the data used for DeTar's Category C Bundles A1 and A2 Chronic Care Management. The Senior Clinic is a hospital department that provides primary care provider services to patients who are over the age of 65. The Family Medicine Clinic is a residency program that was created as a project under the initial five (5) years of the Texas 1115 Waiver DSRIP program. DeTar partnered with Texas A&M University to establish this residency program.

The first Family Medicine Clinic residents were admitted in 2016. Thus far twelve (12) residents and three (3) faculty members are practicing in the Family Medicine Clinic. When the program reaches full maturity, there will permanently be 24 residents. This is the only residency training program for any medical specialty within 100 miles, and it significantly increases access to primary medical care. This is especially significant for MLU patients who had limited access to primary care before it existed.

DeTar's accreditations/certifications include: a) Society of Cardiovascular Patient Care full accreditation as a Chest Pain Center with Primary PCI b) Metabolic and Bariatric Surgery Accreditation; c) State of Texas designation as a Primary Stroke Center (Level II), d) Primary Stroke Center- Joint Commission and e) State of Texas designation as a Level III Nursery. DeTar has been awarded Joint Commission Top Performer for Key Quality Measures, Gold Award from THA for Quality Improvement, and the Silver and Bronze awards for Get with the Guidelines compliance for Heart Failure patients.

Overall DSRIP Goals:

- Increase access to primary care providers, especially as it relates to MLU population
- Improve the processes that ambulatory care clinics use to manage chronic diseases, thereby reducing potentially preventable ED visits and hospital admissions
- Timely follow-up with patients after hospitalization to prevent unnecessary readmissions
- Use of evidence based bundles to prevent infections and hospital acquired conditions
- Learning collaborative participation to engage within RHP 4 and work with other providers to improve medical care and access to primary care within RHP 4

Alignment with regional community needs assessment:

RHP 4's assessment identified multiple issues that DeTar has chosen to align itself with and through its DSRIP project. Specifically, RHP 4's assessment identified a) inadequate access to specialty services/coordination of health care for persons with chronic conditions; b) high rates of inappropriate ED utilization; c) high rates of preventable hospital admission; d) inadequate access to services for low income women; e) shortage of primary care providers; and f) high rates of diabetes.

DeTar is continuing two DSRIP projects from DY2-6 that address these above-listed issues. Specifically, one project involves the provision of a nurse practitioner (NP) to provide care and education to clients with chronic illnesses. The NP travels to locations where access is limited due to cost and/or the client's geographical location. The bilingual NP also sees patients in the Victoria County QPIC, and travels to clinics in more remote surrounding counties. The NP uses treatment protocols for hypertension, heart disease, CVA, and diabetes, and the patient/family is educated on how to self-manage their condition. The NP can access DeTar's hospital staff if including respiratory therapists (tobacco cessation), pharmacists, diabetic and cardiac educators, or nutritionists could help address lifestyle changes, medications, or provide education to the patient and their family.

Social services are available to assist patients who need community resources. Almost all of the patients we treat through the NP fail to qualify for Medicaid but, because they are low income/uninsured, cannot pay for medical care.

The other project we are continuing from DY2-6 project is a Family Medicine residency that permanently adds 24 residents to the community. When this project first started, there was only one (1) family medicine practice in Victoria County that accepted MLU clients. As a result, the ED was used inappropriately for episodic care by those financially unable to pay for primary care. Without access to care in the early stages of illness, a patient's condition becomes severe and they seek care in the ED. These patients are noted as having a potentially preventable admission when they are seen in the ED. Upon discharge it was often difficult to find an outpatient practice that would follow the MLU patient, thereby causing the patient to be unnecessarily admitted to the ED.

The Residency Clinic uses an income based fee schedule to assure access to care. Within the Residency Clinic there is a Maternal Child program that provides prenatal care for low-income women. The Residency Clinic also has an LPC on staff who provides mental health support to patients when necessary.

Finally regarding RHP 4's finding that there is a shortage of primary care providers, one of DeTar's considerations when selecting residents for admission was willingness by resident applicants to serve Medicaid patients and consider a rural practice upon completion of residency. This was done to achieve DeTar's goal of increasing the number of PCPs in our rural area.

Section 5: DY7-8 DSRIP Total 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
Category A	\$1,314,041.60	\$0.00	\$1,314,041.60	\$0.00
Category B	\$0.00	\$0.00	\$0.00	\$0.00
Category C	\$657,208.80	\$657,208.80	\$657,208.80	\$657,208.80
Category D	\$3,613,614.40	\$4,927,856.00	\$4,270,615.20	\$5,584,676.80
Total	\$5,585,531.20	\$5,585,531.20	\$5,282,510.40	\$5,282,510.40

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

Generate Worksheets

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:	094118902 - DeTar Hospital (Victoria of Tx)
Performing Provider Type:	Hospital
Ownership:	Private
Category B valuation in DY7:	\$657,020.80
Category B valuation in DY8:	\$657,020.80

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.
 All services in all Units to which a patient may be admitted to the hospital for general medical or surgical care, ICU care, or IP Rehab care including diagnostic and therapeutic service (excludes Maternal Services below). Acute Care inpatient locations include four med surg Units, an ICU and an IP Rehab Unit at at one facility (Navarro), and one Med Surg Unit at DeTar North.

