

## 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: **130958511 - Nueces County**

Performing Provider Type: **Local Health Department (LHD)**

Ownership: **Non-State Owned Public**

TIN: **1746000585 7 003**

Physical Street Address: **1702 Horne Road**

City: **Corpus Christi**

Zip: **78416**

Primary County: **Nueces**

Additional counties being served (optional): **Jim Wells San Patricio Kleberg**

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:	Isidoro Prado	Priscilla Robertson	Leticia Hernandez
Street Address:	1702 Horne Road	1702 Horne Road	1702 Horne Road
City:	Corpus Christi	Corpus Christi	Corpus Christi
Zip:	78416	78416	78416
Email:	IsidoroP@cctexas.com	PriscillaA2@cctexas.com	LeticiaH@cctexas.com
Phone Number:	(361) 946-8773	(361) 826-7318	(361) 826-7207
Phone Extension:			
Lead Contact or Both:	Both	Lead Contact	Lead Contact

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-Nueces County Public Health District (CCNCPHD) is a local health department that provides clinical and educational services primarily in Nueces county and surrounding Kleberg, San Patricio, Jim Wells counties. CCNCPHD has the potential of impacting the MLIU population of approximately 82,056 residents with innovative service programs that provide Diabetes and Chronic Disease Self-Management Education classes for residents of Nueces county and surrounding Coastal Bend areas.  
 The ultimate outcome of combining our waivers into one larger system that continues to address the needs of decreasing chronic disease in our region, is to give a larger Federal initiative a local community focus. Comprehensive Diabetes Care, Controlling Hypertension, and BMI Preventive Care and Screening are prevalent in our region, and they garner a great deal of community and financial support. CCNCPHD is committed to mobilizing these test screenings, enabling CCNCPHD the ability to reach a greater portion of the MLIU population.

**Overall DSRIP Goals:**  
 The goal of the 1115 Waiver is to overcome the high risk of the increasing epidemic of Chronic Diseases and Obesity in our community by providing the necessary education and tools needed to combat these chronic diseases. Our intent is to assist our clients with making a permanent lifestyle change that will successfully impact their forthcoming generations. As we guide our clients to eat properly, create a daily exercise regimen and become self-disciplined, this will lead to independence and a road of success for them and their families. We will continue modifying our social network as necessary as well as improving our DSMP educational classes to keep enticing our clients participation. We will also continue to brainstorm yearly ideas and other community activities that will advertise our program and recognize it as a family program that the entire family will benefit from because a lifestyle change requires family and friends support.

**Alignment with regional community needs assessment:**  
 CCNCPHD 1115 Waiver system is in alignment with the regional community needs assessment offering greater health care access, affordable health care, and quality health care to indigent, Medicaid, Low income, underinsured, and uninsured populations in the RHP4 community. CCNCPHD forges forward with its DSME and Chronic disease self management classes as one of the core activities which supports the outreach initiative and delivery of all three measures L1-147, 130958511.3.5, 130958511.3.2, in a mobilized Bod Pod Trailer reaching many financially burdened people having limited transportation and primary health care support systems. Waiver staff in the Bod Pod unit are all Certified Community Health Workers and all Stanford Certified DSMP and CDSMP Leaders certified to provide the resources and referrals needed by our target population and link them to primary care.

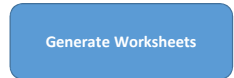
**Section 5: DY7-8 DSRIP Total Valuation**

	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	\$577,900.00	\$0.00	\$577,900.00	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$288,950.00	\$288,950.00	\$288,950.00	\$288,950.00
Category C	\$1,589,225.00	\$2,167,125.00	\$1,878,175.00	\$2,456,075.00
Category D	\$433,425.00	\$433,425.00	\$144,475.00	\$144,475.00
<b>Total</b>	<b>\$2,889,500.00</b>	<b>\$2,889,500.00</b>	<b>\$2,889,500.00</b>	<b>\$2,889,500.00</b>

