

## RHP Plan Update Anchor 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 Anchor Template - RHP Organization**

**Progress Indicators & Anchor Information**

Section 3: UC-Only Hospitals  
 Section 4: UC-Only IGT Entities  
 Section 5: Collaborating Organizations

Complete
Complete
Complete
4
Neuvas County Hospital District



**Section 1: DSRIP Performing Providers**

RHP	TPI	Name	Performing Provider Type	Ownership	TIN	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	020978601	Corpus Christi Medical Center	Hospital	Private	17523874182003	1	Chris Niccola	3315 S. Alameda St.	Corpus Christi	78411	chris.niccola@christushealth.com	361-761-1501	
	Filename	CCMAC RHP 4 020973601.xlsx				2	Shannon Evans	1737 Buffalo Speedway, Ste. 1400	Houston	77054	shannon.evans@christushealth.com	713-852-1563	
						3	Peggy White	3315 S. Alameda St.	Corpus Christi	78411	peggy.white@christushealth.com	361-761-1504	

RHP	TPI	Name	Performing Provider Type	Ownership	TIN	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	094222901	Christus Spohn Hospital Alice	Hospital	Private	17411098365030	1	Estela Chapa	1702 Santa Fe	Corpus Christi	78404	estela.chapa@christushealth.com	361-881-3339	
	Filename	Christus Spohn Alice 094222902 DY7 participation template.xlsx				2	Charlotte Waters	2606 Hospital Blvd	Corpus Christi	78405	charlotte.waters@christushealth.com	361-9026977	
						3	Karen Stassen	2606 Hospital Blvd	Corpus Christi	78405	karen.stassen@christushealth.com	361-8816340	

RHP	TPI	Name	Performing Provider Type	Ownership	TIN	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	020811801	Christus Spohn Hospital Beeville	Hospital	Private	17411098365028	1	Estela Chapa	1702 Santa Fe	Corpus Christi	78404	estela.chapa@christushealth.com	361-881-3339	
	Filename	Christus Spohn Beeville 020811801 DY7 participation template.xlsx				2	Charlotte Waters	2606 Hospital Blvd	Corpus Christi	78405	charlotte.waters@christushealth.com	361-9026977	
						3	Karen Stassen	2606 Hospital Blvd	Corpus Christi	78405	karen.stassen@christushealth.com	361-8816340	

RHP	TPI	Name	Performing Provider Type	Ownership	TIN	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	121775403	Spohn Health System dba Spohn Memorial Hospital	Hospital	Non-State Owned Public	17411098365051	1	Estela Chapa	1702 Santa Fe	Corpus Christi	78404	estela.chapa@christushealth.com	361-881-3339	
	Filename	Christus Spohn Corpus 121775403 DY7 participation template.xlsx				2	Charlotte Waters	600 Elizabeth Street	Corpus Christi	78404	charlotte.waters@christushealth.com	361-9026977	
						3	Karen Stassen	600 Elizabeth Street	Corpus Christi	78404	karen.stassen@christushealth.com	361-8816340	

RHP	TPI	Name	Performing Provider Type	Ownership	TIN	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	136436606	CHRISTUS Spohn Hospital Kiberg	Hospital	Private	17423795305002	1	Estela Chapa	1702 Santa Fe	Corpus Christi	78404	estela.chapa@christushealth.com	361-881-3339	
	Filename	Christus Spohn Kiberg 136436606 DY7 participation template.xlsx				2	Charlotte Waters	600 Elizabeth St.	Corpus Christi	78404	charlotte.waters@christushealth.com	361-9026977	
						3	Karen Stassen	600 Elizabeth St.	Corpus Christi	78404	karen.stassen@christushealth.com	361-8816340	

RHP	TPI	Name	Performing Provider Type	Ownership	TIN	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	137907208	County of Victoria dba Citizens Medical Center	Hospital	Non-State Owned Public	17410981430111	1	Cherie Kozlowski	2703 Hospital Dr.	Victoria	77901	ckozlowski@cmccs.com	361-574-1526	
	Filename	Citizens Medical Center Functional RHP Plan Update Template v031418.xlsx				2	Diane Woods	2703 Hospital Dr.	Victoria	77901	diane.woods@cmccs.com	361-572-5059	
						3	Vickie Laubalter	2703 Hospital Dr.	Victoria	77901	vlaubalter@cmccs.com	361-572-5103	

RHP	TPI	Name	Performing Provider Type	Ownership	TIN	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	380388601	Coastal Plains Community MHRM Center	Community Mental Health Center (CMHC)	Non-State Owned Public	17429191780000	1	Mark Durand	200 Marriott Drive	Portland	78374	mdurand@coastalplainsctr.org	361-777-3991	
	Filename	Coastal Plains CMHC Functional RHP Plan Update Template Final.xlsx				2	Christine Johnson	200 Marriott Drive	Portland	78374	cjohnson@coastalplainsctr.org	361-777-3991	
						3	Leo Treise	200 Marriott Drive	Portland	78374	ltreise@coastalplainsctr.org	361-777-3991	

RHP	TPI	Name	Performing Provider Type	Ownership	TIN	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	094189002	DeTar Hospital (Victoria of TX)	Hospital	Private	16215494070001	1	Shan Nazeer	506 E San Antonio, Box 2089	Victoria	77901	shan.nazeer@chs.net	361-788-6303	
	Filename	DeTar Hospital Template Final 3-20-18.xlsx				2	Joseph Butler	506 E San Antonio, Box 2089	Victoria	77901	joseph.butler@detar.com	361-7886021	
						3	Sean Werman	506 E San Antonio, Box 2089	Victoria	77901	sean.werman@detar.com	361-7886043	

RHP	TPI	Name	Performing Provider Type	Ownership	TIN	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	131888305	Jackson County Hospital	Hospital	Non-State Owned Public	17419384750003	1	Bill Jones	1013 South Wells Street	Edna	77957	bjones@jchd.org	361-792-7810	
	Filename	Jackson County Functional RHP Plan Update Template 03-18-2018.xlsx				2	Lance Smith	1013 South Wells Street	Edna	77957	lsmith@jchd.org	361-782-7852	
						3							

RHP	TPI	Name	Performing Provider Type	Ownership	TIN	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	135233809	Lavaca Medical Center	Hospital	Non-State Owned Public	17462409379001	1	Steve Bowen	1400 North Texana Street	Hallettsville	77964	sbowen@lavacamedcen.com	361-798-3671	
	Filename	Lavaca RHP_04_135233809.xlsx				2	Tracy Green	1400 N Texana St.	Hallettsville	77964	tgreen@lavacamedcen.com	361-798-3671	
						3	Keith Kucak	1400 N Texana St.	Hallettsville	77964	kkucak@lavacamedcen.com	361-798-3671	

RHP	TPI	Name	Performing Provider Type	Ownership	TIN	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	130958511	Neuvas County	Local Health Department (LHD)	Non-State Owned Public	17460005857009	1	Isidoro Priolo	1702 Morse Road	Corpus Christi	78416	isidoro@ncdhs.com	361-546-8273	
	Filename	Neuvas County LHD Final Submission RHP_04_130958511.xlsx				2	Priscilla Robertson	1702 Morse Road	Corpus Christi	78416	priscilla@ncdhs.com	361-546-8273	
						3	Leticia Hernandez	1702 Morse Road	Corpus Christi	78416	leticia@ncdhs.com	361-546-8273	

RHP	TPI	Name	Performing Provider Type	Ownership	TIN	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	136417310	Karnes County Hospital District dba Otto Kiser MC	Hospital	Non-State Owned Public	17417182155002	1	Jaydi Leo	1348 S HWY 181	Reynolds	78118	jaydi.lee@kchd.com	830-683-3401	
	Filename	Otto Kiser RHP.xlsx				2	Gregory Bowen	1348 S HWY 181	Reynolds	78118	gregory.bowen@kchd.com	830-683-3401	
						3							

RHP	TPI	Name	Performing Provider Type	Ownership	TIN	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	107940001	Refugio County Memorial Hospital	Hospital	Non-State Owned Public	17419151408000	1	Luca White	107 South St	Refugio	78377	luca.white@cmhospita.org	361-526-4777	111
	Filename	Refugio RHP				2	Hoss White	107 South St	Refugio	78377	hwhite@cmhospita.org	361-526-2321	157
						3	Josiah Todd	107 South St	Refugio	78377	todd@cmhospita.org	361-526-2321	113

