



RHP Plan Update Anchor Form

Last Update of Tool:
9/19/2019

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\yhill\Desktop\Nueces Co. DSRIP\2019 RHP Plan Update\round 2

3. Run the applicable consolidation. The "Compile Valuation Data" macro should only be used for initial redistribution of RHP funds. Once the redistribution is final, this macro should not be used again. The number of files successfully compiled and the names of these files will be pasted in the tracker below.

COMPILE VALUATION
DATA

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)*	12	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	0
Total	12		

Name of files in folder path:	RHP	TPI	Comment
RHP_D4_020973601_CCMC.xlsm	4	020973601	Successfully compiled
RHP_D4_020991801_RefugioCounty.xlsm	4	020991801	Successfully compiled
RHP_D4_080368601_CoastalPlains.xlsm	4	080368601	Successfully compiled
RHP_D4_094118902_DeTarHospital.xlsm	4	094118902	Successfully compiled
RHP_D4_112673204_YoakumCommunityHospital.xlsm	4	112673204	Successfully compiled
RHP_D4_121808305_JacksonCounty.xlsm	4	121808305	Successfully compiled
RHP_D4_130958511_NuecesCoHealthDept.xlsm	4	130958511	Successfully compiled
RHP_D4_132812205_DriscollChildrensHospital.xlsm	4	132812205	Successfully compiled
RHP_D4_135233809_TavacaMedicalCenter.xlsm	4	135233809	Successfully compiled
RHP_D4_135254407_GulfBend.xlsm	4	135254407	Successfully compiled
RHP_D4_137907508_CitizensMedical.xlsm	4	137907508	Successfully compiled
RHP_D4_138305109_NuecesCoMHMR.xlsm	4	138305109	Successfully compiled



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

DY9-10 Anchor Template - Anchor Entry

Progress Indicators

Section 2: Contact Information

Complete

Section 1: Anchor Information

RHP Number: 4
Anchor Organization: Nueces County Hospital District

Section 2: Contact Information

Lead Contact #1

Contact Name: Catie Hilbelink
Street Address: 5904 Abby Ann Ln
City: Austin
Zip Code: 78747
Email: catiehilbelink@gmail.com
Phone Number: 512-592-9474
Phone Ext:
Lead Contact or Both: Both

Lead Contact #2

Contact Name: Donna Littlefield
Street Address: 555 N. Carancahua St., Suite 950
City: Corpus Christi
Zip Code: 78401
Email: donna.littlefield@nchdcc.org
Phone Number: 361-808-3300
Phone Ext:
Lead Contact or Both: Both

Lead Contact #3

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 #4

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

4	13223809	Lavaca Medical Center (Hospital district)	17462400379001	1	Bill Emery	1400 N Nixiana St	Hallettsville	77964	wemery@lavacamed.com	361-798-3671	
				2	Tracy Green	1480 North Tealand Street	Hallettsville	77964	tgreen@lavacamed.com	361-798-3671	1202
				3							

DSRP 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	13274407	Gulf Bend Medical Center	17416500648001	1	Azma Araga	4502 Nursery Drive, Suite 100	Victoria	77906	azma.araga@gbmc.org	361-582-2139	109
				2	Oliver Zelagene	4502 Nursery Drive, Suite 100	Victoria	77906	oliver.zelagene@gbmc.org	361-582-2137	107
				3	JEFFERY TUNNELL	6502 Nursery Drive Suite 100	Victoria	77906	jtunnell@gbmc.org	361-582-2114	114

DSRP 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	132907908	Olivette Medical Center	17416981433011	1	Caroline Saleno	2701 Hospital Drive	Victoria	77903	csaleno@omc.org	361-572-0905	
				2	Duane Woods	2701 Hospital Drive	Victoria	77903	duane.woods@omc.org	361-572-5112	
				3	Duane Woods, CFO	2701 Hospital Drive	Victoria	77903-5748	duane.woods@omc.org	361-572-5112	

