



April DY4 Reporting: DSRIP Reporting of Quantifiable Patient Impact (QPI)

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Overview of QPI

Purpose of QPI

- QPI = Quantifiable Patient Impact
- QPI metrics are intended to capture the additional individuals served or encounters provided in a given year as a result of the DSRIP project (compared to the service volume that would have been provided had the DSRIP project not been implemented).
- QPI metrics are important to help show the impact of DSRIP on healthcare access and quality in Texas, particularly for Medicaid and low-income uninsured individuals.

Pre-DSRIP Baseline

- A general goal of DSRIP is to show increased capacity and enhanced services compared to what existed prior to DSRIP.
- The level of service that existed prior to the implementation of the DSRIP project is referred to as the pre-DSRIP baseline.
- Every QPI metric should have one (and only one) pre-DSRIP baseline. While the total visits/ individuals and QPI will change from one DY to the next, the pre-DSRIP baseline will not change.

Calculating QPI

To determine the number of individuals served or encounters provided in a DY that are a result of the DSRIP project (the QPI), subtract the Pre-DSRIP individuals served/encounters provided from the Total individuals served/encounters provided in the DY.



When and How to Report QPI

QPI Reporting Requirements

- Providers must submit progress updates for metrics during each reporting period.
- In Oct. reporting, providers with a QPI metric in the DY must also submit a QPI Template with full DY of data.
- In April reporting, providers are only required to submit a QPI Template if reporting for achievement.

Submit QPI
Reporting Template

April

October

To
demonstrate
metric
achievement
for payment
(optional)

To
demonstrate
metric
achievement
for payment
(optional)

To fulfill
metric-level
SAR
requirement
(required)

Eligible to Report Achievement?

- Providers very recently in discussion or still in discussion with HHSC about changes to QPI will have a delay in having the DY4 QPI template available to them. Providers will need to wait until issues are resolved and the template is revised before reporting on these projects.
- In some cases, if QPI issues require further technical assistance, the provider will need to wait until October DY4 reporting to report achievement for QPI.
- If an issue is raised by the provider or identified by HHSC or the compliance monitor before April DY4 reporting closes, reporting may need to be delayed until October DY4 reporting.

Allowable Dates of Service

- Early achievement of QPI is not allowed. To be counted as QPI, services must have been provided on or after the first day of the metric's DY.
- Metrics must be achieved by the reporting period end date to be eligible for payment (March 31, 2015 for April DY4 reporting).
- Only individuals served/encounters provided between the dates below may be counted towards QPI in April DY4 reporting.

| DY3 Carryforward Metric | DY4 Metric |
|--------------------------------|------------------------------|
| Oct. 1, 2013 – Mar. 31, 2015 | Oct. 1, 2014 – Mar. 31, 2015 |

Reporting for Achievement

- A metric is not eligible for payment unless all metric goals are achieved. Providers should not report a metric for payment unless fully achieved.
- Some QPI-designated metrics require supporting documentation beyond the QPI template:
 - Metrics that include additional goals beyond QPI
 - Some QPI metrics with “Number of patients impacted” types of goals (e.g., number of individuals with improved patient satisfaction, number of individuals with reduced wait times)

QPI Template

DY4 Template Differences

- Providers will download a new template from the Waiver website.
 - Data entered into October DY3 templates will auto-fill.
 - Will not include Step 6 data, but will include calculations based on Step 6 data.
- Approved plan modification changes have been incorporated into templates.
- Cumulative QPI goals have been changed to annual.
- Required provider inputs are highlighted in yellow. Providers with carryforward metrics will see yellow cells under both DY3 and DY4.

- The QPI Template relies on complex calculations and macros to operate correctly and is password protected for this reason. Providers should not attempt to bypass the password or alter the template in any way.
- Providers should not submit the template unless:
 - All Progress Indicators show Complete (green)
 - Provider and Template calculations match
 - QPI shows Achieved for the DY reported as achieved
- Providers who encounter issues should carefully read the Troubleshooting section in the QPI Companion Document and address issues prior to submitting

Step 2: MLIU Percentage

- “Open” MLIU percent cells should be updated each time QPI is reported. Whether a DY is “open” or not depends on whether the prior DY’s metric was reported for achievement.
 - Providers without an open DY3 QPI metric will only report MLIU percentages for DY4 to date.
 - Providers with an open DY3 metric will report their updated DY3 MLIU percentages and their DY4 MLIU percentages to date.
- MLIU percentages should reflect individuals served between the dates used to report that DY’s QPI (i.e., the start and end dates entered in Step 7).

Step 3: Metric Achievement Reporting Status

Accurate Reporting Status is critical for the template to work properly (to remain unlocked when reporting on a DY is not complete).

- Not ready to report DY# metric achievement:
 - Metrics not previously reported for achievement (i.e., DY3 carryforward, DY4 metrics) show this status when the template is auto-filled, and input cells for these metrics are unlocked.
 - Status should not be changed unless reporting for achievement.
- Reporting DY3 metric achievement as carryforward:
 - When reporting carryforward metric for achievement, select “Reporting DY3 metric achievement as carryforward”.
 - If selected, DY3 metric will be locked in October DY4 reporting.
- Reporting DY# metric achievement in DY# reporting period:
 - Metrics reported for achievement in DY3 (approved or not) will show “Reporting DY3 metric achievement in DY3 reporting period” when template is auto-filled, and DY3 cells will be locked.
 - When reporting DY4 metric for achievement, select “Reporting DY4 metric achievement in DY4 reporting period”.

