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DY6 Round 2 (October) QPI Reporting

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QPI Reporting Overview



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- An October DY6 QPI template is required for **ALL** DY6 QPI metrics regardless of metric achievement. This is a SAR requirement during the October reporting period to collect the annual impact of DSRIP.
- Providers must download the October DY6 QPI template from the Online Reporting System Bulletin Board and submit this most recent version to report metric achievement and meet SAR requirements. Past QPI template versions will not be accepted.
- Providers should review the Instructions tab (Step 1) in the QPI template and consult the October DY6 QPI Companion Document when completing the QPI template. There are some significant changes for DY6.

Helpful Tips for the DY6 Template

Some helpful hints for using the New Template

- Paste Values! You should use the Paste Values function not only for entering the encounter Data, but also if you copy and paste from one cell to another.
- Users have had difficulty generating tabs in Step 4 of the Template when they are working on a Mac computer. We recommend utilizing a PC.
- A Template Progress tab helps providers to see if the template is complete and ready to submit to HHSC.
- The provider may save as they work through the template; it is no longer required that the provider complete the template in one sitting.
- Please review the companion. There are many new aspects of DY6 QPI reporting -- MLIU QPI, P4R, exemption from encounter/individual reporting. Please review the Companion Document carefully!



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QPI Reporting

Key Items for October DY6 QPI Reporting

- Eligible to Report Achievement?
- Allowable Dates of Service
- Reporting DY5 Carryforward QPI



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Eligible to Report Achievement?

- DY5 Carryforward QPI metrics are eligible to report metric achievement in October if achieved by **September 30, 2017**.
- DY6 Total QPI and MLIU QPI reporting eligibility is dependent on the following factors:
 - **M-1.1: Total QPI**
 - Eligible to report metric achievement in October if a DY5 QPI metric has been achieved or forfeited and DY6 Total QPI goal has been achieved between October 1, 2016 and September 30, 2017.
 - **M-2.1: MLIU QPI**
 - P4P MLIU QPI metrics are eligible to report achievement in October if a DY5 QPI metric has been achieved or forfeited and DY6 MLIU QPI has been achieved between October 1, 2016 and September 30, 2017.
 - P4R MLIU QPI metrics are eligible to report achievement in October if the project has served at least **one MLIU patient/encounter over the MLIU pre-DSRIP baseline in DY6** **AND** a DY5 QPI metric has been achieved or forfeited.



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Allowable Dates of Service

- Early achievement of QPI is not allowed. To be counted as QPI, services must have been provided on or after the first day of the metric's DY.
- Metrics must be achieved by **September 30, 2017** to be eligible for payment.
- Only individuals served/encounters provided between the dates below may be counted towards QPI during October DY6 reporting.

DY5 Carryforward Metric	DY6 Metric
Oct. 1, 2015 - Sept. 30, 2017	Oct. 1, 2016 - Sept. 30, 2017



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Reporting DY5 Carryforward QPI

- Although DY6 QPI metrics have been standardized to only count individuals or encounters, DY5 Carryforward QPI metrics still need to report on any additional goals included in the metric goal statement.
- A DY5 carryforward metric is not eligible for payment unless **ALL** metric goals are achieved. Providers should not report a metric for payment unless fully achieved.
- Do not include any PHI.



QPI Reporting

October DY6 QPI Reporting Template

- DY6 Template Updates
- Step 2: Project Information
- Step 3: QPI Metric Selection
- Step 4: Create Tabs
- Step 5: Pre-DSRIP Baseline
- Step 6: QPI Data Entry
- Step 7: QPI Data Details
- Step 8: Total QPI Calculation Check
- Step 9: De-Identify Patient IDs
- Submitting QPI Template



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DY6 Template Updates

- Providers will report DY5 Carryforward, DY6 Total QPI, and DY6 MLIU metrics in the same project-level template.
 - DY5 Carryforward and DY6 Total QPI metrics will display on the same Total QPI Data Entry and Summary tabs.
- Combined projects will have the DY5 Carryforward data seeded in the template under **the combined DY6 project ID.**
 - In the reporting system, the DY5 Carryforward metrics will display under their original DY2-5 project ID.



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Step 2: Project Information

MLIU Percentages

- For DY5 Carryforward, be as descriptive as possible in the MLIU and data description fields. For example, in the MLIU field, please explain the payor types of clients you are including in the percentages: Medicaid, Medicaid and Medicare Dual-Eligibles, CHIP, self-pay below 200% FPL, indigent care program, etc.
- DY6 MLIU data entry fields shall be filled in for purposes of meeting SAR, even if the provider is not ready to report the DY6 QPI metrics for achievement.



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Step 2: Project Information, 2

MLIU Percentages, DY6

- For DY6 MLIU, the provider should check the boxes that apply to their MLIU description. If "Other" is selected, the provider should include a thorough explanation.

