

# *HTP Performance Measure Training*

December 21, 2023

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Department of Health Care Policy & Financing



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# Agenda

- Department Updates
- PY3Q1 Reporting Overview
- Self-Reporting Workbook Overview and Walkthrough
- Performance Measure Minimum Submission Review and SRRP Procedures
- Claims Based Measures: SFTP Overview
- Data Availability Policy
- Updated Benchmarks



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# *Department Updates*



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# SAVE THE DATE

## HTP Learning Symposium

When: June 4 & 5, 2024

Where: In-person: Auraria Campus –  
Tivoli Student Center

Online: Zoom Links to be provided  
later

Registration: Opens in March and will  
close two weeks before the event



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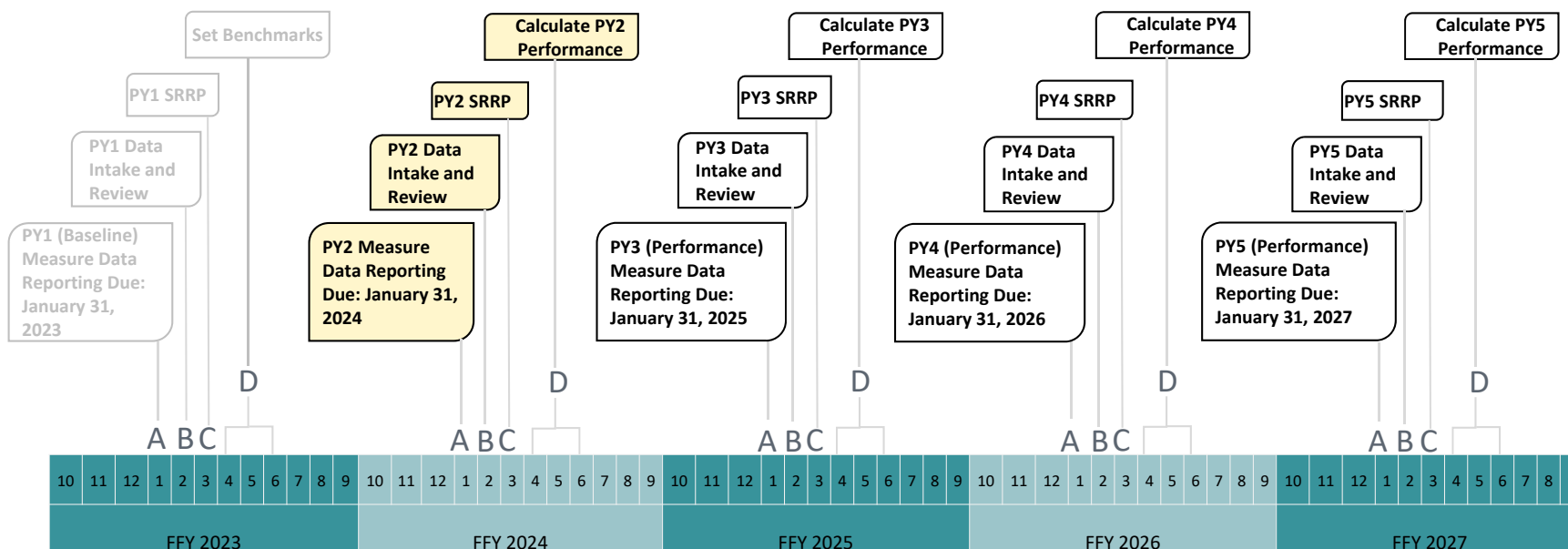
# *PY3Q1 Reporting Overview*



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# Performance Measure Timeline



A - Hospital reporting responsibility

B - Department responsibility - Department will review data submissions and make scoring determinations within 20 business days of submission.

C - Scoring Review and Reconsideration Period (SRRP) - The SRRP begins when the Department notifies hospitals of initial scores available for viewing. reporting. The SRRP provides an opportunity for the hospital to review the measure data for accuracy, prior to the Department's calculation of benchmarks and measure performance.

