



Regional Healthcare Partnerships

Performing Provider DY3 Progress Reporting Template Instructions

April 2, 2014

DY 3 April Reporting Template

- The purpose of this template is to provide performing providers with a means to report progress thus far on the projects being conducted in each of the following categories: Infrastructure Development (Category 1), Program Innovation and Redesign (Category 2), Quality Improvements (Category 3), and Population-Focused Improvements (Category 4).
- The completed template will serve as a basis for authorizing incentive payments to performing providers in an RHP for achievement of DSRIP milestones/metrics. There is no payment for partial achievement of a Category 1 or 2 metric or Category 3 process milestone.
- This template will capture progress attained in the third demonstration year. There will be two reporting periods within DY 3:
 - Reporting period 1 is achieved between October 1, 2013 and March 31, 2014, the reporting and request for payment is due April 30, 2014.
 - Reporting period 2 is achieved before September 30, 2014, the reporting and request for payment is due October 31, 2014.
- Once the performing provider has submitted their template and supporting documentation, HHSC and CMS will have 30 days to review and approve, or request additional information regarding the data reported for each milestone/metric measure. If approved, the project would be paid in the April reporting period with estimated payment in July 2014.
- If additional information is needed, the performing provider will have 15 days to respond. HHSC and CMS shall then have an additional 15 days to review and approve or deny the request for payment, based on the data provided. If approved, the project would be paid in the next reporting period of October 2014 with an estimated payment in January 2015.

Who Should Complete the DY3 April Reporting Template

- All providers are required to provide semi-annual report information in the April DY3 Reporting Template for every project regardless of whether the milestone/metric is being reported for payment in April. DSRIP payments may be withheld until the complete report is submitted.
- Performing Providers must report 100 percent completion of a metric on projects to be eligible for payment. Refer to the April DY3 Reporting Companion Document for calculation examples.
- Refer to the April DY3 Reporting Companion Document for details on reporting on each Category.

Provider Considerations

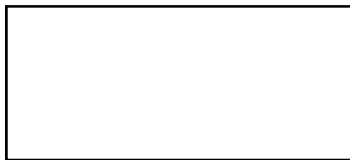
- The template must be completed and submitted along with supporting documentation in order to be eligible for incentive payments.
- Do **NOT** change worksheet (“tab”) names in the template
- Do **NOT** change the template name
- The template calculates the estimated incentive payments based on the progress inputs and is **NOT** absolutely reflective of the final payments to be received. Final payment amounts will be calculated after HHSC and CMS review and final IGT allocations are determined.
- Refer to the Progress Tracker worksheet in the template to confirm all expected inputs have been completed per project before submitting the template.
- Once the template and supporting documentation are complete, save and either 1) email the files to DSRIP@deloitte.com (files may not exceed 5MB, please zip large files); 2) email a link to the files if you have access to an FTP site such as SharePoint or Dropbox; or 3) mail a CD with all files to: Tim Egan, 50 South 6th Street, Suite 2800, Minneapolis, MN 55402.
- The template, along with supporting documentation, is due by April 30, 2014, 5:00pm.
- Several input cells require written/narrative responses in the template. In several instances, the input cell may be too small to see the entire written response due to the formatting of the template. Please provide your entire response, **do not** limit your response just because it does not all show up in the space provided. Utilize the Excel formula bar to view the entire response, if needed.