RHP	TPI	Name	Performing Provider Type	Ownership	TIN	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	138305109	Neuvas County MHRM Community Ctr dba Behavioral H	Community Mental Health Center (CMHC)	Non-State Owned Public	17416237996003	1	Victoria Rodriguez	1630 South Browneee	Corpus Christi	78401	vrueda@ncchc.com	361-886-4623	
	Filename	RHP_04_138305109 Neuvas Co MHRM.xlsx				2	Miko Davis	1630 South Browneee	Corpus Christi	78404	mdavis@ncchc.com	361-8861120	
						3	Vicki Guerra	1630 South Browneee	Corpus Christi	78404	vguerra@ncchc.com	361-8864669	

RHP	TPI	Name	Performing Provider Type	Ownership	TIN	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	132812205	Original Children's Hospital	Hospital	Private	17425777467000	1	Eric Hanson	3533 S. Alameda St.	Corpus Christi	78411	eric.hanson@chc-hosp.org	361-694-4602	
	Filename	Original Children's Hospital Functional RHP Plan Update Template - Dec04.xlsx				2	Michelle Ramirez	3533 S. Alameda St.	Corpus Christi	78411	michelle.ramirez@chc-hosp.org	361-694-6430	
						3	Greg Ward	3533 S. Alameda St.	Corpus Christi	78411	greg.ward@chc-hosp.org	361-694-6126	

RHP	TPI	Name	Performing Provider Type	Ownership	TIN	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	133254407	Gulf Bend MHRM Center	Community Mental Health Center (CMHC)	Non-State Owned Public	17416590648003	1	Jeffrey Tunwell	6002 Nursery Drive, Suite 100	Victoria	77904	jtunwell@gulfbend.org	361-582-2314	314
	Filename	RHP_04_133254407_Gulf Bend.xlsx				2	Linda E. Rodriguez	6002 Nursery Drive, Suite 100	Victoria	77904	linda1810@gulfbend.org	361-582-2310	330
						3	Elern Zengler	6002 Nursery Drive, Suite 100	Victoria	77904	ezengler@gulfbend.org	361-575-0611	357

RHP	TPI	Name	Performing Provider Type	Ownership	TIN	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	112672204	Yoakum Community Hospital	Hospital	Private	17422228222002	1	Karen Barber	1200 Carl Ramert Drive	Yoakum	77995	kbarber@yoakumhospital.org	361-293-2121	
	Filename	Yoakum Functional RHP Plan Update Template v02-02-18.xlsx 0001635460172.xlsx				2	Kim Mraz	1200 Carl Ramert Drive	Yoakum	77995	kmraz@yoakumhospital.org	361-293-2121	
						3	Lu	n/a	n/a	n/a	n/a	n/a	

**Section 2: DSRIP IGT Entities**

RHP	IGT TPI (if available)	IGT Name	TIN	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	N/A	Neuvas County Hospital District	17460005846000	1	Amey Hrip	555 N. Caranahua St., Suite 500	Corpus Christi	78401-0835	amey.hrip@chdc.com	361-808-3300	
				2							
				3							

**DSRIP IGT Entity 2**

RHP	IGT TPN (if available)	IGT Name	TIN	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	N/A	Cleburne Medical Center	1741888439011	1	Carolyn Zehren-	2701 Hospital Drive	Victoria	77901	czehren@cmcvtx.org	361-572-5056	
				2	Mike Olson	2701 Hospital Drive	Victoria	77901	mike.olson@cmcvtx.org	361-572-8181	
				3	Scott Kennedy	113 N Bridge Street	Victoria	77901	skennedy@cmcvtx.org	361-572-8588	

**DSRIP IGT Entity 3**

RHP	IGT TPN (if available)	IGT Name	TIN	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	N/A	Coastal Plains Community MHRMC Center	17428191780000	1	Mark Durand	200 Marriott Drive	Portland	78374	mdurand@coastalplainsctr.org	361-777-3991	
				2							
				3							

**DSRIP IGT Entity 4**

RHP	IGT TPN (if available)	IGT Name	TIN	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	N/A	Jackson County Hospital District	17413384751002	1	Bill Jones	1013 South Wells Street	Edna	77957	bjones@jchd.org	361-782-7810	
				2	Lance Sempa	1013 South Wells Street	Edna	77967	lsempe@jchd.org	361-782-7812	
				3							

**DSRIP IGT Entity 5**

RHP	IGT TPN (if available)	IGT Name	TIN	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	N/A	Lavaca Medical Center (hospital district)	17462400179001	1	Tracy Green	1400 North Tokana Street	Hallettsville	77964	tgreen@lavacamed.com	361-798-3671	1302
				2							
				3							

**DSRIP IGT Entity 6**

RHP	IGT TPN (if available)	IGT Name	TIN	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	N/A	Navasota County Hospital District	17411182110002	1	David Lutz	3349 S HWY 181	Geary	78118	David.Lutz@navasota.org	360-583-3401	
				2							
				3							

**DSRIP IGT Entity 7**

RHP	IGT TPN (if available)	IGT Name	TIN	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	N/A	Refugio County Memorial Hospital District	17419153303000	1	Louis Willeke	107 Swift St.	Refugio	78377	lwilleke@rcmhospital.org	361-526-2121	
				2	Hezeka Whitl	107 Swift St.	Refugio	78377	hwhitl@rcmhospital.org	361-526-2121	
				3							

**DSRIP IGT Entity 8**

RHP	IGT TPN (if available)	IGT Name	TIN	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	N/A	Navasota County MHRMC Community Center	17416237900003	1	Mike Davis	1630 South Browline	Corpus Christi	78404	mdavis@nchc.org	361-886-6900	
				2	Victoria Rodriguez	1546 S. Browline	Corpus Christi	78404	vruires@nchc.org	361-886-4623	
				3							

**DSRIP IGT Entity 9**

RHP	IGT TPN (if available)	IGT Name	TIN	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	135234407	Gulf Bend MHRMC Center	174165900648001	1	ANNA ARAGE	6502 Nursery Drive, Suite 100	Victoria	77904	ANNA1685@GULFBEND.ORG	3615822339	339
				2	GLENN ZENGERLE	6502 Nursery Drive Suite 100	Victoria	77904	GZENERLE@GULFBEND.ORG	3615822357	357
				3	JEFFREY TUNNELL	6502 Nursery Drive Suite 100	Victoria	77904	JFTUNNELL@GULFBEND.ORG	3615822314	314

**DSRIP IGT Entity 10**

RHP	IGT TPN (if available)	IGT Name	TIN	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	N/A	Irabon Hospital District	17423038080015	1	Christy Seawey	P.O. Box 482	Irabon	77996	cseawey@irabonhd.net	361-293-2652	
				2							
				3							

**Section 3 UC-Only Hospitals (Anchor Entry)**

Please enter the number of UC-Only Hospitals in the RHP:

**UC-Only Hospital 1**

RHP	TPN	Name	Ownership	TIN (if available)	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	189911619	Cuero Regional Hospital	Non-State Owned Public		1	Alma Alexander	2500 N. Esplanade	Cuero	77954	alexander@cuerohospital.org	3611 271-6191	
					2	Greg Pritchett	2500 N. Esplanade	Cuero	77954	gprichett@cuerohospital.org	3611 271-6191	
					3	Samantha Sutton	2500 N. Esplanade	Cuero	77954	ssutton@cuerohospital.org		

**UC-Only Hospital 2**

RHP	TPN	Name	Ownership	TIN (if available)	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	121785303	Gonzales County Hospital District dba Gonzales Healthcare Systems	Non-State Owned Public	17416250136501	1	John Hughson	1130 N Sarah DeWitt Drive	Gonzales	78629	jhughson@gonzaleshealthcare.com	3603 672-7581	1001
					2	Patty Stewart	1130 N Sarah DeWitt Drive	Gonzales	78629	pstewart@gonzaleshealthcare.com	3603 672-7581	1002
					3	Leslie Janssen	1130 N Sarah DeWitt Drive	Gonzales	78629	ljanssen@gonzaleshealthcare.com	3603 672-7581	1206

**Section 4 UC-Only IGT Entities (Anchor Entry)**

Please enter the number of UC-Only IGT Entities in the RHP:

**UC-Only IGT Entity 1**

RHP	IGT TPN (if available)	IGT Name	IGT TIN (if available)	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	189911619	Cuero Regional Hospital		1	Alma Alexander	2500 N. Esplanade	Cuero	77954	alexander@cuerohospital.org	3611 271-6191	
				2	Greg Pritchett	2500 N. Esplanade	Cuero	77954	gprichett@cuerohospital.org	3611 271-6191	
				3	Samantha Sutton	2500 N. Esplanade	Cuero	77954	ssutton@cuerohospital.org	3611 271-6191	

**UC-Only IGT Entity 2**

RHP	IGT TPN (if available)	IGT Name	IGT TIN (if available)	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	121785303	Gonzales County Hospital District dba Gonzales Healthcare Systems	17416250136501	1	John Hughson	1130 N Sarah DeWitt Drive	Gonzales	78629	jhughson@gonzaleshealthcare.com	3603 672-7581	1001
				2	Patty Stewart	1130 N Sarah DeWitt Drive	Gonzales	78629	pstewart@gonzaleshealthcare.com	3603 672-7581	1002
				3	Leslie Janssen	1130 N Sarah DeWitt Drive	Gonzales	78629	ljanssen@gonzaleshealthcare.com	3603 672-7581	1206

**Section 5 Optional - Collaborating Organizations (Anchor Entry)**

Please enter the number of Collaborating Organizations (if any) in the RHP:



## RHP Plan Update Anchor Form

**Last Update of Tool:**  
2/13/2018

**Objectives of the Model:**

The objectives of the RHP Plan Update Anchor form are to facilitate the aggregation and compilation of the provider forms completed by the participating providers in the Anchor's region.

