Texas Healthcare Transformation and Quality Improvement Program

REGIONAL HEALTHCARE PARTNERSHIP (RHP) PLAN

DRAFT
September 14, 2012

[RHP Name]

RHP Lead Contact: *[RHP Contact Person, Contact Information (address, email, phone number)]*

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Instructions

Each RHP in collaboration with the Intergovernmental Transfer (IGT) Entities and Performing Providers in the region must complete and submit an RHP Plan or at a minimum Pass 1 DSRIP projects to HHSC by October 31, 2012. All sections are required unless indicated as optional.

RHPs shall refer to Attachment I (RHP Planning Protocol), Attachment J (RHP Program Funding and Mechanics Protocol), the RHP Plan Checklist, and Companion Document as guides to complete the sections that follow. This plan must comport with the two protocols and fulfill the requirements of the checklist.

The RHP Plan and Financial Workbook must be submitted as Microsoft Word and Excel files to the waiver mailbox at TXHealthcareTransformation@hhsc.state.tx.us.

You must adhere to the page limitations specified in each section using a minimum 12 point font, tables a minimum 10 point font – otherwise the RHP Plan will be immediately returned.

HHSC will contact the RHP Lead Contact listed on the cover page with any questions or concerns. IGT Entities and Performing Providers will also be contacted in reference to their specific Delivery System Reform Incentive Payment (DSRIP) projects.

Section I. RHP Organization

*Please list the participants in your RHP by type of participant: Anchor, IGT Entity, Performing Provider, Uncompensated Care (UC)-only hospital, and other stakeholder, including the name of the organization, lead representative, and the contact information for the lead representative (address, email, phone number). The lead representative is HHSC's single point of contact regarding the entity's participation in the plan. Providers that will not be receiving *direct* DSRIP payments do not need to be listed under "Performing Providers" and may instead be listed under "Other Stakeholders". Please provide accurate information, particularly TPI, TIN, and ownership type, otherwise there may be delays in your payments. Refer to the Companion Document for definitions of ownership type. Add additional rows as needed.*

Note: HHSC does not request a description of the RHP governance structure as part of this section.

RHP Participant Type	Texas Provider Identifier (TPI)	Texas Identification Number (TIN)	Ownership Type (state owned, non-state public, private)	Organization Name	Lead Representative	Lead Representative Contact Information (address, email, phone number)
Anchoring Entity *(specify type of Anchor, e.g. public hospital, governmental entity)*						
IGT Entities *(specify type of government entity, e.g. county, hospital district)*						

RHP Participant Type	Texas Provider Identifier (TPI)	Texas Identification Number (TIN)	Ownership Type (state owned, non-state public, private)	Organization Name	Lead Representative	Lead Representative Contact Information (address, email, phone number)
Performing Providers *(specify type of provider, e.g. public or private hospital, children's hospital, CMHC, that will receive DSRIP payments under the RHP plan, some of which may also receive UC)*						
UC-only Hospitals *(list hospitals that will only be participating in UC)*						
Other Stakeholders *(specify type)*						
County Medical Associations/Societies						
Regional Public Health Directors						
Other significant safety net providers within the region (specify type)						
Others (specify type, e.g. advocacy groups, associations)						

Section II. Executive Overview of RHP Plan

Provide a brief description of the RHP Plan to include, but not limited to, the following:

- *Overarching RHP goals/vision for delivery system transformation over the 5-year period*
- *High-level summary of existing RHP healthcare environment, which may include a brief summary of the RHP's patient population and health system*
- *Key health challenges facing the RHP*
- *High level summary of how the 4-year DSRIP projects realize the RHP's 5-year vision*
- *Complete the summary of Categories 1-2 projects table below for all projects in the RHP Plan. The table is based on projects listed in Section V.*

The narrative in this section described above is limited to 3 pages. The page limit does not apply to the table below.

Summary of Categories 1-2 Projects

Project Title (include unique RHP project ID number for each project. Do not restart numbering for different Performing Providers)	Brief Project Description	Related Category 3 Outcome Measure (include unique Category 3 Improvement Target (IT) Identifier specific to RHP and outcome title)	Estimated Incentive Amount (DSRIP) for DYs 2-5
Category 1: Infrastructure Development			
[TPI].1.1 Project Title Provider Name & TPI			
[TPI].1.2 Project Title Provider Name & TPI			
[TPI].1.1 Project Title Provider Name & TPI			
Category 2: Program Innovation and Redesign			
[TPI].2.1 Project Title Provider Name & TPI			
[TPI].2.1 Project Title Provider Name & TPI			
[TPI].2.2 Project Title Provider Name & TPI			

Section III. Community Needs Assessment

Provide a description and supporting data of the existing community needs for the five-year waiver period to include, but not limited to, the following:
Note: These items can be reported/taken from existing community assessments and data sources but must cover the entire region and be no more than five years old.