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

Please enter a description of this System Component.
 All services for patients who present to the Emergency Department for immediate care. This can be related to trauma or emergency care but is also used by people with lesser illnesses. An Emergency Severity Index Triage system is used to assign the degree of urgency. DeTar operates emergency departments in two separate facilities--21 beds at Navarro and 7 beds at North.

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

Please enter a description of this System Component.
 DeTar operates two clinics: a Senior Care Clinic that is a department of the hospital and provides PCP services to those over 65 and the DeTar Family Medicine Residency Clinic. The latter a Family Medicine residency clinic with Texas A&M University. Primary care provider services are conducted by these residents and the faculty to people of all ages.

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

Please enter a description of this System Component.
 All services in a LDRP Unit, Mom Baby Unit, and Level III NICU to which mothers and infants may be admitted to the hospital for general OB and surgical care (C-Section) including diagnostic and therapeutic service. These services are offered at DeTar North location only.

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	35,579	34,664
Total PPP	112,898	109,813

Please indicate the population included in the MLIU PPP

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

MLIU PPP Goal for each DY (DY7 and DY8):	35,122
Average Total PPP	111,356
MLIU percentage of Total PPP	31.54%

*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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DTF-B Provider RHP Plan Update Template - Category C Selection

Progress Tracker	Done (Yes/No)	How the final uniform selections, from the bottom of the page to finish	DTF-B Points Selected
Section 2: Selection of Measure Bundles for Hospitals and Physician Practices	Yes		45
Minimum Selection Requirements Met	Yes		5
MFT Met	Yes		5

Performing Provider Information

RHP:	
TPI and Performing Provider Name:	Delaware Valley Health System/University of Delaware
Performing Provider Type:	Hospital
Ownership:	Non-Profit
F regional private hospital participation requirement is met:	Category C evaluation in DTF: 10/11/2018
F regional private hospital participation requirement is not met:	Category C evaluation in DTF: 10/11/2018

MINIMUM POINT THRESHOLD (MFT)

Each Performing Provider must select Measure Bundles/measures to meet or exceed their MFT to maintain their selection that was confirmed on the Provider Entry tab

Section 1: Attributed Population

Attributed Population for Hospital

For Hospital organizations and Physician Practices, the DSRP attributed population includes individuals from the DSRP 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.

- Medical beneficiary attributed to the Performing Provider during the measurement period as determined by assignment to a primary care provider (PCP), medical home, or clinic in the performing providers DSRP defined system OR
- 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 DSRP defined system OR
- One preventive service provided during the measurement period (includes value of visit type code for annual wellness visit, preventive care services - initial office visit, preventive care services - established office visit, preventive care individual counseling) OR
- One ambulatory encounter during the measurement year and one ambulatory encounter during the year prior to the measurement year OR
- Two ambulatory encounters during the measurement year OR
- Some populations managed with chronic disease in specialty care clinics in the performing providers DSRP defined system OR
- One emergency department visit during the measurement year OR
- One admission for inpatient or observation status during the measurement year OR
- One prenatal or postnatal visit during the measurement year OR
- One delivery during the measurement year OR
- One dental encounter during the measurement year OR
- 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
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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.

The rationale for selecting this bundle is the high incidence of diabetes in our geographic area (10.2%). The system components that will be used to report on and drive improvement are the endocrinology and primary care services operated by DTF. One clinic provides PCP services to those 40 years of age and older. The other - Family Resilience Clinic with a Chronic Care service - provides PCP care for clients of all ages. Combined, these clinics care for 550 diabetic clients in 2017 for at least one visit. The Regional Community assessment (and key findings) relating to this bundle: One is the high incidence of diabetes in our geographical area, and the second is that there are an insufficient number of healthcare providers resulting in limited access to care. The lack of access is more pronounced for the MCO population. The Family Resilience program was a DSRP project in 2015 and it had added 15 additional physicians that see MCO patients. The first six residents were accepted in 2016 and at maturity there will be 24 residents plus faculty on an ongoing basis. This contributes to the transformation of the healthcare system by providing MCO patients improved access to care and evidence based management of their chronic conditions. This contributes to the frequent completion of diabetes, hypertension, and tobacco cessation, and better disease control for better controlled. These elements also give our patients to obtain blood sugar monitors, diabetic supplies, and medicine needed for optimal control if they are unable to receive these. This bundle addresses DTF's DSRP goals by increasing access to PCP care, improved chronic disease management that will prevent potentially unnecessary ED visits and hospitalizations, & added providers to care for post-hospitalized patients in a timely manner, preventing hospitalizations.