DY2 Reporting Template Overview

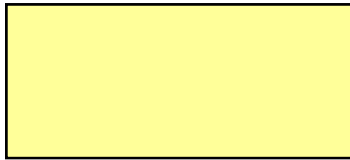
Worksheet Name	Description	Purpose
Instructions	User contact information and general instructions.	Input section for the performing provider to include contact information for the primary and secondary points of contact for the information reported in the template. Also includes general information and high-level instructions for each worksheet included in the template.
Attachments	Supporting documentation file names	Input section for the provider to enter the filenames of all supporting documentation files that will accompany the reporting template.
Overall Provider Summary	Provider executive summary	Input section for the provider to enter the overall provider experience for October 1, 2013 to March 31, 2014.
Project Worksheets (in green)	Categories 1, 2, and 4 progress reporting	Captures the performing provider's progress for Category 1 or 2 projects, related Category 3 outcomes, and their Category 4 project. There are separate worksheets for each Category 1 or 2 project, the related Category 3 outcomes are included on each Category 1 or 2 project worksheet. Category 4 is included on its own worksheet.
DY 3 Summary Report	Categories 1, 2, 3, and 4 incentive payment summary	Summarizes the DSRIP allocation, IGT needed, estimated incentive payments, and remaining DSRIP per project and in total for Categories 1 through 4 based on the progress reported in the template.
Progress Tracker	Categories 1, 2, 3, and 4 data input progress	Tracks whether or not all of the required inputs have been completed for each project by the performing provider.

Legend

Workbook Cell Formatting



White Cells: Calculation cells or pre-populated data cells. No provider input is allowed in these cells



Yellow Cells: Cells requiring data input, template will not pass validation checks if yellow cells are not completed (unless specified as optional)



Yellow Cells with Shading: Non-applicable input cells. Must be ignored



White Cells with Shading: Non-applicable calculation cells. Must be ignored

Note: If Excel prompts you for a password when you try to change a cell, you are trying to update a locked calculation or pre-populated cell. These cells cannot be altered.

Instructions Formatting

Format Description



Black Circle/Blue Number: Identifies some of the calculated or pre-populated areas of the template



Red Circles/Red Number: Identifies cells requiring data input from the provider

INSTRUCTIONS WORKSHEET

Instructions

Performing Provider DY 3 Progress Reporting Template Instructions*:

*Detailed instructions for completing this template can be found in the accompanying PowerPoint document.

Please insert the name and contact information of the primary contact regarding information reported in this template:

First Name:

Last Name:

Phone Number:

Email Address:

Please insert the name and contact information of the secondary contact regarding information reported in this template:

First Name:

Last Name:

Phone Number:

Email Address:

This template contains the following worksheets:

Attachments

General Notes:

- The Attachments worksheet tracks all of the documentation being submitted along with the progress reporting template.
- ALL of the attachments need to be documented in this worksheet, even if they are already specified in another worksheet.
- There are detailed instructions on the worksheet regarding naming conventions of the attached documents.

1. **User name contact information: INPUT** - The yellow cells must be filled out by for the primary and secondary contacts regarding the information reported in the template.
2. **Worksheet Information/Instructions:** Includes general notes and high level instructions for each worksheet included in the workbook. More detailed instructions are included in this document.

ATTACHMENTS WORKSHEET

Attachments

List of Electronic Attachments by File Name

1

File Naming Conventions

All attachments shall be submitted electronically. Each attachment shall be saved as a separate file name according to the following rules:

Rules

1. Avoid using special characters in a file name. \ / : * ? " < > | [] & \$
2. Use underscores instead of periods or spaces.
3. Include the related Project ID in the file name.
4. If you wish to reference the applicable demonstration year in the title, use DY2.
5. Do NOT include version numbers such as "v03" or "v2.3"
6. Be consistent with regard to how files are named.
7. HHSC recommends naming the file beginning with the same number as listed below.

2

	File Name	Related Project ID
1	[Insert File Name]	[Insert related Project ID]
2	[Insert File Name]	[Insert related Project ID]
3	[Insert File Name]	[Insert related Project ID]
4	[Insert File Name]	[Insert related Project ID]
5	[Insert File Name]	[Insert related Project ID]
6	[Insert File Name]	[Insert related Project ID]
7	[Insert File Name]	[Insert related Project ID]

1. **Instructions:** Follow the naming convention instructions when inputting the supporting documentation file names.
2. **Action Required: INPUT - ALL** supporting documentation submitted with the template needs to be documented in this worksheet.
 - Each file gets its own line, do not include more than one file per line.
 - Include only the name of the document in the 'File Name' column. Be sure to type the full name as it appears.
 - Include the related Project ID for the attachment in the 'Related Project ID' column and in the file name.

