

Colorado Hospital Transformation Program:

Performance Measure (Dress Rehearsal) Training

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Department of Health Care Policy and Financing



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Colorado Healthcare Affordability and
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Our Mission

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



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Agenda

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Hospital Transformation Program (HTP) Overview



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HTP Overview

- Five-year program to implement hospital-led strategic initiatives through the establishment of an alternative payment incentive program.
- Leverage supplemental payment funding generated through existing healthcare affordability and sustainability fees.
- Payments used as incentives in the HTP to improve patient outcomes through care redesign and integration with the community, optimize Medicaid costs through reductions in avoidable care, prepare hospitals for future value-based care



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HTP GOALS

01

Improve patient outcomes through care redesign and integration of care across settings

02

Improve patient experience in the delivery system by ensuring appropriate care in appropriate settings

03

Lower Medicaid costs through reductions in avoidable hospital utilization and increased effectiveness and efficiency in care delivery

04

Accelerate hospitals' organizational, operational and systems readiness for value-based payment

05

Increase collaboration between hospitals and other providers, particularly Regional Accountable Entities (RAEs)



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HTP PRIORITIES & FOCUS AREAS

1. Avoidable hospital utilization.
2. Core populations.
3. Behavioral health and substance use disorder (SUD).
4. Clinical and operational efficiencies.
5. Community development efforts to address population health and total cost of care.



Four Principles of Success

1. What is our measurable impact on meaningful metrics?
2. What actions/interventions/processes of care are affecting that impact?
3. What are our learning systems for continuous improvement and what are we learning from our activity and performance?
4. How are we building a culture of engagement and how are we engaging our communities regarding what we measure, what interventions we do, and in our learning and feedback loops?



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Measure Specifications



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Measure Specification Updates

Measure specifications are posted on the [CO HTP website](#).

Summary of major updates since last posted (September 2021):

- Added Enhancements to document that include addition of General Guidance section and Measure Field Definitions section.
- Clarification added regarding Medicaid target populations.
- Added patient age calculation.
- Benchmarks updated.
- SW-BH3 - Added note about combination Opioid-ALTOs. Edited codes in inclusion and exclusions tables. Added CHA contact email.
- Added wording in additional considerations to RAH1, RAH2, SW-CP1, CP6, COE1, SW-BH1 and PH1 regarding the intent for hospitals to work with the primary RAE.



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Hospital Self-Reported Measure Workbook



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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" by the hospitals.
- Each hospital will receive a customized workbook tailored to their selected measures to report performance results. File Name:
 - **CHASE ID-Hospital Name_Program Year 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.
- Workbook includes: Introduction Tab, Overview Tab, Data Entry Tab, Attestation Tab, Measure Information_ALL Tab



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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.

Measure ID	Measure Name	Reported Measure	Calculation Method
SW-RAH1	30-day All-Cause Risk Adjusted Hospital Readmission	Yes	HCPF 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
SW-BH1	Collaboratively develop and implement a mutually agreed upon discharge planning and notification process with the appropriate RAE's for eligible patients with a diagnosis of mental illness or substance use disorder (SUD) discharged from the hospital or emergency department	Yes	Hospital Calculated
SW-BH3	Using Alternatives to Opioids (ALTO's) in Hospital Emergency Departments: 1) Decrease Use of Opioids 2) Increase Use of ALTO's	Yes	Hospital Calculated
SW-COE1	Hospital Index	Yes	HCPF Calculated
COE1	Increase the successful transmission of a summary of care record to a patient's primary care physician or other healthcare professional within one business day of discharge from an inpatient facility to home	Yes	Hospital Calculated
SW-PH1	Severity Adjusted Length of Stay (LOS)	Yes	HCPF Calculated

Data Entry Tab

- Hospitals will utilize the Data Entry tab to submit measure data each yearly reporting period. 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 (yes/no), Measure ID, Measure Name, Measure Stratifications, and Calculation Type.
- Hospital input is only required in the "Hospital Input" columns with the yellow fill color. 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.
- The Result and Data Validation columns are automatically calculated based on the Hospital Input columns.



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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.

Reported Measure	Measure ID	Measure Name	Stratification	Calculation Type	Hospital input Numerator	Hospital input Denominator
Yes	CP3					
Yes	CP3	Pediatric Sepsis Timely Antibiotics	N/A	%		

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

- Data validation is built in to check for transposition errors in percentage measures.