Select Optional Measure (Yes/No)	Measure Volume Options (for Goal Setting and Achievement)	Bundle Measure ID	Measure Name	Required vs. Optional	MFT vs. MFT	Measure Category	Additional Points
N/A - Required	significant volume	41-113	Comprehensive Diabetes Care: Foot Exam	Required	NP	Clinical Outcome	0.5
N/A - Required	significant volume	41-115	Comprehensive Diabetes Care: Hemoglobin A1c	Required	NP	Clinical Outcome	0.5
N/A - Required	significant volume	41-127	Diabetes Care: BP control (<140/90mm Hg)	Required	NP	Clinical Outcome	0.5
No	significant volume	41-121	Comprehensive Diabetes Care: Eye Exam (retinal)	Optional	NP	Clinical Outcome	-
N/A - Required	reporting attributed population as PAF	41-100	H2B Diabetes Composite (adult short term complications, long-term complications, uncontrolled diabetes, lower extremity amputation admission)	Required	NP	Population Based	1
N/A - Required	reporting attributed population as PAF	41-108	Emergency Rate of Emergency Department visits for Diabetes	Required	NP	Population Based	1

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
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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.

The primary components that will report on and drive improvement on the bundle for Chronic Disease management of heart conditions are 2 outpatient clinics and one chronic care service operated by DTF. This bundle was selected because heart conditions are predominant diagnosis among the clients that are served in our settings. One Clinic provides PCP services to those over 40 and, by age alone, the clients are more prone to have cardiac disease. In 2017 this clinic saw 410 individual patients with some of heart disease ranging from hypertension to myocardial infarction. Due to age and, in many cases, co-morbidities this population is vulnerable to the chronic suffering and physical limitation if their heart disease is not closely managed. The other setting is a Family Resilience Clinic with a Chronic Care service that provides PCP care for clients of all ages. In 2017 over 900 patients with heart conditions that include hypertension were seen at least once in the Family Resilience Clinic. The Regional Community assessment (and key findings) relating to this bundle: One is that heart disease and essential hypertension are among the most common chronic and secondary diagnoses for all age groups, and the second is that there are an insufficient number of healthcare providers resulting in limited access to care. The lack of access is more pronounced for the MCO population. The Family Resilience program was a DSRP project in 2015 and it had added 15 additional physicians that see MCO patients. The first six residents were accepted in 2016 and at maturity there will be 24 residents plus faculty on an ongoing basis. This contributes to the transformation of the healthcare system by providing MCO clients with heart related conditions improved access to care and evidence based management of their chronic disorder. This bundle addresses DTF's DSRP goals by increasing access to PCP care, improved chronic disease management that will prevent potentially unnecessary ED visits and hospitalizations, and adding providers who can use post-hospitalized patients in a timely manner, preventing hospitalizations.

Select Optional Measure (Yes/No)	Measure Volume Options (for Goal Setting and Achievement)	Bundle Measure ID	Measure Name	Required vs. Optional	MFT vs. MFT	Measure Category	Additional Points
N/A - Required	significant volume	42-103	Controlling High Blood Pressure	Required	NP	Clinical Outcome	0.5
N/A - Required	significant volume	42-110	Preventive Care and Screening: Screening for High Blood Pressure and Tobacco Use	Required	NP	Clinical Outcome	0.5
N/A - Required	reporting to use all patient encounters with significant volume	42-104	Health Therapy for the Prevention and Treatment of Cardiovascular Disease	Required	NP	Clinical Outcome	1
No	reporting attributed population as PAF	42-104	Risk Adjusted CHF 30-Day Readmission Rate	Optional	NP	Clinical Outcome	-
N/A - Required	reporting attributed population as PAF	42-105	PCU Heart Failure Admission Rate (Adult)	Required	NP	Population Based	1
N/A - Required	reporting attributed population as PAF	42-101	Reduce Rate of Emergency Department visits for CHF (adults, age 18 and older)	Required	NP	Population Based	1

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
No	1	Care Transitions & Discharge Readmission	1
No	2	Chronic Management of Diabetes	1
No	3	Diabetes Care: Hemoglobin A1c	1
No	4	Diabetes Care: Blood Pressure	1
No	5	Diabetes Care: Lipid Control	1
No	6	Diabetes Care: Eye Exam	1
No	7	Diabetes Care: Foot Exam	1
No	8	Diabetes Care: Tobacco Use	1
No	9	Diabetes Care: Vaccinations	1
No	10	Diabetes Care: Patient Education	1
No	11	Diabetes Care: Self-Management	1
No	12	Diabetes Care: Support Groups	1
No	13	Diabetes Care: Telehealth	1
No	14	Diabetes Care: Remote Monitoring	1
No	15	Diabetes Care: Patient Support	1
No	16	Diabetes Care: Patient Support	1
No	17	Diabetes Care: Patient Support	1
No	18	Diabetes Care: Patient Support	1
No	19	Diabetes Care: Patient Support	1
No	20	Diabetes Care: Patient Support	1
No	21	Diabetes Care: Patient Support	1
No	22	Diabetes Care: Patient Support	1
No	23	Diabetes Care: Patient Support	1
No	24	Diabetes Care: Patient Support	1
No	25	Diabetes Care: Patient Support	1
No	26	Diabetes Care: Patient Support	1
No	27	Diabetes Care: Patient Support	1
No	28	Diabetes Care: Patient Support	1
No	29	Diabetes Care: Patient Support	1
No	30	Diabetes Care: Patient Support	1
No	31	Diabetes Care: Patient Support	1
No	32	Diabetes Care: Patient Support	1
No	33	Diabetes Care: Patient Support	1
No	34	Diabetes Care: Patient Support	1
No	35	Diabetes Care: Patient Support	1
No	36	Diabetes Care: Patient Support	1
No	37	Diabetes Care: Patient Support	1
No	38	Diabetes Care: Patient Support	1
No	39	Diabetes Care: Patient Support	1
No	40	Diabetes Care: Patient Support	1
No	41	Diabetes Care: Patient Support	1
No	42	Diabetes Care: Patient Support	1
No	43	Diabetes Care: Patient Support	1
No	44	Diabetes Care: Patient Support	1
No	45	Diabetes Care: Patient Support	1
No	46	Diabetes Care: Patient Support	1
No	47	Diabetes Care: Patient Support	1
No	48	Diabetes Care: Patient Support	1
No	49	Diabetes Care: Patient Support	1
No	50	Diabetes Care: Patient Support	1