OVERALL PROVIDER SUMMARY WORKSHEET

Overall Provider Summary Worksheet



Overall Provider Executive Summary

Please provide an executive summary describing the overall provider experience for October 1, 2013 to March 31, 2014. This may highlight DSRIP accomplishments, challenges, lessons learned, and ongoing implementation. Also include a brief paragraph for each project's progress.

1

1. Overall Provider Summary: INPUT– Enter responses for an executive summary of the overall provider experience in the period of October 1, 2013 to March 31, 2014. This may highlight accomplishments, challenges, lessons learned, and ongoing implementation. Also include a brief paragraph for each project's progress regardless of whether the project is reporting achievement for payment in April reporting.

**CATEGORY 1 AND CATEGORY 2 PROJECT
WORKSHEETS**

Category 1 and Category 2 Project Worksheets



DY3 April Reporting - Category 1 or 2 Project

PROGRESS INDICATOR	INSTRUCTION	
Category 1 or 2 Project Necessary Inputs Completed:	Incomplete	To pass the progress summary, please make sure ALL non-shaded input cells have been populated. For input cells that you can enter "NA" to pass the progress indicator.
Category 3 Outcomes Necessary Inputs Completed:	Complete	

CATEGORY 1 or 2 PROJECT INFO			
Provider Name:	Methodist Hospital	Number of DY3 Milestones:	4
TPI:	094154402	Number of Category 3 Outcomes:	0
Project ID:	094154402.2.1	Category 1 or 2 - Number of IGT Entities:	1
Project Area:	2.4	Category 3 - Number of IGT Entities:	0
Project Option:	2.4.2		

DY3 - CATEGORY 1 or 2 IGT ENTITY NAME	IGT TPI	IGT TIN	IGT AFFILIATION NUMBER	IGT ALLOCATION FOR DY3
University Health System (Bexar County)	136141205	1746002164 9 501	529-08-0236-00078	\$ 1,066,672.86

DY3 - CATEGORY 3 IGT ENTITY NAME	IGT TPI	IGT TIN	IGT AFFILIATION NUMBER	IGT ALLOCATION FOR DY3

DY3 - PROJECT SUMMARY

Project Specific Questions (Required for April Semi-Annual Reporting to be eligible for payment)

Project Overview: Accomplishments	[Insert summary of project status of accomplishments in DY3.]
Project Overview: Challenges	[Insert summary of project status of challenges in DY3, including any variations from the project narrative and metrics that have already been reported as achieved.]
Project Overview: Lessons Learned	[Insert summary of project status of lessons learned in DY3.]
Patient Impact for Medicaid/Indigent Population:	[Identify patient impact in DY3.]
Progress on Core Components:	[Describe progress on required core components through March 31, 2014.]
Continuous Quality Improvement Activities:	[Describe continuous quality improvement activities through March 31, 2014.]
Does your project include other federal funding sources?	
<i>If yes, provider assures that no duplication of activities from federal funds is included in reporting of this project.</i>	

- Progress Indicator:** The Category 1 or 2 inputs will show as “Complete” if the “DY3 - Project Summary” section and all required fields for each metric is completed (Metric Baseline and Baseline Measurement Period, Achieved in April Reporting, Numeric Goal Progress [if Goal Type is Number or Percentage], Progress Update, Supporting Attachments).
- Category 1 (or 2) Project Info:** Each worksheet is automatically populated with the performing provider’s information and general project information.
- IGT Entity Info:** Each worksheet is automatically populated with the information of the IGT entities associated with the project.
- Category 1 (or 2) Project Summary (Required for April Reporting):** **INPUT**– Enter responses for the project-specific questions related to the project from October 1, 2013 through March 31, 2014. Enter as much information as needed, do not limit the response based on the size of the input cells. If a question is not applicable, enter NA.

