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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 9, which was approved by the state and submitted to CMS April 12, 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 120 Category 1 and 2 projects submitted, 80 projects are initially approved at their proposed project value, 25 are initially approved with project value adjustments, and 15 projects are not approved at this time. Of the 240 Category 3 projects proposed, 165 are initially approved and 75 are not approved at this time. All of the 18 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 9 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 9 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 46 of the initially approved Category 1 and 2 projects and 11 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 9 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 9 for its efforts in developing a plan that addresses its community's needs, and we look forward to working collaboratively with you and RHP 9 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 trailing flourish.

Diane T. Gerrits  
Director  
Division of State Demonstrations and Waivers

Enclosures

cc: Bill Brooks, Associate Regional Administrator, Region VI  
Jody Springer, RHP 9 Lead Contact

**Attachment – CMS Initial Review Findings for Regional Health Partnership (RHP) 9**

**Overview**

As described in the accompanying letter, CMS conducted its initial 45-day review of RHP Plan 9 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 \$71,434,099 for initial plan submission, and for both DY 2 and DY 3 combined CMS is initially approving a total of \$414,507,427. The grand total of this approval is \$485,941,525.

**Proposed vs. Initially Approved Funding**

On April 12, 2013, Texas submitted RHP Plan 9. The RHP Plan 9 requested \$1,463,693,094 in total computable funding over five years, for a total of 378 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	\$71,434,099			<b>\$71,434,099</b>
Category 1 and 2	120		\$524,576,341	\$508,896,443	<b>\$1,033,472,785</b>
Category 3	240		\$59,444,939	\$172,273,083	<b>\$231,718,022</b>
Category 4	18		\$46,938,274	\$80,129,915	<b>\$127,068,189</b>
<b>Total</b>	<b>378</b>	<b>\$71,434,099</b>	<b>\$630,959,554</b>	<b>\$761,299,441</b>	<b>\$1,463,693,094</b>

At this time, CMS is approving a portion of the funding and the proposed projects requested in RHP plan 9. RHP plan 9 will receive \$71,434,099 for initial plan submission in DY 1, and \$414,507,427 is initially approved over DY 2 and 3 for a total of 288 projects.

None of the \$761,299,441 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	\$71,434,099			<b>\$71,434,099</b>
Category 1 and 2	105		\$327,131,811	Not approved at this time	<b>\$327,131,811</b>
Category 3	165		\$40,437,341	Not approved at this time	<b>\$40,437,341</b>
Category 4	18		\$46,938,274	Not approved at this time	<b>\$46,938,274</b>
<b>Total</b>	<b>288</b>	<b>\$71,434,099</b>	<b>\$414,507,427</b>	<b>\$0</b>	<b>\$485,941,525</b>

**Attachment – CMS Initial Review Findings for Regional Health Partnership (RHP) 9**

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 120 category 1 and 2 projects in RHP 9 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 54 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)
020943901.1.1	1.7.1	Medical City Dallas Hospital	Expand telemedicine to provide stroke patients with access to specialist care	\$2,646,086
020943901.1.2	1.7.1	Medical City Dallas Hospital	Expand telemedicine to allow physician consultations with psychiatrists	\$1,844,085
020943901.1.3	1.1.1	Medical City Dallas Hospital	Open a clinic to provide preventative and primary pediatric care	\$1,800,809
020943901.2.1	2.15.1	Medical City Dallas Hospital	Provide primary care for psychiatric patients in an integrated primary and behavioral health clinic	\$1,994,936
020943901.2.3	2.8.11	Medical City Dallas Hospital	Reduce sepsis complications by implementing process improvements	\$1,919,669
020967801.2.2	2.2.1	Texas Health Presbyterian Hospital Denton	Provide education and disease management to chronic diabetes patients	\$269,045
094140302.2.2	2.2.1	Texas Health Presbyterian Hospital Kaufman	Provide education and disease management to chronic diabetes patients	\$77,703
094192402.2.2	2.8.11	Medical Center of Lewisville	Reduce sepsis complications by implementing process improvements	\$967,463
094192402.2.3	2.9.1	Medical Center of Lewisville	Implement a patient navigation program to provide patients with education, support, and primary care services	\$378,021
094194002.2.1	2.1.2	Doctor's Hospital at White Rock Lake	Implement a Patient-Centered Medical Home to enhance the delivery of care	\$1,163,200
111905902.2.1	2.8.11	Denton Regional Medical Center	Reduce sepsis complications by implementing process improvements	\$689,288
121758005.1.1	1.13.1	Dallas County Health and Human Services	Implement a data sharing system for providers and offer additional behavioral health services	\$8,397,875