Would you like to decrease the total valuation?  
**No**

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

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



**DY7-8 Provider RHP Plan Update Template - Category B**

**Progress Tracker**

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

**Performing Provider Information**

RHP:	4
TPI and Performing Provider Name:	130958511 - Nueces County
Performing Provider Type:	Local Health Department (LHD)
Ownership:	Non-State Owned Public
Category B valuation in DY7:	\$288,950.00
Category B valuation in DY8:	\$288,950.00

**Section 1: System Definition**

**Local Health Departments - Required Components**

Required System Component	Business Component?
Clinics	Business Component of the Organization

Please enter a description of this System Component.

**Corpus Christi Nueces County Public Health District**  
 System Definition 2018  
 Annette Rodriguez Director MPH  
 Local Health Authority William Burgin Jr.MD

The proposed System Definition will identify all components' clinical activities within the scope of services provided by the Corpus Christi Nueces County Public Health District (CCNCPHD). The majority of our clinics provide health care services to our low income underinsured and indigent populations. Our goal is consistent with the RHP's mission and quality goals as well as CMS's triple aim to: improve care for individuals (including access to care, quality of care, and health outcomes); improve health for the population; and lower costs through improvements (without any harm whatsoever to individuals, families, or communities).

1. Immunizations Clinic  
 Immunizations clinic has reached 5959 clients in our outreach program educating the community about immunization awareness. We educate our community on the importance and benefits of being fully vaccinated. Making the public aware of the services we offer at the Corpus Christi Nueces County Public Health District Immunization Clinic. Vaccination protects children from serious illness. Immunization services continue to be available to children that are uninsured or that have coverage under Medicaid. The Centers for Disease Control recommends flu vaccinations for anyone six months and older.

- Immunizations clinic has performed 7293 immunizations in FY 2016-17

2. Lab / STD Clinic  
 The Lab/STD clinic has provided multiple services to the community assuring patient health and treatments are of the highest confidentiality, areas of testing include. The health clinic provides examination, testing, diagnosis, treatment, counseling for sexually transmitted diseases, HIV-AIDS and other related problems.

Tested in FY 2016-17

- Gonorrhea PCR 3022
- Chlamydia PCR 3022
- Syphilis 2735
- Trichomonas Virginals 2112
- Syphilis Health Check 1048
- Influenza subtyping 435
- HIV testing 26 positive

Required System Component	Business Component?
Immunization Locations	Business Component of the Organization

Please enter a description of this System Component.

1. Immunizations Clinic  
 Immunizations clinic has reached 5959 clients in our outreach program educating the community about immunization awareness. We educate our community on the importance and benefits of being fully vaccinated. Making the public aware of the services we offer at the Corpus Christi Nueces County Public Health District Immunization Clinic. Vaccination protects children from serious illness. Immunization services continue to be available to children that are uninsured or that have coverage under Medicaid. The Centers for Disease Control recommends flu vaccinations for anyone six months and older.

- Immunizations clinic has performed 7293 immunizations in FY 2016-17

**Local Health Departments - Optional Components**

Optional System Component	Would you like to select this component?
Mobile Outreach	Yes

Please enter a description of this System Component.

CCNCPHD will be implementing a new Mobile Bod Pod trailer component, which will be used to provided much needed BMI, Hypertension, and A1c testing for our target populations in the rural and outer areas of Nueces county, who struggle with transportation and accessing quality Health care. The Bod Pod Trailer will be stationed in venue parking lots where CCNCPHD will perform testing on DSME class participants who then will be given follow up testing once every 3, 6, 9,12 months after completing the DSME class.