- *Demographics (e.g. race/ethnicity, gender, language, age, income, education, employment, large employers)*
- *Insurance coverage (e.g. commercial, Medicaid, Medicare, uncompensated)*
- *Description of region's current healthcare infrastructure and environment (e.g. number/types of providers; hospital sizes, services, systems, and costs; Health Professional Shortage Area (HPSA))*
- *A brief description of any initiatives in which providers in the RHP are participating that are funded by the U.S. Department of Health and Human Services. Refer to the Companion Document for a list of applicable federal initiatives.*
- *A brief description of any other relevant delivery system reform initiatives underway in the RHP region.*
- *Projected major changes in items considered in the above five bullets expected to occur during the waiver period of FFY 2012 – FFY 2016*
- *Key health challenges specific to region supported by data (e.g. high diabetes rate, access issues, high emergency department (ED) utilization)*

Section III narrative is limited to 15 pages, including tables and graphs to support the narrative. The page limit does not apply to the summary of community needs table below. Additional supplemental community needs materials may be included in the Addendums.

Identify approach and sources used in preparing the assessment.

Complete the summary of community needs table below summarizing at a high level the community needs with a unique community need identification number and the data source. These should include the community needs that the RHP Plan is intended to address.

The assessment should inform the selection of DSRIP projects in Section V. The community need ID number shall be referred to in the project narratives in Section V.

Summary of Community Needs

Identification Number	Brief Description of Community Needs Addressed through RHP Plan	Data Source for Identified Need
CN.1		
CN.2		
CN.3		

Section IV. Stakeholder Engagement

A. RHP Participants Engagement

Provide a description of stakeholder engagement process for Performing Providers that are participating in DSRIP projects and eligible for UC payments. This may include a listing and description of past meetings and activities. Please describe additional outreach efforts with other stakeholders who will <u>not</u> be participating in DSRIP projects under the section, "Public Engagement".

Provide a description of plans for ongoing engagement with Performing Providers and IGT Entities (e.g. quarterly meetings).

B. Public Engagement

Provide a description of public engagement, including the opportunities provided for public input into the development of RHP plans and opportunities for public discussion and review prior to plan submission. Identify the stakeholders/groups engaged, including consumers, hospitals, and other providers in the region that are not Performing Providers. This should include a letter from the county medical society or societies (and may include letters from other stakeholders) describing their participation in the RHP Plan included in the Addendums. If a letter cannot be obtained, please document the process to engage county medical societies.

At a minimum, this must include a description of public meetings that were provided in different areas of the RHP wherein access was available to stakeholders by teleconference, public posting of the RHP Plan, and process for submitting public comment on the RHP Plan.

Provide a description of plans for ongoing engagement with public stakeholders (e.g. publication of reports, quarterly meetings).

Section IV is limited to 5 pages. Any supporting documents may be included in the Addendums.

Section V. DSRIP Projects

A. RHP Plan Development

- *Indicate assigned RHP Tier level, minimum number of projects, and number of projects identified in Pass 1 and Pass 2. Describe the process used to implement Pass 1 and Pass 2.   Include the complete list of projects considered in Pass 1 and Pass 2, including those projects not included in the submitted RHP Plan in the addendums.*
- *Based on the community needs assessment, describe the RHP goals. Describe the regional approach for addressing the needs and goals.*
- *Describe the process for evaluating and selecting projects included in the RHP Plan consistent with requirements described in Section VI of the Program Funding and Mechanics Protocol.*
- *Provide a list of Performing Providers and TPIs that are exempt from Category 4 reporting according to the criteria in paragraph 11.e. in the Program Funding and Mechanics Protocol.*
- *Section V.A. is limited to 5 pages.*

B. Project Valuation

Provide a narrative that describes the overall regional approach for valuing each project and rationale (e.g. size factor, project scope, populations served, community benefit, cost avoidance, addressing priority community need), including an explanation why a similar project selected by two Performing Providers might have different valuations (e.g. due to project size, provider size, etc.)

Section V.B. is limited to 2 pages.

C. *Category 1: Infrastructure Development*

Infrastructure development projects lay the foundation for delivery system transformation through investments in technology, tools, and human resources. Performing Providers participating in Category 1 projects may include hospitals, community mental health centers (CMHCs), local health departments, physician practices affiliated with academic science health centers, and other provider types approved by the State and CMS, as defined in Section II of Attachment J (Program Funding and Mechanics Protocol).

Narrative for each Category 1 Project shall include:
- The narrative for each Category 1 Project is limited to 6 pages.
- **Identifying Project and Provider Information:** [Include: title of project, unique RHP project identification number (e.g. [TPI].1.1), Performing Provider name/TPI.]
- **Project Description:** [Describe project, including project goal(s) and challenges or issues faced by the Performing Provider, how the project addresses those challenges, and 5-year expected outcome for Performing Provider and patients. Also describe how the project is related to the regional goals.]
- **Starting Point/Baseline:** [e.g., number of clients currently served by project; percent of providers trained in project; number of encounters. Indicate time period for baseline.]
- **Rationale:** [A narrative describing the reasons for selecting the project option, project components (if the selected project option includes required core project components, all required core components must be included in the project, addressed as fulfilled, or the provider must otherwise justify in the narrative why all required core components are not included), milestones, and metrics based on relevancy to the RHP's population and circumstances, community need, and RHP priority and starting point. Provide the unique community need identification number the project addresses. Include how the project represents a new initiative for the Performing Provider or significantly enhances an existing delivery system reform initiative, including any initiatives that may have related activities that are funded by the U.S Department of Health and Human Services.]
- **Related Category 3 Outcome Measure(s):** [Indicate the Category 3 Outcome Measure(s) and reasons/rationale for selecting the outcome measure(s). At least one stand-alone measure must be selected or at least three non-stand-alone measures.]
- **Relationship to other Projects:** [A narrative describing how this project supports, reinforces, enables, and is related to other projects and interventions within the RHP plan. Please list the related Category 1 and 2 projects with the unique RHP project identification number and related Category 4 Population-focused measures.]
- **Project Valuation:** [A narrative that describes the approach for valuing each project and rationale/justification (e.g. size factor, project scope, populations served, community benefit, cost avoidance, addressing priority community need, estimated local funding). Supporting information may be included in the addendums.]

