Hospital Quality Incentive Payment (HQIP) Program

Data Collection Tool (DCT) Provider Training

April 6, 2023

Department of Health Care Policy & Financing



Agenda

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 - c) 2023 HQIP Timeline
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 - c) Application Features
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Program Background

- The Colorado Healthcare Affordability and Sustainability Enterprise Act of 2017, Section 25.5-4-402.4, 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.

2023 Measure Revisions

Zero Suicide

 Hospitals must attend at least 9 meetings of the Zero Suicide Learning Collaborative during the measurement period.

Reduction of Racial & Ethnic Disparities Patient Safety Bundle

 Labor and delivery hospitals have the option to include in their response how they are approaching key aspects of the measure specific to peripartum patients. A separate response addressing peripartum patients is no longer mandatory.

2023 Measure Revisions

Advance Care Planning

- Advance Care Planning will be scored by setting a performance threshold for the hospital's ACP rate.
- Those above the 95% performance threshold will receive the total possible points.
- Those below the 95% performance threshold will receive the total possible points with the submission of a narrative summarizing:
 - 1. The process for discussing/ initiating advance care planning when a patient does not have an ACP or when their ACP is not available to the hospital,
 - 2. The process and systems for documenting advance care plans in the medical record
 - 3. Any efforts underway to improve the hospital's ACP rate.

2023 HQIP Timeline

- May 1 DCT Launch @ 9:00 AM MT
- May 31 DCT Close @ 11:59 PM MT
- June-July Submission Scoring
- Preliminary Scoring Report Released to Hospitals and Scoring Review and Reconsideration Period Begins within 90 days of DCT Close
- Step 1 of Scoring Review and Reconsideration Period Ends 10 Business Days after Preliminary Scoring Letters Released
- Step 2 of Scoring Review and Reconsideration Period, the Escalation Phase ends
 5 business days after Step 1.
- TBD On-Site Reviews
- Mid-September Scoring Letters to Hospitals

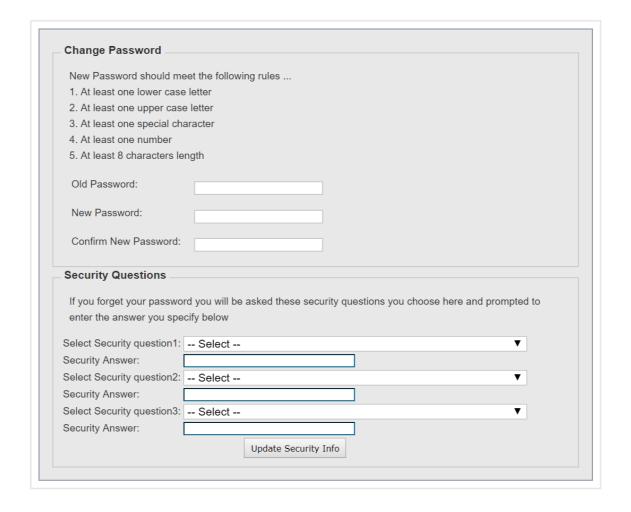
Data Collection Tool (DCT)