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	48,843	49,237
Total PPP	79,568	77,907

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 type="checkbox"/> Other (please explain below)	

MLIU PPP Goal for each DY (DY7 and DY8):	49,040
Average Total PPP	78,738
MLIU percentage of Total PPP	62.28%

\*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 Overview (CMHCs and LHDs only)  
 Section 3: Selection of Measures for Local Health Departments  
 Minimum Selection Requirements Met  
 MPT Met

Complete	Note: you must confirm selections at the bottom of the page to finish.	MPT	6
Complete		Points Selected	3
Yes		Measures Selected	3
Yes		Clinical Outcome Selected	3
Yes		At least 2 measures selected	Y

**Performing Provider Information**

RHP:	4
TPI and Performing Provider Name:	130958511 - Nueces County
Performing Provider Type:	Local Health Department (LHD)
Ownership:	Non-State Owned Public
If regional private hospital participation requirement is met:	Category C valuation in DY7: \$1,589,225.00 Category C valuation in DY8: \$2,167,125.00
If regional private hospital participation requirement is not met:	Category C valuation in DY7: \$1,678,175.00 Category C valuation in DY8: \$2,456,075.00

**MINIMUM POINT THRESHOLD (MPT):**

4

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 4: Attributed Population**

**Attributed Population for Local Health Department (LHD)**

Individuals with one eligible encounter during the measurement period

Please describe any other attributed population (optional):

**Section 2: Selection Overview**

Please describe your rationale for the selected measures, and describe the primary system components (clinics, facilities) that will be used to report on and drive improvement in selected measures.

CCNCPHD has selected two grandfathered measures in 4\_130958505.3.2 Diabetes Care: HbA1c poor control (9.0%), 4\_130958505.3.5 Controlling High Blood Pressure and one new measure L1-147 Preventive Care screening - Body Mass Index (BMI) screening and follow up. The two grandfathered measures that were selected are driven by our DSME classes that are continuously held by CCNCPHD staff in the Nueces County rural and City areas. Also drivers for these two measures are the renewed contract with coastal Bend Health Education Center Texas A&M and South Coastal Area Health Education Center, which provide DSME classes for assistance in providing data for measure and metric reporting. In the measure L1-147 the driver will be the newly implemented Bot Pool Mobile unit which will be used to visit all DSME venues to test all participants for BMI, Hypertension, and HbA1c on site. The rationale being we are hoping to address outreach criteria in hopes of bringing better accessibility of health care and medical testing to low income, uninsured, Medicaid populations in the county areas that are financially burdened and have no transportation. CCNCPHD will continue to accept walk-in clients to our LHD clinic providing all three measure testing to all attending LHD DSME classes and will track follow-ups at 3, 6, 9, 12 months.