**Attachment – CMS Initial Review Findings for Regional Health Partnership (RHP) 9**

Unique Project ID	Project Option	Provider Name	Brief Project Description	Initially approved DY 2 - 3 project value (total computable)
121776204.1.1	1.1.2	Baylor Medical Center at Irving	Increase access to two medical homes that provide primary care services to underserved patients	\$765,744
121776204.2.2	2.19.1	Baylor Medical Center at Irving	Co-locate behavioral health services into an outpatient primary care setting	\$556,309
121776204.2.3	2.9.1	Baylor Medical Center at Irving	Develop comprehensive care plans and connect underserved hospital patients to a medical home	\$556,309
121776204.2.4	2.12.2	Baylor Medical Center at Irving	Provide in-home visits to high-risk Medicaid and uninsured patients	\$523,782
121776204.2.5	2.11.3	Baylor Medical Center at Irving	Provide medication management and reconciliation services to uninsured and Medicaid patients	\$464,485
121790303.1.1	1.1.2	Baylor Medical Center at Garland	Increase access to two medical homes to provide underserved patients with primary care services	\$896,769
121790303.2.1	2.2.2	Baylor Medical Center at Garland	Provide education and point of care testing by co-locating primary care and chronic disease management services	\$832,715
121790303.2.3	2.9.1	Baylor Medical Center at Garland	Develop comprehensive care plans and connect underserved hospital patients to a medical home	\$787,877
121790303.2.4	2.12.2	Baylor Medical Center at Garland	Provide in-home visits to the high-risk uninsured and Medicaid patients	\$526,212
121790303.2.5	2.11.3	Baylor Medical Center at Garland	Provide medication management and reconciliation services to uninsured and Medicaid patients	\$466,641
121988304.1.2	1.7.1	Lakes Regional MHMR Center	Implement telemedicine services to provide consultations and increase capacity for specialty provider services	\$993,683
121988304.2.1	2.13.1	Lakes Regional MHMR Center	Implement a neurodevelopmental treatment for people with schizophrenia	\$1,693,343
126686802.1.4	1.7.1	UT Southwestern Medical Center --- Faculty Practice Plan	Implement telemedicine to provide specialty care support and consultation	\$7,558,087
126686802.1.8	1.2.1	UT Southwestern Medical Center --- Faculty Practice Plan	Expand family medicine residency training to include classes on the medical home and other innovations	\$2,446,444
126686802.1.9	1.2.2	UT Southwestern Medical Center --- Faculty Practice Plan	Increase the class enrollment size redesign the curriculum for a physician assistant program	\$4,703,644
127295703.1.1	1.1.2	Parkland Memorial Hospital	Expand primary care capacity by rapidly scaling up operations at a new primary care clinic	\$15,172,771
127295703.1.2	1.1.2	Parkland Memorial Hospital	Expand hours and increase staff and space at select primary care clinics	\$10,770,794
127295703.1.3	1.3.1	Parkland Memorial Hospital	Design and implement a patient registry that will provide support to providers managing the health care of patients in medical homes and with chronic conditions	\$14,329,840
127295703.1.6	1.1.1	Parkland Memorial Hospital	Establish one or more new clinics to provide post-acute referral primary care to patients who require post-discharge follow-up	\$15,360,089
127295703.2.1	2.1.1	Parkland Memorial Hospital	Expand the medical home model concept by improving performance and adding patients who will benefit from having a medical home	\$12,362,999
127295703.2.11	2.1.1	Parkland Memorial Hospital	Increase the number of patients enrolled in medical homes	\$7,961,022
127295703.2.4	2.2.1	Parkland Memorial Hospital	Incorporate a chronic care model focused on the low income patient population	\$16,296,680
127295703.2.7	2.9.1	Parkland Memorial Hospital	develop and implement a new patient navigation program	\$11,613,726
127295703.2.9	2.12.1	Parkland Memorial Hospital	Design, develop and implement a care transitions program	\$12,831,294

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Unique Project ID	Project Option	Provider Name	Brief Project Description	Initially approved DY 2 - 3 project value (total computable)
135032405.2.3	2.1.1	Methodist Dallas Medical Center	Expand and improve a community-based, multi-stakeholder, health care access program increasing the capacity to care for more uninsured patients	\$1,369,355
137252607.1.2	1.12.2	Dallas County MHMR dba Metrocare Services	Create a community mental health clinic to provide behavioral health services to the underserved	\$3,705,743
137252607.2.1	2.15.1	Dallas County MHMR dba Metrocare Services	create an integrated model of easy, open access to primary care services for persons who are receiving behavioral health services in community based behavioral health clinics	\$1,398,055
137252607.2.2	2.13.1	Dallas County MHMR dba Metrocare Services	Provide a team that will be on-call to travel to the acute care facilities, jails or schools to help assess and stabilize clients and provide follow-up services if needed	\$589,151
137252607.2.3	2.13.1	Dallas County MHMR dba Metrocare Services	Establish a program that provides crisis intervention, medication management, counseling and case management services to children recently released from the psychiatric hospital or those at-risk for out-of-home placement and their families	\$1,254,176
137252607.2.4	2.13.1	Dallas County MHMR dba Metrocare Services	Provide an applied behavior analysis based program to children on the autism spectrum and/or children with other developmental disabilities	\$1,202,058
137252607.2.5	2.13.1	Dallas County MHMR dba Metrocare Services	Provide short-term behavior intervention and urgent safety net services for individuals with intellectual/developmental disabilities and mental health issues	\$1,243,345
138910807.1.2	1.1.2	Children's Medical Center of Dallas	Expand the hours of operation at clinic locations and establish a 24 hour RN triage telephone service	\$6,303,026
138910807.1.3	1.3.1	Children's Medical Center of Dallas	Implement a disease management program at clinics and in school-based primary care settings	\$6,303,026
138910807.2.2	2.6.1	Children's Medical Center of Dallas	Align and coordinate community-based prevention and wellness activities in the focused areas of asthma and diabetes	\$6,828,278
138910807.2.3	2.9.1	Children's Medical Center of Dallas	Develop and utilize a high-intensity, culturally appropriate care management system for Medicaid and safety net children and families	\$6,828,278
139485012.1.1	1.1.2	Baylor University Medical Center	Increase access to three Patient-Centered Medical Home clinics	\$4,302,713
139485012.2.1	2.2.2	Baylor University Medical Center	Provide focused education and point of care testing for underserved patients who have diabetes, CVD and/or Respiratory disease	\$3,916,572
139485012.2.3	2.9.1	Baylor University Medical Center	Identify and connect underserved patients in the hospital to a PCP/PCMH, create a multi-disciplinary care plan for frequently admitted patients, and provide comprehensive follow up calls to patients	\$3,723,501
139485012.2.4	2.12.2	Baylor University Medical Center	Provide in-home visits to the highest risk uninsured and Medicaid patients	\$2,353,529
139485012.2.5	2.11.3	Baylor University Medical Center	Provide medication management and reconciliation services to uninsured and Medicaid patients	\$2,087,091
195018001.1.1	1.1.1	TRINITY MEDICAL CENTER	Implement a new Patient-Centered Medical Home (PCMH) clinic	\$600,110
209345201.2.2	2.2.1	Methodist Richardson Medical Center	Develop and implement a chronic disease management intervention	\$1,050,953
<b>Total</b>				<b>\$217,678,399</b>

**Attachment – CMS Initial Review Findings for Regional Health Partnership (RHP) 9**

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

The following 26 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.

