



Southeast Texas Regional Healthcare Partnership
Texas Healthcare Transformation and Quality Improvement Program ☆ Medicaid 1115 Waiver

RHP 3 Learning Collaborative – DY4

Category 3 Breakout Session

December 11, 2014

Presented by: Nicole Lievsay



Agenda

- Statewide Overview of Category 3
- Regional Overview of Category 3
- Tabletop Discussions by Outcome Domain and/or Stretch Activity
- Questions & Answers



Looking Forward to Category 3 Reporting

December 2014

Noelle Gaughen

Senior Policy Analyst

Transformation Waiver Operations

REVIEW OF DY3 REPORTING

Milestones Reported in DY3

- **PM7:** (DY2 Carryforward) Submission of Category 3 DY2 Status Report
- **PM8:** Submission of Category 3 DY3 Status Report
- **PM9:** Validation and submission of baseline performance

- **Baseline Template**
- **Supporting Documentation (If Applicable)**
 - Baseline Exemption Approval
 - Internal Risk Adjusting Methodology
 - Survey Administration Form
 - Alternative Achievement Request

**NEXT STEPS:
FINALIZING DY4 & DY5
IMPROVEMENT TARGETS**

Certifying Baseline

In January and February, HHSC staff will work with providers to confirm their DY3 baseline. This will include:

- “Truing-up” baseline rates for P4P & PFP measures
- Following up on missing information (Certification, supporting documentation)
- Confirming baseline exceptions and alternative achievement proposals
- Confirming DY4 and DY5 improvement targets
- Reclassifying payment type (P4P to P4R) for certain cases

Reclassifying Payment Type

- Metrics unable to collect baseline data by September 30, 2014
 - Measure will be re-designated as P4R
 - Alternate Improvement Activity that required in DY5; 20% improvement for QISMC outcomes or 10% improvement for IOS outcomes over baseline reported in DY4
- Some metrics reporting a denominator less than 15 or 30 cases at time of baseline reporting.
 - HHSC will reclassify measure to P4R for DY4 & DY5
 - Provider will be required to complete Stretch Activity #3 (outcome evaluation) during DY5

DY4 and DY5 Target Setting

QISMC methodology

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

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

DY4 and DY5 Target Setting

- Improvement Over Self (IOS)
 - 5% improvement over baseline in DY 4
 - 10% improvement over baseline in DY 5
- Improvement Over Self (IOS) for Tools
 - Scenario 1 - DY4 and DY5 improvement targets are based on observed pretest/posttest change score in DY3.
 - Scenario 2 – Baseline is average pretest scores in DY3, with DY4 posttest scores at 5% improvement in total point value over DY3 pretest, and DY5 posttest scores at 10% improvement in total point value over DY3 pretest scores.
 - Scenario 3 – Baseline is average score in DY3, with a DY4 5% improvement in total point value over DY3 baseline, and DY5 10% improvement in total point value over DY3.

Alternative Achievement Levels

- During October DY3 Baseline Reporting, providers had the opportunity to submit an Alternate Achievement Level Request for specific scenarios.
- HHSC will review these in early 2015 during the baseline certification process and notify providers of approval.
- If a request cannot be approved, HHSC will work with the provider to redefine their measurement population by adding or removing subsets.

DY4 & DY5 REPORTING

Cat 3 Payment Framework

	P4P outcome measures	P4R outcome measures
DY 4	50% P4R/ 50% P4P	100% P4R on measure
DY 5	100% P4P	50% P4R on measure 50% P4P on population-focused priority measure or stretch activity

DY 4 Payments

P4P Measures

- PM-10: Successful reporting to approved measure specifications
 - 50% of funding available to earn for successful reporting to specifications
 - Carry forward applies
 - Partial payment does not apply
- AM-1: Achievement of DY4 performance goal
 - 50% of funding available for reaching achievement level
 - Carry forward applies
 - Partial payment applies

- **PM-10: Successful reporting to approved measure specifications**
 - 100% of funding available to earn through successful reporting to specifications
 - Carry forward applies
 - Partial payment does not apply

DY 5 Payments P4P Measures

- AM-2: Achievement of DY5 performance goal
 - 100% of funding available for reaching target
 - Carry forward applies
 - Partial payment applies

DY 5 Payments

P4R Measures

- **PM-10:** Successful reporting to approved measure specifications. 50% of funding available to earn through successful reporting to specification.
 - Carry forward applies, Partial payment does not apply
- **AM-3:** Achievement of DY5 performance goal for PFP measure *OR*
PM-11: Successful Achievement of Stretch Activity
50% of funding available to earn through alternate performance activity
 - Population-focused priority measure (improvement target)
 - 20% achievement with QISMC, 10% IOS over baseline
 - Carry forward and partial payment apply
 - Stretch activity (process milestone)
 - Carry forward applies, Partial payment does not apply

Category 3 Partial Payment

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

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

Category 3 Partial Payment

Example:

	Target	Achieved	Payment
DY4	5% improvement over DY3 baseline	3% improvement over DY3 baseline <i>(60% achieved)</i>	50% of DY4 incentive payment for AM-1
DY5	10% improvement over DY3 baseline	10% improvement over DY3 baseline	Remaining 50% of DY4 incentive payment for AM-1 as carryforward AND 100% of DY5 incentive payment for AM-3

DY4 Reporting Opportunities

April 2015

- PM-8 (status report) & PM-9 (baseline) Carryforward
- PM-10 & AM-1 if reporting 12 months of DY4 data
 - *must be reported in the same reporting period*

November 2015

- PM-8 and PM-9 Carryforward (*last chance*)
- PM-10 & AM-1

- For measure specifications, please review compendium information.
- The RHP Anchors and provider associations have been involved in the development and mechanics of Category 3. Providers are encouraged to reach out to these groups for assistance, and participate in regional or statewide outcome specific learning collaboratives.
- For assistance with specific tools, provider may wish to reach out to the tool developer - contact info is listed in the tools appendix and compendium.
- Providers may also reach out to like provider types to discuss understanding of measure specifications as well as data availability. A list of all approved Category 3 selections is available on the waiver website.