**Section 3: Selection of Measures for Local Health Departments**

**Standard LHD Menu Options**

Select Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle/Measure ID	Measure Name	Measure Category	Total Points
No	ALL QDCs (minimum 1000 encounters)	L1-103	Controlling High Blood Pressure	Clinical Outcome	3
No	ALL QDCs (minimum 1000 encounters)	L1-105	Preventive Care & Screening: Tobacco User: Screening & Cessation Intervention	Process	1
No	ALL QDCs (minimum 1000 encounters)	L1-107	Colorectal Cancer Screening	Cancer Screening	3
No	ALL QDCs (minimum 1000 encounters)	L1-108	Childhood Immunization Status (CG)	Immunization	1
No	ALL QDCs (minimum 1000 encounters)	L1-115	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (9.0%)	Clinical Outcome	3
Yes	MLU denominator with significant volume	L1-147	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Process	1
No	ALL QDCs (minimum 1000 encounters)	L1-160	Follow-Up After Hospitalization for Mental Illness	Clinical Outcome	3
No	ALL QDCs (minimum 1000 encounters)	L1-186	Breast Cancer Screening	Cancer Screening	2
No	ALL QDCs (minimum 1000 encounters)	L1-205	Third new available appointment	Process	1
No	ALL QDCs (minimum 1000 encounters)	L1-209	Diabetes care: BP control (<140/90mm Hg)	Clinical Outcome	1
No	ALL QDCs (minimum 1000 encounters)	L1-210	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Process	1
No	ALL QDCs (minimum 1000 encounters)	L1-211	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents	Process	1
No	ALL QDCs (minimum 1000 encounters)	L1-224	Dental Sealant: Children	Process	1
No	ALL QDCs (minimum 1000 encounters)	L1-225	Dental Caries: Children	Clinical Outcome	3
No	ALL QDCs (minimum 1000 encounters)	L1-227	Dental Caries: Adults	Clinical Outcome	3
No	ALL QDCs (minimum 1000 encounters)	L1-231	Preventive Services for Children at Elevated Caries Risk	Process	1
No	ALL QDCs (minimum 1000 encounters)	L1-235	Post-Partum Follow-Up and Care Coordination	Clinical Outcome	3
No	ALL QDCs (minimum 1000 encounters)	L1-237	Well-Child Visits in the First 15 Months of Life (6 or more visits)	Process	3
No	ALL QDCs (minimum 1000 encounters)	L1-241	Decrease in mental health admissions and readmissions to criminal justice settings such as jails or prisons	Clinical Outcome	3
No	ALL QDCs (minimum 1000 encounters)	L1-242	Reduce Emergency Department visits for Chronic Ambulatory Care Sensitive Conditions (ACSC)	Clinical Outcome	3
No	ALL QDCs (minimum 1000 encounters)	L1-268	Pneumonia vaccination status for older adults	Immunization	1
No	ALL QDCs (minimum 1000 encounters)	L1-269	Preventive Care and Screening: influenza immunization	Immunization	1
No	ALL QDCs (minimum 1000 encounters)	L1-271	Immunization for Adolescents	Immunization	3
No	ALL QDCs (minimum 1000 encounters)	L1-272	Adults (18+ years) Immunization status	Immunization	1
No	ALL QDCs (minimum 1000 encounters)	L1-280	Chlamydia Screening in Women (CHL)	Process	1
No	ALL QDCs (minimum 1000 encounters)	L1-343	Syphilis positive screening rates	Process	1
No	ALL QDCs (minimum 1000 encounters)	L1-344	Follow-up after Treatment for Primary or Secondary Syphilis	Clinical Outcome	3
No	ALL QDCs (minimum 1000 encounters)	L1-345	Gonorrhea Positive Screening Rates	Process	1
No	ALL QDCs (minimum 1000 encounters)	L1-346	Follow-up testing for N. gonorrhoeae among recently infected men and women	Clinical Outcome	3
No	ALL QDCs (minimum 1000 encounters)	L1-347	Latent Tuberculosis Infection (LTBI) treatment rate	Clinical Outcome	3
No	ALL QDCs (minimum 1000 encounters)	L1-387	Reduce Emergency Department visits for Behavioral Health and Substance Abuse (Reported as low rates)	Clinical Outcome	3
No	ALL QDCs (minimum 1000 encounters)	L1-400	Tobacco Use and Help with Quitting Among Adolescents	Process	1

Total points from Standard Menu: 3

**LHD "Grandfathered" DY6 PAP Measures**

These measures are specific to your organization and are different from the standard LHD menu shown above.

Select Measure (Yes/No)	TPI	Performing Provider Name	DY6 RHP/Cat 3 ID	DY6 Title	DY7-8 Point Value
Yes	130958511	Nueces County	4_130958505.3.2	Diabetes care: HbA1c poor control (9.0%)	3
Yes	130958511	Nueces County	4_130958505.3.5	Controlling high blood pressure	3

Total points from "grandfathered" menu: 6

Total overall selected points: 9

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?
L1-147	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	CY2017: January 1, 2017 - December 31, 2017	No	No	Yes
Please enter an explanation for requesting a baseline numerator of zero.					
4_130958505.3.2	Diabetes care: HbA1c poor control (>9.0%)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
4_130958505.3.5	Controlling high blood pressure	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:	130958511 - Nueces County
Performing Provider Type:	Local Health Department (LHD)
Ownership:	Non-State Owned Public