Milestones/Metric Table for each Category 1 Project shall include:
- **Identifying Project and Provider Information:** [Include: title of project, unique RHP project identification number (e.g. [TPI].1.1), reference numbers of project option and project component(s) included in the project in RHP Planning Protocol (e.g. 1.1.3 and 1.1.3.a), Performing Provider name/TPI. Indicate the Category 3 Outcome(s), the unique Category 3

Outcome Improvement Target (IT) Identifier(s) that is associated with the project, and reference number of the outcome IT(s) from RHP Planning Protocol.]

- **Milestone bundles**: [List acceptable milestones and metrics (numerator/denominator, as applicable) by year (DYs 2-5) that comprise a project's milestone bundle based on Attachment I, RHP Planning Protocol. Each project shall include at least 1 process milestone and at least 1 improvement milestone over the 4-year period. For each metric, provide the baseline once within the first two years and set metric goals for each year to which the metric is applied. Data sources used to document and verify achievement should also be referenced.]
- **RHP Planning Protocol Reference**: [Include milestone reference number (e.g. P-10) and metric reference number (e.g. P-10.2) from the RHP Planning Protocol.]
- **Incentive Payment Amount**: [Estimated DSRIP funding (maximum DSRIP amount for achieving each milestone) by demonstration year. Milestones for a project within a demonstration year must be valued equally. The milestone DSRIP funding must equal the total DSRIP funding per project per demonstration year as indicated in the electronic workbook.]

[UNIQUE CATEGORY 1 PROJECT IDENTIFIER, E.G. PROJECT [TPI].1.1]	[REFERENCE NUMBER OF PROJECT OPTION FROM RHP PP – E.G. 1.X.X]	[REFERENCE NUMBER OF PROJECT COMPONENT(S) FROM RHP PP - E.G. 1.X.X.X]	[PROJECT TITLE]		
	[RHP Performing Provider involved with this project - Name]			[RHP Performing Provider - TPI]	
Related Category 3 Outcome Measure(s):	[unique Category 3 IT identifier(s)]	[Reference number(s) from RHP PP]	[Outcome Measure (Improvement Target) Title(s)]		

Year 2 (10/1/2012 – 9/30/2013)	Year 3 (10/1/2013 – 9/30/2014)	Year 4 (10/1/2014 – 9/30/2015)	Year 5 (10/1/2015 – 9/30/2016)

Milestone 1 [*RHP PP Milestone – P-Y*]: [*Insert specific language for selected milestone, if applicable*]
Metric 1 [*RHP PP Metric – P-Y.Z*]: [*Insert specific language for selected metric, if applicable*]
    Baseline/Goal: [*Insert a data point if applicable, e.g. baseline of 10 physicians, goal of 5% increase in visits*]
    Data Source:
 	
Milestone 1 Estimated Incentive Payment *(maximum amount):* $
 	
Add more milestones and metrics as applicable
	Milestone 2 [P-5]:
	Metric 1 [P-5.1]:
	    Baseline/Goal:
	    Data Source:
	
	Milestone 2 Estimated Incentive Payment: $
	
	Milestone 3 [P-8]:
	Metric 1 [P-8.1]:
	    Baseline/Goal:
	    Data Source:
	
	Milestone 3 Estimated Incentive Payment: $
		Milestone 4 [P-9]:
		Metric 1 [P-9.1]:
		    Goal:
		    Data Source:
		
		Milestone 4 Estimated Incentive Payment: $
		
		Milestone 5 [I-1]:
		Metric 1 [I-1.2]:
		    Goal:
		    Data Source:
		
		Metric 2 [I-1.4]:
		    Goal:
		    Data Source:
		
		Milestone 5 Estimated Incentive Payment: $
			Milestone 6 [I-3]:
			Metric 1 [I-3.1]:
			    Goal:
			    Data Source:
			
			Metric 2 [I-3.3]:
			    Goal:
			    Data Source:
			
			Metric 3 [I-3.4]:
			    Goal:
			    Data Source:
			
			Milestone 6 Estimated Incentive Payment: $

Year 2 Estimated Milestone Bundle Amount: *(add incentive payments amounts from each milestone):* $	Year 3 Estimated Milestone Bundle Amount: $	Year 4 Estimated Milestone Bundle Amount: $	Year 5 Estimated Milestone Bundle Amount: $
TOTAL ESTIMATED INCENTIVE PAYMENTS FOR 4-YEAR PERIOD *(add milestone bundle amounts over Years 2-5):* $			

Add additional projects using same format above.

NOTE: The information in the table below will be included in the electronic workbook.