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.

The primary components that will report on and drive improvement in this measure bundle are the acute care hospitals that operate under DTF's Healthcare System. Our system admitted over 13,000 patients in 2017 who stayed 18,400 days, and we perform over 8000 surgeries each year. This volume reflects the potential for adverse events, and this organization has established a rigorous high reliability safety program to keep a secure environment for our patients. The metrics within this bundle are all high risk occurrences that can increase risk of care by prolonging length of stay and requiring additional interventions. Most importantly they extend resources and accessibility to them. Our

Select Optional Measure (Yes/No)	Measure Volume Options (for Goal Setting and Achievement)	Bundle Measure ID	Measure Name	Required vs. Optional	MFT vs. MFT	Measure Category	Additional Points
N/A - Required	significant volume	3-100	Central Line-associated bloodstream infections	Required	NP	Structural Safety	0.5
N/A - Required	significant volume	3-101	Catheter-associated urinary tract infections (CAUTI)	Required	NP	Structural Safety	0.5
N/A - Required	significant volume	3-102	Healthcare-associated infections (HAI)	Required	NP	Structural Safety	0.5
N/A - Required	significant volume	3-103	Medical Error Reporting	Required	NP	Structural Safety	0.5
N/A - Required	significant volume	3-104	Patient Fall Rate	Required	NP	Structural Safety	0.5
N/A - Required	significant volume	3-105	PI-13 Post-Operative Sepsis Rate	Required	NP	Structural Safety	0.5

Total overall selected points: 45

Are you finished making your selections? Yes

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

Progress Tracker

Section 1: Measure Exemption Requests and Measure Setting System Components

Complete

Section 1: Measure Exemption Requests and Measure Setting System Components

In order to be eligible for payment for a measure's reporting milestone, the Performing Provider must report its performance on the all-payer, Medicaid-only, and LIU-only payer types. Performing Providers may request to be exempted from reporting a measure's performance on the Medicaid-only payer type or the LIU-only payer type with good cause, such as data limitations. Note that reporting a measure's all-payer performance is still required to be eligible for payment for a measure's reporting milestone.

Bundle-Measure ID	Measure Name	Baseline Measurement Period	Requesting a shorter or delayed measurement period?	Requesting a reporting milestone exemption?	Requesting a baseline numerator of zero?
A1-112	Comprehensive Diabetes Care: Foot Exam	CY2017: January 1, 2017 - December 31, 2017	No	No	No
A1-115	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
A1-207	Diabetes care: BP control (<140/90mm Hg)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
A1-500	PQJ 93 Diabetes Composite (Adult short-term complications, long-term complications, uncontrolled diabetes, lower-extremity amputation admission rates)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
A1-508	Reduce Rate of Emergency Department visits for Diabetes	CY2017: January 1, 2017 - December 31, 2017	No	No	No
A2-103	Controlling High Blood Pressure	CY2017: January 1, 2017 - December 31, 2017	No	No	No
A2-210	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	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.	Needed to meet significant volume -- Use All Payer for denominator				
A2-404	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CY2017: January 1, 2017 - December 31, 2017	No	No	No
A2-501	PQJ 08 Heart Failure Admission Rate (Adult)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
A2-509	Reduce Rate of Emergency Department visits for CHF, Angina and Hypertension	CY2017: January 1, 2017 - December 31, 2017	No	No	No
J1-218	Central line-associated bloodstream infections (CLABSIs) 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:	094118902 - DeTar Hospital (Victoria of Tx)
Performing Provider Type:	Hospital
Ownership:	Private

If regional hospital participation requirement is met	Category C valuation in DY7:	\$3,613,614.40
	Category C valuation in DY8:	\$4,927,656.00
If regional hospital participation requirement is not met	Category C valuation in DY7:	\$4,270,635.20
	Category C valuation in DY8:	\$5,584,676.80

