October DY3 DSRIP Reporting

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Transformation Waiver Operations

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- Category 1 or 2 metrics, Category 3 milestones and Category 4 reporting domains achieved by September 30, 2014, may be reported in October using the new DSRIP Online Reporting System.

- October reports are due by October 31, 2014, 11:59 p.m.

Key Points for Oct. 2014 Reporting

- Do <u>not</u> report a Category 1 or 2 metric/Category 3 milestone as completed unless it was fully completed by <u>Sept. 30, 2014</u>. For any metric/milestone that the Texas Health and Human Services Commission (HHSC) does not find sufficient evidence of achievement in the documentation, the provider will only have one opportunity in December/January to submit additional information.

  - If HHSC and the Centers for Medicare & Medicaid Services (CMS) do not approve the additional information, the provider will no longer be eligible for payment for that metric/milestone.

- Providers should read the October DY3 companion document fully. There are some changes to required documentation compared to what was required for April reporting.

- All providers are required to complete the following in the DSRIP Online Reporting System for every project <u>regardless</u> of whether the milestone/metric is reported for payment in October. DSRIP payments may be withheld until the complete report is submitted.

  - "Provider Summary" must be completed.

  - For each individual project:

    – "Project Summary" tab – all questions must be answered for each Category 1 or 2 DSRIP project.

    – "Progress Update" field – must be completed for each Category 1 or 2 metric and each Category 3 milestone.

  - QPI Template must be completed and uploaded for each project that includes a metric designated as QPI in DY3

- DY2 carryforward reporting

- QPI reporting

- Required coversheet

- Additional supporting documentation requirements

- Category 3 baseline reporting

- Category 4 reporting

DY2 Carryforward Reporting

- October 2014 is the final reporting opportunity for DY2 Category 1 or 2 metrics or Category 3 milestones that were carried forward to DY3.

- For Category 3 carried forward milestones, providers should complete the Carryforward – Category 3 DY2 status report template posted on the HHSC website under DY3 Reporting Templates and Instructions.

QPI Reporting

- Providers may report on DY3 QPI metrics in October if achieved between October 1, 2013, and September 30, 2014.

- Providers are required to submit the QPI reporting template for all DY3 QPI metrics.

- Providers must ensure that protected health information (PHI) is de-identified in supporting documentation.

- Please refer to the QPI Reporting Companion and presentation for additional information.

Clarifications for October Reporting

- If a metric goal has multiple parts, all parts must be fully achieved to report for payment in October.

- DY2 achievement (October 1, 2012 – September 30, 2013) for metrics that are not QPI metrics, may be allowable for certain DY3 metrics if the State deems appropriate.

  - Early achievement of metrics is a criterion that will be looked at by the Compliance Monitor.

Clarifications for October Reporting, continued

- If a provider is deviating from a metric, then an explanation is required in the "Progress Update" field. HHSC will review the request, may request additional information, and submit for CMS approval if deemed appropriate.

  - If the requested deviation is approved, payment for the metric may be made in the following reporting period.

  - If the requested deviation is not approved, the provider will no longer be eligible for payment for that metric.

- If the reported and approved achievement of a DY2 metric has changed, please provide an explanation in the Project Summary section under "Project Overview: Challenges."

- If the baseline reported in DY2 has changed, please provide an explanation in the "Progress Update" field for the metric.

  - If the DY3 goal is an improvement over baseline, HHSC will review in context of the entire project to determine appropriateness.

Required Coversheet

- Each project must include a coversheet describing how each supporting document demonstrates achievement of each metric.

  - A coversheet template is posted on the HHSC website under DY3 Reporting Templates and Instructions.

  - The coversheet template includes boxes for nine metrics. If a provider is reporting on more than nine metrics for a given project in DY3, it will need to submit an additional coversheet for that project.

  - Upload the coversheet for a given project as one of the attachments under the first milestone and metric for which you are reporting "Yes-Completed."

Additional Supporting Documentation Requirements

- All supporting documentation must demonstrate baseline information as well as the increase or total achievement stated in the goals.

- All supporting documentation must include dates to demonstrate achievement occurred by September 30, 2014.

- Links will not be accepted as supporting documentation.

- For metrics that involve hiring of additional staff to increase care capacity, the provider should clearly demonstrate that the staff changes are different than business as usual (i.e., are to increase capacity as part of the DSRIP project).

Additional Supporting Documentation Requirements, continued

- For metrics involving learning collaboratives, documentation must include the agenda, sign in sheet and a summary of topics discussed and lessons learned relevant to the project to demonstrate participation.

- For metrics requiring implementing "raise the floor" improvement initiatives, the documentation should include:

  - A list of ideas that came up during the semiannual meeting that would apply to the project.