DSRP 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	13835105	Nueces County MIMM Community Center	1741623796003	1	Mika Davis	1630 South Browline	Corpus Christi	78404	mdavis@ncc.org	361-886-6900	
				2	Donna Littlefield	555 N. Carancahua St., Suite 950	Corpus Christi	78401	donna.littlefield@ncc.org	361-808-3100	
				3	Victoria Rodriguez	1548 S. Browline	Corpus Christi	78404	vrodri@ncc.org	361-886-4673	

Section 3: UC-Only Hospitals (Anchor Entry)

Note: if you would like to add more UC-Only Hospitals, please change the number in the cell below and additional fields will unhide. If you would like to delete UC-Only Hospitals, please first clear out all contact entries and then change the number in the field below.

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	138911639	Cuero Regional Hospital	Non-State Owned Public	17460755881000	1	Alma Alexander	2550 N. Esplanade	Cuero	77954	alexander@cuerohospital.org	3612716191	
					2	Greg Pritchett	2550 N. Esplanade	Cuero	77954	gprich@cuerohospital.org	3612716191	
					3	Samantha Sutton	2550 N. Esplanade	Cuero	77954	ssutton@cuerohospital.org	3612716191	

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	138911639	Cuero Regional Hospital	Non-State Owned Public	17460755881000	1	Alma Alexander	2550 N. Esplanade	Cuero	77954	alexander@cuerohospital.org	3612716191	
					2	Greg Pritchett	2550 N. Esplanade	Cuero	77954	gprich@cuerohospital.org	3612716191	
					3	Samantha Sutton	2550 N. Esplanade	Cuero	77954	ssutton@cuerohospital.org	3612716191	

UC-Only Hospital 3												
RHP	TPN	Name	Ownership	TIN (if available)	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	138412710	Karnes County Hospital District	Non-State Owned Public	17417482155007	1	David Lee	3349 S. Hwy 181	Sanody	78119	david.lee@kcnh.org	830833401	
					2							
					3							

UC-Only Hospital 4												
RHP	TPN	Name	Ownership	TIN (if available)	Lead Contact(s)	Name	Street Address	City	Zip	Email	Phone Number	Phone Ext.
4	12478303	Gonzales Healthcare Systems (Memorial Hospital)	Non-State Owned Public	17416250136501	1	Leslie Janssen	1110 N Sarah DeWitt Drive	Gonzales	78629	ljanssen@gonzaleshealthcare.com	8306727581	1206
					2	Patty Stewart	1110 N Sarah DeWitt Drive	Gonzales	78629	pstewart@gonzaleshealthcare.com	8306727581	1002
					3							

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

Note: if you would like to add more UC-Only IGT Entities, please change the number in the cell below and additional fields will unhide. If you would like to delete UC-Only IGT Entities, please first clear out all contact entries and then change the number in the field below.

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	138911639	Cuero Regional Hospital	17460755881000	1	Alma Alexander	2550 N. Esplanade	Cuero	77954	alexander@cuerohospital.org	3612716191	
				2	Greg Pritchett	2550 N. Esplanade	Cuero	77954	gprich@cuerohospital.org	3612716191	
				3	Samantha Sutton	2550 N. Esplanade	Cuero	77954	ssutton@cuerohospital.org	3612716191	

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	122785303	Gonzales County Hospital District	17416250136501	1	Leslie Janssen	1110 N Sarah DeWitt Drive	Gonzales	78629	ljanssen@gonzaleshealthcare.com	8306727581	1206
				2	Patty Stewart	1110 N Sarah DeWitt Drive	Gonzales	78629	pstewart@gonzaleshealthcare.com	8306727581	1002
				3							

UC-Only IGT Entity 3											
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	138412710	Karnes County Hospital District	17417482155007	1	David Lee	3349 S Highway 181	Sanody	78119	david.lee@kcnh.org	830833401	
				2							
				3							

UC-Only IGT Entity 4											
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	019054801	Galveston County	17460009081007	1	David Delac	722 Moddy Avenue	Galveston	77550	david.delac@co.galveston.tx.us	4097705398	
				2							
				3							

