

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: **020991801 - Refugio County Memorial Hospital**

Performing Provider Type: **Hospital**

Ownership: **Non-State Owned Public**

TIN: **17419153303000**

Physical Street Address: **107 Swift St.**

City: **Refugio**

Zip: **78377**

Primary County: **Refugio**

Additional counties being served (optional):

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

Section 2: Lead Contact Information

	Lead Contact 1	Lead Contact 2	Lead Contact 3
Contact Name:	Louis Willeke	Hoss Whitt	Joshua Toole
Street Address:	107 Swift St.	107 Swift St.	107 Swift St
City:	Refugio	Refugio	Refugio
Zip:	78377	78377	78377
Email:	lwilleke@rcmhospital.org	hwhitt@rcmhospital.org	jtoole@rcmhospital.org
Phone Number:	361-526-2321	361-526-2321	(361) 526-2321
Phone Extension:	111	137	113
Lead Contact or Both:	Both	Both	Both

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

Section 3: Optional Withdrawal From DSRIP

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

Do Not Withdraw from DSRIP

Section 4: Performing Provider Overview

Performing Provider Description: **We are a small critical access hospital that operates 3 rural health clinics as well. We provide primary, emergency, and acute care in a community that is underserved and has a high MLIU population.**

Overall DSRIP Goals: **To provide excellent care to the people of our community by improving the care we provide and improving access to care. Also to improve access for the MLIU patients in the community**

Alignment with regional community needs assessment: **The community needs assessment points to the need for improved access to care for the MLIU patients. Our goal is to improve care and access to care for the MLIU patients in our community.**

Section 5: DY7-8 DSRIP Total Valuation

	DY7-8 DSRIP Valuation Distribution			
	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is <u>not</u> met	
	DY7	DY8	DY7	DY8
RHP Plan Update Submission	\$93,577.20	\$0.00	\$93,577.20	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$46,788.60	\$46,788.60	\$46,788.60	\$46,788.60
Category C	\$257,337.30	\$350,914.50	\$304,125.90	\$397,703.10
Category D	\$70,182.90	\$70,182.90	\$23,394.30	\$23,394.30
Total	\$467,886.00	\$467,886.00	\$467,886.00	\$467,886.00

Would you like to decrease the total valuation?

No

Based on the RHP's process for distributing additional funds, has the RHP approved increasing your valuation?

No

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

Yes

Generate Worksheets

DY7-8 Provider RHP Plan Update Template - Category B

Progress Tracker

Section 1: System Definition

Complete

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

Complete

Performing Provider Information

RHP:	4
TPI and Performing Provider Name:	020991801 - Refugio County Memorial Hospital
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public
Category B valuation in DY7:	\$46,788.60
Category B valuation in DY8:	\$46,788.60

Section 1: System Definition

Hospitals - Required Components

Required System Component	Business Component?
Inpatient Services	Business Component of the Organization

Please enter a description of this System Component.

25 bed med/surg tele floor. Staffed with RN's and LVN's.

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

Please enter a description of this System Component.

4 bed Level IV trauma ER with doctor on staff at all times.

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

Please enter a description of this System Component.

3 rural health care clinics staffed with Doctors and Mid-level practitioners

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

Please enter a description of this System Component.

We do not have a maternal department

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

Please enter a description of this System Component.

We do not have any urgent care clinics

Hospitals - Optional Components

Optional System Component	Would you like to select this component?
Contracted Specialty Clinics	No

Optional System Component	Would you like to select this component?
Contracted Primary Care Clinics	No

Optional System Component	Would you like to select this component?
School-based Clinics	No

Optional System Component	Would you like to select this component?
Contracted Palliative Care Programs	No

Optional System Component	Would you like to select this component?
Contracted Mobile Health Programs	No

Optional System Component	Would you like to select this component?
Other	No

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

	DY5	DY6
MLIU PPP	4,202	3,992
Total PPP	15,869	16,017

Please indicate the population included in the MLJU PPP

<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> Dual Eligible (Medicaid and Medicare)	<input checked="" type="checkbox"/> CHIP	<input type="checkbox"/> Local Coverage Option (Below 200% FPL)	<input type="checkbox"/> Insured on the Exchange (Below 200% FPL)
<input type="checkbox"/> Low-income (Below 200% FPL)	<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):	4,097
Average Total PPP	15,943
MLIU percentage of Total PPP	25.70%

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

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

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

Performing Provider Information

RHP:	4
TPI and Performing Provider Name:	020991801 - Refugio County Memorial Hospital
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

If regional private hospital participation requirement is met	Category C valuation in DY7:	\$257,337.30
If regional private hospital participation requirement is not met	Category C valuation in DY8:	\$350,914.50
	Category C valuation in DY7:	\$304,125.90
	Category C valuation in DY8:	\$397,703.10

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

Section 1: Attributed Population

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

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

Please describe any other attributed population (optional).

