

Additional Operational Details for Cat 3 in DY6

Overview

- HHSC updated the Category 3 Summary Work to reflect data reported in April DY5, and include PY3 goals for DY6 achievement milestones for most outcomes. For outcomes that are P4P in DY6, DY6 goals can be identified in the "reporting history" section of the Category 3 Summary tab, or the PFPM section of the Category 3 Summary tab.
- Milestone structure for DY6 is determined by the approved milestone structure for DYs 3 - 5.
- P4P outcomes will continue in DY6 as currently approved, including measure selection and approved subsets. Goals for DY6 will be set using the same baseline used for DY4 and DY5 goal setting.
- Outcomes from DY3- 5 that are replaced by a Population Focused Priority Measure in DY6 will not be reported to HHSC as part of Category 3 reporting in DY6. For example, if a project has a P4R outcome and a PFPM in DY5, the provider will report the PFPM only in DY6 and will not be required to report the P4R outcome, unless otherwise specified.

Measurement Periods for DY6 Achievement Milestones:

- For outcomes that are P4P or Maintenance in DY6 including PFPM outcomes, goals can be achieved in either the standard 12 month Performance Year (PY) 3 that follows your PY2 measurement period used for achievement of DY5 goals, or the 12 month DY6 measurement period, with Carryforward available in the 12 months following the reported PY3 for achievement of DY6 milestone.
 - o Providers opting to use a non-consecutive PY3 measurement period for DY6 achievement will still need to use the standard PY3 measurement period that follows their PY2 measurement period for achievement of any carryforward from DY5 milestones (DY5 AM-2.x or DY5 PFPM's AM-3.x)
- For outcomes that are P4R in DY6, PY3 will be the 12 months following the measurement period used for reporting PY2.

Partial Payment in DY6:

- Partial payment for DY6 milestones AM-3.x will be measured as the percentage of improvement between the PY1 goal and the PY3 goal as defined in the Transition Year section of the PFM.
- **PY1 Goal Equivalent:** For outcomes that do not have a PY1 goal (outcomes using a DY4 baseline, PFPM outcomes) and outcomes where the DY6 goals are not a continuation of the methodology used for setting PY1 goals (QISMC outcomes with a DY6 goal set using the improvement floor formula, possibly IOS-Survey goals when methodology is determined), partial payment will be measured as the percentage of improvement between a PY1 goal equivalent and the PY3 goal.
 - o For outcomes that do not have a PY1 goal (DY4 baseline, PFPM outcomes), the PY1 goal equivalent is determined using the same calculations for a standard outcome PY1 goal (5% IOS, 10% QISMC).
 - o For outcomes with a DY6 goal set using the improvement floor, the PY1 goal equivalent is baseline plus 4% of the difference between the MPL and HPL
 - The PY1 goal equivalent, if needed, can be identified in in the "Goal and Achievement Calculator" tab of the Cat 3 summary workbook by entering the baseline numerator and denominator.

Calculator for PFPM

Rate Part 1 of 1						
	Numerator	Denominator	Baseline Rate		DY5 AM-3.1 Goal	DY6 AM-3.1 Goal
Baseline	50	100	0.5000	NA	0.5500	0.5625
*PY1 equivalent goal for DY6 AM-3.1 partial achievement is 0.5250						
	Numerator	Denominator	Performance Rate		DY5 AM-3.1 % of Goal Achieved	DY6 AM-3.1 % of Goal Achieved
NA						
Performance Year 2						
Performance Year 3*						
Performance Year 4						

Goal Calculation Details:

DY6 goals for most outcomes are included in the current update of the Category 3 Summary Workbook, following the methodology outlined in the Transition Year section of the PFM

- **QISMC** - DY6 goal setting method for QISMC outcomes includes a standardized improvement floor for outcomes with a baseline near the HPL. This is intended to clear up current grey areas for outcomes with baselines close to or above the High Performance Level (HPL)
 - For outcomes with a baseline between the Minimum Performance Level (MPL) and HPL, DY6 goals are the greater absolute value of improvement of a 25% gap closure towards the HPL, or baseline + 10% of the difference between the HPL and MPL.
 - For outcomes with a baseline above the HPL, goals are the lesser absolute value of improvement of a 12.5% gap closure towards perfect, or baseline + 10% of the difference between the HPL and MPL.

