

October DY3 DSRIP Reporting

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Transformation Waiver Operations

October 6, 2014

Overview

- 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 not report a Category 1 or 2 metric/Category 3 milestone as completed unless it was fully completed by Sept. 30, 2014. 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.

Key Points for Oct. 2014 Reporting, continued

- All providers are required to complete the following in the DSRIP Online Reporting System for every project regardless 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

Key Differences for Oct. DY3 Reporting

- 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.

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.

October Reporting

Key Dates, continued 2


- 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.

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

Walk-Through of the DSRIP Online Reporting System

- Online Reporting for DSRIP Replaces Excel spreadsheets previously used for reporting
- Displays status of projects by demonstration year
- Provides Search function for users



Texas Health and Human Services Commission

User: funderwood
Role: Lead Provider

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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: HHSC Review Complete

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	<div></div> 0%
P-4	<div></div> 0%
I-102	<div></div> 0%

DY2 Carryforward Milestones:

Milestone Summary Round 2

Milestone	Approved Progress
P-9	<div></div> 100%
P-4	<div></div> 100%
I-102	<div></div> 100%

Project Funding

DY3 Max Amount: **\$4,267,482**

IGT Funding

IGT Entity	IGT Percent	IGT Max Amt
Travis County Hospital District	100%	\$1,762,897
TIN: 10617309074000 Aff#: 600-12-0000-00167		
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.

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System Requirements

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



Getting System Access

- 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

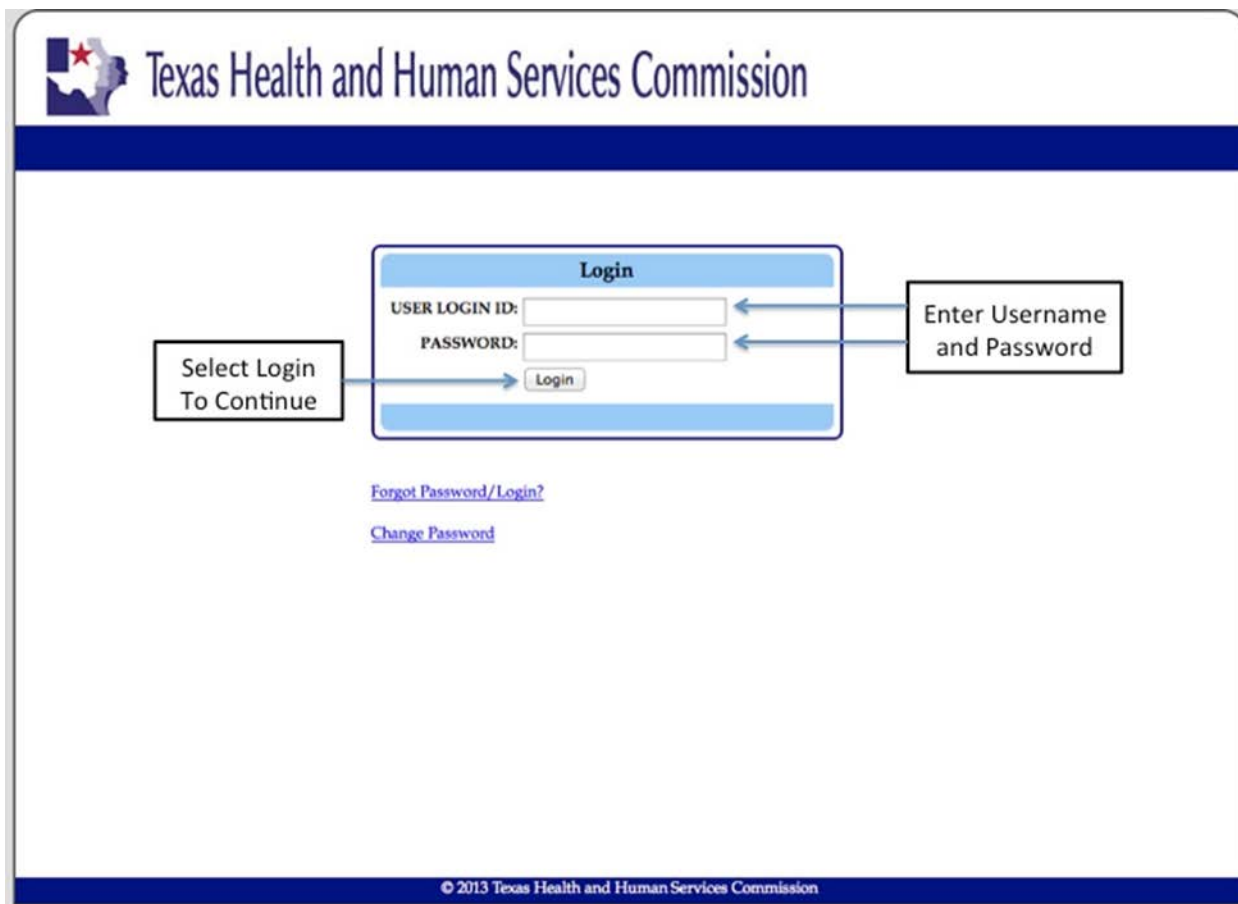
1. Login
2. Enter and Save Provider Summary
3. Enter and Save Individual Project Reports
4. Confirm That Reporting Is Complete
5. Optional for Lead Providers: “Submit” project reports to prevent further editing

DY3 Round 2 Reporting, 2

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.



