Workbook Overview

Anchor Workbook

The *Anchor Workbook* was used to confirm that RHPs met the minimum requirements in the Program Funding and Mechanics Protocol. This included meeting the minimum number of Category 1 and 2 projects (paragraph 11.c); participation of the minimum number of safety net hospitals (paragraph 25.c.v.2) and funding of the minimum amount of DSRIP for nonprofit and private hospitals (paragraph 25.c.v.3) to be eligible for Pass 2; and ensuring the regional allocations were not exceeded. Please refer to the "P1-Checkpoint" tab in the *Anchor Workbook*.

The individual provider workbooks ensured that a Category 1 or 2 project did not exceed the greater of 10 percent of the Performing Provider's Pass 1 allocation or $20 million in total over DYs 2-5 (paragraph 12.e); DSRIP valuation comported with the required distribution across Categories 1-4 in DYs 2-5 (paragraph 25.e); and a provider's allocation was not exceeded. All provider workbooks were imported into the *Anchor Workbook*. The *Anchor Workbook* was coded to import only provider workbooks that met the minimum requirements, i.e. marked as "passing".

The *Anchor Workbook* also calculated allocations for Pass 2 (paragraph 25.d.i, 25d.ii); unused funds after Pass 2, referred to as Pass 3 (25.d.iv); and DY 1 DSRIP payments (paragraph 24). Please refer to the "P1-Pass 2 Allocations", "P2-Pass 3 Allocations" tab, and "DY 1 Table" tabs in the *Anchor Workbook*.

The "RHP Totals" and "Provider Totals" tabs in the *Anchor Workbook* provide summaries of the allocation between UC and DSRIP, Categories 1-4 distribution, and estimated available state match.

All Anchor Workbooks were submitted to HHSC with the full RHP Plan submission by the due date of December 31, 2012.

Workbook Data

The *Workbook Data* contains the information submitted in the *Anchor Workbook* with manual updates based on the RHP's response to HHSC formal feedback and technical corrections (e.g. Project Option entered in workbook did not match Project Option entered in narrative). Note: the IGT tabs reflect the original data submitted in the Anchor Workbooks. HHSC will clean IGT information (e.g. TIN number) prior to processing payments. Below is an overview of each tab:

- "RHP Summary" tab provides a summary of the number of projects across Categories, the DSRIP values for DYs 2-5, and the minimum, maximum, and average DSRIP value in each Category for the RHP.

- "Provider Detail" tab includes the contact information, provider type, ownership type, and whether the provider is a safety net hospital or exempt from Category 4 reporting for each Performing Provider and UC-only provider. (UC-only providers are indicated as "Yes" under the *Opting out of DSRIP?* column) Each row represents one provider.

- "Projects" tab is a summary of the "Provider Detail", "Cat 1&2 Projects", and "Cat 3 Outcomes" tabs. Each row represents one Category 1 or 2 project. The *DSRIP Allocation DY2-5* column provides the allocation for the provider for the applicable pass. Note that non-hospital Pass 1 allocations are regional allocations for the provider type rather than specific to each provider. The *Project as % of Max Allowed* is the value of the project as a percent of the allowable project maximum, the greater of 10 percent of the Performing Provider's Pass 1 allocation or $20 million in total over DYs 2-5. The Category 3 valuation columns indicate the total value for all outcome measures related to the Category 1 or 2 project on the applicable row.

- "Cat 1&2 Projects" tab lists the Category 1 and 2 projects with the Project Option, Pass number, DSRIP value by DY, number of IGT Entities funding the project (*IGTs* column), and the related number of Category 3 Outcomes (*Cat 3 Outcomes* column). Each row represents one Category 1 or 2 project.

- "Cat 3 Outcomes" tab provides the related Category 3 Outcomes for each Category 1 or 2 project with the Outcome Measure, Pass number, DSRIP value by DY, and number of IGT Entities funding the outcome (*Number of IGT Entities* column). Each row represents one Category 3 outcome measure.

- "Cat 4 RDs" tab includes the Category 4 DSRIP value by DY and number of IGT Entities funding Category 4 for each reporting domain. Each row represents one Category 4 reporting domain or the capability to report (DYs 2-3).

- "UC Estimates" tab lists the UC estimates by DY and number of IGT Entities funding UC for hospitals and physician practices. Each row represents one provider. Each provider estimated UC based on their available information and selected methodology. UC payments will be calculated annually using the submitted UC tools and not based on the UC estimates provided in the RHP Plans.

- "Cat 1&2 IGT" tab provides the estimated IGT to fund each Category 1 or 2 project included in the "Cat 1&2 Projects" tab by DY. Each row represents one IGT Entity for a particular Category 1 or 2 project. The *$ for Selected Entity – Total* column is the total estimated state match the IGT Entity will provide for the project.

- "Cat 3 IGT" tab lists the estimated IGT to fund each Category 3 outcome measure included in the "Cat 3 Outcomes" tab. Each row represents one IGT Entity for a particular Category 3 outcome measure. The *$ for Selected Entity – Total* column is the total estimated state match the IGT Entity will provide for the outcome measure.

- "Cat 4 IGT" tab provides the estimated IGT to fund each Category 4 reporting domain or the capability to report included in the "Cat 4 RDs" tab. Each row represents one IGT Entity for a particular Category 4 reporting domain or the capability to report. The *$ for Selected Entity – Total* column is the total estimated state match the IGT Entity will provide for the reporting domain.

- "UC IGT" tab lists the estimated IGT to fund UC included in the "UC Estimates" tab. Each row represents one IGT Entity for a particular provider. The *$ for Selected Entity – Total* column is the total estimated state match the IGT Entity will provide for UC for a particular provider.