Section 1: Measure Bundle/Measure Valuation

Valuation for Selected Measure Bundles - Hospitals & Physician Practices

Measure Bundle ID	Measure Bundle Name	Points	Desired Valuation Percentage	Minimum Valuation % of Total	Maximum Valuation % of Total	If regional private hospital participation requirement is met		If regional private hospital participation requirement is not met	
						Category C Valuation in DY7	Category C Valuation in DY8	Category C Valuation in DY7	Category C Valuation in DY8
A1	Improved Chronic Disease Management: Diabetes Care	19	41.50%	31.66%	52.78%	\$1,499,649.98	\$2,044,977.24	\$1,772,313.61	\$2,317,640.87
A2	Improved Chronic Disease Management: Heart Disease	16	41.50%	26.66%	44.45%	\$1,499,649.98	\$2,044,977.24	\$1,772,313.61	\$2,317,640.87
J1	Hospital Safety	10	17.00%	16.66%	22.23%	\$634,314.44	\$837,701.52	\$726,007.98	\$949,395.06
	Total	45	100.00%	N/A	N/A	\$3,613,614.40	\$4,927,656.00	\$4,270,635.20	\$5,584,676.80
		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?
 No Yes

Explanation of Valuation Percent Changes

Overall justification for change in Category C valuation distribution.

DeTar requests that its Category C valuation be revised to A1 containing 41.50%, A2 containing 41.50% and J1 containing 17% of the valuation total. DeTar requests this modification because its residency program and outpatient clinics that manage chronic conditions are new and, therefore, still establishing processes and protocols to best treat its patients. DeTar partnered with A&M University, Victoria County, and community leaders two (2) years ago to establish a diabetes center that treats all county residents regardless of ability to pay. Treatment of patients with diabetes and heart conditions is conducted in DeTar's OP clinics. The data submission for A1 and A2 will be from these outpatient clinics that provide primary care services to patients. Because the chronic care management programs in these outpatient clinics was only recently established, the processes in the clinics are have not been as strongly established as they are in DeTar Hospital. For example, in obtaining baseline data, we identified weaknesses in the EHR documentation, the need for programming changes to cue the providers if something is omitted, and the lack of processes that assure consistent compliance with best practices. We plan to put in processes and protocols to address these issues.

DeTar as a hospital has achieved certifications and accreditations for its management of chronic conditions. Specifically, DeTar Hospital is Chest Pain Center accredited with PCI and has been a diabetes provider for many years. DeTar is in the process of implementing the protocols that it uses to treat patients with chronic care conditions in its hospital in its outpatient settings which will contribute to DeTar meetings its measures in bundles A1 and A2. But implementing these new protocols and training providers on how to use the protocols may take some time. Due to the time that it takes to implement these protocols and train providers so that we can most effectively track the measures in bundles A1 and A2, we request that the valuation for bundles A1 and A2 be revised. Because the residency clinic is still new processes are still being built, evaluated, and re-adjusted as needed. With new residents being added every year, and the addition of faculty and support staff, achieving preventive screening with proper documentation is more difficult. We continually adapt processes modify the E.H.R. programming to cue all practitioners on expected interventions and provide the base for complete documentation of the assessments and interventions.

Please address the amount of improvement required for the Measure Bundle(s) with increased valuation including estimated baseline and goals for key measures that may require high amounts of improvement within the bundle.

The bundles with increased valuation are A1-A2 Management of Chronic Diseases (Diabetes and Heart).
 Improvements required:
 Diabetes A1-112 requires significant improvement. The estimated all payer baseline for 2017 is only 12.8%. Focus will be on education, establishing and revision of processes to address foot examination, and modifications to the computer system. Goal is to increase compliance to at least 50% by the end of the year with ongoing improvement thereafter.
 Diabetes A1-115 requires improvement. The 2017 baseline for all payers is 39.9% (inverse measure). Processes are being revisited, and the goal is to improve this by 15% or greater by the end of the year.
 Diabetes A1-207 blood pressure control 2017 baseline is 62.8% which is above the MPL established by NCOA. Moderate improvement is required. Goal is to reach 75% by year end.
 Heart A2-103 blood pressure control result is 54.3% which is above the MPL established by CMS(MIPS). Significant improvement is required as the goal is to reach 70% by the end of the year.
 Heart A2-210 metric 1 requires significant improvement. The 2017 baseline is 28.9%. The goal is to increase to 60% by the end of the year. Part 2 First Hypertensive reading requires significant improvement. 2017 baseline all payers is 34.8%. Goal will be to reach 60% or greater. Part 3 2017 baseline is 30.1% and requires a high level of improvement. These interventions are essential and goal is to achieve 60% or greater.
 Heart A2-404 Use of statin. The first part of this metric on prescribing a statin with LDL is at 22.9% requires significant improvement. Goal is to reach 60% by year end. The second part is statins for LDL-C above 190 and those with pure hypercholesterolemia. In our baseline we had a very low number of patients with these conditions. Our percentage was 46.2% but the base population was only 19. Focus will be on proper recording of diagnoses to be certain all are captured and statin response when indicated. Goal will be to increase to 70% with an increased denominator, but this piece of this metric currently is at insignificant volume. Baseline on statin use for diabetics 40-75 with LDL-C of 70-189 is currently at 37.7 so significant improvement is also required on this measure. Goal is to reach 70%.