Numerator	Denominator	Result	Data Validation
500	100	500.00%	The result cannot exceed 100%. Check for transposition errors.

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.

Reported Measure	Measure ID	Measure Name	Stratification	Calculation Type	Hospital input Numerator	Hospital input Denominator
Yes	SW-BH3	Using Alternatives to Opioids (ALTO's) in Hospital Emergency	Decrease Opioids	Rate per 1000 ED Visits	+	
Yes	SW-BH3	Using Alternatives to Opioids (ALTO's) in Hospital Emergency	Increase ALTO	Rate per 1000 ED Visits	<div style="border: 1px solid black; padding: 5px;"> Numerator 1. (Decrease use of Opioids) Total MME of medications administered listed in Opioids of Interest among cases meeting the inclusion and exclusion criteria. </div>	

- 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.

Measure Name	Stratification	Calculation Type	Hospital input Numerator	Hospital input Denominator	Automatically calculated Result	Automatically calculated Data Validation
Using Alternatives to Opioids (ALTO's) in Hospital Emergency Departments: 2) Increase Use of ALTO's	Increase ALTO	Rate per 1000 ED Visits	500	100	5,000.00	The result cannot exceed 1000. Check for transposition errors.



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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.

Reported Measure	Measure ID	Measure Name	Stratification	Calculation Type	Hospital input	
Yes	CP7	Increase access to specialty care	N/A	Count	Numerator	Denominator
						N/A

Count
Simple count of the number of Medicaid visits with specialty physicians contracted through or employed by a hospital

- Data validation is built in to ensure data is only entered in the numerator field.

Measure ID	Measure Name	Stratification	Calculation Type	Hospital input		Automatically calculated	Automatically calculated
				Numerator	Denominator	Result	Data Validation
CP7	Increase access to specialty care	N/A	Count		17	N/A	The denominator field is not applicable to this measure. Please remove.

Data Entry: Benchmarks

- Benchmarks will not be included on the Data Entry tab until PY3.
- Beginning in PY3, the workbook will include a “Benchmark” and “Benchmark Conclusion” column.
- 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.



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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 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

- Information about all program measures can be found on this tab.
- This information will align with the 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 measure specifications, visit the [CO HTP website](#).



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Submission and Next Steps

- Once the workbook is complete and accuracy is verified, hospitals will upload the completed workbook to CPAS and notify COHTP@mslc.com.
- 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).



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Performance Measure Timeline



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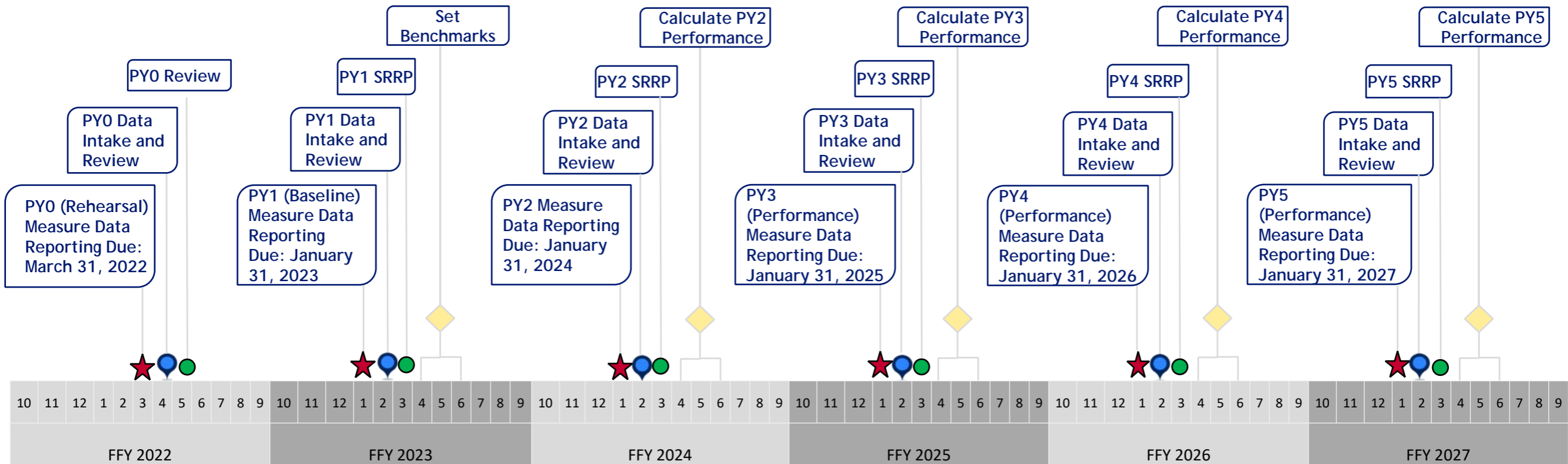
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Performance Measure Timeline - Data Collection and Benchmarking



