

Hospital Quality Incentive Payment (HQIP) Program

Data Collection Tool (DCT) Provider Training

April 22, 2022

Department of Health Care Policy & Financing



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Colorado Healthcare Affordability and
Sustainability Enterprise

Agenda

1. Introduction

- a) Program Background
- b) New/Revised Measures
- c) 2022 HQIP Timeline

2. DCT

- a) Accessing the Application
- b) User Roles
- c) Application Features

3. Live Demo

4. Scoring Review and Reconsideration Process



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Program Background

- The Colorado Health Care Affordability Act (House Bill 09-1293), Section 25.5-4-402.3, Colorado Revised Statute authorizes HCPF pay an additional amount based upon performance to those hospitals that provide services that improve health care outcomes for their patients.
- Hospital Quality Incentive Payment (HQIP) Program incentive payments are based on each hospital's performance on the measures recommended by the HQIP Subcommittee and approved by the CHASE Board.
- Public Consulting Group (PCG) was awarded the contract in December 2017 to develop customized quality measures for the State of Colorado's HQIP program that will address the most critical healthcare quality issues facing Colorado.
- In addition, PCG was tasked with developing a web-based Data Collection Tool (DCT) that replaced the online survey to collect hospital quality metrics relating to areas of improvement within Colorado and calculate the provider-specific scoring that will be used to determine the HQIP incentive payments.



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2022 Measure Revisions

Reduction in Racial and Ethnic Disparities

- Based on feedback from the CHASE board, the Community Advisory Council (CAC) and the HQIP Subcommittee in HQIP 2022 this measure transitions from predominantly peripartum racial and ethnic disparities to hospital-wide racial and ethnic disparities. At the same time, the CHASE Board and the CAC still want to ensure that there remains a focus on peripartum racial and ethnic disparities
- In order to maintain this focus, without requiring Labor and Delivery hospitals to submit the entire measure twice, these facilities are required to address the peripartum population in their response to seven of the measure elements that are most relevant to this patient population.
- In 2021, hospitals were asked if they did not have specific elements of the measure in place what their plans for implementing the element in the future was. Hospitals did not earn points for providing this information and found it administratively burdensome. To streamline data collection, this information will not be required in HQIP 2022.
- Revisions reviewed with HQIP Subcommittee and the Colorado Hospital Association and approved by CHASE board.
- Overall number of steps in the conditional logic document **reduced from 55 to 46.**
- **Scoring will remain unchanged for HQIP 2022.** Hospitals must complete all element of the first “R” to earn any points on this measure.



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2022 Measure Revisions

Reduction in Racial and Ethnic Disparities (Continued)

Based on feedback from hospitals and CHA some questions were revised for greater clarity. See the final 2022 measure details for the complete measure. Some of the changes are listed below:

Does the hospital provide staff education and training on how to ask demographic intake questions for staff in all settings where someone is registering patients or adding demographic information to a patient's record?

- **Deliverable:** Provide a brief narrative describing how your hospital provides staff education and training on how to ask demographic intake questions for staff in all settings where someone is registering patients or adding demographic information to a patient's record.

Does your hospital provide information to patients on why race, ethnic and language data are being collected?

- **Deliverable:** Provide a brief narrative describing how your hospital provides education on why race, ethnic and language data are being collected.

Does your hospital provide best practices for shared decision making?

- **Deliverable:** Provide a brief narrative describing how your hospital provides education to providers on best practices for shared decision making. (For labor and delivery hospitals please also describe how your hospital provides education on best practices for shared decision making for peripartum patients) This can be included as one response.



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2022 Measure Revisions

Reduction in Racial and Ethnic Disparities (Continued)

Does the hospital ensure that communications with patients about their medical care in languages other than English meet non-English language proficiency (e.g., Spanish proficiency) requirements?

- **Deliverable:** Indicate from the selections below and provide a brief narrative describing how your hospital ensures that communications with patients about their medical care in languages other than English meet non-English language proficiency requirements.