The screenshot shows the login interface for the Texas Health and Human Services Commission. At the top, the commission's logo and name are displayed. Below this is a blue header bar. The main content area features a light blue box titled "Login" containing two input fields: "USER LOGIN ID:" and "PASSWORD:". A "Login" button is positioned below these fields. To the left of the login box, a box labeled "Select Login To Continue" has an arrow pointing to the "Login" button. To the right, a box labeled "Enter Username and Password" has arrows pointing to both the "USER LOGIN ID:" and "PASSWORD:" fields. Below the login box, there are two links: "[Forgot Password/Login?](#)" and "[Change Password](#)". The footer of the page contains the copyright notice "© 2013 Texas Health and Human Services Commission".

Step 1: Login, continued

Arrive at Provider
Details page.



Texas Health and Human Services Commission

User: funderwood
Role: Lead Provider

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Provider Details

Seton Healthcare dba University Medical Center Brackenridge

RHPs: [7](#) TPI: 137265806

Ownership: Private TIN: 17411096435000

Contacts

+	Carol Saucedo	csaucedo@seton.org	Edit	Delete
+	Shelley Szucs	sszucs@seton.org	Edit	Delete
+	Melanie Diello	msdiello@seton.org	Edit	Delete
+	Julie Holly	jholly@seton.org	Edit	Delete

DY2

DY3

DY4

DY5

RHP: 7 [Provider Summary Rd 1](#) [Provider Summary Rd 2](#)

Project Summaries

Reporting Status


137265806.1.1 RHP: 7

DY3	Paid Amt	\$2,504,585 (Remaining: \$1,762,897)	\$4,267,482 (100%)
	Achieved Amt	\$4,267,482	
	Project Max Amt	\$4,267,482	
DY2	Paid Amt	\$0 (Remaining: \$3,721,068)	\$3,721,068
	Achieved Amt	\$0 (0%)	
	Project Max Amt	\$3,721,068	

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**.



Texas Health and Human Services Commission

User: funderwood
Role: Lead Provider
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[Provider Details](#)

Seton Healthcare dba University Medical Center Brackenridge

RHPs: [7](#) TPI: 137265806
Ownership: Private TIN: 17411096435000

Contacts

+	Carol Saucedo	csaucedo@seton.org	Edit	Delete
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+	Melanie Diello	msdiello@seton.org	Edit	Delete
+	Julie Holly	jholly@seton.org	Edit	Delete

DY2

DY3

DY4

DY5

RHP: 7

Provider Summary Rd 1
Provider Summary Rd 2

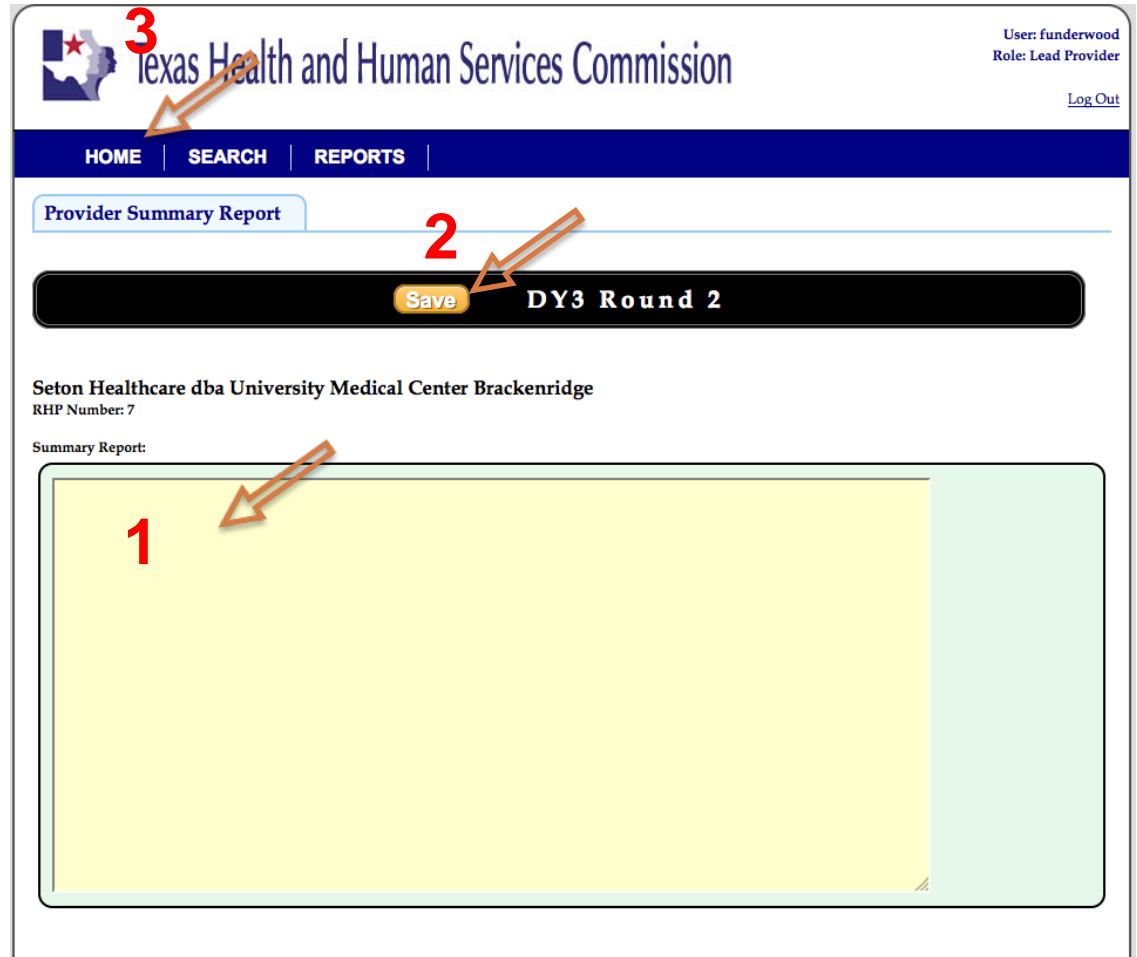
[Project Summaries](#)
[Reporting Status](#)

137265806.1.1 RHP: 7

DY3	Paid Amt	\$2,504,585 (Remaining: \$1,762,897)	
	Achieved Amt	\$4,267,482 (100%)	
	Project Max Amt	\$4,267,482	
DY2	Paid Amt	\$0 (Remaining: \$3,721,068)	
	Achieved Amt	\$0 (0%)	
	Project Max Amt	\$3,721,068	

Step 2: Enter and Save Provider Summary, 2

- Enter Provider Summary Report.
- Click on Save.
- Click on Home to return to Provider Details page.