UC-Only IGT Entity 5											
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	17416250136501	1	Chuck Norris	1110 N Sarah DeWitt Drive	Gonzales	78629	cnorris@gonzaleshealthcare.com	8306728495	
				2	Jahn Hughson	1110 N Sarah DeWitt Drive	Gonzales	78629	jhughson@gonzaleshealthcare.com	8306727581	1001
				3	Leslie Janssen	1110 N Sarah DeWitt Drive	Gonzales	78629	ljanssen@gonzaleshealthcare.com	8306727581	1206

UC-Only IGT Entity 6											
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	13223809	Lavaca Medical Center (Hospital district)	17462400379001	1	Bill Emery	1400 N Nixiana St	Hallettsville	77964	wemery@lavacamed.com	361-798-3671	
				2							
				3							

Section 5: Optional - Collaborating Organizations (Anchor Entry)

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

DY9-10 Anchor Template - Community Needs Assessment

Progress Indicators & Anchor Information

Section 1: Updates to Community Needs Assessment Complete

RHP Number: 4
Anchor Organization: Nueces County Hospital District

Section 1: Updates to Community Needs Assessment

Anchors may update the region's community needs assessment to reflect major changes from the DY7-8 submission.

If changes were made, please summarize the process for updating your region's community needs assessment and submit a separate attachment of the completed, updated community needs assessment. Note that updates are not required.

1. Did you update the regional community needs assessment? No

Please explain why an update to the regional community needs assessment for DY9-10 was not necessary.

The most recent community needs assessment, completed in 2018, provided a detailed overview of the region's health care characteristics, including access to care, population health needs, public health data statistics, and a description of challenges and successes related to the DSRIP program and related health care needs. The data provided was comprehensive and indicated only moderate changes since the prior Community Needs Assessment. To determine whether a new CNA was indicated, we reviewed the County Health Rankings for 2019 and compared them with the 2017 results included in the prior CNA. While there were changes in 2019, the majority of them were relatively minor. However, a few changes were notable. For example, 75% of the RHP 4 counties received improved rankings for the measure category "Health Behaviors" while two counties showed improvements in the measure "Social and Economic Factors." The Health Behaviors measure includes factors such as the percent of adults who currently smoke, percent of adults reporting BMI of 30 or more, and percent of adults reporting binge or heaving drinking. All of these health risk factors are targeted in various DSRIP projects throughout the region. While it is not possible to directly link the improved rankings to any single specific activity, it is likely that DSRIP activities played a role in the improvements. More long-term analysis will be necessary to determine whether these improvements are sustained. Based on our review of the County Health Ranking data as well as other local information and input from providers, we did not identify any significant changes or regional factors that indicated a new CNA was necessary at this time.

DY9-10 Anchor Template - Stakeholder Engagement

Progress Indicators & Anchor Information

Section 1: Public Meeting Prior to Submission

Complete

Section 2: General Stakeholder Engagement

Complete

RHP Number:

4

Anchor Organization:

Nueces County Hospital District

Section 1: Public Meeting Prior to Submission

As specified in the Program Funding and Mechanics Protocol (PFM), the Anchor must host at least one public meeting prior to submission of the DY9-10 RHP Plan Update. HHSC prefers in-person meetings for the public meeting requirement; however, any group meeting such as a webinar or conference call wherein stakeholders may ask questions and provide feedback is acceptable. Anchors should also accept questions and feedback on the RHP Plan Update through email if using a webinar or conference call. Individual calls to stakeholders would not meet the requirement.

The RHP Plan Update templates or a summary must be posted on the RHP's website prior to the public meeting or collecting stakeholder feedback.