Step 3: Total & MLIU QPI

- Enter total QPI achieved under QPI Actual (aka Provider Calculation) for open DYs. If reporting for achievement and the provider believes the metric should be approved, QPI Actual should be equal to or greater than the goal.
- In addition to total QPI, some 4-year projects must meet a MLIU QPI, indicated under MLIU QPI Required.
 - MLIU QPI represents the number of individuals served that were MLIU or the number of encounters provided to individuals that were MLIU based on the QPI grouping. It is a whole number, not a percent. It is a subset of total QPI and should generally not be greater than total QPI.
 - For MLIU QPI, the provider must enter the goal – typically found in baseline/goal. If the goal is listed as a percent, the provider should calculate the numeric goal by multiplying the total QPI goal by the MLIU percent goal (e.g., if total QPI goal is 100 individuals and MLIU QPI goal is 80%, MLIU QPI goal is 80 individuals).
 - Like the total QPI achieved, MLIU QPI should not include pre-DSRIP baseline. It should be similar to the total QPI Actual times the total MLIU % reported in Step 2 (e.g., if total QPI is 100 and MLIU % reported is 90%, MLIU QPI actual should be around 90).

Step 5: Pre-DSRIP Baseline

- When completing the QPI Reporting Template for the first time for any metric, the provider must provide information regarding the pre-DSRIP baseline.
- For providers with DY3 QPI metrics, Step 5 will auto-fill with Oct DY3 template data, and Step 5 is not required.
 - If the DY3 metric was reported for achievement in DY3, Step 5 will be locked and will not be editable.
 - If the DY3 metric was not reported for achievement in DY3 (i.e., carryforward metrics), Step 5 will not be locked. Providers should only make changes to Step 5 information, if they were unable to provide information based on 12 months of data when they last reported, because they had not yet started seeing individuals, or if this section includes an error. Any changes made by the provider will highlight green. Changes should be described and explained in the description box.
- Providers without DY3 QPI metrics need to complete Step 5.

Step 5 Guidance

- Pre-DSRIP baseline is ideally based on the 12 months prior to the date on which the DSRIP project began serving clients.
- Pre-DSRIP baseline data should be based on the QPI grouping and should reflect the QPI target population and project goal.
- Projects that provide a new program/service will have a pre-DSRIP baseline of 0 individuals or encounters. Projects that expand a program/service will have a pre-DSRIP baseline greater than 0.

Step 6: QPI Data

- Providers paste patient ID and encounter date data from EHR, database, or spreadsheet. Both patient and encounter data are to be entered, regardless of grouping.
- Use PASTE VALUES function when pasting data.
- Patient IDs can include letters, numbers, or a combination of both, but unique individuals must have unique IDs.
- Encounter dates must include month, day, and year. May include times.
- Dates that are not counted towards QPI due to formatting issues or because they are outside of the date range in Step 7 are shown in red text.

Step 7: Start and End Dates

Encounter dates outside of start and end dates do not count towards QPI.

- Start and end dates must fall within allowable dates of service for the metric's DY.
- Start dates must be after the pre-DSRIP baseline end date.
- The start date for DY4 must be on or after the end date for DY3.
 - Providers with carryforward metrics should enter the earliest DY3 end date possible that allows achievement of the DY3 QPI, so encounter dates not needed to achieve DY3 QPI may be counted towards DY4.
 - HHSC suggests that providers select a DY3 end date that results in the DY3 QPI Actual exactly equaling the DY3 goal. Providers should check the Metric Summary tab to confirm they are meeting, but not exceeding their DY3 carryforward goal.

Step 7: Data Description

- In the text box, enter a detailed description of:
 - types of encounters included in Step 6 (e.g., office visits, nurse line calls completed, screenings, pharmacy consultations, etc.)
 - types of individuals included in Step 6 (ages, diagnoses, discharges, etc.)
- Read the Defining Individuals and Encounters section of the QPI Companion Document carefully to determine what data can be included in Step 6.

Step 8: QPI Summary Tab

- Check the template's QPI calculation to be sure it matches the provider calculation.
 - If calculations match, Calculations Match will show a green "Yes".
 - If there is a discrepancy, it will show a red "No".
- If the template calculation and provider entry don't match:
 - Review Running the Numbers section of the QPI Companion Document to be sure you understand how QPI is calculated through the template.
 - Re-read Step-by-Step Instructions and check template inputs to confirm data was correctly entered.
 - Reference Troubleshooting section for tips on resolving common issues.
- During review, HHSC found template calculations to be highly reliable. We believe the vast majority of discrepancies can be resolved by reviewing the referenced sections.

Step 9: De-Identifying Data

- As a cautionary step, the template includes a de-identification macro that applies scrambling methodologies to inputted Patient ID data.
- The provider is responsible for ensuring submitted data excludes confidential or personally identifiable information.
- Prior to submission, the provider must review the patient IDs to ensure that the final data submitted excludes confidential or personally identifiable information.

Waiver Communications

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