The screenshot shows the Texas Health and Human Services Commission website. The header includes the logo (labeled 3), the text "Texas Health and Human Services Commission", and user information: "User: funderwood", "Role: Lead Provider", and a "Log Out" link. A navigation bar contains "HOME", "SEARCH", and "REPORTS". Below this is a "Provider Summary Report" tab. A black bar contains a yellow "Save" button (labeled 2) and the text "DY3 Round 2". Below the bar, the text reads "Seton Healthcare dba University Medical Center Brackenridge" and "RHP Number: 7". A "Summary Report:" label is above a large yellow rectangular area (labeled 1) for data entry. A light green sidebar is on the right.

Step 3:

Enter and Save Individual Project Reports


DY3 Round 2 Reporting, 5

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.



Texas Health and Human Services Commission

User: funderwood
Role: Lead Provider

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[Provider Details](#)

Seton Healthcare dba University Medical Center Brackenridge

RHP: 7 TPI: 137265806
Ownership: Private TIN: 17411096435000

Contacts

+	Carol Saucedo	csaucedo@seton.org	Edit	Delete
+	Shelley Szucs	sszucs@seton.org	Edit	Delete
+	Melanie Diello	mdiello@seton.org	Edit	Delete
+	Julie Holly	jholly@seton.org	Edit	Delete

DY2

DY3

DY4

DY5

RHP: 7

[Provider Summary Rd 1](#)
[Provider Summary Rd 2](#)

[Project Summaries](#)
[Reporting Status](#)

137265806.1.1 RHP: 7

DY3	Paid Amt	\$2,504,585 (Remaining: \$1,762,897)	
	Achieved Amt		\$4,267,482 (100%)
	Project Max Amt		\$4,267,482
DY2	Paid Amt	\$0 (Remaining: \$3,721,068)	
	Achieved Amt	\$0 (0%)	
	Project Max Amt		\$3,721,068

Step 3: Enter and Save Individual Project Reports, 2

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	<input type="text"/> 0%
P-4	<input type="text"/> 0%
I-102	<input type="text"/> 0%

DY2 Carryforward Milestones:

Milestone Summary Round 2

Milestone	Approved Progress
P-9	<input type="text"/> 0%
P-4	<input type="text"/> 0%
I-102	<input type="text"/> 0%

Project Funding

DY3 Max Amount: **\$4,267,482**

IGT Funding

IGT Entity	IGT Percent	IGT Max Amt
Travis County Hospital District	100%	\$1,762,897
TPI: 10617309074000 Aff#: 600-12-0000-00167		
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.

Step 3: Enter and Save Individual Project Reports, 3

- A Project Summary is required for each project.
- On Project Reporting page, click on **Project Summary Tab**.

Project Reporting

Project ID: 137265806.1.1
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

Provider: Seton Healthcare dba University Medical Center Brackenridge
RHP: 7

DY3 Round 2

Instructions


IGT Info

Project Summary

Category 1 Milestone P-4

Category 1 Milestone I-102

Category 1 Milestone P-9



Step 3: Enter and Save Individual Project Reports, 4

- Enter Project Summary narrative for each question.
- Click Save at any time.

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

Show Round 1 Project Summary

Project Overview: Accomplishments

Project Overview: Challenges

Project Overview: Lessons Learned

Patient Impact for Medicaid/Low-Income Uninsured Population:

Progress on Core Components:

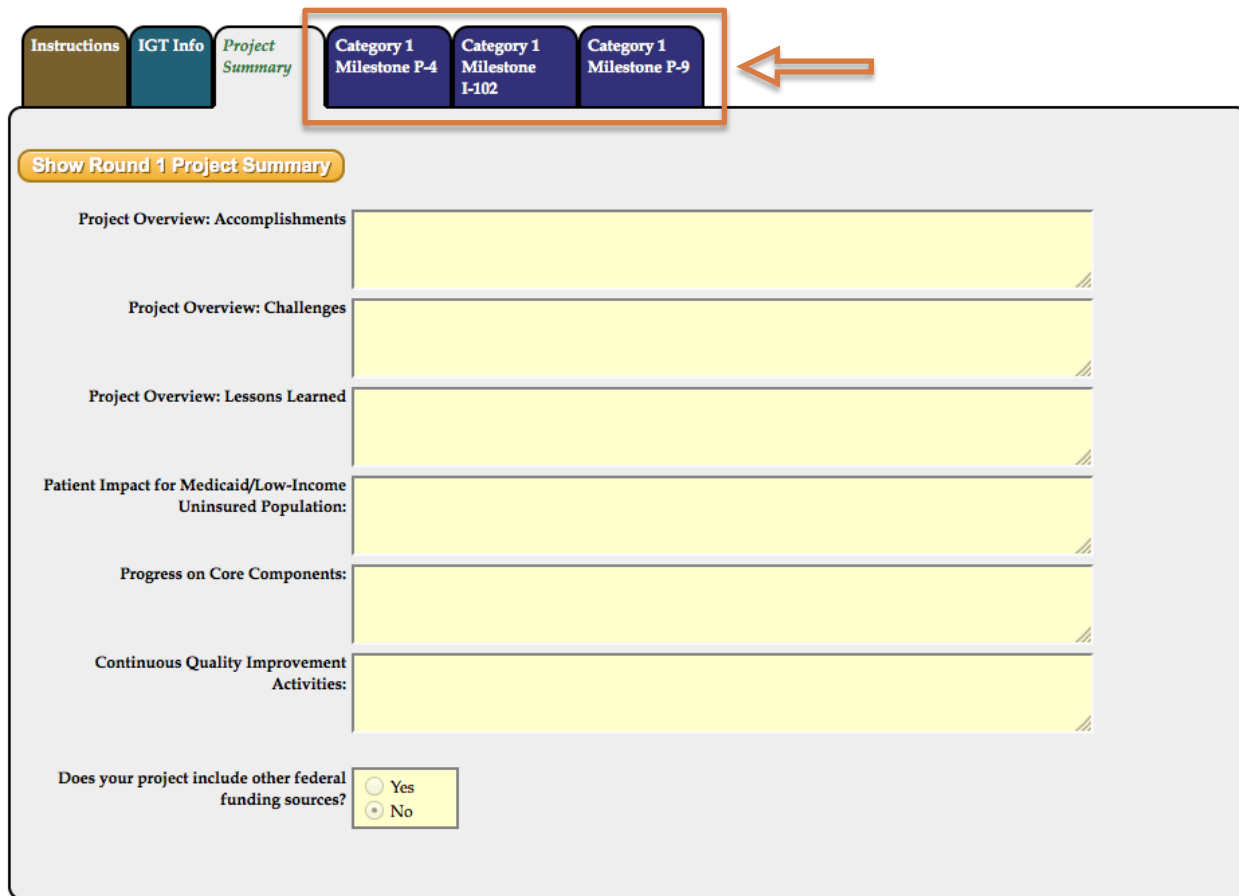
Continuous Quality Improvement Activities:

Does your project include other federal funding sources?

☐ Yes
☒ No

Step 3: Enter and Save Individual Project Reports, 5

To report on
milestones and
metrics, click on
a given
Milestone tab.



The screenshot shows a web application interface for reporting project milestones. At the top, there are four tabs: 'Instructions', 'IGT Info', 'Project Summary', and 'Milestone'. The 'Milestone' tab is highlighted with an orange box, and an orange arrow points to it. Below the tabs, there is a section titled 'Show Round 1 Project Summary' with a yellow background. This section contains several text input fields for reporting project details:

- Project Overview: Accomplishments
- Project Overview: Challenges
- Project Overview: Lessons Learned
- Patient Impact for Medicaid/Low-Income Uninsured Population:
- Progress on Core Components:
- Continuous Quality Improvement Activities:

At the bottom, there is a question: 'Does your project include other federal funding sources?' with two radio button options: 'Yes' and 'No'.

Step 3: Enter and Save Individual Project Reports, 6

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

Instructions
IGT Info
Project Summary
Category 1 Milestone P-4
Category 1 Milestone P-101
Category 1 Milestone P-9

Milestone: P-101
Custom Description: Utilization of appropriate crisis alternatives
Milestone Value: \$1,422,494
Estimated DY3 Payment:

Metric Details	Metric P-101.1
Metric Description:	
Custom Metric Description:	Establish a baseline for specialty clinic volume ? number of visits.
Goal/Baseline:	Establish a baseline for specialty clinic volume. Estimated at 1500 clinic visits per year across all coverage locations. 1500 encounters.
Data Source:	
Custom Data Source:	
Goal Type:	Numeric
Numeric Goal:	1500
QPI:	Y
Medicaid/Low-Income Uninsured:	N
Baseline and Period:	<input type="text"/>
Round 1 Values	Metric P-101.1
Round 1 Achieved?	
Round 1 Goal Progress:	
Round 1 Progress Update:	
Round 1 Achievement Value:	0%
Round 1 HHSC Signoff:	
Round 1 HHSC Comments:	
Current Reporting Values	Metric P-101.1
Achieved by Sept. 30?	<input type="text"/>
Numeric/Percentage Goal Progress:	<input type="text" value="Enter number or % , commas or \$"/>
Goal Calculation (if applicable):	<input type="text"/>
Progress Update:	<input type="text"/>
Supporting Attachments:	<input type="button" value="Upload"/>
Achievement Value:	0%
Payment(s)	Metric P-101.1
Est. Round 1 Reporting Payment:	\$0
Est. Current Reporting Payment:	\$0
Carry-forward Questions	Metric P-101.1
If applicable, please explain why your achievement is less than expected.	<input type="text"/>
Do you want to carry this metric into the next demonstration year?	<input type="radio"/> Yes <input type="radio"/> No
What is your plan to improve performance by the end of the following DY?	<input type="text"/>

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.

