

Please be sure to carefully and thoroughly read the instructions prior to submitting a question to the box. We are receiving many questions about topics covered in the instructions, which results in delayed response time to everyone. If there is still confusion after you have referenced the instructions, we are, as always, more than happy to provide any needed guidance.

In order to assist staff with providing the most accurate and timely response to your QPI questions, please include the following information in your Waiver mailbox email:

- Subject: QPI question
- RHP number
- Provider name
- Project ID number

We have received some questions from providers that aren't necessarily addressed in the Instructions. We thought it might be helpful to share these responses:

1. HHSC requested corrections to our project, which included corrections to our metrics. Do responses provided in the QPI spreadsheet suffice as an appropriate correction?

No, submission of the QPI spreadsheet does not replace corrections requested through Phase I. Please continue to submit requested corrections through your cover sheets in addition to submitting the QPI spreadsheet.

2. HHSC recommended adding a QPI metric and target in DY3 if applicable. We are not serving individuals until DY4. Do we just note not applicable?

Please be more specific using wording similar to what is found in Column 12 for project 123456789.1.4 in the Sample spreadsheet we sent to providers following the webinar. That wording reads, "Did not add a QPI measure for DY3 because the project does not start serving patients until DY4".

3. We have a project that focuses on recruitment of primary care providers. The metric in our milestones table focuses on an increase in providers, but we list both the number of providers and the number of visits we expect in each demonstration year under the metric. Can we update the spreadsheet with our current metric?

Because your current metric focuses on an increased number of providers and you list a target for the number of providers, the target you will need to report on for payment purposes is the number of providers. You do list the number of visits you plan to provide in the milestones table, but it is not tied to a metric, and consequently is not currently tied to reporting and payment.

In order to include targets in the valuation model, they must be tied to a specific metric on which you will report. We'd recommend adding a metric related to Encounters to each applicable demonstration year and to use the number of encounters you list in your milestones table in the related demonstration years as your targets for the new metrics.

- 4. HHSC recommends that we use encounters for our QPI metric. If we were to do that, we would need to change our milestone from patients to clinic visits. Would this be considered a “plan modification”? Is it OK to leave it as unique patients?**

We are not allowing providers to replace metrics. You do, however, have the option to add a QPI metric through the QPI spreadsheet. If you already have a metric for unique individuals served, but would like to use encounters as your QPI metric as HHSC recommends, please add a metric to reflect encounters.

- 5. Our current QPI metric reads “number of patients served”, but these aren’t unique patients. Because HHSC interpreted the metric as an Individual QPI metric, you are recommending we add an Encounter QPI metric. Since our metric already reflects Encounters, how should we respond?**

If your metric and targets are accurate, please select “Yes, QPI data is correct” for columns 6a, 7a, and 8a. In column 12, please explain that you did not add the recommended Encounters QPI metric because the metric HHSC lists actually represents Encounters, not unique Individuals. In addition, in order to minimize confusion, in future submissions of your project narrative and milestones table, we would recommend changing language from patients to visits or encounters, when you are not referring to unique individuals.

- 6. Given that we are implementing a new project, we expect a ramp up period and are having difficulty predicting the volume of patients in DY3 or even into DY4, which is why we only included the QPI metric in DY5. How do you recommend we approach this?**

Adding targets to DYs 3 and 4 is optional, but recommended to best reflect your true patient benefit. If you choose to add targets, please use your best estimate given the information you currently have (based on staffing plans, number of patients or encounters provided in similar locations or projects, the process you used to arrive at your project’s value, etc.). Because you are estimating before being able to establish a true baseline, we recommend being somewhat conservative in your targets, since these will become part of your metrics and be considered for payment.

- 7. I do not think the DY5 cumulative total in column V is correct. How should I proceed?**

The total in Column V will not be final until ALL provider input cells (green cells) for the project are complete. If you believe the total in Column V is incorrect, please first confirm that you have indeed completed all of the provider input cells. If, after doing so, you still believe the DY5 cumulative total is incorrect, please enter the following note in column 13: “CORRECTION – DY5 cumulative total should be X”, where X is what you believe to be the correct total.

- 8. When will the QPI webinar recording be available?**

The webinar will be posted on the [Recorded Webinars/ Conference Calls page](#) of the Waiver website. It typically takes about a week for HHSC to receive the recording.

- 9. One of our provider contacts was not included when the QPI spreadsheet was distributed. Can you please send the QPI spreadsheet to him/her?**

We attempted to send QPI spreadsheets to all of the contacts we currently have in our database. If you notice that a contact was not copied on the QPI spreadsheet email, please forward the spreadsheet to that individual and ask that individual to complete an RHP [Contact Update Form](#) found on the Waiver website and submit it electronically to the [HHSC Waiver mailbox](#).

10. The goal of our project is cost reduction. HHSC recommends using the “number of unique patients positively impacted by the project” as our QPI metric. How should we set targets for this? Would it be acceptable to keep targets the same for each year, since we’re not working towards increasing the patient population?

Under your project, it sounds like the number of patients positively impacted by the project would equal the number of unique individuals who experience cost reduction due to the project in any given demonstration year. If the goal of your project is to affect cost for all patients in your system, the number of unique patients served by your system in the respective demonstration year would be a reasonable target. If you expect to impact only a portion of the patients you serve, please only include those individuals in your targets. If the number of patients you expend to serve will not change across years, it makes sense that your targets would remain the same across years.