[UNIQUE CATEGORY 1 PROJECT IDENTIFIER, E.G. PROJECT [TPI].1.1]	*[REFERENCE NUMBER OF PROJECT OPTION FROM RHP PP – E.G. 1.X.X]*	*[REFERENCE NUMBER OF PROJECT COMPONENT(S) FROM RHP PP - E.G. 1.X.X.X]*	*[PROJECT TITLE]*				
	[RHP Performing Provider involved with this project - Name]					*[RHP Performing Provider - TPI]*	
Related Category 3 Outcome Measure(s):	*[unique Category 3 IT identifier(s)}*	*[Reference number(s) from RHP PP]*	*[Outcome Measure (Improvement Target) Title(s)]*				
Year 2 (10/1/2012 – 9/30/2013)		**Year 3 (10/1/2013 – 9/30/2014)**		**Year 4 (10/1/2014 – 9/30/2015)**		**Year 5 (10/1/2015 – 9/30/2016)**	
Year 2 Estimated DSRIP Funding: $		Year 3 Estimated DSRIP Funding: $		Year 4 Estimated DSRIP Funding: $		Year 5 Estimated DSRIP Funding: $	
Estimated State Match (IGT)							
Source of State Match *(list specific public entity and TIN):*	Estimated Available State Match: $	Source of State Match *(list specific public entity and TIN):*	Estimated Available State Match: $	Source of State Match *(list specific public entity and TIN):*	Estimated Available State Match: $	Source of State Match *(list specific public entity and TIN):*	Estimated Available State Match: $
Source of State Match *(list specific public entity and TIN):*	Estimated Available State Match: $	Source of State Match *(list specific public entity and TIN):*	Estimated Available State Match: $	Source of State Match *(list specific public entity and TIN):*	Estimated Available State Match: $	Source of State Match *(list specific public entity and TIN):*	Estimated Available State Match: $

D. Category 2: Program Innovation and Redesign

Program Innovation and Redesign projects emphasize the piloting, testing, and replicating of innovative care models. Performing Providers participating in Category 2 projects may include hospitals, community mental health centers, local health departments, physician practices affiliated with academic science health centers and other provider types approved by the State and CMS, as defined in Section II of Attachment J (Program Funding and Mechanics Protocol).

Narrative for each Category 2 Project shall include:
- The narrative for each Category 2 Project is limited to 6 pages.
- **Identifying Project and Provider Information:** [Include: title of project, unique RHP project identification number (e.g. 2.1), Performing Provider name/TPI.]
- **Project Description:** [Describe project, including project goal(s) and challenges or issues faced by the Performing Provider, how the project addresses those challenges, and 5-year expected outcome for Performing Provider and patients. Also describe how the project is related to the regional goals.]
- **Starting Point/Baseline:** [e.g., number of clients currently served by project; percent of providers trained in project; number of encounters. Indicate time period for baseline.]
- **Rationale:** [A narrative describing the reasons for selecting the project option, project components (if the selected project option includes required core project components, all required core components must included in the project, addressed as fulfilled, or the provider must otherwise justify in the narrative why all required core components were not included), milestones, and metrics based on relevancy to the RHP's population and circumstances, community need, and RHP priority and starting point. Provide the unique community need identification number the project addresses. Include how the project represents a new initiative for the Performing Provider or significantly enhances an existing delivery system reform initiative, including any initiatives that may have related activities that are funded by the U.S Department of Health and Human Services.]
- **Related Category 3 Outcome Measure(s):** [Indicate the Category 3 Outcome Measure(s) and reasons/rationale for selecting the outcome measure(s). At least one stand-alone measure must be selected or at least three non-stand-alone measures.]
- **Relationship to other Projects:** [A narrative describing how this project supports, reinforces, enables, and is related to other projects and interventions within the RHP plan. Please list the related Category 1 and 2 projects with the unique RHP project identification number and related Category 4 Population-focused measures.]
- **Project Valuation:** [A narrative that describes the approach for valuing each project and rationale/justification (e.g. size factor, project scope, populations served, community benefit, cost avoidance, addressing priority community need, estimated local funding). Supporting information may be included in the addendums.]

Milestones/Metric Table for each Category 2 Project shall include:
- **Identifying Project and Provider Information:** [Include: title of project, unique RHP project identification number (e.g. [TPI].2.1), reference numbers of project option and project component(s) included in the project in RHP Planning Protocol (e.g. 2.2.3 and 2.2.3.a), Performing Provider name/TPI. Indicate the Category 3 Outcome(s), the unique Category 3

Outcome Identifier(s) that is associated with the project, and reference number of the outcome(s) from RHP Planning Protocol.]

- **Milestone bundles**: [List acceptable milestones and metrics (numerator /denominator as applicable) by year (DYs 2-5) that comprise a project's milestone bundle based on Attachment I, RHP Planning Protocol. Each project shall include at least 1 process milestone and at least 1 improvement milestone over the 4-year period. For each metric, provide the baseline once within the first two years and set metric goals for each year to which the metric is applied. Data sources used to document and verify achievement should also be referenced.]
- **RHP Planning Protocol Reference**: [Include milestone reference number (e.g. P-7) and metric reference number (e.g. P-7.1) from the RHP Planning Protocol.]
- **Incentive Payment Amount**: [Estimated DSRIP funding (maximum DSRIP amount for achieving each milestone) by demonstration year. Milestones for a project within a demonstration year must be valued equally. The milestone DSRIP funding must equal the total DSRIP funding per project per demonstration year as indicated in the electronic workbook.]

