

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: **121808305 - Jackson County Hospital**

Performing Provider Type: **Hospital**

Ownership: **Non-State Owned Public**

TIN: **17417384751002**

Physical Street Address: **1013 South Wells Street**

City: **Edna**

Zip: **77957**

Primary County: **Jackson**

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:	Bill Jones	Lance Smiga	
Street Address:	1013 South Wells Street	1013 South Wells Street	
City:	Edna	Edna	
Zip:	77957	77957	
Email:	bjones@jchd.org	lsmiga@jchd.org	
Phone Number:	361-782-7810	361-782-7852	
Phone Extension:			
Lead Contact or 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: **Jackson County Hospital District is a 25 bed rural hospital that provides inpatient, emergency department, rural health clinic, home health, EMS services, and many outpatient services to residents living in and around Jackson County. The Hospital District serves over 14,000 patients annually.**

Overall DSRIP Goals: **Our overall DSRIP Goal is to continue to serve the rather large MLIU of the county and provide them with the same services that are offered to all populations regardless of payor source.**

Alignment with regional community needs assessment: **Jackson County Hospital District is aligned with the regional community needs assessment because we are expanding the services and care the MLIU can access in our county.**

Section 5: DY7-8 DSRIP Total Valuation

	DY7-8 DSRIP Valuation Distribution			
	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is not met	
	DY7	DY8	DY7	DY8
RHP Plan Update Submission	\$120,000.00	\$0.00	\$120,000.00	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$60,000.00	\$60,000.00	\$60,000.00	\$60,000.00
Category C	\$330,000.00	\$450,000.00	\$390,000.00	\$510,000.00
Category D	\$90,000.00	\$90,000.00	\$30,000.00	\$30,000.00
Total	\$600,000.00	\$600,000.00	\$600,000.00	\$600,000.00

Would you like to decrease the total valuation?
No

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

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



DY7-8 Provider RHP Plan Update Template - Category B

Progress Tracker

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

Performing Provider Information

RHP:	4
TPI and Performing Provider Name:	121808305 - Jackson County Hospital
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public
Category B valuation in DY7:	\$60,000.00
Category B valuation in DY8:	\$60,000.00

Section 1: System Definition

Hospitals - Required Components

Required System Component	Business Component?
Inpatient Services	Business Component of the Organization
Please enter a description of this System Component. ICHD operates 17 inpatient beds.	
Emergency Department	Business Component of the Organization
Please enter a description of this System Component. ICHD operates an Emergency Department.	
Owned or Operated Outpatient Clinics	Business Component of the Organization
Please enter a description of this System Component. ICHD operates a Rural Health Clinic, Home Health Agency, and EMS department.	
Maternal Department	Not a Business Component of the Organization
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	No

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

	DY5	DY6
MLIU PPP	13,050	14,057
Total PPP	36,058	40,086

Please indicate the population included in the MLIU PPP

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

MLIU PPP Goal for each DY (DY7 and DY8):	13,554
Average Total PPP	38,072
MLIU percentage of Total PPP	35.60%

*The MLIU percentage is for informational purposes and will help HHSC determine allowable MLIU PPP variation.

Would you like the MLIU PPP Goal to be based on DY5 or DY6 only (as opposed to the average)?	No
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DY7-8 Provider RHP Plan Update Template - Category C Selection

Progress Tracker				
Section 2: Selection of Measure Bundles for Hospitals and Physician Practices	Complete	Note: you must confirm selections at the bottom of the page to finish.	MPT	1
Minimum Selection Requirements Met	Yes		Points Selected	3
MPT Met	Yes		Bundles Selected	1

Performing Provider Information

RHP:	A
TPI and Performing Provider Name:	121808305 - Jackson County Hospital
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

If regional private hospital participation requirement is met	Category C valuation in DY7:	\$330,000.00
	Category C valuation in DY8:	\$450,000.00
If regional private hospital participation requirement is <u>not</u> met	Category C valuation in DY7:	\$390,000.00
	Category C valuation in DY8:	\$510,000.00

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

Section 1: Attributed Population

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

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

Please describe any other attributed population (optional).