Instructions	IGT Info	Project Summary	Category 1 Milestone P-4	Category 1 Milestone P-101	Category 1 Milestone P-9
<p>Milestone: P-101</p> <p>Custom Description: Utilization of appropriate crisis alternatives</p> <p>Milestone Value: \$1,422,494</p> <p>Estimated DY3 Payment: <input type="text" value="\$1,422,494"/></p>					
Metric Details			Metric P-101.1		
Metric Description:					
Custom Metric Description:			Establish a baseline for specialty clinic volume ? number of visits.		
Goal/Baseline:			Establish a baseline for specialty clinic volume. Estimated at 1500 clinic visits per year across all coverage locations. 1500 encounters.		
Data Source:					
Custom Data Source:					
Goal Type:			Numeric		
Numeric Goal:			1500		
QPI:			Y		
Medicaid/Low-Income Uninsured:			N		
Baseline and Period:			<input type="text"/>		
Round 1 Values			Metric P-101.1		
Round 1 Achieved?					
Round 1 Goal Progress:					
Round 1 Progress Update:					
Round 1 Achievement Value:			0%		
Round 1 HHSC Signoff:					
Round 1 HHSC Comments:					
Current Reporting Values			Metric P-101.1		
Achieved by Sept. 30?			<input type="text"/>		
Numeric/Percentage Goal Progress:			<input type="text"/> (enter numbers only, no %, commas or \$)		
Goal Calculation (if applicable):			<input type="text"/>		
Progress Update:			<input type="text"/>		
Supporting Attachments:			<input type="button" value="Upload"/>		
Achievement Value:			0%		
Payment(s)			Metric P-101.1		
Est. Round 1 Reporting Payment:			\$0		
Est. Current Reporting Payment:			\$0		
Carry-forward Questions			Metric P-101.1		
If applicable, please explain why your achievement is less than expected.			<input type="text"/>		
Do you want to carry this metric into the next demonstration year?			<input type="radio"/> Yes <input type="radio"/> No		
What is your plan to improve performance by the end of the following DY?			<input type="text"/>		

Supporting Attachments:

Upload

Step 3: Enter and Save Individual Project Reports, 8

- 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.

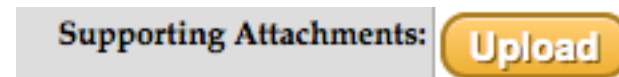
Instructions	IGT Info	Project Summary	Category 1 Milestone P-4	Category 1 Milestone P-101	Category 1 Milestone P-9
<p>Milestone: P-101</p> <p>Custom Description: Utilization of appropriate crisis alternatives</p> <p>Milestone Value: \$1,422,494</p> <p>Estimated DY3 Payment: <input type="text" value="\$1,422,494"/></p>					
Metric Details			Metric P-101.1		
Metric Description:					
Custom Metric Description:			Establish a baseline for specialty clinic volume ? number of visits.		
Goal/Baseline:			Establish a baseline for specialty clinic volume. Estimated at 1500 clinic visits per year across all coverage locations. 1500 encounters.		
Data Source:					
Custom Data Source:					
Goal Type:			Numeric		
Numeric Goal:			1500		
QPI:			Y		
Medicaid/Low-Income Uninsured:			N		
Baseline and Period:			<input type="text"/>		
Round 1 Values			Metric P-101.1		
Round 1 Achieved?					
Round 1 Goal Progress:					
Round 1 Progress Update:					
Round 1 Achievement Value:			0%		
Round 1 HHSC Signoff:					
Round 1 HHSC Comments:					
Current Reporting Values			Metric P-101.1		
Achieved by Sept. 30?			<input type="text"/>		
Numeric/Percentage Goal Progress:			<input type="text"/> (enter numbers only, no %, commas or \$)		
Goal Calculation (if applicable):			<input type="text"/>		
Progress Update:			<input type="text"/>		
Supporting Attachments:			<input type="button" value="Upload"/>		
Achievement Value:			0%		
Payment(s)			Metric P-101.1		
Est. Round 1 Reporting Payment:			\$0		
Est. Current Reporting Payment:			\$0		
Carry-forward Questions			Metric P-101.1		
If applicable, please explain why your achievement is less than expected.			<input type="text"/>		
Do you want to carry this metric into the next demonstration year?			<input type="radio"/> Yes <input type="radio"/> No		
What is your plan to improve performance by the end of the following DY?			<input type="text"/>		

Supporting Attachments:

Upload

Step 3: Enter and Save Individual Project Reports, 9

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



Step 3: Enter and Save Individual Project Reports, 10

- After uploading a file, you will receive a confirmation message.




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



Step 3: Enter and Save Individual Project Reports, 11

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

Instructions
IGT Info
Project Summary
Category 1 Milestone P-4
Category 1 Milestone P-101
Category 1 Milestone P-9



