HTP Performance Measure Training

December 15, 2022

Matt Haynes, Special Finance Projects Manager
Department of Health Care Policy & Financing

CHASE
Colorado Healthcare Affordability and Sustainability Enterprise

Agenda

- Welcome and Introductions
- HTP Document Updates
  - ✓ Measure Specifications
  - ✓ Scoring Framework
  - ✓ Quarterly Reporting Guide
    - Baseline Data Availability Policy
- Self-Reported Workbook Overview and Walkthrough
- Claims Based Measures
- Minimum Submission Review Procedures
- SRRP for Performance Measures
- Performance Measure Timeline

Welcome and Introductions

HTP Document Updates

CHASE

Colorado Healthcare Affordability and Sustainability Enterprise

Measure Specification Updates

Measure Specification Updates

- The updated Measure Specifications Document can be found on the CO HTP Website.
- This version of the measure specifications included updates to several performance measures, including the following:

✓ SW-RAH1
✓ SW-RAH2
✓ RAH2
✓ CP1 (Adult)
✓ CP1 (Pediatric)
✓ CP6
✓ SW-BH1
✓ SW-BH2
✓ SW-PH1
✓ PH1
✓ CP2
✓ CP3
✓ SW-BH3

Measure Specification Updates

SW-RAH1- *30 Day All Cause Risk Adjusted Hospital Readmission*

- Definitions
  - ✓ Clarifications in numerator/denominator wording regarding Medicaid admissions.
  - ✓ Added language defining "Medicaid Readmission", "Medicaid Index Admission", and "actual/expected readmission"
- Exclusions
  - ✓ Updated exclusions to include patients with Medicare enrollment, third party insurance, managed care, and emergency Medicaid services (EMS)
  - ✓ Included Discharge status codes for exclusion in the denominator
- Updated risk adjustment to include observation stay

SW-RAH2 – *Pediatric All-Condition Readmission Measure*

- Data source of this measure has been updated to **Hospital Self Report** based on Pediatric Health Information System (PHIS) data
- Clarifications in numerator and denominator wording
- Expanded wording on target population, risk adjustment and calculation type to reflect PHIS dataset
- Benchmark information updated in accordance with national PHIS data set for the HTP baseline period Oct. 1, 2021 – Sept. 30, 2022.
  - ✓ The benchmark for PY3 will be the mean of the national data set which is 6.36%
  - ✓ The benchmark for PY4 will be the mid-point between the mean and the top quartile of the national data set which is 6.07%
  - ✓ The benchmark for PY5 will be the top quartile of the national data set which is 5.77%

Measure Specification Updates

RAH2 – *ED Visits for which the Member Received Follow Up within 30 Day of ED Visit*

- Updated exclusion criteria for measure
  - ✓ Updated exclusions to include those with Medicare enrollment, patients with third party insurance, patient with managed care, and patients with emergency Medicaid
  - ✓ ER visits are excluded from the numerator.
- Added procedure codes/billing provider information regarding defining an “Ambulatory Visit”

CP1 (Adult) – *Readmission Rate for a High Frequency Chronic Condition 30 Day*

- Expanded wording in definition, numerator and denominator for clarity
- Updated exclusions to include those with Medicare enrollment, patients with third party insurance, patient with managed care, and patients with emergency Medicaid
- Updated discharge status codes in exclusions
- Updates to target population notes to reflect adult Medicaid patients 18 and older, non hospice patients and non-outlier Medicaid patients.
- Updated benchmark methodology from year-over-year improvement to average performance as greater than 10 hospitals selected the measure.

Measure Specification Updates

CP1 (Pediatric) - *Pediatric Readmissions Rate Chronic Condition 30 Day*

- Data source of this measure has been updated to **Hospital Self Report** based on PHIS data
- Clarifications in numerator and denominator wording
- Expanded wording on target population, risk adjustment and calculation type to reflect PHIS dataset
- Benchmark information updated in accordance with national PHIS data set for the HTP baseline period Oct. 1, 2021 – Sept. 30, 2022.
    - ✓ The benchmark for PY3 will be the mean of the national data set which is 5.92%
    - ✓ The benchmark for PY4 will be the mid-point between the mean and the top quartile of the national data set which is 5.87%
    - ✓ The benchmark for PY5 will be the top quartile of the national data set which is 5.81%

CP6 - *Screening and Referral for Perinatal and Post-Partum Depression and Anxiety and Notification of Positive Screens to the RAE*

- Updated wording in additional considerations: A normalized and validated depression and anxiety screening tool developed for the patient population in which it is being utilized is required by this measure.