[UNIQUE CATEGORY 2 PROJECT IDENTIFIER, E.G. PROJECT [TPI].2.1]	[REFERENCE NUMBER OF PROJECT OPTION FROM RHP PP – E.G. 2.X.X]	[REFERENCE NUMBER OF PROJECT COMPONENT(S) FROM RHP PP - E.G.2.X.X.X]	[PROJECT TITLE]	
	[RHP Performing Provider involved with this project - Name]			[RHP Performing Provider - TPI]
Related Category 3 Outcome Measure(s):	[unique Category 3 IT identifier(s)]	[Reference number(s) from RHP PP]	[Outcome Measure (Improvement Target) Title(s)]	

Year 2 (10/1/2012 – 9/30/2013)	Year 3 (10/1/2013 – 9/30/2014)	Year 4 (10/1/2014 – 9/30/2015)	Year 5 (10/1/2015 – 9/30/2016)

Milestone 1 [*RHP PP Milestone – P-Y*]: [*Insert specific language for selected milestone if applicable*]
 Metric 1 [*RHP PP Metric – P-Y.Z*]: [*Insert specific language for selected metric if applicable*]
   Baseline/Goal: [*Insert a data point if applicable, e.g. baseline of 500 eligible patients, goal of 7% increase in program enrollment*]
   Data Source:
 	
 Milestone 1 Estimated Incentive Payment (*maximum amount)*: $
 	
 Add more milestones and metrics as applicable
	Milestone 2 [P-5]:
	 Metric 1 [P-5.1]:
	   Baseline/Goal:
	   Data Source:
	
	 Metric 1 [P-5.3]:
	   Baseline/Goal:
	   Data Source:
	
	 Milestone 2 Estimated Incentive Payment: $
	
	 Milestone 3 [P-8]:
	 Metric 1 [P-8.1]:
	   Baseline/Goal:
	   Data Source:
	
	 Milestone 3 Estimated Incentive Payment: $
		Milestone 4 [P-9]:
		 Metric 1 [P-9.1]:
		   Goal:
		   Data Source:
		
		 Milestone 4 Estimated Incentive Payment: $
		
		 Milestone 5 [I-1]:
		 Metric 1 [I-1.2]:
		   Goal:
		   Data Source:
		
		 Metric 2 [I-1.4]:
		   Goal:
		   Data Source:
		
		 Milestone 5 Estimated Incentive Payment: $
			Milestone 6 [I-3]:
			 Metric 1 [I-3.1]:
			   Goal:
			   Data Source:
			
			 Metric 2 [I-3.3]:
			   Goal:
			   Data Source:
			
			 Metric 3 [I-3.4]:
			   Goal:
			   Data Source:
			
			 Milestone 6 Estimated Incentive Payment: $

Year 2 Estimated Milestone Bundle Amount: (add incentive payments amounts from each milestone): $	Year 3 Estimated Milestone Bundle Amount: $	Year 4 Estimated Milestone Bundle Amount: $	Year 5 Estimated Milestone Bundle Amount: $
TOTAL ESTIMATED INCENTIVE PAYMENTS FOR 4-YEAR PERIOD (*add milestone bundle amounts over DYs 2-5*)**:** $			

Add additional projects using same format above

NOTE: The information in the table below will be included in the electronic workbook.

[UNIQUE CATEGORY 2 PROJECT IDENTIFIER, E.G. PROJECT [TPI.2.1]	[REFERENCE NUMBER OF PROJECT OPTION FROM RHP PP – E.G. 2.X.X]	[REFERENCE NUMBER OF PROJECT COMPONENT(S) FROM RHP PP - E.G. 2.X.X.X]	[PROJECT TITLE]			
[RHP Performing Provider involved with this project - Name]					[RHP Performing Provider - TPI]	
Related Category 3 Outcome Measure(s):	[unique Category 3 IT identifier(s)]	[Reference number(s) from RHP PP]	[Outcome Measure (Improvement Target) Title(s)]			
Year 2 (10/1/2012 – 9/30/2013)		**Year 3 (10/1/2013 – 9/30/2014)**		**Year 4 (10/1/2014 – 9/30/2015)**		**Year 5 (10/1/2015 – 9/30/2016)**
Year 2 Estimated DSRIP Funding: $		Year 3 Estimated DSRIP Funding: $		Year 4 Estimated DSRIP Funding: $		Year 5 Estimated DSRIP Funding: $
Estimated State Match (IGT)						
Source of State Match *(list specific public entity and TIN):*	Estimated Available State Match: $	Source of State Match *(list specific public entity and TIN):*	Estimated Available State Match: $	Source of State Match *(list specific public entity and TIN):*	Estimated Available State Match: $	Source of State Match *(list specific public entity and TIN):*	Estimated Available State Match: $
Source of State Match *(list specific public entity and TIN):*	Estimated Available State Match: $	Source of State Match *(list specific public entity and TIN):*	Estimated Available State Match: $	Source of State Match *(list specific public entity and TIN):*	Estimated Available State Match: $	Source of State Match *(list specific public entity and TIN):*	Estimated Available State Match: $

E. Category 3: Quality Improvements

NOTE: This section is currently under CMS negotiation and is likely to change.
The goal of Category 3 is to assess an outcome of a project implemented under Category 1 or 2. As described in the Program Funding and Mechanics Protocol, each Category 1 and 2 project is required to have an associated Category 3 outcome measure.