D - Department will review hospital self-reported measure workbooks and state claims data and calculate benchmarks/performance. There is no performance achievement at-risk attributed to PY2.

# PY3Q1 Reporting Overview

- The PY3Q1 Quarterly Reporting period opens on **January 2<sup>nd</sup>, 2024**. Hospitals are responsible for reporting the following components:
  - ✓ **Complete PY2 Self-Reported Measure Workbook**
  - ✓ **PY3Q1 Reporting Survey** (including Interim Activity and CHNE Reporting).
- Measure documentation is not a requirement for submission, however hospitals are encouraged to keep an accurate and updated record of their data collection.
- Quarterly Reporting submissions are due to the Department by **January 31<sup>st</sup>, 2024**.

# PY3Q1 Reporting and Scoring Timeline

Hospital Self-Reported Measures Workbook	Date
MSLC to release hospital-specific workbooks	1/2/2024
Hospitals complete hospital self-reported measure workbooks and upload them to CPAS, as well as complete the PY3Q1 Interim/CHNE Quarterly Reporting Survey	1/2/2024 - 1/31/2024
PY3Q1 Quarterly Reviews	Date
MSLC to conduct Initial Reviews	2/1/2024 - 2/28/2024
MSLC to release notification to all hospitals that initial scores available on CPAS / SRRP begins	2/28/2024
MSLC to release claims-based measure files to hospitals	2/28/2024
Conduct SRRP Reviews	Date
SRRP Requests for Reconsideration due	2/28/2024 - 3/13/2024
MSLC to release notification to all hospitals that SRRP scores are available on CPAS / final scores are available	4/3/2024
Performance Measurement Results	Date
MSLC to release initial PY2 measure data to performance dashboards	2/28/2024
MSLC to release final PY2 measure results after SRRP to performance dashboards	4/3/2024





# *Hospital Self-Reported Measure Workbook Overview*



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# Hospital Self-Reported Measure Workbook: Introduction

- HTP measures are either calculated by HCPF using Medicaid **claims data** or are calculated and **“self-reported”** annually by HTP hospitals.
- Each hospital will receive a customized workbook with their selected measures to report performance results. The file name will appear as shown:

**CHASE ID-Hospital Name\_PY2 Self-Reported Measures\_Blank**

- Workbooks will be uploaded to each hospital’s CPAS account for the hospitals to download and complete.
- Once completed, hospitals will re-upload the final workbook to their CPAS account for Department review.
- The Self-Reported Measure Workbook includes: Introduction Tab, Overview Tab, Data Entry Tab, Data Limitations Tab, Attestation Tab, and Measure Information\_ALL Tab



Self-Reported  
Measure Workbook



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# Overview Tab

- All measures that have been selected by the hospital are listed on the **overview tab**.
- Each measure is identified by whether the measure is calculated by the hospital or by HCPF.
- All required “hospital calculated” measures will auto-populate on the **"Data Entry" tab**.

Hospital Name:	Test Hospital
CHASE ID:	1

Measure ID	Measure Name	Reported Measure	Calculation Method
SW-RAH1	30-day All-Cause Risk Adjusted Hospital Readmission	Yes	HCPF Calculated
SW-RAH2	Pediatric All-Condition Readmission Measure	Yes	Hospital Calculated
RAH1	Follow up appointment with a clinician and notification to the Regional Accountable Entities (RAE) within one business day	Yes	Hospital Calculated
RAH2	Emergency Department (ED) Visits for Which the Member Received Follow-Up Within 30 Days of the ED Visit	Yes	HCPF Calculated
RAH3	Home Management Plan of Care (HMPC) Document Given to Pediatric Asthma Patient/Caregiver	Yes	Hospital Calculated
RAH4	Percentage of Patients with Ischemic Stroke who are Discharged on Statin Medication (Joint Commission STK-06)	Yes	Hospital Calculated
SW-CP1	Social Needs Screening and Notification	Yes	Hospital Calculated
CP1 (Ped)	Readmissions Rate Chronic Condition - 30 day pediatric	Yes	Hospital Calculated
CP1 (Adult)	Readmission Rate for a High Frequency Chronic Condition - 30 day adult	Yes	HCPF Calculated
CP2	Pediatric Bronchiolitis – Appropriate Use of Bronchodilators	Yes	Hospital Calculated