**Steps for using the Tool:**

1. Indicate your RHP. When you do so, additional tabs may open up. You may begin filling out the anchor-only entries in this form after selecting the RHP, but it is suggested that you compile the provider forms first before filling out anchor-only entries. If you need to change your RHP, it is recommended that you close the template and start over.

4

2. Place all of the provider forms that you would like to import/capture into a single folder on your network or hard drive. For efficiency purposes, it is recommended to make copies of the submissions on your local hard drive and point this model to that local folder.

Folder Path: C:\Users\chilbelink\Desktop\3695\_RHP\_4\_Nueces\_Co\2018\_RHP\_Plan\_Update\Provider\_templates

3. Run the consolidation. The number of files successfully compiled and the names of these files will be pasted in the tracker below.

COMPILE PROVIDER FORMS

Macro Complete: Complete

**Description:** This macro will erase information currently summarized in the Anchor Form, if any, and will add data from the templates located at the folder path specified in Step 2.

**Additional Notes for the User:**

If, upon review of the provider form submissions, it is determined that a particular provider form will need to be resubmitted, remove or update the file from the folder path above and rerun the consolidation. This is the best way to ensure that the anchor inputs will be saved and that the proper updated data will be consolidated.

Successfully Compiled Provider Form(s)*	17	Non Provider Form(s)	0
*All successfully compiled provider forms appear to be in the correct RHP (based on selection above)		Duplicate Provider Form(s)	0
		Provider(s) Withdrawing from DSRIP	1
<b>Total</b>	<b>18</b>		

Name of files in folder path:	RHP	TPI	Comment
CCMC RHP 4 020973601.xlsm	4	020973601	Successfully compiled
Christus Spohn Alice 094222902 DY7 participation template.xlsm	4	094222903	Successfully compiled
Christus Spohn Beeville 020811801 DY7 participation template.xlsm	4	020811801	Successfully compiled
Christus Spohn Corpus 121775403 DY7 participation template.xlsm	4	121775403	Successfully compiled
Christus Spohn Kleberg 136436606 DY7 participation template.xlsm	4	136436606	Successfully compiled
Citizens Medical Center Functional RHP Plan Update Template v031518.xlsm	4	137907508	Successfully compiled
Coastal Plains CMHC Functional RHP Plan Update Template Final.xlsm	4	080368601	Successfully compiled
DeTar Hospital Template Final 3-20-18.xlsm	4	094118902	Successfully compiled
Gonzales Memorial Functional RHP Plan Update Template v02-02-2018.xlsm	4	121785303	Provider chose to withdraw from DSRIP
Jackson County Functional RHP Plan Update Template v03-12-2018.xlsm	4	121808305	Successfully compiled
Lavaca RHP_04_135233809.xlsm	4	135233809	Successfully compiled
Nueces County LHD Final submissionRHP_04_130958511.xlsm	4	130958511	Successfully compiled
Otto Kaiser.xlsm	4	136412710	Successfully compiled
Refugio.xlsm	4	020991801	Successfully compiled
RHP4 138305109_Nueces Co MHRM.xlsm	4	138305109	Successfully compiled
RHP4_132812205_Functional RHP Plan Update Template_Driscoll.xlsm	4	132812205	Successfully compiled
RHP_04_135254407_Gulf Bend.XLSM	4	135254407	Successfully compiled
Yoakum - Functional RHP Plan Update Template v02-02-2018.xlsm (00163546x8D172).xl	4	112673204	Successfully compiled

**DY7 Anchor Template - Anchor Entry**

**Progress Indicators**

**Section 2: Contact Information** Complete

**Section 1: Anchor Information**

RHP Number: RHP 4

Anchor Organization: Nueces County Hospital District

**Section 2: Contact Information**

**Lead Contact #1**

Contact Name:	Linda Wertz
Street Address:	119 Dan Moody Trail
City:	Georgetown
Zip Code:	78633
Email:	lkwertz@gmail.com
Phone Number:	512-925-4894
Phone Ext:	
Lead Contact or Both:	Both

**Lead Contact #2**

Contact Name:	Jonny Hipp
Street Address:	555 N. Carancahua St., Suite 950
City:	Corpus Christi
Zip Code:	78401-0835
Email:	jonny.hipp@nchdcc.org
Phone Number:	361-808-3300
Phone Ext:	
Lead Contact or Both:	Both

**Lead Contact #3**

Contact Name:	Catie Hilbelink
Street Address:	515 Congress Ave, Suite 1760
City:	Austin
Zip Code:	78701
Email:	chilbelink@healthmanagement.com
Phone Number:	512-473-2626
Phone Ext:	
Lead Contact or Both:	Both

**DY7 Anchor Template - Community Needs Assessment**

**Progress Indicators & Anchor Information**

Section 1: Updated Community Needs Assessment for DY7-8

Complete

RHP Number:

4

Anchor Organization:

Nueces County Hospital District

**Section 1: Updated Community Needs Assessment for DY7-8**

HHS rules require Anchors to provide the regions' community needs assessment that has been updated to reflect major changes, including changes to the priority needs from the community needs assessment that was submitted with the original RHP plan in 2012. Updating the community needs assessment is required in order for an Anchor to receive their DY6A Anchor allocation.

Please summarize your process for updating your region's community needs assessment. HHS is not prescribing the process the region should use for updating the community needs assessment. Answering the questions on this form satisfies the requirements for reporting the region's updated community needs assessment. You may also submit a separate attachment of the completed, updated community needs assessment, but it is not required.

1. Describe the RHP's process for updating the regional community needs assessment.

This section should include:

- A summary of the region's process for updating the RHP community needs assessment;
- Major activities conducted by the RHP during this process;
- Data sources or resources/consultants used; and
- Any other information that the Anchor thinks is important to provide.

In addition to updating the data points used to evaluate current health status and other factors indicative of community health care strengths and weaknesses, the CNA also includes additional information from the 2016 Coastal Bend Health Needs Assessment. This Coastal Bend CNA report included information on all 18 counties participating in RHP 4 and was led by a 20-member Steering Committee of representatives from several local health care systems, hospitals, school districts, public health agencies, providers, and community stakeholders. The analysis included both a survey of providers and a community survey of local residents, as well as targeted interviews with health care and social service providers. Findings of the surveys are discussed in the RHP community needs assessment and informed the identification of primary community challenges and opportunities for improvements. RHP 4's CNA report was developed by Health Management Associates in consultation with the RHP participating providers. In addition to the Coastal Bend CNA report, other sources used to inform the data collection and findings include Texas Demographic Center – Texas Population Estimates Program; U.S. Census Bureau American Community Survey Five Year Estimates; Texas Medical Board physician reports; data from the Texas Department of State Health Services; County Health Rankings and Roadmaps, 2017; the U.S. Department of Health & Human Services, Health Resources and Services Administration.

2. Describe the RHP's process for soliciting community stakeholder input on the community needs assessment.

This section should describe the process used to obtain stakeholder feedback on the community needs assessment, which stakeholder groups/types were involved (e.g. local physician groups), including stakeholders who are not currently performing providers in the region.