Narrative for each Category 3 Outcome Measure shall include:
- The narrative for each Category 3 Outcome Measure is limited to 3 pages.
- **Identifying Outcome Measures and Provider Information:** [Include: title of outcome measure (improvement target), unique RHP outcome identification number(s) (e.g., [TPI].3.1), Performing Provider name/TPI.]
- **Outcome Measure Description:** [Describe outcome measure, specifically process milestones and selected outcome improvement target(s) for each year (e.g., improve by 5% by end of waiver).]
- **Rationale:** [A narrative describing the reasons for selecting the process milestones and outcome improvement targets. If improvement targets are not determined, please indicate that outcome improvement targets will be determined in DY 2 for implementation in DY 3.]
- **Outcome Measure Valuation:** [A narrative that describes the approach for valuing each outcome measure (and its associated process milestones and outcome improvement targets) and rationale/justification (e.g. size factor, project scope, populations served, community benefit, cost avoidance, addressing priority community need, estimated local funding).]
- If a project includes more than one outcome measure, complete the entire Section E. (narrative and table) for each outcome measure.

Process Milestones/Outcome Improvement Targets Table(s) for each Category 3 Outcome Measure shall include:
- **Identifying Outcome and Provider Information:** [Include: title of outcome measure (improvement target), unique RHP outcome identification number (e.g., [TPI].3.1), reference number of outcome improvement target in RHP Planning Protocol (e.g. 3.IT-1.1), Performing Provider name/TPI. Indicate the related Category 1 or 2 projects with the unique project identifier (e.g. [TPI].1.3).]
- **Starting Point/Baseline (if applicable):** [e.g., number of ED visits, most recent 30-day PPR rate for Congestive Heart Failure]
- **Process Milestones/Outcome Improvement Targets**: List acceptable process milestones and outcome improvement targets by year (DYs 2-5) that comprise an outcome measure based on Attachment I, RHP Planning Protocol. For each outcome measure, provide the baseline once within the first two years; process milestones in DYs 2 and/or 3, as applicable; and outcome improvement targets beginning no later than DY 4. Data sources used to document and verify achievement should also be referenced.
- **RHP Planning Protocol Reference**: Include process milestone reference numbers (e.g., P-1) and outcome improvement target reference numbers (e.g., OD-5.1) from the RHP Planning Protocol.
- **Incentive Payment Amount**: Estimated DSRIP funding (maximum DSRIP amount for achieving each process milestone/outcome improvement target) by demonstration year. The process milestone/outcome improvement target DSRIP funding must equal the total DSRIP funding per outcome per demonstration year as indicated in the electronic workbook.

[Unique Category 3 outcome measure identifier(s), e.g. [TPI].3.1}	[Outcome Measure (Improvement Target) Reference number from RHP Planning Protocol, e.g. 3.IT-X.X]	[Outcome Measure (Improvement Target) Title]	
[RHP Performing Provider involved with this project - Name]			[RHP Performing Provider - TPI]
Related Category 1 or 2 Projects:	[Unique Category 1 or 2 project identifier(s), e.g. [TPI].1.4, [TPI].2.3]		
Starting Point/Baseline:			
Year 2 (10/1/2012 – 9/30/2013)	**Year 3 (10/1/2013 – 9/30/2014)**	**Year 4 (10/1/2014 – 9/30/2015)**	**Year 5 (10/1/2015 – 9/30/2016)**
Process Milestone 1 [*RHP PP Process Milestone* – P-Y]: [*Insert specific language for selected process milestone if applicable*] Data Source: Process Milestone 1 Estimated Incentive Payment *(maximum amount):* $ **Process Milestone 2** [P-2]: Data Source: Process Milestone 2 Estimated Incentive Payment: $ *Add more process milestones/improvement targets, as applicable*	**Process Milestone 3 [P-4]** Data Source: Process Milestone 3 Estimated Incentive Payment: $ **Outcome Improvement Target 1** [IT-1.1]: Improvement Target: Data Source: Outcome Improvement Target 1 Estimated Incentive Payment*:* $	**Outcome Improvement Target 2** [IT-1.1]: Improvement Target: Data Source: Outcome Improvement Target 2 Estimated Incentive Payment*:* $	**Outcome Improvement Target 3** [IT-1.1]: Improvement Target: Data Source: Outcome Improvement Target 3 Estimated Incentive Payment*:* $
Year 2 Estimated Outcome Amount: (add incentive payments amounts from each milestone/outcome improvement target): $	Year 3 Estimated Outcome Amount: $	Year 4 Estimated Outcome Amount: $	Year 5 Estimated Outcome Amount: $
TOTAL ESTIMATED INCENTIVE PAYMENTS FOR 4-YEAR PERIOD *(add outcome amounts over DYs 2-5):* $			

Add additional outcomes selected by the Performing Provider; repeat tables for every provider participating in Category 1 or 2 projects

NOTE: The information in the table below will be included in the electronic workbook.