Check all that apply:

- Electronic translation services/language line/iPads
- Certified interpreters
- Language proficiency assessment of staff who are communicating with patients regarding their medical care

Does the hospital educate all staff responsible for communicating with patients regarding their medical care on interpreter services available within the healthcare system?

- **Deliverable:** Provide a brief narrative describing how your hospital educates all staff responsible for communicating with patients regarding their medical care on interpreter services available within the healthcare system.



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2022 Measure Revisions

Reduction in Racial and Ethnic Disparities (Continued)

Does the hospital engage diverse populations within its community regarding issues of equity in quality and safety to inform the decisions made by quality and safety leadership teams?

- **Deliverable:** Provide a brief narrative describing how your hospital engages diverse populations within your community regarding issues of equity in quality and safety. Describe how input and information from your engagement is communicated to and informs the decisions made by quality and safety leadership teams. (For labor and delivery hospitals does your hospital include stakeholders representing peripartum concerns. Please describe or provide information about these stakeholders and how they are engaged.) This can be included as one response.

Does your hospital ensure that providers and staff engage in best practices for shared decision making?

- **Deliverable:** Provide a brief narrative describing how your hospital ensures that providers and staff engage in best practices for shared decision making. (For labor and delivery hospitals, also include how the hospital ensures that providers and staff engage in best practices for shared decision making for peripartum patients.) This can be included as one response.



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2022 Measure Revisions

Reduction in Racial and Ethnic Disparities (Continued)

Does your hospital have initiatives in place to build a culture of equity, including systems for reporting, response, and learning?

- **Deliverable:** Provide a brief narrative describing the initiatives in place to build a culture of equity, including systems for reporting, response, and learning.

Does the hospital consider and document the role of race, ethnicity, language, poverty, literacy, and other social determinants of health, including racism at the interpersonal and system-level when conducting multidisciplinary reviews of morbidity and mortality, and other clinically important metrics? For example, does the hospital have a checkbox on the review sheet that asks:

Did race/ethnicity (i.e., implicit bias), language barrier, or specific social determinants of health contribute to the morbidity (yes/no/maybe)?

And if so, are there system changes that could be implemented that could alter the outcome?

- **Deliverable:** Please upload supporting documentation showing how you document whether race/ethnicity (i.e., implicit bias), language barrier, or specific social determinants of health contributed to the morbidity and mortality. Please describe how you review and disseminate this information as part of your hospital's efforts around continuous learning and quality improvement.



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2022 Measure Revisions

Zero Suicide

- The Office of Suicide Prevention (OSP) developed a template to assist hospitals in implementing the Zero Suicide framework and at the same time collecting the information need for the HQIP measure
- Stakeholder feedback was incorporated in clarifying specific deliverables. Drafts were reviewed with the Colorado Hospital Association and HQIP Subcommittee.
- Overall number of steps in conditional logic document was **reduced from 54 to 36.**
- Scoring method revised to encourage hospitals to complete as many of the activities to implement Zero Suicide as possible.
 - Revised measure requires hospitals to complete all of the deliverables in Level 1 to earn any points, however after the completion of Level 1 hospitals can earn points by completing **select deliverables** in any of the other levels. **After the completion of Level 1, scoring is no longer cumulative.**
- The requirement on the frequency that hospitals attend the Monthly Zero Suicide Collaborative meetings was updated



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2022 Measure Revisions

Zero Suicide (Continued)

- Elements related to health equity were added to Levels III and IV:
 - **Deliverable 3g:** While creating, maintaining, and evaluating suicide-related policies and practices, it is vital to solicit input from and work collaboratively with people in the communities you serve. It is particularly important to do this with those particularly affected by historical and ongoing marginalization that leads to health inequities, including but not limited to people who are Black, indigenous, people of color, LGBTIQ+, veterans, people who experience chronic mental health and substance use disorders, and people with disabilities. As part of this engagement, a hospital should hold itself accountable to such feedback and regularly incorporate it into any suicide-related policies and procedures. Please describe:
 - a) Any ongoing outreach efforts to the above communities
 - b) How these community members (particularly those with lived experience of mental illness, suicide, or receiving care in your system) are consistently included in Zero Suicide implementation efforts
 - c) How input and feedback is regularly received from community members
 - d) The specific actions that have been taken or are planned by the implementation team as a result of this collaborative effort.