Measure Specification Updates

SW-BH1- *Collaboratively develop and implement a mutually agreed upon discharge planning and notification process with the appropriate RAE's for eligible patients*

- Slight wording clarifications in definition, numerator and denominator to include eligible Medicaid patients that are discharged from inpatient, observation or the emergency department.
- Updated additional considerations: Notifications to the RAE should be for diagnoses that are relevant at the time of discharge, and not historical diagnosis or other social or medical history that is not deemed to be a current diagnosis by the attending diagnosing clinician.

SW-BH2 - *Pediatric Screening for Depression in Inpatient and ED Including Suicide Risk*

- Updated definition to reflect pediatric patients 12-17 years of age discharged to home from an inpatient stay who were screened for depression including suicide risk.
- Added "patient refusal" exclusion
- Updated target population to include Patients 12-17 years of age
- Added additional consideration: For patients admitted IP from the ED only one screen is required before discharge to home.

Measure Specification Updates

SW-PH1 - *Severity Adjusted Length of Stay (LOS)*

- Updated exclusions
  - ✓ Include patients with Medicaid enrollment, patients with third party insurance, patients with managed care, and patients with emergency Medicaid
  - ✓ Extreme outliers below or above the IBM MarketScan average based on Length of Stay
- Minor revisions to risk adjustment and additional considerations

PH1 – *Increase the Percentage of Patients who had a Well Visit within a Rolling 12-month period*

- Minor updates in numerator and denominator wording
- Updated exclusions to include patients with Medicaid enrollment, patients with third party insurance, patients with managed care, and patients with emergency Medicaid
- Added claim type codes for additional considerations in wellness visits

CP2 - *Pediatric Bronchiolitis Appropriate Use of Bronchodilators*

- Added observation setting to numerator and denominator
- Clarified age is as of date of admission

CP3 - *Pediatric Sepsis Timely Antibiotics*

- Added observation setting to numerator and denominator
- Clarified age is as of date of diagnosis with expected sepsis

Measure Specification Updates

SW-BH3 - *Using Alternatives to Opioids (ALTO) in Hospital Emergency Departments*

- Updated Definitions
  - ✓ Decrease use of Opioids – Emergency Department (ED) encounters with administration of an opioid as listed in *Opioids of Interest* per 1,000 ED encounters for patients ages 18 years and older, among cases meeting the inclusion and exclusion criteria. **(removal of MME)**
  - ✓ Increase use of ALTO – Emergency Department (ED) encounters with administration of an ALTO as listed in the ALTO of Interest per 1,000 ED encounters for patients ages 18 years and older, among cases meeting the inclusion and exclusion criteria below.
- Removed MME Conversion Table
- Updated wording in Additional Considerations:
  - ✓ In terms of at-risk, 0% of the at-risk is related to decreasing opioid use and 100% of the at-risk is related to increasing ALTO use.
  - ✓ Although measure performance will be based on increasing ALTO use alone, data related to decreasing opioids is still required to be reported.
- Added Ropivacaine and Bupivacaine (Marcaine) to ALTOs of Interest

IMPORTANT NOTE:

- The resulting rate for the ALTO measure should NOT exceed 1000.

Scoring Framework Updates

Scoring Framework Updates

- The **Scoring Framework Document** outlines general framework and provides detailed benchmark information for the HTP.
  - ✓ Benchmark methodologies were updated to align with most recent measure specifications.
  - ✓ Clarity was added to the document regarding total measure points for Critical Access Hospitals (CAHs) and the high performing hospital calculation.
  - ✓ Hospitals can access the Scoring Framework on the HTP Website.