<u>DY6</u>	MLIU % Goal:	41.73%	43.72%	85.45%	
	MLIU % Actual:	41.00%	41.00%	82.00%	
DY6 Description of MLIU:	Medicaid <input checked="" type="checkbox"/>	Dual Eligible (Medicaid and Medicare) <input type="checkbox"/>	CHIP <input type="checkbox"/>	Local Coverage Option (Below 200% FPL) <input type="checkbox"/>	Insured on the Exchange (Below 200% FPL) <input type="checkbox"/>
	Low-Income (Below 200% FPL) <input checked="" type="checkbox"/>	Self-Pay <input type="checkbox"/>	Uninsured <input checked="" type="checkbox"/>	Other (explain to the right) <input type="checkbox"/>	

- The information in the checked boxes will automatically be copied into Step 3 for the DY6 MLIU QPI metric and onto the MLIU QPI Data Entry tab.



Step 3: QPI Metric Selection

- Previously reported DY3-5 QPI metrics will be displayed for informational purposes.
- DY metric fields open for reporting will be highlighted yellow.
- For combined projects, the DY5 carryforward QPI metrics and DY6 Total QPI metric will appear under Total QPI Metric section.
- Provider Calculation entries may be changed after completing metric-level tabs, but Reporting Status cannot.



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Step 3: QPI Metric Selection, 2

- NEW: for a DY5 Carryforward QPI metric, a provider may choose a Metric Achievement Reporting Status of "Forfeiting DY5 Metric Achievement."
 - A provider should choose this ONLY if they are unable to achieve their DY5 QPI Carryforward goal.
 - Selecting the reporting status of Forfeiting a "DY5 metric achievement" will allow DY6 Total QPI and DY6 MLIU QPI data start dates (in Step 7) to begin October 1, 2016, if there are no other DY5 Carryforward QPI metrics with end dates later than September 30, 2016.
 - Provider will not be required to fill in any other DY5 information if they have selected to forfeit the DY5 QPI metric.



Step 3: QPI Metric Selection, MLIU



MLIU QPI Metric

DY6

Exempt From Reporting at the Encounter/Individual Level:	No
MLIU QPI Metric ID:	M-2.1
Metric Language:	47 MLIU individuals received services above the MLIU QPI pre-DSRIP baseline.
Metric Grouping:	Individuals
Metric Achievement Payment Method:	P4R
Metric Achievement Reporting Status:	Reporting DY6 metric achievement in DY6 reporting period
Metric-Level SAR Reporting Status:	Not reporting MLIU QPI for Oct DY6 SAR purposes
MLIU QPI Goal:	47
MLIU QPI Actual (Provider Calculation):	29
MLIU QPI Description:	Medicaid, Low-Income, Uninsured
Explanation:	P4R

- The template is seeded with data indicating if the MLIU QPI metric is exempt from reporting at the encounter/individual level and/or if the metric is P4P or P4R.
- The data from Step 2 will carry to Step 3 for MLIU QPI.
- Explanation box if MLIU QPI Actual does not equal $DY6 \text{ Total QPI} * \text{MLIU } \%$.

Special Item: MLIU Exempt from Reporting at the Individual/Encounter Level.



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Exempt From Reporting at the Encounter/Individual Level:	Yes
MLIU Population Calculation Methodology Description:	We are using a proxy population based on the school enrollment and free and reduced lunch population for the district.
MLIU QPI Metric ID:	M-2.1
Metric Language:	23 MLIU individuals received services above the MLIU QPI pre-DSRIP baseline.
Metric Grouping:	Individuals
Metric Achievement Payment Method:	P4R
Metric Achievement Reporting Status:	Reporting DY6 metric achievement in DY6 reporting period
Metric-Level SAR Reporting Status:	Not reporting MLIU QPI for Oct 016 SAR purposes
MLIU QPI Goal:	23
MLIU QPI Actual (Provider Calculation):	22 The MLIU QPI is Achieved - P4R
MLIU QPI Description:	CHIP
Explanation:	P4R

CREATE QPI DATA ENTRY AND SUMMARY TABS

- If a provider's project is exempt from reporting at the Encounter/Individual level for MLIU QPI, the template will have a space for describing the MLIU methodology. Failure to provide a specific methodology will result in an NMI determination and late payment.
- To demonstrate achievement on a project that is exempt, the provider must fill in the methodology, the Metric Achievement Reporting Status, the MLIU QPI Actual, and the Explanation (if applicable).
- In this case, the Template will not generate MLIU QPI data entry tabs under Step 4.

Step 4: Create Tabs

- Metric tabs should only be created after the provider has completed all data entry on the Project Data Entry tab.
 - Please note that once the tabs are created, the provider cannot change the Metric Achievement Reporting Status of their metrics. If they need to make a change, they will need to start a new template.
- Two sets of tabs should appear for Total QPI and MLIU QPI: a Data Entry tab and Summary tab, unless the MLIU QPI metric is exempt from reporting at the individual/encounter level.
- Please ensure that the Metric Achievement Reporting Status matches the achievement status in the online reporting system for the metric. For example, if you select "Reporting DY6 metric achievement in DY6 Reporting Period" in the template, the online reporting system response to "Achieved by September 30?" should be, "Yes – Completed." This applies to P4R metrics that do not meet or exceed the actual DY6 MLIU QPI goal.