# Data Entry Tab

- Hospitals will utilize the **Data Entry tab** to submit measure data each year. The reporting period will be pre-selected for the hospital and only the hospital's selected measures will be visible on the Data Entry tab.
- The Data Entry tab includes the following pre-populated columns: **Reported Measure, Measure ID, Measure Name, Measure Stratifications, and Calculation Type.**
- Hospital input is required in the “Hospital Input” columns with the pale yellow fill color (with the exception of the pediatric readmission measures which also require an input in the result column).
  - ✓ Once data is entered, the fill color will change to green. The type of calculation (percentage, rate, or count) impacts what data entry is required.
  - ✓ Hospitals must enter a numerical value greater than 0 in the denominator for hospital input sections. **The workbook will show an error message if a zero is entered (except for select count measures).**
- The Result, Benchmark, Benchmark Conclusion, and Data Validation columns are automatically calculated based on the Hospital Input columns.



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# Data Entry: Percentage Measures

- Percentage Measures:** Measure the number of a certain set of events that are proportional to one another. The numerator and denominator are the same unit of measurement and the numerator is a subset of the denominator.
  - ✓ Measures with a percentage calculation type require hospitals to enter a numerator and denominator. Hovering over the input cell will provide details on the requirements for that particular measure and data reporting element.
  - ✓ Data validation is built in to check for transposition errors in percentage measures.
- NDA or 0 numerator entries will receive a data validation message to complete the Data Limitations Tab.

Measure ID	Measure Name	Stratification	Calculation Type	Numerator	Denominator	Result	Benchmark	Benchmark Conclusion	Data Validation
CP2	Pediatric Bronchiolitis Appropriate Use of	N/A	%	NDA		Inconclusive	N/A for current year	N/A for current year	Please complete the Data Limitations tab.
BH2	Initiation of Medication Assisted Treatment (MAT) in Emergency Department or Hospital Owned Certified Provider Based Rural Health Center	N/A	Rate	965	2933	32.90%	N/A for current year	N/A for current year	Clear of data entry validation errors.

Hospital input - MUST be a numerical value or "NDA" to be accepted

Hospital input - MUST be a numerical value >0 to be accepted

Automatically calculated

Automatically calculated

Automatically calculated

Automatically calculated

**Numerator**  
 Number of ED visits where patient was diagnosed with OUD and who is in at least acute mild active opioid withdrawal for whom MAT with Buprenorphine is initiated during ED visit, RHC visit, or home induction

# Data Entry: Rate Measures

- **Rate Measures:** A specific kind of ratio, in which two measurements are related to each other but do not utilize the same unit of measurement. The numerator is not a subset of the denominator when a rate is calculated. A rate measures the number of events compared to another unit of measurement.
  - ✓ Measures with a rate calculation type require hospitals to enter a numerator and denominator. Hovering over the input cell will provide details on the requirements for that particular measure and data reporting element.
  - ✓ Data validation is built in to check for transposition errors or when the result exceeds 1000 in measures where the rate is out of 1000 visits/patients.
- NDA or 0 numerator entries will receive a data validation message to complete the Data Limitations Tab.