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

Measure Bundles for Hospitals & Physician Practices

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
No	A1	Improved Chronic Disease Management: Diabetes Care	11
No	A2	Improved Chronic Disease Management: Heart Disease	8
No	B1	Care Transitions & Hospital Readmissions	11
No	B2	Patient Navigation & ED Diversion	3
No	C1	Primary Care Prevention - Healthy Texans	12
No	C2	Primary Care Prevention - Cancer Screening	6
No	C3	Hepatitis C	4
No	D1	Pediatric Primary Care	14
No	D3	Pediatric Hospital Safety	10
No	D4	Pediatric Chronic Disease Management: Asthma	9
No	D5	Pediatric Chronic Disease Management: Diabetes	8
No	E1	Improved Maternal Care	10
No	E2	Maternal Safety	8
No	F1	Improved Access to Adult Dental Care	7
No	F2	Preventive Pediatric Dental	2
No	G1	Palliative Care	6
No	H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	12
No	H2	Behavioral Health and Appropriate Utilization	8
No	H3	Chronic Non-Malignant Pain Management	10
No	H4	Integrated Care for People with Serious Mental Illness	5
No	I1	Specialty Care	2
No	I1	Hospital Safety	10
No	K1	Rural Preventive Care	3
Yes	K2	Rural Emergency Care	3

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 emergency department of JCHD will input all the required data, while the HIM department will be able to pull reports to verify the data.

Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required	MLIU denominator with significant volume	K2-287	Documentation of Current Medications in the Medical Record	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	K2-355	Admit Decision Time to ED Departure Time for Admitted Patients	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	K2-359	Emergency Transfer Communication Measure	Required	P4P	Process	N/A
No		K2-285	Advance Care Plan	Optional	P4P	Process	1

Total overall selected points:

Are you finished making your selections?

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

Progress Tracker

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

Section 1: Measure Exemption Requests and Measure Setting System Components

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

Bundle-Measure ID	Measure Name	Baseline Measurement Period	Requesting a shorter or delayed measurement period?	Requesting a reporting milestone exemption?	Requesting a baseline numerator of zero?
K2-287	Documentation of Current Medications in the Medical Record	CY2017: January 1, 2017 - December 31, 2017	No	No	No
K2-355	Admit Decision Time to ED Departure Time for Admitted Patients	CY2017: January 1, 2017 - December 31, 2017	No	No	No
K2-359	Emergency Transfer Communication Measure	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:	121808305 - Jackson County Hospital
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

If regional hospital participation requirement is met	Category C valuation in DY7:	\$330,000.00
	Category C valuation in DY8:	\$450,000.00
If regional hospital participation requirement is not met	Category C valuation in DY7:	\$390,000.00
	Category C valuation in DY8:	\$510,000.00

Section 1: Measure Bundle/Measure Valuation

Valuation for Selected Measure Bundles - Hospitals & Physician Practices

Measure Bundle ID	Measure Bundle Name	Points	Desired Valuation Percentage	Minimum Valuation % of Total	Maximum Valuation % of Total	If regional private hospital participation requirement is met		If regional private hospital participation requirement is not met	
						Category C Valuation in DY7	Category C Valuation in DY8	Category C Valuation in DY7	Category C Valuation in DY8
K2	Rural Emergency Care	3	100.00%	75.00%	100.00%	\$330,000.00	\$450,000.00	\$390,000.00	\$510,000.00
	Total	3	100.00%	N/A	N/A	\$330,000.00	\$450,000.00	\$390,000.00	\$510,000.00
	Difference between selected percent and 100%:		0.00%						

Your valuation allocations add to 100%.