Please address the level of effort required for improvement for the Measure Bundle(s) with increased valuation.

The bundles with increased valuation are A1-A2 Management of Chronic Diseases (Diabetes and Heart).
 Improvements required:
 1. Diabetes - Need to re-program the E.H.R. system in use. Have contacted software support to determine what is needed to add documentation fields and triggers. Significant effort is required. The system was modified to start capturing data, but it lacks any triggering capability. This measure also requires ongoing monitoring and re-education as needed.
 2. Processes need to be established in both separate clinics on foot examination. Estimated all payer baseline for 2017 is only 12.8%. Substantial effort to assure all providers are educated to the key measure and assure all three components are included in their examination. Education required for support staff (Medical Assistants/Nurses) to requirements and have equipment in place for the physician on diabetic patients.
 3. Blood Pressure control is a key measurement in both heart and diabetes. Our Clinics had not instituted actions for pre-hypertensive patients. This process, adjustment or reprogramming of the E.H.R., and education all need to be addressed. Significant effort required to have E.H.R. system changed. Moderate effort is required to establish, monitor, and redesign processes as needed. In our analysis we believe the measures recommended for first hypertension reading and second were often done, but this could not be validated in documentation. This is being done manually until system can be reprogrammed and significant effort is required for manual entry and to retrieve data. These interventions are required for good management and processes are being addressed.
 4. a) Statin therapy requires significant to intense effort since the system cannot pull medications by class. At this date there is no work-around to make the system work for the purpose of data retrieval. Manual data maintenance will be required until this can be resolved. Process development will take moderate effort related to monitoring and re-education as needed. b) Our Clinics have not been based on PAP methodology. We have identified processes to be developed and have made changes, but not until the end of 2017 to early 2018. Ongoing education/re-education of providers/staff is complete. Adjustments to processes will be done until we can achieve higher percentages on metrics in all the selected bundles.

Please describe the size of the population impacted as compared to the size of other selected Measure Bundle(s) for the Measure Bundle(s) with increased valuation.

The population of the bundles impacted (Diabetes and heart in the OP Clinics) is lower than the population of the Hospital Safety Measures in J1. The latter requires measurement of the entire population of the hospital rather than just those with certain conditions.

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

Performing Provider Information

RHP:	1
TP and Performing Provider Name:	094118902 - DeTar Hospital (Victoria of Tx)
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_094118902.1.1	1.1.2	Provide the first intensive outpatient program for behavioral health patients in Victoria County.	Completed in DY2-6	
RHP 4_094118902.1.3	1.2.3	Implement a family practice residency program in Victoria, TX. These residents and faculty will help fill an existing shortage with clinical rotation requirements.	Continuing as Core Activity in DY7-8	
RHP 4_094118902.2.1	2.2.1	Provide clinics in 5 counties that are Medicaid underserved and/or HPSA/MUAs to increase access to care.	Continuing as Core Activity in DY7-8	
RHP 4_094118902.2.2	2.2.4	Provide prenatal clinics in 5 counties that are Medicaid and/or MUAs	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.

Management of targeted patient populations, e.g., chronic disease patient populations that are at high risk for developing complications, co-morbidities, and/or utilizing acute and emergency care services

b) Please enter a description of this Core Activity

DeTar selected the core activity of managing patients with chronic disease who are at a high risk for developing complications, co-morbidities, and/or utilizing acute and emergency care services. RHP 4's community assessment found a lack of access to care in RHP 4. Additionally, there is a high rate of diabetes and heart disease in RHP 4. As such, DeTar wants to provide a way to manage the high rate of diabetes and heart disease and lack of access to care in RHP 4. To engage in this core activity, DeTar plans to implement three activities – expanding its Family Residency Program (the Program); utilizing a nurse practitioner (NP) to treat patients in rural areas and a local FQHC who often have chronic conditions, including heart disease and diabetes; and monitoring all inpatients for healthcare associated infections, including CLABSI, CAUTI, SSI, and post-operative sepsis. First, DeTar plans to expand its Program. In DY1-6, DeTar partnered with Texas A&M to establish the FM Residency Program as a way to expand access to primary care services to patients who would otherwise not have access to primary care services. Prior to implementation of the Program, there was only one family medicine group in DeTar's geographic region that accepted MILU patients. This lack of primary care providers negatively impacted the primary care services that MILU patients had access to. Often times, these MILU patients who cannot access primary care services have chronic conditions such as heart disease and diabetes. The lack of primary care and management of these chronic conditions results in a manageable chronic condition turning into a severe condition that the patient seeks emergency care for because they have not properly managed the condition. Since inception DeTar successfully built the infrastructure, recruited and hired faculty and residents, and complied with GMC requirements for the Program. The first residents were admitted 2016. By January 2018, DeTar had 12 residents and 3 faculty members in the Program. DeTar plan to grow the Program in the future so that it will have 24 residents. By expanding number of residents and faculty the number of providers in its region who can manage and treat those patients with chronic conditions will increase.