Category 1 and Category 2 Project Worksheets (Continued)



DY3 - PAYMENT SUMMARY

1

DY3 - ESTIMATED PROJECT PAYMENT		DY3 - ESTIMATED CATEGORY 3 OUTCOMES PAYMENT		DY3 - ESTIMATED PROJECT + OUTCOME PAYMENT	
Estimated DSRIP:	\$ 2,582,743.00	Estimated DSRIP:	\$ -	Estimated DSRIP:	\$ 2,582,743.00
IGT Needed:	\$ 1,066,931.13	IGT Needed:	\$ -	IGT Needed:	\$ 1,066,931.13
Estimated April Reporting Payment:	\$ -	Estimated April Reporting Payment:	\$ -	Estimated April Reporting Payment:	\$ -
Remaining After April Reporting:	\$ 2,582,743.00	Remaining After April Reporting:	\$ -	Remaining After April Reporting:	\$ 2,582,743.00

2

- Estimated Project Payments:** This section summarizes the estimated DSRIP, IGT needed, estimated incentive payments, and remaining DSRIP after reporting for the Category 1 (or 2) project, and all related Category 3 outcomes.
- Estimated Incentive Payments:** These values are automatically calculated based on the progress inputs later in the worksheet. Note: these are estimates only, final payments will be calculated after HHSC and CMS review and final IGT allocations are determined.

Note: For Category 3, the Estimated DSRIP only includes 50% of DY3 Category 3 DSRIP funding for submission of the Category 3 Status Update template. The remaining 50% will be included in October 2014 reporting for submission of baseline information.

Category 1 and Category 2 Project Worksheets (Continued)



DY3 - PROJECT MILESTONE PROGRESS REPORTING					
Milestone 1:					
Description:	P-1 Establish additional/expand existing/relocate primary care clinics. Establish additional/expand existing/relocate primary care clinics				
DY 3 Milestone Allocation:	\$	1,398,985.50			
Number of Metrics:		1			
Milestone 1 Progress Input					
Metric #:	Metric 1	Metric 2	Metric 3	Metric 4	Metric 5
Metric Description:	P-1.1 Number of additional clinics or expanded hours or space. Number of additional clinics or expanded hours or space Urgent Care Center.				
Goal/Baseline:	Improve access for targeted populations in areas where there are gaps in healthcare services. Establish baseline for visits. Estimated baseline is 600 visits (projected opened 6 months in DY3).				
Data Source:	New primary care schedule or other Performing Provider document or other Plans as designated by Performing Provider				
Metric Baseline and Baseline Measurement Period:					
Goal Type:	Number				
Numeric Goal:	600.0				
QPI Metric (Y/N):	Yes				
Medicaid/Low Income Uninsured Required (Y/N):	No				
Achieved in April Reporting?					

- Project Milestone Information:** Each milestone within a project has its own section (starting with the light blue line), the milestone information is automatically populated.
- Metric Information:** Each metric has its own column within a milestone section, the metric information is automatically populated. The metric is also indicated as a QPI Metric (Yes/No) or requiring Medicaid/Low Income Uninsured (Yes/No) to be reported.
- Metric Baseline and Baseline Measurement Period: INPUT** – Enter explanation of metric baseline and baseline measurement period before activities for specific metric started (e.g. For a strategic plan/needs assessment/business case, no existing documentation when the waiver began; for hiring/training, 10 physicians were available as of the start date of the project of January 1, 2013; for quantifiable patient impact (a one-year measurement period), 50 patients were served in DY1 (October 1, 2011 – September 30, 2012))

Category 1 and Category 2 Project Worksheets (Continued)



DY3 - PROJECT MILESTONE PROGRESS REPORTING

Milestone 1: P-1
 Description: Establish additional/expand existing/relocate primary care clinics. Establish additional/expand existing/relocate primary care clinics Urgent Care Center.
 DY 3 Milestone Allocation: \$ 1,398,985.50
 Number of Metrics: 1