Milestone: P-101

Custom Description: Utilization of appropriate crisis alternatives

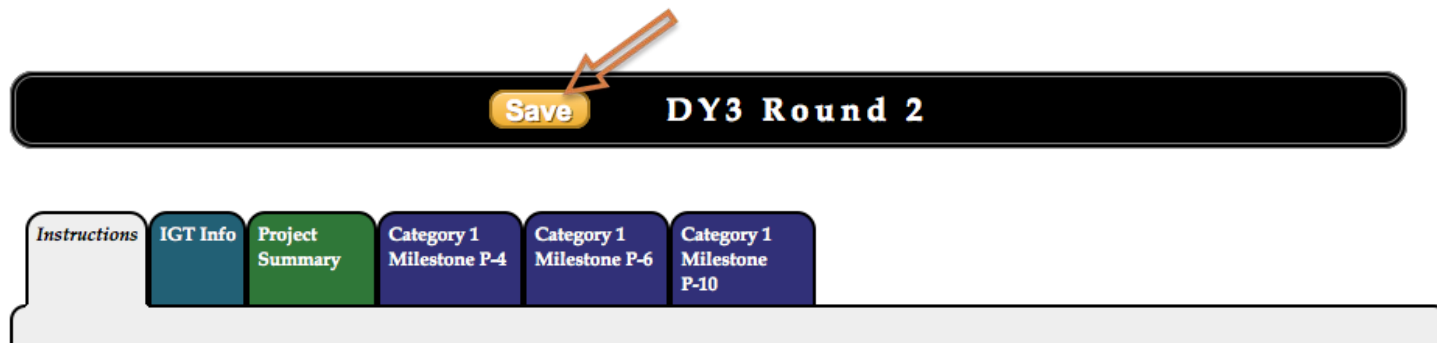
Milestone Value: \$1,422,494

Estimated DY3 Payment: \$1,422,494

Metric Details	Metric P-101.1
Metric Description:	
Custom Metric Description:	Establish a baseline for specialty clinic volume ? number of visits.
Goal/Baseline:	Establish a baseline for specialty clinic volume. Estimated at 1500 clinic visits per year across all coverage locations. 1500 encounters.
Data Source:	
Custom Data Source:	
Goal Type:	Numeric
Numeric Goal:	1500
QPI:	Y
Medicaid/Low-Income Uninsured:	N
Baseline and Period:	
Round 1 Values	Metric P-101.1
Round 1 Achieved?	
Round 1 Goal Progress:	
Round 1 Progress Update:	
Round 1 Achievement Value:	0%
Round 1 HHSC Signoff:	
Round 1 HHSC Comments:	
Current Reporting Values	Metric P-101.1
Achieved by Sept. 30?	<input type="text"/>
Numeric/Percentage Goal Progress:	(enter numbers only, no %, commas or \$)
Goal Calculation (if applicable):	
Progress Update:	
Supporting Attachments:	Upload
Achievement Value:	0%
Payment(s)	Metric P-101.1
Est. Round 1 Reporting Payment:	\$0
Est. Current Reporting Payment:	\$0
Carry-forward Questions	Metric P-101.1
If applicable, please explain why your achievement is less than expected.	
Do you want to carry this metric into the next demonstration year?	<input type="radio"/> Yes <input type="radio"/> No
What is your plan to improve performance by the end of the following DY?	

Step 3: Enter and Save Individual Project Reports, 12

- Save Project Reports
 - Click **Save** at any time.
 - **IMPORTANT: Be sure to Save before navigating away from the Project Details page or logging out.**



Step 3: Enter and Save Individual Project Reports, 13

- 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

Step 3: Enter and Save Individual Project Reports, 14

- 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



Step 3: Enter and Save Individual Project Reports, 15

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.”**

Project Reporting



Thank you. Your report has been saved and is ready to submit.

Project ID: 137265806.1.1

Provider: Set

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

Step 3: Enter and Save Individual Project Reports, 16

Click on
HOME to
return to the
Provider Details
page.




Texas Health and Human Services Commission

User: mjackson
Role: Lead Provider
[Log Out](#)

HOME | SEARCH | REPORTS |

Project Reporting

Project ID: [094108002.1.2](#) Provider: [Mother Frances Hospital Regional Healthcare Center](#)

Project Area: 1.9 - Expand Specialty Care Capacity RHP: 1

Project Option: 1.9.2 - Improve access to specialty care

Save **DY3 Round 2** **Submit**

Instructions	IGT Info	Project Summary	Category 1 Milestone P-11	Category 1 Milestone P-2	Category 1 Milestone P-21	Category 1 Milestone I-23
--------------	----------	-----------------	---------------------------	--------------------------	---------------------------	---------------------------

Milestone: I-23

Step 3: Enter and Save Individual Project Reports, 17

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

Project Summaries
Reporting Status

137265806.1.1 RHP: 7

DY3	Paid Amt	\$2,504,585 (Remaining: \$1,762,897)	
	Achieved Amt		\$4,267,482 (100%)
	Project Max Amt		\$4,267,482
DY2	Paid Amt	\$0 (Remaining: \$3,721,068)	
	Achieved Amt	\$0 (0%)	
	Project Max Amt		\$3,721,068

137265806.1.2 RHP: 7

DY3	Paid Amt	\$0 (Remaining: \$2,177,053)	
	Achieved Amt	\$0 (0%)	
	Project Max Amt		\$2,177,053
DY2	Paid Amt	\$0 (Remaining: \$2,021,395)	
	Achieved Amt	\$2,021,395 (100%)	
	Project Max Amt		\$2,021,395

137265806.1.3 RHP: 7

DY3	Paid Amt	\$0 (Remaining: \$1,534,762)	
	Achieved Amt	\$0 (0%)	
	Project Max Amt		\$1,534,762
DY2	Paid Amt	\$0 (Remaining: \$1,425,028)	
	Achieved Amt	\$475,009 (33.33%)	
	Project Max Amt		\$1,425,028

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.

Instructions
IGT Info
Project Summary
Category 1 Milestone P-101
Category 3
751281410.3.1
IT-1.2

Category 3 Project ID: [751281410.3.1](#)

Outcome Measure: IT-1.2

Outcome Title: The percentage of patients 18 years of age and older who received at least 180 treatment days of angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs) during the measurement year and had at least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year.