1. Describe the public meeting, including the date, location, agenda items, and participants.

On November 20, 2019, RHP 4 held a public meeting to present and discuss the DY 9-10 RHP plan update. The meeting was held at 209 N. Water Street, Corpus Christi, Texas. The meeting notice and agenda was posted on the anchor website, compliant with all open meeting requirements. The notice advised stakeholders the purpose of the meeting, the meeting location, how to submit questions, who to contact for inquiries regarding the meeting, and meeting logistics. While the meeting was not webcasted, the notice provided an email address for submitting questions. All questions received prior to the meeting were addressed verbally at the meeting and via an email response to the submitter. The meeting agenda included an overview of the RHP plan, an open discussion period for attendees to ask questions and discuss any identified issues. Stakeholders were invited to submit comments in advance or at the meeting, or any time before the deadline of noon, November 22, 2019. Stakeholders who attended the meeting included regional health care organizations, providers, county medical society representative, and local media.

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

Stakeholders were informed of the RHP plan update via the anchor's website. The RHP plan was posted in advance of the public stakeholder meeting and stakeholders were invited and encouraged to attend the meeting or submit written comments to the anchor. The public meeting included a summary presentation of the RHP plan and an open discussion period for stakeholders to ask questions and provide feedback. We also reminded stakeholders they could submit written comments via the RHP website up to the deadline of noon, November 22, 2019.

Section 2: General Stakeholder Engagement

1. Describe plans for ongoing public engagement in DY9-10 (e.g. quarterly public meetings, webinars, newsletters, annual surveys).

All meetings of RHP 4 are public meetings and are open to any attendee, in full compliance with applicable open meeting requirements. This includes in-person meetings and webinars. In addition, the anchor posts to the public website all appropriate documents, including meeting notices and the RHP annual plan. The region does not publish a newsletter, nor does it have any plans to administer any surveys.

DY9-10 Anchor Template - Learning Collaborative Plan for DY9-10

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 DY9-10 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 DY9-10 learning collaborative plan. The DY9-10 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 DY9-10 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 DY9-10. Please note planned dates and locations, if known.

RHP 4 intends to host 2 learning collaboratives in DY 9-10. Although specific dates are not yet known, the meetings will likely occur in March/April 2020 and July/August 2020. Both meetings will be held in Corpus Christi, Texas. Because topics are typically determined based on input from providers and are designed to, in part, provide assistance based on any challenges or concerns they are currently encountering, we do not finalize topics this early, so this information may change as we get closer to the date of the meeting. Primary topics we anticipate at this time include the transition to value-based payments and sustainability strategies providers are using to move to ensure the successful work under DSRIP will continue beyond the conclusion of this program.

Because so many of our providers serve rural communities, the discussions will include 1) the challenges faced by small providers who do not have the large patient volumes typically required for effective VBP initiatives, and 2) the high volume of uninsured patients served under DSRIP who may lose services when the program concludes. As in our prior learning collaboratives, the meetings will also include reports from all performing providers on current project successes and challenges, lessons learned that may be of value to other providers, and a review of any updates from HHSC that need to be discussed. All providers are notified in advance of the meetings of the agenda topics and are requested to provide relevant project updates and other materials prior to the meeting (usually in the form of power point slides) so that all attendees can benefit from the discussion. The meetings will include time for providers to participate in small break-out sessions to discuss in more detail local projects and opportunities to collaborate on specific challenges. Several projects will be highlighted in more extensive detail at each meeting to provide a deeper dive into project activities, discuss successful strategies, and how successes may be replicated by other providers.

2. Describe the goals of each learning collaborative that you plan to conduct in DY9-10 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.

Our primary goals for each learning collaborative are as follows:

1) ensure active participation of all providers; 2) provide opportunities for provider collaboration and information sharing; 3) identify and discuss challenges, concerns and potential solutions; and 4) share and celebrate improvements and progress and identify ways to replicate successes across similar projects. To achieve these goals, provider input is solicited in the development of all agendas and topics for discussion to be sure their interests are addressed. Agendas are finalized and forwarded to providers as early as possible to allow them to prepare for each meeting. When appropriate, providers are asked to submit written reports or presentations in advance of the meetings, typically in the form of standardized power point slides. All meeting formats are intentionally designed to engage providers by focusing on relevant issues and using providers to lead the discussions. Each meeting includes plenty of time for provider discussions to allow them to share successful strategies and discuss/resolve problems they are having. These strategies have been successful in generating meaningful discussions and enabling providers to learn from one another.