Milestone 1 Progress Input

Metric #:
 Metric Description:
 Goal/Baseline:
 Data Source:
 Metric Baseline and Baseline Measurement Period:
 Goal Type:
 Numeric Goal:
 QPI Metric (Y/N):
 Medicaid/Low Income Uninsured Required (Y/N):
 Achieved in April Reporting?
 Numeric Goal Progress:
 April Reporting Achievement Value:
 April Reporting HHSC Signoff:
 April Reporting HHSC Comments:
 Est. DY3 April Reporting Payment:

Metric 1	Metric 2	Metric 3	Metric 4	Metric 5
P-1.1				
Number of additional clinics or expanded hours or space. Number of additional clinics or expanded hours or space Urgent Care Center.				
Improve access for targeted populations in areas where there are gaps in healthcare services. Establish baseline for visits. Estimated baseline is 600 visits (projected opened 6 months in DY3).				
New primary care schedule or other Performing Provider document or other plans as designated by Performing Provider				
Number				
600.0				
Yes				
No				
0.0%				
\$ -				

4

5

6

4. Achievement: INPUT – Enter whether or not the metric was fully achieved, partially achieved, or not started yet. If left blank, HHSC will assume the metric was not started yet and the Progress Tracker will show the project as Incomplete. If reporting partial achievement of a metric, the metric is not eligible for payment.

NOTE: For the April reporting period, this pertains to progress between October 1, 2013 and March 31, 2014.

5. Numeric Goal Progress: INPUT IF APPLICABLE – If the metric Goal Type is a number or percentage, input your numeric progress thus far (e.g., 2, 25%, etc.); if the Goal Type is yes/no then the cell will be shaded and no input is needed here. Goal Type may be Yes/No, Number, or Percentage (e.g. completion of a strategic plan requires a Yes/No response; increased patients served by 10 requires a Number response).

NOTE: For Category 1 or 2, the metric achievement value will only be 100% if the goal is met or exceeded, otherwise the metric achievement value will be 0%.

6. Estimated Incentive Payment: Automatically calculated based on the progress of all the metrics within a milestone.

Category 1 and Category 2 Project Worksheets (Continued)



Metric Specific Questions	P-4 1			
Goal Calculation (if applicable):	[If 'Goal Type' is 'Percentage', Please indicate how the percentage goal was calculated (include numerator and denominator metrics).]	7		
Progress Update:	[Required for April semi-annual reporting. If achievement of your metric varies from your plan, explanation is needed. If the metric is not achieved, report on how the provider plans to achieve metric at a later time or if it will not be achieved at any time.]	8		
Supporting Attachments:	[Insert the title of any attachment included to demonstrate achievement of each metric for which the provider is seeking an incentive payment. Include a coversheet with an explanation of how attachments support achievement of specific metrics. One coversheet is required per project.]	9		

- 7. **Goal Calculation: INPUT IF APPLICABLE**– If the metric goal type is a percentage, input how the goal was calculated, be sure to specify the numerator and denominator. If the metric goal included several numbers and percentages, input how each was achieved and calculated. If the metric goal is to establish the baseline, input the baseline, a description of the baseline, and how the baseline was calculated. Be sure to specify the numerator and denominator if a percentage.
- 8. **Progress Update: INPUT – REQUIRED** regardless of whether the metric is being reported in April for payment. Describe the progress on the metric thus far. If achievement of your metric varies from your plan, explanation is needed for HHSC consideration of eligibility for payment.
- 9. **Supporting Attachments: INPUT**– Insert the filenames of all supporting documentation that will be submitted for each metric and provide an explanation of the documentation in the project coversheet. At least one supporting documentation is required for each metric if the metric was achieved.

NOTE: All attachments included on the project worksheets need to also be included in the Attachments worksheet.