  - A description of the provider's agreement to implement at least one idea and rationale for the selection.

  - A description of the status of implementation.

  - Any details related to the impact of the idea on the project.

Category 3 Reporting

- Providers may earn 50 percent of their DY3 allocation for Category 3 for successful submission of the status report in October if it was not reported in April.

- Providers may earn the remaining 50 percent of their DY3 allocation for Category 3 by submitting and validating their baseline rates for each of the approved Category 3 outcome measures.

- Please refer to the Category 3 baseline reporting presentation for additional information.

Category 4 Reporting

- October 2014 is the final opportunity to report on DY3 Category 4. Category 4 is not eligible for carryforward.

- Category 4 has six reporting domains (RDs).

- For RD-1 – Potentially Preventable Admissions and RD-2 – 30-day Readmissions, HHSC sent the individual reports to each hospital provider via email in mid-April 2014. If the report needs to be resent for October reporting, please contact the waiver mailbox at TXHealthcareTransformation@hhsc.state.tx.us.

- For RD-3 – Potentially Preventable Complications, providers are only required to submit a status report in DY3 confirming system capability to report RD-3.

- The measurement period for RDs 1 and 2 is calendar year 2012. Providers may use a 12-month measurement period of their choosing for RDs 4-6.

Category 4 Reporting, continued

- 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 October DY3 Companion Document.
    - For Medication Management, providers will report on NQF measure 0646 including the facility's specific numerator, denominator and facility rate. Alternative approaches for Medication Management are under review by CMS.
- RD-5 – Emergency Department
    - For RD-5, 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
    - For RD-6, providers must report on all of the listed measures; however, for measures that cannot be reported, providers may provide a justification.
- In addition, RDs 4-6 require responses to qualitative questions included in the Category 4 reporting template.

October Reporting Key Dates

- Oct. 2, 2014 – The DSRIP Online Reporting System opened for providers to begin October reporting.

- October 24, 2014 – Final date to submit questions regarding October reporting and inform HHSC of any issues with DY3 data in the reporting system.

- October 31, 2014, 11:59 p.m. – October DY3 reporting including required semi-annual progress reporting due to HHSC.

  - Any changes in IGT Entity or IGT amount for October reporting must also be submitted.

- November 14, 2014, 5:00 p.m. – Due date for IGT Entities to notify HHSC of any issues with their affiliated providers' October DY3 reports.

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October Reporting Key Dates, continued

- December 8, 2014 – HHSC and CMS will complete their review and approval of October reports or request additional information (referred to as NMI) regarding the data reported.

- January 2, 2015 – IGT due for October reporting DSRIP payments (FMAP 58.05) and remaining Monitoring IGT that was not transferred with April reporting.

- January 20, 2015 – October reporting DY3 DSRIP payments processed for transferring hospitals and top 14 IGT entities.

- January 30, 2015 – October reporting DY2 DSRIP payments processed for all providers and DY3 DSRIP payments processed for remaining providers.

- January 16, 2015 – Due date for providers to submit responses to HHSC requests for additional information on October reported milestone/metric achievement and incomplete semi-annual progress reports.

- February 13, 2015 – HHSC and CMS will approve or deny the additional information submitted in response to HHSC comments on October reported milestone/metric achievement and semi-annual progress reports.

  - Approved reports will be included for payment in the next DSRIP payment period, estimated for July 2015.

- Find updated materials and outreach details:

  - http://www.hhsc.state.tx.us/1115-waiver.shtml

- Submit all questions to:

  - TXHealthcareTransformation@hhsc.state.tx.us

Walk-Through of the
DSRIP Online Reporting System

System Overview

- Online Reporting for DSRIP Replaces Excel spreadsheets previously used for reporting

- Displays status of projects by demonstration year

- Provides Search function for users

Browser Options

- Modern browsers: Firefox, Internet Explorer, Safari (Mac), Chrome, Opera

- Cross-platform (Mac, Windows)

- Minimum requirement: Internet Explorer 8

Other Requirements

- Modern computers and operating systems

- Tablets and phones not recommended

- Access is role-based.

- Users are designated as Provider, Lead Provider, Anchor or IGT entity.

- Users can have more than one role and can be associated with more than one entity.

- Who will have access?

  – Users identified in HHSC's list of DSRIP contacts

- How will rollout occur?

  – Users received an e-mail with initial login instructions on September 30.

Getting System Access, 2

- What if users need to update their roles?

  - Contact TXHealthcareTransformation@hhsc.state.tx.us

- What if new users need to be added or former users need to be removed?