Estimated Project Amount: \$8,000

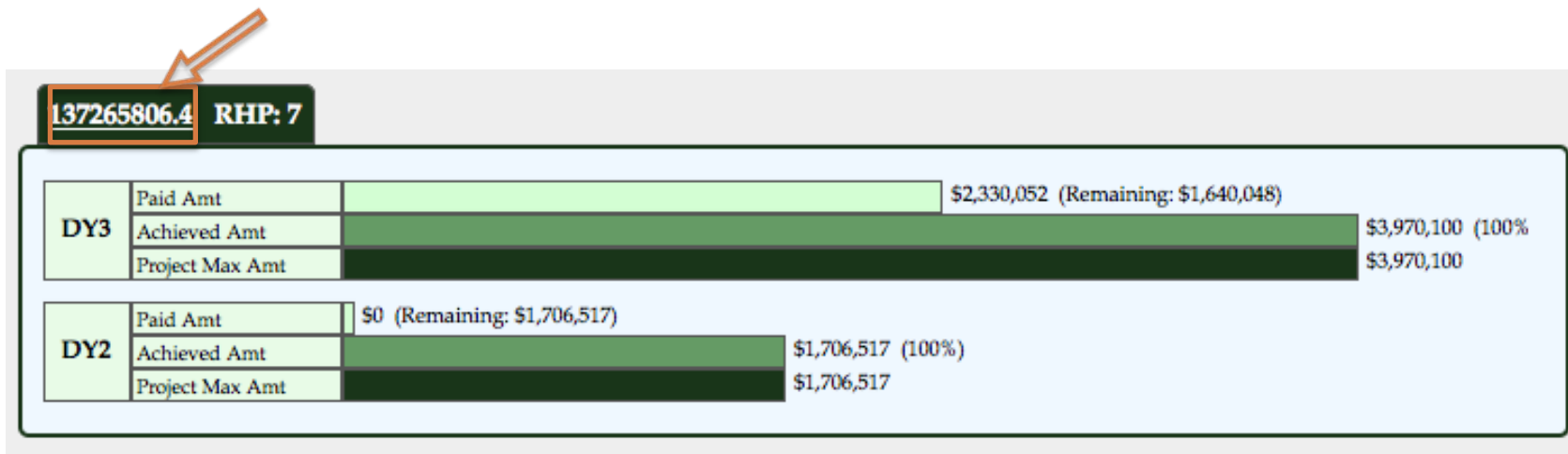
Estimated DY3 Payment: \$4,000

Milestone Details	Milestone P-5	Milestone P-4
Milestone Description:	Implement loan repayment program for primary care providers	Develop and implement a curriculum for residents to use their practice data to demonstrate skills in quality assessment and improvement
Goal:	8	
Numerator:	Patients from the denominator with at least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year	Patients from the denominator with at least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year
Denominator:	Patients 18 years of age and older as of December 31 of the measurement year on persistent angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs) -- defined as patients who received at least 180 treatment days of ambulatory medication during the measurement year	Patients 18 years of age and older as of December 31 of the measurement year on persistent angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs) -- defined as patients who received at least 180 treatment days of ambulatory medication during the measurement year
Goal Type:	Yes/No	Numeric
Numeric Goal:	9	5
Current Reporting Values	Milestone P-5	Milestone P-4
Achieved by March 31?	<input type="text"/>	<input type="text"/>
Percentage of Goal Achieved:		50% <input type="text"/>
Progress Update:	<div style="background-color: yellow; height: 100px; width: 100%;"></div>	<div style="background-color: yellow; height: 100px; width: 100%;"></div>
Supporting Attachments:	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Upload</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Upload</div>
Achievement Value:	100%	0%
Payments	Milestone P-5	Milestone P-4
Est. Current Reporting Payment:	\$0	\$0

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.



Project Reporting for Category 4...2

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

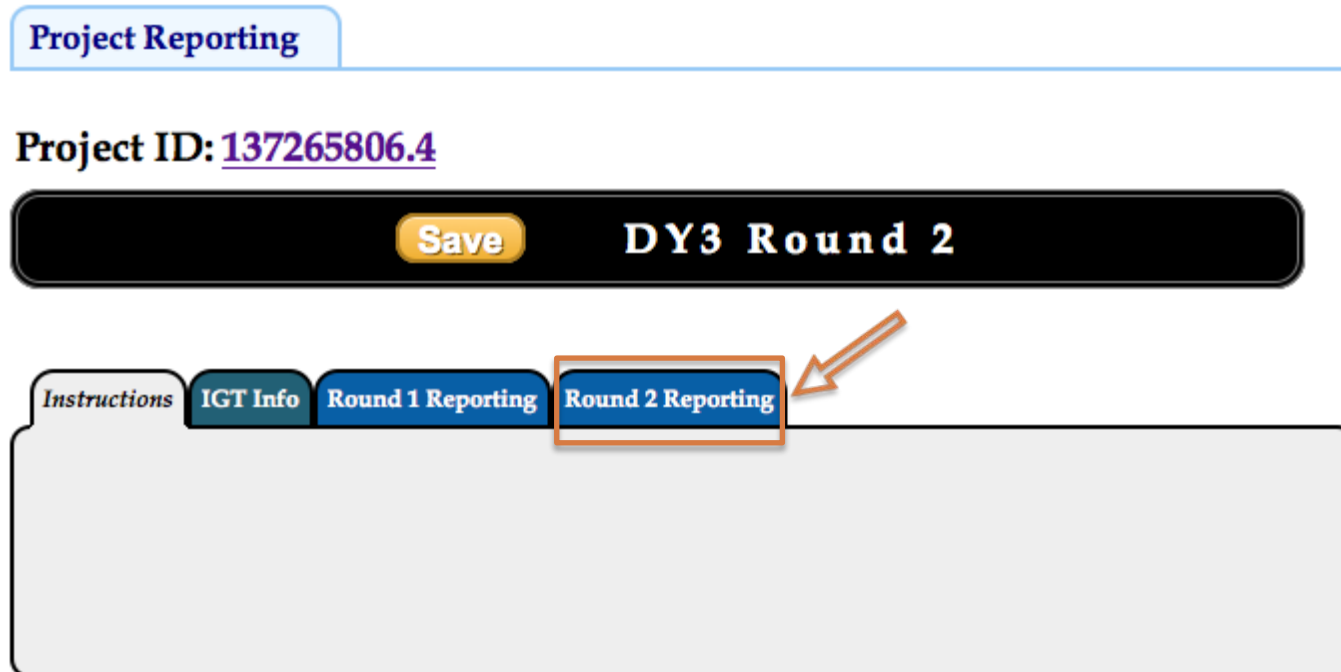
- Arrive at the Category 4 Project Reporting page.
- Click on the tab for **Round 2 Reporting**.