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

Measure Bundles for Hospitals & Physician Practices

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
No	A1	Improved Chronic Disease Management: Diabetes Care	11
No	A2	Improved Chronic Disease Management: Heart Disease	8
No	B1	Care Transitions & Hospital Readmissions	11
No	B2	Patient Navigation & ED Diversion	3
No	C1	Primary Care Prevention - Healthy Texans	12
No	C2	Primary Care Prevention - Cancer Screening	6
No	C3	Hepatitis C	4
No	D1	Pediatric Primary Care	14
No	D3	Pediatric Hospital Safety	10
No	D4	Pediatric Chronic Disease Management: Asthma	9
No	D5	Pediatric Chronic Disease Management: Diabetes	8
No	E1	Improved Maternal Care	10
No	E2	Maternal Safety	8
No	F1	Improved Access to Adult Dental Care	7
No	F2	Preventive Pediatric Dental	2
No	G1	Palliative Care	6
No	H1	Integration of Behavioral Health in a Primary or Specialty Care Setting	12
No	H2	Behavioral Health and Appropriate Utilization	8
No	H3	Chronic Non-Malignant Pain Management	10
No	H4	Integrated Care for People with Serious Mental Illness	5
No	I1	Specialty Care	2
No	J1	Hospital Safety	10
Yes	K1	Rural Preventive Care	3

Note: by selecting this bundle, you are not allowed to select bundles A1, A2, B1, C1, D1, E1, or H1. You also may not select optional measure K2-285 (but you may select K2). If you have already selected one or more of these bundles, please change your selection of these bundles to "No." The Progress Tracker above will not update unless you do so.

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

Our 3 clinics see the most patients in our system. Improving health for these patients is of utmost importance to us. By making sure we reach our goals we will hopefully reduce the population that smokes, educate patients on the importance of pneumonia vaccinations and have discussions with patients and their families about making healthcare decisions.

Select Optional Measure (Yes/No)	Measure Volume Options for Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Required vs. Optional	P4P vs. P4R	Measure Category	Additional Points
N/A - Required	MLIU denominator with significant volume	K1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Required	P4P	Process	N/A
N/A - Required	MLIU denominator with significant volume	K1-268	Pneumonia vaccination status for older adults	Required	P4P	Immunization	N/A
N/A - Required	MLIU denominator with significant volume	K1-285	Advance Care Plan	Required	P4P	Process	N/A
No		K1-103	Controlling High Blood Pressure	Optional	P4P	Clinical Outcome	3
No		K1-112	Comprehensive Diabetes Care: Foot Exam	Optional	P4P	Process	1
No		K1-115	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Optional	P4P	Clinical Outcome	3
No		K1-146	Screening for Clinical Depression and Follow-Up Plan (CDF-AD)	Optional	P4P	Process	1
No		K1-269	Preventive Care and Screening: Influenza Immunization	Optional	P4P	Immunization	1
No		K1-300	Behavioral Health Risk Assessment (for Pregnant Women) (BHRA-CH)	Optional	P4P	Process	1

Select Measure Bundle? (Yes/No)	Measure Bundle ID	Measure Bundle Name	Measure Bundle Base Points
No	K2	Rural Emergency Care	3

Total overall selected points:

Are you finished making your selections?

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

Progress Tracker

Section 1: Measure Exemption Requests and Measure Setting System Components

Complete

Section 1: Measure Exemption Requests and Measure Setting System Components

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

Bundle-Measure ID	Measure Name	Baseline Measurement Period	Requesting a shorter or delayed measurement period?	Requesting a reporting milestone exemption?	Requesting a baseline numerator of zero?
K1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	CY2017: January 1, 2017 - December 31, 2017	No	No	No
K1-268	Pneumonia vaccination status for older adults	CY2017: January 1, 2017 - December 31, 2017	No	No	No
K1-285	Advance Care Plan	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:
 TPI and Performing Provider Name:
 Performing Provider Type:
 Ownership:

If regional hospital participation requirement is met	Category C valuation in DY7:	\$257,337.30
	Category C valuation in DY8:	\$350,914.50
If regional hospital participation requirement is not met	Category C valuation in DY7:	\$304,125.90
	Category C valuation in DY8:	\$397,703.10