Information on the Community Needs Assessment process was included in all Learning Collaborative meetings held throughout 2017 and was posted on the RHP 4 Anchor website. Meeting attendees and all providers were asked to submit local data and information for inclusion in the report and provide comments and recommendations on the process for development of the CNA. The RHP 4 Anchor website included instructions for providing input, including meeting agenda notices announcing CNA discussions. A draft copy of the CNA report was published on the RHP 4 Anchor website for public review and comment. An announcement of a public stakeholder meeting to discuss the CNA report was also publicly posted and stakeholders were invited to attend the April 5th meeting or submit comments in writing. The public meeting was held on April 5th in Corpus Christi. At the time of this writing, written comments are still being accepted through April 13th. Upon the closing of the comment period, written comments will be integrated into the report and a final CNA report will be issued. Stakeholders who have provided information for the report at the time of this writing include health care providers, hospital representatives, and public health officials. Additionally, as noted above, community members selected through a randomized survey participated in the 2016 Coastal Bend community survey, which was a primary resource for the CNA.

3. Describe the RHP's community needs that changed or the priorities that were updated, if any, as a result of this process.

This section should describe the new community needs/priorities and how they changed from the original community needs assessment submitted with the original RHP Plan in 2012. If the updated community needs assessment did not result in new community priorities, this should be explained.

RHP 4 providers have made significant improvements in the local health care infrastructure and delivery system as a result of successful DSRIP projects. Examples of some of the key accomplishments over the past five years include:

- Improved coordination and collaboration among providers of all types throughout the region, including participation in formal learning collaboratives and joint “raise the floor” improvement initiatives
- Improved access to health care due to an increased number of primary care and specialty providers; the addition of new and expanded health care clinic locations and expanded office hours; improved transportation services; implementation of mobile crisis services; and expansion of telemedicine services
- Advances in care coordination through physical and behavioral health integration initiatives; improvements and expanded use of electronic medical records and physician order management systems; implementation of care transition strategies; and improved communication and planning between inpatient hospital settings and outpatient and community providers
- Implemented strategies designed to reduce avoidable emergency room admissions, including improving access to primary care and providing alternative options for treating behavioral health care crises
- Expanded and improved patient education initiatives and provided assistance navigating the health care system to support patients’ efforts to better utilize the services available and improve their health status and outcomes.

While these efforts have made measurable improvements in the lives of thousands of community residents, the Region continues to deal with many of the same challenges identified in the original 2011 CNA. Every county still faces high numbers of uninsured residents. All but one county reports average median household incomes below the statewide average, and two thirds of the counties report average poverty rates above the statewide average. Based on the Texas County Rankings, only one RHP county saw a decline in the percentage of adults reporting poor or fair health; all but three counties experienced an increase in the average number of physically unhealthy days; and all but four counties saw an increase in the average number of mentally unhealthy days. Only three counties saw an improvement in the percentage of live births with low birth weight. Despite significant growth in the total number of providers practicing in RHP 4, three counties have no PCPs and two have no practicing physician of any kind. Access to both primary and specialty services/providers continues to be a concern, particularly in the rural communities. While access to behavioral health services has improved as a result of DSRIP, the region faces a significant shortage of behavioral health providers and has only one psychiatric hospital in the region. DSRIP projects that provide patient education, care coordination, and assistance navigating the health care system have been highly successful but need expansion to reach more residents and communities. As such, the community needs remain largely the same, with the addition of the following needs: expansion of emergency and non-emergency transportation services to improve access to care and support appropriate utilization of services, and improvements in hospital safety to reduce costs and improve patient outcomes.

4. Any additional information the Anchor would like to share about the RHP’s updated community needs assessment.

The Region 4 community incurred extensive damage caused by Hurricane Harvey and continues to rebuild. RHP 4 includes many of the counties that suffered some of the most significant damage in the State. As an indication of the extent of damage, in the Corpus Christi Metropolitan Statistical Area, as of January 22, 2018, 53 percent of all households had registered for Individual Assistance from the Federal Emergency Management Agency. In the RHP 4 communities of Rockport, Fulton, Bayside, Aransas Pass, and Port Aransas, surveys estimate Harvey completely destroyed or severely damaged about 80 percent of homes and buildings. In addition to property damage, these communities suffered a decline in jobs and businesses as many owners await financial aid or are undecided whether they will re-build or re-open. While circumstances are gradually improving, health care services in some communities are still recovering, forcing some residents to travel longer distances for even basic health care services. In a survey conducted by the Episcopal Health Foundation and Kaiser Family Foundation, RHP 4 counties (Coastal Triangle) reported 74% of individuals were affected by property damage or job loss. One in eight residents report they or a household member has a health condition that is new or has gotten worse as a result of the storm. Thirty-eight percent of these identified a respiratory condition such as asthma allergies or cough, and 20 percent identified mental health issues including anxiety, depression, and stress. Residents report skipping or delaying medical care or having problems paying medical bills, not filling prescriptions, cutting pills in half, and skipping doses. Addressing these concerns through enhanced efforts to improve access to affordable health care is even more important now in order to support the re-building of these coastal communities and ensure residents can obtain the services they need.

**DY7 Anchor Template - Stakeholder Engagement**

**Progress Indicators & Anchor Information**

Section 1: Extension Stakeholder Engagement Forum  
Section 2: General Stakeholder Engagement

Complete  
Complete

RHP Number:  
Anchor Organization:

4  
Nueces County Hospital District

**Section 1: Extension Stakeholder Engagement Forum**

As specified in the Program Funding and Mechanics Protocol (PFM), once CMS and HHSC agree on the longer term extension, the Anchoring Entity must conduct an extension stakeholder engagement forum to promote collaboration in the next phase of the waiver and community goals. The RHP Plan Update or a summary must be posted on the RHP's website prior to the forum or collecting stakeholder feedback.

Please complete this tab to fulfill the requirements of stakeholder engagement for DY7-8.

1. Describe the extension stakeholder engagement forum, including the date, location, agenda items, and participants. If the forum is scheduled to occur after RHP Plan Update submission, then please explain.

RHP 4 held a public stakeholder meeting on April 5th in Corpus Christi at a centrally located facility that is easily accessible and with free parking. The meeting was publicly posted on the RHP 4 Anchor website and the Corpus Christi Caller-Times, public notice section. The Anchor also sent email notifications to all stakeholders via a distribution list. The agenda included a description of the purpose of the meeting and the documents that were being discussed and provided an electronic link to the draft RHP 4 Plan Update. The posting also provided instructions on how individuals could request additional information or assistance with accessing the materials. The agenda items included an introduction to the RHP 4 Plan Update, a summary of the Community Needs Assessment process and key findings, an overview of the RHP provider participants and measure bundle selections, and how stakeholders can participate in the program going forward. Attendees at the meeting included performing providers and other interested stakeholders.

2. Describe how stakeholder input was gathered and informed the RHP Plan Update (e.g. email submission of public comments, responses during forum).

Prior to the Public Stakeholder meeting, the draft RHP 4 Plan Update was posted on the RHP 4 Anchor website. The posting of the meeting notice included a link to the RHP 4 draft Plan Update, a link to the updated community needs assessment and instructions on how to submit comments electronically or in writing via mail or hand delivery, or verbally by attending the public meeting. Attendees planning to attend the public meeting were encouraged but not required to submit written comments. At the forum, notes were taken to record comments provided at the meeting. Following the conclusion of the comment period, all comments were reviewed and incorporated into the Plan as appropriate and relevant. Copies of all written comments will be retained by the Anchor.

3. Describe how feedback from the forum or the stakeholder input process was used to inform the learning collaborative plan for DY7-8.

Stakeholder comments directly related to the learning collaborative were incorporated into the DY 7-8 plan. The Learning Collaborative plan describes the ability to adapt the agenda to accommodate issues as they develop during DY 7-8 in order to reflect community concerns and address any changes in community needs. Learning Collaboratives are always open to the public and stakeholders are welcome to speak and participate in the meetings. Advance registration is not required.

**Section 2: General Stakeholder Engagement**

4. Describe plans for ongoing public engagement in DY7-8 (e.g. quarterly public meetings, newsletters, annual surveys).



As has been the process throughout the DSRIP program, RHP 4 will continue to post updates and information on the RHP 4 Anchor website, which is accessible to any interested party. All RHP meeting notices are posted on the website and all meetings are open to the public. Though there are no current plans to issue a survey or publish a newsletter, those options will be utilized if appropriate.


5. Describe any additional information the Anchor would like to share about the RHP's stakeholder engagement.

None at this time.

