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**Children and Adults Health Programs Group**

**MAY 23 2013**

Kay Ghahremani  
State Medicaid Director  
Texas Health and Human Services Commission  
P.O. Box 13247  
Austin, TX 78711

Dear Ms. Ghahremani:

We are writing to share the results of the Centers for Medicare & Medicaid Services (CMS) review of Regional Healthcare Partnership (RHP) Plan 4, which was approved by the state and submitted to CMS April 9, 2013 as part of the state's Delivery System Reform Incentive Payment (DSRIP) Pool, authorized under Texas's 1115 demonstration, entitled Texas Healthcare Transformation and Quality Improvement Program (Project Number 11-W-00278/6).

In accordance with the expectations set forth in the demonstration's Program Funding and Mechanics (PFM) Protocol, the state reviewed all projects and identified potential issues for further review by CMS. CMS's review focused on those issues identified by the state, especially with regard to off-menu projects, project valuations, financing issues, and overall consistency with the goals of the DSRIP program. These review findings do not alter the responsibility of the state or the RHP to comply with all federal program integrity and funding requirements of the Medicaid program, the demonstration's special terms and conditions (STCs), or the accompanying protocols, the Program Funding and Mechanics (PFM) protocol (attachment J of the STCs) and the RHP Planning Protocol (attachment I of the STCs).

The findings of CMS's initial 45 day review are enclosed. In summary, of 88 Category 1 and 2 projects submitted, 69 projects are initially approved at their proposed project value, 5 are initially approved with project value adjustments, and 14 projects are not approved at this time. Of the 122 Category 3 projects proposed, 82 are initially approved and 40 are not approved at this time. All of the 9 Category 4 projects are initially approved. Projects that have been initially approved may now begin receiving DSRIP funding for demonstration years (DY) 2 and DY 3 for documenting achievement of the milestones described in their plan, in accordance with the requirements set forth in the DSRIP PFM Protocol, attachment J of the demonstration's STCs.

As described in the RHP planning protocol, learning collaboratives are essential to the success of high quality health systems that have achieved the highest level of performance, and they are a required core component of most DSRIP projects. Although many projects included a summary description of their participation of the RHP 4 learning collaborative, the RHP plan lacked a coherent description of the steps to be put in place to drive continuous quality improvement

among providers in the region at the level described in Appendix A of the RHP planning protocol, “Key Elements for Learning Collaboratives and Continuous Quality Improvement.” As a result, in accordance with paragraph 17 of the PFM protocol, RHP 4 must submit a revised learning collaborative plan to CMS by no later than October 1, 2013.

In accordance with the demonstration’s STCs, approved projects must continue to meet all requirements of the PFM protocol and the RHP Planning Protocol, including but not limited to implementation of required core project components (especially continuous quality improvement), non-duplication of federal funding, and compliance with federal laws and regulations regarding intergovernmental transfers. We also expect that all providers in the RHP will continue to strive to promote region-wide delivery system transformation that advances the three part aim of moving Medicaid forward: better health, better care, and lower cost through improvement.

Additionally, certain providers will be required to submit post-approval modifications by no later than October 1, 2013, to revise components of the RHP plan, in accordance with paragraph 15 of the PFM protocol. Priority technical corrections have been identified with 43 of the initially approved Category 1 and 2 projects and 7 Category 4 projects (as indicated in the enclosure), which will also need to be submitted no later than October 1. Failure to accomplish these requirements will result in discontinuation of funding for the project. Furthermore, all providers will be required to adopt Category 3 improvement targets for DY 4 and 5 that align with the standard target setting methodology developed by the state and CMS.

Project valuations will continue to be analyzed after collecting additional information on each project’s patient impact, particularly for the Medicaid and uninsured population, as described in paragraph 15.c.i of the PFM protocol. This analysis may result in an adjustment or a revision to a project’s value for DY 4 and 5.

Next year, during DY 3, Texas and CMS will conduct a mid-point assessment of RHP plans, as described in paragraph 18 of the PFM protocol. This will provide an additional opportunity to identify any post-approval modifications that should be made on a prospective basis to further refine RHP plans so that they can achieve meaningful delivery system reform (including among other things potential revisions to milestones and valuations). The midpoint assessment will be transparent and will primarily be conducted by an independent entity according to the review criteria jointly developed by the state and CMS that is shared with RHPs in advance.

We appreciate the community engagement that RHP 4 has demonstrated so far, and we believe that continued engagement will be important to the success of the RHP plan. As described in paragraph 16 of the PFM protocol, the RHP should conduct a post-award implementation forum with community stakeholders, including the local medical society, and should regularly (not less than quarterly) share reports on its progress with the community.

Page 3 – Ms. Kay Ghahremani

We commend RHP 4 for its efforts in developing a plan that addresses its community's needs, and we look forward to working collaboratively with you and RHP 4 to resolve the outstanding issues identified.

Sincerely,

A handwritten signature in black ink, appearing to read "Diane T. Gerrits". The signature is fluid and cursive, with a large initial "D" and a long, sweeping underline.

Diane T. Gerrits  
Director

Division of State Demonstrations and Waivers

Enclosures

cc: Bill Brooks, Associate Regional Administrator, Region VI  
Jonny Hipp, RHP 4 Lead Contact

**Attachment – CMS Initial Review Findings for Regional Health Partnership (RHP) 4**

**Overview**

As described in the accompanying letter, CMS conducted its initial 45-day review of RHP Plan 4 in accordance with paragraph 15.a of the Texas 1115 demonstration Program Funding and Mechanics (PFM) protocol. The results of CMS’s initial review are described below. To summarize, for demonstration year (DY) 1, CMS is approving \$21,162,653 for initial plan submission, and for both DY 2 and DY 3 combined CMS is initially approving a total of \$143,840,624. The grand total of this approval is \$165,003,277.