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
009784201.1.1	1.8.1	Texas A&M Health Science Center / Baylor College of Dentistry	Increase the number trainees with experience and the number of graduates practicing in rural and underserved areas	\$1,404,843	Needs to include one standalone or three non-standalone outcomes. Missing information about all required core components
009784201.1.2	1.8.6	Texas A&M Health Science Center / Baylor College of Dentistry	Increase the hours of operation at three dental clinics by providing clinical training to dental students	\$4,063,735	Missing information about all required core components
009784201.1.3	1.8.9	Texas A&M Health Science Center / Baylor College of Dentistry	Expand the sealant and fluoride varnish program in local schools	\$1,190,943	Missing information about all required core components
020908201.2.2	2.6.2	Texas Health Presbyterian Hospital Dallas	Design self-management wellness programs through local partnerships	\$1,232,912	Missing quantifiable patient impact milestone. Missing information about all required core components
020943901.2.4	2.1.1	Medical City Dallas Hospital	Become a medical home for indigent patients	\$1,521,064	Missing quantifiable patient impact milestone
020967801.2.1	2.9.1	Texas Health Presbyterian Hospital Denton	Establish a patient care navigation program to reduce episodic care	\$1,443,086	Missing quantifiable patient impact milestone. Overlap between Category 3 outcome and Category one or two improvement milestone
020979301.2.1	2.4.1	Las Colinas Medical Center	Create workgroups to improve patient experience	\$330,713	Missing quantifiable patient impact milestone. Missing information about all required core components
094140302.2.1	2.9.1	Texas Health Presbyterian Hospital Kaufman	Establish a patient care navigation program to reduce episodic care	\$1,157,211	Missing quantifiable patient impact milestone. Overlap between Category 3 outcome and Category 1 or 2 improvement milestone



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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
094192402.2.1	2.4.1	Medical Center of Lewisville	Create workgroups to improve patient experience	\$427,614	Missing quantifiable patient impact milestone. Missing information about all required core components
094194002.2.2	2.12.1	Doctor's Hospital at White Rock Lake	Develop a care transition process so discharging patients receive post-acute care services in appropriate settings	\$290,800	Missing quantifiable patient impact milestone
121758005.2.1	2.6.2	Dallas County Health and Human Services	Implement a health promotion program for people with preventable conditions	\$308,777	Missing information about all required core components. Needs to align milestone values with RHP workbook
121758005.2.2	2.6.2	Dallas County Health and Human Services	Implement a health promotion program to prevent sentinel events	\$847,269	Missing information about all required core components. Needs to align milestone values with RHP workbook
121776204.2.1	2.2.2	Baylor Medical Center at Irving	Provide education and testing for underserved patients through co-located primary care and chronic disease management services	\$647,937	Needs to align milestone values with RHP workbook
121790303.2.2	2.19.1	Baylor Medical Center at Garland	Provide counseling and screenings by integrating outpatient behavioral health services	\$794,282	Overlap between Category 3 outcome and Category 1 or 2 improvement milestone
126679303.2.1	2.2.2	Methodist Charlton Medical Center	Implement a diabetes management intervention	\$2,375,593	Missing information about all required core components.
126679303.2.2	2.9.1	Methodist Charlton Medical Center	Provide patient navigation services to patients without access to primary care services	\$4,411,817	Overlap between Category 3 outcome and Category 1 or 2 improvement milestone
126686802.2.2	2.8.1	UT Southwestern Medical Center --- Faculty Practice Plan	Expand an existing quality and process improvement training program	\$3,359,150	Needs to align milestone values with RHP workbook
135032405.2.2	2.2.2	Methodist Dallas Medical Center	Develop and implement a chronic disease management intervention geared toward improving effective management of chronic conditions	\$3,744,024	Missing information about all required core components
136360803.2.1	2.2.1	Denton County Health and Human Services	Implement a chronic disease registry to track Medicaid and low income diabetic patients	\$2,099,469	Missing quantifiable patient impact milestone
138910807.1.1	1.1.1	Children's Medical Center of Dallas	Expand the capacity of pediatric primary care through 16 additional primary care centers, expand pediatric urgent care services, and implement telemedicine to connect primary care settings with pediatric specialists	\$6,828,278	Needs to align milestone values with RHP workbook
138910807.2.4	2.12.2	Children's Medical Center of Dallas	Develop and apply a standardized approach to transitioning an adolescent with special health care needs or at risk for loss of medical services	\$5,246,312	Missing information about all required core components
139485012.2.2	2.19.1	Baylor University Medical Center	Co-locate and integrate outpatient behavioral health services using an LCSW to provide counseling services	\$3,833,828	Overlap between Category 3 outcome and Category 1 or 2 improvement milestone

**Attachment – CMS Initial Review Findings for Regional Health Partnership (RHP) 9**

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
175287501.2.1	2.9.1	UT Southwestern Medical Center - St. Paul University Hospital	Establish an emergency department navigator system for patients without a known primary care physician	\$2,513,622	Missing quantifiable patient impact milestone. Needs to align milestone values with RHP workbook
175287501.2.2	2.10.1	UT Southwestern Medical Center - St. Paul University Hospital	Expand the palliative care service to provide comprehensive palliative care services to all patients	\$3,829,781	Overlap between Category 3 outcome and Category 1 or 2 improvement milestone
195018001.2.1	2.2.2	Trinity Medical Center	Provide focused education and point of care testing for underserved patients who have diabetes, CVD and/or Respiratory disease	\$228,613	Missing information about all required core components
209345201.2.1	2.9.1	Methodist Richardson Medical Center	Provide patient navigation services to high risk patients in the Emergency Room	\$1,576,430	Overlap between Category 3 outcome and Category 1 or 2 improvement milestone
<b>Total</b>				<b>\$55,708,102</b>	

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

The following 25 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.

<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) 9**

Twenty 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.