Quarterly Reporting Guide Updates

Quarterly Reporting Guide Updates

- The updated **CO HTP Quarterly Reporting Guide** has been posted to the CO HTP Website under "Tools and Resources." The guide can be found here.
- The **Quarterly Reporting Guide** provides a comprehensive overview of the quarterly reporting process for hospitals and participants. The guide is a great resource for any quarterly reporting questions.
- Updates to the Quarterly Reporting Guide include:
  - ✓ Minor edits and clarifications added to the "*Guide to Interim Activity and CHNE Reporting*" section.
  - ✓ Additional detail added to the "*Guide to Milestone and CHNE Reporting*" section, specifically related to milestone amendments and course corrections.
  - ✓ There is a **NEW** chapter on ***Performance Measure Reporting***, containing important details related to upcoming baseline data reporting.
  - ✓ The ***Milestone Reporting Survey Prompts*** have been added to the Guide as Appendix C.

Baseline Data Availability Policy

Included in the updated **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).
- 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**.
- 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.

Baseline 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, SW-CP1, CP2, CP3, CP4, CP5, CP6, SW-BH1, SW-BH2, BH1, BH2, COE1, COE4

- NDA entries will receive a reporting score of "**incomplete**" for measures without fixed benchmarks in all program years.
  - ✓ These measures include: SW-RAH2, RAH4, CP1 (Pediatric), CP7, SW-BH3, COE2, COE3, PH2, PH3

Baseline Data Availability Policy

NDA entries may impact the hospital's **benchmark calculations for measures without fixed benchmarks.**

- Hospitals will be required to provide the data as it becomes available. Benchmarks will be calculated as established in the Scoring Framework Document if the data is received prior to annual benchmark calculation.
- If the data is not received prior to annual benchmark calculation, the hospital's data will be excluded from benchmark calculations where average performance is the calculation methodology.
- If the data is not received prior to annual benchmark calculation, the hospital may require an alternative benchmark for measures where the calculation methodology is based on individual performance.

Baseline Data Availability Policy

NDA entries may impact the hospital’s **achievement threshold calculation.**

- Hospitals will be required to provide the data as it becomes available. Achievement thresholds will be calculated as established in the Scoring Framework Document if the data is received prior to annual achievement threshold calculation.
- If the data is *not* received prior to annual achievement threshold calculation, the hospital’s data will be excluded from achievement threshold calculations where average performance is the calculation methodology.
- If the data is *not* received prior to annual achievement threshold calculation, the hospital will not have an achievement threshold for measures where the achievement threshold is based on PY1 performance. This means hospitals will have to meet the established benchmark in order to earn associated at-risk dollars for applicable measures.

Hospital Self-Reported Measure Workbook Overview

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 tailored to their selected measures to report performance results. The file name will appear as shown:

CHASE ID-Hospital Name_PY1 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

Hospital
›orted Measure W‹

Overview Tab

- All measures that have been selected by the hospital are listed on the overview tab.
- For each measure it is identified 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 (eCQM)	**Yes**	Hospital Calculated
RAH4	Percentage of Patients with Ischemic Stroke who are Discharged on Statin Medication (eCQM)	**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

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.
- 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 only 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.**
- The Result, Benchmark, Benchmark Conclusion, and Data Validation columns are automatically calculated based on the Hospital Input columns.

Data Entry: Percentage Measures

- Percentage: Measures 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.

PY1: Oct 2021-Sept 2022 (Baseline)

				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*
Measure ID	Measure Name	Stratification	Calculation Type	Numerator	Denominator	Result	Benchmark	Benchmark Conclusion	Data Validation
CP2									
CP2	Pediatric Bronchiolitis Appropriate Use of Bronchodilators	N/A	%	NDA	1500	Inconclusive	N/A for current year	N/A for current year	Please complete the Data Limitations tab.
CP3									
CP3	Pediatric Sepsis Timely Antibiotics	N/A	%	400	1000	40.00%	N/A for current year	N/A for current year	Clear of data entry validation

Numerator
Number of pediatric patients in the emergency department, urgent care, observation, and inpatient settings who receive antibiotics in less than or equal to 3 hours after an initial diagnosis of suspected sepsis

Data Entry: Rate Measures

- Rate: 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.