**DY7 Anchor Template - Learning Collaborative Plan for DY7-8**

**Progress Indicators & Anchor Information**

Section 1: Learning Collaborative Plan

Complete

RHP Number:

4

Anchor Organization:

Nueces County Hospital District

**Section 1: Learning Collaborative Plan**

As specified in the Program Funding and Mechanics Protocol (PFM), an Anchoring Entity must submit a DY7-8 learning collaborative plan to reflect opportunities and requirements for shared learning among the DSRIP Performing Providers in the region. The PFM also allows two or more regions to work together to submit a cross-regional DY7-8 learning collaborative plan. The DY7-8 learning collaborative plan may include an annual regional learning collaborative and/or smaller, targeted learning collaboratives or stakeholder meetings.

This tab should be used for submission of the DY7-8 Learning Collaborative Plan. No additional documentation is required. If multiple regions are submitting a cross-regional plan, please copy and paste the same information for all participating RHPs in the Anchor template.

Is this a cross-regional plan?

No

1. Describe the topics for each learning collaborative you plan to conduct in DY7-8. Please note planned dates and locations, if known.

RHP 4 intends to host at least two learning collaboratives each demonstration year. To date, RHP 4 has hosted two learning collaboratives. The first DY 7 meeting was held November 15, 2017 in Corpus Christi. The meeting was posted as a public meeting and stakeholders were invited to attend and participate in the discussion, particularly as it related to the unallocated funds process and distribution of funds. The meeting included the following topics: an update of HHSC efforts to obtain final CMS approval; a discussion of the changes to the PFM and additional revisions HHSC was continuing to finalize; an overview of the Community Needs Assessment (CNA) report, including provider comments and updates on local challenges; a discussion of the unallocated funds process; and a public comment period and open discussion on all other topics identified by meeting participants. The meeting also included provider workgroup breakout sessions that included discussions of sustainability challenges and the importance of identifying and implementing long-term strategies that varied by provider type and support as it relates to members. The second meeting was held on January 24, 2018 in Corpus Christi. The meeting was attended by performing providers and the agenda focus was on the approval of Waiver 2.0, new reporting requirements for DSRIP providers including system definition and measure bundles and measures, baseline guidelines, and Category A, B, C, and D specifications. In addition to general discussion, providers were divided into smaller groups for discussions on shared interest topics and potential challenges.

The third DY 7 learning collaborative/public stakeholder meeting is scheduled for April 5, 2018 and will also be held in Corpus Christi. The primary purpose of the meeting is to publicly present the draft RHP 4 Plan Update, final decisions on the unallocated funds distribution, and provide an overview of how selected Measure Bundles will benefit the community and address local needs identified in the community needs assessment. Stakeholders will be invited to participate in the discussion and provide comments on the proposed plan initiatives and goals for the community. Additionally, the meeting will include provider discussion on HHSC updates related to upcoming reporting requirements, and provider work groups to continue the discussion of long term sustainability strategies for the low-income uninsured. We anticipate there will be a learning collaborative meeting in September 2018 to prepare for October DY 7 reporting and discuss progress and challenges associated with implementation of new measure bundles.

Dates and topics of the DY 8 learning collaboratives have not yet been determined. As the DSRIP program continues and providers continue their work on measure bundles and required reporting, we will request that providers submit specific topics for inclusion in the learning collaborative meetings. Meetings will continue to include discussion of long term sustainability, including integration into Medicaid managed care and working with MCOs that can support providers' DSRIP efforts. As in the past, we will continue to host the learning collaborative meetings in Corpus Christi as a large majority of meeting participants live within or nearby the Corpus Christi metropolitan area.

2. Describe the goals of each learning collaborative that you plan to conduct in DY7-8 and how they will be achieved. The anchor must conduct at least one learning collaborative that includes a focus on DSRIP integration into Medicaid managed care, value-based purchasing, alternative payment models, or sustainability strategies for low-income uninsured.

The primary goals of RHP 4's learning collaboratives are to provide opportunities for the participating providers to discuss project challenges; share strategies and successes so they can learn from each other; provide opportunities to identify common problems and concerns and work together to develop solutions; ensure DSRIP activities are effective in addressing community needs; ensure providers have the tools and information they need to succeed in meeting all project outcomes and goals; and support development of relationships that ensure community collaboration continues after DSRIP ends. To achieve these goals, we work with providers to develop meeting agendas that focus on the region's priorities and needs by soliciting their input and suggestions for each meeting. Providers receive advance notice of meetings and agendas to allow them to prepare in advance for the discussion, prepare or review presentation materials if required, and ensure the appropriate staff attend the meeting. Meetings include small group discussions and specific learning activities to support ongoing improvement and encourage team building. All learning collaboratives are intentionally designed to facilitate interaction among all providers and support the varying needs of our participants. As noted above, one of our primary topics of discussions in the DY 7 learning collaboratives was long term sustainability. Future meetings will continue to focus on initiatives to support sustainability, including collaboration with Medicaid Managed Care Organizations to integrate providers' DSRIP initiatives into MCOs' strategies for improving the delivery of care and healthcare outcomes. Our region includes a diverse group of providers from both urban and rural communities with widely disparate resources, but all with the common goal of improving the health care delivery system. Our providers are committed to ensuring the long-term continuation of the progress that has been achieved through DSRIP and are hopeful MCOs will be willing partners in this important endeavor.

---

---

---

---

3. Describe the key design elements for improvement design (such as Institute for Healthcare Improvement (IHI) Model for Improvement; Plan, Do, Study, Act (PDSA), etc.)

Our region will continue to use the Plan, Do, Study, Act process for improvement design. This strategy has been an effective approach for our providers and is easily adapted by both the large and small provider organizations included in our region. This process also clearly facilitates the direct communication and discussion of goals, strategies for improvement, successes and challenges, which is the primary goal of every Learning Collaborative meeting. As indicated by the naming convention of this process, the key design elements include: development of a plan with specific objectives and goals for both short term and long-term improvement; implementation of the plan as it relates to the DSRIP program; evaluation of the successes and challenges related to the goals and development of specific strategies for improvement; and implementation of specific strategies to achieve optimal outcomes. Each Learning Collaborative includes both large group and small workgroup opportunities to discuss challenges, progress and suggestions for continued improvement, with a focus on lessons learned and opportunities for joint problem solving.

---

---

---

---

4. Describe learning collaborative participant involvement, including any plans to include cross regional participants, or individuals/organizations who are not DSRIP performing providers, such as community partners or managed care organizations. Describe the primary takeaways for participants.

RHP 4 has enjoyed extremely high provider participation levels among all participating providers in the Region. We typically have attendance levels of more than 90% for all RHP 4 participants, and it is common to have representation from every performing provider. In addition, some providers from Region 5 and 20 also attend our meetings. All meetings are publicly posted and are open to the public. We occasionally have attendees who are not performing providers and always welcome their participation in the discussions and small workgroup breakout sessions. Each learning collaborative includes a scheduled time dedicated to facilitating discussion among performing providers to discuss specific project challenges, successes, lessons learned, questions, suggestions for improvements, and joint problem solving. Providers receive an advance copy of the meeting agenda so they can prepare for the meeting and invite appropriate staff to participate. Providers often serve as presenters, providing overviews of specific DSRIP projects, challenges, solutions and accomplishments. All meetings are designed to engage attendees through team solving challenges, provider presentations and interactive Q&A sessions. Periodically, providers are surveyed to solicit recommendations for future learning collaboratives and feedback on prior meetings. Providers have noted in surveys that the Learning Collaborative meetings provide excellent networking opportunities and are an important tool for continuing quality improvement initiatives. Many report that one of the most important benefits of the Learning Collaborative is the opportunity to meet other providers and share information on how to overcome common problems and challenges, discuss local community issues and collaborate on ways to work together to improve the health care system.

---

---

---

---

5. Describe the learning system design (how to share information and data, including Category C outcome data).

All learning collaborative meetings include both large group and small group discussion to support varying levels of information exchange. As part of the large group meeting, a pre-selected group of providers presents updates on projects with information on accomplishments, challenges and solutions to identified problems. Providers include in their presentation information on project objectives, goals and achievements, consistent with the project reporting requirements. The information is presented using a power point template developed in advance of the meeting. All meeting materials are posted on the RHP 4 Anchor website after the meeting for access by all providers. During small group sessions, provider workgroups engage in more detailed discussions and problem-solving initiatives. As appropriate, based on the topic of discussion, outcome data is shared and compared as part of the discussion. In DY 7-8, we will continue to use the same approach, with the focus on Category C measures. Providers will continue to share and discuss Measure Bundle and Measure information, including data, using pre-determined templates as appropriate. Each meeting will include time to discuss challenges and achievements, and a discussion of questions related to specific Measure Bundles and Measures. All written materials will be distributed at the meeting and/or posted on the website.