*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) <sup>2</sup>	Area of insufficient project value justification	Priority Technical Issues Needed to be Addressed by October 2013
020908201.1.1	1.1.2	Texas Health Presbyterian Hospital Dallas	Reduce emergency department use by targeting individuals with high utilization rates	\$2,835,557	\$2,373,051	The state identified this project as potentially overvalued and CMS concurs	Missing quantifiable patient impact milestone. Missing information about all required core components
020908201.2.3	2.1.2	Texas Health Presbyterian Hospital Dallas	Create a referral process to direct hospital patients to a primary care medical home	\$5,447,819	\$2,183,566	The state identified this project as potentially overvalued and CMS concurs	Missing quantifiable patient impact milestone
111905902.2.2	2.4.1	Denton Regional Medical Center	Create workgroups to improve patient experience	\$973,034	\$964,291	The project appears overvalued based on the corresponding Category 3 outcome selected	Missing quantifiable patient impact milestone. Missing information about all required core components
121988304.1.1	1.13.1	Lakes Regional MHMR Center	Develop a behavioral health crisis stabilization service for individuals with developmental disabilities and behavioral health needs as an alternative to hospitalization	\$2,988,027	\$1,411,874	The project appears overvalued based on the corresponding Category 3 outcome selected	Needs to align milestone values with RHP workbook

**Attachment – CMS Initial Review Findings for Regional Health Partnership (RHP) 9**

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
126686802.1.1	1.1.1	UT Southwestern Medical Center - -- Faculty Practice Plan	Establish a primary care clinic with evening and weekend hours	\$4,198,937	\$1,758,273	The state identified this project as potentially overvalued and CMS concurs	Missing quantifiable patient impact milestone
126686802.1.1 0	1.2.2	UT Southwestern Medical Center - -- Faculty Practice Plan	Increase the number of community health workers	\$3,667,253	TBD**	The state identified this project as potentially overvalued and CMS concurs	None
126686802.1.1 2	1.10.2	UT Southwestern Medical Center - -- Faculty Practice Plan	Implement a center involved with healthcare system data reporting, quality improvement methods, and system reengineering	\$5,521,689	\$3,541,654	The state identified this project as potentially overvalued and CMS concurs	Missing information about all required core components
126686802.1.2	1.1.2	UT Southwestern Medical Center - -- Faculty Practice Plan	Implement strategies with physicians to expand primary care capacity	\$7,138,194	\$1,425,604	This project was flagged by the state and CMS concurs. In addition, the project's value appears to be an outlier compared to similar projects based on the information available to CMS	None
126686802.1.6	1.10.2	UT Southwestern Medical Center - -- Faculty Practice Plan	Create a population management infrastructure that will allow the measuring, reporting and driving of quality improvement	\$5,668,566	\$3,322,116	The state identified this project as potentially overvalued and CMS concurs	Missing quantifiable patient impact milestone. Missing information about all required core components
126686802.1.7	1.2.1	UT Southwestern Medical Center - -- Faculty Practice Plan	Expand the volume of continuing medical education offerings for primary care providers	\$3,765,644	TBD**	The state identified this project as potentially overvalued and CMS concurs	Missing quantifiable patient impact milestone. Needs to meet requirement of one standalone or three non-standalone outcomes

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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
126686802.2.1	2.1.1	UT Southwestern Medical Center - -- Faculty Practice Plan	Expand the medical home model to enhance the delivery of primary care to patients	\$6,088,459	\$5,653,558	The state identified this project as potentially overvalued and CMS concurs	Missing quantifiable patient impact milestone
126686802.2.4	2.9.1	UT Southwestern Medical Center - -- Faculty Practice Plan	Establish a health care navigation program comprised of care coordinators that provide support to at risk patient populations	\$6,718,300	\$4,335,832	The state identified this project as potentially overvalued and CMS concurs	Needs to align milestone values with RHP workbook
126686802.2.5	2.12.1	UT Southwestern Medical Center - -- Faculty Practice Plan	Improve care delivered to people during transitions of care through standardized protocols and an evidence-based care delivery model	\$8,187,928	\$5,653,558	The state identified this project as potentially overvalued and CMS concurs	Missing quantifiable patient impact milestone
126686802.2.6	2.11.2	UT Southwestern Medical Center - -- Faculty Practice Plan	Implement an enhanced patient medication management program	\$3,282,835	TBD**	The state identified this project as potentially overvalued and CMS concurs	Missing quantifiable patient impact milestone
127295703.2.1 0	2.4.3	Parkland Memorial Hospital	Develop a service excellence program to improve the inpatient satisfaction scores	\$10,302,498	TBD**	The project appears overvalued based on the corresponding Category 3 outcome selected	Overlap between Category 3 outcome and Category 1 or 2 improvement milestone. Missing information about all required core components
127295703.2.1 2	2.8.4	Parkland Memorial Hospital	Expand capacity of the Outpatient Parenteral Antimicrobial Therapy program, a post-discharge program that allows patients receiving antibiotics to self-administer their medications at home	\$13,580,566	TBD**	The state identified this project as potentially overvalued and CMS concurs	Missing information about all required core components

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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
127295703.2.6	2.8.5	Parkland Memorial Hospital	Implement prevention strategies for the potentially preventable complications with highest risk patients	\$16,296,680	TBD**	The state identified this project as potentially overvalued and CMS concurs	Missing quantifiable patient impact milestone
127295703.2.8	2.10.1	Parkland Memorial Hospital	Establish a comprehensive palliative care program	\$13,580,566	TBD**	The state identified this project as potentially overvalued and CMS concurs	None
135032405.2.1	2.9.1	Methodist Dallas Medical Center	Provide patient navigation services to at risk patients in the Emergency Room	\$7,355,256	\$6,189,829	The project's value appears to be an outlier compared to similar projects based on the information available to CMS	Needs to resolve improvement target duplication.
135234606.2.1	2.8.6	Denton County MHMR Center	Establish a 24 hour psychiatric triage facility	\$5,214,691	\$3,015,805	The state identified this project as potentially overvalued and CMS concurs	Missing quantifiable patient impact milestone. Missing information about all required core components
135234606.2.2	2.15.1	Denton County MHMR Center	Implement an integration of care management functions for individuals with co-morbid chronic diseases, mental illnesses, and/or substance use disorders	\$2,567,080	TBD**	The state identified this project as potentially overvalued and CMS concurs	Missing quantifiable patient impact milestone
135234606.2.3	2.13.1	Denton County MHMR Center	Implement a crisis residential care program to prevent unnecessary use of services in specific settings	\$4,255,200	\$1,907,533	The project appears overvalued based on the corresponding Category 3 outcome selected	None