<http://www.hhsc.state.tx.us/1115-Waiver-Guideline.shtml>



Category 3 in RHP 3

- Over 180 Projects valued at almost \$1.7B
- 288 Category 3 Measures chosen
 - Including 47 Alternative Improvement Activities (Stretch Activities)
- Total Category 3 value is over \$380M



Outcome Domain Prevalence & Value

Reference Number	Title	Total	Value
OD-1	Primary Care and Chronic Disease Management	59	\$115,822,668
OD-2	Potentially Preventable Admissions	3	2,796,679
OD-3	Potentially Preventable Readmissions (PPRs) – 30-day Readmission Rates	20	44,816,599
OD-4	Potentially Preventable Complications, Healthcare Acquired Conditions, and Patient Safety	2	3,389,402
OD-5	Cost of Care	2	7,107,126
OD-6	Patient Satisfaction	28	13,584,200
OD-7	Oral Health	10	18,754,121
OD-8	Perinatal Outcomes and Maternal Child Health	14	16,092,267
OD-9	Right Care, Right Setting	31	37,926,748
OD-10	Quality of Life/Functional Status	22	24,436,654
OD-11	Behavioral Health/Substance Abuse Care	44	36,940,400
OD-12	Primary Prevention	39	47,147,854
OD-13	Palliative Care	3	10,969,959
OD-14	Healthcare Workforce	4	2,225,840
OD-15	Infectious Disease Management	7	7,187,754
	Grand Total	288	\$389,198,271



Most Prevalent Improvement Targets (IT)

Measure	Title	Total	Value	# of PPs
IT-1.10	Diabetes care: HbA1c poor control (>9.0%)	15	\$47,325,983	10
IT-10.1.a.v	Pediatric Quality of Life Inventory (PedsQL)	14	16,498,725	3
IT-6.1.b.ii	CG-CAHPS 12-month: Provider Communication	11	6,022,135	1
IT-11.26.e.i	Patient Health Questionnaire 9 (PHQ-9)	10	15,447,981	4
IT-11.25	Daily Living Activities (DLA-20)	9	4,396,904	1
IT-11.26.c	Adult Needs and Strength Assessment (ANSA)	9	8,680,241	1
IT-12.6	Influenza Immunization -- Ambulatory	9	14,101,672	6
IT-9.4.e	Reduce Emergency Department visits for Behavioral Health/Substance Abuse	7	19,874,959	6
IT-1.1	Third next available appointment	6	4,493,557	4
IT-1.7	Controlling high blood pressure	6	12,090,656	5
IT-12.4	Pneumonia vaccination status for older adults	6	13,107,708	3
IT-3.3	Risk Adjusted Congestive Heart Failure (CHF) 30-day Readmission Rate	5	18,193,015	3
IT-6.2.a	Client Satisfaction Questionnaire 8 (CSQ-8)	5	2,937,909	3
IT-8.19	Post-Partum Follow-Up and Care Coordination	5	5,995,841	5
IT-9.2	Reduce Emergency Department (ED) visits for Ambulatory Care Sensitive Conditions (ACSC) per 100,000	5	2,080,776	3
IT-1.13	Diabetes care: Foot exam	4	11,782,505	2
IT-1.18	Follow-Up After Hospitalization for Mental Illness	4	2,402,857	3
IT-12.16	High-risk Colorectal Cancer Follow-up rate within one year	4	5,324,299	4
IT-3.15	Risk Adjusted Behavioral Health /Substance Abuse 30-day Readmission Rate	4	7,596,766	4
IT-6.1.a.x	HCAHPS Likelihood to Recommend	4	1,406,223	3
IT-9.1	Decrease in mental health admissions and readmissions to criminal justice settings such as jails or prisons	4	1,738,963	3
IT-9.10.a	Median Time from ED Arrival to ED Departure for Discharged ED Patients	4	4,270,176	4
	GRAND TOTAL	150	\$225769851	



Tabletop Discussions by OD

- Tables are organized by Outcome Domain
 - **OD1**
 - Primary Care and Chronic Disease Management
 - **OD9**
 - Right Care, Right Setting
 - **OD6 & OD12**
 - Patient Satisfaction
 - Primary Prevention
 - **OD3, OD8, OD10, & OD11**
 - Potentially Preventable Readmissions (PPRs) – 30-day Readmission Rates
 - Perinatal Outcomes and Maternal Child Health
 - Quality of Life/Functional Status
 - Behavioral Health/Substance Abuse Care
 - **Alternative Improvement Activities (Stretch Activities)**



Suggested Discussion Topics

- Did you make a change from your original Category 3 selection(s)?
- Did you define a population subset? If so, why?
- Have you been able to get your baseline data? If not, what are the challenges?
- What is your baseline data showing you so far?
- Does this match what you initially expected?
- What are your opportunities to improve for DY4 & DY5?
- How are you handling Risk Adjustment, if applicable?



QUESTIONS?



setexasrhp@harrishealth.org