6. Describe learning collaborative format and frequency (meetings, workgroups, webinars / quarterly, monthly, etc). Indicate if web access to the learning collaboratives will be available.

RHP 4 Anchor will hold a minimum of two learning collaboratives in both DY 7 and DY 8. Both meetings will be in-person and will include both full sessions with all providers and breakout sessions with small groups of providers. Based on prior experience, we have learned that in-person attendance declines if meetings are web-cast. A large majority of our providers have stated and agree that in-person meetings are more productive and more conducive to an engaging discussion. For that reason, we do not intend to web cast in-person learning collaboratives for either of the two planned semi-annual learning collaboratives. However, we may decide that additional learning collaboratives are necessary to address specific issues that develop as providers gain experience with the new measure bundle requirements during DY 7-8, or due to changes or updates issued by HHSC. Providers are continually encouraged to contact the anchor if they have suggestions for learning collaborative meetings. Such requests and suggestions are addressed as they develop. If we determine an additional learning collaborative is appropriate, the meeting may be scheduled as a webinar rather than an in-person meeting, depending on the topic and format of the discussion. We also may schedule an in-person meeting but may also provide access via web-cast if it is determined to be beneficial for our providers. As always, the meeting information will be announced on the RHP 4 Anchor website, as well as email communication via a RPH 4 distribution list, for access by all interested stakeholders or public participants.

7. Please include any additional information you would like to share about your plan.

Learning Collaboratives are a valuable resource for RHP 4 providers and offer regular opportunities for providers to build relationships and work together towards common community goals. Our providers look forward to these meetings and the knowledge gained from the interaction with other professionals. Providers have also mentioned the value of the state-wide learning collaboratives previously hosted by HHSC and encourage HHSC to consider scheduling similar meetings in the future, particularly since the program has changed significantly. Providers appreciate the valuable learning sessions and resources available at the statewide collaborative. The opportunity to hear from providers in other regions describe how they deal with common challenges is particularly helpful. Additionally, given the changes in the PFM and uncertainties regarding how the auditors will adjust to new Measure Bundle and Measure requirements, the opportunity to receive information and guidance from Myers and Stauffer is a high priority for the providers, particularly given the absence of concrete guidance for future reporting requirements. While we appreciate that this is a learning process for everyone, providers need to know in advance how to collect and report data in order to meet the auditing requirements and expectations, and many specific questions still remain unanswered. A statewide learning collaborative would provide a valuable opportunity for providers to submit in advance specific questions, some of which will not even be known until the projects are in progress. We urge HHSC to consider providing this opportunity for the benefit of all DSRIP providers.

**DY7 Anchor Template - Region with Additional Funds**  
**Progress Indicators & Anchor Information**

Section 1: Stakeholder Meetings	Complete
Section 2: Process for Allocating Additional Funds	Complete
RHP Number:	4
Anchor Organization:	Nueces County Hospital District

**Section 1: Stakeholder Meetings**

As specified in the Program Funding and Mechanics Protocol (PFM), each RHP must conduct at least two public stakeholder meetings to determine the uses for the additional funding.

1. List the two stakeholder meetings

	Date	Time	Location	# of Participants	Description
Meeting #1	11/15/2017	9-3	Corpus Christi, TX	28	RHP 4 Stakeholder Meeting to discuss the updated community needs assessment and the unallocated funds process. Other topics discussed were: DY 7-8 DSRIP requirements.
Meeting #2	4/5/2018	9-3	Corpus Christi, TX	TBD	RHP 4 Stakeholder Meeting to discuss the final results of the unallocated funds process, receive public input on the draft RHP 4 Plan Update, DY 7 processes and requirements in preparation for October reporting.

**Section 2: Process for Allocating Additional Funds**

2. Describe the process to determine the uses for the additional funding, including identifying new providers and applying the community needs assessment.

RHP 4 has \$522,345 in DY 7-8 unallocated funds. RHP 4 Anchor notified all stakeholders via an email invitation and posting to the RHP 4 website of the stakeholder meeting date and the agenda items for discussion. The stakeholder list included all known providers that had an interest in DSRIP participation including current and new providers. The unallocated funds process as well as the updated community needs assessment were agenda items discussed in the meeting. For the unallocated funds process, RHP 4 used a similar process to Pass 2 and in accordance with the PFM and HHSC agency rules. To meet the HHSC requirements to prioritize and allocate the new monies to providers, RHP 4 Anchor developed a proposal template for providers to complete that included key components such as IGT Entity and commitment, MLIU population served, measure bundle selections that address community needs, anticipated core activities, sustainability efforts, and funds requested.

3. Describe how the additional funds were allocated among Performing Providers and any new providers.

The additional funds were allocated based on the strength of each proposal across five domains: 1) alignment with community needs, 2) sustainability, 3) transformational impact, 4) integration/collaboration with community partners, and 5) likelihood of success. Each domain was ranked on a scale of 1-9 using suggested definitions from the "Guidelines for Reviewers Including Scoring Descriptors" from the Office of Extramural Research at the National Institutes of Health. The proposals were evaluated by an independent party. No proposals were submitted by new providers.

4. Indicate providers that expressed interest in additional funds but were not allocated any additional funds, including provider name, type (e.g. private physician practice, public hospital), and reason why they were not allocated additional funds.

Five proposals (3 hospitals and 2 CMHCs) were submitted with a total requested amount of \$1,647,468. Two proposals were funded with their total requested unallocated funds (Driscoll Children's Hospital and Coastal Plains Community Health Center) and one proposal (Christus Spohn Corpus Christi) was partially funded. Two proposals were not funded including Yoakum Community Hospital and Behavioral Health Center of Nueces County. The primary reason for non-allocation of additional funds was the proposals did not fully address the requested domains such as sustainability, transformational impact, and integration/collaboration with community partners.

5. Describe any additional information the Anchor would like to share about allocating the additional funds.

If additional unallocated funds are available, RHP 4 Anchor would support allocation of those funds to all areas of the state to assist in transformation of the health care delivery system.

**DY7 Anchor Template - Regional Valuation**

**Anchor Information**

RHP Number: 4  
 Anchor Organization: Nueces County Hospital District

**Section 1: Private Hospital Participation Valuation**

Required Regional Amount	Total Private Hospital Valuation	Requirement Met?
\$63,040,074.00	\$47,191,534.69	No

