

April DY4 Reporting for Category 3 & 4

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- **Category 3**
 - Overview- framework and performance goals
 - Reporting baselines in DY4
 - Performance reporting in DY4
 - Partial achievement and carry forward
 - Special scenarios
- **Category 4**
 - Overview- reporting domains
 - Performance reporting in DY4

Category 3 Overview

Category 3 Timeline

March 2014

- Providers selected Category 3 Outcomes

October 2014

- Providers submitted Cat 3 baselines
 - 6 - 12 months of baseline data required (with a few exceptions)
 - Measurement periods could start as early as 01/01/2012 and end no later than 09/30/2014

February 2015

- HHSC notified providers of initial baseline review status (approved or Technical Assistance/Baseline Clarification required)
- HHSC began outreach to providers flagged for TA/Baseline Clarification

April 2015

- Providers continue to report outstanding baselines
- Projects with confirmed baselines begin reporting improvement results

Milestones Reported in DY4

- ***PM-10 Successful reporting to approved measure specifications***
- ***AM-1.x Achievement of DY4 Performance Goal (P4P outcomes only)***

Milestones carried forward from DY3:

- ***PM-8 Submission of Cat 3 DY3 Status Report***
- ***PM-9 Validation and submission of baseline performance***

AM 1.x - P4P Outcomes with Multiple Components/Rates

- For those outcomes with multiple components or parts, these distinct parts are designated as AM-1.1, AM-1.2..AM-1.x. in DY4 and AM-2.1, AM-2.2...AM-2.x in DY5.
- These components can be achieved and carried forward independently from each other so they are broken into distinct milestones.

Example for DY4:

- IT-1.18: Follow-Up After Hospitalization for Mental Illness
 - AM-1.1: 7 follow-up
 - AM-1.2: 30 day follow-up

April DY4 Reporting Templates

- Templates for Category 3 April DY4 reporting are posted here:
<http://www.hhsc.state.tx.us/1115-Waiver-Guideline.shtml>
 - For milestone *PM-8* use
 - DY3 Status Update Template
 - For milestone *PM-9* use
 - Carryforward Baseline Template
 - For milestones *PM-10* and *AM-1* use
 - DY4 Performance Reporting Template
 - To report baselines for PFP measures (with DY3 or DY4 baseline period) use
 - PFP Baseline Template
- Additional supporting documentation should not be uploaded to the online reporting system, but should be maintained for audit purposes.

Category 3 Payment Framework

DY	P4P outcome measures	P4R outcome measures
DY 4	50% Reporting (PM-10) 50% Achievement of DY4 goal (AM-1.x)	100% Reporting (PM-10)
DY 5	100% Achievement of DY 5 goal (AM-2.x)	50% Reporting (PM-10) 50% Achievement of population-focused priority (AM-3) measure or stretch activity (PM-11)

Standard DY4 and DY5 Target (goal) Setting- QISMC

QISMC methodology

- High performance levels (HPL) are 90th percentile
- Minimum Performance Levels (MPL) are 25th or 10th percentile (Based on state or national benchmarks as identified in the compendium)

Baseline Rate	DY4 and DY5 Improvement Target
At or above MPL	Improvement Target is a 10% gap reduction between baseline and HPL in DY 4 and 20% in DY 5.
Below MPL	Improvement Target is MPL in DY 4 and 10% gap reduction between MPL and HPL in DY 5.
Above HPL	The provider works with HHSC to establish DY4 and DY5 achievement goals

Standard DY4 and DY5 Target Setting- IOS

- Improvement Over Self (IOS)
 - 5% gap closure towards perfection in DY4
 - 10% gap closure towards perfection in DY5
- Improvement Over Self (IOS) for Tools
 - Scenario 1 - DY4 and DY5 improvement targets are based on observed pretest/posttest change score in DY3.
 - Scenario 2 – Baseline is average pretest scores in DY3, with DY4 posttest scores at 5% improvement in total point value over DY3 pretest, and DY5 posttest scores at 10% improvement in total point value over DY3 pretest scores.
 - Scenario 3 – Baseline is average score in DY3, with a DY4 5% improvement in total point value over DY3 baseline, and DY5 10% improvement in total point value over DY3.