If regional hospital participation requirement is met	Category C valuation in DY7:	\$1,589,225.00
	Category C valuation in DY8:	\$2,167,125.00
If regional hospital participation requirement is not met	Category C valuation in DY7:	\$1,878,175.00
	Category C valuation in DY8:	\$2,456,075.00

**Section 1: Measure Bundle/Measure Valuation**

**Valuation for Selected Measures - Local Health Departments**

Measure ID or Cat 3 ID	Denominator Volume	Points	Desired Valuation %	Minimum Valuation % of Total	Maximum Valuation % of Total	If private regional hospital participation requirement is met		If private regional 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
L1-147	MLIU denominator with significant volume	1	25.00%	25.00%	33.34%	\$397,306.25	\$541,781.25	\$469,543.75	\$614,018.75
4_130958505.3.2		3	37.50%	25.00%	41.67%	\$595,959.38	\$812,671.88	\$704,315.63	\$921,028.13
4_130958505.3.5		3	37.50%	25.00%	41.67%	\$595,959.37	\$812,671.87	\$704,315.62	\$921,028.12
<b>Total</b>	<i>N/A</i>	7	100.00%	<i>N/A</i>	<i>N/A</i>	\$1,589,225.00	\$2,167,125.00	\$1,878,175.00	\$2,456,075.00
	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 measures?  
Yes

**Explanation of Valuation Percent Changes**

Overall justification for change in Category C valuation distribution.

Grandfathered measures 4\_130958505.3.2 and 4\_130958505.3.5 both require testing of DSME participants who have completed the 6 week class along with follow ups 3, 6, 9, 12 months for monitoring. Both the grandfathered measures have a higher MPT value of 3 versus the L1-147 measure which has a MPT value of 1.

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.

Measure 4\_130958505.3.2 Diabetes Care: HBA1c poor control, of the number of participants tested 376 in DY 6 151 had a controlled HBA1c (<than 9.0%) our base line was (48.5%-) needed to have a controlled HBA1c less than 9.0%. Participants would reenroll in the DSME classes and participate in CHW sponsored exercise sessions and healthy eating cooking classes in efforts to reduce the HBA1c test below 9.0%. Measure 4\_130958505.3.5 Hypertension Controlling High Blood Pressure, of the 179 tested in DY6 97 participants had a controlled Hypertension test under 140/90 the baseline for DY6 was 52.01% must have a controlled Blood Pressure reading. Participants would be monitored every 3, months and many enjoyed reenrolling in the DSME calls to improve their follow up testing results.

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

required levels of efforts to show improvement in measures with increased valuation: 1.Utilization of care management and /or chronic care management services, including education in chronic disease self-management. 2. management of targeted patient populations ; e.g., chronic disease populations that are at high risk for developing complications , co-morbidities, and or utilizing acute and emergency care services.3. Implementation of evidence based strategies to empower patients to make lifestyle changes to stay healthy and self-manage their chronic conditions.4. Utilizing whole health peer support, which could include conducting health risk assessments , setting SMART goals, providing educational and supportive services to targeted individuals with specific disorders (Hypertension, diabetes, and health risks such as obesity , tobacco use and physical inactivity.5. Use of Community Health Workers to improve prevention efforts.

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.

To date measures with increased valuation have impacted 2441 Nueces county residents, where as selected measures with lesser evaluation have not yet had a population impact since the measure is a new measure in DY7.



**D7-8 Provider RHP Plan Update Template - Category A Core Activities**

**Progress Tracker**

Section 1: Transition from D7-6 Projects to D7-8 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

**Reporting Period Information**

and  
 TR and Performing Provider Name: \_\_\_\_\_  
 Performing Provider Type: \_\_\_\_\_  
 Organization: \_\_\_\_\_