**Proposed vs. Initially Approved Funding**

On April 9, 2013, Texas submitted RHP Plan 4. The RHP Plan 4 requested \$466,500,164 in total computable funding over five years, for a total of 219 projects that were spread over the four categories. Specifics are described below in Table 1.

Table 1. RHP proposed projects and project valuations

	Number of Proposed Projects	Proposed Total Project Value (total computable)			
		DY 1	DY 2 – 3	DY 4-5	Total
Initial plan submission	n/a	\$21,162,653			<b>\$21,162,653</b>
Category 1 and 2	88		\$159,130,941	\$152,911,449	<b>\$312,042,389</b>
Category 3	122		\$27,318,846	\$63,755,814	<b>\$91,074,658</b>
Category 4	9		\$15,731,945	\$26,488,519	<b>\$42,220,464</b>
<b>Total</b>	<b>219</b>	<b>\$21,162,653</b>	<b>\$202,181,731</b>	<b>\$243,155,781</b>	<b>\$466,500,164</b>

At this time, CMS is approving a portion of the funding and the proposed projects requested in RHP plan 4. RHP plan 4 will receive \$21,162,653 for initial plan submission in DY 1, and \$143,840,624 is initially approved over DY 2 and 3 for a total of 165 projects.

None of the \$243,155,781 total computable requested for DY 4 to DY5 is approved at this time because all projects are subject to potential revisions in those demonstration years, in accordance with paragraphs 15.c and 17 of the PFM protocol. The specifics are described below in table 2.

Table 2. CMS initially approved projects and project valuations

	Number of Projects	Approved Total Project Value Initially (total computable)			
		DY 1	DY 2 – 3	DY 4-5	Total
Initial plan submission	n/a	\$21,162,653			<b>\$21,162,653</b>
Category 1 and 2	74		\$109,871,276	Not approved at this time	<b>\$109,871,276</b>
Category 3	82		\$18,237,402	Not approved at this time	<b>\$18,237,402</b>
Category 4	9		\$15,731,945	Not approved at this time	<b>\$15,731,945</b>
<b>Total</b>	<b>165</b>	<b>\$21,162,653</b>	<b>\$143,840,624</b>	<b>\$0</b>	<b>\$165,003,277</b>

**Attachment – CMS Initial Review Findings for Regional Health Partnership (RHP) 4**

Projects that are not approved at this time and projects that are not approved at the funding level proposed may submit revisions or alternate projects to CMS for consideration, in accordance with the process described in paragraph 15.a. of the PFM protocol.

**Category 1 and 2 Projects - Initial review findings**

A total of 88 category 1 and 2 projects in RHP 4 were initially approved by the state and sent to CMS for initial review, in accordance with paragraph 14 of the Program Funding and Mechanics (PFM) protocol. The review results are described in the four tables below.

**Table 3 - Initially approved projects**

The following 31 projects are initially approved and may begin claiming DSRIP funding for documenting achievement of the specified milestones in accordance with the requirements set forth in the PFM protocol. These projects have not been identified to have any priority technical issues described in paragraph 15.b of the PFM protocol and thus are not required to submit any revisions at this time.

The project values for DY 4 and 5 for all projects are not approved at this time and are subject to additional revision based on a secondary analysis that factors in additional information on the project’s patient impact, in accordance with paragraph 15.c.i of the PFM protocol, and the corresponding Category 3 outcomes must comply with the targeting method, in accordance with paragraph 15.c.ii of the PFM protocol.

Table 3

Unique Project ID	Project Option	Provider Name	Brief Project Description	Initially approved DY 2 - 3 project value (total computable)
020811801.1.1	1.3.1	CHRISTUS Spohn Hospital Beeville	Implement a chronic disease registry to track and manage patients with chronic conditions	\$450,128
020973601.1.2	1.2.2	The Corpus Christi Medical Center - Bay Area	Expand the family and internal medicine residency program by increasing enrollment and resident rotations through care clinics	\$2,018,680
020973601.1.4	1.12.2	The Corpus Christi Medical Center - Bay Area	Add partial hospitalization and intensive outpatient programs to the behavioral health services	\$2,144,847
020973601.1.5	1.3.1	The Corpus Christi Medical Center - Bay Area	Implement a chronic disease management registry	\$1,794,677
020973601.2.1	2.12.1	The Corpus Christi Medical Center - Bay Area	Develop protocols for improving transitions of care from an inpatient hospital to an ambulatory setting	\$2,271,015
020991801.1.1	1.1.2	Refugio County Memorial Hospital District	Expand primary care capacity by increasing hours, space, and medical staff	\$616,976
080368601.2.1	2.15.1	Coastal Plains Community Center	Integrate primary healthcare and substance abuse services at 5 clinics	\$6,387,490
094118902.1.1	1.12.2	DeTar Hospital Navarro	Provide an intensive outpatient program for behavioral health patients	\$2,035,507
094118902.1.3	1.2.3	DeTar Hospital Navarro	Implement a family practice residency program	\$2,372,000
094118902.2.1	2.2.1	DeTar Hospital Navarro	Providing clinics in 5 underserved counties	\$1,242,063
094222902.1.1	1.1.2	CHRISTUS Spohn Hospital Alice	Increase the space, hours and staffing of a primary care clinic	\$543,712
094222902.1.2	1.3.1	CHRISTUS Spohn Hospital Alice	Implement a chronic disease registry to track and manage patient	\$543,712
094222902.2.1	2.11.1	CHRISTUS Spohn Hospital Alice	Implement a medication management project to improve medication delivery and the quality of care, and to reduce errors	\$271,856

