April 29, 2020

Dear HQIP Participant,

Thank you for your participation in the 2020 CO Hospital Quality Incentive Payment (HQIP) program. HQIP payments for the 2020 program year will be based on the data collected in this tool as well as other sources such as Hospital Compare and the Department of Health Care Policy and Financing (HCPF).

The HQIP portal will open May 1, 2020 and close June 30, 2020 5:00 MST for data collection. You may edit your facility's survey responses at any time prior to the survey close date.

The information below is an overview of the 2020 HQIP measures and instructions on how to access and use the portal. Please refer to the 2020 HQIP Measure Details document for detailed information on the 2020 HQIP performance measures.

If you have any questions or concerns regarding the HQIP portal, please reach out to the PCG Team at COHQIP@pcgus.com. For programmatic questions, please reach out to Matt Haynes at matt.haynes@state.co.us.

Thank you,

The PCG Team

I. 2020 CO HQIP MEASURES:

Measures for the 2020 HQIP program are listed below. Hospitals will be requested to complete all three measure groups. Measures with an asterisk (*) denote new measures for the 2020 HQIP.

A. Maternal Health and Perinatal Care Measure Group

Measure	Measure Basis	Source	Measurement Period
Exclusive Breast Feeding (PC-05)	The Joint Commission (TJC)/CMS	Hospital Reported	January 1, 2019 to December 31, 2019
Cesarean Section (PC-02)	The Joint Commission/CMS	Hospital Reported	January 1, 2019 to December 31, 2019
Perinatal Depression and Anxiety	Council on Patient Safety in Women's Health Care	Hospital Reported	In place on April 30, 2020
Maternal Emergencies	National Partnership for Maternal Safety	Hospital Reported	In place on April 30, 2020
Reproductive Life/Family Planning	Department of Health Care Finance/US Office of Population Affairs	Department/ Hospital Reported	In place on April 30, 2020

Measure	Measure Basis	Source	Measurement Period
Incidence of Episiotomy*	Christiana Care Health System	Department	January 1, 2019 to December 31, 2019

B. Patient Safety Measure Group

Measure	Measure Basis	Source	Measurement Period
Clostridium difficile (C. Diff)	Center for Disease Control (CDC)	Department/ Hospital Reported	January 1, 2019 to December 31, 2019
Adverse Event	HQIP	Hospital Reported	January 1, 2019 to December 31, 2019
Culture of Safety Survey	Agency for Healthcare Research and Quality (AHRQ)	Hospital Reported	Within the 24 months prior to data collection

C. Patient Experience Measure Group

Measure	Measure Basis	Source	Measurement Period
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)	AHRQ/ Hospital Compare	Department	July 1, 2018 to June 30, 2019
Advance Care Planning	National Committee for Quality Assurance (NCQA)	Hospital Reported	January 1, 2019 to December 31, 2019

D. 2020 Maintenance Measures

1. Pulmonary Embolism /Deep Vein Thrombosis (PE/DTV)

Measure Steward	Data Source	Measurement Period
AHRQ	CHA Hospital Report Card	TBD

2. Central Line Associated Blood Stream Infections (CLABSI)

Measure Steward	Data Source	Measurement Period
CDC	Colorado Department of Public Health and Environment (CDPHE)	TBD

3. Early Elective Deliveries

Measure Steward	Data Source	Measurement Period
The Joint Commission	CMS	TBD

II. CO HQIP SURVEY STRUCTURE:

The HQIP survey is structured as a conditional-logic based questionnaire that will require your facility to respond to and complete a series of questions before moving onto the next set of questions. Within the survey itself, there are five (5) types of questions / statements:

1. **Yes/No Multiple-Choice Selections** – One of the two choices must be selected by the user before advancing to the next question. If a user decides to revisit a question of this type and make changes, this action might impact the list of questions that the user will need to answer in order to fulfill the conditional logic.

2. **Documentation Upload** – The user must upload a document to the survey application before advancing. Although the user can revisit/review all uploaded documents from the main application dashboard, the user must navigate to the specific question to replace an already uploaded document.