PY2: Oct 2022-Sept 2023 (Dashboarding Performance Only)

Measure ID	Measure Name	Stratification	Calculation Type	Numerator	Denominator	Result	Benchmark	Benchmark Conclusion	Data Validation
CP5	Reducing Neonatal Complications - Severe	Severe	Rate per 1000 live births	NDA	1000	Inconclusive	N/A for current year	N/A for current year	Please complete the Data Limitations tab.
CP5	Reducing Neonatal Complications - Moderate	Moderate	Rate per 1000 live births	500	1000	500.00	N/A for current year	N/A for current year	Clear of data entry validation errors.
CP5	Reducing Neonatal Complications - Total	Total	Rate per 1000 live births	764	800	955.00	N/A for current year	N/A for current year	Clear of data entry validation errors.
BH2	Initiation of Medication Assisted Treatment (MAT) in Emergency Department or Hospital Owned Certified Provider Based Rural Health Center	N/A	Rate	399	2834	14.08%	N/A for current year	N/A for current year	Clear of data entry validation errors.

*Hospital input - MUST be a numerical value or "NDA" to be accepted*

*Hospital input - MUST be a numerical value >0 to be accepted*

*Automatically calculated*

*Automatically calculated*

*Automatically calculated*

*Automatically calculated*

**Numerator**  
Number of ED visits where patient was diagnosed with OUD and who is in at least acute mild active opioid withdrawal for whom MAT with Buprenorphine is initiated during ED visit, RHC visit, or home induction

# Data Entry: Count Measures

- **Count Measures:** A simple sum of the actions that qualify for inclusion. For HTP measures, this can be a count of patients, visits, or days, depending on the measure.
  - ✓ Measures with a count calculation type require hospitals to enter only one data point - a simple count. This data point is entered in the numerator column. Hovering over the input cell will provide details on the requirements for that particular measure and data reporting element.
  - ✓ Data validation is built in to ensure data is only entered in the numerator field.
- NDA or 0 numerator entries will receive a data validation message to complete the Data Limitations Tab.

*Hospital input - MUST be a numerical value or "N/A" to be accepted*      *Hospital input - MUST be a numerical value >0 to be accepted*      *Automatically calculated*      *Automatically calculated*      *Automatically calculated*      *Automatically calculated*

PY2: Oct 2022-Sept 2023 (Dashboarding Performance Only)

Measure ID	Measure Name	Stratification	Calculation Type	Numerator	Denominator	Result	Benchmark	Benchmark Conclusion	Data Validation
CP7									
CP7	Increase access to specialty care	N/A	Count	2	N/A	N/A	N/A for current year	N/A for current year	Clear of data entry validation errors.
COE3									
COE3	Implementation/Expansion of e-Consults	N/A	Count	0	N/A	N/A	N/A for current year	N/A for current year	Please complete the Data Limitations tab.

Count  
Simple count of the number of e-Consults



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# Data Entry Tab: Benchmarks

- Benchmarks will **not** be included on the Data Entry tab until PY3.
- Until PY3, the “Benchmark” and “Benchmark Conclusion” columns will read “N/A for current year.”
- The **Benchmark** column will display what the benchmark is for that particular hospital and measure.
- The **Benchmark Conclusion** column will calculate whether the hospital has met or not met the benchmark.
- No hospital data entry will be required to calculate benchmarks. The benchmarks will be calculated by the Department based on prior year measure

PY2: Oct 2022-Sept 2023 (Dashboarding Performance Only)

Measure ID	Measure Name	Stratification	Calculation Type	Numerator	Denominator	Result	Benchmark	Benchmark Conclusion	Data Validation
CP7	Increase access to specialty care	N/A	Count	2	N/A	N/A	N/A for current year	N/A for current year	Clear of data entry validation errors.
COE3	Implementation/Expansion of e-Consults	N/A	Count	0	N/A	N/A	N/A for current year	N/A for current year	Please complete the Data Limitations tab.