**Attachment – CMS Initial Review Findings for Regional Health Partnership (RHP) 4**

Unique Project ID	Project Option	Provider Name	Brief Project Description	Initially approved DV 2 - 3 project value (total computable)
094222902.2.6	2.15.1	CHRISTUS Spohn Hospital Alice	Integrate treatment of physical and behavioral conditions with a licensed mental health provider	\$582,549
121775403.1.1	1.1.2	CHRISTUS Spohn Hospital Corpus Christi	Increase the space, hours and staffing for primary care clinics	\$3,952,758
121775403.1.5	1.13.1	CHRISTUS Spohn Hospital Corpus Christi	Relocate the psychiatric assessment and crisis stabilization units	\$4,417,789
121775403.1.6	1.9.1	CHRISTUS Spohn Hospital Corpus Christi	Increase the number of psychiatric mental health providers by expanding the nursing program	\$3,487,728
121775403.2.4	2.15.1	CHRISTUS Spohn Hospital Corpus Christi	Integrate the treatment of physical and behavioral conditions with a licensed mental health provider	\$3,720,243
121785303.1.1	1.1.2	Memorial Hospital	Increase primary care capacity by expanding the service hours	\$282,420
121785303.2.1	2.10.1	Memorial Hospital	Implement a palliative care program	\$117,000
121990904.1.1	1.12.3	Camino Real Community Services	Implement a Mobile Crisis Outreach Team to provide behavioral health crisis intervention services	\$59,919
126844305.2.1	2.9.1	Bluebonnet Trails Community Mental Health and Mental Retardation Center dba/ Bluebonnet Trails Community Services	Implement navigation project for frequent users of the emergency department	\$572,652
135233809.1.1	1.1.2	Lavaca Medical Center	Provide greater access to primary care services	\$152,150
135254407.1.1	1.13.1	Gulf Bend Center	Implement a Crisis Assessment Center with medical clearance to provide crisis stabilization	\$845,077
135254407.2.1	2.15.1	Gulf Bend Center	Implement person-centered behavioral health medical home targeting at risk populations with co-morbid diseases of mental illness and chronic disease	\$2,437,075
137907508.1.1	1.1.2	Citizens Medical Center	Expand primary care capacity	\$2,394,764
137907508.2.1	2.8.1	Citizens Medical Center	Deploy Lean Methodology hospital wide	\$3,592,147
138305109.2.1	2.15.1	MHMR of Nueces County	Incorporate primary preventive care into the existing behavioral health care system	\$1,953,780
138305109.2.2	2.18.1	MHMR of Nueces County	Implement a peer to peer day center program to increase access to peer provided behavioral health services	\$452,852
138305109.2.4	2.13.1	MHMR of Nueces County	Provide outpatient crisis prevention and support staff development using National Association of Dual Diagnosis direct support certification and clinical competency standards	\$914,989
17460005857016.1.2 130958505.1.2	1.3.1	Corpus Christi-Nueces County Public Health District	Implement a comprehensive system of health information technology applications at community based health clinics and create a disease management registry	\$1,998,139
<b>Total</b>				<b>\$54,626,693</b>

**Table 4 - Initially approved projects with priority technical corrections**

The following 38 projects are initially approved and may begin claiming DSRIP funding for documenting achievement of the specified milestones in accordance with the requirements set forth in the PFM protocol. However, these projects have been identified to have priority technical issues described in paragraph 15.b of the Program Funding and Mechanics (PFM) protocol and thus must submit the necessary revisions by no later than October 1, 2013.

**Attachment – CMS Initial Review Findings for Regional Health Partnership (RHP) 4**

The project values for DY 4 and 5 are subject to additional revision based on a secondary analysis that factors in additional information on the project’s patient impact, in accordance with paragraph 15.c.i of the PFM protocol, and the corresponding Category 3 outcomes must comply with the targeting method, in accordance with paragraph 15.c.ii of the PFM Protocol.

Table 4

Unique Project ID	Project Option	Provider Name	Brief Project Description	Initially approved DY 2 - 3 project value (total computable)	Priority Technical Issues Needed to be Addressed by October 2013
020811801.1.2	1.7.6	CHRISTUS Spohn Hospital Beeville	Implement a telemedicine system for early detection, treatment and management of peripheral arterial disease	\$546,583	Missing information about all required core components
020811801.1.3	1.1.1	CHRISTUS Spohn Hospital Beeville	Increase primary care access and capacity by employing staff and acquiring space	\$1,001,853	Missing quantifiable patient impact milestone. Needs to align milestone values with RHP workbook
020811801.2.1	2.8.11	CHRISTUS Spohn Hospital Beeville	Implement Sepsis Resuscitation and Sepsis Management Bundles for sepsis-related conditions	\$353,672	Missing information about all required core components
020811801.2.2	2.11.1	CHRISTUS Spohn Hospital Beeville	Implement a medication management project to improve medication delivery and the quality of care, and to reduce errors	\$225,064	Needs to align milestone values with RHP workbook
020811801.2.3	2.11.2	CHRISTUS Spohn Hospital Beeville	Enable providers to directly enter orders into a health information system through "Computerized Patient Order Management"	\$225,064	Missing quantifiable patient impact milestone. Needs to meet Category 3 requirement of one standalone or three non-standalone outcomes
020811801.2.4	2.12.2	CHRISTUS Spohn Hospital Beeville	Expand care transitions program to reduce congestive heart failure and diabetes patient readmissions	\$482,280	Missing information about all required core components
020811801.2.5	2.19.1	CHRISTUS Spohn Hospital Beeville	Implement a protocol to identify patients with dual diagnoses and assign a case manager to coordinate patient care	\$482,280	Missing quantifiable patient impact milestone
020973601.1.1	1.1.2	The Corpus Christi Medical Center - Bay Area	Expand the number of primary care providers	\$2,271,015	Missing information about all required core components. Needs to align milestone values with RHP workbook
020973601.2.2	2.8.11	The Corpus Christi Medical Center - Bay Area	Implement Sepsis Resuscitation and Sepsis Management Bundles for sepsis-related conditions	\$2,144,847	Missing information about all required core components
094118902.2.2	2.7.4	DeTar Hospital Navarro	Provide prenatal clinics in 5 underserved counties	\$731,138	Missing information about all required core components
094222902.1.3	1.7.6	CHRISTUS Spohn Hospital Alice	Implement a telemedicine system for early detection, treatment and management of peripheral arterial disease	\$660,222	Missing information about all required core components
094222902.2.2	2.11.2	CHRISTUS Spohn Hospital Alice	Enable providers to directly enter orders into a health information system through "Computerized Patient Order Management"	\$271,856	Missing quantifiable patient impact milestone. Needs to meet Category 3 requirement of one standalone of three non-standalone outcomes. Missing information about all required core components
094222902.2.3	2.8.11	CHRISTUS Spohn Hospital Alice	Implement Sepsis Resuscitation and Sepsis Management Bundles for sepsis-related conditions	\$427,202	Missing information about all required core components