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

DY7-8 Provider RHP Plan Update Template - Category A Core Activities

Progress Tracker

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

Complete
Complete
Complete

Performing Provider Information

RHP:	4
TPI and Performing Provider Name:	121808305 - Jackson County Hospital
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

Section 1: Transition from DY2-6 Projects to DY7-8 Provider-Level Outcomes and Core Activities

DY6 Project ID	Project Option	Project Summary	Completed/Continuing	Enter a description for continuation (optional)
RHP 4_121808305.1.1	1.9.2	Expand specialty care capacity by establishing an outpatient pulmonary rehabilitation clinic.	Completed in DY2 6	

Section 2: Core Activities

Please enter your organization's number of Core Activities:

1) Please select the grouping for this Core Activity.

a) Please select the name of this Core Activity.

b) Please enter a description of this Core Activity

i) Please describe the first Secondary Driver for the above Core Activity (required).

A) Please list the first Change Idea for the above Secondary Driver (required).

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

ii) Please describe the second Secondary Driver for the above Core Activity (optional).

c) Please select the Measure Bundles or measures impacted by this Core Activity. If this core activity is not associated with any measure bundles or measures, please select "None" in the first dropdown.

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

d) Is this Core Activity provided by a provider that is not included in the Category B System Definition?

DY7-8 Provider RHP Plan Update Template - Category D

Progress Tracker

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

Performing Provider Information

RHP:	4
TPI and Performing Provider Name:	121808305 - Jackson County Hospital
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

If regional hospital participation requirement is met	Category D valuation in DY7	\$90,000.00
	Category D valuation in DY8	\$90,000.00
If regional hospital participation requirement is not met	Category D valuation in DY7	\$30,000.00
	Category D valuation in DY8	\$30,000.00

Section 1: Statewide Reporting Measure Bundle for Hospitals

Measure	Category D valuation per DY distributed across measures (if regional hospital participation valuation is met)	Category D valuation per DY distributed across measures (if regional hospital participation requirement is <u>not</u> met)
Potentially preventable admissions (PPAs)	\$18,000.00	\$6,000.00
Potentially preventable 30-day readmissions (PPRs)	\$18,000.00	\$6,000.00
Potentially preventable complications (PPCs)	\$18,000.00	\$6,000.00
Potentially preventable ED visits (PPVs)	\$18,000.00	\$6,000.00
Patient satisfaction	\$18,000.00	\$6,000.00
Requesting HCAHPS exemption - my organization does not report HCAHPS as part of the Medicare Inpatient Prospective Payment System due to low volume or other exempt status	No	

Section 2: Verification

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

I understand

DY7-8 Provider RHP Plan Update Template - IGT Entry

Progress Tracker

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

Performing Provider Information

RHP:	1
TPI and Performing Provider Name:	1218083015 - Jackson County Hospital
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

Section 1: IGT Entities

In order to delete an existing IGT, delete the name of the IGT from cell G21, G29, etc.

IGT RHP	IGT Name	IGT TPI (if available)	IGT TIN	Affiliation Number
4	Jackson County Hospital District	N/A	17417384751002	100-13-0000-00070

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Bill Jones	1013 South Wells Street	Edna	77957	bjones@jchd.org	861-782-2170		both
2	Lance Smiga	1013 South Wells Street	Edna	77957	smiga@jchd.org	861-782-7852		both