Accessing the Application

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

Recommended Browser: Google Chrome or Mozilla Firefox



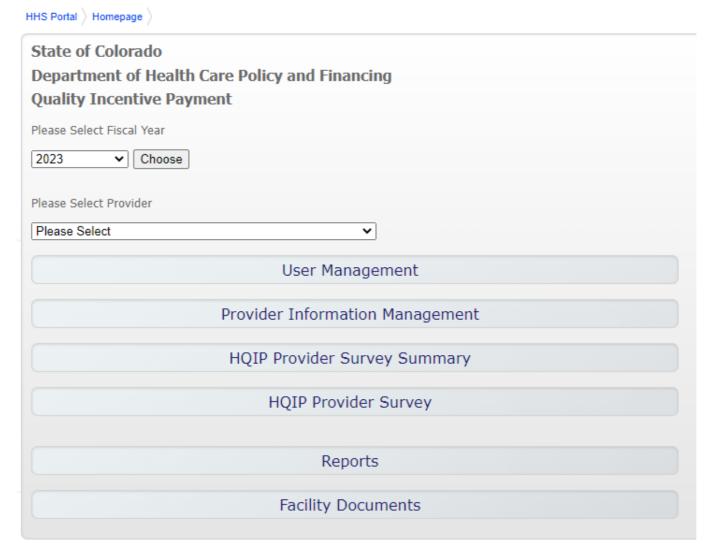


User Roles

- 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





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

User Management



Add/Edit User				
Select Provider:	00 Public Consulting Group ▼	Select User:	<add new="" user=""> ▼</add>	
Contact First Name:		Contact Last Name:		
Contact E-mail (Username):		Contact Position:		
Contact Phone Number:	Ext:	Temporary Password:		
Jser Role:	Provider Participant ▼	Active:	₩	
Associated Facilities:	Public Consulting Group			
Add New User	Cancel			
4 }				
11		Return to Homepage		



Provider Management



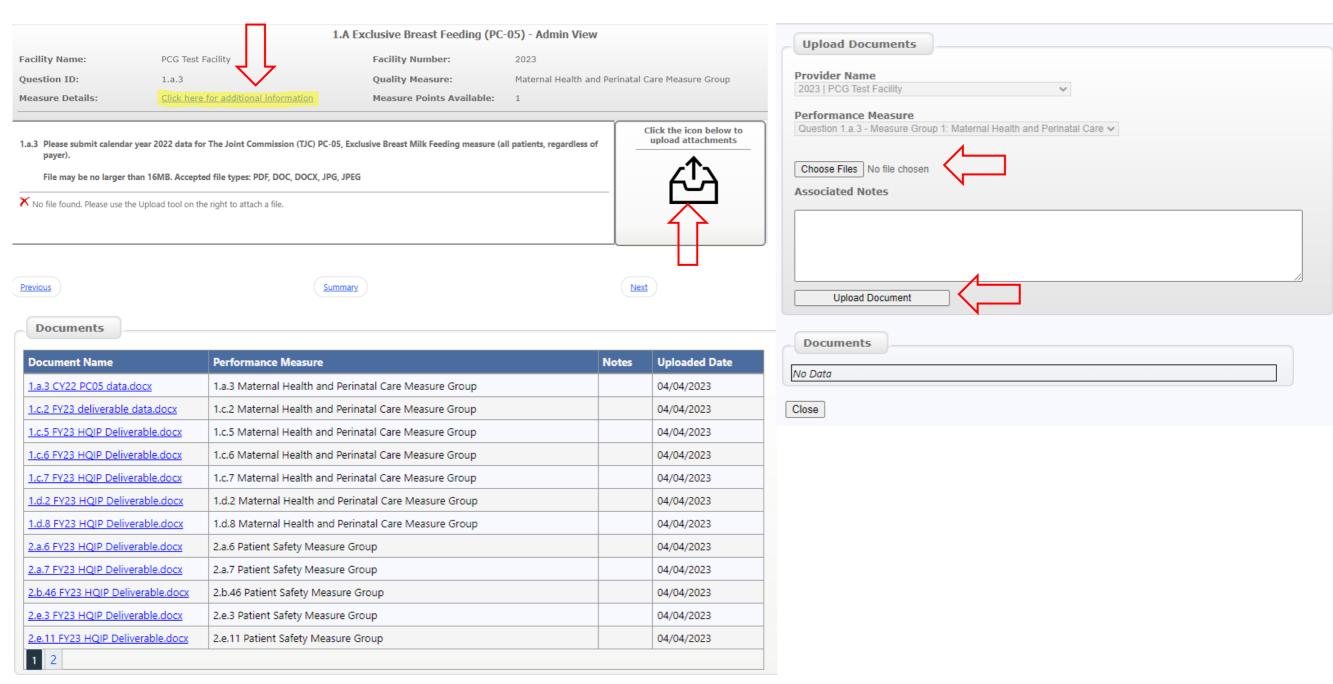
HHS Portal \rightarrow Homepage \rightarrow Provider Management Provider Management **Enter Provider Information** Select Provider: <Add New Provider> **Provider Phone Provider Name:** Number: Provider Fax Provider Address: Number: Provider Fee ID: **Contact Person:** Please Select ▼ Medicaid ID: Contact Email: Medicare ID: Active: Add New Provider Cancel Return to Homepage