**Attachment – CMS Initial Review Findings for Regional Health Partnership (RHP) 4**

Unique Project ID	Project Option	Provider Name	Brief Project Description	Initially approved DY 2 - 3 project value (total computable)	Priority Technical Issues Needed to be Addressed by October 2013
094222902.2.4	2.19.1	CHRISTUS Spohn Hospital Alice	Implement a protocol to identify patients with dual diagnoses and assign a case manager to coordinate patient care	\$621,385	Missing quantifiable patient impact milestone
094222902.2.5	2.12.2	CHRISTUS Spohn Hospital Alice	Expand care transitions program reduce congestive heart failure and diabetes patient readmissions	\$582,549	Missing quantifiable patient impact milestone. Missing information about all required core components
112673204.1.1	1.1.1	Yoakum Community Hospital	Create an outpatient clinic and hire physicians and other staff	\$403,414	Missing quantifiable patient impact milestone
112673204.1.2	1.9.2	Yoakum Community Hospital	Increase capacity to provide specialty care services	\$339,717	Missing quantifiable patient impact milestone
121775403.1.2	1.3.1	CHRISTUS Spohn Hospital Corpus Christi	Implement a chronic disease registry to track and manage patients	\$3,255,213	Missing information about all required core components
121775403.1.3	1.7.6	CHRISTUS Spohn Hospital Corpus Christi	Implement a telemedicine system for early detection, treatment and management of peripheral arterial disease	\$3,952,758	Missing information about all required core components
121775403.2.1	2.6.1	CHRISTUS Spohn Hospital Corpus Christi	Implement a mobile application for diabetes patient self-management	\$3,720,243	Missing information about all required core components
121775403.2.7	2.11.1	CHRISTUS Spohn Hospital Corpus Christi	Implement a large scale medication management project	\$1,627,606	Missing quantifiable patient impact milestone. Needs to align milestone values with RHP workbook
121775403.2.8	2.11.2	CHRISTUS Spohn Hospital Corpus Christi	Implement Computerized Patient Order Management (CPOM), enabling providers to directly enter orders into the health information system	\$1,627,606	Missing quantifiable patient impact milestone
121775403.2.9	2.8.11	CHRISTUS Spohn Hospital Corpus Christi	Implement Sepsis Resuscitation and Sepsis Management Bundles for sepsis-related conditions	\$2,557,667	Missing quantifiable patient impact milestone. Missing information about all required core components
121785303.1.3	1.7.2	Memorial Hospital	Initiate a telemonitoring program for patients with chronic disease using biometric devices	\$165,060	Missing information about all required core components
121785303.2.2	2.7.5	Memorial Hospital	Create and implement a program aimed at developing healthy habits to reduce and prevent obesity	\$86,760	Missing information about all required core components
121990904.2.1	2.15.1	Camino Real Community Services	Integrate behavioral health and physical health services	\$429,433	Overlap between Category 3 outcome and Category 1 or 2 improvement milestones
135254407.1.2	1.7.3	Gulf Bend Center	Expand and enhance the psychiatric and behavioral health telemedicine services	\$499,631	Missing information about all required core components. Needs to align milestone metrics with RHP workbook
136412710.1.1	1.7.1	Otto Kaiser Memorial Hospital	Implement neuro telemedicine in the emergency department	\$412,491	Missing information about all required core components
136436606.1.1	1.3.1	CHRISTUS Spohn Hospital Kleberg	Implement a Chronic Disease registry to assist in tracking and managing patients	\$471,360	Missing information about all required core components
136436606.1.2	1.7.6	CHRISTUS Spohn Hospital Kleberg	Implement a system for early detection and ongoing treatment and management of peripheral arterial disease	\$572,366	Missing information about all required core components. Needs to align milestone values with RHP workbook