PY1: Oct 2021-Sept 2022 (Baseline)

				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*
Measure ID	Measure Name	Stratification	Calculation Type	Numerator	Denominator	Result	Benchmark	Benchmark Conclusion	Data Validation
CP5	Reducing Neonatal Complications - Total	Total	Rate per 1000 live births	NDA	1000	Inconclusive	N/A for current year	N/A for current year	Please complete the Data Limitations tab.
SW-BH3	Using Alternatives to Opioids (ALTO's) in Hospital Emergency Departments: 1) Decrease Use of Opioids	Decrease Opioids	Rate per 1000 ED Visits	500	1000	500.00	N/A for current year	N/A for current year	Clear of data entry validation errors.
SW-BH3	Using Alternatives to Opioids (ALTO's) in Hospital Emergency Departments: 2) Increase Use of ALTO's	Increase ALTO	Rate per 1000 ED Visits	1000	700	1,428.57	N/A for current year	N/A for current year	The result cannot exceed 1000. Check for transposition errors.

Denominator
2. (Increase use of ALTOs) Total number of ED encounters for diagnoses meeting the inclusion and exclusion criteria.

Data Entry: Count Measures

- Count: 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.

PY1: Oct 2021-Sept 2022 (Baseline)

				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*
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	5	N/A	N/A for current year	N/A for current year	The denominator field is not applicable to this measure. Please remove.
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

CHASE
Colorado Healthcare Affordability and Sustainability Enterprise

Data Entry: 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 data where applicable or standard benchmarks set.

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 **Baseline Data Availability Policy.**

✓ In PY1, 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
Example: RAH4	*Example: Percentage of Patients with Ischemic Stroke who are Discharged on Statin Medication (eCQM)*	**Incomplete**	*Example: Data only available for October-December of performance year. Numerator for October-December is 100. Denominator for October-December is 200.*	*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.*	*Example: Working with prior EHR vendor to obtain necessary data to report data from January-September of performance year.*
RAH3	Home Management Plan of Care (HMPC) Document Given to Pediatric Asthma Patient/Caregiver (eCQM)	**Complete**			
CP1 (Ped): Any Chronic Condition	Pediatric Readmissions Rate - Any Chronic Condition	**Incomplete**			

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

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 will provide more detail regarding inclusions, exclusions, and other important parameters. For full updated measure specifications, visit the CO HTP website.

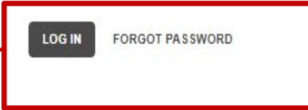
Hospital Self-Reported Measure Download and Submission Instructions

Accessing the Self-Reported Measure Workbook

To access your hospital's unique **Measure Workbook**, please follow these instructions:

- Navigate to https://cpasco.mslc.com/ and log in.
- Navigate to your hospital's document repository.
- Navigate to the "Performance Measure Submission" folder.
- Navigate to the "PY1 21-22" folder.
- Download the Excel file labeled with your hospital name and CHASE ID.

Performance Measure Submission Instructions



HOME EXTERNAL LINKS CALENDARS

Welcome to Colorado CPAS (Collaboration, Performance, and Analytics System), a web-based portal that supports Colorado's Hospital Transformation Program (HTP). This portal is used as a means of document submission and information exchange between Myers and Stauffer, LC and participating HTP hospitals. The portal will house materials for hospital applications, implementation plans, and quarterly reporting. The portal will be integrated with the Data Collection Tool to collect performance measure data. Access the HCPF Colorado Hospital Transformation Program webpage for additional information via the External Links tab. Hospitals may submit questions at cohtp@state.co.us.

Performance Measure Submission Instructions

Select Document Repository

Performance Measure Submission Instructions

Select Performance Measure Submission

		Display name	created	modified
☐		Application Submission	Thu, 02/18/2021 - 4:36pm	Wed, 08/11/2021 - 12:26pm
☐		HCPF Communication	Wed, 08/11/2021 - 1:05pm	Mon, 08/16/2021 - 1:37pm
☐		Implementation Plan Submission	Tue, 06/01/2021 - 8:56am	Wed, 01/12/2022 - 1:46pm
☐		Performance Measure Submission	Thu, 02/10/2022 - 12:14pm	Thu, 02/10/2022 - 12:14pm

actions choose an action Process

File Upload

Performance Measure Submission Instructions

Select PY1 21-22

		Display name	created	modified
		Go up	Fri, 02/12/2021 - 4:01pm	Fri, 02/12/2021 - 4:01pm
☐		PY1 21-22 new	Wed, 12/07/2022 - 3:52pm	Wed, 12/07/2022 - 3:52pm