*Hospital input - MUST be a numerical value or "N/A" to be accepted*

*Hospital input - MUST be a numerical value >0 to be accepted*

*Automatically calculated*

*Automatically calculated*

*Automatically calculated*

*Automatically calculated*

Count  
Simple count of the number of e-Consults



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# Data Limitations Tab

- The “data limitations” tab will auto-populate the **Measure ID, Measure Name,** and **Reporting Score Impact** based on hospital input in the “data entry” tab.
- Hospitals are responsible for providing a descriptive **overview** of the data limitation, the **cause** of the limitation and their planned **mitigation strategy**.
- Reporting Score Impact is based on the **Data Availability Policy** in the **HTP Quarterly Reporting Guide**.
  - ✓ The reporting score impact will turn as green or red depending on whether the NDA entry was for a measure **with a fixed benchmark** (Complete) or for a measure **without a fixed benchmark** (Incomplete).
  - ✓ The workbook will **not** be accepted as complete if there are measures with NDA or 0 numerator entries and the Data Limitations tab is not complete.

Measure ID	Measure Name	Reporting Score Impact	Data Limitation Description	Cause of Data Limitation	Mitigation Strategy
<i>Example: RAH4</i>	<i>Example: Percentage of Patients with Ischemic Stroke who are Discharged on Statin Medication (eCQM)</i>	<b>Incomplete</b>	<i>Example: Data only available for October-December of performance year. Numerator for October-December is 100. Denominator for October-December is 200.</i>	<i>Example: Switched EHR systems and was unable to gain full access in order to report data for the measure from our prior system in time for reporting.</i>	<i>Example: Working with prior EHR vendor to obtain necessary data to report data from January-September of performance year.</i>
RAH3	Home Management Plan of Care (HMPC) Document Given to Pediatric Asthma Patient/Caregiver (eCQM)	<b>Complete</b>			
CP1 (Ped): Any Chronic Condition	Pediatric Readmissions Rate - Any Chronic Condition	<b>Incomplete</b>			



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# Attestation Tab

- **IMPORTANT NOTE:** Hospitals must conduct internal quality control reviews of the data input before submission.
- The hospital will be asked to read and review the following attestation statements.
- Check the "Agree" box to acknowledge the hospital's agreement. The workbook will not be accepted as complete if this tab is not completed.

## Attestation

On behalf of my organization, I have reviewed the data that is being submitted and certify that the foregoing information is true, accurate and complete. Internal validation checks and quality control reviews have been completed. I agree to notify HCPF if I believe that the data reported contains errors.

I further attest that my organization is aware of the following:

- The Colorado Hospital Transformation Program payment will be paid from State and Federal funds, and that by filing this attestation a claim is being submitted for State and Federal funds, and that the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain a Colorado Hospital Transformation Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties.
- HCPF reserves the right to perform an audit of this information. The audit may include an on-site visit by HCPF staff or designee to gather data to support the measures reported. Pursuant to the Code of Colorado Regulations, 10 CCR 2505-10, Section 8.130.2D, records necessary to support Hospital Transformation Program requirements, including calculation of performance measures will be maintained for **six years** unless an additional retention period is required elsewhere in 10 C.C.R. 2505-10. Documentation will be available for review upon request.

By clicking on this checkbox, I agree to the above attestation.

Agree



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# Measure Information Tab

- Reference information about all program performance measures can be found on the **measure information tab**.
- This information will align with the current HTP measure specifications document, but should not be used in place of the measure specifications.
- The measure specifications provides more detail regarding inclusions, exclusions, and other important parameters. For full updated measure specifications, visit the [CO HTP website](#).



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# *Hospital Self-Reported Measure Download and Submission Instructions*



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# Accessing the Self-Reported Measure Workbook

To access your hospital's unique **Measure Workbook**:




- ✓ Navigate to and login via <https://cpasco.mslc.com/> .
- ✓ Navigate to your hospital's document repository.
- ✓ Navigate to the “Performance Measure Submission” folder.
- ✓ Navigate to the “**PY2 22-23**” folder.
- ✓ Download the Excel file labeled with your hospital name and CHASE ID.