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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
138910807.1.4	1.12.2	Children's Medical Center of Dallas	Incorporate behavioral health services into the primary care setting	\$6,303,026	\$2,332,068	The state identified this project as potentially overvalued and CMS concurs	Needs to meet Category 3 requirement for one stand alone or three non-stand alone outcomes.
138910807.2.1	2.1.1	Children's Medical Center of Dallas	Transform certain primary care offices into an NCQA-certified medical homes	\$7,878,782	\$7,676,699	The project's value appears to be an outlier compared to similar projects based on the information available to CMS	None
175287501.2.3	2.12.2	UT Southwestern Medical Center - St. Paul University Hospital	Expand the Transitional Care Program for Cancer Surgery Patients to additional patients	\$3,629,740	TBD**	The state identified this project as potentially overvalued and CMS concurs	Missing quantifiable patient impact milestone. Missing information about all required core components. Needs to align milestone values with RHP workbook
<b>Total</b>				<b>\$157,446,328</b>	<b>\$53,745,311</b>		

\* 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.

\*\* CMS was not able to develop an alternative project value for this project based on the limited information in available for its initial valuation model. If a project is not modified to address the concern identified, then the state will propose a lower, alternative value (subject to CMS review).

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

Based on the information provided, the following 15 projects are not approved for funding at this time. These projects can be removed from the RHP 9 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.

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Table 6

Unique Project ID	Project Option	Provider Name	Brief Project Description	Proposed DY 2 - 3 project value (total computable)	Primary CMS concerns
121776204.1.2	1.9.2	Baylor Medical Center at Irving	Increase access to specialty care services for uninsured patients	\$628,302	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
121790303.1.2	1.9.2	Baylor Medical Center at Garland	Increase access to specialty care services for uninsured patients	\$794,282	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
126686802.1.11	1.9.2	UT Southwestern Medical Center - -- Faculty Practice Plan	Expand an Urgent Care Clinic providing access for cancer patients experiencing acute symptoms	\$5,540,035	It is unclear how this project addresses an area of high need for the Medicaid and uninsured population given the low percentage of Medicaid/ indigent individuals expected to be served. This project is not approvable unless the provider can provide a compelling justification of the project's need and the benefits to the Medicaid and uninsured population and included corresponding milestones and metrics consistent with the demonstration goals.
126686802.1.3	1.1.4	UT Southwestern Medical Center - -- Faculty Practice Plan	Expand primary care capacity and improve services by implementing a quality incentive program	\$8,187,928	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.
126686802.1.5	1.9.2	UT Southwestern Medical Center - -- Faculty Practice Plan	Establish a new specialty care clinic providing cardiology and other services	\$4,828,779	It is unclear how this project addresses an area of high need for the Medicaid and uninsured population given the low percentage of Medicaid/ indigent individuals expected to be served. This project is not approvable unless the provider can provide a compelling justification of the project's need and the benefits to the Medicaid and uninsured population and included corresponding milestones and metrics consistent with the demonstration goals.
126686802.2.3	2.5.1	UT Southwestern Medical Center - -- Faculty Practice Plan	Implement a cost accounting system that will provide reasonable, consistent and accepted costing of services	\$3,548,103	It is unclear how this project addresses an area of high need for the Medicaid and uninsured population. This project is not approvable unless the provider can provide a compelling justification of the project's need and the benefits to the Medicaid and uninsured population and included corresponding milestones and metrics consistent with the demonstration goals.
127295703.1.4	1.10.4	Parkland Memorial Hospital	Provide the infrastructure, governance and integrated oversight for sixteen Waiver projects	\$16,109,362	Project is off-menu and needs to provide more justification, especially regarding the specific activities of this project and how it will relate to other activities in the region. In particular, it would be helpful to understand more about the scope of the proposed quality dashboard.
127295703.1.5	1.9.2	Parkland Memorial Hospital	Determine priority services to be expanded using a gap analysis and develop implementation plans for those services	\$12,175,681	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



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Unique Project ID	Project Option	Provider Name	Brief Project Description	Proposed DY 2 - 3 project value (total computable)	Primary CMS concerns
127295703.1.7	1.4.7	Parkland Memorial Hospital	Implement an evidence-based 'Health Literate Care Model' which incorporates health literacy strategies into the Care Model	\$13,955,203	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.
127295703.2.5	2.5.2	Parkland Memorial Hospital	Implement a cost accounting system and develop a methodology to determine the cost effectiveness of post acute care continuum alternatives	\$15,360,089	The anticipated cost savings from this project appear to be significantly lower than the cost of the project, and so it is not clear how this project meets the cost containment goals of this project option.
136360803.2.2	2.7.6	Denton County Health and Human Services	Promote and provide preventive immunizations to adult Medicaid and adult low income individuals	\$2,099,469	Project is off-menu and needs to provide more justification, particularly regarding the project's benefit to the Medicaid and uninsured population.
137252607.1.1	1.14.2	Dallas County MHMR dba Metrocare Services	Provide training to enhance the development of specialty behavioral health care and expand the number of behavioral health professionals	\$523,001	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.
139485012.1.2	1.9.2	Baylor University Medical Center	Increase access to needed specialty care services for uninsured patients	\$3,723,501	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
175287501.1.1	1.9.3	UT Southwestern Medical Center - St. Paul University Hospital	Implement a mechanism for underfunded patients who need solid organ and bone marrow transplants to be evaluated and receive transplant if qualified	\$6,144,756	Project is off-menu and needs to provide more justification, particularly regarding the project's benefit to 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.
195018001.1.2	1.9.2	Trinity Medical Center	Increase access to needed specialty care services for uninsured patients	\$125,022	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
<b>Total</b>				<b>\$93,743,513</b>	