HQIP Provider Survey



HHS Portal > Homepage State of Colorado Department of Health Care Policy and Financing **Quality Incentive Payment** Please Select Fiscal Year 2023 ▼ Choose Please Select Provider 00 | Public Consulting Group • User Management Provider Information Management **HQIP Provider Survey Summary HQIP** Provider Survey Reports

HQIP Provider Survey



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

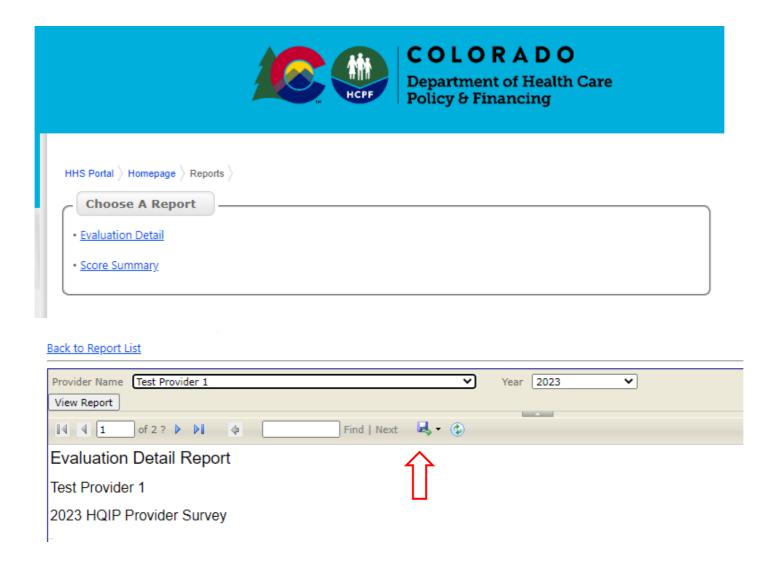
Survey Confirmation/Submission

HHS Portal > Homepage > Confirmation/Submission

Test Facility 1

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				
First Name: Last Name: Position: Phone Number	Click here to view the HQIP survey			
Email: Submitted By: Submission Da				
Confirmation: Date Completed: Submit				

Reports



- **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

Live Demo

Scoring Review and Reconsideration Process

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 within 90 days of DCT Close. Hospitals will be notified that their scores are ready for review. This will begin the reconsideration period.

Scoring Review and Reconsideration Process: Step 1

- Hospitals will have 10 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.
- Hospitals must complete the Microsoft Form (link will be provided with the Preliminary Scoring Letter). Reconsideration requests received via email will be considered invalid. All requests must be received through the form and submitted within 10 business days of the receipt of the Preliminary Scoring Letter. The end of this 10-business day period marks the close of Step 1 of the SRRP.

Scoring Review and Reconsideration Process: Step 2

- The Department will review each reconsideration request and make a redetermination. Once a decision has been made, the Department will notify the hospital of the reconsideration decision. If a scoring error is identified, the Department will adjust the score and notify the hospital. Likewise, the Department will notify the hospital if the reconsideration is denied, and no scoring adjustment is warranted. The Department will respond to requests within 10 business days of the closing of the SRRP Requests (Step 1). The end of this 10-business day period marks the close of Step 2 of the SRRP.
- If the hospital is not satisfied with their reconsideration decision, they may request escalation to the Special Financing Division Director. Escalations must be made within 5 business days of the end of the SRRP Determinations (Step 2). The Department will respond to all escalation requests within ten business days of the end of the SRRP Determinations (Step 2).

Questions

Contact Information

Program-Related Questions

Matt Haynes

Special Finance Projects Manager Email: matt.haynes@state.co.us

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Public Consulting Group LLC

Email: COHQIP@pcgus.com

DCT-Related Questions

Public Consulting Group LLC

Email: COHQIP@pcgus.com

Thank You