Project Reporting

Project ID: 137265806.4

Save **DY3 Round 2**

Instructions **IGT Info** **Round 1 Reporting** **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	<input type="text" value="Yes"/>	\$794,020	<input type="text" value=""/>	<input type="text" value=""/>	<input type="button" value="Upload"/>
RD1 - Potentially Preventable Admissions	<input type="text" value="Yes"/>	\$794,020	<input type="text" value=""/>	<input type="text" value=""/>	<input type="button" value="Upload"/>
RD2 - 30-day Readmissions	<input type="text" value="Yes"/>	\$794,020	<input type="text" value=""/>	<input type="text" value=""/>	<input type="button" value="Upload"/>
RD4 - Patient Centered Healthcare	<input type="text" value="Yes"/>	\$794,020	<input type="text" value=""/>	<input type="text" value=""/>	<input type="button" value="Upload"/>
RD5 - Emergency Department Measures	<input type="text" value="No"/>	\$794,020	<input type="text" value="Need More Info"/>	<input type="text" value=""/>	<input type="button" value="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**.

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	<input type="button" value="Yes"/>	\$794,020	<input type="button" value=""/>	<input type="text"/>	<input type="button" value="Upload"/>
RD1 - Potentially Preventable Admissions	<input type="button" value="Yes"/>	\$794,020	<input type="button" value=""/>	<input type="text"/>	<input type="button" value="Upload"/>
RD2 - 30-day Readmissions	<input type="button" value="Yes"/>	\$794,020	<input type="button" value=""/>	<input type="text"/>	<input type="button" value="Upload"/>
RD4 - Patient Centered Healthcare	<input type="button" value="Yes"/>	\$794,020	<input type="button" value=""/>	<input type="text"/>	<input type="button" value="Upload"/>
RD5 - Emergency Department Measures	<input type="button" value="No"/>	\$794,020	<input type="button" value="Need More Info"/>	<input type="text"/>	<input type="button" value="Upload"/>

Step 4:

Confirm that Reporting Is Complete

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.

Provider Details

Seton Healthcare dba University Medical Center Brackenridge

RHPs: [7](#)

TPI: 137265806

Ownership: Private

TIN: 17411096435000

Contacts

+	Carol Saucedo	csaucedo@seton.org	Edit	Delete
+	Shelley Szucs	sszucs@seton.org	Edit	Delete
+	Melanie Diello	msdiello@seton.org	Edit	Delete
+	Julie Holly	jholly@seton.org	Edit	Delete

DY2

DY3

DY4

DY5

RHP: 7

[Provider Summary Rd 1](#)

[Provider Summary Rd 2](#)

Project Summaries

Reporting Status

137265806.1.1 RHP: 7

DY3	Paid Amt	<div></div> \$2,504,585 (Remaining: \$1,762,897)	
	Achieved Amt	<div></div>	\$4,267,482 (100%)
	Project Max Amt	<div></div>	\$4,267,482
DY2	Paid Amt	\$0 (Remaining: \$3,721,068)	
	Achieved Amt	\$0 (0%)	
	Project Max Amt	<div></div>	\$3,721,068

Step 4: Confirm that Reporting Is Complete, 2

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

Project Summaries

Reporting Status

Provider Summary Status		
RHP Number	Round 1	Round 2
7	Report not started	Report Submitted

Project Status			
RHP Number	Project	Round 1	Round 2
7	137265806.1.1	Report not started	Ready to Submit
7	137265806.1.2	Report not started	Ready to Submit
7	137265806.1.3	Report not started	Ready to Submit

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

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

— or

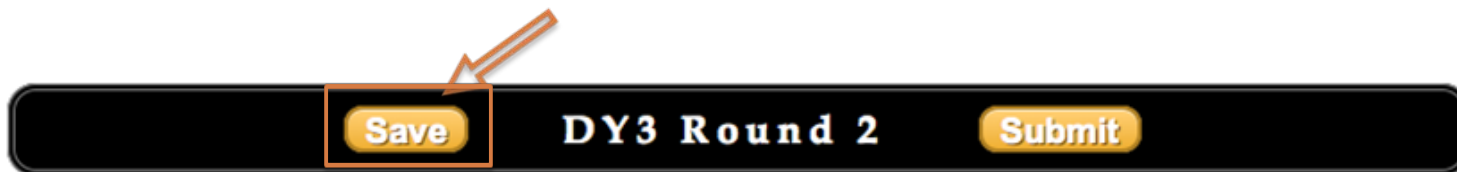
2. Report Submitted (Report has been submitted by Lead Provider. No further editing allowed.)

Step 5:

Optional for Lead Providers: “SUBMIT” Project Reports To Prevent Further Editing

Step 5 (Optional for Lead Providers): Submit Reports

- 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.



Step 5 (Optional for Lead Providers): Submit Reports, 3

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



Texas Health and Human Services Commission

User: funderwood
Role: Lead Provider
[Log Out](#)

HOME | SEARCH | REPORTS |

Provider Summary Report

Save DY3 Round 2

Seton Healthcare dba University Medical Center Brackenridge
RHP Number: 7

Summary Report:

Step 5 (Optional for Lead Providers): Submit Reports, 4

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).



The screenshot shows a dark grey header bar with three yellow buttons: 'Save', 'DY3 Round 2', and 'Submit'. An orange arrow points to the 'Submit' button. Below the header bar is a row of five tabs: 'Instructions' (light grey), 'IGT Info' (teal), 'Project Summary' (green), 'Category 1 Milestone P-4' (dark blue), 'Category 1 Milestone I-102' (dark blue), and 'Category 1 Milestone P-9' (dark blue). Below the tabs is a large, empty light grey rectangular area.

Step 5 (Optional for Lead Providers): Submit Reports, 5

- 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

DY3 Round 2 Reporting, 11

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.

DY3 Round 2 Reporting, 13

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

User Guide, continued

Please consult the User Guide for more detailed information.



USER GUIDE DSRIP Online Reporting System

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HELP MAILBOX

TXHealthcareTransformation@hhsc.state.tx.us

Demonstration of the DSRIP Online Reporting System