QISMC - PY3 Goal Setting for Category 3 P4P Outcomes		
Direction	Baseline	PY3 Goal
Positive (higher rates indicate improvement)	Below the MPL	$MPL + .15*(HPL - MPL)$
	Between MPL & HPL	the greater of: baseline + $.25*(HPL - \text{baseline})$ or baseline + $.10*(HPL - MPL)$ †
	Above the HPL	the lesser of: baseline + $.10*(HPL - MPL)$ † baseline + $.125*(1 - \text{baseline})$
Negative (lower rates indicate improvement)	Above the MPL	$MPL - .15*(MPL - HPL)$
	Between MPL & HPL	the lesser of: baseline - $.25*(\text{Baseline} - HPL)$ or baseline - $.10*(MPL - HPL)$ †
	Below the HPL	the greater of: baseline - $.10*(MPL - HPL)$ † baseline - $.125*(\text{baseline})$
† goal set using the improvement floor calculation		

- This may result in lower DY6 goals for outcomes with a baseline above the HPL, and higher goals for outcomes with a baseline below the HPL, eliminating the "notch effect" where a baseline above the HPL results in a greater value of improvement compared to a baseline below the HPL.
- DY6 goals set using the improvement floor can be identified in the "Goal and Achievement Calculator" tab of the Cat 3 summary workbook by entering the baseline numerator and denominator. In the example below, the provider had a baseline just above the HPL and DY4 and DY5 goals were calculated using the IOS methodology (DY5 goal = $\text{Baseline} + .10*(1 - \text{Baseline})$). The DY6 goal is set using the improvement floor (DY6 goal = $\text{baseline} + .10*(HPL - MPL)$) resulting in a slightly lower DY6 goal. Because the DY6 goal is set using the improvement floor, the PY1 goal equivalent for partial payment is also identified.

Rate Part 1 of 1						
	Numerator	Denominator	Baseline Rate	PY1 AM-1.1 Goal	PY2 AM-2.1 Goal	PY3 AM-3.1 Goal
Baseline	76	100	0.7600	0.7720	0.7840	0.7790
				*PY1 equivalent goal for DY6 AM-3.1 partial achievement is 0.7676		*improvement floor goal
	Numerator	Denominator	Performance Rate	AM-1.1 % of Goal Achieved	AM-2.1 % of Goal Achieved	AM-3.1 % of Goal Achieved
Performance Year 1						
Performance Year 2						
Performance Year 3*						
Performance Year 4						

- **IOS** - Goals are a 12.5 percent gap closure towards perfection over baseline.

IOS - PY3 Goal Setting for Category 3 P4P Outcomes	
Direction	PY3 Goal
Positive	baseline + .125*(perfect - baseline)
Negative	baseline -.125*(baseline)

- **IOS – Survey** - (survey based outcomes in ODs 10 and 11)

IOS - Survey - PY3 Goal Setting for Category 3 P4P Outcomes		
Direction	Reporting Scenario	PY3 Goal
Positive	Scenario 1 (Pretest/Posttest Baseline)	Posttest baseline + .125*(posttest baseline - pretest baseline)
	Scenario 2 (Pretest Baseline) & Scenario 3 (Average Score)	Baseline + .125*(max score - baseline)
Negative	Scenario 1 (Pretest/Posttest Baseline)	Posttest baseline - .125*(pretest baseline - posttest baseline)
	Scenario 2 (Pretest Baseline) & Scenario 3 (Average Score)	Baseline - .125*(baseline - min score)

Alternate Achievement Requests

- Providers with a currently approved alternate achievement request will submit a new request for DY6. Goals for DY6 should build on previously approved goals and take into consideration achievement reported to date.
- For QISMC outcomes with a baseline below the MPL, HHSC will allow new alternate achievement request to use the IOS calculation (12.5% gap closure) for DY6 only. This is in line with initial DY3-5 policies where providers could request at baseline submission an alternate achievement level for a QISMC outcome if the population measured is disparate compared to the population used to establish benchmarks. Benchmark sources are identified in the Category 3 compendium for a given outcome.
- Providers will submit Alternate Achievement Requests to anchors, and anchors will submit to HHSC on September 9th. HHSC will distribute a form later in August.