- A** After the baseline period of PY1, benchmarks and achievement thresholds will be set in PY2 based on the prior year's performance.
- B** In PY3 hospitals will earn 5% at-risk (3% for CAHs) for meeting or exceeding benchmarks.
- C** In PY4 hospitals will earn 18% at-risk (11% for CAHs) for meeting or exceeding benchmarks.
- D** In PY5 hospitals will earn 20% at-risk (12% for CAHs) for meeting or exceeding benchmarks.

Performance Measure Timeline - Data Reporting and Review



- ★ Hospital reporting responsibility
- Department responsibility - Department will review data submissions and make scoring determinations within 20 business days of submission.
- 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. PY0 will not include full SRRP but will allow for opportunity for hospitals to review data.
- ◆ Department will review hospital self-reported measure workbooks and state claims data and calculate benchmarks/performance.

Performance Measure Download and Submission Instructions



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Performance Measure Submission Instructions



[LOG IN](#) [FORGOT PASSWORD](#)

[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 colhpf@state.co.us.

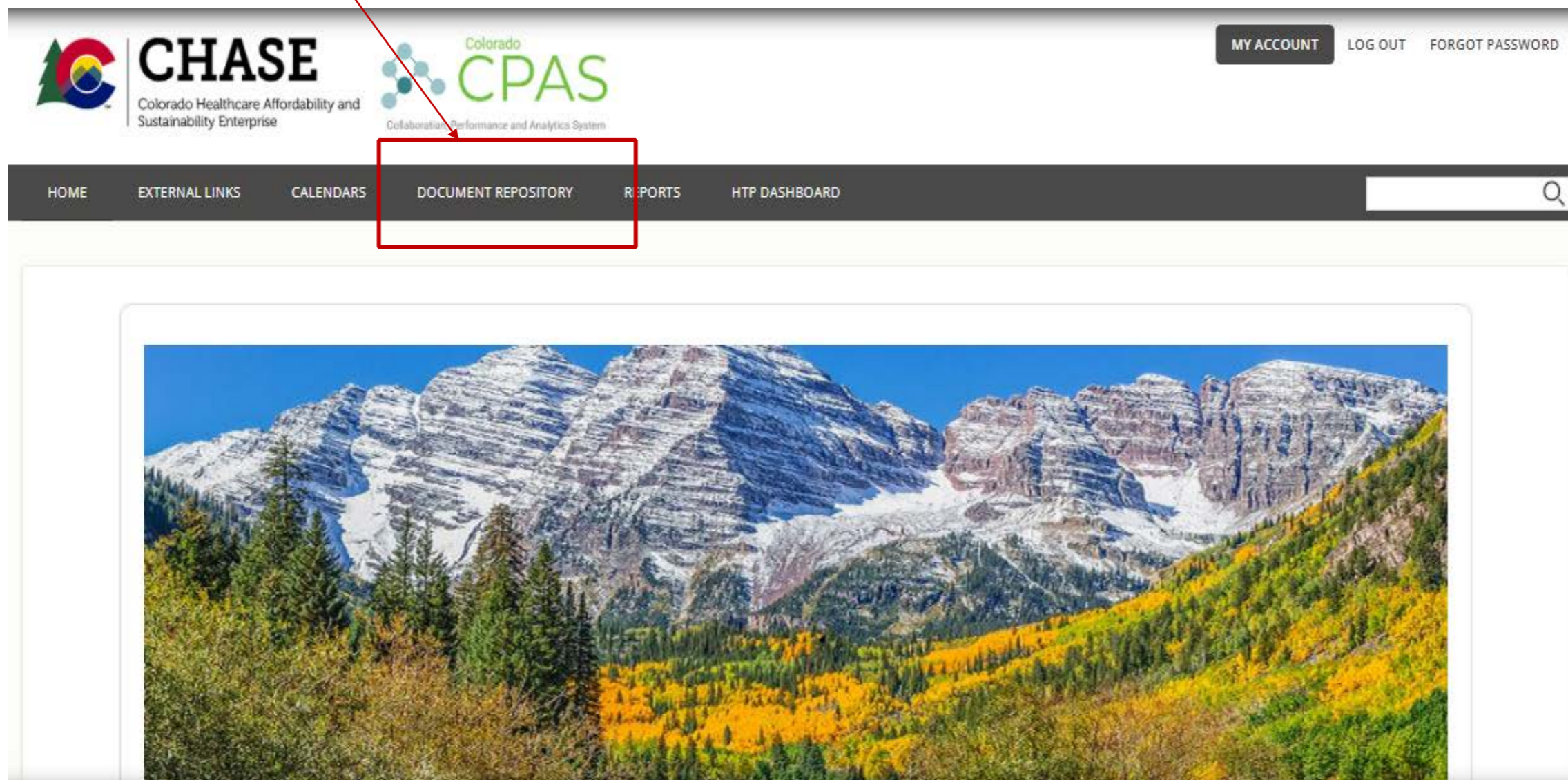


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Performance Measure Submission Instructions

Select Document Repository



The screenshot shows the top navigation bar of the CHASE website. On the left, there are logos for CHASE (Colorado Healthcare Affordability and Sustainability Enterprise) and CPAS (Colorado Collaboration, Performance and Analytics System). On the right, there are links for MY ACCOUNT, LOG OUT, and FORGOT PASSWORD. Below the logos is a dark navigation bar with the following menu items: HOME, EXTERNAL LINKS, CALENDARS, DOCUMENT REPOSITORY, REPORTS, and HTP DASHBOARD. A red box highlights the 'DOCUMENT REPOSITORY' link, and a red arrow points from the text 'Select Document Repository' above to this link. To the right of the navigation bar is a search bar with a magnifying glass icon. Below the navigation bar is a large banner image of a mountain range with yellow wildflowers in the foreground.

Performance Measure Submission Instructions

Select Performance Measure Submission