**Category 3 Projects – Initial review findings**

A total of 240 Category 3 projects in RHP 9 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 165 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 \$40,437,341 (total

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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 75 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
009784201.3.1	IT-7.10	Texas A&M Health Science Center / Baylor College of Dentistry	Other Outcome Improvement Target: Percentage of class participating in externship program.	\$113,905	Off-menu outcome without sufficient justification
009784201.3.2	IT-7.1	Texas A&M Health Science Center / Baylor College of Dentistry	Dental Sealant: Percentage of children age 6-9 with a dental sealant on a permanent first molar tooth.	\$130,871	State's technical review recommended a different Category 3 outcome and CMS concurs
009784201.3.3	IT-7.3	Texas A&M Health Science Center / Baylor College of Dentistry	Early Childhood Caries (fluoride applications): Percentage of children age 0-6 who received a fluoride varnish application during the measurement period.	\$130,871	State's technical review recommended a different Category 3 outcome and CMS concurs
009784201.3.4	IT-7.4	Texas A&M Health Science Center / Baylor College of Dentistry	Topical Fluoride application: Percentage of children, age 0-20 years who received a fluoride varnish application during the measurement period.	\$130,871	State's technical review recommended a different Category 3 outcome and CMS concurs
009784201.3.5	IT-7.1	Texas A&M Health Science Center / Baylor College of Dentistry	Dental Sealant: Percentage of children age 6-9 with a dental sealant on a permanent first molar tooth.	\$37,179	State's technical review recommended a different Category 3 outcome and CMS concurs
009784201.3.6	IT-7.3	Texas A&M Health Science Center / Baylor College of Dentistry	Early Childhood Caries (fluoride applications): Percentage of children age 0-6 who received a fluoride varnish application during the measurement period.	\$37,179	State's technical review recommended a different Category 3 outcome and CMS concurs

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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
009784201.3.7	IT-7.4	Texas A&M Health Science Center / Baylor College of Dentistry	Topical Fluoride application: Percentage of children, age 0-20 years who received a fluoride varnish application during the measurement period.	\$37,179	State's technical review recommended a different Category 3 outcome and CMS concurs
020908201.3.8	IT-11.5	Texas Health Presbyterian Hospital Dallas	All cause readmission rate for chronically ill patients	\$462,189	State's technical review recommended a different Category 3 outcome and CMS concurs
020908201.3.9	IT-5.1	Texas Health Presbyterian Hospital Dallas	Improved cost saving: demonstrate cost savings in care delivery	\$462,189	State's technical review recommended a different Category 3 outcome and CMS concurs
020943901.3.1	IT-4.10	Medical City Dallas Hospital	Treatment Rate Ischemic Stroke (IV t-PA/endovascular intervention)	\$104,340	Off-menu outcome without sufficient justification
020943901.3.11	IT-11.5	Medical City Dallas Hospital	All-cause Admission Rate for Chronically-ill Patients in Medical Home	\$242,197	State's technical corrections noted that the provider needed to significantly strengthen their rationale for the measure
020943901.3.2	IT-4.10	Medical City Dallas Hospital	Average Length of Stay-Ischemic Stroke patients	\$104,340	Off-menu outcome without sufficient justification
020943901.3.3	IT-4.10	Medical City Dallas Hospital	Door To Needle time for IV t-PA administration	\$104,339	Off-menu outcome without sufficient justification
121758005.3.3	IT-11.2	Dallas County Health and Human Services	Improvement in disparate health outcomes for target population, including identification of the disparity gap	\$13,408	Off-menu outcome without sufficient justification
121758005.3.4	IT-11.3	Dallas County Health and Human Services	Improve utilization rates of clinical preventive services (testing, preventive services, treatment) in target population with identified disparity	\$13,408	Off-menu outcome without sufficient justification
121758005.3.5	IT-12.5	Dallas County Health and Human Services	Other USPSTF-endorsed screening outcome measure: behavioral counseling assessment	\$4,469	Off-menu outcome without sufficient justification
121758005.3.6	IT-11.2	Dallas County Health and Human Services	Improvement in disparate health outcomes for target population, including identification of the disparity gap	\$4,469	Off-menu outcome without sufficient justification
121758005.3.7	IT-11.3	Dallas County Health and Human Services	Improve utilization rates of clinical preventive services (testing, preventive services, treatment) in target population with identified disparity	\$4,470	Off-menu outcome without sufficient justification
121758005.3.8	IT-12.5	Dallas County Health and Human Services	Other USPSTF-endorsed screening outcome measure: behavioral counseling pre and post assessment scores	\$13,408	Off-menu outcome without sufficient justification
121776204.3.12	IT-11.1	Baylor Medical Center at Irving	Improvement in Clinical Indicator in identified disparity group. Clinical indicator to be improved and disparity group to be determined by provider (Standalone measure)- Improvement in Diabetes	\$34,490	Off-menu outcome without sufficient justification