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# Performance Measure Submission- Download Blank Workbook

<input type="checkbox"/>	Display name	created
<input type="checkbox"/>	 Go up	Thu, 02/18/2021 - 4:36pm
<input type="checkbox"/>	 PY1 21-22	Wed, 12/14/2022 - 2:00pm
<input type="checkbox"/>	 CHASE ID-Hospital Name_PY2 Self Reported Measures_Blank.xlsx	Sun, 12/04/2022 - 11:01pm

# Submission and Next Steps

- Once the workbook is complete and accuracy is verified, hospitals will upload the completed workbook to CPAS in the same location where the blank copy was originally accessed and **notify** [COHTP@mslc.com](mailto:COHTP@mslc.com).
- When uploading the completed copy, change the file name from Blank to Complete:  
**CHASE ID-Hospital Name\_PY2 Self-Reported Measures\_Complete**
- Please note that hospitals should **not** move/add/delete rows or columns in the workbook. The workbook should be submitted in **excel format**.
- Upon completion of an initial review, the data will be uploaded to the data warehouse for use in program dashboards, benchmark setting, and/or achievement calculations (when applicable to the program year).



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# *Performance Measure Minimum Submission Review and SRRP Procedures*



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# *Minimum Submission Review*

- Annually, a **Minimum Submission Review** (MSR) process is conducted on the hospital self-reported measure workbook as a way to evaluate hospital self-reported data for completeness and timeliness.
- A **series of validation tests** will check for outliers or red flags that may indicate erroneous data and may need further investigation.
- The review is not meant for the purpose of setting benchmarks or calculating achievements, but for ensuring performance measure data accuracy.



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# Minimum Submission Review

- If the reported data is **flagged** as potentially incomplete or inaccurate, the hospital will receive an initial determination score of **“incomplete”**.
  - ✓ For example, a hospital workbook may raise a flag if the data limitations tab has not been completed for a measure reported as “NDA”.
- Hospitals will have the opportunity to work through any data flags during the **SRRP process** by either correcting data submissions or confirming the accuracy of what was previously submitted, which may involve submission of additional documentation/explanations to support reported measure results.
- As a result, the **initial reporting score may be modified** and will be finalized at the completion of the SRRP.



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# SRRP For Performance Measures

- SRRP is available for scores received for any of the following: (1) hospital-calculated measure reporting score; (2) performance scores for hospital-calculated and claims-based measures (not applicable until PY3).
- The SRRP Request Form used for quarterly reporting, found in your hospital's document repository, will be the same form utilized for Performance Measure SRRP requests, as well as **all other SRRP requests**.
- The hospital will select "**Performance Measures**" in the Hospital Information portion of the form and follow the written instructions.
- For this particular type of SRRP request, hospitals are invited to submit additional information for consideration, **if necessary**.
- SRRP requests should be sent via email to [cohttp@mslc.com](mailto:cohttp@mslc.com) and [cohttp@co.state.us](mailto:cohttp@co.state.us) and will be reviewed within 10 business days of submission.



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# SRRP For Performance Measures

## Section II. HOSPITAL INFORMATION

Hospital CHASE ID - Name: Select Hospital

Program Year and Quarter: Select Program Year and Quarter

Submitted By: Enter Responsible Person for SRRP      Contact Information: Enter Email Address

Submission Date: Enter a date

Scoring Reconsideration Requested: *(select all that apply based on applicable quarter)*

- Interim Activity Reporting – *Complete table 1*
- CHNE Reporting – *Complete table 2*
- Milestone Reporting (late and/or incomplete submission) – *Complete table 1*
- Milestone Achievement (unmet milestones) – *Complete table 3*
- Milestone Amendment Modification Required (milestone amendment received ‘approved with modification’ or ‘rejected’ score) – *Provide updated Milestone Amendment form*
- Milestone Course Correction (milestone course correction received ‘rejected’ score) – *Complete table 4*
- Performance Measures – *Complete table 5, and provide updated Self-Reported Hospital Workbook if necessary*