**Section 1: Transition from D7-6 Projects to D7-8 Provider-Level Outcomes and Core Activities**

D7-6 Project ID	Project Option	Project Summary	Completed/Continuing	Enter a description for continuation (optional)
PPP_A_1300400A.1.1	2.0.1	Anti-Stigma Community Coalition of the Coastal Bend, implements a comprehensive system to increase electronic medical records (EMR), an integrated and coordinated care model (CCI) in key community-based health clinics and providers, and the management, education and support programs, creating a disease management registry for Neches County.	Continuing in Core Activity in D7-8	CCOCHD provides the data for the EMR data in order to track all diabetes and chronic disease encounters. CCOCHD has hired a IT Specialist to set up and maintain the EMR software data base in collaboration with Public Health Director, Antioch Community Health Center, - Brown, Mckinstry, Coastal Bend Health Education Center, Texas A&M, South Coastal Area Health Education Center
PPP_A_1300400A.1.1	2.0.1	Anti-Stigma Care Teams consisting of Certified Diabetes Educators (CDEs) and Community Health Workers (CHWs) working through community health management education (EMMCE) programs.	Continuing in Core Activity in D7-8	
PPP_A_1300400A.1.1	2.0.1	Expanding training, learning and management of collaborative, competent Patient Navigators as patient care coordinators at seven (7) Community Health Centers and/or Public Health Clinics. The Patient Navigator's role will be to work in close collaboration with the staff at the community health centers and public health clinics to refer and connect the target populations, individuals at high risk of discontinuity from institutionalized health care (i.e., patients with multiple chronic conditions, cognitive impairment and/or disabilities, Limited English Proficient patients, recent immigrants, the uninsured, those with health literacy, frequent visitors to the ED, and others), to patient-centered community based support programs for disease prevention and/or chronic disease management.	Continuing in Core Activity in D7-8	

**Section 2: Core Activities**

Please enter your organization's number of Core Activities: \_\_\_\_\_

1) Please select the category for this Core Activity:

a) Please select the name of this Core Activity:

b) Please enter a description of this Core Activity:

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 list below.

d) Please describe how this Core Activity impacts the selected Measure Bundles or measures:

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

2) Please select the category for this Core Activity:

a) Please select the name of this Core Activity:

b) Please enter a description of this Core Activity:

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 list below.

d) Please describe how this Core Activity impacts the selected Measure Bundles or measures:

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

3) Please select the category for this Core Activity:

a) Please select the name of this Core Activity:

b) Please enter a description of this Core Activity:

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 list below.

d) Please describe how this Core Activity impacts the selected Measure Bundles or measures:

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

4) Please select the category for this Core Activity:

a) Please select the name of this Core Activity:

b) Please enter a description of this Core Activity:

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 list below.

d) Please describe how this Core Activity impacts the selected Measure Bundles or measures:

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

5) Please select the category for this Core Activity:

a) Please select the name of this Core Activity:

b) Please enter a description of this Core Activity:

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 list below.

d) Please describe how this Core Activity impacts the selected Measure Bundles or measures:

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

6) Please select the category for this Core Activity:

a) Please select the name of this Core Activity:

b) Please enter a description of this Core Activity:

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 list below.

d) Please describe how this Core Activity impacts the selected Measure Bundles or measures:

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

7) Please select the category for this Core Activity:

a) Please select the name of this Core Activity:

b) Please enter a description of this Core Activity:

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 list below.

d) Please describe how this Core Activity impacts the selected Measure Bundles or measures:

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

8) Please select the category for this Core Activity:

a) Please select the name of this Core Activity:

b) Please enter a description of this Core Activity:

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 list below.

d) Please describe how this Core Activity impacts the selected Measure Bundles or measures:

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

9) Please select the category for this Core Activity:

a) Please select the name of this Core Activity:

b) Please enter a description of this Core Activity:

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 list below.

d) Please describe how this Core Activity impacts the selected Measure Bundles or measures:

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

10) Please select the category for this Core Activity:

a) Please select the name of this Core Activity:

b) Please enter a description of this Core Activity:

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 list below.

d) Please describe how this Core Activity impacts the selected Measure Bundles or measures:

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

11) Please select the category for this Core Activity:

a) Please select the name of this Core Activity:

b) Please enter a description of this Core Activity:

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 list below.