**Attachment – CMS Initial Review Findings for Regional Health Partnership (RHP) 4**

Unique Project ID	Project Option	Provider Name	Brief Project Description	Initially approved DY 2 - 3 project value (total computable)	Priority Technical Issues Needed to be Addressed by October 2013
136436606.2.1	2.11.1	CHRISTUS Spohn Hospital Kleberg	Implement large scale medication management project to improve the delivery of medication to hospital patients	\$235,680	Needs to align milestone values with RHP workbook
136436606.2.2	2.11.2	CHRISTUS Spohn Hospital Kleberg	Implement Computerized Patient Order Management (CPOM), enabling providers to directly enter orders into the health information system	\$235,680	Missing quantifiable patient impact milestone. Needs to meet Category 3 requirement of one standalone of three non-standalone outcomes
136436606.2.3	2.8.11	CHRISTUS Spohn Hospital Kleberg	Implement Sepsis Resuscitation and Sepsis Management Bundles for sepsis-related conditions	\$370,355	Missing information about all required core components
136436606.2.4	2.12.2	CHRISTUS Spohn Hospital Kleberg	Expand the care transitions program	\$505,029	Missing quantifiable patient impact milestone. Missing information about all required core components
136436606.2.5	2.19.1	CHRISTUS Spohn Hospital Kleberg	Implement a screening and treatment protocol to identify patients with dual diagnoses and assign a case manager	\$505,029	Missing quantifiable patient impact milestone
138305109.2.3	2.6.1	MHMR of Nueces County	Implement an innovative system for outreach and education	\$270,377	Missing information about all required core components. Needs to align milestone values with RHP workbook
17460005857016.2.1 130958505.2.1	2.6.3	Corpus Christi-Nueces County Public Health District	Create Diabetes Care Teams working through community Diabetes Self-Management Education/Support programs	\$1,209,042	Missing information about all required core components. Potential duplication between improvement target and Category 3 outcome.
17460005857016.2.2 130958505.2.2	2.7.5	Corpus Christi-Nueces County Public Health District	Implement the MEND program (Mind, Exercise, Nutrition...Do It!) for supporting underserved and minority families to achieve better nutrition and physical activity habits	\$4,500,000	Missing information about all required core components
<b>Total</b>				<b>\$38,979,526</b>	

## ***Attachment – CMS Initial Review Findings for Regional Health Partnership (RHP) 4***

### **Table 5 - Projects initially approved, with an adjustment to project value**

The following 5 projects are initially approved at a funding level that is less than what was initially proposed because the project did not provide sufficient justification of the project value, as required by section 28.e. of the PFM protocol. CMS supplemented the state's analysis of project values using a mathematical model that accounted for the project option, the provider's DSRIP allocation (a proxy measure of the provider's Medicaid and uninsured volume), and the RHP tier.

For each project flagged as overvalued by the state and confirmed by CMS, the provider must address the associated issues identified by the state<sup>1</sup> and modify the project accordingly. If a project is not modified to justify its initial value, then the provider must lower the project's value to the alternate project value derived from CMS's mathematical model or an alternate value determined by the state, whichever is lower.

In addition to projects identified by the state, CMS identified projects that appeared overvalued based on the Category 3 outcome selected and projects that appeared to be outliers compared to other, similar projects. Projects that are identified as overvalued based on the Category 3 outcome selected can accept the lower, alternative project value derived from the mathematical model or justify their proposed project values by selecting a more clinically relevant outcome that will better measure meaningful delivery system reform. Projects that are classified as outliers must accept the lower, alternative project value unless they can justify their proposed project value based by providing additional information on the factors described in paragraph 12.e. of the PFM protocol that were not incorporated into CMS's analysis, such as the project's patient impact and cost.

All five of these projects, as indicated in the table below, have also been identified to have priority technical issues described in paragraph 15.b of the Program Funding and Mechanics (PFM) protocol and thus must submit the necessary revisions by no later than October 1, 2013.

The project values for DY 4 and 5 are subject to additional revision based on a secondary analysis that factors in additional information on the project's patient impact, in accordance with paragraph 15.c.i of the PFM protocol, and the corresponding Category 3 outcomes must comply with the targeting method, in accordance with paragraph 15.c.ii of the PFM Protocol.

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<sup>1</sup> The state's full comments about reasons for flagging potentially overvalued projects were previously sent to the RHP when the RHP plan was transmitted to CMS

**Attachment – CMS Initial Review Findings for Regional Health Partnership (RHP) 4**

Table 5

Unique Project ID	Project Option	Provider Name	Brief Project Description	Proposed DY 2 - 3 project value (total computable)	Initially approved DY 2 - 3 project value (total computable)*	Area of insufficient project value justification	Priority Technical Issues Needed to be Addressed by October 2013
121775403.2.10	2.12.2	CHRISTUS Spohn Hospital Corpus Christi	Expand care transitions program reduce congestive heart failure and diabetes patient readmissions	\$3,487,728	\$3,454,895	The state identified this project as potentially overvalued and CMS concurs	Missing quantifiable patient impact milestone. Missing information about all required core components
121775403.2.5	2.19.1	CHRISTUS Spohn Hospital Corpus Christi	Implement a screening and treatment protocol for patients with dual diagnoses	\$3,022,698	\$2,429,499	The state identified this project as potentially overvalued and CMS concurs	Missing quantifiable patient impact milestone
121775403.2.6	2.1.1	CHRISTUS Spohn Hospital Corpus Christi	Implement the Medical Home Model in the local community clinic	\$3,720,243	\$3,454,895	The state identified this project as potentially overvalued and CMS concurs	Missing quantifiable patient impact milestone
132812205.1.1	1.1.2	Driscoll Children's Hospital	Extend clinic after-hours and increase the number of patient visits	\$5,762,500	\$2,567,141	The state identified this project as potentially overvalued and CMS concurs	Needs to meet requirement for one standalone or three non-standalone outcomes. Needs to align milestone values with RHP workbook
132812205.2.2	2.6.2	Driscoll Children's Hospital	Educate and provide support to low income women with high risk pregnancies	\$5,750,330	\$2,217,909	The state identified this project as potentially overvalued and CMS concurs	Needs to meet requirement for one standalone or three non-standalone outcomes. Missing information about all required core components. Needs to align milestone values with RHP workbook
<b>Total</b>				<b>\$21,743,498</b>	<b>\$14,124,338</b>		

**Attachment – CMS Initial Review Findings for Regional Health Partnership (RHP) 4**

\* The initially approved project value for projects flagged by the state as overvalued is the lower of CMS’s alternative project value or any other alternative project value determined by the state.