  - Complete the RHP Contact Change Form (http://www.hhsc.state.tx.us/1115-docs/RHP/Plans/Contact-Change.pdf) and submit it to the waiver mailbox: TXHealthcareTransformation@hhsc.state.tx.us

5 Steps to Online Reporting
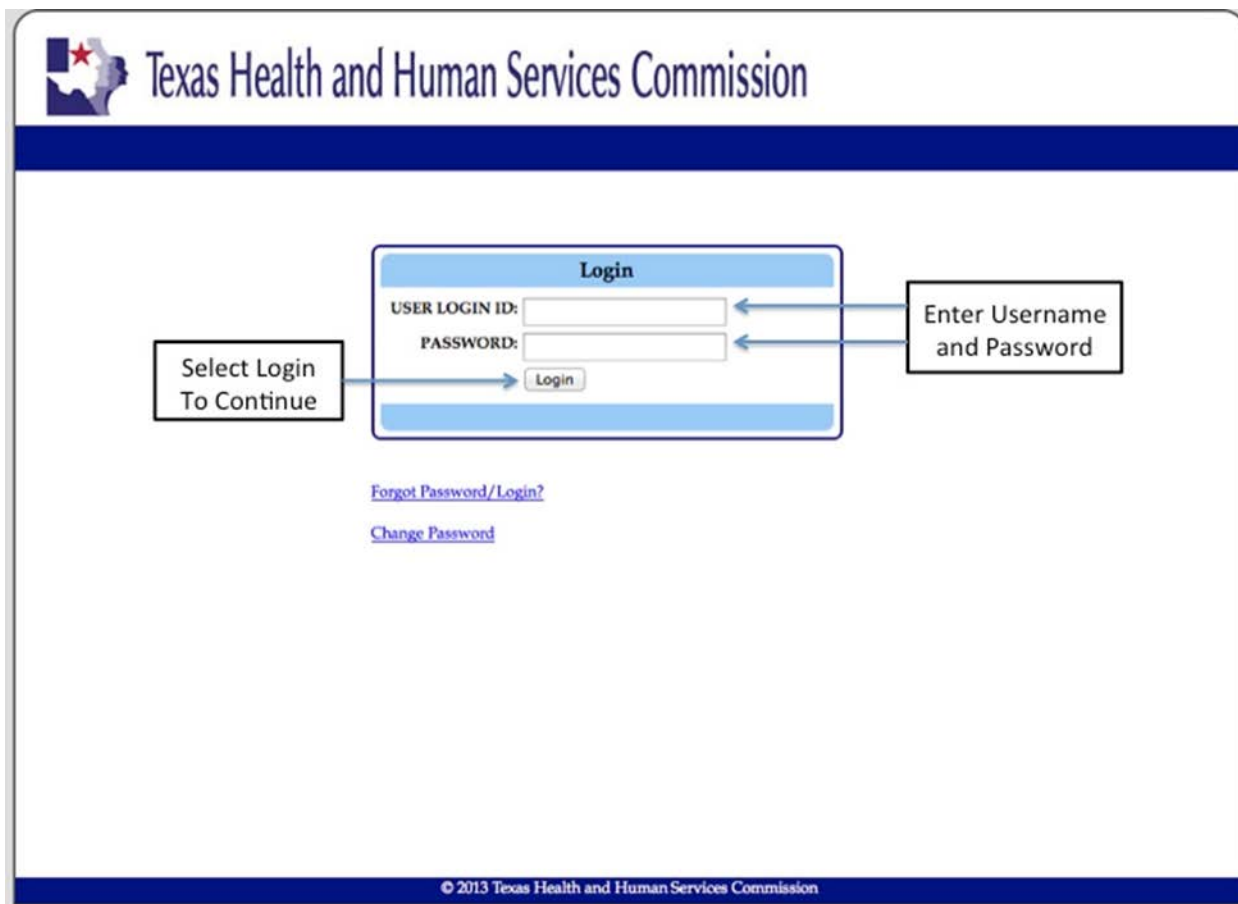
1. Login

2. Enter and Save Provider Summary

3. Enter and Save Individual Project Reports

4. Confirm That Reporting Is Complete

5. Optional for Lead Providers: "Submit" project reports to prevent further editing

Step 1: Login

Step 1: Login

- For DY3 Round 2 reporting (Oct. 1-31), login as **Provider** or **Lead Provider**.

- Users associated with multiple providers will be prompted to select one during the login process.

Step 1: Login, continued

Arrive at Provider Details page.

Step 2: Enter and Save Provider Summary

Step 2: Enter and Save Provider Summary

- Each provider must enter an overall Provider Summary.

- Click on **Provider Summary Rd 2**.

Step 2: Enter and Save Provider Summary, 2

- Enter Provider Summary Report.

- Click on Save.