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

actions

File Upload



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Performance Measure Submission Instructions

Select PY0 20-21

View Edit Manage display Grant Node export

- Clone

<input type="checkbox"/>	Display name	created	modified
	Go up	Thu, 02/18/2021 - 4:36pm	Mon, 02/14/2022 - 11:21am
<input type="checkbox"/>	PY0 20-21	Mon, 02/14/2022 - 11:21am	Mon, 02/14/2022 - 11:21am

actions choose an action Process

File Upload

2 folders

Create a folder

Performance Measure Submission Instructions - Download Blank Workbook

A Self-reported Blank Workbook will be available for download

View Edit Manage display Grant Node export

- Clone

<input type="checkbox"/>	Display name	created	size	modified	Description
<input type="checkbox"/>	Go up	Thu, 02/10/2022 - 2:32pm		Thu, 02/10/2022 - 2:52pm	
<input type="checkbox"/>	0-Template_PY 0 Self-Reported Measures_Blank.xlsx	Thu, 02/10/2022 - 2:53pm	142 KB	Thu, 02/10/2022 - 2:53pm	0-Template_PY 0 Self-Reported Measures_Blank.xlsx

actions choose an action

File Upload

1 folder - 1 file - 142 KB

Create a folder



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Performance Measure Submission Instructions - Download Blank Workbook

Check the Box, and Choose the Download selected item action from the drop-down

View Edit Manage display Grant Node export

• Clone

<input checked="" type="checkbox"/>	Display name	created	size	modified	Description
<input type="checkbox"/>	Go up	Thu, 02/10/2022 - 2:32pm		Thu, 02/10/2022 - 2:52pm	
<input checked="" type="checkbox"/>	0-Template_PY 0 Self-Reported Measures_Blank.xlsx	Thu, 02/10/2022 - 2:53pm	142 KB	Thu, 02/10/2022 - 2:53pm	0-Template_PY 0 Self-Reported Measures_Blank.xlsx

actions choose an action

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

File

1 folder - 1 file - 142 KB



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Performance Measure Submission Instructions

1. Log in to CO CPAS.
2. Enter Username and Password.
3. Select Document Repository.
4. Select Performance Measure.
5. Select PY0 20-21.
6. Select File Upload to open window.
7. Select Choose File and double click on the file for upload. Select Upload.
8. Successful upload will result in Workbook showing in window.