2022 Measure Revisions

Zero Suicide (Continued)

- Elements related to health equity were added to Levels III and IV:
 - **Deliverable 4b Continued:** You should also collect and track data on screening, referral, access to care, and the above metrics among populations most affected by health inequities. Please describe your current process/plans for collecting and reporting data relevant (but not limited) to people of color, people who are indigenous, LGBTQ+, veterans, and people with disabilities.
 - Please select the corresponding boxes if you have the capability to track data relevant to the following:
 - Race/ethnicity: Yes/No
 - Veteran Status: Yes/No
 - Sexual Orientation/gender identity: Yes/No
 - Disability status: Yes/No



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2022 Measure Revisions

Antibiotic Stewardship

- Since the measure was initially drafted in 2019 the Centers for Disease Control and Prevention updated its guidance and the Department of Public Health & Environment reviewed and proposed updates to the measure based on this latest guidance.
- Revisions focused on high value interventions and tasks and removing lower value interventions.
- Drafts reviewed with the Colorado Hospital Association and HQIP Subcommittee
- Level 4 requirement to collaborate with other facilities was removed from the measure.
- The term “Level” was replaced with “Groups”
 - Group 1: Commitment, Accountability and Pharmacy Expertise
 - Group 2: Action and Tracking
 - Group 3, Education and Reporting
 - Group 4, NNSH Reporting
- Overall number of steps in the conditional logic document was **reduced from 39 to 24**.
- Scoring for the measure was revised:
 - To earn any points hospitals will have to meet all requirements for Group 1. However, **earning points on Groups 2-4 are not cumulative**. For example, a hospital could earn points on Group 2 and Group 4 but not Group 3



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2022 Measure Revisions

Sepsis

- **Scoring Modification:** Hospitals earn points for reporting the measure and additional points for any improvement hospitals can document on self-reported process or outcome measures.

Handoffs and Signouts

- **Scoring Modification:** Hospitals can earn Level 4 points by reporting measurement results from the previous year.



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2022 HQIP Timeline

- April 29 - DCT Launch @ 9:00 AM MST
- May 31 - DCT Close @ 11:59 PM MST
- August 1 - Scoring Review and Reconsideration Period Begins
- August 19 - Scoring Review and Reconsideration Period Ends
- TBD - On-Site Reviews
- Mid-September - Scoring Letters to Hospitals



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Data Collection Tool (DCT)



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Accessing the Application

Link: <https://healthportal.pcghealthservices.com/Default.aspx>

Recommended Browser: Google Chrome or Mozilla Firefox



Change Password

New Password should meet the following rules ...

1. At least one lower case letter
2. At least one upper case letter
3. At least one special character
4. At least one number
5. At least 8 characters length

Old Password:

New Password:

Confirm New Password:

Security Questions

If you forget your password you will be asked these security questions you choose here and prompted to enter the answer you specify below

Select Security question1: -- Select --

Security Answer:

Select Security question2: -- Select --

Security Answer:

Select Security question3: -- Select --

Security Answer:

User Roles

Application Admin: Assigned to HCPF and PCG users

Provider Admin: Highest level of provider access, which allows users to add additional users, edit facility information, and complete and submit HQIP survey

Provider Participant: Allows user to only complete and submit HQIP survey



Application Dashboard



[HHS Portal](#) > [Homepage](#) >

State of Colorado
Department of Health Care Policy and Financing
Quality Incentive Payment