- Click on Home to return to Provider Details page.

Step 3:

Enter and Save

Individual Project Reports

Enter and Save Individual Project Reports

1. Project Summary for each project

2. Progress Update for each metric

3. Other required information for each metric reporting achievement

4. Supporting documentation for each metric reporting achievement

Step 3: Enter and Save Individual Project Reports

On Provider Details page, choose a **Project ID** from listed projects.

On Project Details page, click on **Round 2** button.

Project Details

Project ID: 137265806.1.1

RHP: 7

Provider: Seton Healthcare dba University Medical Center Brackenridge

Round 1 Status: Report not started

Round 2 Status: Report In Review

Project Option: 1.13.1

Summary: Divert patients away from community Emergency Rooms into a more clinically appropriate and cost effective centralized Psychiatric Emergency Department.

Related Category 3 Projects:

Semi-Annual Reports: [Round 2]

[DY2] [DY3] [DY4] [DY5]

Milestone Summary Round 1		
Milestone	**Approved Progress**	
P-9		0%
P-4		0%
I-102		0%

DY2 Carryforward Milestones:

Milestone Summary Round 2		
Milestone	**Approved Progress**	
P-9		0%
P-4		0%
I-102		0%

Project Funding
DY3 Max Amount: **$4,267,482**

IGT Funding		
IGT Entity	**IGT Percent**	**IGT Max Amt**
Travis County Hospital District TPI: TIN: 10617309074000 Aff#: 600-12-0000-00167	100%	$1,762,897
Project Totals:	100%	$1,762,897

*Amounts shown are estimates. Actual amounts may vary based on the Federal Medical Assistance Percentage (FMAP) in effect when payment occurs.

- A Project Summary is required for each project.

- On Project Reporting page, click on **Project Summary** Tab.

Project Reporting

Project ID: 137265806.1.1

Provider: Seton Healthcare dba University Medical Center Brackenridge

RHP: 7

Project Area: 1.13 - Development of behavioral health crisis stabilization services as alternatives to hospitalization.

Project Option: 1.13.1 - Develop and implement crisis stabilization services to address the identified gaps in the current community crisis system

DY3 Round 2

| Instructions | IGT Info | Project Summary | Category 1 Milestone P-4 | Category 1 Milestone I-102 | Category 1 Milestone P-9 |

- Enter Project Summary narrative for each question.

- Click Save at any time.
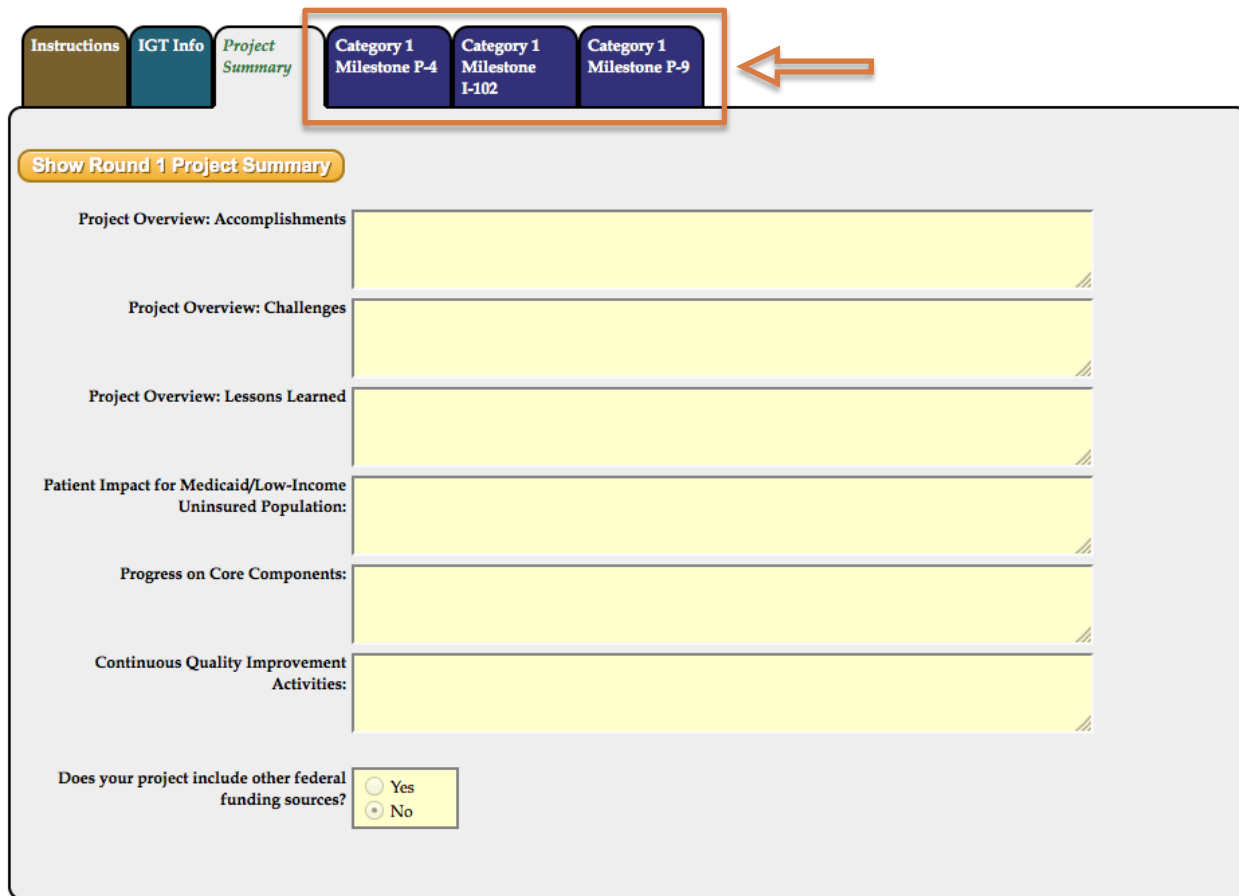
To report on milestones and metrics, click on a given Milestone tab.