3. **Data Entry** – Users must enter a value that is in the correct data format prior to moving on to the next question. Specific format descriptions for the requested values will be described by the applicable questions on an individual basis.

4. **Text Entry** – Users must provide written descriptions pertaining to the specific topics that the applicable questions are requesting prior before advancing to the next question. Each question will provide a length estimate for the written response to guide the user in accurately addressing the topic of the question.

5. **No Action Informational Page** – Some HQIP measures do not require hospitals to provide any responses and are instead completed using HCPF-collected data for the hospitals. For these measures, the survey will present an informational page that users can review and subsequently advance to the next question without any additional action.

Please note: You may edit your facility's survey responses and exit the portal and return without losing your previous responses.

Once you have completed and submitted the survey, an executive at a decision-making level must complete attestation of the survey on the 'Survey Confirmation/Submission' page. Submission the HQIP survey will not be considered complete until survey attestation has been submitted.

III. CO HQIP PORTAL FEATURES:

Log In

1. Log in to portal: https://cohqip.pcghealthservices.com/Home.aspx
   a. New users will receive an email with a temporary password to finish account set up.
   b. Your username will be your email.

2. Select '2020' from the Select Fiscal Year dropdown to access the 2020 application.

3. Select your facility from the Provider dropdown for HQIP Provider Survey to appear.

User Management

1. Select 'Add New User' from Select User dropdown to add a provider admin or provider participant for your facility.

    a. Provider admin may add other users, edit HQIP survey responses, complete attestation, and view Reports.
    b. Provider participant may only edit HQIP survey responses and view Reports.

Provider Information Management

1. Edit provider information, if necessary.

HQIP Provider Survey Summary

1. Select your facility from the dropdown and click the 'View Selected' button.

2. All Performance Measure rows will appear gray but will change to red as you complete the survey questions. Once complete, all measure groups will be highlighted green.

3. Please note: You will not be able to jump to different questions in the survey since this is a conditional-logic based questionnaire. You'll have to complete a series of questions before moving onto the next set of questions.

4. Click the 'Survey Submission' tab once the survey has been completed and click 'Submit.' Changes and edits to the survey will not be allowed once the survey has been submitted.

5. The PCG team will review the survey submission and enter scores under the 'Score Summary' tab when scores become available.

HQIP Provider Survey

1. Select your facility from the 'Select Provider' dropdown on the Homepage for the 'HQIP Provider Survey' to appear on dashboard.

2. Survey features:

    a. Additional information and description of the Performance Measure and survey question can be found by clicking 'Click here for additional information' under 'Measure Details.'
    b. File Upload – Supporting Documentation: supporting/required documentation can be uploaded by clicking the File Upload icon to the right of the question. All successfully uploaded documentation will appear at the bottom of the page.
    c. Clicking "Next" or "Previous" to navigate to the next or previous measure, or clicking "Summary" to return to the Participant Completion Summary page will also save your progress.

Survey Confirmation/Submission

1. Once you have completed and submitted the HQIP Provider Survey, the 'Survey Confirmation/Submission' page will appear on the dashboard.

2. Select 'Survey Confirmation/Submission,' complete attestation box, and click 'Submit.'

    a. Please note: Attestation must be completed by an executive at a decision-making level who is able to attest to the accuracy of the submitted survey data on behalf of your

organization. Submission the HQIP survey will not be considered complete until survey attestation has been submitted.

Reports

1. Select 'Reports' page on dashboard and choose to view Evaluation Detail Report or Score Summary Report.

   a. Evaluation Detail report generates a comprehensive report with facility's survey responses.
   b. Score Summary report generates a report with facility's score, submitted user, and attested user.

2. Select your facility under Provider Name dropdown and select '2020' under Year dropdown. Click View Report to generate Evaluation Detail report.

3. Click the Export button (floppy disk with a green arrow) and generate a PDF or Excel version of the report, if desired.

4. Select '2020' under Year dropdown. Click View Report to generate Score Summary report.

5. Click the Export button (floppy disk with a green arrow) and generate a PDF or Excel version of the report, if desired.