Please Select Fiscal Year

Please Select Provider

User Management

Provider Information Management

HQIP Provider Survey Summary

HQIP Provider Survey

Reports



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Application Pages

User Management: Adding new users and updating user information

Provider Management: Editing hospital-level information (admin access only)

HQIP Provider Survey: Collecting hospital quality data

HQIP Provider Survey Summary: View all survey measures/questions and track survey progression

Survey Confirmation/Submission: Completing survey attestation by hospital executives

Reports: View hospital's survey questions and answers, survey submission and attestation information, and survey scores



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User Management



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Department of Health Care
Policy & Financing

HHS Portal > Homepage > User Management >

Add/Edit User

Enter User Information

Select Provider:	00 Public Consulting Group ▼	Select User:	<Add New User> ▼
Contact First Name:	<input type="text"/>	Contact Last Name:	<input type="text"/>
Contact E-mail (Username):	<input type="text"/>	Contact Position:	<input type="text"/>
Contact Phone Number:	<input type="text"/> Ext: <input type="text"/>	Temporary Password:	<input type="text"/>
User Role:	Provider Participant ▼	Active:	<input checked="" type="checkbox"/>
Associated Facilities:	<input type="checkbox"/> Public Consulting Group		



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Provider Management



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[HHS Portal](#) > [Homepage](#) > [Provider Management](#)

Provider Management

Enter Provider Information

Select Provider: <Add New Provider>

Provider Name:

Provider Address:

Provider Fee ID:

Medicaid ID:

Medicare ID:

Provider Phone Number:

Provider Fax Number:

Contact Person: Please Select

Contact Email:

Active:



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HQIP Provider Survey



HHS Portal > Homepage >

State of Colorado
Department of Health Care Policy and Financing
Quality Incentive Payment

Please Select Fiscal Year

2021

Please Select Provider

 00 | Public Consulting Group

- User Management
- Provider Information Management
- HQIP Provider Survey Summary
- HQIP Provider Survey 
- Reports



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HQIP Provider Survey

1. Maternal Health and Perinatal Care Measure Group - Admin View

Facility Name: Public Consulting Group Facility Number: 00000
 Question ID: 1.e.2 Quality Measure: Maternal Health and Perinatal Care Measure Group
 Measure Details: [Click here for additional information](#) Measure Points Available: 5

1.e.2 Please submit documentation on the processes or policies for offering counseling about all forms of postpartum contraception in a context that allows for informed decision making.

File may be no larger than 16MB. Accepted file types: PDF, DOC, DOCX, JPG, JPEG

Your File has been received, Thank you

Click the icon below to upload attachments



Previous Summary Next

Documents

Document Name	Performance Measure	Notes	Uploaded Date
CO HQIP Beta Testing Feedback Form - Consolidated.xlsx	1.a.4 Maternal Health and Perinatal Care Measure Group		04/24/2020
CO HQIP Beta Testing Feedback Form - Consolidated.xlsx	1.c.1 Maternal Health and Perinatal Care Measure Group		04/24/2020
CO HQIP Beta Testing Feedback Form - Consolidated.xlsx	1.c.5 Maternal Health and Perinatal Care Measure Group		04/24/2020
CO HQIP Beta Testing Feedback Form - Consolidated.xlsx	1.c.6 Maternal Health and Perinatal Care Measure Group		04/24/2020
CO HQIP Beta Testing Feedback Form - Consolidated.xlsx	1.d.6 Maternal Health and Perinatal Care Measure Group		04/24/2020
2020 CO HQIP Program Instructions.docx	1.e.2 Maternal Health and Perinatal Care Measure Group		04/24/2020
2020 HQIP Conditional Logic Questions_FINAL.docx	1.e.2 Maternal Health and Perinatal Care Measure Group		04/24/2020
CO HQIP Beta Testing Feedback Form - Consolidated.xlsx	1.e.2 Maternal Health and Perinatal Care Measure Group		04/24/2020
CO HQIP Beta Testing Instructions.docx	1.e.2 Maternal Health and Perinatal Care Measure Group		04/24/2020
2020 HQIP Conditional Logic Questions_FINAL.docx	2.c.2 Patient Safety Measure Group		04/24/2020
2020 HQIP Conditional Logic Questions_FINAL.docx	2.c.3 Patient Safety Measure Group		04/24/2020
2020 HQIP Conditional Logic Questions_FINAL.docx	2.c.4 Patient Safety Measure Group		04/24/2020