Replace Round 1 information with **current information** (as of Sept. 30) in each yellow box.

Step 3: Enter and Save Individual Project Reports, 7

- Click on **Upload** button to upload supporting attachments for each metric.

- There is a 30 MB size limit per upload.

- Acceptable files include PDFs, MS Word, MS Excel, MS PowerPoint and zip files.

- **Note:** Supporting attachments cannot be edited or deleted after they are uploaded. Please ensure that documents are final.

- Upload the **Project Coversheet** as one of the attachments under the first milestone and metric for which you are reporting "Yes-Completed."

- Upload the **QPI Reporting Template** as attachment for first QPI metric.

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Click on **Browse** to select document from your computer to upload

Supporting Attachments: Upload

Upload file

Browse... No file selected.

Eligible file types include .doc, .docx, .xls, .xlsx and .zip
For faster uploads zip all your related files together.
Max file size is 30 MegaBytes.

Cancel
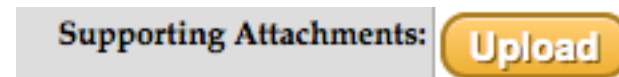
o After uploading a file, you will receive a confirmation message.

You successfully uploaded file:
Cat 1 and 2 Projects.xlsx

Close

o You will be able to **View** uploaded documents after clicking on "Save."

Supporting Attachments: Upload View

- Proceed with remaining milestone tabs.

- Remaining tabs include affiliated Category 3 milestones and DY2 carryforward milestones (indicated with an asterisk).

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- ## Save Project Reports

  - Click **Save** at any time.

  - IMPORTANT: **Be sure to Save before navigating away from the Project Details page or logging out**.
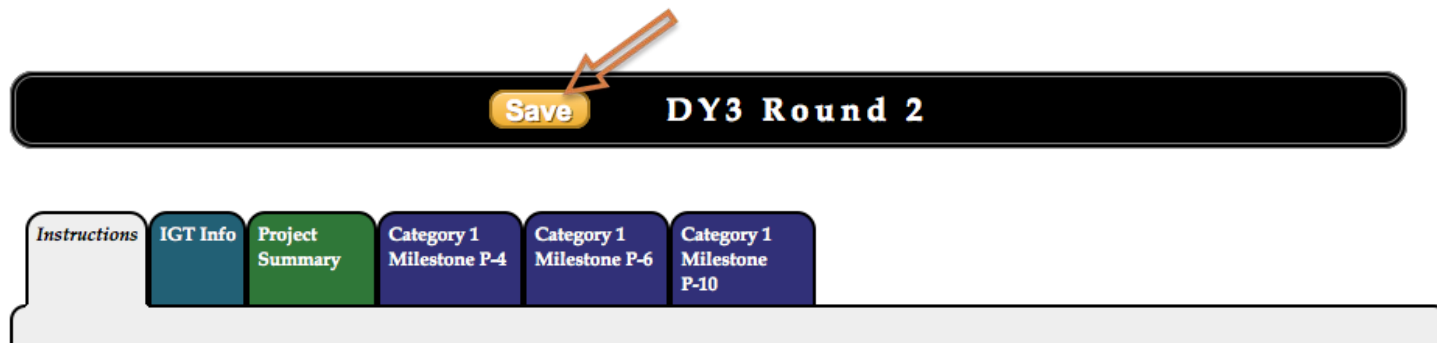
- Save Project Reports
  - After saving, if report is not complete, elements that still need responses will be listed.