**Table 6 - Projects not approved at this time**

Based on the information provided, the following 14 projects are not approved for funding at this time. These projects can be removed from the RHP 4 plan or can be revised and resubmitted for a secondary review by the state and CMS in accordance with the process described in paragraph 15.a of the PFM protocol.

*Table 6*

Unique Project ID	Project Option	Provider Name	Brief Project Description	Proposed DY 2 - 3 project value (total computable)	Primary CMS concerns
020973601.1.3	1.9.1	The Corpus Christi Medical Center - Bay Area	Incorporate speciality training in the family practice and internal medicine residency program	\$2,018,680	This project needs to define which type of specialists it will recruit in order to ensure that the project will benefit the Medicaid and uninsured population
121775403.1.4	1.9.3	CHRISTUS Spohn Hospital Corpus Christi	Develop a team of physicians to provide care for critically ill patients	\$3,487,728	Project is off-menu. It is unclear why an “other” project option was selected instead of a project option described in the RHP planning protocol. This project can be approvable if the provider modifies the project option or provides a compelling justification for choosing an “other” project option.
121775403.2.11	2.8.1	CHRISTUS Spohn Hospital Corpus Christi	Transform the culture of safety and efficiency within the health system	\$7,617,542	The provider collaboration with CHRISTUS Spohn Alice may be an impermissible provider donation because CHRISTUS Spohn Corpus Christi is a public entity and CHRISTUS Spohn Alice is a private entity, according to information provided by the state.
121775403.2.2	2.5.4	CHRISTUS Spohn Hospital Corpus Christi	Establish a clinically integrated Hospitalist model	\$2,790,182	Project is off-menu. It is unclear why an “other” project option was selected instead of a project option described in the RHP planning protocol. This project can be approvable if the provider modifies the project option or provides a compelling justification for choosing an “other” project option.
121775403.2.3	2.5.2	CHRISTUS Spohn Hospital Corpus Christi	Assign the Family Practice residents to patient panels and provider teams	\$2,790,182	State technical review noted that this project was not appropriate for project option 2.5. This project could be approvable if the provider modifies the project option to something more appropriate (such as 1.2) or provides a compelling justification for selecting this project option.
121785303.1.2	1.9.2	Memorial Hospital	Increase specialty care capacity by expanding hours and adding additional specialties	\$46,373	This project needs to define which type of specialists it will recruit in order to ensure that the project will benefit the Medicaid and uninsured population

**Attachment – CMS Initial Review Findings for Regional Health Partnership (RHP) 4**

Unique Project ID	Project Option	Provider Name	Brief Project Description	Proposed DY 2 - 3 project value (total computable)	Primary CMS concerns
121808305.1.1	1.9.2	Jackson Healthcare Center	Establish an outpatient pulmonary rehabilitation clinic	\$600,000	This project is a high intensity specialty service and it is unclear how it focuses on the Medicaid and uninsured population. The project could be approvable if the provider demonstrated that the primary benefit would be to Medicaid and uninsured population and included corresponding milestones and metrics, consistent with the demonstration goals.
132812205.1.2	1.8.12	Driscoll Children's Hospital	Expanding pediatric preventive dental care	\$5,827,519	Project is off-menu. It is unclear why an "other" project option was selected instead of a project option described in the RHP planning protocol. This project can be approvable if the provider modifies the project option or provides a compelling justification for choosing an "other" project option.
132812205.1.3	1.9.3	Driscoll Children's Hospital	Expand access to specialized pediatric health care services	\$5,270,000	Project is off-menu. It is unclear why an "other" project option was selected instead of a project option described in the RHP planning protocol. This project can be approvable if the provider modifies the project option or provides a compelling justification for choosing an "other" project option.
132812205.1.4	1.7.7	Driscoll Children's Hospital	Expand the mental health workforce capacity and the use of technologies to reach patients in rural communities	\$2,211,241	Project is off-menu. It is unclear why an "other" project option was selected instead of a project option described in the RHP planning protocol. This project can be approvable if the provider modifies the project option or provides a compelling justification for choosing an "other" project option.
132812205.2.1	2.7.1	Driscoll Children's Hospital	Expand the fetal echocardiogram program	\$7,000,000	This project is a high intensity specialty service and it is unclear how it focuses on the Medicaid and uninsured population. The project could be approvable if the provider demonstrated that the primary benefit would be to Medicaid and uninsured population and included corresponding milestones and metrics, consistent with the demonstration goals.
132812205.2.3	2.12.3	Driscoll Children's Hospital	Implement the High Risk Infant Follow-up Program to assist pediatricians and families in follow-up care for infants and young children	\$1,921,828	Project is off-menu. It is unclear why an "other" project option was selected instead of a project option described in the RHP planning protocol. This project can be approvable if the provider modifies the project option or provides a compelling justification for choosing an "other" project option.
138911609.1.1	1.9.1	Cuero Community Hospital	Increase the number of providers at the outpatient specialty clinic	\$1,322,718	This project needs to define which type of specialists it will recruit in order to ensure that the project will benefit the Medicaid and uninsured population
17460005857016.1.1 130958505.1.1	1.1.4	Corpus Christi-Nueces County Public Health District	Hire, train, and place community health workers to serve as care coordinators at health centers and clinics	\$877,229	Project is off-menu. It is unclear why an "other" project option was selected instead of a project option described in the RHP planning protocol. This project can be approvable if the provider modifies the project option or provides a compelling justification for choosing an "other" project option.
<b>Total</b>				<b>\$43,781,223</b>	

**Attachment – CMS Initial Review Findings for Regional Health Partnership (RHP) 4**

**Category 3 Projects – Initial review findings**

A total of 122 Category 3 projects in RHP 4 were approved by the state and sent to CMS for review, in accordance with paragraph 14 of the Program Funding and Mechanics (PFM) protocol. Below are the findings from CMS’s initial 45-day review.