Population Focused Priority Measures

- PFFM goals will be calculated the same as Cat 3 outcomes, with the same rules for DY6 achievement milestone measurement periods. Partial achievement for DY6 achievement milestones will be measured over a PY1 equivalent goal.
- To reduce confusion, HHSC is referring to the first year following the PFFM baseline as PY2 so that for both primary Cat 3 outcomes and PFFM outcomes, PY2 is used to report achievement of DY5 milestones, and PY3 is used to report achievement of DY6 milestones. This is reflected in the updated Category 3 Summary Workbook.

Final Selection PFP ID	PFP Measure Description	Related Cat 3 Outcome	Related Cat 3 Outcome Title	Methodology
PPR.1	Risk Adjusted CHF PPR	IT-3.3	Risk Adjusted Congestive Heart Failure (CHF) 30-day Readmission Rate	IOS
PPR.2	Risk Adjusted DM PPR	IT-3.5	Risk Adjusted Diabetes 30-day Readmission Rate	IOS
PPR.3	Risk Adjusted BH/SA PPR	IT-3.15	Risk Adjusted Behavioral Health /Substance Abuse 30-day Readmission Rate	IOS
PPR.4	Risk Adjusted Pediatric Asthma PPR	IT-3.21	Risk Adjusted Pediatric Asthma 30-day Readmission Rate	IOS
PPR.5	Risk Adjusted Chronic Obstructive Pulmonary Disease Related PPR	IT-3.17	Risk Adjusted Chronic Obstructive Pulmonary Disease (COPD) 30-day Readmission Rate	IOS
PPR.6	Risk Adjusted Cerebrovascular Accident (Stroke) Related PPR	IT-3.13	Risk Adjusted Stroke (CVA) 30-day Readmission Rate	IOS
PPR.7	Risk Adjusted Acute Myocardial Infarction (AMI) Related PPRs	IT-3.9	Risk Adjusted Acute Myocardial Infarction (AMI) 30-day Readmission Rate	IOS
PPR.8	Risk Adjusted Angina and Coronary Artery Disease related PPR	IT-3.11	Risk Adjusted Coronary Artery Disease (CAD) 30-day Readmission Rate	IOS
PPR.10	Risk Adjusted Renal Failure Related PPR	IT-3.7	Risk Adjusted Renal Disease 30-day Readmission Rate	IOS
PPR.12	Risk Adjusted All Cause PPR	IT-3.22	Risk Adjusted All-Cause Readmission	IOS
CMHC.1	Follow-up after hospitalization for mental illness (7-day follow-up)	IT-1.18	Follow-Up After Hospitalization for Mental Illness	QISMC
CMHC.2	Follow-up care for children prescribed ADHD medication	IT-11.6	Follow-up Care for Children Prescribed ADHD Medication (ADD)	QISMC
CMHC.3	Antidepressant Medication Management - Effective Acute Phase Treatment	IT-1.19	Antidepressant Medication Management	QISMC
CMHC.4	Depression Remission at 12-months	IT-1.9	Depression management: Depression Remission at Twelve Months	IOS
CMHC.5	Adherence to Antipsychotic Medications	IT-11.5	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	IOS
CMHC.6	Depression Management: Screening and Treatment Plan for Clinical Depression	IT-1.8	Depression management: Screening and Treatment Plan for Clinical Depression	IOS
PP.1	Medication Management for People with Asthma	IT-1.31	Medication Management for People with Asthma (MMA)	IOS
PP.2	Follow-up Care for Children Prescribed ADHD Medication	IT-11.6	Follow-up Care for Children Prescribed ADHD Medication (ADD)	QISMC
PP.4	Heart Failure Admission Rate	IT-2.2	Risk Adjusted Congestive Heart Failure (CHF) Admission rate	IOS

PP.6	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	IT-1.29	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	QISMC
PP.7	Adult Body Mass Index (BMI) Assessment	IT-1.21	Adult Body Mass Index (BMI) Assessment	QISMC
PP.8	Immunization Status for Adolescents	IT-12.8	Immunization for Adolescents-Tdap/TD and MCV	QISMC
PP.9	Prenatal and Postnatal Care	IT-8.1	Timeliness of Prenatal/Postnatal Care	QISMC
PP.10	Live Births Weighing Less than 2,500 grams	IT-8.2	Percentage of Low Birth- weight births	IOS
PP.11	Cesarean Rate for Nulliparous Singleton Vertex	IT-8.6	Cesarean Rate for Nulliparous Singleton Vertex	IOS
PP.12	Annual Percentage of Asthma Patients 2 Through 20 Years Old with One or More Asthma-related Emergency Room Visits	IT-9.4.h	Pediatric/Young Adult Asthma Emergency Department Visits	IOS

Note: Providers can select to report on a Potentially Preventable Admission rate for all-causes or for a specific diagnosis with prior approval from HHSC.