[Unique Category 3 outcome measure identifier(s), e.g. [TPI].3.1}		*[Outcome Measure Reference number from RHP Planning Protocol, e.g. 3.X.X]*		*[Outcome Measure (Improvement Target) Title]*			
[RHP Performing Provider involved with this project - Name]						*[RHP Performing Provider - TPI]*	
Related Category 1 or 2 Projects:		*[Unique Category 1 or 2 project identifier(s), e.g. [TPI].1.4, [TPI].2.3]*					
Year 2 **(10/1/2012 – 9/30/2013)**		**Year 3** **(10/1/2013 – 9/30/2014)**		**Year 4** **(10/1/2014 – 9/30/2015)**		**Year 5** **(10/1/2015 – 9/30/2016)**	
Year 2 Estimated DSRIP Funding*:* $		Year 3 Estimated DSRIP Funding: $		Year 4 Estimated DSRIP Funding: $		Year 5 Estimated DSRIP Funding: $	
Estimated State Match (IGT)							
Source of State Match *(list specific public entity and TIN):*	Estimated Available State Match: $	Source of State Match *(list specific public entity and TIN):*	Estimated Available State Match: $	Source of State Match *(list specific public entity and TIN):*	Estimated Available State Match: $	Source of State Match *(list specific public entity and TIN):*	Estimated Available State Match: $
Source of State Match *(list specific public entity and TIN):*	Estimated Available State Match: $	Source of State Match *(list specific public entity and TIN):*	Estimated Available State Match: $	Source of State Match *(list specific public entity and TIN):*	Estimated Available State Match: $	Source of State Match *(list specific public entity and TIN):*	Estimated Available State Match: $

F. *Category 4: Population-Focused Improvements (Hospitals only)*

Population-focused improvements are "pay for reporting" measures reported by hospitals that demonstrate the impact of delivery system reform investments made under the demonstration. With limited exceptions, all hospital Performing Providers shall report on all Category 4 population-focused improvement measures described in Attachment I: RHP Planning Protocol and categorized in five domains:

Domain A: Potentially Preventable Admissions (8 measures)
Domain B: Potentially Preventable Readmissions – 30 days (7 measures)
Domain C: Potentially Preventable Complications (64 measures)
Domain D: Patient-Centered Healthcare (2 measures)
Domain E: Emergency Department (1 measure)

For each Performing Provider, the following information should be included:

- Performing Provider involved with Category 4 (including TPI).
- **Domain Descriptions:** A description of how Category 4 measures relate to project(s)/outcomes(s) in Categories 1, 2, and 3. Include a description of the expected improvements in each Category 4 domain for DYs 2-5. (Note: Category 4 does not require demonstrating improvements to be eligible for DSRIP payments.) The description for each domain for each hospital is limited to 2 pages.
- **Domain Valuation:** A narrative that describes the approach for valuing each domain and rationale/justification (e.g. size factor, project scope, populations served, community benefit, cost avoidance, addressing priority community need, estimated local funding). Supporting information may be included in the addendums.]
- **Category 4 Table:** A table of the Category 4 measures the Performing Provider will report on by domain; estimated DSRIP funding (maximum DSRIP amount for reporting a domain), estimated available State match for reporting on a domain, and IGT entity(s) providing non-federal share of funding for reporting domain (including TIN) by demonstration year. In addition to this information, the RHP plan shall include the planned semi-annual reporting period, 1 (October 1 – March 31) or 2 (April 1 – September 30) for each domain or measure. A sample table is provided below.
    - DY 2 incentive payments are for submission to HHSC of a status report that describes the system changes the hospital is putting in place to prepare to successfully report Category 4 measures in DYs 3-5.
    - Category 4 reporting shall begin in DY 3 for Domains A, B, D, and E, in DY 4 for Domain C, and continue for all Domains through DY 5.

Category 4: Population-Focused Measures [Insert Hospital Name/TPI]				
	Year 2 (10/1/2012 – 9/30/2013)	**Year 3 (10/1/2013 – 9/30/2014)**	**Year 4 (10/1/2014 – 9/30/2015)**	**Year 5 (10/1/2015 – 9/30/2016)**
Capability to Report Category 4	**Milestone:** Status report submitted to HHSC confirming system capability to report Domains A, B, D, and E.	**Milestone:** Status report submitted to HHSC confirming system capability to report Domains C.		
Estimated Maximum Incentive Amount	$	$		
Estimated Available State Match: $	$	$		
Source of State Match *(list specific public entity and TIN)*:				
Domain A: Potentially Preventable Admissions (PPAs)				
Planned Reporting Period: 1 or 2				
Domain A - Estimated Maximum Incentive Amount		$	$	$
Estimated Available State Match: $		$	$	$
Source of State Match *(list specific public entity and TIN)*:				
Domain B: Potentially Preventable Readmissions (30-day readmission rates)				
Planned Reporting Period: 1 or 2				
Domain B - Estimated Maximum Incentive Amount		$	$	$
Estimated Available State Match: $		$	$	$
Source of State Match *(list specific public entity and TIN)*:				
Domain C: Potentially Preventable Complications (PPCs) - Includes a list of 64 measures identified in the RHP Planning Protocol. Hospitals must report on all or subset of these measures.				
Planned Reporting Period: 1 or 2				
Domain C - Estimated Maximum Incentive Amount			$	$
Estimated Available State Match: $			$	$