**Initially approved Category 3 outcomes**

All 82 Category 3 projects not described in Table 7 below proposed are initially approved. The total valuation for the DY 2 and 3 milestones associated with these Category 3 projects is \$18,237,402 (total computable). Providers may begin claiming DSRIP funding for documenting achievement of these specified Category 3 milestones in accordance with the requirements set forth in the PFM protocol.

The targets for these Category 3 outcomes for DY 4 and 5 will be subject to additional review and revision, in accordance with the standard target setting methodology, described in paragraph 15.c.ii of the PFM Protocol.

**Table 7 - Category 3 projects not approved at this time**

The following 40 Category 3 outcomes are not approved at this time for the reasons described in the table below.

Several Category 3 outcomes are not approved at this time because the corresponding Category 1 or 2 project is not approved at this time. These Category 3 outcomes may be approved if the issues identified with the corresponding Category 1 or 2 project are resolved.

Providers who selected a Category 3 outcome measure that was not specified on the approved RHP planning protocol can select a Category 3 outcome that is specified in the RHP planning protocol or they can propose that the state add these outcomes to the RHP planning protocol if the measure is evidence-based, appropriate for the project, and coordinated with other providers in order to facilitate the overall evaluation of DSRIP.

*Table 7*

Unique outcome ID	IT #	Performing Provider Name	Title/summary of the outcome	Proposed DY 2 - 3 project value (total computable)	Primary CMS concerns
020811801.3.4	IT-4.10	CHRISTUS Spohn Hospital Beeville	Other outcome improvement target	\$9,420	Off-menu outcome without sufficient justification
020811801.3.5	IT-4.10	CHRISTUS Spohn Hospital Beeville	Other outcome improvement target	\$9,420	Off-menu outcome without sufficient justification
020811801.3.6	IT-4.10	CHRISTUS Spohn Hospital Beeville	Other outcome improvement target	\$9,420	Off-menu outcome without sufficient justification
020811801.3.7	IT-4.10	CHRISTUS Spohn Hospital Beeville	Other outcome improvement target	\$28,263	Off-menu outcome without sufficient justification
020973601.3.6	IT-3.9	The Corpus Christi Medical Center - Bay Area	Chronic Obstructive Pulmonary Disease 30 day readmission rate	\$705,359	Corresponding Category 1 or Category 2 project is not initially approved
020973601.3.7	IT-5.2	The Corpus Christi Medical Center - Bay Area	Per Episode Cost of Care	\$352,680	Corresponding Category 1 or Category 2 project is not initially approved
020973601.3.8	IT-9.2	The Corpus Christi Medical Center - Bay Area	ED appropriate utilization	\$352,680	Corresponding Category 1 or Category 2 project is not initially approved

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Unique outcome ID	IT #	Performing Provider Name	Title/summary of the outcome	Proposed DY 2 - 3 project value (total computable)	Primary CMS concerns
080368601.3.4	IT-10.7	Coastal Plains Community Center	Other Outcome Improvement Target: 70% of admissions to SA services successfully complete treatment services.	\$90,000	Off-menu outcome without sufficient justification
094222902.3.4	IT-4.10	CHRISTUS Spohn Hospital Alice	Other Outcome Improvement Target	\$11,379	Off-menu outcome without sufficient justification
094222902.3.5	IT-4.10	CHRISTUS Spohn Hospital Alice	Other Outcome Improvement Target	\$11,379	Off-menu outcome without sufficient justification
094222902.3.6	IT-4.10	CHRISTUS Spohn Hospital Alice	Other Outcome Improvement Target	\$11,379	Off-menu outcome without sufficient justification
094222902.3.7	IT-4.10	CHRISTUS Spohn Hospital Alice	Other Outcome Improvement Target	\$34,139	Off-menu outcome without sufficient justification
121775403.3.13	IT-4.10	CHRISTUS Spohn Hospital Corpus Christi	Other Outcome Improvement Target	\$68,131	Off-menu outcome without sufficient justification
121775403.3.14	IT-4.10	CHRISTUS Spohn Hospital Corpus Christi	Other Outcome Improvement Target	\$68,131	Off-menu outcome without sufficient justification
121775403.3.15	IT-4.10	CHRISTUS Spohn Hospital Corpus Christi	Other Outcome Improvement Target	\$68,131	Off-menu outcome without sufficient justification
121775403.3.19	IT-4.5	CHRISTUS Spohn Hospital Corpus Christi	Patient Fall Rate	\$957,666	Corresponding Category 1 or Category 2 project is not initially approved
121775403.3.4	IT-4.2	CHRISTUS Spohn Hospital Corpus Christi	Central line-associated bloodstream infections (CLABSI) rates	\$437,983	Corresponding Category 1 or Category 2 project is not initially approved
121775403.3.8	IT-4.2	CHRISTUS Spohn Hospital Corpus Christi	Central line-associated bloodstream infections (CLABSI) rates	\$350,387	Corresponding Category 1 or Category 2 project is not initially approved
121775403.3.9	IT-2.7	CHRISTUS Spohn Hospital Corpus Christi	Diabetes Short Term Complication Rate	\$350,387	Corresponding Category 1 or Category 2 project is not initially approved
121785303.3.2	IT-6.1	Memorial Hospital	Improve patient satisfaction/experience scores	\$5,153	Corresponding Category 1 or Category 2 project is not initially approved
121785303.3.7	IT-10.1	Memorial Hospital	Demonstrate improvement in quality of life (QOL scores, as measured by evidence-based and validated assessment tool for the target population.	\$9,640	Needs to identify what QOL tool will be used
121808305.3.1	IT-9.2	Jackson Healthcare Center	ED Appropriate Utilization	\$225,000	Corresponding Category 1 or Category 2 project is not initially approved
132812205.3.1	IT-9.4	Driscoll Children's Hospital	Increase the number of prevented pediatric emergency department visits	\$700,000	Off-menu outcome without sufficient justification
132812205.3.2	IT-7.10	Driscoll Children's Hospital	Decrease severe dental caries that result in operative interventions for targeted population	\$707,126	Corresponding Category 1 or Category 2 project is not initially approved
132812205.3.3	IT-1.1	Driscoll Children's Hospital	Third next available appointment: Avg. length of time in days between the day a patient makes a request for an apptmt with a physician and the third available appointment for a new patient physician, routine exam, or return visit exam	\$320,000	Corresponding Category 1 or Category 2 project is not initially approved
132812205.3.4	IT-6.1	Driscoll Children's Hospital	Percent improvement over baseline of patient satisfaction scores-(2)-How well their doctors communicate	\$320,000	Corresponding Category 1 or Category 2 project is not initially approved