Second, DeTar plans to utilize a NP in local and remote locations to treat patients with chronic

iii) Please describe the first Secondary Driver for the above Core Activity (required).
 Increase opportunities for blood pressure and blood sugar monitoring. Implement measures to prevent diabetes & heart complications

A) Please list the first Change Idea for the above Secondary Driver (required).
 Standing orders for patients with diabetes risk factors and screens will be in chart for blood sugars on every visit.

B) Please list the second Change Idea for the above Secondary Driver (optional).
 Standing orders for patients with heart disease to have blood pressures every visit, with repeat pressures if indicated due to hypertensive readings. To be in chart of each patient.

C) Please list the third Change Idea for the above Secondary Driver (optional).
 Computer programming to trigger follow-up reminders for foot exams, sugar follow-ups, blood pressure readings, and reminders to order indicated lab tests in OP PCP Clinics.

D) Please list the fourth Change Idea for the above Secondary Driver (optional).

iii) Please describe the second Secondary Driver for the above Core Activity (optional).
 Protocolize evidence based protocols for heart disease and diabetes

A) Please list the first Change Idea for the above Secondary Driver (required).
 Collaborate and publish evidence based protocols. Resident evaluations to consider individualization of care plans and protocol adherence.

B) Please list the second Change Idea for the above Secondary Driver (optional).

iii) Please describe the third Secondary Driver for the above Core Activity (optional).
 Assess every hospitalized patient every shift for Foley care, central line maintenance, fall risk assessment, and proper surgical site care to prevent hospital acquired conditions.

A) Please list the first Change Idea for the above Secondary Driver (required).
 Bedside shift report in presence of patient where safety factor checklist is reviews and precautions in place. Chart to reflect fall risk assessment and line care.

B) Please list the second Change Idea for the above Secondary Driver (optional).

iv) Please describe the fourth 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.
- | | | |
|----|----|----|
| A1 | A2 | J1 |
|----|----|----|

i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.

DeTar selected the core activity of managing patients with chronic disease who are at a high risk for developing complications, co-morbidities, and/or utilizing acute and emergency care services. For its measure bundles, DeTar selected A1 – improved chronic disease management of heart disease; A2 – improved chronic disease management of heart disease; and J1 – hospital safety. DeTar's core activity impacts the A1 and A2 bundles because the core activity increases the availability of providers who are able to treat MILU patients who would otherwise not have access to care and who have chronic conditions. RHP 4's community assessment found a lack of access to care. Additionally, there is a high rate of diabetes and heart disease in RHP 4. Prior to establishment of DeTar's residency program, MILU patients only had one practice in Victoria to seek treatment. The lack of treatment can cause these MILU patients, especially those with chronic conditions such as heart disease and diabetes, to mismanage their medical conditions. This management often causes the patient to seek unnecessary emergency treatment. DeTar's residency program will expand the number of providers who are able to treat MILU patients. Additionally, DeTar's provision of a NP who travels to rural areas as needed enables DeTar to treat MILU patients who may otherwise have limited access to primary care. Through the expansion of the residency program and providing a NP, MILU patients, especially those with diabetes and heart disease, can access primary care and learn how to manage their chronic conditions. Regular provider attention, treatment plan adjustments, and assessments contribute toward DeTar meeting each measure in bundles A1 and A2. Additionally, if a pt with a chronic condition requires hospitalization, because of their condition they may develop healthcare associated infections, including CLABSI, CAUTI, SSI, and post-operative sepsis. By closely monitoring all inpatients, DeTar can decrease the likelihood that its patients, especially those with chronic conditions, develop these healthcare associated infections. This, in turn, will decrease the amount of unnecessary care that DeTar needs to provide to treat these healthcare associated infections and the negative impact that these infections have on the patient's health. As such, the monitoring and protocols that DeTar is implementing will contribute to DeTar meeting each measure in bundle J1.

- 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:	094118902 - DeTar Hospital (Victoria of Tx)
Performing Provider Type:	Hospital
Ownership:	Private

If regional hospital participation requirement is met	Category D valuation in DY7	\$985,531.20
	Category D valuation in DY8	\$985,531.20
If regional hospital participation requirement is <u>not</u> met	Category D valuation in DY7	\$328,510.40
	Category D valuation in DY8	\$328,510.40

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)	\$197,106.24	\$65,702.08
Potentially preventable 30-day readmissions (PPRs)	\$197,106.24	\$65,702.08
Potentially preventable complications (PPCs)	\$197,106.24	\$65,702.08
Potentially preventable ED visits (PPVs)	\$197,106.24	\$65,702.08
Patient satisfaction	\$197,106.24	\$65,702.08
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:	
TPI and Performing Provider Name:	094118902 - DeTar Hospital (Victoria of Tx)
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	Nueces County Hospital District	N/A	17460006046000	600-12-0000-00044

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Lonny Hogg	555 N. Carancahua St., Suite 950	Corpus Christi	78401-0835	lonny.hogg@nchdccc.org	361.408.3100		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 Online Reporting System.