	Year 2 (10/1/2012 – 9/30/2013)	Year 3 (10/1/2013 – 9/30/2014)	Year 4 (10/1/2014 – 9/30/2015)	Year 5 (10/1/2015 – 9/30/2016)
	Category 4: Population-Focused Measures *[Insert Hospital Name/TPI]*			
Source of State Match *(list specific public entity and TIN):*				
Domain D: Patient Centered Healthcare				
Patient Satisfaction - HCAHPS				
Measurement period for report				
Planned Reporting Period: 1 or 2				
Medication Management				
Measurement period for report				
Planned Reporting Period: 1 or 2				
Domain C - Estimated Maximum Incentive Amount		$	$	$
Estimated Available State Match: $		$	$	$
Source of State Match *(list specific public entity and TIN):*				
Domain E: Emergency Department				
Measurement period for report				
Planned Reporting Period: 1 or 2				
Domain C - Estimated Maximum Incentive Amount		$	$	$
Estimated Available State Match: $		$	$	$
Source of State Match *(list specific public entity and TIN):*				
Grand Total Payments Across Domains A-E	$	$	$	$

Repeat table for every hospital reporting Category 4 measures

Section VI. Allocation of Funds

NOTE: All tables in this section will be generated from the electronic workbook.

DY 1 DSRIP Allocation by Anchor and Performing Provider

Provide the amount of DY1 DSRIP and estimated state match (IGT) for each Anchor and Performing Provider according to the PFM Protocol, paragraph 24.

	Total DSRIP Amounts for Projects in DYs 2-5	DY 1 DSRIP Amount	Estimated Available State Match (IGT) for DY 1 DSRIP	Source of State Match for DY 1 DSRIP (list specific public entity and TIN)
Anchor				
[Name of Anchor and TPI]				
Performing Providers				
[Name of Performing Provider and TPI]				

Allocations by Performing Provider and UC Hospitals

*Provide the amount of UC, DSRIP, and estimated state match (IGT) for each **Performing Provider** for DYs 2-5. **Add additional tables for each RHP Performing Provider.** For hospitals that are participating in UC and not implementing DSRIP projects, provide the amount of UC and estimated state match (IGT) for each UC hospital.*

[Name of Performing Provider or UC-only Hospitals receiving pool payments]	Year 2	Year 3	Year 4	Year 5
Uncompensated Care (UC)				
Total Estimated Maximum UC				
Estimated Available State Match (IGT) for UC				
Source of State Match for UC *(list specific public entity and TIN*):				
DSRIP				
Category 1				
[List RHP Project Identification Number]				
Category 2				
[List RHP Project Identification Number]				
Category 3				
[List RHP Outcome Identification Number]				
Category 4				
Domain A: PPAs				
Domain B: PPRs				
Domain C: PPCs				
Domain D: Patient-Centered Healthcare				
Domain E: Emergency Department				
Percent DSRIP Payments to Categories 1 & 2				
Percent DSRIP Payments to Category 3				
Percent DSRIP Payments to Category 4				
Total Maximum DSRIP				
Estimated Available State Match (IGT) for DSRIP				
Individual Performing Provider Totals				
TOTAL MAXIMUM UC AND DSRIP				
Total Estimated Available State Match (IGT)				

Estimated IGT Funding

Provide the amount of estimated state match (IGT), UC payments, and DSRIP payments per year for each Performing Provider by IGT entity. Add additional rows as needed.

		DY1 (FFY2012)		
Governmental Entity (IGT Entity)	Performing Provider	IGT ($)	UC ($)	DSRIP ($)

		DY2 (FFY2013)		
Governmental Entity (IGT Entity)	Performing Provider	IGT ($)	UC ($)	DSRIP ($)

		DY3 (FFY2014)		
Governmental Entity (IGT Entity)	Performing Provider	IGT ($)	UC ($)	DSRIP ($)

		DY4 (FFY2015)		
Governmental Entity (IGT Entity)	Performing Provider	IGT ($)	UC ($)	DSRIP ($)

		DY5 (FFY2016)		
Governmental Entity (IGT Entity)	Performing Provider	IGT ($)	UC ($)	DSRIP ($)

RHP Totals

Provide the summary totals for the RHP for UC and DSRIP, percent allocation of funding between UC and DSRIP, and estimated state match (IGT).

	Year 1	Year 2	Year 3	Year 4	Year 5
Uncompensated Care (UC)					
Total Maximum UC					
Delivery System Reform Incentive Payment (DSRIP)					
Submission of RHP Plan					
Category 1					
Category 2					
Category 3					
Category 4					
Total Maximum DSRIP					
TOTAL MAXIMUM UC AND DSRIP					
UC/DSRIP Allocation					
UC % of Total					
DSRIP % of Total					
State Match (IGT)					
Estimated Available State Match (IGT)					

Section VII. RHP Participation Certifications

Each RHP participant that will be providing State match or receiving pool payments must sign the following 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.

Signature	Name	Organization

Section VIII. Addendums

- *Private hospital certifications – refer to Companion Document for additional details.*
- *List of DSRIP projects that were considered but not selected for inclusion in the RHP Plan*
- *Signed agreements of small hospitals participating in a collaboration in Pass 1 as allowed in the PFM Protocol, paragraph 25.c.iii.*
- *Signed agreements of Tier 3 and 4 Performing Providers that combined their Pass 1 allocations as allowed in the PFM Protocol, paragraph 25.c.iv.*
- *Signed agreements of Performing Providers that combined their Pass 2 allocations as allowed in the PFM Protocol, paragraph 25.d.iii.*
- *Optional: additional community assessment information*
- *Optional: supporting evidence of stakeholder participation (e.g. meeting lists, minutes, letters of support)*
- *Optional: additional valuation information*