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Unique outcome ID	IT #	Performing Provider Name	Title/summary of the outcome	Proposed DY 2 - 3 project value (total computable)	Primary CMS concerns
132812205.3.5	IT-8.9	Driscoll Children's Hospital	Early Detection of Maternal Fetal Anomalies	\$850,000	Corresponding Category 1 or Category 2 project is not initially approved
132812205.3.6	IT-8.9	Driscoll Children's Hospital	Reduce the Neonatal ICU Average Length of Stay for the targeted population	\$700,041	Off-menu outcome without sufficient justification
132812205.3.7	IT-1.18	Driscoll Children's Hospital	Follow-Up After Hospitalization for Mental Illness - NQF0576236	\$268,905	Corresponding Category 1 or Category 2 project is not initially approved
132812205.3.8	IT-6.1	Driscoll Children's Hospital	Percent Improvement Over Baseline of Patient Satisfaction Scores: (4) Patient's Involvement in Shared Decision Making	\$233,450	Corresponding Category 1 or Category 2 project is not initially approved
136436606.3.3	IT-4.10	CHRISTUS Spohn Hospital Kleberg	Other Outcome Improvement Target	\$9,865	Off-menu outcome without sufficient justification
136436606.3.4	IT-4.10	CHRISTUS Spohn Hospital Kleberg	Other Outcome Improvement Target	\$9,865	Off-menu outcome without sufficient justification
136436606.3.5	IT-4.10	CHRISTUS Spohn Hospital Kleberg	Other Outcome Improvement Target	\$9,865	Off-menu outcome without sufficient justification
136436606.3.6	IT-4.10	CHRISTUS Spohn Hospital Kleberg	Other Outcome Improvement Target	\$29,597	Off-menu outcome without sufficient justification
138305109.3.3	IT-9.1	MHMR of Nueces County	Decrease In Mental Health Admissions And Admissions To Criminal Justice Settings	\$94,338	State recommended a different Category 3 outcome and CMS concurs
138305109.3.4	IT-6.1	MHMR of Nueces County	Percent Over Baseline Of Patient Satisfaction Scores	\$62,892	State recommended a different Category 3 outcome and CMS concurs
138305109.3.8	IT-9.4	MHMR of Nueces County	Reduction Is Admission To Small, Medium, Large Icf-Id	\$61,205	Off-menu outcome without sufficient justification
138911609.3.1	IT-6.1	Cuero Community Hospital	Percent Improvement Over Baseline Of Patient Satisfaction Scores	\$284,168	Corresponding Category 1 or Category 2 project is not initially approved
17460005857016.3.1	IT-12.5	Corpus Christi-Nueces County Public Health District	Other USPTF-endorsed screening outcome measures	\$54,000	Corresponding Category 1 or Category 2 project is not initially approved
17460005857016.3.4	IT-1.20	Corpus Christi-Nueces County Public Health District	Other outcome improvement target: Zone Body Mass Index (zBMI)	\$200,000	Off-menu outcome without sufficient justification
<b>Total</b>				<b>\$9,081,444</b>	

**Category 4 projects**

A total of 9 category 4 projects in RHP 14 were approved by the state and sent to CMS for review, in accordance with paragraph 14 of the Program Funding and Mechanics (PFM) protocol. All 9 of the proposed category 4 projects are initially approved. The total DY 2 and 3 valuation for the milestones associated with these Category 4 projects is \$15,731,945. Providers may begin claiming DSRIP funding for documenting achievement of these specified Category 4 milestones in accordance with the requirements set forth in the PFM protocol.

In addition, 7 Category 4 project also had technical errors that were identified by the state as follows:

- Citizens Medical Center (137907508): For RD-5, the description focuses on reducing ED inappropriate utilization instead of the domain measure of admit decision time to ED departure time. The provider's narrative for RD-6 did not describe how the provider's



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projects would impact the domain's measures or indicate no impact if none is expected. The indicated incentive amounts in the table should also be updated as follows:

- RD-2, DY 4: \$107,944;
- RD-3, DY2: \$0; RD-4, DY 4: \$107,944; RD-6, DY 4: \$107,944.
- Citizens Medical Center (137907508): The provider did not provide a 12-month Measurement period or planned reporting period for RD-6.
- Citizens Medical Center (137907508) and Driscoll Children's Hospital (132812205): Providers did not provide a 12-month measurement period for RDs 4 and 5.
- Yoakum Community Hospital (112673204) and CHRISTUS Spohn Hospitals of Alice (094222902); Beeville (020811801); Kleberg (136436606); Corpus Christi (121775403): Providers did not provide related project IDs in RD narratives.

These technical corrections should be submitted no later than October 1, 2013, in accordance with the process for other priority technical corrections described in paragraph 15.b of the PFM protocol.