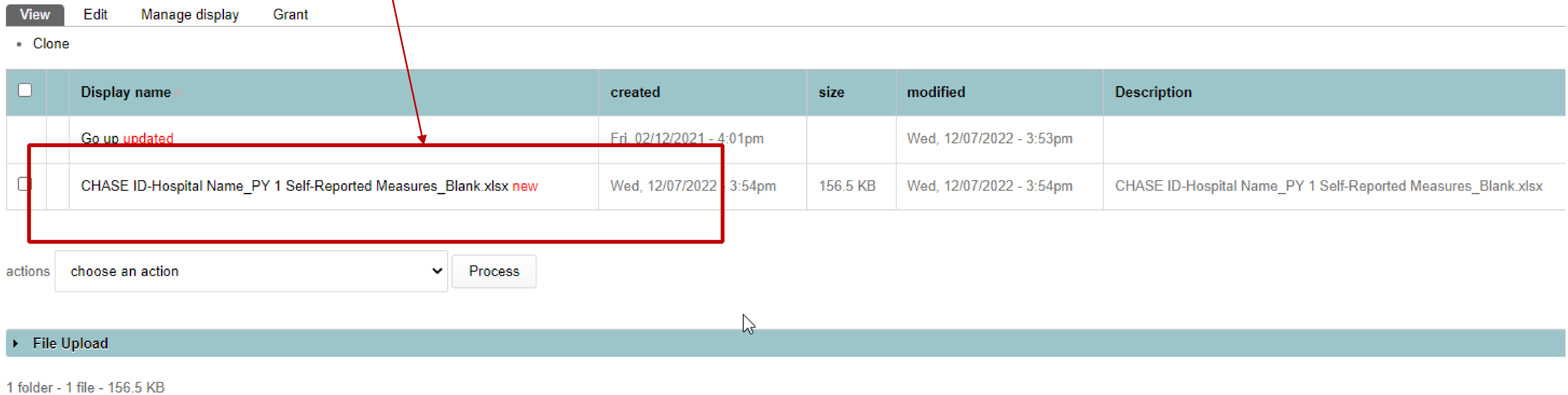
actions: choose an action — Process

▸ File Upload

2 folders

Performance Measure Submission Instructions - Download Blank Workbook

A blank workbook will be available for download



Performance Measure Submission Instructions - Download Blank Workbook

Check the Box, and Choose the Download selected item action from the drop-down. Then click "process".

☑	Display name	created	size	modified	Description
	Go up updated	Fri, 02/12/2021 - 4:01pm		Wed, 12/07/2022 - 3:53pm	
☑	CHASE ID-Hospital Name_PY 1 Self-Reported Measures_Blank.xlsx new	Wed, 12/07/2022 - 3:54pm	156.5 KB	Wed, 12/07/2022 - 3:54pm	CHASE ID-Hospital Name_PY 1 Self-Reported Measures_Blank.xlsx

actions choose an action Process

- choose an action
- Download selected items as an ZIP archive (only files)
- Delete selected items
- Rename selected items

File

1 folder - 1 file - 156.5 KB

Create a folder

Edit Metadatas

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.
- **When uploading the completed copy, change the file name from Blank to Complete:**
  - **CHASE ID-Hospital Name_Program Year 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.
- The Department will review all data submissions.
- Upon completion of that review, the data will be uploaded to our data warehouse for use in future program dashboards, benchmark setting, and/or achievement calculations (when applicable to the program year).