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Step 5: Pre-DSRIP Baseline

Total QPI

- With the exception of a few providers who had their first QPI metric in DY5 and carried those metrics forward, the pre-DSRIP baseline for Total QPI metrics have been documented and confirmed.
- Providers will only be able to update the pre-DSRIP baseline information for Total QPI if they have only reported for SAR in past demonstration years.

MLIU QPI

- Pre-DSRIP baseline for MLIU QPI metrics were calculated using the earliest reported MLIU percentages in DY3-5 multiplied by the Total QPI's pre-DSRIP baseline.



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Step 6: QPI Data Entry

- Providers must paste patient ID and encounter date data from EHR, database, or spreadsheet. Both patient and encounter data should be entered, regardless of grouping.
- Use PASTE VALUES function when pasting data.
- Patient IDs can include letters, numbers, or a combination of both, but unique individuals must have unique IDs.
- Encounter dates must include month, day, and year. May include times.
- Dates that are not counted towards QPI due to formatting issues or because they are outside of the date range in Step 7 are shown in **red text**.



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Step 7: QPI Data Details

Encounter dates outside of start and end dates do not count towards QPI.

- Start and end dates must fall within allowable dates of service for the metric's DY.
- Start dates must be after the achievement of the previous DY's QPI metric
- The start date for DY6 must be on or after the end date for DY5.
 - If you are reporting DY5 carryforward, you may include more encounters than your exact goal, but be mindful that those encounters cannot also count toward DY6 achievement.



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Step 7: QPI Data Details, 2

- In the text box, enter a detailed description of:
 - types of encounters included in Step 6 (e.g., office visits, screenings, pharmacy consultations, etc.)
 - types of individuals included in Step 6 (ages, diagnoses, discharges, etc.)
- Read the Defining Individuals and Encounters section of the QPI Companion Document carefully to determine what data can be included in Step 6.



Step 8: Total QPI Calculation Check

- In order to clear the Progress Indicator for Step 8, the provider must click on the QPI Summary tab in order for the template calculations to run.
- Check the template's QPI calculation to be sure it matches the provider calculation.
- If calculations match, Calculations Match will show a green "Yes".
- If there is a discrepancy, it will show a red "No".
- If the template calculation and provider entry don't match:
 - Review Running the Numbers section of the QPI Companion Document to be sure you understand how QPI is calculated through the template. You may change the provider calculation on the Project Data Entry tab if necessary.
 - Re-read Step-by-Step Instructions and check template inputs to confirm data was correctly entered.
 - Reference Troubleshooting section for tips on resolving common issues.



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Step 9: De-Identify Patient IDs

- As a cautionary step, the template includes a de-identification macro that applies scrambling methodologies to inputted Patient ID data.
- The provider is responsible for ensuring submitted data excludes confidential or personally identifiable information.
- Prior to submission, the provider must review the patient IDs to ensure that the final data submitted excludes confidential or personally identifiable information.



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Step 9: De-Identify Patient IDs, 2

Special Item: MLIU P4R

- If the provider's DY6 MLIU QPI metric is P4R, they will need to run Step 9, the patient De-Identification Macro, before the template will indicate that the P4R metric has been achieved on the MLIU QPI Summary tab (if it is less than the MLIU QPI goal).



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Region_Project ID	Metric #	Year	MLIU QPI		METRIC
			Goal	Actual	ACHIEVEMENT
RHP 7_133542405.2.4	MLIU QPI	DY6	47	29	Achieved - P4R

Submitting QPI Template

- Please note that **ALL** steps must be “Complete” on the Template Progress tab in order for the QPI template to be considered completed and ready for submission.
- Please ensure you save the template as a macro-enabled workbook (.xlsm) before uploading to the online reporting system. **If the template is not macro-enabled, providers will receive an NMI.** And please follow the proper naming convention: RHPXX_ProjectID_QPI_OctDY6
- Providers should upload the QPI template to the first QPI metric that is reporting achievement (i.e., Yes-Completed) in the reporting system.
 - For a project combined in DY6, the provider should upload the template under the old DY2-5 project ID if reporting on a DY5 Carryforward metric.
 - For the related DY6 metrics, the provider should either identify where the QPI reporting template is uploaded in the Coversheet or Progress Update field OR upload the template again under the DY6 QPI metric (if they are reporting achievement).



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QPI Reporting Resources

- Please find the updated October DY6 QPI Reporting Companion Document on the DSRIP Online Reporting System's Bulletin Board:
 - <https://dsrip.hhsc.texas.gov/dsrip/viewBulletinBoard>
 - Please note that the provider will need to be logged into the reporting system in order for this link to work
 - Providers should review the October DY6 QPI Companion Document for additional guidance prior to contacting HHSC.
- Please send questions to the waiver mailbox at TXHealthcareTransformation@hhsc.state.tx.us.
 - Please remember to include RHP, Project ID, and Metric ID with your question(s).



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