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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
121776204.3.13	IT-11.3	Baylor Medical Center at Irving	Improve utilization rates of clinical preventive services (testing, preventive services, treatment) in target population with identified disparity. (Non-standalone measure)- Improvement in BH treatment rates	\$34,490	Off-menu outcome without sufficient justification
121776204.3.16	IT-10.1	Baylor Medical Center at Irving	Quality of Life (Standalone Measure)	\$31,815	Needs to define QoL tool
121776204.3.17	IT-10.2	Baylor Medical Center at Irving	Activities of Daily Living (Standalone Measure)	\$31,815	Needs to define QoL tool
121776204.3.5	IT-12.5	Baylor Medical Center at Irving	Other USPSTF-endorsed screening outcome measures (Non-standalone measure)- Influenza Vaccination Rate	\$19,162	Off-menu outcome without sufficient justification
121776204.3.6	IT-11.1	Baylor Medical Center at Irving	Improvement in Clinical Indicator in identified disparity group. Clinical indicator to be improved and disparity group to be determined by provider (Standalone measure)- Improvement in Asthma	\$32,407	Corresponding Category 1 or Category 2 project is not initially approved
121776204.3.7	IT-12.2	Baylor Medical Center at Irving	Cervical Cancer Screening (HEDIS 2012) (Non-standalone measure)	\$22,120	Corresponding Category 1 or Category 2 project is not initially approved
121776204.3.8	IT-12.3	Baylor Medical Center at Irving	Colorectal Cancer Screening (HEDIS 2012) (Non-standalone measure)	\$22,120	Corresponding Category 1 or Category 2 project is not initially approved
121790303.3.12	IT-11.1	Baylor Medical Center at Garland	Improvement in Clinical Indicator in identified disparity group. Clinical indicator to be improved and disparity group to be determined by provider (Standalone measure)- Improvement in Diabetes	\$46,514	Off-menu outcome without sufficient justification
121790303.3.13	IT-11.3	Baylor Medical Center at Garland	Improve utilization rates of clinical preventive services (testing, preventive services, treatment) in target population with identified disparity. (Non-standalone measure)- Improvement in BH treatment rates	\$46,514	Off-menu outcome without sufficient justification
121790303.3.16	IT-10.1	Baylor Medical Center at Garland	Quality of Life (Standalone Measure)	\$31,963	Needs to define QoL tool
121790303.3.17	IT-10.2	Baylor Medical Center at Garland	Activities of Daily Living (Standalone Measure)	\$31,963	Needs to define QoL tool
121790303.3.5	IT-12.5	Baylor Medical Center at Garland	Other USPSTF-endorsed screening outcome measures (Non-standalone measure)- Influenza Vaccination Rate	\$24,368	Off-menu outcome without sufficient justification
121790303.3.6	IT-11.1	Baylor Medical Center at Garland	Improvement in Clinical Indicator in identified disparity group. Clinical indicator to be improved and disparity group to be determined by provider (Standalone measure)- Improvement in Asthma	\$39,965	Corresponding Category 1 or Category 2 project is not initially approved
121790303.3.7	IT-12.2	Baylor Medical Center at Garland	Cervical Cancer Screening (HEDIS 2012) (Non-standalone measure)	\$27,279	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
121790303.3.8	IT-12.3	Baylor Medical Center at Garland	Colorectal Cancer Screening (HEDIS 2012) (Non-standalone measure)	\$27,279	Corresponding Category 1 or Category 2 project is not initially approved
121988304.3.3	IT-6.1	Lakes Regional MHMR Center	Percent improvement over baseline of patient satisfaction scores	\$95,753	State's technical review noted that the outcome was off-menu because it did not use the tools specified in OD 6.1
126686802.3.13	IT-1.6	UT Southwestern Medical Center --- Faculty Practice Plan	Cholesterol Management for patients with cardiovascular conditions	\$195,211	Corresponding Category 1 or Category 2 project is not initially approved
126686802.3.14	IT-1.7	UT Southwestern Medical Center --- Faculty Practice Plan	Controlling High Blood Pressure	\$195,211	Corresponding Category 1 or Category 2 project is not initially approved
126686802.3.24	IT-5.1	UT Southwestern Medical Center --- Faculty Practice Plan	Improved cost savings: Demonstrate cost savings in care delivery	\$195,211	Corresponding Category 1 or Category 2 project is not initially approved
126686802.3.29	IT-1.20	UT Southwestern Medical Center --- Faculty Practice Plan	Other Outcome Improvement Target: Number of primary care practitioners in HPSAs or MUAs who report they plan to implement chronic disease management	\$286,593	Off-menu outcome without sufficient justification
126686802.3.33	IT-9.2	UT Southwestern Medical Center --- Faculty Practice Plan	ED appropriate utilization - Reduce ED visits for target conditions	\$230,809	Corresponding Category 1 or Category 2 project is not initially approved
126686802.3.34	IT-2.13	UT Southwestern Medical Center --- Faculty Practice Plan	Other Admission Rate - admissions due to complications of cancer treatment	\$230,809	Corresponding Category 1 or Category 2 project is not initially approved
126686802.3.36	IT-3.12	UT Southwestern Medical Center --- Faculty Practice Plan	Other - readmission rate (Medication complications)	\$344,607	Off-menu outcome without sufficient justification
126686802.3.7	IT-12.1	UT Southwestern Medical Center --- Faculty Practice Plan	Breast Cancer Screening	\$195,211	Corresponding Category 1 or Category 2 project is not initially approved
126686802.3.8	IT-12.3	UT Southwestern Medical Center --- Faculty Practice Plan	Colorectal Cancer Screening	\$195,211	Corresponding Category 1 or Category 2 project is not initially approved
126686802.3.9	IT-12.4	UT Southwestern Medical Center --- Faculty Practice Plan	Pneumonia vaccination status of older adults	\$195,211	Corresponding Category 1 or Category 2 project is not initially approved
127295703.3.10	IT-9.2	Parkland Memorial Hospital	ED appropriate utilization	\$2,022,989	Corresponding Category 1 or Category 2 project is not initially approved
127295703.3.13	IT-1.1	Parkland Memorial Hospital	Third next available appointment	\$764,502	Corresponding Category 1 or Category 2 project is not initially approved
127295703.3.14	IT-9.2	Parkland Memorial Hospital	Appropriate ED utilization	\$764,501	Corresponding Category 1 or Category 2 project is not initially approved
127295703.3.17	IT-1.20	Parkland Memorial Hospital	Other Outcomes Improvement Target.	\$255,007	Off-menu outcome without sufficient justification
127295703.3.25	IT-5.1	Parkland Memorial Hospital	Improved Cost Savings	\$964,449	Corresponding Category 1 or Category 2 project is not initially approved