Project Reporting

Thank you. Your report has been saved but is not complete and can not be submitted.

The following input fields are missing:
Project Summary - Accomplishments
Project Summary - Challenges
Project Summary - Lessons Learned
Project Summary - Improvement Activities
Project Summary - Patient Impact
Project Summary - Progress
Project Summary - Other Federal Funding
Metric: P-4.1 - Baseline and Period
Metric: P-4.1 - Achieved
Metric: P-4.1 - Numeric/Percentage Goal Progress
Metric: P-4.1 - Goal Calculation
Metric: P-4.1 - Progress Update

- Save Project Reports

  - Also after saving, documents that have been uploaded will be available by clicking on **View** on the Supporting Attachments row.

Project Reporting

Thank you. Your report has been saved but is not complete and can not be submitted.

The following input fields are missing:
Project Summary - Accomplishments
Project Summary - Challenges
Project Summary - Lessons Learned
Project Summary - Improvement Activities
Project Summary - Patient Impact
Project Summary - Progress
Project Summary - Other Federal Funding
Metric: P-4.1 - Baseline and Period
Metric: P-4.1 - Achieved
Metric: P-4.1 - Numeric/Percentage Goal Progress
Metric: P-4.1 - Goal Calculation
Metric: P-4.1 - Progress Update

Supporting Attachments: Upload   View

When report is complete for a given project, user sees message after saving: "**Thank you. Your report has been saved and is ready to submit**."

Click on **HOME** to return to the Provider Details page.

Repeat steps for other projects listed on the Provider Details page until reports have been entered and saved for all projects.

Project Reporting for Category 3

Project Reporting for Category 3

- Category 3 projects appear as a tab on the Project Reporting page for the affiliated Category 1 or 2 project.

- Enter information in required fields.

- Upload the appropriate Category 3 Template and Save.

Project Reporting for Category 4

Project Reporting for Category 4

- Category 4 is listed on the Provider Details page with Category 1 and 2 projects.
- Click on the Category 4 ID.

137265806.4	**RHP: 7**		

DY3	Paid Amt	$2,330,052 (Remaining: $1,640,048)
	Achieved Amt	$3,970,100 (100%
	Project Max Amt	$3,970,100
DY2	Paid Amt	$0 (Remaining: $1,706,517)
	Achieved Amt	$1,706,517 (100%)
	Project Max Amt	$1,706,517
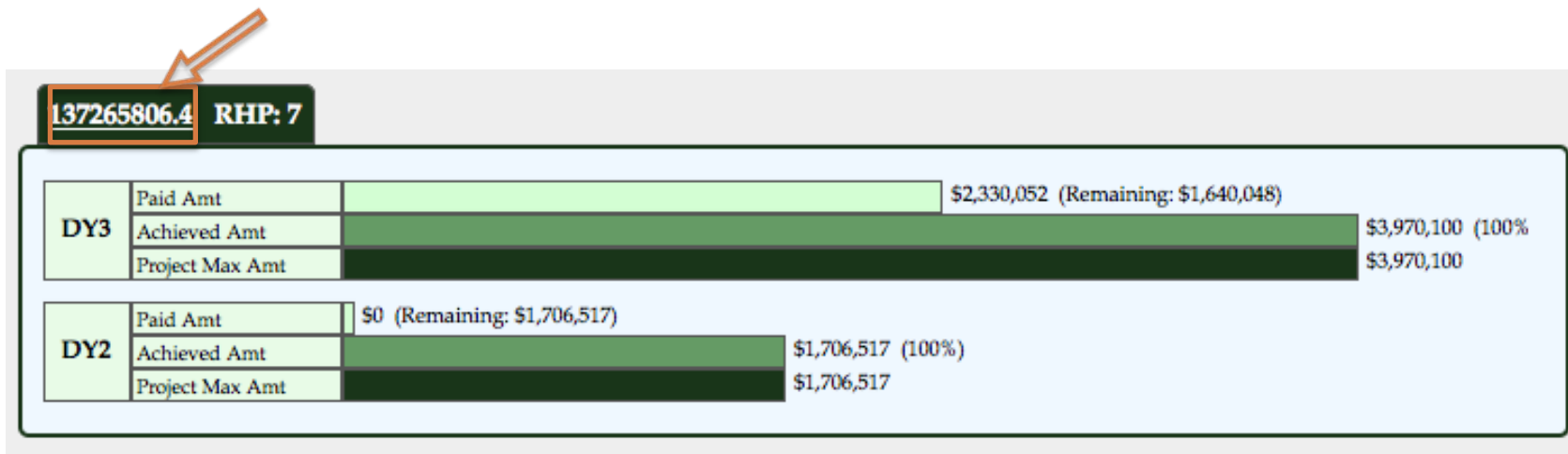
On the Category 4 Project Details page, Click on **Round 2**.