Baseline Technical Assistance Update

- In February, HHSC completed the initial review of all baselines submitted in October DY3
- Of the 1800 baselines reported in October DY4, approximately 700 of those baselines required additional clarification or TA
 - HHSC has also been working with those providers who self identify with baseline concerns (e.g., errors in abstraction process)
- Baseline TA was prioritized for those outcomes eligible to report in April of DY4.
- HHSC flagged some outcomes for Technical Assistance for the following reasons
 - High Performing baselines
 - Small denominator volume baselines
 - Baseline interpretation/abstraction process clarifications
- To date, 52% of TA flags have been resolved.

Baseline Technical Assistance Update, 2

- TA will continue through the summer so that all providers are able to report performance in October of DY4
- HHSC sent a regional summary of baseline status (pending TA, approved or not yet reported) as well as confirmed DY4/DY5 improvement targets (goals) to Anchors this week.
- Moving forward, HHSC will contact providers to initiate the process for those measures identified as needing TA.
- Once baseline concerns are resolved, providers will be notified of their DY4 and DY5 improvement targets for measures with a confirmed baseline.
- During April, providers with approved baselines will receive a summary document describing outcomes selected, approved subsets, milestone values, baseline performance and DY4/DY5 improvement targets.

Other Anticipated TA Needs

- Providers that reported a baseline using a proxy population and historical measurement period (e.g. DY2) with resulting DY4&5 measurement periods needing to be adjusted from the standard
- P4P outcomes with sufficient volume (>30) at baseline but did not meet minimum volume during DY4
- Measure specifications are being updated nationally and provider is not able to report the measure to specifications as described in the compendium (e.g. CAUTI rates) creating a disconnect between baseline and DY4/DY5 performance
- Baseline or DY4 Performance template concerns
- Submit questions/concerns to and ensure subject line clearly details the issue: TXHealthcareTransformation@hhsc.state.tx.us



Reporting Baseline in April DY4

Reporting Baselines in DY4

- *PM-9 Validation and submission of baseline performance*
 - While October DY4 is the last opportunity to earn funds for PM-9, providers are strongly encouraged to submit any outstanding baselines in April DY4.
 - HHSC is asking for at least one reporting period between baseline submission and DY4 performance reporting, to ensure that baselines are accurate and to allow time for DY4/DY5 improvement targets to be established

Reporting Baselines in DY4, continued

Providers reporting *PM-9: Baseline Submission* in DY4 will use the Carryforward Baseline Template

- Only projects that are reporting baselines in DY4 are included in this template
- Certification is still required

There are two scenarios under which a provider will submit a Cat 3 Baseline in DY4:

1. Reporting *PM-9* with a standard baseline measurement period
 - Baseline ends no later than 09/30/2014
2. Reporting *PM-9* with a DY4 baseline measurement period
 - Baseline measurement period ends after 09/30/2014

PFP Baseline Submission

- **Outcomes with a Population Focused Priority (PFP) Measure need to submit a baseline no later than **April DY5****
- Baselines must be reported and confirmed by HHSC before provider can report DY5 PFP milestone AM-3.1
- Baseline measurement period for PFP measures must be DY3 (10/1/2013 – 09/30/2014) or DY4 (10/1/2014 – 09/30/2015).
- PFP Baseline must contain a full 12 months of data.
- Improvement measurement period is DY5 (10/1/2015 – 09/30/2016)
- Providers should submit PFP baselines using the [PFP Baseline Template \(PDF\)](#)
 - Partial Payment and carry forward does apply for these DY5 milestones (*AM-3.1- Achievement of DY5 PFP goal*)

Tips for Successful Baseline Reporting

- Providers should ensure clarity in abstraction and interpretation qualitative response sections
 - HHSC is looking at these comments to confirm that measure specs and approved subsets are followed, and that the rate reported is the rate intended.
 - Clearly describe your understanding of the rate reported. IF the baseline template formatting does not align with the outcome format, describe the baseline in terms of what the resulting rate means
 - Outcomes with unclear descriptions of their numerator/denominator and baseline interpretation may result in a delay in confirming baseline

Baseline Review Process for CF

- Baselines submitted in DY4 will go through a similar review process as baselines submitted in DY3.
- Providers will be notified in June 2015 of baselines that are approved, and baselines that require technical assistance.
- Providers cannot report DY4 performance (*PM-10* and/or *AM-1.x*) until baseline is approved.