DSRIP Performing Providers:		DY7 Valuation Category										DY8 Valuation Category				
RHP	TPI	Performing Provider Name	Performing Provider Type	Ownership	RHP Plan Update Submission	Category A	Category B	Category C	Category D	Total DY7	Category A	Category B	Category C	Category D	Total DY8	
4	020973601	Corpus Christi Medical Center	Hospital	Private	\$3,093,418.20	\$0.00	\$1,549,709.10	\$10,073,109.15	\$774,854.55	\$15,497,091.00	\$0.00	\$1,549,709.10	\$13,172,527.35	\$774,854.55	\$15,497,091.00	
4	094222903	Christus Spohn Hospital Alice	Hospital	Private	\$440,018.82	\$0.00	\$220,009.41	\$1,430,061.18	\$110,004.71	\$2,200,094.12	\$0.00	\$220,009.41	\$1,870,080.00	\$110,004.71	\$2,200,094.12	
4	020811801	Christus Spohn Hospital Beeville	Hospital	Private	\$253,402.18	\$0.00	\$126,701.09	\$823,557.10	\$63,350.55	\$1,267,010.92	\$0.00	\$126,701.09	\$1,076,959.28	\$63,350.55	\$1,267,010.92	
4	121775403	Spohn Health System dba Spohn Memorial Hospital	Hospital	Non-State Owned Public	\$10,066,879.14	\$0.00	\$5,033,439.57	\$32,717,357.21	\$2,516,719.78	\$50,334,395.70	\$0.00	\$5,033,439.57	\$42,784,236.35	\$2,516,719.78	\$50,334,395.70	
4	136436606	CHRISTUS Spohn Hospital Kleberg	Hospital	Private	\$59,845.05	\$0.00	\$29,922.52	\$388,992.83	\$29,922.52	\$598,450.50	\$0.00	\$59,845.05	\$508,682.93	\$29,922.52	\$598,450.50	
4	137907508	County of Victoria dba Citizens Medical Center	Hospital	Non-State Owned Public	\$1,528,297.40	\$0.00	\$764,148.70	\$4,966,966.55	\$382,074.35	\$7,641,487.00	\$0.00	\$764,148.70	\$6,495,263.95	\$382,074.35	\$7,641,487.00	
4	080368601	Coastal Plains Community MHMR Center	Mental Health	Non-State Owned Public	\$766,802.00	\$0.00	\$383,401.00	\$2,452,106.50	\$191,700.50	\$3,834,010.00	\$0.00	\$383,401.00	\$3,258,908.50	\$191,700.50	\$3,834,010.00	
4	094118902	DeTar Hospital (Victoria of Tx)	Hospital	Private	\$1,314,041.60	\$0.00	\$657,020.80	\$4,270,635.20	\$328,510.40	\$6,570,208.00	\$0.00	\$657,020.80	\$5,584,676.80	\$328,510.40	\$6,570,208.00	
4	121308305	Jackson County Hospital	Hospital	Non-State Owned Public	\$120,000.00	\$0.00	\$60,000.00	\$390,000.00	\$30,000.00	\$600,000.00	\$0.00	\$60,000.00	\$510,000.00	\$30,000.00	\$600,000.00	
4	135233809	Lavaca Medical Center	Hospital	Non-State Owned Public	\$50,000.00	\$0.00	\$25,000.00	\$162,500.00	\$12,500.00	\$250,000.00	\$0.00	\$25,000.00	\$212,500.00	\$12,500.00	\$250,000.00	
4	130958511	Nueces County	Local Health Department	Non-State Owned Public	\$577,900.00	\$0.00	\$288,950.00	\$1,878,175.00	\$144,475.00	\$2,889,500.00	\$0.00	\$288,950.00	\$2,456,075.00	\$144,475.00	\$2,889,500.00	
4	136412710	Karnes County Hospital District dba Otto Kaiser Me	Hospital	Non-State Owned Public	\$50,000.00	\$0.00	\$25,000.00	\$162,500.00	\$12,500.00	\$250,000.00	\$0.00	\$25,000.00	\$212,500.00	\$12,500.00	\$250,000.00	
4	020991801	Refugio County Memorial Hospital	Hospital	Non-State Owned Public	\$93,577.20	\$0.00	\$46,788.60	\$304,125.90	\$23,394.30	\$467,886.00	\$0.00	\$46,788.60	\$397,703.10	\$23,394.30	\$467,886.00	
4	138305109	Nueces County MHMR Community Ctr dba Behrappell H	Mental Health	Non-State Owned Public	\$1,186,913.60	\$0.00	\$593,456.80	\$3,857,469.20	\$296,728.40	\$5,934,568.00	\$0.00	\$593,456.80	\$5,044,382.80	\$296,728.40	\$5,934,568.00	
4	132812205	Driscoll Children's Hospital	Hospital	Private	\$4,099,024.63	\$0.00	\$2,049,512.31	\$13,321,830.05	\$1,024,756.16	\$20,495,123.15	\$0.00	\$2,049,512.31	\$17,420,854.68	\$1,024,756.16	\$20,495,123.15	
4	135254407	Gulf Bend MHMR Center	Mental Health	Non-State Owned Public	\$795,530.80	\$0.00	\$397,765.40	\$2,585,475.10	\$198,882.70	\$3,977,654.00	\$0.00	\$397,765.40	\$3,381,005.90	\$198,882.70	\$3,977,654.00	
4	112673204	Ysaquim Community Hospital	Hospital	Private	\$112,711.40	\$0.00	\$56,355.70	\$366,312.05	\$28,177.85	\$563,557.00	\$0.00	\$56,355.70	\$479,023.45	\$28,177.85	\$563,557.00	

Region with Additional Funding: Exceeded Total? No

**Section 2: Regional Valuation**

By Performing Provider Type			
Performing Provider Type	DY7 Valuation	DY8 Valuation	Total Valuation
Hospitals	\$106,725,303.39	\$106,725,303.39	\$213,450,606.78
Private Hospitals	\$47,191,534.69	\$47,191,534.69	\$94,383,069.38
Non-state Owned and State Owned Public Hospitals	\$0.00	\$0.00	\$0.00
Physician Practices	\$0.00	\$0.00	\$0.00
CNHCs	\$13,746,232.00	\$13,746,232.00	\$27,492,464.00
LHDs	\$2,889,500.00	\$2,889,500.00	\$5,779,000.00
<b>TOTAL</b>	<b>\$123,371,035.39</b>	<b>\$123,371,035.39</b>	<b>\$246,742,070.78</b>

By Category			
Category	DY7 Valuation	DY8 Valuation	Total Valuation
RHP Plan Update Submission	\$24,674,207.07	\$0.00	\$24,674,207.07
Category A	\$0.00	\$0.00	\$0.00
Category B	\$12,147,103.53	\$12,147,103.53	\$24,294,207.06
Category C	\$80,191,173.02	\$104,865,380.09	\$185,056,553.11
Category D	\$6,148,551.77	\$6,148,551.77	\$12,297,103.54
<b>TOTAL</b>	<b>\$123,371,035.39</b>	<b>\$123,371,035.39</b>	<b>\$246,742,070.78</b>

DY7 Anchor Template - Regional Category B

Anchor Information

RHP Number:

4

Anchor Organization:

Nueces County Hospital District

Section 1: System Components

Hospitals:

RHP	TPI	Performing Provider Name	Required System Components					Optional System Components						
			Inpatient Services	Emergency Department	Owned or Operated Outpatient Clinics	Maternal Department	Owned or Operated Urgent Care Clinics	Contracted Specialty Clinics	Contracted Primary Care Clinics	School-based Clinics	Contracted Palliative Care Programs	Contracted Mobile Health Programs	Other	
4	020973601	Corpus Christi Medical Center	Y	Y	Y	Y								Y
4	094222903	Christus Spohn Hospital Alice	Y	Y	Y	Y								
4	020811801	Christus Spohn Hospital Beeville	Y	Y	Y	Y								
4	121775403	Spohn Health System dba Spohn Memorial Hospital	Y	Y	Y	Y								
4	136436606	CHRISTUS Spohn Hospital Kleberg	Y	Y		Y								
4	137907508	County of Victoria dba Citizens Medical Center	Y	Y	Y	Y								
4	094118902	DeTar Hospital (Victoria of Tx)	Y	Y	Y	Y								
4	121808305	Jackson County Hospital	Y	Y	Y									
4	135233809	Lavaca Medical Center	Y	Y	Y									
4	136412710	Karnes County Hospital District dba Otto Kaiser Me	Y	Y										
4	020991801	Refugio County Memorial Hospital	Y	Y	Y	Y	Y							
4	132812205	Driscoll Children's Hospital	Y	Y	Y	Y	Y	Y						
4	112673204	Yoakum Community Hospital	Y	Y	Y									

Community Mental Health Centers:

RHP	TPI	Performing Provider Name	Required System Components					Optional System Components							
			Home-based services	Office/Clinic	Hospital	Contracted Clinic	School-based Clinic	Contracted Inpatient Beds	State-funded Community Hospital	Community Institution for Mental Disease (IMD)	General Medical Hospital	State Mental Health Facility	State Mental Retardation Facility	Other	
4	080368601	Coastal Plains Community MHMR Center	Y	Y											
4	138305109	Nueces County MHMR Community Ctr dba Behavioral HI													
4	135254407	Gulf Bend MHMR Center													

Local Health Departments:

RHP	TPI	Performing Provider Name	Required System Components		Optional System Components	
			Clinics	Immunization Locations	Mobile Outreach	Other
4	130958511	Nueces County	Y	Y	Y	