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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



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Performance Measure Submission Instructions

Select Choose File and then select Upload

The screenshot shows a web interface for file management. At the top, there are tabs: View, Edit, Manage display, Grant, and Node export. Below the tabs is a dropdown menu with 'Clone' selected. A table displays file information:

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

Below the table is an 'actions' section with a dropdown menu set to 'choose an action' and a 'Process' button. The 'File Upload' section is expanded, showing the following fields:

- Upload file:** A button labeled 'Choose File' and the text 'No file chosen' are highlighted with a red box.
- Description:** A large text area for entering a description.
- New name:** A text input field for renaming the file.
- Upload:** A button to submit the file, highlighted with a red box.

Below the 'New name' field, there is a note: 'Just put filename with NO EXTENSION here if you want to rename the file you want to upload'.

1 folder



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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 Node export

• Clone

<input type="checkbox"/>	Display name	created	size	modified	Description
	Go up	Thu, 02/10/2022 - 2:32pm		Thu, 02/10/2022 - 2:52pm	
<input type="checkbox"/>	0-Template_PY 0 Self-Reported Measures_Blank.xlsx	Thu, 02/10/2022 - 2:53pm	142 KB	Thu, 02/10/2022 - 2:53pm	0-Template_PY 0 Self-Reported Measures_Blank.xlsx
<input type="checkbox"/>	0-Template_PY 0 Self-Reported Measures_Complete.xlsx	Thu, 02/10/2022 - 3:07pm	142 KB	Thu, 02/10/2022 - 3:07pm	0-Template_PY 0 Self-Reported Measures_Complete.xlsx

actions choose an action



Upload Successful!



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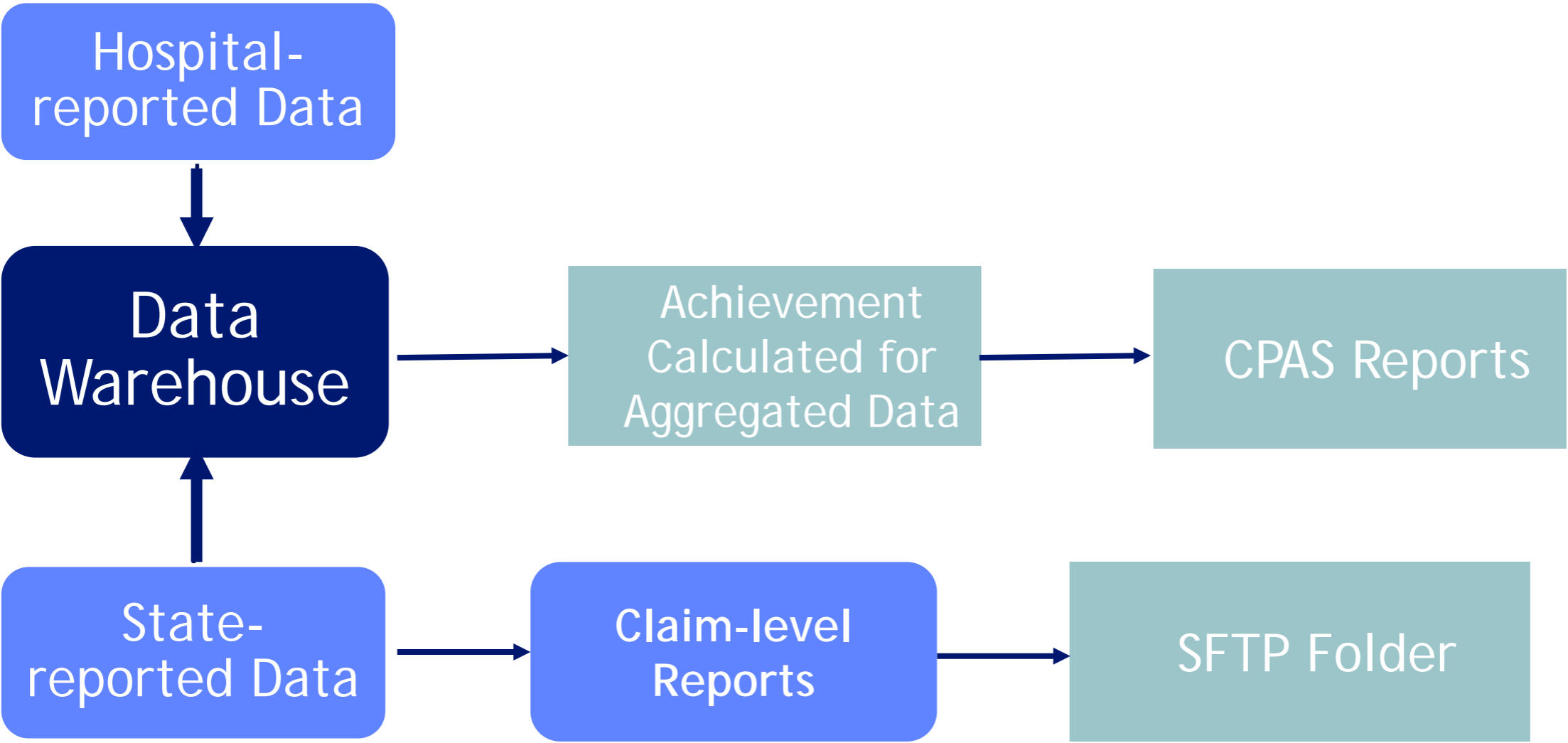
Achievement Calculation Introduction