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.)

RHP 4 will continue to use the Plan, Do, Study, Act methodology. The PDSA process has proven to be a successful strategy for evaluating project successes and shortcomings, working together to identify opportunities for improvement, and sharing lessons-learned to enable providers to replicate successes in their own projects and communities. Meetings includes break-out sessions that are topic-specific so providers can compare similar DSRIP project activities, discuss challenges, and identify strategies other providers have used to overcome similar barriers. Providers work together to problem-solve specific concerns and identify ways to maximize the successes and lessons learned to benefit other populations. The PDSA strategy is straight-forward and easily applied to all types of projects and populations, and an effective tool for measuring improvement.

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.

All RHP 4 participating providers will be expected to participate in the two learning collaboratives. It is also common for some of the RHP 5 providers to participate in our meetings. Both RHP 4 and RHP 5 share common regional challenges and community characteristics, and have worked collaboratively since the beginning of the DSRIP program. This arrangement has been productive for both regions and has enabled broader perspectives and opportunities for learning. All meetings are publicly open to any individual or organization. As appropriate and based on input from providers, we may invite managed care organizations to join us for either or both of the future learning collaboratives.

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

RHP 4 uses the Plan, Do, Study, Act (PDSA) learning system. As noted previously, this system has been an effective tool for our providers and is easily applicable to the wide variation of RHP activities. In advance of each learning collaborative meeting, RHP providers receive a detailed agenda and instructions for submitting any required progress reports. Using templates provided in advance, attending RHP participants provide a brief summary of their project progress, with a focus on successes and challenges, lessons learned, and any applicable data updates, including information on Category C outcome data. The presentations are followed by more focused small group discussions on topics of specific interest to providers. Prior to every meeting, all providers are asked to submit recommendations for discussion, specific questions they would like to see addressed, and any concerns they have. Every learning collaborative includes multiple opportunities for providers to raise questions and seek input from providers with similar challenges and concerns to maximize the benefits of learning from each other.

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 intends to host two learning collaborative meetings, both of which will be in-person meetings. The meetings will include all participating providers and will include both large group discussions and break-out discussions with small groups of providers. If necessary, additional meetings may be held via webinar, conference calls, or in-person meetings. While we have found in-person participation is more effective in engaging providers and developing collaborative relationships, webinars are also when necessary to ensure timely and convenient access by all RHP providers. Though specific dates have not yet been finalized, we anticipate the first meeting will be in March/April 2020 and the second one will be in July/August 2020. ☐

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

Learning collaboratives have been a popular and effective learning opportunity for our providers. However, one of the most significant benefits of these meetings is the ability to meet other local health providers and develop personal relationships that are critical for building more effective community health strategies. All providers have learned and benefited from both the successes and challenges of the DSRIP program and we look forward to continuing our work to build a more inclusive, effective health care system that better serves all of our community members.

DY9-10 Anchor Template - Regional Valuation

Anchor Information

RHP Number: 4
 Anchor Organization: Nueces County Hospital District

Section 2: Valuation by Performing Provider

DSRIP Performing Providers:

RHP	TPI	Performing Provider Name	Performing Provider Type	Ownership	DY9 Valuation Category					DY10 Valuation Category				
					Category A	Category B	Category C	Category D	Total DY9	Category A	Category B	Category C	Category D	Total DY10
4	020973601	Corpus Christi Medical Center	Hospital	Private	\$0.00	\$1,460,090.49	\$10,950,678.67	\$2,190,135.73	\$14,600,904.89	\$0.00	\$1,245,935.68	\$9,344,517.56	\$1,888,903.51	\$12,459,356.75
4	020991801	Refugio County Memorial Hospital	Hospital	Non-State Owned Public	\$0.00	\$46,871.53	\$351,536.45	\$70,307.29	\$468,715.27	\$0.00	\$46,871.53	\$351,536.45	\$70,307.29	\$468,715.27
4	080368601	Coastal Plains Community MHMR Center	Community Mental Health	Non-State Owned Public	\$0.00	\$361,229.18	\$2,709,218.88	\$541,843.78	\$3,612,291.84	\$0.00	\$308,246.87	\$2,311,851.55	\$462,370.31	\$3,082,468.73
4	094118902	DeTar Hospital (Victoria of Tx)	Hospital	Private	\$0.00	\$619,025.74	\$4,642,693.04	\$928,538.61	\$6,190,257.39	\$0.00	\$528,231.82	\$3,961,738.62	\$792,347.73	\$5,282,318.17
4	112673204	Yoakum Community Hospital	Hospital	Private	\$0.00	\$56,455.58	\$423,416.88	\$84,683.37	\$564,555.83	\$0.00	\$56,455.58	\$423,416.88	\$84,683.37	\$564,555.83
4	121808305	Jackson County Hospital	Hospital	Non-State Owned Public	\$0.00	\$60,106.34	\$450,797.57	\$90,159.51	\$601,063.42	\$0.00	\$60,106.34	\$450,797.57	\$90,159.51	\$601,063.42
4	130958511	Nueces County	Local Health Department	Non-State Owned Public	\$0.00	\$272,240.22	\$2,041,801.65	\$408,360.33	\$2,722,402.20	\$0.00	\$232,310.12	\$1,742,325.93	\$348,465.19	\$2,323,101.24
4	132812205	Driscoll Children's Hospital	Hospital	Private	\$0.00	\$3,607,887.75	\$27,059,158.11	\$5,411,831.62	\$36,078,877.48	\$0.00	\$3,078,710.60	\$23,090,329.46	\$4,618,065.89	\$30,787,105.95
4	135233809	Lavaca Medical Center	Hospital	Non-State Owned Public	\$0.00	\$25,044.31	\$187,832.32	\$37,566.46	\$250,443.09	\$0.00	\$25,044.31	\$187,832.32	\$37,566.46	\$250,443.09
4	135254407	Gulf Bend MHMR Center	Community Mental Health	Non-State Owned Public	\$0.00	\$374,762.90	\$2,810,721.76	\$562,144.35	\$3,747,629.01	\$0.00	\$319,795.57	\$2,398,466.76	\$479,693.35	\$3,197,955.68
4	137907508	County of Victoria dba Citizens Medical Center	Hospital	Non-State Owned Public	\$0.00	\$719,958.51	\$5,399,688.79	\$1,079,937.76	\$7,199,585.06	\$0.00	\$614,360.55	\$4,607,704.08	\$921,540.82	\$6,143,605.45
4	138305109	Nueces County MHMR Community Ctr dba Behavioral HI	Community Mental Health	Non-State Owned Public	\$0.00	\$559,137.60	\$4,193,532.01	\$838,706.40	\$5,591,376.01	\$0.00	\$477,127.61	\$3,578,457.07	\$715,691.42	\$4,771,276.10

Section 2: Regional Valuation

By Performing Provider Type			
Performing Provider Type	DY9 Valuation	DY10 Valuation	Total Valuation
Hospitals	\$65,954,402.43	\$56,557,163.93	\$122,511,566.36
Private Hospitals	\$57,434,595.59	\$49,093,336.70	\$106,527,932.29
Non-state Owned and State Owned Public Hospitals	\$0.00	\$0.00	\$0.00
Physician Practices	\$0.00	\$0.00	\$0.00
CMHCs	\$12,951,296.86	\$11,051,700.51	\$24,002,997.37
LHDs	\$2,722,402.20	\$2,323,101.24	\$5,045,503.44
TOTAL	\$81,628,101.49	\$69,931,965.68	\$151,560,067.17

By Category			
Category	DY9 Valuation	DY10 Valuation	Total Valuation
Category A	\$8,162,810.15	\$6,993,196.58	\$15,156,006.73
Category B	\$61,221,076.13	\$52,448,974.25	\$113,670,050.38
Category C	\$12,244,215.21	\$10,489,794.85	\$22,734,010.06
Category D	\$0.00	\$0.00	\$0.00
TOTAL	\$81,628,101.49	\$69,931,965.68	\$151,560,067.17