Reporting DY4 Performance

Measurement Periods

- Providers only report DY4 and DY5 performance once per year for P4P and P4R outcomes.
- DY4 and DY5 measurement periods are anchored by the selected baseline measurement period
 - DY4 measurement period is 12 months immediately following baseline measurement period
 - DY5 measurement period is 12 months immediately following DY4 measurement period

DY4 Reporting Eligibility

- *PM-10: Reporting to measure specifications (P4R and P4P outcomes)*
 - Reporting to “specifications” requires a full 12 month measurement period so this milestone can only be reported once annually
- *AM-1.x: Achievement of DY4 performance goal (P4P outcomes only)*
 - Reported concurrently with PM-10

DY4 performance can be reported in April if the following conditions are met:

1. Baseline is approved (no TA pending)
2. The DY4 measurement period ends by 03/31/2015

Reporting PM-10 and AM-1.X

- For both P4P and P4R measures, *PM-10* is achieved by submitting the DY4 Performance template.
- Template is organized at the provider level
- Certification is required in DY4
- Template provides instructions for reporting in the online reporting system at the Cat 3 milestone level (*PM-10* and *AM-1.x*).
- In the online reporting system, attach the completed template to *PM-10* for first project appearing in template, reference this project in progress updates for subsequent projects
 - **Do not submit more than one template per provider**
 - **Do not submit additional documentation**

Survey/Tool Reporting Scenario in DY4 (OD-10 & 11)

- Reporting scenarios were selected at baseline.
- Changing reporting scenarios requires technical assistance and re-reporting baseline.

In DY4, providers should report:

- Scenario 1: Average posttest score only
- Scenario 2: Average posttest score only.
- Scenario 3: Average score OR average posttest score
 - For Scenario 3, please indicate if you are reporting posttest scores in response to the “changes or improvements to your tool administration process as reported at baseline” qualitative prompt.

Online Reporting System

- In the online reporting system on the Category 3 tabs providers will indicate milestone achievement status for all milestones appearing in DY4.
 - Achieved
 - Not Started (default)
 - Partially Achieved
- DY4 performance template will clearly tell providers what status should be reported for *PM-10* and *AM-1.x* milestones

What could result in an NMI

- Reported measurement period does not align with DY4 approved measurement period
- Template not complete
- Achievement status mismatch between Template and Online reporting system
- Certification incomplete
- Template not submitted
- More than one template submitted per provider (TPI)
- Not providing a metric level progress update in the online reporting system

Tips for DY4 Performance Reporting

- Review and use the DY4 Performance Template instructions when populating the template
- Consistency in measurement processes year to year is critical to understanding changes in outcome performance.
 - If there are changes in the data collection or abstraction process from the previous year describe these changes, the reason for the change and the potential effects on performance due to this change (if any) in the qualitative fields of the template.
- Respond to the qualitative questions in the template thoughtfully and clearly.
 - HHSC uses these responses to understand how the data was collected and identify situations where TA may be needed.

Category 3 Partial Payment

Category 3 Partial Payment, 2

- Providers may receive partial payment for making progress towards, but not fully achieving, an eligible P4P outcome improvement target (AMs).

Achievement Reported	Payment
100% Achievement	Full Value
At least 75 % achievement	Value x .75
At least 50% achievement	Value x .5
At least 25% achievement	Value x .25
Less than 25% achievement	No Payment

Partial Achievement and Carry forward

Critical Concept

- For Category 3 outcomes, carrying forward performance means shifting the unachieved portions of an improvement target to the next 12 month measurement period
 - These unachieved portions of DY4 goals will be automatically carried forward to the DY5 measurement period
 - In DY5, provider will report performance for the full 12 months measurement period during which time the carried forward portions of the DY4 goal AND the DY5 goals may be achieved
 - Because the DY4 measurement period is predetermined, providers' decision to report in April or October will have no affect on the performance rate reported (i.e., the same DY4 performance will be reported irrespective of when it is reported).

AM-1.x: Determining Percent of Goal Achieved

- Within the DY4 Performance Template providers will report numerator, denominator and responses to qualitative questions.
- The template will calculate the DY4 performance rate and the percentage of goal achieved. This percentage of goal achieved is used to determine partial payments.