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Achievement Calculation: Process Flow



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Benchmark and Achievement Calculations

- Hospital Self-reported data and State-calculated data will be captured in the data warehouse.
- Calculations will be rolled up to determine:
 - Benchmarks
 - Achievement thresholds
 - High performing hospitals
- 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 pooled together.
 - Redistribution of Performance measure at-risk dollars will be calculated for each measure.



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*Claim-level Reports:
Secure File Transfer
Protocol (SFTP) Collection
Process*



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Claim-level Reports: SFTP

- Primary and Secondary HTP Contacts will have an SFTP folder created.
- Each contact will receive a Terms of Use Agreement email from Myers and Stauffer FTP support.
- Click on the “link” to accept terms.
- Remain on the page until a notification has been received thanking you for your acceptance.
- If you decline or fail to accept the terms of use, you will not be able to access the claim-level reports.

From: Myers and Stauffer LC <ftpsupport@mslc.com>

Sent: [REDACTED]

To: [REDACTED]

Subject: Myers & Stauffer Secure FTP: Account Setup Terms Of Use

Dear [REDACTED]

A request has been submitted to provide you with access to the Myers and Stauffer Secure File Transfer site.

In order to provide you with that access, we require that you first read and indicate your acceptance of the appropriate Terms of Use. The Terms of Use agreement can be accessed using the following [link](#).

Once you have accepted the Terms of Use, please remain on the page until you receive a notification thanking you for your acceptance. This ensures the TOU acceptance will be received.

Please note that declining or failing to indicate your acceptance of the stated terms of use will result in us not being able to provide you with the requested access to the site.

If you have any questions or need more information, please contact [REDACTED] at [REDACTED].

Thank You,

FTP Support


Claim-level Reports: SFTP

- Once the Terms of Use has been accepted, an email with your user name will be sent.
- Instructions will be included to reset your password to a password of your choice.
 - Step 1: Navigate to mslc.transfer.com
 - Step 2: Enter username and follow instructions in email received to complete password reset process.



Password Change Request

Please enter your username below and then click the "Request Password Change" button. An email message with more information about the password reset process will be sent to your registered email address. This message may ask you to click on a link to reset your password. If it does, you have 30 minutes to do so before the link expires. If no link is provided in the message, or if you do not receive a message within 15 minutes, you will need to contact your administrator to reset your password.