Upload Documents

Provider Name: 00 | Public Consulting Group

Performance Measure: Question 1.a.3 - 1. Maternal Health and Perinatal Care Measure Group

Choose Files: No file chosen

Associated Notes

Upload Document

Documents

No Data

Close

HQIP Provider Survey Summary

Points available and points awarded are displayed on the Measure/Sub-measure level

The Department of Health Care Policy and Financing

Row Color Key: = Not Started = In Progress = Completed = Has Score

▼ Measure Group 1: Maternal Health and Perinatal Care	Points Available: 21	Assigned Points: 0
▶ 1.A Exclusive Breast Feeding (PC-05)	Points Available: 1	Assigned Points: 0
▶ 1.B Cesarean Section	Points Available: 5	Assigned Points: 0
▶ 1.C Perinatal Depression and Anxiety	Points Available: 5	Assigned Points: 0
▶ 1.D Maternal Emergencies and Preparedness	Points Available: 5	Assigned Points: 0
▶ 1.E Reproductive Life/Family Planning	Points Available: 5	Assigned Points: 0
▶ Measure Group 2: Patient Safety	Points Available: 59	Assigned Points: 0
▶ Measure Group 3: Patient Experience	Points Available: 20	Assigned Points: 0

Survey Confirmation/Submission

Public Consulting Group

Attestation of Submission

PLEASE NOTE: Information below 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.

Please fill out the fields below and check the confirmation checkbox below as an indication that all the information in this application is complete and accurate.

Once you submit, the application will be considered confirmed.

I attest that the information in this application is complete and accurate

[Click here to view the HQIP survey](#) 

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Position:	<input type="text"/>
Phone Number:	<input type="text"/>
Email:	<input type="text"/>
Submitted By:	sazam@pcgus.com
Submission Date:	4/27/2020

Confirmation: Date Completed:



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Reports

HHS Portal > Homepage > Reports

Choose A Report

- [Evaluation Detail](#)
- [Score Summary](#)

[Back to Report List](#)

Provider Name: Public Consulting Group Year: 2022

View Report

1 of 2 ? Find | Next

Evaluation Detail Report
Public Consulting Group
2022

- *Evaluation Detail* report displays all measures, questions, answers and points assigned to questions
- *Score Summary* report displays provider information, total points assigned, submission user, and attestation user



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Live Demo



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Scoring Review and Reconsideration Process



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Scoring Review and Reconsideration Process

- There will be a formalized period for hospitals to review their preliminary score and request scoring adjustments from the Department. This is for instances where you believe the preliminary score for any measures may be in error.
- Preliminary scores will be entered into the DCT by **August 1, 2022**. Hospitals will be notified that their scores are ready for review. This will begin the reconsideration period.



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Scoring Review and Reconsideration Process

- Hospitals will have until **August 19, 2022** (15 business days) to review their HQIP scores and request any applicable reconsiderations. During this time, no additional documentation will be accepted. Reconsideration requests after this period will also not be considered.
- The Department will review reconsideration requests on a case-by-case basis. Once a decision has been made, the Department will send a reconsideration decision letter to the hospital staff and CFO.
- If a hospital wishes to protest the Department's decision, they should do so immediately to allow for the escalation and final judgement before **September 9, 2022**.



Questions?



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Contact Information

Program-Related Questions

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Special Finance Projects Manager

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DCT-Related Questions

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Thank You

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