Performance Measure Submission Instructions - Upload Complete Workbook

Select File Upload

View | Edit | Manage display | Grant | Node export

- Clone

		Display name	created	modified
		Go up	Mon, 02/15/2021 - 4:51pm	Thu, 02/10/2022 - 2:32pm

actions: choose an action | Process

▸ File Upload

1 folder

▸ Create a folder

Performance Measure Submission Instructions

Select Choose File and then select Upload

View | Edit | Manage display | Grant | Node export

- Clone

		Display name	created	modified
		Go up	Mon, 02/15/2021 - 4:51pm	Thu, 02/10/2022 - 2:32pm

actions: choose an action — Process

▾ File Upload

Uploaded file will be saved to the current directory.

Upload file

Choose File No file chosen

Description

New name

Just put filename with NO EXTENSION here if you want to rename the file you want to upload

Upload

1 folder

Performance Measure Submission Instructions

File will be uploaded to the folder and be sure to change the file title to indicate Complete

View | Edit | Manage display | Grant

- Clone

		Display name	created	size	modified	Description
		Go up	Fri, 02/12/2021 - 4:01pm		Wed, 12/07/2022 - 3:53pm	
☐		CHASE ID-Hospital Name_PY 1 Self-Reported Measures_Blank.xlsx	Wed, 12/07/2022 - 3:54pm	156.5 KB	Wed, 12/07/2022 - 3:54pm	CHASE ID-Hospital Name_PY 1 Self-Reported Measures_Blank.xlsx
☐		CHASE ID-Hospital Name_PY 1 Self-Reported Measures_Complete.xlsx new	Wed, 12/07/2022 - 3:59pm	156.5 KB	Wed, 12/07/2022 - 3:59pm	CHASE ID-Hospital Name_PY 1 Self-Reported Measures_Complete.xlsx

actions: choose an action | Process

Upload Successful!

Performance Measure Minimum Submission Review

CHASE
Colorado Healthcare Affordability and Sustainability Enterprise

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.

Minimum Submission Review

- If the reported data is flagged as potentially incomplete or inaccurate, the hospital will receive an initial determination score of “incomplete”.

- 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.

Claims Based Measures: SFTP Overview

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 **Secure File Transfer Protocol (SFTP).**
- The PY1 claims-based measure files will be available by **February 28, 2023**.
- Hospitals can access the SFTP through this site: 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.**

SRRP for Performance Measures

CHASE

Colorado Healthcare Affordability and Sustainability Enterprise

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 will be *the same* form utilized for Performance Measure SRRP requests, as well as all other SRRP requests.
- As a reminder, the **SRRP Request Form** can be found in your hospital's document repository.
- 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 cohtp@mslc.com and cohtp@co.state.us and will be reviewed within 10 business days of submission.

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.)

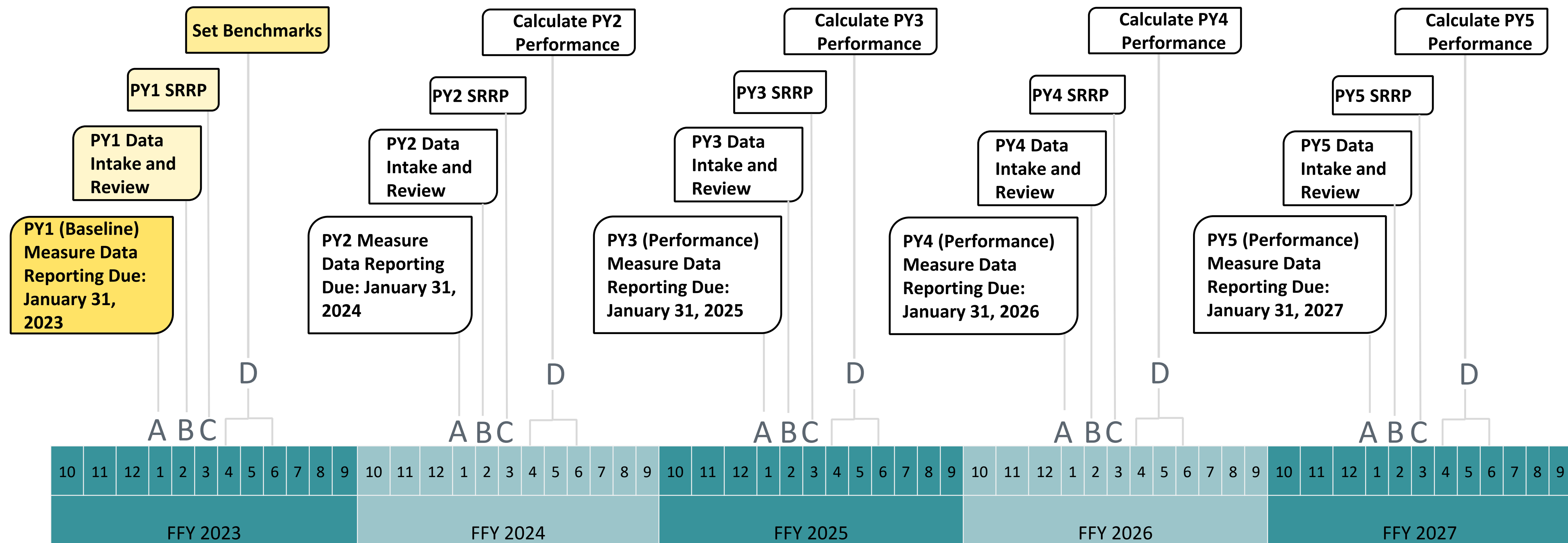
PERFORMANCE MEASURE RECONSIDERATION REQUESTS		
Measure	Detailed Rationale for Scoring Reconsideration Request	Documents Uploaded? (Y/N)