Username: 

Quarterly Reporting Introduction



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Quarterly Reporting Introduction

The following materials are being prepared for hospitals:

- HTP Quarterly Reporting Guide
 1. Interim Activity Reporting
 2. CHNE Reporting
 3. Milestone Reporting
 4. Performance Measure Reporting
 5. Scoring Review and Reconsideration Period
- Interim Activity Reporting - Survey Template



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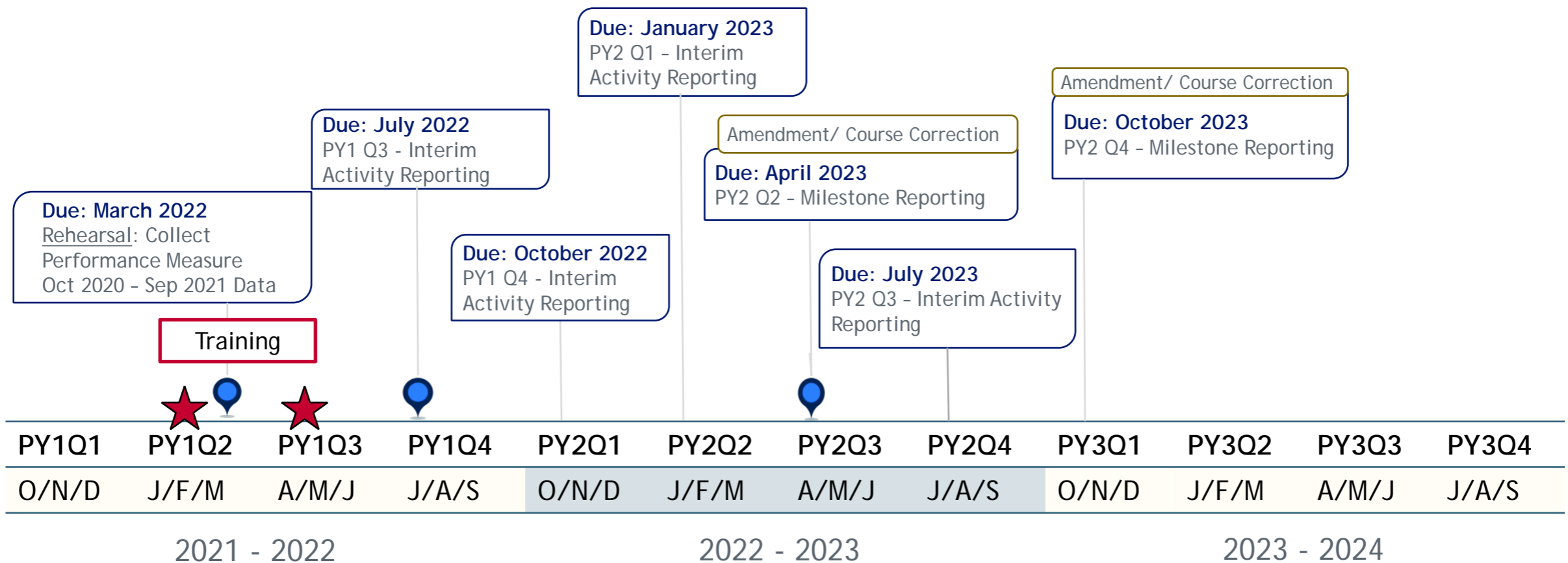
Upcoming Timeline



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Upcoming Timeline



Note:

- CHNE is reported every quarter.
- Reports are due the last day of the month following quarter end.
- Hospitals will have an opportunity to review scores and request reconsiderations.
- Data population, training, and reconsideration periods will be subsequent conversations with the workgroup.

Next Steps



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Next Steps

- ✓ Review Measure Specifications.
- ✓ Download your Self-reported Measure Workbook from CPAS.
- ✓ Review Program Participants on CPAS. Notify Myers and Stauffer of any changes to primary or secondary contacts.
- ✓ Watch for SFTP email and accept Terms of Use Agreement email. Watch for SFTP username email and follow password instructions.
- ✓ Collect Measure Data.
- ✓ Populate Measure Workbook.
- ✓ Upload Measure Workbook between the following dates: March 1 - March 31st.
- ✓ Upon notification, download state-calculated Claims-level report from SFTP account (early April).
- ✓ Review Quarterly Reporting Guide upon release.
- ✓ Attend Quarterly Reporting Training next quarter.
- ✓ Submit PY1 Q3 Interim Report by July 31st .



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Questions



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Thank You

Department of Health Care Policy & Financing



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