Stretch Activity Options

- Providers with a P4R outcome and Stretch Activity in DY5 will select a new Stretch Activity for DY6 that does not duplicate their selection for DY5. Stretch activities for DY6 are outlined in the Transition Year section of the PFM. Alternately, providers may select a PFPM outcome that will replace the P4R outcome and the Stretch Activity in DY6.
 - o This PFPM outcome may duplicate a currently selected PFPM. Or
 - o This PFPM outcome may be a new selection from the PFPM menu. For new PFPM outcomes for DY6, the recommended baseline measurement period is DY4 (10/01/2014 - 09/30/2015). The PY3 measurement period associated with DY6 milestone AM-3.1 would be DY6 (10/01/2016 - 09/30/2017), with carryforward of partial achievement in DY7 (10/01/2017 - 09/30/2018).
- Providers will submit their stretch activity selection for DY6, or their replacement PFPM to their Anchors, and Anchors will submit selections, along with responses to HHSC feedback to the DY6 participation template on September 9th. HHSC will provide anchors with a stretch activity selection template later in August.

DY6 Category 3 Stretch Activities	
Activity	Description
SA-3: Program Evaluation	Submission of a report evaluating one or more aspects of the project intervention and its outcomes. The program evaluation may include a quantitative and/or qualitative analysis of the project. Providers have discretion in determining the components and framework of the program evaluation. The end product/output should be beneficial and useful to the provider. Providers will submit the final program evaluation along with a one-page HHSC coversheet that includes fields for providers to input provider/project information and respond to qualitative questions related to the program evaluation.
SA-7: New Participation or Improvement in Health Information Exchange	Demonstration of new participation in a community-based HIE program (such as the Local HIE Program or the Texas White Space Program), or demonstration of improvements or enhancements in the use of health information exchanges (HIE). Providers will submit a report detailing one or more of the following: <ul style="list-style-type: none"> o Participation activities

	<ul style="list-style-type: none"> ○ Partnerships developed (i.e. treating physicians, hospitals, healthcare payers, and other health care providers involved in the care of the patient and exchange of health-related information) ○ The impact to the provider's data infrastructure and the usefulness of data ○ System improvements (specifically how involvement improved data infrastructure and reporting capabilities) ○ The number of times a portion (such as medication history) or all of a patient's health record was either received or transmitted by a practice for the purpose of care (this could include pre and post HIE-participation or improvement) ○ Detailed plans for further enhancement <p>For additional details on HIE, please visit the following websites: http://www.hietexas.org http://linktexas.healthcare/</p>
SA-9: Cost-Benefit analysis of Project to move towards Value-based purchasing plan	Submission of cost-benefit analysis (CBA) or return-on-investment analysis of the project. Costs could include, but would not be limited to, costs associated with ongoing overhead needs, staff/labor, supplies and equipment costs. Savings/benefits could include, but would not be limited to, reduced utilization of healthcare services and improved health outcomes. The CBA or ROI would function as a way to demonstrate that a project is a worthwhile investment to payors (MCOs, community, health systems etc...) to include as a value-based service.

Measure Specification for DY6

- HHSC does not intend to update the reporting companion at this time, but can issue additional guidance on specific measures if widely requested. Our guidance on the ICD-9 to ICD-10 transition is the same as in the past (copied below).
 - HHSC will not be updating the compendium with new ICD-10 codes and we do not plan to issue a code crosswalk specific to DSRIP Category 3. We ask providers (and Myers and Stauffer when relevant) to treat this as an instance where providers are using their best clinical judgment and then maintaining documentation of those clinical judgments and consistency throughout reporting periods. In this case, we would allow providers to use whatever guidance/crosswalks they are applying system-wide for the transition (for example, CMS GEMs 2016). Please notify HHSC if you identify a specific instance where the transition may make comparison between measurement periods invalid.