# SRRP For Performance Measures

**Table 5: Performance Measure Data Reconsideration Request:**  Yes  No

*(Note: Hospitals review state calculated measure results and hospital-self reported measure data flags and may request reconsideration if the data requires revision.)*

PERFORMANCE MEASURE RECONSIDERATION REQUESTS		
Measure	Detailed Rationale for Scoring Reconsideration Request	Documents Uploaded? (Y/N)

# Performance Measure Reporting: Lessons Learned and Best Practices

- As a result of the PY1 MSR, **45 of the 84 total hospitals** were flagged for 1 or more MSR criteria related to hospitals' self-reported measure workbooks:
  - ✓ Incomplete Attestation tab (24 hospitals flagged)
  - ✓ Data validation flags (20 hospitals flagged)
  - ✓ Incomplete Data Limitations tab (8 hospitals flagged)
  - ✓ Invalid numerator value for one or more measure (5 hospitals flagged)
  - ✓ Invalid denominator value for one or more measure (3 hospitals flagged)
- All 45 hospitals were able to resolve the flags during the **SRRP process** last year.

# *Performance Measure Reporting: Lessons Learned and Best Practices*

- Hospitals should also double check both their **data and data collection systems** prior to submission of the Self-Reported Measure Workbook.
  - ✓ If a hospital discovers inaccurate data was submitted in their self-reported measure workbook **after** the reporting submission date, hospitals will not be able update measure information during SRRP, unless additional information is requested by the Department.

# *Claims Based Measures: SFTP Overview*



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# Claims Based Measures

- Performance Measures that are not hospital reported will be calculated using **state claims data**.
- Claims-based measures are calculated by the state and transmitted to hospitals through the **Secure File Transfer Protocol (SFTP)**.
- The PY2 claims-based measure files will be available to hospitals by **February 28, 2024**.



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# Claims Based Measures

- Hospitals can access the SFTP via:  
<https://transfer.mslc.com/>
- As a reminder, each hospital has SFTP accounts registered for their **Primary** and **Secondary** contacts. Usernames are in the format of:  
**GA\_5105\_ORGANIZATION\_FIRSTINITIALLASTNAME**
- More information on the SFTP process will be provided during future workgroup meetings.



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# Case Review Request Form

- The Department is now allowing for hospitals to request a formal review of **claims-based data files** that are provided to hospitals via SFTP.
- This will be an **annual request period** that will align with the Q1 SRRP reporting period, following the release of claims-based measures.
  - ✓ The file under review **must match** the data file the Department provided the hospital when claims-based measures are released in February.
  - ✓ All requests should be submitted via email to [cohttp@mslc.com](mailto:cohttp@mslc.com) and [cohttp@state.co.us](mailto:cohttp@state.co.us).
  - ✓ The Department will only review the individual hospital's data. Requests for additional data information within files will not be accepted during this process.



Microsoft Word  
Document



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# Case Review Request Form

- The case review request form will be made available in the **CPAS document repository by January 2nd, 2024.**
- The claims-based case request period will align with the standard SRRP in PY3Q1.
  - ✓ Hospitals will receive their claims data files via SFTP by **February 28th, 2024.**
  - ✓ Requests can be submitted via email to [cohttp@mslc.com](mailto:cohttp@mslc.com) and [cohttp@state.co.us](mailto:cohttp@state.co.us) during the 10-day SRRP window. The deadline to submit a review request is **March 13th, 2024.**
  - ✓ The Department will review the hospital's request within 10 business days of receiving the email, or by **March 27th, 2024.** Additional review next steps or clarifications will be provided at that time.