Section 1: Measure Bundle/Measure Valuation

Valuation for Selected Measure Bundles - Hospitals & Physician Practices

Measure Bundle ID	Measure Bundle Name	Points	Desired Valuation Percentage	Minimum Valuation % of Total	Maximum Valuation % of Total	If regional private hospital participation requirement is met		If regional private hospital participation requirement is not met	
						Category C Valuation in DY7	Category C Valuation in DY8	Category C Valuation in DY7	Category C Valuation in DY8
K1	Rural Preventive Care	3	100.00%	75.00%	100.00%	\$257,337.30	\$350,914.50	\$304,125.90	\$397,703.10
	Total	3	100.00%	N/A	N/A	\$257,337.30	\$350,914.50	\$304,125.90	\$397,703.10
Difference between selected percent and 100%			0.00%						

Your valuation allocations add to 100%.

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

Yes

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

Progress Tracker

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

Performing Provider Information

RHP:	4
TPI and Performing Provider Name:	020991801 - Refugio County Memorial Hospital
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

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

DY6 Project ID	Project Option	Project Summary	Completed/Continuing	Enter a description for continuation (optional)
RHP 4_020991801.1.1	1.1.2	Expand the primary care capabilities of the Refugio County Rural Health Clinic. (1) increase the number of hours the clinic will be open; (2) renovate and create space to accommodate additional pts.; and (3) hire an additional physician.	Continuing as Core Activity in DY7-8	We are continuing our goal of providing better access to health care for our community. By doing so we will be able to provide the screenings and education that is tied to our bundle

Section 2: Core Activities

Please enter your organization's number of Core Activities:

1) Please select the grouping for this Core Activity.

a) Please select the name of this Core Activity.

b) Please enter a description of this Core Activity

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

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

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

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

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

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

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

DY7-8 Provider RHP Plan Update Template - Category D

Progress Tracker

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

Performing Provider Information

RHP:	4
TPI and Performing Provider Name:	020991801 - Refugio County Memorial Hospital
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

If regional hospital participation requirement is met	Category D valuation in DY7	\$70,182.90
	Category D valuation in DY8	\$70,182.90
If regional hospital participation requirement is not met	Category D valuation in DY7	\$23,394.30
	Category D valuation in DY8	\$23,394.30

Section 1: Statewide Reporting Measure Bundle for Hospitals

Measure	Category D valuation per DY distributed across measures (if regional hospital participation valuation is met)	Category D valuation per DY distributed across measures (if regional hospital participation requirement is <u>not</u> met)
Potentially preventable admissions (PPAs)	\$14,036.58	\$4,678.86
Potentially preventable 30-day readmissions (PPRs)	\$14,036.58	\$4,678.86
Potentially preventable complications (PPCs)	\$14,036.58	\$4,678.86
Potentially preventable ED visits (PPVs)	\$14,036.58	\$4,678.86
Patient satisfaction	\$14,036.58	\$4,678.86
Requesting HCAHPS exemption - my organization does not report HCAHPS as part of the Medicare Inpatient Prospective Payment System due to low volume or other exempt status	No	

Section 2: Verification

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

I understand

D17-8 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:	
TPS and Performing Provider Name:	020991801 - Refugio County Memorial Hospital
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

Section 1: IGT Entities

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

IGT RHP	IGT Name	IGT TPN (if available)	IGT TIN	Affiliation Number
4	Refugio County Memorial Hospital District	N/A	17419153303000	100-13-0000-00145

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Louis Wilkobe	107 Swift St	Refugio	78377	lwilkobe@rcmhospital.org	(861) 526-2321		Both
2	Honore Whitt	107 Swift St	Refugio	78377	hwhitt@rcmhospital.org	(861) 526-2321		Both
3								