d) Please describe how this Core Activity impacts the selected Measure Bundles or measures:

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

12) Please select the category for this Core Activity:

a) Please select the name of this Core Activity:

b) Please enter a description of this Core Activity:

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 list below.

d) Please describe how this Core Activity impacts the selected Measure Bundles or measures:

e) 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 2: Verification Complete

**Performing Provider Information**

RHP:	4
TPI and Performing Provider Name:	130958511 - Nueces County
Performing Provider Type:	Local Health Department (LHD)
Ownership:	Non-State Owned Public

If regional hospital participation requirement is met	Category D valuation in DY7	\$433,425.00
	Category D valuation in DY8	\$433,425.00
If regional hospital participation requirement is <u>not</u> met	Category D valuation in DY7	\$144,475.00
	Category D valuation in DY8	\$144,475.00

**Section 1: Statewide Reporting Measure Bundle for Local Health Departments (LHDs)**

Measure	Category D valuation <b>per DY</b> distributed across measures (if regional hospital participation requirement is met)	Category D valuation <b>per DY</b> distributed across measures (if regional hospital participation requirement is <b>not</b> met)
Time Since Routine Checkup	\$61,917.86	\$20,639.29
High Blood Pressure Status	\$61,917.86	\$20,639.29
Diabetes Status	\$61,917.86	\$20,639.29
Overweight or Obese	\$61,917.86	\$20,639.29
Smoker Status	\$61,917.86	\$20,639.29
Selected Immunizations	\$61,917.86	\$20,639.29
Prevention of Sexually Transmitted Diseases	\$61,917.84	\$20,639.26

**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:	130958513 - Nueces County
Performing Provider Type:	Local Health Department (LHD)
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	Nueces County	IGT Name	IGT TPI (if available)	IGT TIN	Affiliation Number
4			130958505	1746000646000	100-13-0000-00181

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Leticia Hernandez	1702 Horne Road	Corpus Christi, Texas	78416	leticiaN@ctexas.com	361-826-7207		Lead Contact
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 Onlin Reporting System.

**Section 2: IGT Funding**

RHP Plan Update Submitter	IGT Name	IGT TIN	IGT Affiliation #	DY7 % IGT Allocated	DY8 % IGT Allocated	If regional private hospital participation requirement is met		If regional private hospital participation requirement is not met	
						Total Estimated DY7 Allocation (FMAP 56.88/IGT 43.12)	Total Estimated DY8 Allocation (FMAP 57.32/IGT 42.68)	Total Estimated DY7 Allocation (FMAP 56.88/IGT 43.12)	Total Estimated DY8 Allocation (FMAP 57.32/IGT 42.68)
Category B	Nueces County	1746000585 7 003	100-13-0000-00181	100.00%	100.00%	\$245,190.49	\$245,190.49	\$124,595.24	\$124,595.24
13-147	Nueces County	1746000585 7 003	100-13-0000-00181	100.00%	100.00%	\$171,318.46	\$231,232.24	\$202,467.27	\$262,063.20
4 130958505 3.2	Nueces County	1746000585 7 003	100-13-0000-00181	100.00%	100.00%	\$256,977.68	\$346,848.36	\$393,700.90	\$393,094.81
4 130958505 3.5	Nueces County	1746000585 7 003	100-13-0000-00181	100.00%	100.00%	\$256,977.68	\$346,848.35	\$393,700.90	\$393,094.80
Category D	Nueces County	1746000585 7 003	100-13-0000-00181	100.00%	100.00%	\$186,892.86	\$184,985.79	\$62,297.62	\$61,661.93
<b>Total</b>						\$1,245,952.40	\$1,233,238.60	\$1,245,952.40	\$1,233,238.60

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:	Isidoro Prado PMA
IGT Organization:	Nueces County
Date:	7/26/2018



**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 1: Selection Overview (CMHCs and LHDs only)	Complete
Section 3: Selection of Measures for Local Health Departments	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 Local Health Departments (LHDs)	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