DY9-10 Anchor Template - Regional Category B

Anchor information

RHP Number:	4
Anchor Organization:	Nueces County Hospital District

Section 1: System Components

Hospitals:		Required System Components							Optional System Components					
RHP	TPI	Performing Provider Name	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	020991801	Refugio County Memorial Hospital	Y	Y	Y									
4	094118902	DeTar Hospital (Victoria of Tx)	Y	Y	Y	Y								
4	112673204	Yoakum Community Hospital	Y	Y	Y									
4	121808305	Jackson County Hospital	Y	Y	Y									
4	132812205	Driscoll Children's Hospital	Y	Y	Y		Y	Y	Y					
4	135233809	Lavaca Medical Center	Y	Y	Y									
4	137907508	County of Victoria dba Citizens Medical Center	Y	Y	Y	Y								

Community Mental Health Centers:		Required System Components					Optional System Components							
RHP	TPI	Performing Provider Name	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	135254407	Gulf Bend MHMR Center	Y	Y				Y						
4	138305109	Nueces County MHMR Community Ctr dba Behavioral	Y	Y										

Local Health Departments:		Required System Components		Optional System Components		
RHP	TPI	Performing Provider Name	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	Forecasted Medicaid	Forecasted LIU	MLIU PPP Goals		Average Total PPP	MLIU Percentage of Total PPP
						DY9	DY10		
4	020973601	Corpus Christi Medical Center	Hospital	21,000	16,091	37,091	37,091	75,585	49.07%
4	020991801	Refugio County Memorial Hospital	Hospital	2,600	1,497	4,097	4,097	15,943	25.70%
4	080368601	Coastal Plains Community MHMR Center	Community Mental Health Center (CMHC)	1,648	3,347	4,995	4,995	6,100	81.89%
4	094118902	DeTar Hospital (Victoria of Tx)	Hospital	20,218	14,904	35,122	35,122	111,356	31.54%
4	112673204	Yoakum Community Hospital	Hospital	800	1,279	2,079	2,079	8,113	25.63%
4	121808305	Jackson County Hospital	Hospital	7,184	6,370	13,554	13,554	38,072	35.60%
4	130958511	Nueces County	Local Health Department (LHD)	7,356	41,684	49,040	49,040	78,738	62.28%
4	132812205	Driscoll Children's Hospital	Hospital	46,124	1,921	48,045	48,045	66,643	72.09%
4	135233809	Lavaca Medical Center	Hospital	6,100	2,133	8,233	8,233	43,150	19.08%
4	135254407	Gulf Bend MHMR Center	Community Mental Health Center (CMHC)	1,492	1,966	3,458	3,458	3,879	89.15%
4	137907508	County of Victoria dba Citizens Medical Center	Hospital	6,544	7,600	14,144	14,144	49,800	28.40%
4	138305109	Nueces County MHMR Community Ctr dba Behavioral HI	Community Mental Health Center (CMHC)	2,761	2,589	5,350	5,350	6,740	79.38%