IGT RHP	IGT Name	IGT TPN (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 USSRP IGT Distribution List. A contact designated as "Both" will be included in the RHP Plan, on the USSRP IGT Distribution List, and will be given access to the USSRP Online 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)
Refugio County Memorial Hospital District	Refugio County Memorial Hospital District	17419153303000	100-13-0000-00145	100.00%	100.00%	\$40,350.49	\$40,350.49	\$40,350.49	\$40,350.49
Category B	Refugio County Memorial Hospital District	17419153303000	100-13-0000-00145	100.00%	100.00%	\$20,175.24	\$19,969.37	\$20,175.24	\$19,969.37
K1-205	Refugio County Memorial Hospital District	17419153303000	100-13-0000-00145	100.00%	100.00%	\$36,987.95	\$49,921.44	\$49,921.44	\$56,579.89
K1-268	Refugio County Memorial Hospital District	17419153303000	100-13-0000-00145	100.00%	100.00%	\$36,987.95	\$49,921.44	\$49,921.44	\$56,579.89
K1-285	Refugio County Memorial Hospital District	17419153303000	100-13-0000-00145	100.00%	100.00%	\$36,987.95	\$49,921.44	\$49,921.44	\$56,579.89
Category D	Refugio County Memorial Hospital District	17419153303000	100-13-0000-00145	100.00%	100.00%	\$30,262.87	\$29,994.06	\$30,262.87	\$9,984.69
Total	Refugio County Memorial Hospital District	17419153303000	100-13-0000-00145	100.00%	100.00%	\$201,752.44	\$199,693.74	\$201,752.44	\$199,693.74

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:	Honore Whitt
IGT Organization:	Refugio County Memorial Hospital District
Date:	1/12/2018

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

Progress Tracker

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

Complete
Complete
Complete
Complete
Complete

Performing Provider Information

RHP:	
TPI and Performing Provider Name:	020991801 - Refugio County Memorial Hospital
Performing Provider Type:	Hospital
Ownership:	Non-State Owned Public

Section 1: DY7-8 DSRIP Valuation

	DY7-8 DSRIP Valuation Distribution			
	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is <u>not</u> met	
	DY7	DY8	DY7	DY8
RHP Plan Update Submission	\$93,577.20	\$0.00	\$93,577.20	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$46,788.60	\$46,788.60	\$46,788.60	\$46,788.60
Category C	\$257,337.30	\$350,914.50	\$304,125.90	\$397,703.10
Category D	\$70,182.90	\$70,182.90	\$23,394.30	\$23,394.30
Total	\$467,886.00	\$467,886.00	\$467,886.00	\$467,886.00

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

Yes

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

	MLIU PPP	Total PPP	MLIU Percentage of Total PPP
DY5	4,202	15,869	26.48%
DY6	3,992	16,017	24.92%
DY7 Estimated	4,097	15,943	25.70%
DY8 Estimated	4,097	15,943	25.70%

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

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

Yes

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

Bundle-Measure ID	Measure Bundle/Measure Name	# of Measures with Requested Achievement of Alternative Denominators	# of Measures with Requested Shorter or Delayed Measurement Periods	# of Measures with Requested Reporting Milestone Exemptions	Points	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is not met	
						DY7 Valuation	DY8 Valuation	DY7 Valuation	DY8 Valuation
K1	Rural Preventive Care	0	0	0	3	\$257,337.30	\$350,914.50	\$304,125.90	\$397,703.10
Total	N/A	0	0	0	3	\$257,337.30	\$350,914.50	\$304,125.90	\$397,703.10

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

Yes

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

Bundle-Measure ID	Measure Bundle/Measure Name	Associated Core Activities
K1	Rural Preventive Care	Expanded Practice Access (e.g., increased hours, telemedicine, etc.)

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

Yes

Section 5: Category D Valuations

Statewide Reporting for Hospitals

Measure	Category D valuation per DY distributed across measures (if regional hospital participation requirement is met)	Category D valuation per DY distributed across measures (if regional hospital participation requirement is <u>not</u> met)
Potentially preventable admissions (PPAs)	\$14,036.58	\$4,678.86
Potentially preventable 30-day readmissions (PPRs)	\$14,036.58	\$4,678.86
Potentially preventable complications (PPCs)	\$14,036.58	\$4,678.86
Potentially preventable ED visits (PDVs)	\$14,036.58	\$4,678.86
Patient satisfaction	\$14,036.58	\$4,678.86

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

Yes

Section 6: Certification

By my signature below, I certify the following facts:
 • I am legally authorized to sign this document on behalf of my organization;
 • I have read and understand this document;
 • The statements on this form regarding my organization are true, correct, and complete to the best of my knowledge and belief.

Name:	Joshua Toole
Performing Provider:	Refugio County Memorial Hospital District
Date:	3/16/2018

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

PROVIDER RHP PLAN UPDATE TEMPLATE PROGRESS: Template is COMPLETE!

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

Provider Entry

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

Category B

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

Category C Selection

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

Category C Additional Details

Section 1: Measure Exemption Requests and Measure Setting System Components	Complete
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Category C Valuation

Section 1: Measure Bundle/Measure Valuation	Complete
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Category A Core Activities

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

Category D

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

IGT Entry

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

Summary and Certification

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