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Document



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# *Data Availability Policy*



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# Data Availability Policy

Included in the **CO HTP Quarterly Reporting Guide** is a policy related to performance measure baseline data availability.

- For hospital-calculated measures, there will be an option in the hospital-self reported measure workbook for hospitals to report a numerator of “**NDA**” (No Data Available) during PY1 and PY2.
- Hospitals should utilize this option if they are **unable to report numerator data** for the measure, or the data they are able to report is **incomplete** or **inaccurate**. **NDA** does not apply to measure denominators - hospitals are required to report denominators for all applicable measures.
- Hospitals will be required to explain their data reporting limitations on the “**Data Limitations**” tab of the hospital self-reported workbook when a numerator of **zero** or **NDA** is entered.
- Hospitals will be required to submit complete data for these measures once it becomes available.

# Data Availability Policy

NDA entries may impact the hospital's **reporting score**.

- NDA entries will receive a reporting score of **“complete”** in PY1 and PY2 for measures with fixed benchmarks. If NDA is entered in PY3-PY5 for measures with fixed benchmarks, the measure will receive a reporting score of **“incomplete”**.
  - ✓ These measures include: RAH1, RAH3, RAH4, SW-CP1, CP2, CP3, CP4, CP5, CP6, SW-BH1, SWBH2, BH1, BH2, COE1, and COE4.
- NDA entries will receive a reporting score of **“incomplete”** for measures without fixed benchmarks in all program years.
  - ✓ These measures include: SW-RAH2, CP1 (Ped), CP7, SW-BH3, COE2, COE3, PH2, and PH3.

# Data Availability Policy

- NDA entries may impact the hospital's **benchmark calculations for measures without fixed benchmarks.**
  - ✓ Hospitals that reported NDA during the initial PY1 data submission period are **required** to submit complete and accurate PY1 data for applicable measures during the upcoming PY2 data submission period.
  - ✓ Additionally, if a hospital submits an **NDA for PY2**, they will need to resubmit the PY2 Self-Reported Measure Workbook in PY3.



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# *Updated Benchmarks*



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# Updated Measure Specifications in 2023

- The following measures have been updated since the December 2022 Performance Measure Training:
  - ✓ SW-CP1
  - ✓ CP5
  - ✓ CP6
  - ✓ SW-PH1
  - ✓ COE3
  - ✓ SW-BH1
  - ✓ SW-RAH1
  - ✓ RAH1
  - ✓ RAH4
  - ✓ SW-CP1
  - ✓ BH1
  - ✓ SW-RAH2
  - ✓ SW-BH3
- The updated **Measure Specifications Document** can be found on the CO HTP Website.



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# Updated Benchmarks

- **SW-RAH1- 30 Day All Cause Risk Adjusted Hospital Readmission**
  - ✓ The updated benchmark for PY3-PY5 is 0.85.
- **SW-PH1- Severity Adjusted Length of Stay (LOS)**
  - ✓ The updated benchmark for PY3-PY5 will be a ratio less than 1.
- **RAH4- Percentage of Patients with Ischemic Stroke who are Discharged on**
  - ✓ The updated benchmark for PY3-PY5 is 95%.



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# *Next Steps*



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# Next Steps

- Hospitals should review Measure Specifications, Scoring Framework, and Quarterly Reporting Guide as needed before completing all required reporting for PY3Q1.
- Download the unique **Self-Reported Measure Workbook** from your hospital's CPAS document repository on January 2<sup>nd</sup>, 2024.
- Confirm SFTP access for both primary and secondary contacts.
- Complete the PY3Q1 quarterly reporting survey, opening on January 2<sup>nd</sup>, 2024.
- Submit both the PY3Q1 Quarterly Reporting survey and the self-reported measure workbook by **January 31<sup>st</sup>, 2024**.
- Email [cohttp@mslc.com](mailto:cohttp@mslc.com) with any questions.



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*Thank You*



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