Category 1 and Category 2 Project Worksheets (Continued) – Category 3



CATEGORY 3 OUTCOMES PROGRESS REPORTING					
	1	2	3	4	
Category 3 Outcome ID:	121782003.3.3				
Outcome Title:	Hospice and Palliative Care –Proportion admitted to the ICU in the last 30 days of life				
IT Reference #:	IT-13.4				
Performance Type:	P4P				
Measure Type:	SA				
Milestone Description:	Status update on proposed measure				
Target Type:	Yes/No				
Data Source:	Category 3 Status Update Template				
Milestone Incentive Payment:	\$ 37,318.09				
Achieved in April Reporting?					
April Reporting HHSC Signoff:					
April Reporting HHSC Comments:					
Achievement Value in April Reporting:	0.0%				
Total Estimated April Reporting	\$ -				

1

2

- 1. Related Category 3 Outcome:** All related Category 3 outcomes within a project have their own column (starting with the light blue line). The Category 3 information is automatically populated.

NOTE: The Category 3 section will be blank if a provider did not submit their Category 3 measures by March 10, 2014.

- 2. Milestone Information:** Each Category 3 outcome has one milestone for April reporting (status update on proposed measure). The milestone information is automatically populated.

Category 1 and Category 2 Project Worksheets (Continued) - Category 3



CATEGORY 3 OUTCOMES PROGRESS REPORTING

	1	2	3	4
Category 3 Outcome ID:	121782003.3.3			
Outcome Title:	Hospice and Palliative Care – Proportion admitted to the ICU in the last 30 days of life			
IT Reference #:	IT-13.4			
Performance Type:	P4P			
Measure Type:	SA			
Milestone Description:	Status update on proposed measure			
Target Type:	Yes/No			
Data Source:	Category 3 Status Update Template			
Milestone Incentive Payment:	\$ 37,318.09			
Achieved in April Reporting?				
April Reporting HHSC Signoff:				
April Reporting HHSC Comments:				
Achievement Value in April Reporting:	0.0%			
Total Estimated April Reporting	\$ -			

- 3. **Achievement: INPUT** – Enter whether or not the milestone was fully achieved, partially achieved, or not started yet.
- 4. **Estimated Incentive Payment:** Automatically calculated based on the achievement value of each milestone.

Category 1 and Category 2 Project Worksheets (Continued) – Category 3



Outcome Specific Questions	121782003.3.3	
Progress Update:	<p>[Required for April semi-annual reporting. Complete the 'Category 3 DY 3 Status Update Template' provided by HHSC and include a response for each question, using 'N/A' if not applicable.]</p>	<p>5</p>
Supporting Attachments:	<p>[Insert the title of any attachment including the Category 3 DY3 Status Update Template and any other supporting documents related to the status update.]</p>	<p>6</p>

- 5. Progress Update: INPUT – REQUIRED** regardless of whether the milestone is being reported in April for payment. Describe the progress on the milestone thus far. The progress update may reference content in the Category 3 Status Update Template.
- 6. Supporting Attachments: INPUT**– Insert the filenames of all supporting documentation that will be submitted for each milestone. This must include the Category 3 Status Update Template. At least one supporting documentation is required for each process milestone if the milestone was achieved.

NOTE: All attachments included on the project worksheets need to also be included in the Attachments worksheet

CATEGORY 4 WORKSHEET

Category 4 Worksheet



DY 3 April Reporting - Category 4

1

PROGRESS INDICATOR	INSTRUCTION
Necessary Inputs Completed: Complete	Please complete the separate Category 4 reporting template to report achievement for each of the reporting domains To pass the progress summary, please make sure ALL non-shaded input cells have been populated. For input cells that are not applicable, you can enter "NA" to pass the progress indicator.

2

CATEGORY 4 PROJECT INFO	
Provider Name:	Uvalde Memorial Hospital
TPI:	121782003
Number of IGT Entities:	1

3

DY3 - CAPABILITY TO REPORT	
Reporting Domain:	Capability to Report
Estimated DSRIP:	\$ 70,298.45
IGT Needed:	\$ 29,040.29
Achievement Value April Reporting:	100.0%
Estimated April Reporting Payment:	\$ 70,298.45
Remaining After April Reporting:	-

Milestone Description: Status report submitted to HHSC confirming system capability to report Domains 3.