DY9-10 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	1	0	12
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
020991801	Refugio County Memorial Hospital	K1	Rural Preventive Care	0	0	0	0	3
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)	J1	Hospital Safety	0	0	0	0	10
112673204	Yoakum Community Hospital	K2	Rural Emergency Care	0	0	0	0	3
121808305	Jackson County Hospital	K2	Rural Emergency Care	0	0	0	0	3
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	L1-IT-1.10	Diabetes care: HbA1c poor control (>9.0%)	N/A	0	0	0	3
130958511	Nueces County	L1-IT-1.7	Controlling high blood pressure	N/A	0	0	0	3
132812205	Driscoll Children's Hospital	A1-112	Comprehensive Diabetes Care: Foot Exam	0	0	0	0	1
132812205	Driscoll Children's Hospital	A1-115	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	0	0	0	0	3
132812205	Driscoll Children's Hospital	A1-207	Diabetes care: BP control (<140/90mm Hg)	0	0	0	0	3
132812205	Driscoll Children's Hospital	B1	Care Transitions & Hospital Readmissions	0	0	0	0	11
132812205	Driscoll Children's Hospital	B2-392	Reduce Emergency Department visits for Acute Ambulatory Care Sensitive Conditions (ACSC)	0	0	0	0	3
132812205	Driscoll Children's Hospital	D1-212	Appropriate Testing for Children With Pharyngitis	0	0	0	0	3
132812205	Driscoll Children's Hospital	D1-400	Tobacco Use and Help with Quitting Among Adolescents	0	0	0	0	1
132812205	Driscoll Children's Hospital	D1-503	PDI 91 Acute Composite (Gastroenteritis, Urinary Tract Infection Admission Rate)	0	0	0	0	4
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	E1-300	Behavioral Health Risk Assessment (for Pregnant Women)	0	0	0	0	1
132812205	Driscoll Children's Hospital	H2-305	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-CH)	0	0	0	0	1
132812205	Driscoll Children's Hospital	H3-144	Screening for Clinical Depression and Follow-Up Plan (CDF-AD) for individuals with a diagnosis of chronic pain	0	0	0	0	1
132812205	Driscoll Children's Hospital	H3-287	Documentation of Current Medications in the Medical Record	0	0	0	0	1
132812205	Driscoll Children's Hospital	I1	Specialty Care	0	0	0	0	2
132812205	Driscoll Children's Hospital	L1-269	Preventive Care and Screening: Influenza Immunization	0	0	0	0	1
135233809	Lavaca Medical Center	K1	Rural Preventive Care	0	0	0	0	4
135254407	Gulf Bend MHMR Center	M1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	N/A	0	0	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	0	0	2
135254407	Gulf Bend MHMR Center	M1-317	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	N/A	0	0	0	2
135254407	Gulf Bend MHMR Center	M1-319	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (eMeasure)	N/A	0	0	0	2
137907508	County of Victoria dba Citizens Medical Center	B1	Care Transitions & Hospital Readmissions	0	0	0	0	11
137907508	County of Victoria dba Citizens Medical Center	C1	Primary Care Prevention - Healthy Texans	1	0	0	0	16
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	0	0	1
138305109	Nueces County MHMR Community Ctr dba Behavioral HI	M1-160	Follow-Up After Hospitalization for Mental Illness	N/A	0	0	0	3
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	M1-257	Care Planning for Dual Diagnosis	N/A	0	0	0	1
138305109	Nueces County MHMR Community Ctr dba Behavioral HI	M1-261	Assessment for Substance Abuse Problems of Psychiatric Patients	N/A	0	0	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	0	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	0	0	1
Total				5	0	1	0	209

Section 2: MPT Summary

TPI	Performing Provider Name	MPT	Total Points in Selected Measure Bundles / Measures
020973601	Corpus Christi Medical Center	25	39
020991801	Refugio County Memorial Hospital	1	3
080368601	Coastal Plains Community MHMR Center	6	8
094118902	DeTar Hospital (Victoria of Tx)	11	29
112673204	Yoakum Community Hospital	1	3
121808305	Jackson County Hospital	1	3
130958511	Nueces County	5	7
132812205	Driscoll Children's Hospital	63	63
135233809	Lavaca Medical Center	1	4
135254407	Gulf Bend MHMR Center	6	11
137907508	County of Victoria dba Citizens Medical Center	12	27
138305109	Nueces County MHMR Community Ctr dba Behavioral HI	10	12

DY9-10 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

Section 5: Collaborating Organizations

Complete

Community Needs Assessment

Section 1: Updates to Community Needs Assessment

Complete

Stakeholder Engagement

Section 1: Public Meeting Prior to Submission

Complete

Section 2: General Stakeholder Engagement

Complete

Learning Collaborative Plan

Section 1: Learning Collaborative Plan

Complete