Section 2: MLIU PPP

RHP	TPI	Performing Provider Name	Performing Provider Type	MLIU PPP Goals			MLIU Percentage of Total PPP
				DY7	DY8	Average Total PPP	
4	020973601	Corpus Christi Medical Center	Hospital	37,778	37,778	75,940	49.75%
4	094222903	Christus Spohn Hospital Alice	Hospital	13,910	13,910	22,362	62.21%
4	020811801	Christus Spohn Hospital Beeville	Hospital	9,181	9,181	16,748	54.82%
4	121775403	Spohn Health System dba Spohn Memorial Hospital	Hospital	52,103	52,103	94,997	54.85%
4	136436606	CHRISTUS Spohn Hospital Kleberg	Hospital	9,283	9,283	18,001	51.57%
4	137907508	County of Victoria dba Citizens Medical Center	Hospital	17,758	17,758	56,790	31.30%
4	080368601	Coastal Plains Community MHMR Center	Community Mental Health Center (CMHC)	4,995	4,995	6,100	81.88%
4	094118902	DeTar Hospital (Victoria of Tx)	Hospital	35,122	35,122	111,356	31.54%
4	121808305	Jackson County Hospital	Hospital	13,554	13,554	38,072	35.60%
4	135233809	Lavaca Medical Center	Hospital	8,233	8,233	43,150	19.08%
4	130958511	Nueces County	Local Health Department (LHD)	49,040	49,040	78,738	62.28%
4	136412710	Karnes County Hospital District dba Otto Kaiser Me	Hospital	5,506	5,506	9,577	57.49%
4	020991801	Refugio County Memorial Hospital	Hospital	4,097	4,097	15,943	25.70%
4	138305109	Nueces County MHMR Community Ctr dba Behavioral HI	Community Mental Health Center (CMHC)	5,350	5,350	6,740	79.38%
4	132812205	Driscoll Children's Hospital	Hospital	43,543	43,543	63,514	68.56%
4	135254407	Gulf Bend MHMR Center	Community Mental Health Center (CMHC)	3,458	3,458	3,879	89.13%
4	112673204	Yoakum Community Hospital	Hospital				

DY7 Anchor Template - Regional Category C Summary

Anchor Information

RHP Number: 4  
 Anchor Organization: Nueces County Hospital District

Section 1: Measure Bundle/Measure Selection

TPI	Performing Provider Name	Bundle ID / Measure ID	Measure Bundle / Measure Name	# of PBCOs Required or Reporting as P4P	# 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
020973601	Corpus Christi Medical Center	B2	Patient Navigation & ED Diversion	0	0	0	0	6
020973601	Corpus Christi Medical Center	E2	Maternal Safety	0	0	0	0	8
020973601	Corpus Christi Medical Center	H2	Behavioral Health and Appropriate Utilization	0	0	0	0	11
020973601	Corpus Christi Medical Center	J1	Hospital Safety	0	0	0	0	10
094222903	Christus Spohn Hospital Alice	H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	0	0	2	2	12
020811801	Christus Spohn Hospital Beeville	K1	Rural Preventive Care	0	0	0	0	3
121775403	Spohn Health System dba Spohn Memorial Hospital	C1	Primary Care Prevention - Healthy Texans	1	0	0	0	16
121775403	Spohn Health System dba Spohn Memorial Hospital	C2	Primary Care Prevention - Cancer Screening	0	0	0	0	6
121775403	Spohn Health System dba Spohn Memorial Hospital	C3	Hepatitis C	0	0	0	0	4
121775403	Spohn Health System dba Spohn Memorial Hospital	E1	Improved Maternal Care	0	0	0	0	10
121775403	Spohn Health System dba Spohn Memorial Hospital	H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	0	0	1	1	12
121775403	Spohn Health System dba Spohn Memorial Hospital	H2	Behavioral Health and Appropriate Utilization	1	0	2	1	15
121775403	Spohn Health System dba Spohn Memorial Hospital	H4	Integrated Care for People with Serious Mental Illness	0	0	0	0	5
121775403	Spohn Health System dba Spohn Memorial Hospital	J1	Hospital Safety	0	0	0	0	10
136436606	CHRISTUS Spohn Hospital Kleberg	E2	Maternal Safety	0	0	0	1	8
137907508	County of Victoria dba Citizens Medical Center	B1	Care Transitions & Hospital Readmissions	0	7	5	0	11
137907508	County of Victoria dba Citizens Medical Center	C1	Primary Care Prevention - Healthy Texans	1	8	9	7	16
080368601	Coastal Plains Community MHMR Center	M1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	N/A	0	0	0	2
080368601	Coastal Plains Community MHMR Center	M1-115	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	N/A	0	0	0	3
080368601	Coastal Plains Community MHMR Center	M1-147	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	N/A	0	0	0	1
080368601	Coastal Plains Community MHMR Center	M1-317	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	N/A	0	0	0	2
094118902	DeTar Hospital (Victoria of Tx)	A1	Improved Chronic Disease Management: Diabetes Care	2	0	0	0	19
094118902	DeTar Hospital (Victoria of Tx)	A2	Improved Chronic Disease Management: Heart Disease	2	1	0	1	16
094118902	DeTar Hospital (Victoria of Tx)	J1	Hospital Safety	0	0	0	0	10
121808305	Jackson County Hospital	K2	Rural Emergency Care	0	0	0	0	3
135233809	Lavaca Medical Center	K1	Rural Preventive Care	0	4	0	0	4
130958511	Nueces County	L1-147	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	N/A	0	0	0	1
130958511	Nueces County	4_130958505.3.2	Diabetes care: HbA1c poor control (>9.0%)	N/A	0	0	0	3
130958511	Nueces County	4_130958505.3.5	Controlling high blood pressure	N/A	0	0	0	3
136412710	Karnes County Hospital District dba Otto Kaiser Me	K2	Rural Emergency Care	0	0	0	0	3
020991801	Refugio County Memorial Hospital	K1	Rural Preventive Care	0	0	0	0	3
138305109	Nueces County MHMR Community Ctr dba Behavioral HI	M1-147	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	N/A	0	1	0	1
138305109	Nueces County MHMR Community Ctr dba Behavioral HI	M1-182	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)	N/A	0	0	0	2
138305109	Nueces County MHMR Community Ctr dba Behavioral HI	M1-255	Follow-up Care for Children Prescribed ADHD Medication (ADD)	N/A	0	0	0	3
138305109	Nueces County MHMR Community Ctr dba Behavioral HI	M1-257	Care Planning for Dual Diagnosis	N/A	0	1	0	1



138305109	Nueces County MHMR Community Ctr dba Behavioral HI	M1-261	Assessment for Substance Abuse Problems of Psychiatric Patients	N/A	0	1	0	2
138305109	Nueces County MHMR Community Ctr dba Behavioral HI	M1-305	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-CH)	N/A	0	1	0	2
138305109	Nueces County MHMR Community Ctr dba Behavioral HI	M1-385	Assessment of Functional Status or QoL (Modified from NQF# 0260/2624)	N/A	0	1	0	1
132812205	Driscoll Children's Hospital	B1	Care Transitions & Hospital Readmissions	0	2	3	3	11
132812205	Driscoll Children's Hospital	D3	Pediatric Hospital Safety	0	0	0	0	10
132812205	Driscoll Children's Hospital	D4	Pediatric Chronic Disease Management: Asthma	1	0	0	0	9
132812205	Driscoll Children's Hospital	D5	Pediatric Chronic Disease Management: Diabetes	1	0	0	0	8
132812205	Driscoll Children's Hospital	I1	Specialty Care	0	0	2	2	2
135254407	Gulf Bend MHMR Center	M1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	N/A	0	1	0	2
135254407	Gulf Bend MHMR Center	M1-160	Follow-Up After Hospitalization for Mental Illness	N/A	0	0	0	3
135254407	Gulf Bend MHMR Center	M1-287	Documentation of Current Medications in the Medical Record	N/A	0	1	0	2
135254407	Gulf Bend MHMR Center	M1-317	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	N/A	0	1	0	2
135254407	Gulf Bend MHMR Center	M1-319	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (eMeasure)	N/A	0	1	0	2
112673204	Yoakum Community Hospital	K2	Rural Emergency Care	0	0	0	0	3
<b>Total</b>				9	22	33	18	302

**Section 2: MPT Summary**

TPI	Performing Provider Name	MPT	Total Points in Selected Measure Bundles / Measures
020973601	Corpus Christi Medical Center	31	35
094222903	Christus Spohn Hospital Alice	4	12
020811801	Christus Spohn Hospital Beeville	3	3
121775403	Spohn Health System dba Spohn Memorial Hospital	75	78
136436606	CHRISTUS Spohn Hospital Kleberg	1	8
137907508	County of Victoria dba Citizens Medical Center	15	27

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

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

*Please confirm that the Anchor 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.*

**Anchor Entry**

Section 2: Contact Information Complete

**RHP Organization**

Section 3: UC-Only Hospitals Complete

Section 4: UC-Only IGT Entities Complete

**Community Needs Assessment**

Section 1: Updated Community Needs Assessment for DY7-8 Complete

**Stakeholder Engagement**

Section 1: Extension Stakeholder Engagement Forum Complete

Section 2: General Stakeholder Engagement Complete

**Learning Collaborative Plan**

Section 1: Learning Collaborative Plan Complete

**Regions with Additional Funds**

Section 1: Stakeholder Meetings Complete

Section 2: Process for Allocating Additional Funds Complete