CHASE

Colorado Healthcare Affordability and Sustainability Enterprise

Performance Measure Timeline

Performance Measure Timeline - Data Reporting and Review



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.

CHASE
Colorado Healthcare Affordability and Sustainability Enterprise

Performance Measure Timeline - Baseline and Benchmark Setting

Hospital Self- Reported Measures Workbook	Date
MSLC to release hospital-specific workbooks	12/15/2022
Hospitals Complete hospital-self reported measure workbooks and upload them to CPAS, as well as, complete the PY2Q1 Interim/CHNE Quarterly Reporting Survey.	1/3/2023 - 1/31/2023
PY2Q1 Quarterly Reviews	**Date**
MSLC to Conduct Initial Reviews	2/1/2023 - 2/26/2023
MSLC to Release Notification to All Hospitals That Initial Scores Available on CPAS / SRRP Began	2/28/2023
MSLC to release claims-based measure files to hospitals	2/28/2023
Conduct SRRP Reviews	**Date**
SRRP Requests for Reconsideration Due	3/1/2023 - 3/14/2023
MSLC to Release Notification to All Hospitals That SRRP Scores Available on CPAS / Final Determination Made	4/4/2023
Performance Measurement Results Calculation of Benchmarks	**Date**
MSLC to release initial PY1 measure data to performance dashboards	2/28/2023
MSLC to release final PY1 measure results after SRRP to performance dashboards	4/4/2023
MSLC and HCPF to calculate performance measure benchmarks based off PY1 data	4/4/2023-5/10/2023
MSLC to release final PY1 benchmark results to performance measure dashboards in CPAS	5/16/2023

Baseline Setting and Benchmarks

- All Performance Measure Data (Hospital Self-reported data and State-calculated data) will be captured in the **data warehouse**.
- All measure data will be aggregated to determine high performing hospitals, as well as, benchmarks and achievement thresholds with average performance methodologies.
- High performing hospitals, defined as those in the **top 10%,** will be able to receive an **upside risk** comprised of a redistribution of unearned at-risk dollars.
  - ✓ Redistribution for Reporting Requirements and Timely Reporting redistribution will be <u>**pooled**</u> together.
  - ✓ Redistribution of Performance measure at-risk dollars will be calculated for <u>**each**</u> measure.

Next Steps

Next Steps

- Hospitals should review updated Measure Specifications, Scoring Framework, and Quarterly Reporting Guide thoroughly before completing all required reporting for PY2Q1.
- Download the unique Self-Reported Measure Workbook from your hospital's CPAS document repository.
- Confirm SFTP access for both primary and secondary contacts.
- Complete the PY2Q1 quarterly reporting survey (Opening on January 3rd)
- Submit both the PY2Q1 Quarterly Reporting survey and the self-reported measure workbook by **January 31, 2023**.
- Email cohtp@mslc.com with any questions.

Thank You