Submission to HHSC of status report that describes the system changes the hospital is putting in place to prepare to successfully report Category 4 measures in C

Achieved in April Reporting?	Yes	Supporting Documentation:	121782003 Category 4 Reporting Template.xlsx
April Reporting HHSC Signoff:			
April Reporting HHSC Comments:			

4

CATEGORY 4 IGT ENTITY NAME	IGT TPI	IGT TIN	IGT AFFILIATION NUMBER	IGT ALLOCATION FOR DY3
Uvalde County Hospital Authority	121782003	1741603120 5 000	100-13-0000-00081	\$ 29,040.00

- Progress Indicator:** The progress indicator will show as "Complete" if all required fields for each reporting domain is completed (Achieved in April Reporting, Supporting Attachments).
- Category 4 Project Info:** The Category 4 worksheet is automatically populated with the performing provider name, TPI, and number of IGT Entities.
- Estimated Incentive Payment:** Automatically calculated based on whether or not the reporting domain is reported as achieved in April.
- IGT Entity Info:** Section is automatically populated with the information of the IGT entities associated with the reporting domain.

Category 4 Worksheet (Continued)



DY3 - RD 1	
Reporting Domain:	1 - Potentially Preventable Admissions
Estimated DSRIP:	\$ 70,298.45
IGT Needed:	\$ 29,040.29
Achievement Value April Reporting:	100.0%
Estimated April Reporting Payment:	\$ 70,298.45
Remaining After April Reporting:	\$ -

Milestone Description: NA

Completion of HHSC reporting template on Potentially Preventable Admissions

<p>1 →</p> <p>Achieved in April Reporting?</p> <p>April Reporting HHSC Signoff:</p> <p>April Reporting HHSC Comments:</p>	Yes	Supporting Documentation:	121782003 Category 4 Reporting Template.xlsx	<p>→ 2</p>

CATEGORY 4 IGT ENTITY NAME	IGT TPI	IGT TIN	IGT AFFILIATION NUMBER	IGT ALLOCATION FOR DY3
Uvalde County Hospital Authority	121782003	1741603120 5 000	100-13-0000-00081	\$ 29,040.00

- Achievement: INPUT** – Yes or no for whether or not the reporting domain was achieved. The separate Category 4 reporting template must be completed to report achievement for each of the reporting domains.
- Supporting Documentation: INPUT** – Insert the filename of the supporting documentation (i.e. Category 4 Reporting Template) that will be submitted.

NOTE: All attachments included on the Category 4 worksheet need to also be included in the Attachments worksheet.