DY4 % of goal achieved =

(performance – baseline) / (goal – baseline)

Partial Payment Example

EXAMPLE PROJECT (P4P, IOS)

Baseline measurement period:	01/01/2013 – 12/31/2013
Approved baseline:	.5000 (50%)
DY4 Improvement Target	.5250 (52.50%)
DY5 Improvement Target	.5500 (55.00%)

DY	Milestone	AM-X.1 Valuation	Achievement Reported	Improvement Target	Incremental payment	Total AM milestone payment
DY4	AM1.1	\$10,000	25% achievement	.5063	\$2,500	=.25*AM-1.1 = \$2500
			50% achievement	.5125	+ \$2,500	=.5*AM-1.1 = \$5000
			75% achievement	.5188	+ \$2,500	=.75*AM-1.1 = \$7500
			100% achievement	.5250	+ \$2,500	=1*AM-1.1 = \$10,000
DY5	AM2.1	\$40,000	25% achievement	.5313	\$10,000	=.25*AM-2.1 = \$10,000
			50% achievement	.5375	+10,000	=.5*AM-2.1 = \$20,000
			75% achievement	.5438	+10,000	=.75*AM-2.1 = \$30,000
			100% achievement	.5500	+10,000	=1*AM-2.1 = \$40,000

Partial Payment Example, 2

EXAMPLE PROJECT IT (P4P, IOS)

Baseline measurement period:	01/01/2013 – 12/31/2013
Approved baseline:	.5000
DY4 Improvement Target	.5250
DY5 Improvement Target	.5500

DY	Measurement Period	Achieved	Performance results
DY4	01/01/2014 - 12/31/2014	.5150 <ul style="list-style-type: none"> - 3% improvement over DY3 baseline - 60% of DY4 goal achieved (.015/.025) 	<ul style="list-style-type: none"> - 50% of DY4 incentive payment received for AM-1.1 - 50% of DY4 incentive payment for AM-1.1 is carried forward to DY5
DY5	01/01/2015 - 12/31/2015	.5500 <ul style="list-style-type: none"> - 10% achievement over DY3 baseline - 100% of DY4 goal achieved - 100% of DY5 goal achieved 	<ul style="list-style-type: none"> - Remaining 50% of DY4 incentive payment for AM-1 received as DY4 carryforward goal is achieved - 100% of DY5 incentive payment received for AM-2.1

Partial Payment Example, 3

DY4

- 50% of DY4 incentive payment earned for AM-1.1
- 100% of DY4 incentive payment earned for PM-10

DY5:

- Remaining 50% of DY4 incentive payment earned for AM-1.1 as DY4 carry forward achieved
- 100% of DY5 incentive payment earned for AM-2.1

DY	Milestone	AM-X.1 Valuation	Achievement Reported	Improvement Target	Payment	Total AM Payments
DY4	AM1.1	\$10,000	25% achievement	.5063	\$2,500	Provider received \$5,000 for AM1.1 in DY4 and \$10,000 for PM-10
			50% achievement	.5125	+ \$2,500	
			75% achievement	.5188	+ \$2,500	Provider received \$5,000 for AM-1.1 and \$40,000 for AM-2.1 in DY5
			100% achievement	.5250	+ \$2,500	
DY5	AM2.1	\$40,000	25% achievement	.5313	\$10,000	
			50% achievement	.5375	+10,000	
			75% achievement	.5438	+10,000	
			100% achievement	.5500	+10,000	

Non-Standard Achievement Scenarios

In some cases, providers were not able to obtain baseline data by October of DY3 and received approval from HHSC to use DY4 data to establish a baseline for P4P outcomes. The milestone/goal structure for these cases is as follows:

- **DY4 (April):** Submit Carryforward Baseline Template with all data available to date for successful achievement of:
 - *PM-9 Baseline submission*
- **DY4 (October):** Submit DY4 Baseline Template for successful achievement of:
 - *PM-10- Successful reporting to measure specifications –100% of DY4 allocation*
- **DY5 (October):** Submit DY5 Performance Template for successful achievement of:
 - *AM-2.x- Achievement of DY5 performance goal- 100% of DY5 allocation*
 - Goal is set as 20% gap reduction for QISMC outcomes or 10% gap reduction for IOS outcomes relative to performance submitted in Oct DY4 * eligible for partial payment and carry-forward

High Performing Baselines

In some cases providers reported baseline performance that did not allow for continued improvement. Below is a description of the milestone and goal structure for these cases

DY4: Submit DY4 Performance Template for successful achievement of

- *PM-10: Successful reporting to measure specifications* – 50% of DY4 allocation
- *PM-12: Sustain high performance level* -50% of DY4 allocation *partial payment no longer eligible