Project Details

Project ID: 137265806.4

RHP: 7

Provider: Seton Healthcare dba University Medical Center Brackenridge

Provider TPI: 137265806

Round 1 Status: Report not started

Round 2 Status: HHSC Review Complete

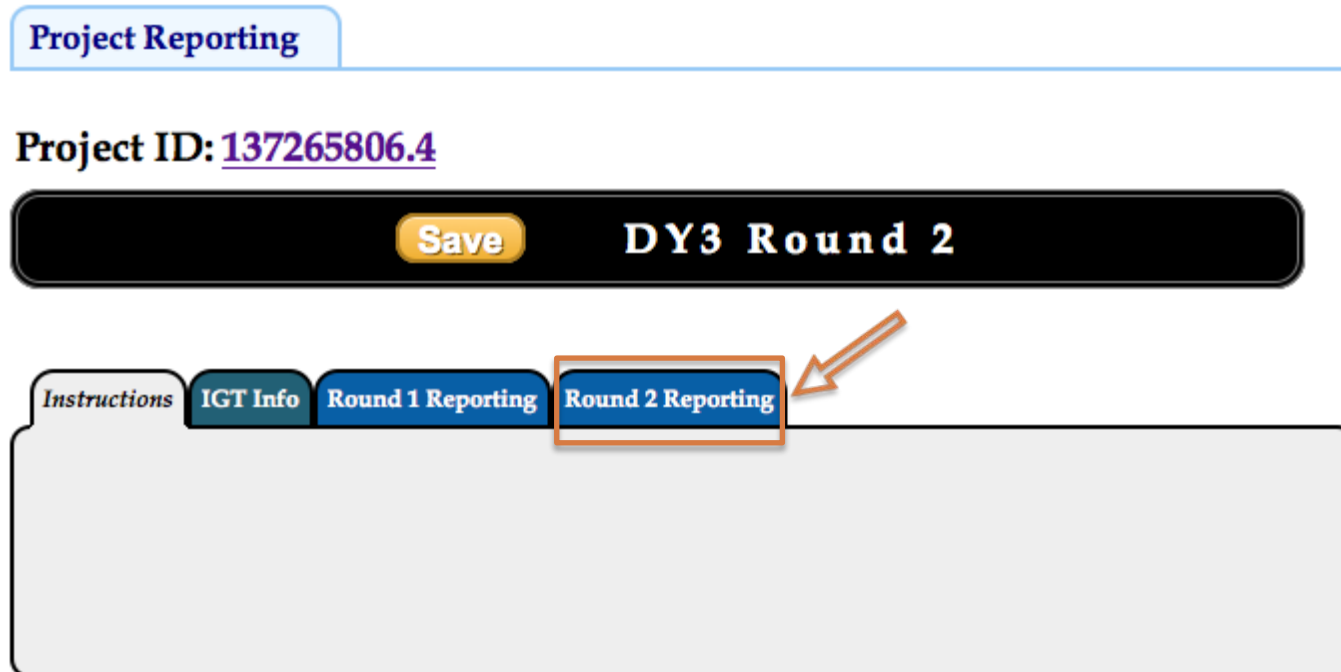**Semi-Annual Reports:** [Round 2]

Project Reporting for Category 4…3

- Arrive at the Category 4 Project Reporting page.

- Click on the tab for **Round 2 Reporting**.

Project Reporting for Category 4...4

Enter **Yes** or **No** in the Submitted column.

Project Reporting

Project ID: 137265806.4

Save   DY3 Round 2

| Instructions | IGT Info | Round 1 Reporting | *Round 2 Reporting* |

Reporting Domain	Submitted	Pmnt	HHSC Signoff	HHSC Comments	Attachments
Capability	Yes ▾	$794,020	▾		Upload
RD1 - Potentially Preventable Admissions	Yes ▾	$794,020	▾		Upload
RD2 - 30-day Readmissions	Yes ▾	$794,020	▾		Upload
RD4 - Patient Centered Healthcare	Yes ▾	$794,020	▾		Upload
RD5 - Emergency Department Measures	No ▾	$794,020	Need More Info ▾		Upload

Project Reporting for Category 4…5

- Upload the Category 4 template.

- Because the Category 4 template includes all reporting domains, **it needs to be uploaded only once**, with the first reported domain.

- When finished, click on **Save**.

Step 4:

Confirm that Reporting

Is Complete

To check reporting status, click on **Home** to return to Provider Details, and then click on **Reporting Status** tab.