Section 2: IGT Funding

RHP Plan Update Submission	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	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	100.00%	\$566,614.74	\$280,416.48	\$566,614.74	\$280,416.48
A1-112	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	100.00%	\$283,307.37	\$174,559.26	\$283,307.37	\$174,559.26
A1-115	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	100.00%	\$129,329.82	\$174,559.26	\$129,329.82	\$174,559.26
A1-207	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	100.00%	\$129,329.82	\$174,559.26	\$129,329.82	\$174,559.26
A1-500	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	100.00%	\$129,329.82	\$174,559.26	\$129,329.82	\$174,559.26
A1-508	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	100.00%	\$129,329.81	\$174,559.25	\$129,329.81	\$174,559.25
A2-103	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	100.00%	\$129,329.82	\$174,559.26	\$129,329.82	\$174,559.26
A2-210	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	100.00%	\$129,329.82	\$174,559.26	\$129,329.82	\$174,559.26
A2-404	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	100.00%	\$129,329.82	\$174,559.26	\$129,329.82	\$174,559.26
A2-501	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	100.00%	\$129,329.82	\$174,559.26	\$129,329.82	\$174,559.26
A2-509	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	100.00%	\$129,329.81	\$174,559.25	\$129,329.81	\$174,559.25
J1-218	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	100.00%	\$52,978.48	\$71,506.00	\$52,978.48	\$71,506.00
J1-219	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	100.00%	\$52,978.48	\$71,506.00	\$52,978.48	\$71,506.00
J1-240	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	100.00%	\$52,978.48	\$71,506.00	\$52,978.48	\$71,506.00
J1-241	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	100.00%	\$52,978.48	\$71,506.00	\$52,978.48	\$71,506.00
J1-506	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	100.00%	\$52,978.47	\$71,506.01	\$52,978.47	\$71,506.01
Category D	Nueces County Hospital District	17460006046000	600-12-0000-00044	100.00%	100.00%	\$426,903.05	\$426,024.72	\$426,903.05	\$426,024.72
Total						\$2,833,073.69	\$2,804,164.77	\$2,833,073.69	\$2,804,164.77

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:	Dani Haglan, CFO
IGT Organization:	Nueces County Hospital District
Date:	5/1/2018

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

Progress Tracker

Section 1: DY7-8 DSRIIP Valuation
 Section 2: Category B Medicaid Low-income Uninsured (MLU) 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:	
TPI and Performing Provider Name:	094118902 - DeTar Hospital (Victims of Tx)
Performing Provider Type:	Hospital
Ownership:	Private

Section 1: DY7-8 DSRIIP Valuation

RHP Plan Update Submission	DY7-8 DSRIIP 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	\$1,314,041.66	\$0.00	\$1,314,041.66	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$657,020.86	\$657,020.86	\$657,020.86	\$657,020.86
Category C	\$3,613,614.44	\$4,927,656.00	\$4,270,635.20	\$5,584,676.86
Category D	\$985,511.24	\$985,511.24	\$928,510.44	\$398,510.44
Total	\$6,570,208.00	\$6,570,208.00	\$6,570,208.00	\$6,570,208.00

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 (MLU) Patient Population by Provider (PPP)

	MLU PPP	Total PPP	MLU Percentage of Total PPP
DY5	35,579	112,898	31.51%
DY6	34,664	109,813	31.57%
DY7 Estimated	35,122	111,356	31.54%
DY8 Estimated	35,122	111,356	31.54%

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
A1	Improved Chronic Disease Management: Diabetes Care	0	0	0	19	\$1,499,649.98	\$2,044,977.24	\$1,772,313.61	\$2,317,640.87
A2	Improved Chronic Disease Management: Heart Disease	1	0	1	16	\$1,499,649.98	\$2,044,977.24	\$1,772,313.61	\$2,317,640.87
J1	Hospital Safety	0	0	0	10	\$814,314.44	\$837,701.52	\$726,007.58	\$849,395.06
Total	N/A	1	0	1	45	\$3,613,614.44	\$4,927,656.00	\$4,270,635.20	\$5,584,676.86

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
A1	Improved Chronic Disease Management: Diabetes Care	Management of targeted patient populations; e.g., chronic disease patient populations that are at high risk for developing complications, co-morbidities, and/or utilizing acute and emergency care services
A2	Improved Chronic Disease Management: Heart Disease	Management of targeted patient populations; e.g., chronic disease patient populations that are at high risk for developing complications, co-morbidities, and/or utilizing acute and emergency care services
J1	Hospital Safety	Management of targeted patient populations; e.g., chronic disease patient populations that are at high risk for developing complications, co-morbidities, and/or utilizing acute and emergency care services

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)	\$197,106.24	\$65,702.08
Potentially preventable 30-day readmissions (PPRs)	\$197,106.24	\$65,702.08
Potentially preventable complications (PPCs)	\$197,106.24	\$65,702.08
Potentially preventable ED visits (PDEVs)	\$197,106.24	\$65,702.08
Patient satisfaction	\$197,106.24	\$65,702.08

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: Gary Malzer, CEO
 Performing Provider: DeTar Hospital
 Date: 7/20/2018

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

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

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

Provider Entry

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

Category B

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

Category C Selection

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

Category C Additional Details

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

Category C Valuation

Section 1: Measure Bundle/Measure Valuation	Complete
---	----------

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