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

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

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

Section 2: IGT Funding

RHP Plan Update Submitter	IGT Name	IGT TIN	IGT Affiliation #	DY7 % IGT Allocated	DY8 % IGT Allocated	if regional private hospital participation requirement is met		if regional private hospital participation requirement is not met	
						Total Estimated DY7 Allocation (FMAP 56.88/IGT 43.12)	Total Estimated DY8 Allocation (FMAP 57.32/IGT 42.68)	Total Estimated DY7 Allocation (FMAP 56.88/IGT 43.12)	Total Estimated DY8 Allocation (FMAP 57.32/IGT 42.68)
Category B	Jackson County Hospital District	17417384751002	100-13-0000-00070	100.00%	100.00%	\$25,872.00	\$25,608.00	\$25,872.00	\$25,608.00
K2-327	Jackson County Hospital District	17417384751002	100-13-0000-00070	100.00%	100.00%	\$47,432.00	\$46,020.00	\$46,020.00	\$46,020.00
K2-355	Jackson County Hospital District	17417384751002	100-13-0000-00070	100.00%	100.00%	\$47,432.00	\$46,020.00	\$46,020.00	\$46,020.00
K2-359	Jackson County Hospital District	17417384751002	100-13-0000-00070	100.00%	100.00%	\$47,432.00	\$46,020.00	\$46,020.00	\$46,020.00
Category D	Jackson County Hospital District	17417384751002	100-13-0000-00070	100.00%	100.00%	\$38,808.00	\$38,412.00	\$38,412.00	\$38,412.00
Total						\$258,720.00	\$256,080.00	\$258,720.00	\$256,080.00

Your funding allocations sum to 100%.

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

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

Name:	Lance Smiga
IGT Organization:	Jackson County Hospital District
Date:	5/14/2018

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

Progress Tracker

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

Complete
Complete
Complete
Complete
Complete
Complete

Performing Provider Information

RHP:	4
TPI and Performing Provider Name:	121808305 - Jackson County Hospital
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

Section 1: DY7-8 DSRIP Valuation

	DY7-8 DSRIP Valuation Distribution			
	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is not met	
	DY7	DY8	DY7	DY8
RHP Plan Update Submission	\$120,000.00	\$0.00	\$120,000.00	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$60,000.00	\$60,000.00	\$60,000.00	\$60,000.00
Category C	\$390,000.00	\$450,000.00	\$390,000.00	\$510,000.00
Category D	\$90,000.00	\$90,000.00	\$30,000.00	\$30,000.00
Total	\$660,000.00	\$660,000.00	\$660,000.00	\$660,000.00

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

Yes

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

	MLIU PPP	Total PPP	MLIU Percentage of Total PPP
DY5	13,050	36,058	36.19%
DY6	14,057	40,086	35.07%
DY7 Estimated	13,554	38,072	35.60%
DY8 Estimated	13,554	38,072	35.60%

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

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

Yes

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

Bundle-Measure ID	Measure Bundle/Measure Name	# of Measures with Requested Achievement of Alternative Denominators	# of Measures with Requested Shorter or Delayed Measurement Periods	# of Measures with Requested Reporting Milestone Exemptions	Points	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is not met	
						DY7 Valuation	DY8 Valuation	DY7 Valuation	DY8 Valuation
						K2	Rural Emergency Care	0	0
Total	N/A	0	0	0	3	\$330,000.00	\$450,000.00	\$390,000.00	\$510,000.00

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

Yes

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

Bundle-Measure ID	Measure Bundle/Measure Name	Associated Core Activities
K2	Rural Emergency Care	Expansion of access to medical advice and direction to the appropriate level of care to reduce Emergency Department use for non-emergent conditions.

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

Yes

Section 5: Category D Valuations

Statewide Reporting for Hospitals

Measure	Category D valuation per DY distributed across measures (if regional hospital participation requirement is met)	Category D valuation per DY distributed across measures (if regional hospital participation requirement is not met)
Potentially preventable admissions (PPAs)	\$18,000.00	\$6,000.00
Potentially preventable 30-day readmissions (PPRs)	\$18,000.00	\$6,000.00
Potentially preventable complications (PPCs)	\$18,000.00	\$6,000.00
Potentially preventable ED visits (PDVs)	\$18,000.00	\$6,000.00
Patient satisfaction	\$18,000.00	\$6,000.00

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

Yes

Section 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: Lance Smiga
 Performing Provider: Jackson County Hospital District
 Date: 5/14/2018

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