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127295703.3.26	IT-5.2	Parkland Memorial Hospital	Per Epside Cost of Care	\$964,447	Corresponding Category 1 or Category 2 project is not initially approved
127295703.3.3	IT-1.20	Parkland Memorial Hospital	Other Outcomes Improvement Target.	\$255,007	Off-menu outcome without sufficient justification
127295703.3.39	IT-6.1	Parkland Memorial Hospital	Percent improvement over baseline of patient satisfaction scores	\$1,752,473	Corresponding Category 1 or Category 2 project is not initially approved
127295703.3.43	IT-3.12	Parkland Memorial Hospital	Other Readmission Rate: All Cause for patients enrolled in OPAT	\$1,705,426	Off-menu outcome without sufficient justification
127295703.3.6	IT-1.20	Parkland Memorial Hospital	Other Outcomes Improvement Target.	\$255,006	Off-menu outcome without sufficient justification
135032405.3.6	IT-11.5	Methodist Dallas Medical Center	All Cause Admission Rate for Chronically Ill Patients	\$166,191	State's technical corrections noted that the provider needed to significantly strengthen their rationale for the measure
136360803.3.2	IT-2.10	Denton County Health and Human Services	Flu and Pneumonia Admissions Rate	\$174,758	Corresponding Category 1 or Category 2 project is not initially approved
137252607.3.1	IT-6.1	Dallas County MHMR dba Metrocare Services	Percent improvement over baseline if patient satisfaction scores	\$36,898	Corresponding Category 1 or Category 2 project is not initially approved
137252607.3.7	IT-9.4	Dallas County MHMR dba Metrocare Services	Other Outcome Improvement Target	\$36,429	Off-menu outcome without sufficient justification
138910807.3.3	IT-2.13	Children's Medical Center of Dallas	Other Admisson Rates; Pediatric Quality Indicator PDI #14 Asthma Admission Rate	\$791,913	Off-menu outcome without sufficient justification
138910807.3.4	IT-1.20	Children's Medical Center of Dallas	Other Outcomes Improvement Target.Follow up visist after new anti-depressant	\$791,911	Off-menu outcome without sufficient justification
139485012.3.12	IT-11.1	Baylor University Medical Center	Improvement in Clinical Indicator in identified disparity group. Clinical indicator to be improved and disparity group to be determined by provider (Standalone measure)-Improvement in Diabetes	\$232,038	Off-menu outcome without sufficient justification
139485012.3.13	IT-11.3	Baylor University Medical Center	Improve utilization rates of clinical preventive services (testing, preventive services, treatment) in target population with identified disparity. (Non-standalone measure)- Improvement in BH treatment rates	\$232,038	Off-menu outcome without sufficient justification
139485012.3.5	IT-12.5	Baylor University Medical Center	Other USPSTF-endorsed screening outcome measures (Non-standlone measure)-Influenza Vaccination Rate	\$112,574	Off-menu outcome without sufficient justification
139485012.3.6	IT-11.1	Baylor University Medical Center	Improvement in Clinical Indicator in identified disparity group. Clinical indicator to be improved and disparity group to be determined by provider (Standalone measure)-Improvement in Asthma	\$187,401	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
139485012.3.7	IT-12.2	Baylor University Medical Center	Cervical Cancer Screening (HEDIS 2012) (Non-standalone measure)	\$127,914	Corresponding Category 1 or Category 2 project is not initially approved
139485012.3.8	IT-12.3	Baylor University Medical Center	Colorectal Cancer Screening (HEDIS 2012) (Non-standalone measure)	\$127,914	Corresponding Category 1 or Category 2 project is not initially approved
175287501.3.1	IT-1.20	UT Southwestern Medical Center - St. Paul University Hospital	Other Outcomes Improvement Target. Outcomes of Bone Marrow and Solid Organ Transplant	\$385,824	Corresponding Category 1 or Category 2 project is not initially approved
175287501.3.6	IT-3.12	UT Southwestern Medical Center - St. Paul University Hospital	Other - readmission rate	\$455,817	Off-menu outcome without sufficient justification
175287501.3.7	IT-4.2	UT Southwestern Medical Center - St. Paul University Hospital	Central line-associated bloodstream infection (CLABSI) Rate	\$385,825	Corresponding Category 1 or Category 2 project is not initially approved
195018001.3.11	IT-11.1	Trinity Medical Center	Improvement in Clinical Indicator in identified disparity group. Clinical indicator to be improved and disparity group to be determined by provider (Standalone measure)-Improvement in Diabetes	\$9,258	Corresponding Category 1 or Category 2 project is not initially approved
195018001.3.5	IT-12.5	Trinity Medical Center	Other USPSTF-endorsed screening outcome measures (Non-standalone measure)-Influenza Vaccination Rate	\$15,188	Off-menu outcome without sufficient justification
195018001.3.6	IT-12.2	Trinity Medical Center	Cervical Cancer Screening (HEDIS 2012) (Non-standalone measure)	\$9,258	Corresponding Category 1 or Category 2 project is not initially approved
195018001.3.7	IT-12.3	Trinity Medical Center	Colorectal Cancer Screening (HEDIS 2012) (Non-standalone measure)	\$9,258	Corresponding Category 1 or Category 2 project is not initially approved
<b>Total</b>				<b>\$19,007,598</b>	

**Category 4 projects**

A total of 18 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 18 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 \$46,938,274. 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, 11 Category 4 projects also had technical errors that were summarized by the state as follows:

- Baylor Medical Center at Carrollton (195018001): The RD-4 description does not mention medication management or indicate if no impact is expected.
- Denton Regional Medical Center (137805107); Las Colinas Medical Center (020979301); Medical Center of Lewisville (094192402); Medical City Dallas (020943901); UT Southwestern University Hospitals (175287501); and Texas Health Presbyterian Hospitals of Dallas

***Attachment – CMS Initial Review Findings for Regional Health Partnership (RHP) 9***

(020908201), Denton (020967801), and Kaufman (020967801): Providers did not use the most recent plan template, which is especially relevant to those participating in RD-6.

- Methodist Richardson Medical Center (209345201); Texas Health Presbyterian Hospital Dallas (020908201); UT Southwestern University Hospitals (175287501): Providers need to provide a measurement period for both of the measurements in RD-4, RD-5, and RD-6, as applicable.

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.