DY5: Submit DY5 Performance Template for successful achievement of:

- PM-12: Sustain high performance level -50% of DY5 allocation
- AM-3.1: Successful achievement DY5 performance goals for alternate outcome- 50% of DY5 allocation
 - Partial payment applies and alternate measure may be selected from Cat 3 menu or PFP with goals set at DY5 thresholds of 20% for QISMC or 10% for IOS

OR (if alternate measure is not feasible)

- PM-11: Successful achievement of Stretch Activity (SA.3)- 50% of DY5 allocation

April DY4 Reporting Templates Recap

- All templates that could be needed to report achievement for Category 3 milestones in April DY4 are posted here:
<http://www.hhsc.state.tx.us/1115-Waiver-Guideline.shtml>
- For milestone *PM-8* use
 - [DY3 Status Update Template](#)
- For milestone *PM-9* use
 - [Carryforward Baseline Template](#)
- For milestones *PM-10* and *AM-1* use
 - [DY4 Performance Template](#)
- To report baselines for PFP measures (with DY3 or DY4 baseline period) use
 - [PFP Baseline Template](#)
- Additional supporting documentation should not be uploaded to the online reporting system, but should be maintained for audit purposes.

DY4 Performance Template Demonstration

Category 4

Category 4 Reporting

- Category 4 has six reporting domains (RDs).
- The measurement period for RDs 1, 2, & 3 is CY 2013
- In DY3 providers selected a 12 month measurement period of their choosing for RDs 4, 5, & 6. The DY4 measurement period is the 12 months immediately following the end of the selected DY3 measurement period.
- Reporting Domains with a 12 month DY4 measurement period that ends on or before 03/31/2015 may be reported in either April or October 2015.
 - All RDs 1 – 3 are eligible for April reporting.
- Reporting Domains with a 12 month DY4 measurement period that ends after 03/31/2015 and before 09/30/2015 may be reported in October 2015 only.
- There is no carryforward for Category 4

RD-1 - Potentially Preventable Admissions

RD-2 - 30-day Readmissions

RD-3 - Potentially Preventable Complications

- HHSC sent individual PPE reports to each hospital provider via email on April 3rd. Providers should contact the Transformation Waiver mailbox at TXHealthcareTransformation@hhsc.state.tx.us if they have not received their PPE reports.
- Reports are for CY2013 and reflect Medicaid only claims
- New to the CY2013 reports: reports clearly identifies all TPIS used to generate the reported rates
- Some providers will receive fewer than three reports. Anchors will have a list of which providers should receive which reports.
- Providers will confirm receipt of reports in the DY4 Category 4 Template

- **RD-4 – Patient Centered Healthcare**
 - For Patient Satisfaction, providers will report the percentage of survey respondents who choose the most positive, or “top-box” response for the measures listed in the April DY3 Companion Document.
 - For Medication Management, providers will report on NQF measure 0646 including the facility’s specific numerator, denominator, and facility rate.
 - The exception for medication management will continue in DY4 and DY5, but providers will check a box in the DY4 template, instead of reporting a 0.
- **RD-5 – Emergency Department**
 - Providers will report on admit decision time to ED departure time for admitted patients based on the specifications defined in National Quality Forum Measure 0497.
- **Optional RD-6 – Initial Core Set of Health Care Quality Measures**
 - Providers are to report, at a minimum, the same measures reported in DY3.
 - HHSC has confirmed with CMS that providers may report to the same specs determined in DY3.
 - RD6 may be subject to compliance monitoring.

Qualitative Questions in DY4

RDs 1-6 being reported require responses to qualitative questions included in the Category 4 reporting template.

Not providing a qualitative response for an RD being reported will result in an NMI and payment delays.

Category 4 Template Update

The Category 4 reporting template has been updated for DY4

- All RDs are in a single tab
- RHP and TPI selected from a dropdown
- Providers will indicate which RDs are being reported in a given reporting period
- RDs that are not eligible for April reporting will not be visible.
- Providers will confirm receipt of PPE reports, and will not need to provide the quantitative rates
- Structured fields added for reporting optional Medicaid only rates for RDs 4 - 6

Template Demonstration

Waiver Communications

- Find updated materials and outreach details:
 - <http://www.hhsc.state.tx.us/1115-waiver.shtml>
- Submit all questions to:
 - TXHealthcareTransformation@hhsc.state.tx.us

Category 3 & 4 Q&A