Step 4: Confirm that Reporting Is Complete, 2

View status of reports for Provider Summary and for each project.

IMPORTANT: Provider Summary Status and Project Status should be **either**:

1. **Ready to Submit** (Report has been saved and is complete.)

  –   **or**

2. **Report Submitted** (Report has been submitted by Lead Provider. No further editing allowed.)

Step 5:

Optional for Lead Providers: "SUBMIT" Project Reports

To Prevent Further Editing

- ## Saving the Reports

    - Providers may **Save** and edit the Provider Summary, Project Summary, Cat. 1-3 Milestone/Metric Reports, and Cat. 4 Reporting Domain data entry fields throughout the DY3 Round 2 reporting period (Oct. 1-31).

    - Note: Supporting attachments may not be edited or removed once they are uploaded.

    - As long as the completed reports and supporting attachments have been **Saved** by the reporting deadline, they will be considered officially submitted.
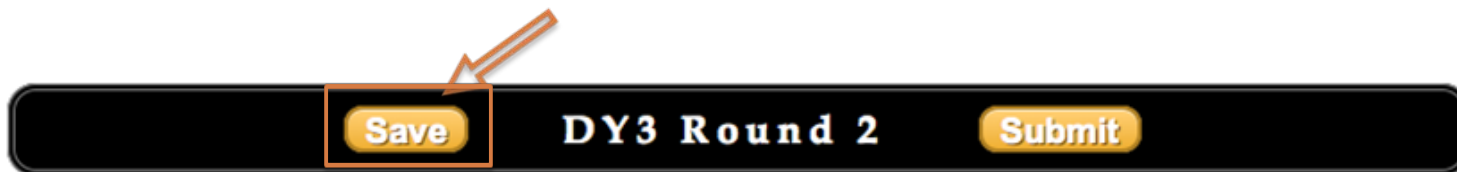
Step 5 (Optional for Lead Providers): Submit Reports, 2

- Users designated as "Lead Providers" also have "Submit" buttons.

- The purpose of the Submit button is to give Lead Providers the opportunity to be the last person to review a report before submission.

- IMPORTANT: **Once a Lead Provider clicks on "Submit," editing data entry fields is no longer possible.**

- As long as the completed reports and supporting attachments have been **Saved** by the reporting deadline, they will be considered officially submitted.

There is a Submit button for the **Provider Summary** report.

There is also a Submit button on the **Project Reporting** page that affects all the tabs on that page (Project Summary, Category 1 Milestones, Category 2 Milestones, Category 3 Milestones).

- There is also a Submit button on the Project Reporting page for **Category 4** reporting.

- REMINDER: As long as the completed reports and supporting attachments have been **Saved** by the reporting deadline, they will be considered officially submitted.

Recap: 5 Steps to Online Reporting

1. Login

2. Enter and Save Provider Summary

3. Enter and Save Individual Project Reports

4. Confirm That Reporting Is Complete

5. Optional for Lead Providers: "Submit" project reports to prevent further editing

Reminder: Reporting Templates to Upload

- Coversheet for each Cat. 1-2 project
  - Upload under first milestone/metric reporting "Yes-Completed."

- QPI Reporting Template
  - Upload under project's first QPI metric.

- Category 3 Baseline Template
  - Upload under PM-9 if reporting baseline rates in DY3.

- Category 3 DY3 Status Report Template
  - Upload under PM-8 if you did not submit a status update in April 2014 (DY3).

- Category 3 DY2 Status Report Template
  - Upload under PM-7 if you carried forward Cat. 3 DY2 milestones.

- Category 4 Reporting Template
  - Upload only once under first reporting domain submitted.

Multiple Users

- Multiple users for the same provider can login at the same time.

- This allows multiple project managers to enter information for their individual projects simultaneously.

- **CAUTION:** Only one user at a time should enter and save data on the Provider Summary page or an individual project reporting page. (These pages have their own "Save" buttons.)

- If multiple users are entering data at the same time on the same Provider Summary or the same project, the one who saves last will "win."

- HHSC recommends that providers use internal processes to assign specific users to enter and save 1) the Provider Summary and 2) specific project reports.

Reporting Deadline

Reporting Deadline

- Reports and supporting documentation must be saved or submitted no later than **11:59 p.m. on Oct. 31, 2014**.

- Please allow sufficient time to upload supporting attachments.

User Guide:

DSRIP Online Reporting System

Please consult the User Guide for more detailed information.

Texas Health and Human Services Commission

USER GUIDE

DSRIP Online Reporting System

Table of Contents

HELP MAILBOX

TXHealthcareTransformation@hhsc.state.tx.us

Demonstration of the
DSRIP Online Reporting System