DY 3 SUMMARY REPORT WORKSHEET

DY 3 Summary Report Worksheet



Delivery System Reform Initiative (DSRI) Semi Annual Report Table Metric Achievement Summary for DY3															
RHP Region: RHP 6		4		Category 1-3 DSRIP Allocation: \$ 2,987,867.75		3		Category 4 DSRIP Allocation: \$ 351,492.25							
Provider TPI: 121782003				Category 1-3 Estimated Payment: \$ 550,684.32				Category 4 Estimated Payment: \$ 281,193.80							
Provider Name: Uvalde Memorial Hospital				Category 1-3 Remaining DSRIP: \$ 2,437,183.43				Category 4 Remaining DSRIP: \$ 70,298.45							
Category 1 and 2 Projects				Category 3 Outcomes				Category 4 Project							
Totals: \$ 2,811,939.60 \$ 1,161,612.25 \$ 1,447,061.20 \$ 2,367,878.40				Totals: \$ 175,928.15 \$ 72,675.92 \$ 100,000.12 \$ 69,305.03				Totals: \$ 351,492.25 \$ 145,201.45 \$ 281,193.80 \$ 70,298.45							
Project ID	April DY3 DSRIP Allocation	April DY3 IGT Needed	Estimated Payment in April	Remaining April DY3 DSRIP after April Reporting	Outcome ID	Project Link	DY 3 DSRIP Allocation	DY 3 IGT Needed	Estimated Payment in April	Remaining DY3 DSRIP after April	Reporting Domain	DY 4 DSRIP Allocation	DY 4 IGT Needed	Estimated Payment in April	Remaining DY4 DSRIP after April
121782003.2.1	\$ 592,081.60	\$ 244,588.3	\$ 444,061.20	\$ 148,020.40	121782003.3.1	121782003.1.1	\$ 69,305.03	\$ 28,623.91	\$ 69,305.03	\$ -	Capability to Report	\$ 70,298.45	\$ 23,040.23	\$ 70,298.45	\$ -
121782003.1.1	\$ 2,219,858.00	\$ 917,023.3	\$ -	\$ 2,219,858.00	121782003.3.2	121782003.1.1	\$ 69,305.03	\$ 28,623.91	\$ -	\$ 69,305.03	1 - Potentially Preventable Admis:	\$ 70,298.45	\$ 23,040.23	\$ 70,298.45	\$ -
					121782003.3.3	121782003.2.1	\$ 37,318.09	\$ 15,416.10	\$ 37,318.09	\$ -	2 - Potentially Preventable Readm:	\$ 70,298.45	\$ 23,040.23	\$ 70,298.45	\$ -
											4 - Patient Centered Healthcare	\$ 70,298.45	\$ 23,040.23	\$ 70,298.45	\$ -
											5 - Emergency Department	\$ 70,298.45	\$ 23,040.23	\$ -	\$ 70,298.45

- Category 1 and 2 Projects:** Summarizes DSRIP allocation, IGT needed, estimated incentive payment, and remaining DSRIP available based on the progress reported for Category 1 and 2 projects in the template.
- Category 3 Projects:** Summarizes DSRIP allocation, IGT needed, estimated incentive payment, and remaining DSRIP available based on the progress reported for Category 3 outcomes in the template.

Note: For Category 3, the Estimated DSRIP only includes 50% of DY3 Category 3 DSRIP funding for submission of the Category 3 Status Update template. The remaining 50% will be included in October 2014 reporting for submission of baseline information.
- Category 4:** Summarizes Category 4 DSRIP allocation, estimated incentive payment, and remaining DSRIP available.
- Category 1-3:** Summarizes total DSRIP allocation, estimated incentive payments, and remaining DSRIP after reporting.
- Estimated incentive payments:** Automatically calculated based on the progress inputs on each project worksheet.

PROGRESS TRACKER WORKSHEET

Progress Tracker Worksheet



DY 3 April Reporting - Progress Report

Overall Provider Summary

Provided Excecutive Summary?	Complete
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Cat 1 or 2 Project Worksheets

Cat 1 or 2 Project Tab	Complete?
121782003.2.1	Complete
121782003.1.1	Incomplete

Category 4 Reporting

Necessary Inputs Completed:	Complete
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Final Mark

Incomplete

- The user does not need to input any data on this worksheet.
- Providers can use this worksheet to determine if all required input fields have been completed properly within the reporting template.
- The progress will update based on whether or not all of the required inputs have been populated for each project.
 - All of the light yellow cells (that aren't shaded out) in the project worksheets need to have data entered in them, unless specified as optional.
 - For Category 1 and 2, this includes the Project Summary questions, Metric Baseline and Baseline Measurement Period, Achieved in April Reporting, Numeric Goal Progress (if Goal Type is Number or Percentage), Progress Update, and Supporting Attachments.
 - For Category 3, this includes Achieved in April Reporting, Progress Update, and Supporting Attachments.
 - For Category 4, this includes Achieved in April Reporting and Supporting Documentation.
 - **Note:** "Complete" means you have populated the required cells on each template, it is not a reference to the progress on a project (i.e. it will show as Complete regardless of your selection for Achieved in April Reporting of Yes-Completed, No-Partially Complete, or No-Not Started)